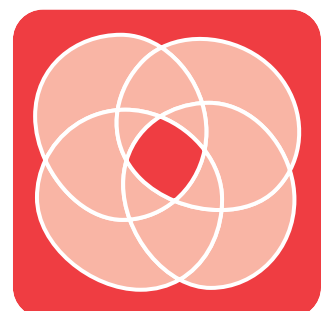
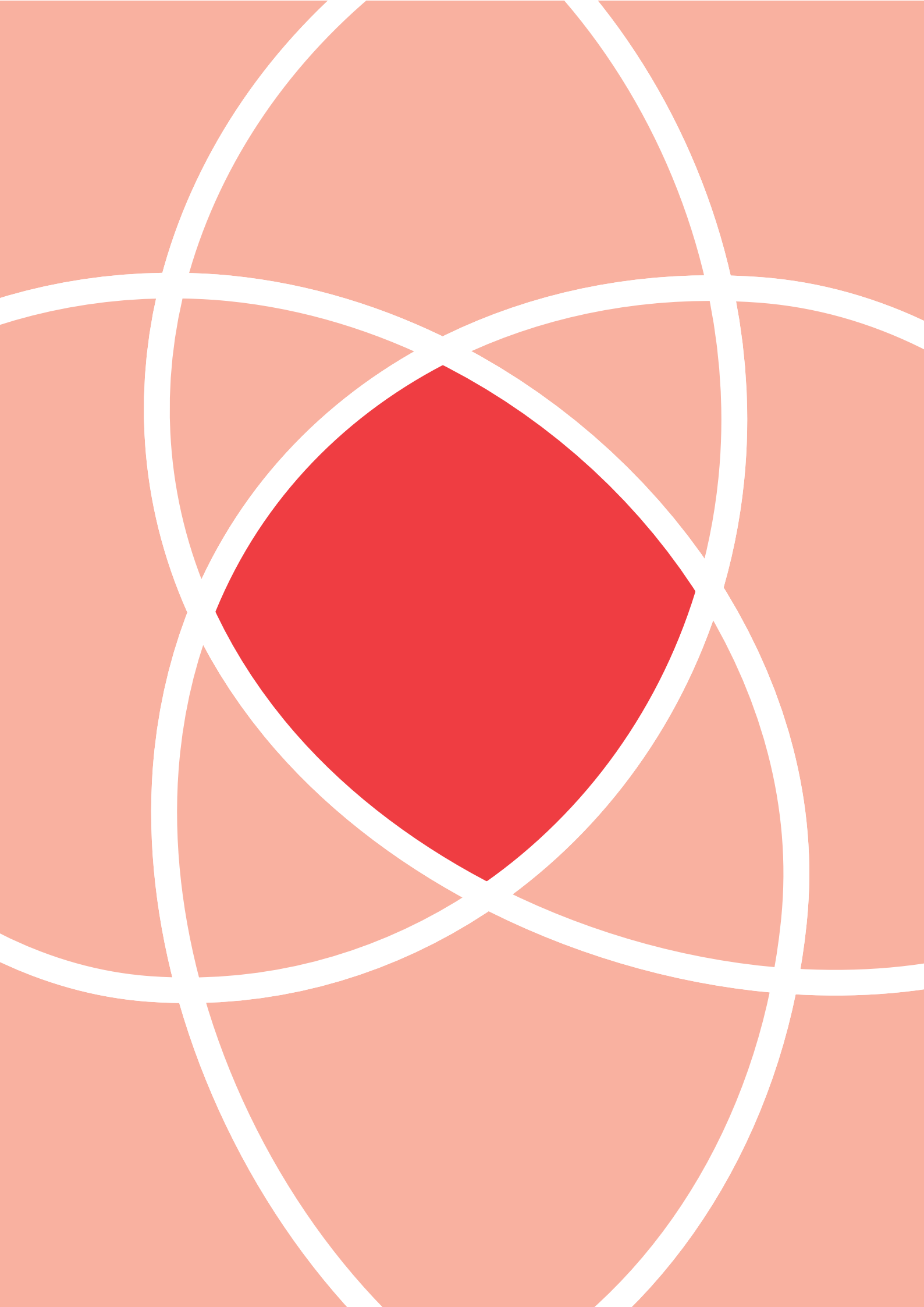


Information for parents Speech and language difficulties







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Passages that appear in italics and in colour, *like this*, are direct quotations from what parents of children experiencing speech and language difficulties have said.

Where words appear in colour *like this*, it means you can look it up in the Glossary or that contact details for the organisation or agency are listed at the back of the booklet.



Introduction

Speech and language difficulties in young children are not unusual. As many as one child in 10 under five years of age experiences some degree of difficulty.

This booklet is for you if you suspect that your child is struggling to learn to talk, or you have recently been told that your child has, or will have, particular difficulty developing communication and language.

It passes on information that other families have said it is useful to have in the early stages of recognising there is a problem and finding a way forward.

There are many different kinds and degrees of speech and language difficulty:

- Some children experience difficulty for a period of time but then catch up with other children of the same age.
- Other children have a much more serious and persistent difficulty that has long-term impact.
- Some experience a difficulty learning to communicate that is associated with other learning difficulties or conditions.

So, the booklet has been designed to meet the needs of different readers in different ways:

- If you are in the early stages of exploring your child's situation, the booklet can help by explaining how children normally develop communication, language and speech and how adults help. This section is likely to be particularly useful if you have not had much to do with very young children before or are waiting for a first appointment to discuss your child's situation.

- If you are sure your child is experiencing difficulty in this area, the booklet explains how to make the most of any professional support you are receiving and provides more detailed information about some particular conditions.
- If you are looking for help with a particular issue or for more detailed information about a particular, known condition, the booklet explains where you can find out more.

The material also explains how to set about getting professional help. On the way, it explains about speech and language therapy – what it is, who provides it, how to get it and what to do with it, once you have it.

For many children with speech and language difficulties, the right help, at the right time, makes a real difference and for this reason it's important to identify real difficulty as soon as possible.

*'Language is the core to all human interaction.
Without it, a child is isolated.'*

Read more about
this in **Useful contacts
and organisations**



Understanding normal development

This section explains how young children normally learn to talk. It provides useful background information for anyone who thinks their child may be experiencing problems in this area – particularly first-time parents who have not had much to do with very young children before.

Introduction

Communication, using speech and language, allows us to:

- express our own wants and needs and to know what other people are asking us to do
- exchange information about what we have been doing and to understand when other people tell us what is happening
- share information about things that cannot be seen
- make and develop friendships
- play and use imagination.

Communication is fundamental to most activity. We use it at home, at school and work, to participate, have fun and to learn.

'Communication is vital – you don't fully appreciate this until you have a child who is struggling or unable to do it.'

What's the difference between communication, language and speech?

Communication is the exchange of messages or meanings.

It uses all the senses, although we often focus on language and speech because they convey the most complex meanings.

Language is a structured system that conveys meaning. We usually use spoken language, but can also communicate using writing or sign language. Language is more formal than communication, following a set of rules that allows the user to express new ideas and to convey complex meanings. Different languages use different sounds and follow different rules to one another.

Speech is made up of the sounds that are used to communicate words and sentences in spoken language. Children acquire the ability to use speech as they gain control over the muscles of the mouth and face.

The communication process

Although we often take communication for granted, it's complex, and it can be helpful to break it down into parts, to understand how it develops. The diagram overleaf outlines the process. To communicate effectively, children have to learn to put the meaning they want to convey into words. To do this successfully, they must be able both to understand what they hear and be able to form utterances. They must also be aware of the people around them – working out what other people are trying to say, and checking whether the message they want to get across has been understood. The start point and process is different when a child tries to communicate in response to something another person has said and when what they say is not a response.



Receptive language

START 1

Child hears and sees what is being communicated by another person

Child breaks up incoming message into recognisable parts

Child matches what is heard and seen with what is already known

START 2

Child chooses whether to respond, decides what needs to be communicated and the way to pass on this response

Child makes an utterance that is not a response to something that anyone else has said

Child selects words and a word order to carry their chosen meaning

Child selects sounds from the sound system they can use and produces them according to their physical abilities

Child produces the words in the right order with the correct word endings to convey meaning

Child monitors own speech and whether others have understood, to check whether communication was effective

MESSAGE TRANSMITTED

Expressive language

Putting a sentence together to convey a particular meaning is a complex process and mistakes can be made at any stage of the process set out in the diagram. Difficulties at one level can also affect what happens at another. Someone with a difficulty learning to understand what is said to them, for example, is also likely to find it difficult to learn to produce words appropriately.

How do children normally develop communication, speech and language?

The first year

First steps towards communication

Children start learning to communicate soon after birth, as they make facial expressions and sounds that attract attention from the adults around them. They learn by experience that when they cry, people are more likely to comfort them and give them what they need. Other aspects of communication are also developing long before first words appear. Babies learn to distinguish human voices from other noises around them and newborns learn early to respond to the sound of their mother's voice.

Learning to take turns also begins very early on. Think about how a baby is fed. When a baby stops drinking, the adult will often start talking and when a baby starts drinking, the adult stops. This is a very early lesson in communication – when one person talks, the other listens. Early games like 'peek-a-boo' help babies learn to wait for another person to speak and to pay attention to someone who is talking.

First steps towards understanding

Children learn words by linking the sounds they hear to the objects they see. For example, they hear the word 'dog' when they see the animal in front of them. Gradually children build up a vocabulary of words that they have heard in different contexts and then they want to use them. The more children hear words in the right context, the more likely they are to understand and use them correctly and the more quickly they will pick up vocabulary. So, the talking that a parent does during normal everyday



routines, like nappy changing and feeding, is very important in the days and months before a child begins to speak.

Sometimes children show by what they say that they have not yet learned quite the right meaning for a word – parents often share stories of children using the word ‘daddy’ to mean all men, or ‘wow wow’ to mean all four-legged animals.

First steps towards talking

Babies gradually learn to control the sounds that they make, experimenting with making sounds at the same time as beginning to associate meaning with them. They play at making different sounds, first in isolation and then putting them together. Eventually, they produce repetitive strings of sounds, or **babble**.

