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Original articles

Child's language development surveillance: knowledge and practices among primary health care professionals

Vigilância do desenvolvimento da linguagem da criança: conhecimentos e práticas de profissionais da atenção básica à saúde

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ABSTRACT

Purpose: to analyze the knowledge and practices of nurses, doctors and dentists working in Primary Care for the development of the child's language early in life

Methods: it is a qualitative research with 30 professionals from a network of Primary Care, among them doctors, nurses and dentists. An individual consultation was carried out through a semi-structured questionnaire. The technique of thematic speech analysis was used using three methodological approaches: The Central Idea, Expressions-Keys and the Collective Subject Discourse.

Results: the knowledge that professionals have about the development of children's language were anchored to the core ideas to meet some milestones of development, the child's language depends on the middle stimulus, the family and normal hearing to know little or know nothing about the subject. The professionals reported that they would like to get more information on the subject in relation to the milestones of the child's language development, normal deviations and guidelines for parents in order to improve the care of children's health.

Conclusion: the knowledge of professionals on the subject has been limited, and there is a need to expand educational practices in health through speech therapy, in partnership with the institutions of education and professionals of the Family Health Support Centers, with professionals of the Family Health Strategy Team, highlighting the work of the milestones of the child's language development.

Keywords: Primary Health Care; Interdisciplinary Communication; Child Health; Speech, Language and Hearing Sciences

RESUMO

Objetivo: analisar os conhecimentos e as práticas dos enfermeiros, médicos e cirurgiões-dentistas que atuam na Atenção Básica em relação ao desenvolvimento da linguagem da criança nos primeiros anos de vida.

Métodos: tratou-se de uma pesquisa qualitativa com 30 profissionais de uma rede de Atenção Básica dentre eles, médicos, enfermeiros e cirurgiões-dentistas. Uma consulta individual foi realizada mediante um questionário semiestruturado. Empregou-se a técnica de análise temática de discurso, utilizando-se três figuras metodológicas: a Ideia Central, as Expressões-Chaves e o Discurso do Sujeito Coletivo.

Resultados: os conhecimentos que os profissionais têm sobre o desenvolvimento da linguagem da criança estavam ancorados às ideias centrais de conhecer algum marcos do desenvolvimento, a linguagem da criança depende do estímulo do meio, da família e da audição normal, saber muito pouco ou não saber nada sobre o assunto. Os profissionais relataram que gostariam de obter mais informações sobre o assunto em relação aos marcos do desenvolvimento da linguagem da criança, desvios da normalidade e orientações para pais de forma a aprimorar o atendimento da saúde infantil.

Conclusão: o conhecimento dos profissionais sobre o assunto apresentou-se limitado, havendo necessidade de ampliar práticas de educação em saúde pela Fonoaudiologia, em parceria com as Instituições de Ensino e os profissionais dos Núcleos de Apoio Saúde da Família, junto aos profissionais da Equipe de Estratégia Saúde da Família, destacando-se o trabalho sobre os marcos do desenvolvimento da linguagem da criança.

Descritores: Atenção Básica; Comunicação Interdisciplinar; Saúde da Criança; Fonoaudiologia

INTRODUCTION

The monitoring of development is an integrating axis of attention for children's health, including activities related to the promotion of normal development and the detection of deviations in the process. Monitoring the acquisition and development of language is one of the axes to be observed by health professionals in child health surveillance, in addition to the characteristics of neuropsicomotor development [1-3].

Health Surveillance has been defined as the active role of professionals and health services in the face of risk and vulnerability, tying planning and specific actions to minimize the damage and carry out proper health monitoring of the population [4].

In Primary Health Care (PH) in Brazil, the model of Health Surveillance has been intensified during the process of reorganization of the Unified Health System (SUS), which has recently been incorporated into the care model of the Family Health Strategy (FHS). This, in turn, seeks the comprehensive care for the care of individuals and families over time and resolute answers for the population and community needs [5].

It is recognized that PH nurses, doctors and dentists perform actions of administration and assistance in nature. However, reflecting on this aspect, it was considered important to know how these professionals develop such actions in their daily practice in the family health units (FHU) in order to analyze their professional contribution to the comprehensive care for the health of children [6].

