



Speech and Language Therapy Team  
**COMMUNICATION PROFILE – OBSERVATION GUIDANCE**

**Speech sounds**  
Clarity of their speech sounds. How well other people can understand the child?

**Interaction & Play**  
Using eye contact, facial expression etc., playing with other children and adults, sense of humour, pretend play.

Child's name:  
Child's DOB and age in completed months:  
Date of observations:  
Name of Practitioner making observation:



**Attention and Listening**  
Concentration and paying attention (e.g. to play, stories, conversation). How well you feel the child can hear?

**Understanding of Language**  
Understanding of instructions they are given in the setting.

**Expressive Language**  
Single words they say (vocabulary), linking words together (regardless of whether the sounds are clear or not)

Speech and Language Therapy Service

# Early Years Communication Guide



This booklet is a guide for Early Years Practitioners to use to help find out about communication in the early years – what to expect, when a child needs to be referred to speech and language therapy and what a family can expect once their child has been referred. It also gives advice on how to refer a child and on discussing concerns with parents and carers.



# Early Years Communication Guide

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For feedback or ideas about this booklet, contact:  
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## 8. WHAT HAPPENS WHEN A CHILD IS REFERRED TO BANES SLT?

- When a referral is received, the child and family's details are taken. The administrator will then pass the referral form on to a speech and language therapist (SLT). The location of the child's appointment will depend on where the child lives (e.g. there are clinics in Paulton, Keynsham and Bath)
- The SLT will contact the parent and offer them an appointment (usually within 1 month of receiving the referral). The parent can change the time of the appointment if the time offered is not suitable for them.
- The parent/carer will need to accompany the child.

During the appointment, the SLT will chat with the parent to find out what their concerns are and to get information that may help them find out more about the child's development (e.g. to get a rough idea of when the child reached certain developmental milestones – sitting, crawling etc). The SLT will also play with the child and look at some games and pictures with them. Using this information, the SLT and parent decide what help (if any) is needed.

In BANES, SLTs work with children aged 0 – 5 years in the following ways:

- **Individual work** – this would usually take place in a local clinic.
- **Group work** – e.g. phonology (speech sounds) and 'Toddler Time' groups at St Martin's Hospital, Pre-School Language Groups (RUH, Keynsham, Radstock), nursery-based groups.
- **Specialist Outreach Services** – specialist visits for children with very specific or complex needs (e.g. autistic spectrum disorder, dyspraxia, severe language delay).

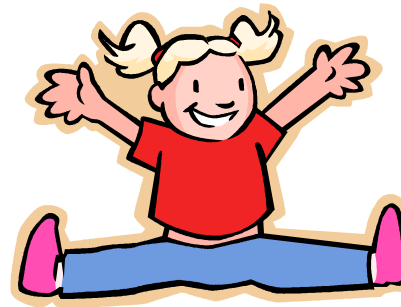
- Communication problems occur in all sections of society – parents do not cause a communication problem, but they can do a lot to help.
- Language is very important in all areas of children's learning (including reading and writing) and development (see section 1 of this booklet).
- We owe it to the child to ensure that they get what they need to achieve their potential educationally and socially.
- Let the parent know about the expected communication skills for a child of that age (see section 5 of this booklet).
- Tell the parent what to expect if their child is referred (see section 8 of this booklet).
- Work thorough any practical problems you feel the parent may encounter (e.g. transport and parking) and offer support where you are able.

Here are addresses of some websites where you will find more information on language and communication:

[www.talkingpoint.org.uk](http://www.talkingpoint.org.uk) – '1<sup>st</sup> stop for information about communication development and disability'  
[www.literacy.org.uk/talktoyourbaby](http://www.literacy.org.uk/talktoyourbaby) - National Literacy Trust campaign, 'talk to your baby' – information, advice and free resources

## 1. LANGUAGE MATTERS!

'Language is one of the most important skills we will ever learn. Everything we do at home or work requires us to communicate with our families, friends and colleagues. Without language it is incredibly difficult to share our thoughts and feelings with others, to make lasting friendships, to give and receive information and to learn about the world in which we live.' (ICAN)



'As children develop speaking and listening skills they build the foundations for literacy, for making sense of visual and verbal signs and ultimately for reading and writing. Children need varied opportunities to interact with others and to use a wide variety of resources for expressing their understanding...' (EYFS Framework)

'Problems with speech and language are the most common developmental difficulty that children encounter. Studies indicate that as many as 1 in 10 children in the UK have speech and language difficulties and these are particularly prevalent in the early years. Language is central to learning and a recent study by the Basic Skills Agency (2002) reported that, in the opinion of teachers, 50% of children start school lacking skills that are vital for an effective start to education.' (ICAN)

## 2. COMMUNICATION DIFFICULTIES

Early identification and support for children with communication difficulties is key to them achieving their potential. Any Practitioner working with children or parents of children in their early years has an important role in helping children to receive the support they need when they need it. This booklet is designed for Practitioners to find out about typical communication development and the warning signs that suggest additional help may be needed. This booklet is a guide only and many other references are available for Practitioners to use for further information (see end of section 7).