Babies slowly become aware that particular sounds lead the adults around them to respond in different ways. For example, ‘mama’ sounds lead parents to say ‘mummy? Yes, mummy’s here’. This rewards early attempts at communication and encourages children to use particular combinations of sounds again. For example, children learn over time that ‘mama’ is linked with ‘mummy’ and that a different set of sounds is linked with ‘daddy’. By their first birthday, they are normally using the sounds of the spoken language used in their home and are putting sounds together to make simple words.

Between 12 months and 5 years

Over the second year of life, most children pick up words very quickly and learn that what they say shapes their world. This encourages them to use more words and by the age of two many children are using quite a range. When they have 30–40 single words, many children start to put them together for the first time into very simple sentences or word combinations. For example, a child may say ‘dog gone’ or ‘byebye dog’ when their pet goes outside. The statement ‘sock on’ when a child is getting dressed is a typical early utterance.

It's a normal part of the process for children to produce immature utterances, which sound 'wrong' compared with 'grown up' language. When children first start speaking, they can only use a simple, restricted set of sounds and so many words are simplified. For example, a child may talk about a 'dair' rather than a 'chair'. This is a normal stage in the development of speech sounds and children's words usually continue to develop in order to carry meaning more effectively, until the age of four years.

Many young children are brought up learning more than one language. In the first few years, they may get confused with which word to use in which language, but generally they learn language in much the same way as children using only one language do. Cultural differences may influence which words they are exposed to, but once they are in nursery or playgroup these differences soon disappear and bilingualism is often a distinct advantage to children as they start to learn to think about language and start to read.

It's important to remember all the time that children learn language at different rates. Being a bit faster or slower than other children of the same age normally has little bearing on how individuals turn out later on.

The following chart provides a simple introduction to how language normally develops during the first five years of a child's life.

Read more about this at
www.talkingpoint.org.uk

Read more about materials
which give more detailed
information about
developmental norms
in **Additional reading**



Age	Social and play	Understanding	Talking
(by) 1 year	<p>Makes eye contact</p> <p>Smiles at familiar people</p> <p>Waves goodbye</p> <p>Shows affection to parents</p> <p>Enjoys games like 'Round and round the garden'</p>	<p>Listens when spoken to</p> <p>Recognises own name</p> <p>Understands 'No'</p> <p>Points to head, arm and leg when asked</p>	<p>Makes sounds when spoken to</p> <p>Babbles in strings of connected but different sounds (eg 'ba-da-ba')</p> <p>May say 'mama'</p> <p>Laughs a lot</p> <p>May use 10 words or more</p> <p>Tries to copy new words</p> <p>Talks nonsense to self, which sounds like speech</p>
18 months	<p>Uses objects and toys appropriately</p> <p>Will draw an adult's attention to something by pointing</p> <p>Clearly wants to communicate</p>	<p>Understands simple requests (eg 'Pick up your teddy')</p> <p>Points to familiar objects on request (eg 'Where are your shoes?')</p>	<p>May use 10 words or more</p> <p>Tries to copy new words</p> <p>Talks nonsense to self, which sounds like speech</p>
2 years	<p>Recognises pictures and can match them to toys</p> <p>Anticipates/joins in action songs</p> <p>Can concentrate for five minutes</p> <p>Simple pretend play with dolls etc</p>	<p>Acts on simple commands (eg 'Kick the ball to mum')</p> <p>Listens to stories with pictures</p>	<p>Takes turns in conversation</p> <p>Can use at least 20 words</p> <p>Tries to copy new words</p> <p>Joins two words together (eg 'Want drink')</p> <p>Asks questions (eg 'What's this?')</p> <p>Asks for food and drink</p> <p>Can't always be understood</p>

Age	Social and play	Understanding	Talking
2½ years	<p>Watches others at play and may join in or copy. Joins in rhymes and songs</p> <p>Tries to get adult's attention</p>	<p>Follows simple stories. Understanding mainly linked with here-and-now</p>	<p>Uses three words together</p> <p>Omits some 'little' words (eg 'the', 'is')</p> <p>Mainly talks about here-and-now</p> <p>Difficulties with some sounds (eg <i>f</i>, <i>s</i>, <i>sh</i>)</p> <p>Talks to other children as well as adults</p>
3 years	<p>Understands activity in pictures</p> <p>Can pretend an object is something else (eg a saucepan is a hat; a brick is a car)</p> <p>Pretend play, like 'mummies and daddies' or 'doctors'</p>	<p>Understands words such as 'in', 'on', 'under' and some adjectives (eg 'big', 'wet')</p>	<p>Uses sentences of four words and more</p> <p>Mainly intelligible, although some sounds are immature</p> <p>Talks about past events but tenses may be confused, (eg 'I goed to the park')</p>
4 years	<p>Plays 'pretend' games with other children</p> <p>Plays games with simple rules</p> <p>Beginning to understand numbers</p> <p>Can stay with one activity for 10 minutes</p>	<p>Understands past and future ('yesterday' and 'tomorrow')</p> <p>Understands 'hot' and 'cold'</p>	<p>Uses complete sentences, including link words like 'because' and 'but'</p> <p>Asks 'Why?' and 'When?' but may not listen to the answers</p> <p>Uses threats, insults, promises and praise</p>
5 years	<p>Can play in groups</p> <p>Takes place in a structured classroom</p>	<p>Understands spatial relations (eg 'on top', 'near')</p> <p>Understands 'What is the opposite of...?'</p>	<p>Speech is easy to understand (although may still say 'w' for 'r' and 'f' for 'th')</p> <p>Can explain meaning of simple words. Uses longer sentences</p> <p>Can tell a simple story</p>

Adapted from: *Help your child to talk*
Royal College of Speech and Language Therapists (2002)



Helping children develop communication, language and speech – what normally happens

This section outlines how adults normally help children to learn to communicate and talk. All the advice given can be used in any home language, although all the examples given are in English.

It is most likely to be helpful if you're just beginning to wonder if your child has a problem, or if you're waiting for an appointment to see a speech and language therapist for the first time and need some ideas for things to do in the meantime.

Foundations to talking and communicating

Language and communication are underpinned by three key factors – play, attention (or listening) and the ability to take turns:

Play

Children experiment and learn about communication and language through interaction with their environment and play. They act out thought processes using play materials. For example, when a child is pretending to hold a tea party, we can learn a lot about the ideas they are hoping to express, by watching what they do carefully. Children learn by playing and experimenting with all different types of materials – not just toys.

Attention and listening

A child's ability to focus, maintain concentration and shift from one topic or object to another is essential in learning language and gradually develops during the pre-school years. The more developed a child's attention and listening skills are, the more they will be able to learn about language. Many children find developing this 'attention span' a challenge and they may be seen as 'naughty'. But there is no active choice involved in the early stages of developing 'concentration' and young children have to learn to stay focused on one activity for a length of time and to follow adult direction.

Taking turns

Taking turns or 'turn-taking' is one of the first communicative skills that babies develop. Turn-taking skills are essential for a child to develop conversations with other people and to learn new information or words.

Helping children to communicate and talk

Children start to learn about communication from the moment they are born and 'conversations' start long before children are able to use spoken language.

As a parent, you can help your child's language to develop in the following ways:

- Watch your child's face carefully and look interested in whatever they try to communicate.
- Show interest in whatever your child tries to tell you and respond to their ideas – don't worry too much about pronunciation, focus on what you understand them to be trying to say and respond. Children communicate and eventually talk more when they feel they have a contribution to make.
- Play alongside your child and at their level – on the floor and close together. Let them choose the activity or toy and follow their lead – talk about what they seem to be interested in and what they're looking at.
- Try to have some quieter times in the house when you cut down background noise. This can help your child to focus attention on talking and on words. For example, turn the radio, CD player or television off for a while and close the door on noisy kitchen appliances.
- Help your child understand when you are talking to them, by saying their name at the beginning of a sentence. For example, you might say, *'David, it's bedtime now.'*



- Make your face expressive and interesting to look at when you talk. This will encourage your child to look at you. Wait for them to look at you, before starting to talk. If eye contact is particularly difficult for your child, be happy to accept other signs that they are listening, such as a slight turn towards you.
- Exaggerate intonation, using a 'sing-song' voice when you talk. Most adults find it natural to use more intonation when they talk to young children and this is for a reason – it makes it easier for children to pick out or discriminate spoken language that is directed at them and makes it more interesting for them to listen.
- Enjoy some action songs together and try some listening games like:
 - clapping games, where you clap a particular pattern, followed by your child who imitates, trying to clap the same pattern
 - finding an alarm clock that is making a noise, which has been hidden
 - choosing the right picture or toy animal when you make an animal noise (for example, your child points to a picture of a cow when you say 'moo')
 - using several toys that make noises, make a sound with one of them out of the child's sight. Your child has to choose which toy it was that made the noise
 - traditional games, such as musical bumps.
- Comment on what your child is doing, even before he has any words to use. For example, you might say, 'Ooh, you're building a tower now, are you?' When your child looks at you, say the word for their action or the object they are holding.
- Reduce the pressure on your child to 'perform' by avoiding too many questions like 'What's that?' while pointing to familiar objects in a book. Instead, you might try describing the pictures and then leaving a pause for your child to join in if they want to.

- Allow silence when it seems to give your child time to organise their thoughts.
- Spend more time with your child than you might otherwise do, talking, sharing books together and singing nursery rhymes and other childhood songs.
- Provide clear choices – this might help your child learn new words. For example, you might ask *'Do you want blackcurrant or water?'* Hold both objects where your child can see them as you say this.
- Try to respond to any attempt that your child makes to communicate. Depending on the age of your child, this may mean different things. For example:
 - showing you are listening when your child looks at you and makes a noise, by looking back and smiling
 - repeating any sounds or babble your child produces, taking turns
 - repeating back what you hear your child trying to say, even if their attempt is not yet quite clear
 - expanding on what your child says. For example, if they say *'nana'*, you might say *'Yes, it's a banana. You like bananas, don't you?'*
 - giving clear feedback about whether they have communicated successfully. For example, you might say *'Yes, that's right, it is a spoon'* or *'No, it's not a cow, it's a pig.'*
- If your child makes some sounds that might be a word, but it doesn't seem quite right to you, say the word you think they're trying to say, clearly. For example, if they say *'u'*, you say *'Yes – it's a duck'*. If some sounds are clear, but others are not, repeat the word, stressing the key sounds that are missing or wrong. For example, you might say *'duck'*.
- If your child is further on and says a word clearly, repeat it and add another. For example, if they say *'duck'* clearly, you might say *'Yes, duck swimming.'*



Using language at an appropriate level

Before children learn to talk, they have to understand the words that are used around them and hear lots of spoken language being used. Young children usually know what many words mean and understand a lot of what is being said to them, long before they are able to say any recognisable words themselves.

