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FIRST
2000
DAYS
Webinar Series



Health
Mid North Coast
Local Health District



Acknowledgement of country

I acknowledge the traditional owners on the lands in which we meet and extend across the LHD, and pay my respects to elders, past, present and emerging.



Learning objectives

This session
of the First
2000 Days
webinar
series aims
to:

- Increase your knowledge of early communication and feeding development in the first 2000 days.
- Increase your knowledge of paediatric Child and Family Speech Pathology services.
- Increase your awareness of referral pathways and confidence to refer to speech pathology services
- Increase your confidence to engage in conversations about the importance of communication and feeding in the early years.

What is a Speech Pathologist ?

A Speech Pathologist works with children and adults who have **communication** difficulties, or difficulties **eating and swallowing** food and drink.



Health
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Communication

Language

**Speech
Sounds**

Stuttering

Voice

Pragmatics



Why is communication important?

Communication difficulties may have implications for the following areas:

- Academic
- Social
- Behavioural

The implications of communication difficulties may be **long term**

Early identification of issues is best

The biggest area of confusion is expressive language and speech sound skills – these are NOT the same condition

Children more often than not will have a combination of difficulties:

- Understanding and using language
- Using language and having clear speech

Some have difficulties in all areas – stuttering, receptive and expressive language and speech sound skills.

Difficulties may range from mild to severe in each area

What is Typical?

Most language and communication learning occurs within the first five years of life – but it starts at birth.

By 3 years of age most of foundation skills are acquired. They are then refined and expanded after then.

There is a wide range of normal - but there is also behaviours outside that wide range.

0- 6 months



- Watches speakers' mouths/faces
- Communicate by crying
- 'Cooing' – quiet vowel sounds (from 2 months)
- Simple babbling emerges at around 4 months– 'ma', 'ba', 'um'

[Baby Babbling - YouTube](#)

[Baby saying dada 7 months – YouTube](#)

6 – 12 months



Responds to name and understands some single words, such as 'no'

By 12 months understands simple instructions (i.e. 'Clap hands')

Babbling – moves from single syllables to a repetitive string of sounds

[Talking Twin Babies - PART 2 - OFFICIAL VIDEO – YouTube](#)

12- 18 months



First words around 12 months of age

Child mixes jargon and occasional words

Energy is directed to walking and exploring

Understands a range of single words and follows simple commands

[Baby First Words! | Try Not To Laugh Challenge – YouTube](#)

18-24 months



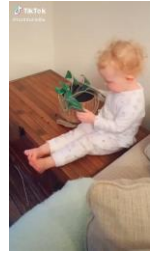
<https://vt.tiktok.com/ZSRp2cA98/>

- Short sentences emerge, such as 'go park', 'more juice'
- Child may have 50 – 200 words
- Can answer simple questions such as 'What's that?'
- Follow instructions containing 2 key words



<https://vt.tiktok.com/ZSRpjTJ2P/>

3 Years



[Along came Abby - YouTube](#)

- Child is using simple 4/5 word sentences
- Understands a range of concepts, such as 'big/little', colours, 'in/on/under'
- Answers simple 'Why?' questions
- Follows commands with 3 key words

4 Years



They can now connect sentences to retell stories and recount events.

Can use language to think through problems, negotiate and bargain.

Understands more complex instructions.

<https://www.youtube.com/watch?v=QdxX4I9wO-8>

RISK FACTORS

Neurodevelopmental Conditions

Family history of disability

Severe sensory impairments

Genetic or congenital conditions

Biological/medical

Environmental

Speech Sound Difficulties

How we produce sounds in speech

Affects how a child's speech is understood - (Speech Intelligibility)

Mild to severe in nature

[Differentiating Childhood Apraxia of Speech \(CAS\) from other types of speech sound disorders – YouTube](#)

Language Difficulties

Receptive Language is the understanding or comprehension of spoken words, grammar and sentences.

Expressive Language is the use of words, grammar and syntax.

Receptive Language



Children may have difficulties with:

Understanding word meanings, following directions (may respond to only part of instruction)

Answering questions with off target responses

Difficulty understanding sentences and concepts, identifying objects and pictures by name.

You need to **simplify** your language in order for them to understand or use visuals to aid understanding.

Expressive Language

Children may have difficulties with:

Word finding and grammatical errors

Short simple sentence use

Uses incorrect words or word order

Poor storytelling

Speech difficult to follow or contains irrelevant information

Limited vocabulary

Use of jargon or nonreal words



[DL1 1-2-3 – YouTube](#)

Pragmatics



[What is Social Communication Disorder - YouTube](#)

An individual with **pragmatic** problems may:

- say inappropriate or unrelated things during conversations
- tell stories in a disorganized way
- have little variety in language use

Voice Difficulties



Persistent
hoarse
voice

Unnatural
pitch for
age

Loss of
voice

Resonance
Difficulties

Refer to
ENT

[Hypernasality - YouTube](#)

Stuttering

An interruption in the smooth flow of speech

The child knows what they want to say, but the message gets interrupted

They can be blocks, prolongations, sound, part word and whole word repetitions

Stuttering commonly begins around age two to three years

Do not assume the child will 'grow out of it'