In addition to the guidance set out in section 5 of this booklet,

**seek further advice and support if, at any age...**

- The child's parent / carer has continuing concern
- You, as a Practitioner have continuing concern
- The child's play or interaction (social skills) seem inappropriate
- A child has chewing or swallowing difficulties
- A child has an unusual (e.g. hoarse) sounding voice
- A child is stammering/stuttering, particularly if they show you they are aware of or anxious about their stammer, or they seem to be struggling to get the words out

## 7. RAISING YOUR CONCERNS WITH PARENTS

Sometimes, even when Early Years Practitioners have concerns about a child's communication development, it can be difficult to raise the issue with a child's parent – this can put people off referring a child promptly for the help they need.

Some parents can be anxious or worried about a referral and others may not agree that a problem exists and may seem defensive about the suggestion. In these situations, it is important that a balance is found between carrying out the responsibilities of an Early Years Practitioner to help a child achieve his/her potential, whilst sensitively valuing, respecting and addressing parents' concerns. It may take time before a parent is ready to make a referral, but avoid leaving the issue unresolved for too long – seek help and advice.

**Parents need to give consent before a referral is possible.** In our experience, some of the following information can help when explaining to a parent why you feel a referral would be helpful:

- Communication problems are very common in young children (1 in 10) – they are the most common developmental difficulty for children under 5.

## 6. WHAT TO DO IF YOU ARE WORRIED ABOUT A CHILD'S COMMUNICATION SKILLS (How to refer)

### 1. Collect evidence

Complete a 'Communication Profile' observation sheet for the child (see section 9) and compare the child's communication skills with expected levels as outlined in this booklet. Consider whether a referral is necessary (see boxes on the bottom left of each page in section 5).

### 2. Seek additional information if required, you can...

Ring the Speech and Language Therapy Advice Line, Wednesdays, 10am–12.00pm, term time, 01225 831752; Speak to the person who would normally provide you with guidance on these matters: e.g. Early Years Practitioners can speak to one of the Area SENCO Advisory Teachers or one of the Childminding Co-ordinators.

### 3. Discuss with parents and seek permission to refer –

See section 7 of this booklet. Parents can arrange a referral themselves by: ringing the advice line (number above), speaking to their Health Visitor or doctor or ringing the SLT administrator, on 01225 731586.

### 4. Complete a 'BANES PCT Single Point Of Entry' Form –

tick the 'Speech and Language Therapy' box (on the front page in the 'Referral to' box). Attach the 'Communication Profile' to the back of the Single Point of Entry form and send to the address on the SPE form (top right).

Practitioners are asked to contact their Area SENCO Advisory Teacher or their Childminding Co-ordinator if:

- they think it may be necessary to refer a child to any other service on the NHS SPE form other than Speech and Language Therapy.
- they have referred a child to SLT.

### 3. STAMMERING (See [www.stammering.org](http://www.stammering.org))

- Many children go through a period where they are 'dysfluent' or 'stammering' in their Early Years.
- This often happens when children are going through a period of rapid language development.
- Most, but not all children stop stammering without any extra help. A small proportion of children who stammer will need extra help. It is vital that these children are not missed.
- Seek additional advice if a child is stammering for more than 6 months, if there is any family history of stammering into adulthood, if the child is showing anxiety or awareness of the stammer. There are a number of common 'risk factor' signs that Speech and Language Therapists are trained to notice.

### 4. BILINGUALISM (See [www.bilingualfamiliesconnect.com](http://www.bilingualfamiliesconnect.com))

- Children are well equipped to learn more than one language – it is the normal thing in most countries.
- Multiple languages need to be encouraged and welcomed. There are typical patterns of language development for children learning more than one language. Children who are learning more than one language can also have communication delays / disorders. Ask the parent about the child's language in their first language.
- Parents are advised to use 'one face, one language' – to speak a language consistently to a child.