Even where there are no particular difficulties, adults naturally simplify the language they use when talking with very young children. They tend to use shorter sentences, delivered with natural, but slightly exaggerated, stress and intonation patterns.

Many children with speech and language difficulties have problems understanding what is said to them. It can be difficult for them to understand the complicated string of sounds that make up human speech. It's particularly helpful to speak to these children in short sentences, that match their level of understanding. For example, instead of saying '*OK, let's go out now. I need you to find your coat and your shoes and then we can go to the park. Can you remember where your shoes are?*', you might say '*We're going to the park now – shoes, please*'. Using language in this way is not an insult to a child's intelligence, but helps them focus on the important information.

A helpful general guide is to talk to your child in sentences that are about one word longer than the sentences they are producing. So, if your child is using single word sentences, aim to use a lot of two-word and three-word sentences when you talk to them.

Encouraging words and clarity

Every child's first words are a great achievement and need a positive response. Early attempts at words by young children are usually immature and simplified in the sounds they use – children move towards producing their first clear words gradually. A young child who consistently says '*didi*' to mean their bear, has a word and a name for their bear. Over time their word will gradually develop into something that looks and sounds more like '*teddy bear*'.

This happens when adults recognise a child's 'words' and give consistent feedback about the target word (for example, you might say 'Yes *that's right, teddy*' or 'He's a lovely *teddy bear*'). Along with praise and encouragement, this enables a child to revise the way they produce a word as they watch and learn from the adult example.

It's the same process as speech sounds develop. Children of two generally have quite unclear speech, because their system of speech sounds is limited in range – it's still developing. Children of four years of age may be more easily understood, but are still likely to use characteristic immaturities. For example, children of this age often say '*tip*' instead of '*chip*' and '*tear*' instead of '*clear*'.

As a parent, you can help your child to develop clearer speech by trying these simple ideas:

- Tune in to your child's speech and reduce frustration by joining in with your child's play and watching what they do. This will give your child plenty of opportunities to hear clear examples of words or expressions they are trying to use at the moment and in the context they need it.
- Stress the sounds your child can't say when you repeat words back to them. For example, you might say 'Yes *it's a ssock*'.
- Pretend to make mistakes yourself while you play. For example, you might say, '*I'm putting teddy's dock on*', and then correct yourself, saying '*Ooh silly me, I forgot my ssss, teddy's ssock*'.
- Play rhyming games that show the difference one sound can make. For example, '*mat*'/'*cat*' (remember to stress key sounds).

Children will carry on using words if:

- they're having fun
- they're communicating effectively with the adults around them
- words bring the results that they want.



The key strategy for enhancing development where children just need a bit more help and encouragement, is to have fun, play and reduce the pressure to talk.

Using gesture

When adults are talking, they often use gestures alongside words. This helps other people understand what is being said. The ability to gesture develops alongside babbling and some very frequent signs such as waving 'bye-bye' develop before a child can say any words. This natural ability can be harnessed for the development of speech and language and is especially useful if a child is experiencing difficulty in this area.

Most children learn to talk through interaction (ie conversation) with adults and they use both visual and vocal means to communicate. Parents recognise their baby's immature speech patterns and help their child develop more words by **modelling** the correct pronunciation.

You can help a child's communication by using gesture and pointing at objects and pictures when you are talking about them. This is just a question of remembering to do something that is natural, but consciously trying to do it more frequently than you might otherwise do.

For more information about sign languages, see the section on **Augmentative and alternative communication**

If it becomes clear as time goes by that your child is experiencing significant difficulty learning to talk, you may be advised by a **speech and language therapist** to consider developing the use of gesture further, by using sign language.

Recognising there may be a problem

This section identifies some early warning signs that may indicate a speech and language difficulty and explains how you can begin to look for help.

Learning to talk is a complicated matter and it's not clear why some children have difficulties. Parents often feel guilty and blame themselves if their child is slow to talk. However, children's speech and language difficulties are often not the result of anything that can be easily identified or anything that parents have done wrong. Indeed parents often have other children in the family who have already learned to talk quite normally.

How can you tell if your child has, or may have, a speech or language difficulty?

'Tracey didn't respond to her name. I thought she might be deaf. But she could hear the birds singing.'

It's not always easy to tell if a child has a speech or language difficulty. Children who struggle in this area often do well with other aspects of their development (for example, with walking or toilet training) and there is no simple test that will confirm whether or not a child has speech and language difficulties. For most families, getting to a point where everyone recognises there is a significant issue is a gradual and sometimes difficult process. It unfolds over time.

The following are all possible warning signs that something is wrong:

- learning to talk more slowly than other children of the same age
- unusual difficulty understanding simple instructions or requests
- speech or language sounds that are unusual, compared with other children of the same age
- unusual difficulty being understood – even by members of your family



- frustration as a child tries to make themselves understood
- little or no eye contact
- difficulty paying attention to things that adults point to and talk about.

See **How communication, speech and language develop**

So, you need to compare your child's speech and language with what most other children the same age are able to do. The chart on pages 11–12 may help with this.

At the same time, it's important to remember that different children develop language at very different rates.

What to do if you think your child has a speech and language difficulty

If you are worried about any aspect of your child's speech and language development, trust your instinct and don't ignore it.

Discuss your child's speech and language with your **health visitor**, the staff at the nursery or playgroup your child attends or with your doctor. They see many young children as part of their daily working lives and this can help clarify whether the concerns you have are reasonable. Ask other adults who know your child well, such as a childminder or nursery teacher, whether they are concerned about your child's speech or language as well.

Read more about this in **Useful contacts and organisations**

There are also other sources of help and information from the organisations listed at the back of the booklet that you can check out. **Afasic** provides a telephone helpline for parents and **I CAN** offers a general information service about speech and language development, difficulties and services.

Have your child's hearing checked. An undetected hearing loss can account for difficulty learning to talk and so it's always advisable to rule this possibility out. Your GP or **health visitor** can refer you to the local audiology service for a hearing test, if this needs to be done.

The first step towards having your child assessed is to make contact with your local [speech and language service](#) to discuss the options available. Your GP, [health visitor](#) or early years teacher can arrange a referral but you can also refer your child yourself.

'It's important to know that it may take a while to 'get into the system'. Early referral is important because you have to wait for everything.'

Why early assessment is important

Early assessment by a [speech and language therapist](#) is important because:

- Whatever the outcome, assessment of your child's situation is the best way to find out what you and other people can do to help.
- It's never too early to help a child's speech and language development. If your child has difficulty learning first words or getting started in language development, there are important pre-speech skills to learn that you may need professional help to understand or encourage.
- If your child does need help, then it's likely it will take some time for action to be taken and resources to be put in place.
- Identifying difficulty and finding ways to encourage your child's development reduces frustration, and may help your family to avoid temper tantrums associated with a communication difficulty.

'I wish we had asked earlier for an assessment. People kept reassuring us that "He'll grow out of it" – even our GP and the health visitor. But we knew something was wrong. If we had had the knowledge of how to help our child at an earlier stage it could have made an enormous difference to us and him.'

Making contact with your local NHS speech and language service

Your child can be referred to your local speech and language service for an initial assessment by:

- your health visitor

Read more about this in [Making contact with your local NHS speech and language service](#)



- your child's nursery staff or teacher
- your GP.

Alternatively, you can refer your child yourself to your local NHS speech and language therapy service. You do not have to wait for someone else to refer you, particularly if you are still concerned after talking to a number of different people.

NHS speech and language therapy services are usually provided by Primary Care Trusts, or PCTs, although some services are now purchased by the NHS from the private sector. These services are free of charge. If you ring your Primary Care Trust, they should be able to give you the telephone number for your local children's speech and language therapy service. You can find the phone number for your local PCT by:

- looking in the phone book
- asking at your GP's surgery
- asking your Health Visitor.

All speech and language therapy services in the UK are also listed on the Talking Point website (www.talkingpoint.org.uk).

If you contact a speech and language therapy service yourself, they will tell you what they need to know in order to arrange an appointment for your child.

What happens next?

It's important to understand that what happens when you make contact with your local speech and language therapy service varies, because services are organised in different ways in different parts of the country and in some places, demand for services is very high. In some areas, contact will lead directly to an appointment with a **speech and language therapist** and assessment. In other areas, an appointment follows, but the wait for a first appointment may be significant. Some areas operate a **triage system**, which means that first referrals are sorted before appointments are arranged. Sometimes this is done over the telephone.

If a system like this operates in your area, a **speech and language therapist** or assistant may talk to you over the 'phone at the time you first make contact:

- to find out more about your situation
- to make sure that you are coming to the right service
- to make sure the speech and language therapy department has all the information they need to prioritise the referral.

This approach is not yet common, but is likely to be used in more areas as health services are redesigned and modernised.

If you have a serious concern about your child's development of communication, speech and language, it's important to get an assessment as soon as possible. It's therefore a good idea to ask what will happen next and how long you may have to wait for an appointment at the time you make the first telephone call.

If you're worried and you think you have been asked to wait for an unreasonable length of time for a first appointment, or for treatment following a first appointment, first ring the speech and language therapy department to ask what has happened. Sometimes referrals and appointment letters go astray. If you still experience difficulty, contact your Primary Healthcare Trust (PCT) to discuss the situation.

Then, if you need further advice, ring the **Afasic** helpline.

If you are interested in a private service, for which you will have to pay, you can locate independent speech and language therapists who work with young children by contacting the **Association of Speech and Language Therapists in Independent Practice (ASLTIP)**.

You can also find private speech and language therapists in your area by using their online search facility at www.helpwithtalking.com

Afasic helpline
08453 55 55 77

Read more about
this in **Useful contacts
and organisations**



Children who are learning two languages at the same time

Many young children successfully learn more than one language in their pre-school years at home and many learn one language at home and then go on to learn English as an additional language.