It is known that the surveillance of language development in children is related to the integral attention to children's health and needs to be observed by the professionals working in the team of the Family Health Strategy as a way to promote prevention, early promotion and diagnostic changes in the first years of life. It is estimated that one in eight children have developmental disorders that significantly interferes in their quality of life and inclusion in society [5]. The diagnosis and early intervention in the early years of life are crucial for the development of a prognosis for these children[6,7]. It is important that monitoring is carried out by health professionals and that they have knowledge of the major milestones of the development of children's language to guide parents and also as an aid in decision-making in referrals to other areas [8-10].

Through the Primary Care, known as the preferred gateway for the National Health System, the health team should know the most important aspects of development and be prepared to make some interventions, if needed, but mainly to clearly identify those children who should be referred to specialized treatments [11].

When discussing with professionals from various fields regarding child development, there are several answers, since, in fact, human development is permeated by heterogeneous concepts from many different backgrounds. It is believed that this is due to the fact that development can be defined or understood, depending on the theoretical framework they want to adopt and what aspects one wants to address. It may be that to the doctor, the definition of development is to increase the capacity of the individual in performing increasingly complex functions. Pediatric neurologists think of the maturation of the central nervous system and the integrity of reflexes. Nurses worry more with the physical examination, guidance with vaccination and also with care for child nutrition[12].

In Primary Care, with the insertion of health professionals in the Family Health Strategy Team (FHST) and the Support Centers for Family Health (SCFH), monitoring the child's growth and development is not only based on data annotation skills belonging to a particular system, but in the complex web that involves the whole development of the child as well as their relationship with their environment, parents and family. Considering the importance of comprehensive health care for children, the Ministry of Health created the National Health Care Policy for the Child (NHCPC), to which a set of programmatic and strategic actions were established to ensure the full development of the child and all life cycle stages, considering the different cultures and realities, focusing on health promotion, prevention of diseases and conditions, assistance and rehabilitation for the health and protection of children's rights. Each contact between the child and health services, regardless of the reason, must be treated as an opportunity for the integrated analysis of their health for resolute action to promote health with a strong resolute character. The monitoring of child growth should occur in a systematic way, constituting a central axis of comprehensive care [13].

Among the axes which the NHCPC delegates is health care for the newborn, and the encouragement and qualification of monitoring growth and development are of upmost importance for the training team of the Family Health Strategy on themes related to the child's development and growth. Knowing the stages of language development in children early in life by the professionals of Primary Care, specifically by professionals of the Family Health Strategy Team, where

making assessments and following the development of the child is of utmost importance for the prevention and health promotion of human communication and also the early detection of some kind of abnormality that does not correspond to the expected normal development[11].

The evaluation of the development and growth of the child should be carried out by health professionals from the Primary Care, global and shared, because it is an educational process, providing an opportunity for professionals to assist parents in understanding the issues related to development, highlighting the typical process characteristics and reformulating maladaptive and inappropriate perceptions about manifested bahviors[12]. However, it is believed that there is a lack of knowledge about the milestones of language development in children by health professionals, especially nurses, doctors and dentists of the Family Health Strategy Team working in primary care, making it difficult in most cases for adequate guidance for parents during routine consultations and also to identify changes at an early age and required referrals for specialized centers[12].

The present study aimed to carry out an exploratory study on the knowledge related to the monitoring of the child's language development in the early years by doctors, nurses and dentists who work in the Family Health Strategy Team in a municipality in the state of São Paulo in order to propose strategies for Health Education that will improve the knowledge of these professionals.

METHODS

The present study was approved by the Committee of Ethics in Research of Ribeirão Preto Nursing School-USP (Protocol 814.561 approved on October 1, 2014). The research was qualitative and descriptive in nature. Invited to participate in the study were 44 professionals, including doctors, nurses, and dentists of 10 Health Strategy Teams of the Western District Family, 5 Health Districts that make up the city of the Interior of São Paulo researched. Agreeing to participate in the survey were 30 professionals, including sixteen doctors, eleven nurses and three dentists of the health units visited. In the present study, the Community Health Agents were not included, only professionals with higher education in order to homogenize the sample and avoid bias in the study, considering academic training as the eligibility criteria. Professionals who agreed to participate were informed about the risks and benefits of participation in the research and all signed a clarified consent form.