### Speech sounds

- Makes vowel-type cooing sounds e.g. 'ooo', 'aaaa' (by 3 months)
- Babbles using vowels and consonants e.g. 'abaa', 'dooo' (by 6 months)



### Interaction & Play

- Smiles, looks at people, especially when they talk to them in tuneful 'baby-talk' voices (2 months)
- Explores objects using their senses (seeing, listening, touching, tasting) (6 months)
- Joins in turn-taking games, e.g. peep-o (6 months)

Communication skills we'd like to see from a child who is...

0 - 9 months old



### Attention and Listening

- Shows interest in and looks towards things that a familiar adult is looking at (6 months)
- Begins to respond to an adult's point and will look at an item an adult is pointing at (9 months)



### Understanding of Language

- Understands instructions given (even when they are given within a large group of children)



### Expressive Language

- Holds a conversation
- Sentences grammatically correct (except for some irregular verbs, such as 'falled' for fell or 'broke' for broke)
- Can describe what objects are for (e.g. 'What's a cup for?')



### Any of the following may alert you to consider referring a child of 5 years:

- Cannot understand simple conversations. Looks puzzled when asked questions. Cannot follow longer instructions when given in large group – may need individual support to follow instructions.
- Difficulty describing an event that is outside of the 'here and now' - not using grammatical markers (e.g. 'ed' to show passed tense). Confusing order of sentences and words. Omitting the connecting words in sentences (e.g. is, are, the, and, because). Limited use of concept words (e.g. to describe position, size, number, colour)
- Limited play. Disinterest in interacting with peers.
- Constantly needs an adult to help him re-focus. Cannot join in with an adult guided activity. Does not concentrate on anything for more than a few minutes. Difficulty organising themselves and following classroom routines.
- Speech difficult to understand. Continuing to have problems with 'k', 'g', 's', 'f' sounds.



## Speech sounds

- Speech usually easy to understand by all listeners
- A few speech immaturities are to be expected at this age, commonly, th→'f', r→'w', sh→'s', ch→ 't'
- Blends (e.g. 'spr', 'bl') should be developing at all positions in words (sometimes still produced incorrectly)



## Interaction & Play

- Complex imaginative play
- Acting the roles of another (e.g. pretending to be a mummy or a fireman)
- Organising and co-operating with another person

Communication skills we'd like  
to see from a child who is...

# 4 - 5 years



## Attention and Listening

- Concentrates on an activity he has chosen for 20 – 30 minutes (excluding TV / computer)
- Easily able to listen and respond to what somebody says to them whilst they are involved in an activity



## Understanding of Language

- May show that they understand some names of familiar objects and people (by 9 months)



## Expressive Language

- Expressive words are not expected at this age.



**Any of the following may alert you to seek additional advice (see section 6) for a baby of:**

**3 months** (and for premature babies, 3 months after their due date):

- Does not cry to when they have needs (e.g. hunger or discomfort).
- Does not make eye-contact with familiar adults. Does not smile at familiar adults.
- Does not turn to look at people who are talking or noises that they hear in the environment.

• Does not making 'cooing' sounds made up of vowels.

**6 months** (as above, plus...)

- does not babble using vowel and consonant sounds (e.g. 'adaaa', 'beebuu') or, does not babble, only cries.

**9 months** (as above, plus...)

- is not interested in playing social games (e.g. 'peepo').



## Speech sounds

- Babbles with 'speech like' tone (so that the pitch changes in the voice sometimes sound like the baby is having a conversation) (12 months)
- Babbles with an increasing range of vowels and consonants (12 months)

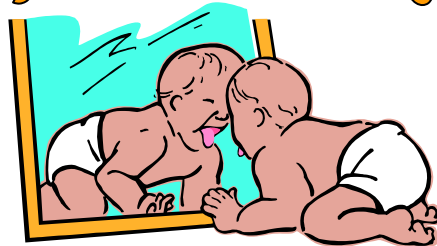


## Interaction & Play

- Shows affection for people they are familiar with (12 months)
- Takes babble 'turns' in a conversation (12 months)
- Shows interest in exploring and finding out about everyday objects
- Copies simple everyday activities, such as wiping the table (12 - 18 months)

Communication skills we'd like to see from a child who is...

**9 - 18 months**



## Attention and Listening

- Shows interest in sounds, voices, familiar stories and nursery rhymes
- Joins in with actions and sometimes singing of familiar nursery rhymes (18 months)
- Strongly follows own interest – generally unable to attend to a person talking to them at the same time as they are playing.