If you speak a language other than English at home, carry on using this until it is established. English can be introduced later. For families where more than one language is spoken, 'one parent, one language' can be a good strategy – ie each of you uses only your own language when you speak to your child. In bilingual families before the age of three years, one parent/carer using a mixture of languages can be confusing for a child.

An environment that exposes children to more than one language should not in itself bring difficulties and in general, being bilingual (ie being able to speak more than one language) is a positive advantage. However, as with all children, some of those who are learning more than one language experience difficulty and it's important that this is taken seriously. It's often assumed that children brought up using two languages are more likely to experience difficulties. This is not the case, but it is essential that the needs of children who do have problems are not dismissed.

If your child is having problems learning the language your family uses at home, then you should ask for help. It's important that you don't make any decisions about changing the language(s) you use at home until you have spoken to a speech and language therapist. The speech and language therapist can assess your child in their first language as well as in English. This may involve working with an interpreter.

If your child has learnt to speak in the language of your home, but is finding it difficult to learn English as an additional language, the **local education authority (LEA)** usually provides a team of specialist teachers who can help. Ask your **health visitor**, school, pre-school or nursery about this.

Making the most of speech and language therapy

This section explains what speech and language therapists do and how to make the most of any contacts you have with a speech and language therapy service, from the point that your child is first referred for assessment.

What speech and language therapists do

Speech and language therapists are specifically trained to:

- assess speech, language and communication development
- identify whether there are any difficulties
- make a diagnosis and clarify the nature of any difficulty
- develop a treatment plan and work with you to implement that plan
- judge when treatment is complete and when a child should be discharged.

They may also work with children who have swallowing difficulties or problems with the physical aspects of eating and drinking.

Some develop expertise in particular areas and become a 'specialist' in a particular field. Your child may, at some point, be referred to a **specialist speech and language therapist** for assessment and treatment, or a specialist may work jointly with or provide advice to your local therapist. This depends on the needs of the child.

Speech and language therapists typically work with families and children as part of a team, to help children develop speech and language better, or to support a particular, identified speech and language difficulty.

They provide help and therapy in a number of different ways:

- through a series of one-to-one sessions in which they meet with you and work directly with your child



- through group sessions in which your child is given special help alongside other children with similar needs
- working through an assistant who meets with you regularly
- by helping the team of people who are in daily contact with your child deliver therapy on a more regular, 'little and often' basis than a speech and language therapist would be able to provide by themselves. The team around your family might include nursery workers, your child's childminder, teachers, portage workers, physiotherapists, occupational therapists, psychologists and/or paediatricians.

Some children need the involvement of only one professional, but others benefit from support from a range of different people.

The aim of speech and language therapy for very young children is to create an environment that helps children develop their speech and language skills. Speech and language are part of everything your child does and everything you do with your child, as a family. One-to-one appointments, or sessions with a speech and language therapist in isolation, are not usually enough to identify and 'sort out' a problem.

When a therapist works with your child, therefore, she will try to establish the aims, activities and strategies that are likely to trigger progress. She will then discuss these with you and any other people who are important in your child's everyday life (for example, staff at the nursery or playgroup your child attends). The aim is to make sure everyone in regular contact with your child knows what to do so that they provide consistent help and support.

'The nursery and pre-school are following my son's speech and language therapy programme and so do I, at home – a few minutes each day is better than half an hour each week, with nothing in-between and you learn to incorporate it into everyday activities.'

'He's starting school in September, with some support and the learning support assistant will give him 10 minutes' therapy every morning.'

Where speech and language therapists work

Most **speech and language therapists** are employed by the National Health Service (NHS). They work in children's centres, clinics, health centres or hospitals, and in schools and nurseries. **Speech and language therapists** usually try to see your child in the most appropriate setting if they can – for example, at home or at their playgroup, nursery or school.

Some **speech and language therapists** are employed by **local education authorities**, charities and voluntary organisations, or by schools, particularly special schools. In some areas, they work in **Sure Start children's centres**, which are developing to provide integrated education, childcare, family support and health services for very young children in one place. These centres encourage professionals from different backgrounds to work together to support children and families in an area, including children with disabilities or special educational needs.

Some **speech and language therapists** work in private (ie independent) practice and you have to pay for their services. They may do this individually or within a group practice. Sometimes independent practitioners work in local GP surgeries. If this is the case, ask for details about fees and the range of support that can be provided, before you decide to use the service.

Occasionally children receive therapy from a private speech and language therapist at the same time as being supported by a therapist working for the NHS. There is policy guidance from the **Royal College of Speech and Language Therapists (RCSLT)** for professionals in this situation, which encourages them to share information about a child's treatment. If you are using more than one service, make sure that both therapists know about the other's involvement, so they can discuss a therapy plan and work together on behalf of your child.



Getting ready for a first appointment

A first appointment with a **speech and language therapist** may take up to an hour, which can be a long time if you have other children to look after. If you can't arrange alternative care for them during the appointment, it's a good idea to phone up in advance to discuss how best to handle the situation.

If English is not your first language, let the therapist know, so that she can arrange for an interpreter to be present. Some speech and language therapy departments employ bilingual assistants who will be able to play with your child and help with the assessment. If it's not possible to get an interpreter, consider taking someone with you who speaks your language and English and with whom you feel comfortable, as the therapist may need to ask you for information. You should not use another child to interpret for you, as some of the information may be too difficult for them to translate or be too personal.

The following are all useful things to take with you to a first appointment:

- your child's health record book – to help you remember information about your child's overall development, including speech and language
- your child's glasses and hearing aids if they use them
- a favourite toy or book for your child to show the speech and language therapist
- a list of questions you have for the therapist, so that you don't forget what you want to talk about – preparing ahead of an appointment helps good decisions to be made about a child.

'I would advise parents to write down a list of their concerns to take to professionals, being as specific as possible. It worked for me – it helps to get your concerns taken seriously. The list might be:

- 1 He only says six words and he's two and a half.*
- 2 He doesn't seem to understand what I say to him.*
- 3 He's frustrated that we don't understand him.*
- 4 He's a very fussy eater – won't eat sloppy foods.'*

The purpose of assessment

The main purpose of a first appointment is to:

- assess your child to decide if there is a difficulty
- assess the type and severity of the difficulty
- agree what action is needed.

When a therapist has completed their assessment, they will discuss their conclusions with you, and try to agree the best way forward. If your child is exposed to more than one language, assessments may need to be carried out in more than one language to build up an accurate picture of your child's language abilities. Sometimes, it's not possible to reach a conclusion after one appointment and the therapist will discuss with you other ways that your child's speech and language can be explored. A first meeting and assessment will give a **speech and language therapist** an initial understanding of your child's needs, but it's unlikely to reveal the whole picture. Children's speech and language continues to develop, and understanding a child's situation sometimes becomes clearer over time. A therapist also needs to get to know your child, in order to be able to learn more about their difficulties.

Speech and language therapists sometimes ask to carry out further assessments at regular intervals in the future, to see how your child is progressing, whether any speech and language difficulties are persisting and what help might still be needed. For a few children, this process may continue for years.

'We became concerned about our son's lack of speech when he was about two and also about his apparent lack of understanding of speech. Our health visitor referred him to a speech therapist for screening. He became really upset in the clinic, so after two failed attempts, they saw him at home. He was much calmer and more co-operative there and they were able to make an assessment. It eventually emerged that he had a speech and language disorder with delayed play skills, but it was the speech and language disorder that first indicated there was a problem.'



What happens at a first assessment?

Questions, questions, questions!

A **speech and language therapist** is likely to want to ask you lots of questions about your child's speech and language development. Nobody knows your child as well as you do, so the information you give about how your child is developing, and what they're like at home is very important. You may also be asked about other aspects of your child's development. This information helps a therapist build up a general picture of how a child's speech and language development compares with other aspects of overall development. These questions also help to identify any factors that might explain the delay or difficulties that your child is experiencing. The therapist will be interested to hear about how your child is at home and what you have already tried to do to help your child.

Play

With very young children it's usually easier to assess their speech and language when they are playing and relaxed. How they play also gives the therapist useful information about other aspects of their development such as attention and confidence. The therapist may therefore spend time playing with your child or ask you to play with your child. Don't worry if your child is shy and doesn't speak – therapists are used to this and will do everything they can to put your child at ease. Remember this is a new situation for both of you. If you can relax, it will be easier for your child to do so, too.

'When my son attended speech therapy sessions he used to take the chair to the corner of the room, sit on it with his feet up the wall, with his arms folded, huffing and puffing away. I was always a) mortified and b) panic stricken that he wasn't taking advantage of therapy. It's only in hindsight that I can look back (and laugh) and know that his behaviour, poor attention span, poor eye contact, poor social skills, difficulty with turn-taking etc were all leading towards the therapist making her diagnosis of semantic-pragmatic disorder.'

Formal tests

Assessment may also involve one or more 'formal' tests. For example, the therapist may show your child a selection of toys or pictures, ask some set questions and make a note of responses. It's only natural that you want your child to do well, but remember the purpose of assessment is to find out what your child is able to do and what they are not able to do yet, to decide what help is needed. Don't worry if your child finds some things difficult.

Outcomes from assessment

When a first assessment has been completed, a speech and language therapist will usually discuss with you:

- Whether or not your child has a difficulty with speech and language.
- Any particular problems she has noticed. For example, she may point out that your child can't say certain common sounds properly, or has poor listening skills, affecting his ability to understand what he hears.
- Whether your child's difficulties seem relatively mild, or more severe. This may not be apparent, however, until the therapist sees how your child responds to therapy. Your child's situation may not be clear for some time.
- What you can do to help your child and what other action might be needed.

If everyone agrees that further therapy is needed and would be helpful, the therapist should discuss and agree with you what the aims would be, how therapy will be delivered, how long it is likely to continue and what the practical arrangements will be.



Therapists are usually happy to answer any questions you have. Feel free to ask and check if:

- there are things you don't understand
- you would like more explanation
- you are not clear about the outcome of the assessment
- you would like them to write down anything you have discussed.

The therapist may give you a written report, summarising the outcome of this initial assessment. If not, and you would like one, ask.

What might happen next?

Following an initial assessment, if everyone agrees that your child needs further help with their speech and language development, there are a number of possible actions that you might consider with the **speech and language therapist**. For example:

Another appointment in a few months time to check on progress. When this happens, therapists often give you information about changes that you might expect in your child over the next few months and suggest activities to do with your child at home, before you come back.