[Clip from Stuttering: For Kids, By Kids – YouTube](#)

RED Flags for Communication Development

Quiet as a baby – no cooing or babbling

Lack of joint attention (develops in infancy)

Poor comprehension for their age

Lack of nonverbal communication (no pointing or gesture)

No or limited use of words at 18 months

RED Flags for Communication Development

No 2 word utterances at 2 years (less than 50 words)

Not responding to their name

Limited gesture and pointing (nonverbal communication)

Limited symbolic play

Poor speech intelligibility relative to children the same age

Case Study 1

- ❖ Merry is a 23-month-old girl who lives with her mother and father.
- ❖ Merry is able to say 3 words “mum”, “dad” and “up”.
- ❖ She understands most instructions and has no reported hearing issues (hearing was tested and normal).
- ❖ She engages well in play and interacts well with other children.
- ❖ Would you refer Merry to speech pathology services?





Case Study 2

- ❖ Jack is a 4-year-old boy.
- ❖ Six months ago, his parents noticed that he began repeating the words at the beginning of his sentences and can sometimes get stuck on words.
- ❖ His parents think he is just having trouble thinking of what to say.
- ❖ He speaks in long sentences and loves to speak to everyone.
- ❖ Sometimes he will get frustrated when he can't get his words out.
- ❖ The problem seems to come and go but has come back recently.
- ❖ Would you refer to speech pathology?

Case Study 3

- ❖ Austin is 4 years old.
- ❖ He lives with his parents and attends preschool 3 days a week.
- ❖ He was late to start talking and now does seem to be quieter than other children his age.
- ❖ Instructions need to be repeated for him and he is easily distracted.
- ❖ His parents feel that he is just “being a boy”, and will catch up once he starts school.
- ❖ Would you refer to speech pathology?





Case Study 4

- ❖ Ardi is 3.5 years old.
- ❖ His speech is very difficult to understand.
- ❖ His parents can understand what he says, but other family members and other children cannot understand what he says most of the time.
- ❖ Ardi's parents feel that his speech has improved over the last few months, but that he is just being lazy and not saying the sounds correctly (he can say the word correctly when they ask him to repeat).
- ❖ Would you refer to speech pathology?

The “wait and see” approach is flawed in logic.



If a child hasn't developed within the average range upon what basis do we believe that they will “catch up”? There is no evidence to suggest this at an individual level.



Many children do improve over time but these difficulties can interfere with social emotional and educational skills – so it's best not to ignore difficulties

Feeding and Swallowing

Feeding is not instinctive nor simple.

Feeding is a skill which needs to be learned.

Feeding difficulties are usually of mixed aetiology
– rarely a purely medical or behavioural issue



Feeding Risk Factors



Prematurity

Low birth weight

Complex medical history

Respiratory Difficulties

Cardiac Difficulty

Gastroenterology (reflux)

History of nasogastric tube feeding

FEEDING RED FLAGS

Poor weight gain
or weight loss

Choking, gagging
or coughing during
meals

Consistent
vomiting

Nasal reflux

History of a
traumatic choking
incident

History of eating
and breathing
coordination
problems

Parents report
child as being
“picky” eater

Difficulty with
transition to solids

Not accepting
family table foods
by 12 months



FEEDING RED FLAGS

Difficulty with transition from breast/bottle to a cup by 16 months

Has not discontinued baby foods by 16 months of age

Aversion or avoidance of all foods in specific texture or nutrition group

Food range of less than 20 foods

An infant who cries and/or arches at most meals

Family mealtime battles

Parents repeatedly report that the child is difficult for everyone to feed

Parental history of an eating disorder, with a child not meeting weight goals.

Case Study 5

- ❖ Hannah is 9 months old.
- ❖ She has only recently started solids but gags and sometimes vomits when trying to swallow purees.
- ❖ Hannah's mum has been reluctant to continue offering solids as she is worried about choking.
- ❖ Hannah still has 6 bottles during the day and at least 4 bottles overnight to settle, as mum is concerned about her being hungry.
- ❖ Would you refer to speech pathology?



Bilingualism

Learning two languages in childhood does not cause confusion or language delay

It does not negatively impact on a child's communication

Never encourage a family to cease using their first language/s (home languages) to focus on English

Bilingualism is not a disability

How To Refer

Child and Family Health
Speech Pathology
Service, families can refer
themselves. No Doctor
referral necessary. (public
Medicare funded service)

Private clinicians
(discuss referral
with GP)

NDIS/ ECEI
(Northcott is the
local ECEI provider
for MNC)

In each area there will be
different services/
referral
procedures/waiting
times/service delivery
options.

Hints

If **you suspect** a child has communication or feeding difficulties – encourage the family to refer to a Speech Pathologist

If the **parent** is concerned about their child's communication or feeding skills - encourage them to refer to a Speech Pathologist

If you feel there is an overall **developmental difficulty** – refer to a paediatrician or consider ECEI/NDIS

Refer for a **Hearing assessment** if no recent hearing assessment has been done

Do **not wait** to see if child grows out of the difficulty

Refer **EARLY**