## Understanding of Language

- Understands most instructions
- Beginning to understand some time concepts (e.g. now, later, tomorrow)
- Beginning to understand predictions (e.g. what will happen if...?)
- Beginning to understand and enjoy simple jokes



## Expressive Language

- Describing events that have happened (e.g. we went to the park) or are about to happen (e.g. we're going to a party)
- Makes up longer sentences, linking words using 'and' and 'because'
- Holds full conversations, with many turns
- Still makes mistakes with tenses, especially with irregular verbs, e.g. saying 'runned' for ran
- May still use 'him/her' for 'he/she'



## Any of the following may alert you to consider referring a child of 4 years:

- Difficulties understanding instructions – instructions need to be broken down and supported by gesture. Often repeating back what is said to the (echolalia)
- Poor conversation skills. Sentences limited to 3 to 4 words. Using mainly nouns and verbs with very little grammar. Limited use of concept words to describe number, colour and size.
- Gets stressed if play is disrupted or if there is a change in routine. Does not relate to peers. Repetitive play.
- Constantly needs an adult to help him re-focus. Cannot join in with an adult guided activity. Does not concentrate on anything for more than a few minutes.
- Speech very unclear





## Speech sounds

- Usually understood by most listeners
- Some speech immaturities are likely to remain, e.g.
  - reducing blends e.g. spoon: 'boon'
  - producing back sounds 'k' and 'g' as front sounds 't' and 'd', e.g. car: 'tar'
  - producing 'sh' as 's' e.g. shine: 'sine'
  - mixing up 'glide' sounds – r, w, l, y, e.g. rain: 'wain'

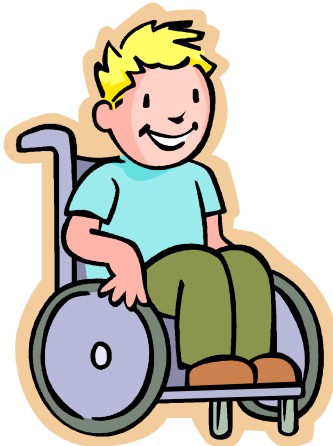


## Interaction & Play

- Playing with, as well as alongside other children
- Developing longer play routines (e.g. will cook, serve and clear dolly's dinner)
- Enjoying make-believe play with peers
- Developing understanding of sharing
- Shows empathy (e.g. if peer hurts themselves)

Communication skills we'd like  
to see from a child who is...

# 3 - 4 years



## Attention and Listening

- Concentrates on an activity he has chosen for 20 – 30 minutes (excluding TV and computer games)
- Begins to be able to switch focus of attention well



## Understanding of Language

- Shows understanding some familiar objects and people, e.g. may pass you a spoon on request (by 12 months)
- Understanding simple requests when gestures are added, e.g. 'give it to daddy' with a point to daddy (12 months)



## Expressive Language

- Communicates using a number of skills, such as vocalising, pointing, looking, gesturing (12 months)
- Says 5 to 20 words that a very familiar adult recognises (18 months)



## Any of the following may alert you to seek additional advice (see section 6) for a baby of 18 months:

- Does not look towards any objects when they are named. Does not follow simple instructions.
- Does not use any single words.
- Shows little interest in what is going on around them. Does not enjoy interacting with their main carers and / or struggles to interact with people around them (e.g. lots of screaming, disliking being held, limited eye contact).
- Does not look in the direction of a pointed finger. Does not respond to noises (toys, noises in environment, people talking to them). Does not respond to familiar nursery rhymes.
- Does not babble using consonants and vowels.



## Speech sounds

- Speech often only understood by people very close to the child (e.g. parents, carers, siblings)
- Speech sounds to expect: p, b, t, d, n, m (sounds made at the front of the mouth)



## Interaction & Play

- Happy to play near other children (but not yet to play with them)
- Not yet understanding the concept of sharing and other social rules
- Using simple pretend play with an object (e.g. 'pouring' pretend tea from a pretend pot)

**Communication skills we'd like to see from a child who is...**

**18 months to 2 years**



## Attention and Listening

- Concentrates for a short time on an activity of their choice
- Enjoys listening to familiar stories and songs



## Understanding of Language

- Understanding longer instructions (instructions with 3 information-carrying words)
- Understanding abstract concept words, such as words relating to colour (blue, red) and number (2, more), size (big, little), position (in, on, out of)



## Expressive Language

- Mainly relies on words (rather than gestures) to communicate
- Initiates conversations. Uses longer sentences and links these sentences together, using words like 'and' and 'but'
- Continuing to ask lots of questions
- Describing events that have happened— grammar not always accurate, especially with 'irregular' verbs (e.g. 'yesterday we goed to the park')



## Any of the following may alert you to consider referring a child of 3 years:

- Does not seem to understand spoken instructions.
- Uses only 2 -3 word phrases. May talk lots but language is muddled and difficult to follow. May use the same phrase repeatedly. May say things that are inappropriate or irrelevant.
- Little or no interest in peers - tends to play alone and ignore others. Not using toys imaginatively.
- Unable to listen in small group. Needs support to stay at adult-directed activity (e.g. art and craft). Shows no interest in stories.
- People who are familiar with the child cannot understand their words most of the time.