The method used was qualitative from a descriptive study. For data collection, a semi-structured questionnaire (Annex 1) was used and for the qualitative analysis, the Collective Subject Discourse approach was adopted. The survey questions were automatically answered by the participants. To perform the analysis of qualitative data, the Collective Subject Discourse technique was used[14,15]. This technique is a proposal for the organization and tabulation of qualitative data of testimony, either in oral or written form by each participant, and is based upon the theory of Social Representation and its sociological assumptions; the proposal is basically to analyze the written material extracted from each of the statements [14,15].

The Collective Subject Discourse is a form of presentation of qualitative research results, which have testimonials as raw material in the form of one or more synthetic discourses written in the first person singular in order to express the thought of a collectivity as if this community were the issuer of a speech[15]. This technique consists of selecting, for each individual response to a question, the expressions-keys, which are the most significant stretches of these responses. These expressions-keys correspond to Central Ideas that are the synthesis of discursive content expressed in the Key Expressions. Synthetic discourses are built from the material of Key Expressions of Central Ideas, in the first person singular, which are collective subject discourses, where the thought or collectivity of a group appears as if it were an individual speech [16].

The procedures for the analysis of the Collective Subject Discourse basically involve the following operations on the collected speeches:

- Selection of key expressions of each answer to a question. The key phrases are continuous or discontinuous segments of speech that reveal the main discursive content; It is a kind of "discursive empirical proof" of the "truth" of the central ideas.
- Identification of the main idea of each of these key phrases: a summary of the content of these expressions, that is, what they want to actually say.
- Identification of similar or complementary core ideas.
- Meeting of the key expressions relating to central ideas and synthesis in expressions that reveal the Collective Subject Discourse (CSD).

The CSD is therefore a time or methodological resource to make clear and expressive social representations, allowing that a particular social group (health professionals in Primary Care, in the case of the present study) can be seen as an author and issuer of common discourses among its members. With the collective subject, the speeches do not cancel or reduce to a common unifying category since what it seeks to do is precisely the opposite, that is, reconstructing, with pieces of individual speeches, as in a puzzle, as many synthetic discourses as is considered necessary to express a given "figure", a given thought or social representation of a phenomenon[16].

The Qualiquantisoft Program was used for the data analysis.

RESULTS

In the evaluated sample, 73.33% (22) of the subjects were female and 26.66% (8) male. Among the professionals, 53.33% (16) were physicians, 36.66% (11) nurses and 10% (3) were dentists. The average age was 36.86 with a standard deviation of 9.97 years. Most professionals worked in the profession for less than 10 years (66.66%) and only 33.33% had more than 10 years of experience in the profession.

All participating health staff professionals reported that the development of speech is related to the hearing health of the child with the encouragement of the family environment. To be observed on the suspicion that the child has a communication problem, 75% of the participating physicians discuss the case with the team, 72.72% of the nursing participants and 66.66% of the dentists have the same procedure.

During the routine vaccines, clinical care, home visits and educational childcare activities, 81.25% of the medical professionals reported that they guided parents to stimulate the child's language, 72.72% of nursing professionals also guided the family, and 66.66% of dentists reported having the same attitude.

All dentists of the present sample said they did not know how to identify the child's language changes.

All professionals showed interest in deepening and enhancing the knowledge of the subject through a refresher course.

Table 1 shows the percentage of participants who know how to identify changes in child language early in life. Table 2 presents the knowledge that professionals of the Family Health Program Team have about the milestones in the development and acquisition of child language in the early years of life.

Figures 1 and 2 show the analysis of the Collective Subject Discourse and the theme investigated.

Table 1. Knowledge about identifying changes in language development in children early in life by the professionals of the Family Health Strategy Team

Knowing how to Identify changes in the child's language development	N (%)	Yes N (%)	No N (%)
Doctors	16 (100 %)	11 (68%)	5 (37,5%)
Nurses	11 (100%)	5 (45,45%)	6 (54,54%)
Dentists	3 (100%)	0 (0%)	3 (100%)
Total	30 (100%)	16 (53,33%)	14 (46,66%)

% Percentage; N: number of study subjects

Table 2. Knowledge of the landmarks of the acquisition and language development in children early in life by the professionals of the Family Health Strategy Team