Therapy or advice at your child's nursery, playgroup or school. This might involve a visit or visits by a therapist to your child's nursery or playgroup and advice or a programme of strategies and activities for staff. The aim is to help them to help your child and the therapist may arrange training for the staff to enable them to deliver the programme.

Regular appointments with you and your child, either on a one-to-one basis, or with a group of other children with similar problems. This might involve a weekly appointment, but it could be more or less often. Sometimes activities or exercises at these appointments will be delivered by an assistant, under the supervision of the therapist and sometimes by the therapist themselves.

A course or workshops for parents, to help you help your child at home.

A move to a specialist nursery or playgroup that has particular expertise in supporting children with speech and language difficulties. Such playgroups are sometimes run by speech and language therapy departments, child development centres, voluntary organisations or by local authorities. Your **speech and language therapist** may be able to arrange a placement, or may have to refer your child either to another professional, or to a 'panel' that decides whether to agree a placement for your child. A few local authorities run nursery 'language units' for children with severe speech and language impairments. However, children sometimes require a **statement of special educational needs** to attend a unit of this kind. If this is the case, the professionals working with your family will explain what is involved.

Referral to another specialist, because more information is needed to understand the nature of your child's difficulties.

Review only, when the assessment suggests that your child does not need regular, additional help, but progress does need to be checked in a few months time for everyone to be confident that this is the case.

For any of these options, a **speech and language therapist** should discuss and agree with you how any further appointments will be organised, when they can start, how long they might go on for, where they would be held and how long and how frequent they will be.

They should also discuss with you the aims for further sessions and what approach they think might be helpful. In particular, they should discuss exactly how you will be involved, what you expect to happen at the sessions and what the therapist expects to happen in-between appointments or sessions.

Read more about statements of special educational needs in **Looking ahead – education**

For more information about how other professionals may be able to help, read the section on **Multi-disciplinary assessments**



Working with speech and language therapists

Speech and language are part of what your child does all day, every day. If your child is attending a number of appointments or receiving special help on a regular basis in a group or from people who work in the nursery they attend, you may be asked to do specific things as part of everyday talking with your child between appointments.

To get the most from any meetings you have with a **speech and language therapist** as part of this programme:

- Ask questions and check if you are unsure about what is happening. For example, you may wonder why the therapist is 'just playing' or asking your child to listen to sounds rather than getting your child to say them. Ask why they are doing what they're doing – there's usually a good reason.
- Try things out that the therapist suggests you could do at home at the meeting and experiment while you are there, so that they can help you, if you're unsure about anything.
- Make your own suggestions based on your knowledge of activities that your child particularly enjoys or things you do together regularly.
- Discuss what it's realistic for you to do at home. Don't be afraid to say if you think the therapist's ideas are not practical – for example if you have several other children at home to look after.
- When you come back, talk to the therapist about how you are getting on at home with the activities she has suggested and show her what you have been doing.

If you are unable to keep an appointment for any reason, notify people in good time so that another appointment can be arranged and someone else can use your 'slot'.

If a speech and language difficulty has been identified, it's usually very important to monitor your child's progress as time goes by. A therapist may wish to repeat assessments that have been carried out as part of the initial assessment again, after a set period of time, to assess what change has taken place.

Discuss and agree:

- how often your child should be monitored
- after what period of time it would be useful to repeat assessments again
- where future assessments will be carried out (eg at home or in nursery).

Discussions with a therapist about the progress your child is making are important opportunities to agree whether or not further help is needed. You are with your child more often than anyone else and you know them best. Any professional working with you will want to know how you think things are progressing and to look at examples of new things that your child has started to do.

When you have attended a number of appointments, there's likely to come a point at which you discuss and agree what will happen next. This could be any of the following:

Discharge from speech and language therapy

This may happen if your child does not need any more additional help because they are now making good progress and any difficulties seem to have been resolved. Further observation may also have convinced the therapist that your child does not have a significant difficulty.

More therapy, delivered in the same way as before

This may happen if your child is making good progress, but there is still some ground to make up and more appointments are needed.



Delivering therapy in a different way

This may happen if your child still needs some help, but less than before. Alternatively, a different approach might be needed if your child has not progressed as you or the therapist expected. It may be increasingly clear that there are other difficulties that nobody knew about earlier. In this situation it might be necessary to undertake further assessment or to try a different approach to therapy.

'At the age of three, our son attended weekly group sessions with other children with similar problems. It was so great to realise we weren't the only ones and he very slowly began to improve.

To cut a long story short, he is now, at the age of 10, a real little chatterbox, who loves to talk, although he does still occasionally have difficulty finding the right words to express himself – but don't we all?

Without the hard work from lots of different speech and language therapists and from us and most of all, from my son himself, he would not have been able to achieve this.'

What to do if you disagree

Occasionally, parents disagree with their child's speech and language therapist, or are dissatisfied with the service they receive. This might be in connection with:

- the initial assessment of a child's difficulties
- the therapy or other support offered
- a decision to discharge your child from therapy
- waiting times for speech and language therapy services.

The aim is to arrive at a shared view of your child's difficulties and to agree the best way forward. So before you do anything else, check that you have explained your concerns and thoughts clearly to your therapist. If you still can't reach agreement, you could:

- ask for a second opinion from another therapist either via your therapist or GP
- ask for a review in several months time
- consult a speech and language therapist privately
- discuss your concerns with the speech and language therapy manager
- make a complaint to the manager of the service and/or the chief executive of the **Primary Care Trust (PCT)** that provides the speech and language therapy service. This can, in time, lead to improvements in service provision, especially if other parents are experiencing difficulty and also write to complain.

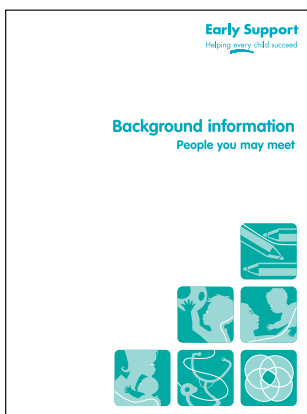
If you need further advice, ring the **Afasic helpline** on **08453 55 55 77**



Multi-disciplinary assessments

This section explains what a multi-disciplinary assessment is and what happens when a multi-disciplinary assessment takes place.

You can read more about this in other Early Support publications. See the **People you may meet** booklet in the **Background Information File** in the Early Support Family Pack



For some children, it may be useful or necessary at some point to involve professionals other than **speech and language therapists** in order to find out more about the nature of a child's difficulties. Some of the other people who might be involved are:

- **paediatricians**, who oversee the health and development of children in a particular geographical area, including children with disabilities, special needs or developmental difficulty.
- **psychologists**, who can investigate and help with a wide range of abilities, including attention, behaviour, learning abilities and emotional development
- **audiologists**, who assess children's hearing
- **occupational therapists**, who can help children carry out the activities of everyday life and help with environmental adaptations and specialist equipment
- **physiotherapists**, who investigate and can help with children's physical and motor development.

These services are organised in different ways in different parts of the country. Ask your health visitor, GP or speech and language therapist to explain about how things are done in the area you live.

What is a multi-disciplinary assessment?

A multi-disciplinary assessment involves a number of professionals from a number of different disciplines, with different expertise. The aim is to investigate your child's learning and development from a number of different angles in order to provide a more detailed picture of your child's situation, and to make recommendations for the support that your child needs. Sometimes this process leads to **diagnosis** of a particular condition or difficulty.

The assessment process depends on the needs of individual children and on the way local services are organised, but it is likely to include:

Taking a full history of your child's development

It's important that you are able to give as much detail as you can about this, so think about this ahead of any appointment. Some people find it helpful to make notes in advance about what you want to say. You will probably be asked to describe what your child is like now, what he is able to do and what he finds harder. If you would prefer your child to be elsewhere during this part of the process, ask in advance whether this can be arranged.

Observation

The team will want to observe your child carrying out various activities. Young children find new situations difficult, so you might be asked to play with your child while members of the team observe you (sometimes via a two-way mirror). Sometimes child development centres host a playgroup where children are observed over a number of days. Occasionally children attend assessment nurseries at child development centres perhaps weekly for half a term. This allows the professionals time to observe and interact with the child they are assessing over an extended period, giving them the opportunity to form a better understanding of what he can and cannot do.

Individual assessments of your child

Individual members of the team, like the **psychologist** or **occupational therapist** may carry out informal or formal assessments of your child. For example, a **paediatrician** may arrange blood or urine tests, or other investigations, such as an EEG. These are to find out whether there is a medical explanation for your child's difficulties.



In some places a full assessment is carried out in a single day, or over two consecutive days. Other centres will ask you to attend for a number of different appointments, sometimes at the same time each week for several consecutive weeks.

The final part of the process will be a discussion about the outcomes of the assessment, and will provide a chance for you and all the professionals involved to come to a shared view about your child's difficulties and the help that is needed.

What happens at the end of a multi-disciplinary assessment?

If your child has a multi-disciplinary assessment, when the period of investigation is complete, one or more of the professionals involved usually meets with you to discuss the outcomes and to answer any questions you have. This may be on the same day that an assessment is carried out, or you may be asked to come back on another day. You should also receive detailed written reports summarising the findings and conclusions of the assessment. These may be given to you at the same time, or they may be posted to you later. Verbal and written reports should contain:

- detailed summaries of the findings of the various assessments
- a clear diagnosis or description of your child's difficulties
- detailed recommendations for the help that your child needs.

In some cases, a definitive **diagnosis** is not possible. If this happens, the team should discuss with you other options, such as follow-up assessment when your child is older.

'As a baby, my son was bright and alert. He reached all his early milestones and everything seemed fine until his three-year assessment when he was referred for a multi-disciplinary assessment by the health visitor.

Thinking back there were things that concerned me, but I had no other experience with children and I put these things down to the fact that children develop at different rates and he seemed OK in other areas. He was very good at puzzles and responded well to other children.

Our main concern was communication. He spoke at the right age, his words were clear and he had a reasonable vocabulary – but he wasn't able to communicate like other children of his age. He couldn't put his words together into sentences so that we could understand what he was talking about and his understanding was patchy.