## Speech sounds

- Usually understood by people who are familiar with the child (still likely to have some inaccurate pronunciations)
- Speech sounds to expect, in addition to previous sounds listed: s, z, f



## Interaction & Play

- Beginning to play co-operatively with other children
- Using sequences of pretend play (e.g. wash teddy, then put him into bed, then cover him up...)
- Using imaginative play (e.g. pretending they have a saw to cut wood)

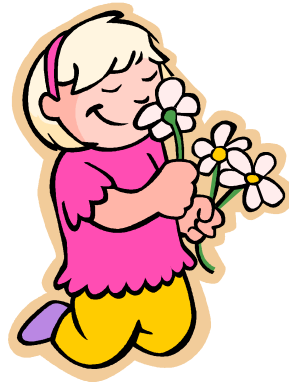


## Attention and Listening

- Enjoys listening to familiar stories and songs
- Can follow adult's choice of activity for longer periods
- Able to switch focus of attention between the activity they are engaged in and a person who is talking to them

Communication skills we'd like to see from a child who is...

2 years 6 months - 3 years



## Understanding of Language

- Understands words and short simple phrases when extra clues are given (e.g. when the speaker adds pointing and gestures)
- Follows simple requests, e.g. 'Show me your ear', 'Where's your coat?'



## Expressive Language

- Uses around 50 words (most likely to be with unclear speech sounds)
- Copying words they hear
- May link 2 words together (expressive language then described as being at a '2 word level')
- Pointing at things around them (asking for them to be named)
- Likely to 'over-use' a word, so that 'cat' may be used to name all animals



## Any of the following may alert you to consider referring a child of 2 years:

- Does not seem to understand simple everyday words (e.g. spoon, ball, brush).
- Uses less than 40 words and progress is slow.
- Uses little pretend play (e.g. feeding teddy). Restricted or repetitive use of toys. No response to attempts at interaction. No interest in other children. Limited eye-contact.
- Overly focussed on own choice of activity OR flits from activity to activity, unable to concentrate for a short spell.
- No consonants (either because babble only contains vowel sounds, or because there is little or no babble). Constant drooling (with speech or language difficulties)



## Speech sounds

- Speech generally understood by people familiar with the child (still likely to use some inaccurate pronunciations)
- Speech sounds to expect: p, b, t, d, n, m, w (sounds made at the front of the mouth)



## Interaction & Play

- Shows more interest in other children's play, happy to play alongside and occasionally with them. Not yet developed skills to share
- Pretend play develops further (e.g. putting doll to bed)
- Can pretend an absent object is present (e.g. 'pouring' from an invisible jug)

Communication skills we'd like to see from a child who is...

2 years - 2 years 6 months



## Attention and Listening

- Can sit for a familiar story
- Joins in with favourite nursery rhymes
- Starting to be able to switch between carrying out an activity and listening to somebody speaking



## Understanding of Language

- Follows simple instructions e.g. 'make teddy jump' (instructions with 2 information-carrying words).
- Beginning to understand simple who, what, where questions



## Expressive Language

- Mainly using words to express themselves, still using some gestures to support expression
- Vocabulary of 200 or more words (average vocabulary size 700 words). Copying lots of words they hear
- Joins together 2 – 3 words (not with correct sentence structure, grammar etc.)



**Any of the following may alert you to consider referring a child of 2 ½ years:**

- Seems not to understand instructions. S/he may, for example: always wait to see what other children are doing before responding to an instruction; look blank or confused; seem to be ignoring instructions. May need adults to add gestures to their instructions. Unable to follow any instructions with 2-information-carrying words.
- Vocabulary of less than 40 words. Not beginning to join 2-words. Over-reliance on gestures to express themselves. No evidence of vocabulary growth.
- No interest in interacting with other children or adults. Rarely points to show adults and object of interest. Repetitive activities in play with little range of activity.
- Always flitting from activity to activity – short attention span for play activities (**not** including TV or computer games).
- People very familiar with the child (such as parents and carers) do not understand the child's speech.