Variables	Health Professionals			
	Doctors (n=16) N (%)	Nurses (n=11) N (%)	Dentists (n=3) N (%)	Total (n=30) N (%)
Social Smile				
Before 3 months	10 (62.5%)	4 (36.36%)	2 (66.66%)	16 (53.33%)
3 months	5 (31.25%)	5 (45.45%)	0 (0%)	10 (33.33%)
After 3 months	1 (6.25%)	2 (18.18%)	1 (33.33%)	4 (13.33%)
Babbling				
Less than 6 months	9 (56.25%)	1 (9.09%)	3 (100%)	13 (43.33%)
After 6 months	7 (43.75%)	10 (90.90%)	0 (0%)	17 (56.56%)
First words				
6 to 12 months	10 (62.5%)	6 (54.5%)	2 (66.66%)	18 (60%)
12 to 24 months	6 (37.5%)	5 (45.45%)	1 (33.33%)	12 (40%)
Expressive speech at 18 months				
First words	6 (37.5%)	1 (9.09%)	0 (0%)	7 (23.33%)
30 isolated words	4 (25%)	2 (18.18%)	1 (33.33%)	7 (23.33%)
Form sentences with two words	6 (37.5%)	8 (72.72%)	2 (66.66%)	16 (53.33%)

% Percentage; N: number of study subjects

DISCUSSION

Knowing the perspective of health professionals working in the Primary Health Public System regarding the Surveillance of Child Language Development is an important step in the process of health education in order to propose facilitating strategies to contribute to the process of improvement of knowledge in the care of children`s health by health professionals [17].

The quantitative descriptive data of the tables showed that only 53.33% of the participants are able to identify changes in language in the early years of a child's life. These data reveal that there is a need for the area of speech therapy to achieve a partnership among the other professionals in the Family Health Strategy Team in order to share knowledge on the subject, contributing to health actions in which these professionals can perform what they say regarding the prevention and promotion of human communication in the early years of a child's life. The difficulty in knowing how to correctly identify the milestones of language development in children early in life was evidenced in the data presented in Table 2. It is important to note that each of the participants think of ways in which experiences in the professional practice may have more experience than the other and thus, less difficulty, but thinking towards the health team. Everyone should know the developmental milestones to facilitate and propose health actions jointly [11]. Considering that the nurse, the doctor and the dentist of the Family Health Strategy Team are responsible for making assessments and monitoring of child growth and development during routine consultations at the Health Unit, it is of great importance that these professionals expand their knowledge of the milestones in the development of children's language so they can identify risk factors, interventions required and necessary referrals to other professionals.

Although professionals have difficulty identifying children with abnormal language development in early in life, it became apparent that a large part of the participants have concerns to discuss with their team, any suspected case of change. Thus, it is necessary that health professionals be prepared to request help from another colleague (if applicable, the matrix support), or to clarify the user that the problem cannot be solved in that instance (Primary Care), and then provide the reference to another level, for example, medical clinics and phonoaudiological specialty centers. The important thing is to show solidarity to the problem and do not forget the responsibility of the Family Health Team regarding the health of the population of their territory[18].

The comparative analysis between the professionals was not evidenced because of the disparity of