Behaviour was a growing concern – he had the most tremendous tantrums. He would kick, bite, scratch and throw, scream and cry.

He had a tendency to bump into things and fall down. He did not negotiate obstacles and if not observed, would run off the end of a step. His attention and concentration were poor, even for a child of his age and he was very easily distracted.

My son is now nine years old and has a mixed and complex profile, which explains why he is good at some things but has extreme difficulty with others. Professionals have different opinions, but I still feel very strongly speech and language is his primary difficulty.'

Assessment of special educational needs

Sometimes a multi-disciplinary assessment of older children is undertaken as part of the process of drawing up a **statement of special educational needs** – a document which describes a child's learning difficulties and the special help they will be given to help them learn. You can read more about statements later.

Read more about this in **Looking ahead – education**



Ongoing difficulty

This section is for parents of children who experience persistent problems developing communication, language and speech.

'What you don't appreciate is that communication affects every part of your life. Your child can't tell you when they're worried or what about. They can't ask questions like "Why?" or "What happens next?" They can't tell you how they're feeling – for example if they're afraid or unwell. They can't tell you who they played with at nursery or what they did.'

'The hardest thing was to get my parents and in-laws to accept that we had a child with a disability. Everyone kept saying "He'll grow out of it".'

If your child's needs are ongoing

Most children who are slow to talk at two to three years of age talk like other children of their age by the time they start school, especially if they receive appropriate help.

However, some children continue to have difficulties with speech and language and continue to experience difficulty after they start school. Ongoing speech and language difficulties make it hard for children to:

- understand and participate in lessons at school
- make friends and interact with other children and adults
- make sense of the world and develop independence skills
- learn to read and write and do schoolwork.

If your child still has speech and language difficulties by the time they start school, they will continue to need extra help.

If your child is approaching school age and you're concerned about what is going to happen next, it's important to consider what sort of support your child may need in school. Discuss this with everyone who is working with you and your family, including the **speech and language therapist**, if your child is receiving extra help and your child's teacher if they are attending nursery.

If you would like additional information and advice, ring the [Afasic helpline](#).

'Our child has made such an effort to do things that other children take for granted. We are so proud of her.'

Afasic helpline
08453 55 55 77

Feelings

'Why did this happen?'

For most parents, finding out that their child has a significant, ongoing difficulty is a shock, even if realisation builds up very slowly over a number of months.

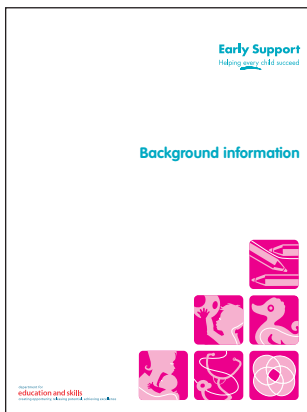
There are no rules and no rights and wrongs here – some people adjust very quickly and others find their emotions take much longer to settle down. In the early days following confirmation that your child does have an ongoing difficulty, it's important to be able to express negative emotions and to be sad, if that's what you need to do.

'I used to think he would suddenly start talking – I heard stories about children saying nothing for three years and then suddenly talking in sentences – I honestly thought it would happen. My advice is – don't wait and wait – seek help early. It's lovely to meet people in the same situation and you feel you're doing something positive for your child.'

'I floundered for a while – I wasn't sure what was happening. I just didn't know anything about these issues and problems and felt out of my depth. When you're new to this, you don't realise speech problems affect behaviour etc, so you're lost. But slowly I pieced information together and researched it myself. I still don't have a firm diagnosis and funnily enough, I've lost my zest for one.'



Read more about this in other [Early Support](#) publications. See the **Background Information File** in the [Early Support Family Pack](#)



Finding out about services other than speech and language therapy services

At the point it becomes clear that your child is likely to continue to need additional or different help than other children, you may want to find out more about how support services for children with special needs or disabilities are organised. The [Background Information File](#) in the [Early Support Family Pack](#) is designed to provide some of this information. It's organised under the following headings:

- Introduction
- People you may meet
- Childcare
- Financial help
- Education services
- Health services
- Social services
- Statutory assessment – education
- Glossary
- Useful contacts and organisations.

The material can be viewed online at www.earlysupport.org.uk or ordered by ringing 0845 602 2260 and giving the reference number ESPP1. It's available free of charge.

Financial help

A range of benefits and tax credits are available to help families, which you may be able to claim if you have a child with additional support needs. The main benefits are:

- Disability Living Allowance (DLA)
- Carer's Allowance
- Child Tax Credit
- Working Tax Credit.

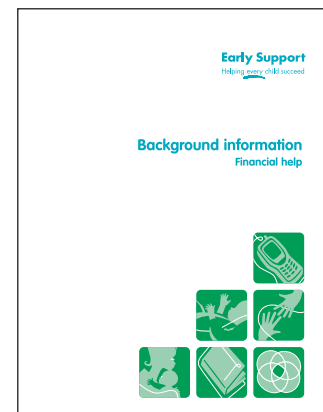
You may be entitled to one or more of these benefits or tax credits. Your entitlement depends on the needs your child has as a result of disability and/or on your income.

You can download a DLA application form from:
www.dwp.gov.uk/lifeevent/benefits/disability_liv_allowance2.asp

Or call the Benefits Enquiry Line on 0800 882 200.

You may find that having a child with additional needs means you spend extra time visiting hospitals or clinics, going for tests and attending therapy sessions. Your child may need more help on a day-to-day basis than other children of the same age. All this is time consuming and can cost money. It may also be important to expose your child to a wider range of experiences than other children, in order to stimulate their interest and language development. Claiming benefits may allow you to make more visits and allow your child to participate in a wider range of activities than might otherwise be possible.

Read more about this in other Early Support publications. See the **Financial help** booklet in the **Background Information File** in the Early Support Family Pack





Augmentative and alternative communication (AAC)

Some children with speech and language difficulties benefit from using alternative ways of getting messages across, such as gestures or signing or using pictures to convey meaning. **Augmentative and alternative communication (AAC)** is the collective name for methods of communication that supplement or replace speech and handwriting, including signs, symbols and **voice output communication aids (VOCAs)**. If your child has significant difficulties learning to speak or making themselves understood, a **speech and language therapist** may recommend using augmentative or alternative methods of communication. The aim is not to replace spoken language but to:

- reduce frustration
- help you understand what your child means when they do not have the words to say what they want
- help your child to understand what adults are saying, by providing extra visual information in communication
- support children while they are learning to read later on at school.

Children usually give up using signs, gestures and pictures when their speech and language improves and they no longer need them.

There are a number of alternative methods you might consider for your child. It's important to discuss this with the professionals who are working with you, as each form of communication is more suitable for some children than others, and many children with speech and language difficulties do not need this type of support at all.

Signing systems

'Teaching my daughter to sign was a liberation for both of us. At long last we had a means of communication. She could tell me what she wanted, what she had drawn, what she wanted to eat etc. It was wonderful. There's a great deal of stigma attached to signing – but you soon learn to ignore this.'

The advantages of using a formal system rather than making up your own signs are that:

- everyone who is in contact with your child can use the same signs, making it easier to learn the sign and its meaning
- any signs used by your child can be understood by those who know that sign system
- people are less likely to get confused about the meaning of any given sign.

Commonly used signing systems include:

- **British Sign Language (BSL)**, unlike other signing systems, is a fully-fledged language, used by deaf people in the UK.
- **Makaton** and **Signalong** are the systems most commonly used by speech and language therapy departments for children with a wide range of difficulties. They use some signs taken from British Sign Language. Signs are used at the same time as spoken language, providing additional clues to help children understand what is being said.
- **Paget Gorman** – a signing system that was developed specifically to support children with **primary speech and language difficulties**. **Paget Gorman** is used in some special schools and units for children with specific speech and language impairments. Like **Makaton** and **Signalong**, **Paget Gorman** follows the word order of spoken English.



Find contact details for **Makaton**, **Signalong** and the **Paget Gorman Society** in **Useful contacts and organisations**

Speech and language therapy departments often offer classes in the signing systems they use. Alternatively, you can contact the organisations that represent the different options directly for information about classes you could attend, videos, CD-ROMs and other information materials that are available.

'Eventually the seriousness of the speech problem became more obvious, especially as they wanted us to learn Makaton sign language. At first we really didn't want to do this – we just wanted him to talk. However, once we started, we realised what a lot he had to say, using sign language! Looking back I can see that using the sign language helped us over a difficult patch and enabled my son to communicate without proper words – preventing him getting frustrated.'

Other forms of AAC

Examples of **symbol systems** include Picture Communication Symbols, Widgit Rebus, the Makaton vocabulary and Blissymbols.

For more information on **VOCAs**, visit www.ace-centre.org.uk

Voice Output Communication Aids (VOCAs) include a wide variety of devices that speak, from very simple single message systems to sophisticated devices using text to speech.

You do not need to wait until your child has failed to speak before introducing **AACs** or **VOCAs**. They should be used as early as possible, if they are needed. Very small children can begin playing with toys activated by a switch and simple communication aids, before moving onto more complex systems.

Children using these sorts of systems and devices need to develop:

- an understanding of cause and effect (if I touch this button something will happen)
- hand-eye control or good eye pointing skills (if hand control is just too difficult)
- turn-taking and interaction skills.

For children to be successful using **augmentative and alternative communication**, they need to have:

- the means to communicate (signs or symbols)
- a reason for communicating (a message to give)
- a sensitive listener who will take time and encourage them.

For more information
on AACs, visit
www.ace-centre.org.uk

How other families can help

'Try and talk to other people who have children with the same difficulties and listen to their advice. Talk about how you feel. It certainly helps.'

'Talking to other parents in similar situations really helps to give you a lift. You feel stronger, more positive and happier about your child when you realise you aren't alone in what you are going through.'

Other families with children who are experiencing difficulty learning to talk and communicate can help in important ways that complement any support you get from professionals.

They can:

- understand how you might be feeling and anticipate some of the questions you might want to ask
- explain how their experiences and feelings have changed over time
- tell you about their child's development and achievements and help you to meet older children who had difficulty learning to talk or who have continuing difficulties with speech, language and communication
- share their experience of professional support and local services with you
- alert you to common problems that you may not be aware of and suggest useful ways of managing difficult situations
- tell you about the organisations, people and any other sources of information they thought were useful.