	Discourse of Collective Subject (1)
Central Idea (1) Know some milestones of language development	*I know some developmental milestones (lalation, repeat two-syllable syllables, 2 word phrases). I know that the child starts the social smile with 2 or 3 months. Babbling at 3 months; Babble at 4 months and simple words at 8 to 12 months. I know the child starts babbling and joining the syllables, from 10 to 12 months starting the first words and already forms sentences at the end of the 24 months. I know lalation starts around the 6th month of life and from this period the child evolves with syllabic speech, always repeating what they hear: first babbling, second two words, then sentences, increasing vocabulary and syllabic exchanges at 3 years and six months. At two years, the child is able to point out objects, reproduce their sounds, creating communication through this.*
Central Idea (2) The children's language depends on the middle stimulus, family and normal hearing	*The development is variable, there are children who start more sentences early and there are those who speak a few words. It is closely related to the stimulus that the family offers. The acquisition of language is a process that starts from birth through auditory and visual stimuli, influenced by culture and family encouragement. The completeness of hearing and encouragement are important factors for the development of language. The child learns and always repeats what they hear, so early auditory acuity must be evaluated. I think it's important to check whether the child has auditory perception and socialization with parents. It is essential to encourage children to talk directly and find the name of the objects. Parents should always encourage talking and looking at the child clearly and not use diminutively. It is very important that parents and child care givers encourage daily life reading of books, singing, teaching words and names from their pregnancy. When the child goes to kindergarten, I realize that the child is more stimulated, sociable in some cases, but this also depends on the family; parents who encourage their children with affection, conversation and music to have an "early" and favorable development.*
Central Idea (3) I know very little about the language	*I remember very little of what was discussed at the university and during the sessions, few evaluate in relation to child language. Little between them that involves encouragement by family members and caregivers is very important. I know little, I understand that this starts before six months, emitting sounds and this will improve over the years. I know very little, just what is the most important period of the motor, emotional and cognitive development. I know that each month there is a new language milestone, but I am unable to define them at this time. My basic training is in pediatrics, the initial contact in the care of relatives and friends, in short, I have little knowledge. I believe that at this stage, the development largely depends on the stimulus or family who stays with the child most of the time.*
Central Idea (4) Do not know	*Almost nothing. During the graduation, we study disciplines about child growth and development and after graduation, in childcare attending experience. I would like to have a technical background and feel safe to perform an evaluation of the child in my care. I also do reflect on my role as a health professional and I think I do the most things on automatic, with the proposal to respond to this questionnaire, I see that this issue is really very important and I have much to learn, to improve my practice; I often do not prioritize the development of language during my visits, and the questionnaire has provided me with a warning.*

Figure 1. Central idea and collective subject discourse of 30 professionals in the primary care network in response to the question, "What do you know about the acquisition and language development in children at age 0-24 months"

	Discourse of Collective Subject (1)
Central Idea (1) Main characteristics of language development for each age	I would like to know the correct age to start talking and to learn more about the milestones of language development, identifying normality and abnormality. I would like to deepen the knowledge about: what development is expected for each age, the main points do not need details. The main points of every age to facilitate my evaluation during the sessions. Base the normal development of children in relation to speech and hearing ...; Basic knowledge on the subject, since I believe that I lack a little deeper knowledge.
Central Idea (2) Deviations from the children's language	*I would like to instrumentalize to better recognize disorders of speech / language ... identify deviations from normality .... less excluded changes on observations that may be evidence of developmental problems in speech ... diction problems and how to approach ... . Down Syndrome; Signs of Autism; Speech Delay and Dyslexia. I wonder about the pathological changes to make a referral to a professional for an early and appropriate approach. Correctly identify the language deficiencies to correct routing when necessary ... It is always good to learn and reflect on what we learn to improve our practice; In the area of staff 1, we have five cases of autism. It would be interesting to get more knowledge. The cesarean delivery rate we serve is also great, are there compromises proven in language development? Mothers who attack babies for example in postpartum depression; In a moment of rage "to shake" are there commitment changes in language development?*
Central Idea (3) Guidelines for parents and caregivers	*Strategies for the family to stimulate the child ... even when the lack of stimulation is reversible; How to participate in simple problems ...; Know how to observe and better target caregivers and how to discuss the case with the professional area and also be able to acquire more knowledge of how to guide parents ...; Improve mothers about the speech development of children ...; What guidance can be given to facilitate the development of language and what signs may suggest delay in speech or writing; ... How to better educate parents about language acquisition, trying a simple and objective way to show the stages of child language acquisition to work a little with parents, family members or caregivers. Stimulus ways, easy to orient caregivers; Guidance on activities that can be developed in a childhood stimulation group, organized for health professionals.*
Central Idea 4 Knowing about screening children's language and practices at work	*How better assess the development of children's language and find better ways to store such milestones; .... Following protocols, screening and referrals ... conduct the most frequent changes ... What can be seen in consultations ... protocols that can be used to facilitate the work of primary care professionals and thus, not allow a possible delay of language and unnoticed development. How to discuss the cases with the professional area and know the best time to send the child to an audiologist and improve the mothers about the speech development of children.*

Figure 2. Central idea and collective discourse of 30 professionals from the primary care network in response to the question: "By participating in a course on acquisition and development of children's language, what would you like to know?"

the number of participants in each group, in addition to recommending the decoupling of professionals working in the context of Primary Care, since they are considered as members of an integrated team – the Family Health Strategy.

Considering the qualitative analysis, the first central idea, "I know some milestones in the development of language" (Figure 1), there is emphasis on the fact that the development of the child's language occurs with babbling, evolves to the emission of words in the eighth to twelfth month of life, and the child begins to form sentences from the twenty-fourth month. It was evidenced that the professional participants had knowledge of the acquisition and language development in children, although they had little depth and some uncertainties in defining the stages of language development. Knowledge of the normal pattern of language acquisition is essential so that it can be compared with the pathology and thus, perform guidelines for parents and caregivers in educational interactive activities in health, and make referrals as early as possible to specialized treatment [2,19].

On the other hand, the central idea "I know very little about language" (Figure 1) shows difficulties and failures in the field of knowledge of the participants on the development of children's language, but consider language as an important factor in the child's learning needs be evaluated periodically. Similar results were found in the study of other authors and indicated that physicians who work in Basic Health Units (UBS) had error rates and difficulties regarding the acquisition and development of infant language[10]. Knowledge about normal language development and monitoring practices should be part of routine consultations, especially for doctors, but also nurses and dentists.

The central idea, "The children's language depends on the middle stimulus, family and normal hearing" (Figure 1) shows that health professionals make association of the child's language development with the stimulus it receives from the environment and family. According to the participants, the environment in which the child develops is influenced by the affective partner relationship regarding the verbal forms and experiences that are provided. Some authors [20] report that home stimuli such as, for example, encouraging reading, presence of books and conversations with children placed in family practice has a great importance in the association factor for the development of children's language. The main incentive to promote communication development in childhood is to identify the protective factors and social support that should be considered as one of the best alternative intervention strategies, being of great importance that health professionals guide families as to the encouragement of child language in the early years of life[21,22].

In addition, models of communication such as the medium provides the child with influence of the language, quantity, quality and the situations experienced by the child[22]. The biological factor such as hearing and the change in the behavior of auditory stimuli in the child should be seen by health professionals during routine consultations. Professionals reported that it is important that a behavior observation to sound stimuli should be performed in order to check whether the child has a change in hearing. The first years of life are considered the most important for the development of hearing and language skills, and primary health care professionals should be alert for signs of possible changes and needs of early intervention [21].

The central idea of "Do not know" shows that professionals do not have dominion over the milestones of language development in children, but would like to acquire knowledge to feel safe in performing the child's assessment in routine care. In the literature, another work also sought to evaluate the knowledge of physicians in relation to the language and identified shortcomings, and the need for training continued so that they could expand the knowledge on what was missing on the subject [12].

Figure 2 shows the central ideas about what the participants would like to know should they be invited to participate in courses on the subject. The suggestions reported by participants focused on the main features of language development for each age, guidance for parents and family and also knowing about anything regarding the screening of child language in routine work. It was possible to observe a great interest on the part of health professionals in learning more about the subject related to the field of speech therapy. It considers the development of Health Education Strategies for work, and actions should be thought out together in order to strengthen the interdisciplinary work. The term interdisciplinary implies coordinated work with a common purpose, shared by several branches of knowledge in an integrated and convergent manner, which immediately reports on the basis of performance of the Family Health Strategy Team. However, the practice leads to a completely different reality, where teamwork is closer than one might label as multidisciplinary, since the professional knowledge of the components of the teams do not interact, reproducing what has been learned in the graduation courses. This lack of integration and communication between professionals certainly have their origin in graduation because each professional is formed without interacting with other health professionals, without a common work space that allows the exchange of knowledge and enables coordinated action to achieve a common goal [23].

Considering that healthcare professionals who are part of the Family Health Strategy Team should seek knowledge about the formation of each professional who works in Primary Care through interdisciplinary action so they can act in health promotion, prevention diseases and disorders for improvement of the community assisted quality of life and the health user can be viewed as a whole. Knowledge about the acquisition and language development in children early in life by the professionals of the Family Health Strategy Team should be of great relevance in the shared Permanent

Education process between team professionals and the field of speech therapy.

Training courses through distance or semi-distance education can contribute to the permanent education of health professionals of Primary Care, favoring the expansion and the exchange of knowledge between them. Thus, prevention, health promotion, diagnosis and rehabilitation can be better targeted to children's health by strengthening the knowledge and dissipation of exchange by health professionals. It is hoped that through pedagogical support performed by audiologists of Family Health Support Centers and distance education courses offered by higher education institutions can contribute to the monitoring of the Acquisition and Development of Child Language by the Family Health Strategy Team. In this way, promoting the improvement of child health care for the prevention and health promotion, thus, the identification of developmental disorders not expected for the age, guidelines for caregivers and parents and thus, it promotes dialogue between the areas [24].