Ask any professionals working with you whether there is a parent's group operating in your area, or contact **Afasic** or **I CAN** to ask about opportunities to make contact with other families.



Looking ahead – education

This section provides some introductory information about education services and tells you where you can find out more.

‘Obviously it depends on the diagnosis – but I’m sure I went into it thinking “Okay, when will he get better?” I don’t think I was prepared for the long haul.’

Read more about this in **What speech and language therapists do**

Speech and language therapists play a key role in supporting children with speech and language difficulties, but other professionals usually supplement the work they do and, increasingly, ongoing support for young children is delivered through a teamwork arrangement.

As the development of speech and language is such an important part of every child’s development in the early years, it often forms an integral part of the activities undertaken in pre-school educational settings, like nurseries and playgroups. The staff there and other professionals working with young children, like childminders, often know a lot about how to encourage speech and language development and how to help children who have unusual difficulty in this area. Because they deal with many children, they should spot when a child needs to be referred to a **speech and language therapist**, and when to involve other professionals who can give expert advice.

The other people who might get involved are usually:

- an **early years advisory teacher** or **special educational needs co-ordinator (SENCO)**

An experienced teacher with expertise in special educational needs, who can advise on ways to support children who require extra or additional help – usually employed by a **local education authority**.

- an **educational psychologist**

A psychologist, who has had some teaching experience, and extra training to enable them to assess children’s learning needs and advise on the best ways to help them learn. Local education authorities employ educational psychologists. It’s also possible to consult one privately.

Children who need more help than others are described by education services as having **special educational needs**, or **SEN**. Children with special educational needs require extra or different help than that given to other children of the same age, in order to learn.

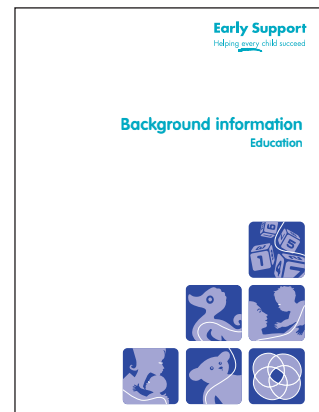
The language and legal system governing support for children with **special educational needs** is well-developed and may appear complex if you are coming to it for the first time. More detailed information about pre-school education and **special educational needs** can be found in other **Early Support** publications.

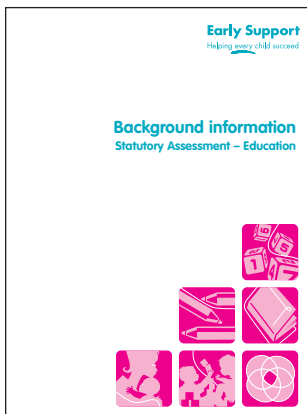
It should be noted that only those pre-school settings that receive government funding are expected to use these terms and draw up **Individual Education Plans** or **IEPs** for children with **special educational needs**, though others may choose to do so. This could be an important factor for your family, if your child attends a nursery class in a private school or a private day nursery.

As a rough guideline, your child is likely to be placed on **Early Years Action** (ie to receive more help from the people who are already working with them at nursery or at school) if:

- the staff at his nursery or playgroup are confident that they have sufficient knowledge and resources to meet your child's needs themselves, though they might discuss general strategies with an external professional and ask you to help with fun, play-based activities at home.
- your child is on a waiting list to see a **speech and language therapist**, or the nursery or playgroup have decided to seek further advice from another external professional
- the staff at the pre-school setting are trying various strategies and observing your child closely to determine whether this is making enough of a difference or whether your child needs more specialised help.

Read more about this in other **Early Support** publications. See the **Education** booklet in the **Background Information File** in the **Early Support Family Pack**





Read more about this in other [Early Support](#) publications. See the **Statutory Assessment – Education** booklet in the **Background Information File** in the [Early Support Family Pack](#)

Find contact details and the **Afasic helpline** number in **Useful contacts and organisations**

Your child will probably be placed on **Early Years Action Plus** (ie to receive help from specialist agencies who come in from outside to support what is already being provided by a nursery or school) if:

- they receive speech and language therapy on more than a very occasional basis
- a **speech and language therapist** is actively involved in advising on strategies for the pre-school to use to help your child, and contributes to their **Individual Education Plan** or **IEP**.
- other external professionals have assessed your child and are advising your pre-school on ways to support them and what to include in an **Individual Education Plan** or **IEP**.

As time goes by, a small number of children with speech and language impairments need a **statement of special educational needs**, which is a document drawn up by a local education authority to describe a child's learning difficulties and the special help they will be given to help them learn.

It's unusual for children with speech and language difficulties under three to have a statement. Contact **Afasic** for more detailed information and advice on this topic, if you think a statement might be appropriate for your child.

If your child is given a statement at some point, it's important that Part 3 of the document specifies clearly how much speech and language therapy your child will receive, how frequently, where, how and by whom it will be delivered. This should be based on the recommendations made by your **speech and language therapist** in their advice submitted as part of the statutory assessment process that must precede the issuing of a statement.

What can go wrong – different types of speech and language difficulty

This section describes some of the difficulties that can occur as speech and language develop.

Some common terminology is explained, but it's important to understand that usage varies because study of speech and language difficulties is still developing. It's always worthwhile asking for clarification of any terms that you hear being used in connection with your child.

This is introductory information only. Your local speech and language therapy service may provide you with information sheets and advice leaflets if a specific difficulty has been identified. Some other factsheets that might be useful are also listed at the back of this publication.

Many organisations operate telephone helplines. They can provide a wide range of information, if you can contact them.

'I feel tremendous sadness that we missed out on the mother and daughter 'chattiness' in those early years, but this is tempered by joy that my daughter can actually talk now.'

'The most difficult thing to accept is that my language disordered child is disabled.'

Primary and secondary difficulties

Speech and language difficulties and speech and language impairment are umbrella terms, covering all types of difficulty.

Most children who need extra help with speech and language are otherwise developing completely normally. Such children are often described as having a **primary** or **specific speech or language difficulty**. This section of the booklet explores different types of primary speech and language difficulties.

Find out more via the **List of factsheets** at the back of the booklet

Read more about this in **Useful contacts and organisations**



Read more about secondary speech and language difficulties in **Speech and language difficulties associated with other conditions**

Some children have another condition or disability that affects their speech or language, for example hearing impairment or Down syndrome. This type of speech or language difficulty is often called a **secondary speech and language difficulty**.

Delay

One of the common distinctions made is between **delay** and **disorder**, although it is not always possible to make this distinction in children under three years of age.

The term **delay** is often used when a child has problems with speech or language, but skills are developing in the normal developmental sequence. This means that the pattern of development is recognisable, but would usually be found in a younger child. **Delay** is the most common type of speech and language difficulty and might affect your child's:

- understanding of language (reception or comprehension)
- ability to use language (expression)
- use of the speech sound system (phonology)
- a combination of any of the above.

Read more about this in **How do children develop communication, speech and language?**

Children characteristically progress through the different stages of speech and language development at different rates and often vary in the speed of their development, even within the same family. Rough ages associated with 'normal development' are set out in an earlier section of this booklet.

Disorder

Speech and language disorder is less common than **speech and language delay**. It often persists into school and beyond and can influence all aspects of learning, socialisation and the development of literacy. Children with a **speech and language disorder** learn to speak in a way that is different from the normal pattern or sequence of development. This can leave them with particular difficulty with one or more aspects of speech and/or language. Commonly, children with speech and language disorder experience difficulty acquiring other skills,

as well. For example, they may not be very well co-ordinated or they may not find it very easy to use a pencil. However, there is a group of children who display what is known as **specific language impairment**, meaning they have no other developmental needs, but their difficulties are specific to speech and language.

The following sections describe some of the more common types of speech and language difficulty – in each area development may be described as **delayed** or **disordered** although, as noted above, it is often not possible to make this distinction in very young children.

Comprehension (or receptive language) difficulty

Your child may have difficulty understanding words, sentences or instructions. This may be particularly true when no other clues from gestures or context are available, in unfamiliar situations and when no other people are around to copy. Delayed or disordered comprehension (a problem understanding words and sentences) is often hard for families to identify, as children can be very good at using the clues around them. Parents sometimes say, 'I feel he's ignoring me, but he soon comes if he hears a crisp packet crackling.' There may be a number of reasons for this type of behaviour. Your child could have an undetected hearing problem, or could simply be ignoring you. It could be that they have poor attention or listening skills. On the other hand, it could be that they don't understand what is being said, but do recognise the sight and sound of the crisp packet, using visual and auditory clues that they do understand.

It's particularly important that any problem in understanding (which may look like poor attention or listening) is identified as soon as possible. Our ability to understand what other people are trying to say underpins the whole of language, social and educational development.



Expressive language difficulty

Your child may have good understanding of words, but find it difficult to express their own ideas, wants or feelings. They might be slow to build up the number and type of words they use, or may know certain words, but be unable to think of them when they're needed. There may be particular difficulty building up sentences and using correct grammar. So your child might continue to use the sort of language expected of much younger children, or might find it hard to put words in the right order to make a sentence.

You may notice your child has a rather small vocabulary or continues to use single words and is not developing two and three word phrases, while your friends' children are moving on to longer utterances.

Phonological difficulty

Phonology refers to the speech sounds used in a particular language. Difficulties in this area can lead to speech being unintelligible. The acid test in the first three years of life is whether you and other close family members can understand what your child says.

Your child may use a very limited repertoire of sounds. For example, they may only use three or four consonants like *b*, *d*, *g*, *p*, or use a very simple syllable structure in words. For example, they may miss all the consonants off the ends of words so that 'house' becomes 'ou'. When children have such a limited repertoire, it can be very difficult to understand what they say.

Mistakes with sound substitutions (such as saying 'tat' for 'cat') are not 'mistakes' when they are typical of what any child of the same age would say. Utterances such as these would only be described as 'difficulty' when they persist in a child's speech beyond the expected age.

Pragmatic difficulty

Pragmatics describes the way language is used socially to interact with other people in play, conversation and to develop relationships. Language here means spoken language and non-verbal elements like eye contact and body language. Children with difficulties in this area find talking with other people particularly difficult and as time goes by may:

- have poor understanding or use of body language
- misinterpret, or fail to pick up on 'clues' for understanding social situations
- learn a set of behaviours in one situation but have difficulty transferring those skills to other situations.