Considering the importance of human communication in the integral development of the individual, the speech therapist is an essential professional in Primary Care because he knows the role of language as an individual training tool and can help other professionals from different areas to better understand about the acquisition and development of children's language [25].

The role of professionals in Primary Care is emphasized since the contact with the child early in life happens continuously during routine care, and parental guidance is paramount for health promotion and prevention, and also the detection of deficits visualizing early intervention, as well as the active search for cases, favoring the premise in the Surveillance of Children`s Health. It is believed that the exchange of knowledge among health professionals in Primary Care that interface with professional speech therapy can add new knowledge to these professionals and can provide professional health conditions to realize the man as a whole, taking the development process of human communication as important in child development.

CONCLUSION

The knowledge of doctors, nurses and dentists of the Family Health Strategy Team regarding the acquisition and development of children's language in the early years proved to be restricted. There is need for Health Education Strategies for professionals of Family Health Strategy Teams developed by audiologists of Family Health Support Centers in partnership with educational institutions, highlighting work on the milestones of language development.

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Annex 1 – Questionnaire on Child Language Acquisition Skills in Early Years

Dear Professional, please read each question and check one answer to the questions that present alternative answers. In questions 1, 3:19 you have to answer a short text.

Name of Professional: _____

Working in the following Health Unit: _____

Telephone: _____

Email: _____

1) What is your profession?

_____

2) How long have you been at that profession?

( ) less than 1 year
( ) 1 to 5 years
( ) 5 to 10 years
( ) 10 to 15 years
( ) 15 to 20 years
( ) more than 20 years

3) What do you know about the acquisition and language development in children aged 0-24 months?

_____

4) Is there a protocol used by professionals in the service network of the Family Health Unit that can note phases of the child's language development?

( ) Yes ( ) No

5) Can you identify if the child has some kind of language development change for the age 0-24 months?

( ) Yes ( ) No

6) How old is a child expected to be in the normal development stage to present the first smile as communicative behavior?

( ) before 3 months ( ) 3 months ( ) 4 months ( ) 5 months

7) At what age is a child expected to make babbling sounds?

( ) 3 months ( ) 4 months ( ) 5 months ( ) 6 months

8) The appearance of the child's first words comes at what age?

( ) before 6 months ( ) From 6 to 12 m ( ) 12 to 24 m ( ) More than 24 months

9) With respect to expressive language, it is expected that at 18 months the child:

( ) forms sentences of two words
( ) speaks about 30 single words
( ) speaks about 200 single words
( ) speaks the first words such as: Mom, Dad,

10) For an 18 month child who does not answer simple commands, such as "take the bottle", "take the ball and give it to Daddy", you:

( ) believe it to be in accordance with the normal
( ) stay alert and asks the mother to observe
( ) I suggested that a hearing assessment could be done and forward it to the pediatrician or professionals from other areas.
( ) re-evaluate in the next consultation

11) Are you aware that the development of the child's speech may be related to the hearing health that they present?

( ) Yes ( ) No

12) Are you aware that the development of the child's speech may be related to the stimulation it receives?

( ) Yes ( ) No

13) Do you have knowledge that children with syndromes and preterm babies may have problems in language development and need care in early stimulation programs?

( ) Yes ( ) No

14) During the routine vaccines, clinical and medical care, clinical care at the dental office, home visits, educational childcare activities, among which you act, do you pay attention to the communicative behavior of the child?

( ) Yes ( ) No ( ) Sometimes

15) When you suspect that a child has a communication problem, you discuss with your team the signs observed in order to make a decision for referral and diagnosis?

( ) Yes ( ) No ( ) Sometimes

16) During the routine vaccines, clinical and medical care, clinical care at the dental office, home visits, educational childcare activities, among which you operate, do you advise parents to encourage a child's language?

( ) Yes ( ) No ( ) Sometimes

17) Do you think it relevant to participate in a course on the Acquisition and Development of Child Language early in life?

( ) Yes ( ) No

18) By participating in the course, what would you like to know? Can you collaborate with suggestions and tips, and in advance, thank you for your participation.

_____

_____