A **pragmatic difficulty** impacts on a child's ability to be with other people and make friends both in and outside school and can be long-term in duration.

A child with a **semantic-pragmatic disorder** has difficulty understanding how new information fits in with what they already know. This makes it difficult to use previous experience to solve problems or predict what might happen in different situations.

Older children who experience semantic-pragmatic disorders may:

- be confused by humour and jokes
- have difficulty appreciating the point of view of other people
- be unable to detect very subtle differences in meaning – eg sarcasm
- often get 'the wrong end of the stick'.

Older children usually develop all of these skills, once the basics of language have been learnt. A child is only understood to have a problem if most other children of the same age would not have any difficulty understanding what they find hard.



Stammering

Stammering is also sometimes described as **stuttering**, **dysfluency** or **non-fluency**. Approximately 5% of children experience some difficulty with their fluency at some time during the development of their speech and language. This may occur at any time during childhood but is most common between the ages of two and five. Fortunately for the majority of children, this is a temporary problem, often associated with a rapid spurt in language development.

Perhaps you're concerned about your child's fluency because you've noticed that words seem to get 'stuck', or there's an unusual tendency to repeat words or parts of words. Very occasionally young children can struggle to say words with associated facial or body tension and may 'give up' with frustration. It's very unusual for a young child to avoid certain words or sounds because they find them difficult to say, although this can be a feature with older children, when they have a bigger vocabulary.

It may be tempting to ask your child to sit down, take a deep breath and start again. However this is usually not helpful and may cause upset, frustration and embarrassment – any positive effect is usually short-lived.

If your child is stumbling over words, there are a number of things that you can do to help:

- slow down your own rate of talking to match his rate or go slightly slower
- reassure your child that you have time to wait and there is no rush to speak
- maintain normal eye contact
- keep the conversation simple, avoid unnecessary wordiness or asking too many questions all at once.

If your child's problem in this area persists, it's important to seek professional advice by making contact with a **speech and language therapist**. It's also important that your family and school/nursery staff use a consistent approach in managing the situation. Any advice you receive from a **speech and language therapist** should help with this.

The **British Stammering Association** has useful information for parents and teachers and can provide additional information and advice.

The **Michael Palin Centre for Stammering Children** (www.stammeringcentre.org) provides specialist help for families at the request of speech and language therapists or you can contact the centre directly.

Read more about this in **Useful contacts and organisations**

Selective mutism

Selective mutism is a disorder in which children who are able to talk comfortably in some situations (usually with close family members at home) are persistently silent in others (usually outside their homes and with less familiar people). Children may be able to join in activities that do not require speech, and some may be able to speak a little to their friends if not overheard. Others may be more frozen and mute. It is a rare disorder, occurring more frequently in girls than in boys.

In the past, the disorder was known as 'elective mutism' (a term still used occasionally today) and children were thought to be deliberately choosing not to speak. More recent research recognises **selective mutism** as an anxiety condition, linked to various factors, such as early speech or language difficulties, bilingualism or cultural differences, and a family history of shyness or social anxiety.



Early identification is important – **selective mutism** can be recognised after about two months in nursery or school. Parents and teachers are advised to reduce the pressure to speak, reassure children that it's all right if they're not ready to speak yet, encourage confidence building and reward children when they try new things. Older children may need a programme to help them take small steps and gradually extend speaking to different people and places. A good relationship between home and school is crucial to progress, and it's helpful to seek advice from a speech and language therapist or psychologist with experience in selective mutism.

Find more about **dyspraxia** from the **List of factsheets** at the back of the booklet

Verbal dyspraxia

Verbal or **speech dyspraxia** is a motor co-ordination difficulty that affects the pronunciation of speech sounds or sequences of speech sounds in words, phrases or sentences.

Children with **verbal dyspraxia** find it hard to make the quick, accurate movements in the mouth that are needed to speak clearly, and sometimes they can't make certain speech sounds. They also often have difficulty making sounds or movements in the right order and experience particular trouble putting sounds or syllables together into longer words. They may find it hard to remember all the words in a long sentence.

Talking can be really hard work for children with **verbal dyspraxia** and their speech can be very hard to understand. You may find that your child talks more clearly when speaking slowly.

If your child is displaying these symptoms, there are a number of things you can try which may help:

- keep your sentences short
- when you use new words, say them slowly and clearly
- give your child plenty of time to plan what to say and plenty of chances to have another try when they can't say what they want to, first time around

- accept short answers and encourage other people to do the same
- try not to correct your child all the time
- offer short words as alternatives for the longer ones they find it difficult to say (eg 'brolly' for 'umbrella')
- encourage your child to stop whatever else they are doing – such as walking, writing, playing – when they are talking, so that they can concentrate more on the words.

Some children with severe verbal dyspraxia are helped by using supplementary forms of communication – for example, sign language, symbols or communication aids, while they develop muscle co-ordination for speech. It may be helpful for children with less severe verbal dyspraxia to use these methods as support from time to time.

Voice disorders

Dysphonia means a voice characterised by abnormal pitch, volume, resonance, quality or a voice which is inappropriate for the age or gender of the speaker.

Children with difficulties in this area sometimes develop a hoarse or croaky voice, or lose their voice altogether. The reason for this can be medical (disease or infection), physical (straining the voice box muscles) or psychological or emotional (simply being unwilling to speak). Difficulties with the voice are common in those children who have other difficulties such as hearing impairment, cleft lip/palate or tracheostomy.

Prolonged misuse of the voice can also lead to physical damage to the edges of the vocal folds. Children who are very loud or shout a lot are more likely to develop a voice disorder. **Vocal nodules**, similar to small corns or calluses on the vocal folds, are a common result of physical damage. They are caused by persistent shouting or prolonged forcing or straining of the voice.

Read more about this in **Augmentative and alternative communication** and find contact details for **ACE Centres** in **Useful contacts and organisations**



Whatever the cause of a voice disorder, it's important that your child is referred to a **speech and language therapist** and to an **Ear, Nose and Throat (ENT) consultant**. It's likely that a child with a voice disorder will need the help of a speech and language therapist, whatever the diagnosis. Voice therapy may involve working on breathing, pitch, resonance and voice/speech co-ordination.

Things you can do to help include:

- trying to stop your child shouting or whispering (which puts strain on the vocal cords)
- encouraging your child to drink water, rather than coughing to clear their throat
- reducing background noise levels. Your child may find it easier to control their voice when they are not competing with sound from the television or radio
- thinking about how to reduce smoky atmospheres, if there are smokers at home. Cigarette smoke dries out the throat and can contribute to voice disorders.

You may need help putting these measures into practice, as they can be difficult to control for a young child. Any **speech and language therapist** you are working with should be able to help.

Speech and language difficulties associated with other conditions

This section provides a short introduction to a number of conditions associated with speech and language difficulties and signposts readers on to other Early Support publications where you can find out more.

Introduction

This section is about **secondary speech and language difficulties** – ie when children have another condition or disability that affects their speech or language.

Some of the conditions described can be identified at birth or in the first months of life – for example, Down syndrome or cerebral palsy. Where this is the case, parents usually know before their child starts talking that there is likely to be difficulty developing some aspects of speech or language.

In other cases, a delay in developing speech and language can be the first obvious sign that your child needs to be investigated. This applies to some forms of hearing impairment, autistic spectrum disorders, and conditions such as **Fragile-X**. In this situation, it's not always easy to tell whether a child has a **primary speech and language difficulty** with some associated difficulties in other areas of development, or whether the speech and language difficulties are the result of another condition. This is one reason why skilled assessment is so important.

'Speech and language problems were only the tip of the iceberg with my son. He is delayed throughout his development. Getting information and asking questions not only helps your child – it helps you to accept and understand.'

Read more about this in **Multi-disciplinary assessments**

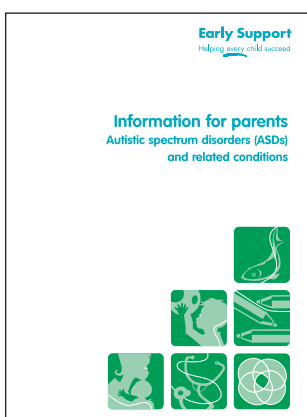


Autistic spectrum disorders

Autistic Spectrum Disorder (ASD) is a developmental disorder that affects the way a child makes sense of his environment and communicates with and relates to people around him. In general there are more boys with ASD than girls.

Read more about this in **What can go wrong – different types of speech and language difficulty**

Read more about this in other **Early Support Information for parents** booklets



The characteristics of ASD may be more prominent at some ages than others. Children with difficulties of this kind are affected in a variety of ways and to very different degrees. They all present with **pragmatic difficulties** and often experience speech, language and processing difficulties.

They also often experience sensory distortion resulting in displays of anxiety, frustration and challenging behaviour.

Many children with ASD are impaired or delayed in their development from birth, but this may not be recognised by either parents or professionals within the first year of life. Others present a regressive pattern during their second year, in which word use is lost, and eye contact and social awareness diminish. A few children appear to develop normally beyond 24 months and then regress.

'My son was a golden toddler, a first, much loved child who rarely cried and so it didn't seem unusual that his speech never took off. By the time he was three he was still not saying much or using the same words for every situation. Our mild concern became a nagging worry. Friends told us he'd talk when he was ready but by now I had a gut feeling something was wrong and contacted the health visitor. I had to go back twice to get a referral.

When, at our first speech assessment, the therapist told me gently but firmly that my child's language difficulty might mean an autistic condition, it was a huge shock. I remember leaving her office thinking how our lives had changed forever in 15 minutes. Six months later and after more assessments, he was given a diagnosis of ASD and severe communication difficulty.

Now my son is eight and we've all come a long way. He attends a speech and language unit in a mainstream primary school. I'm sure his great progress is due to his early diagnosis.'

Cerebral palsy

Cerebral palsy is an umbrella term covering a group of non-progressive, but often changing, motor impairment conditions. It affects children in different ways and causes impairment in posture, movement and co-ordination. Motor development may be delayed and/or there may be abnormal patterns of movement. Severity of cerebral palsy varies from severe physical difficulties to slight impairment, resulting in minimal clumsiness. Contact [Scope](#), the organisation for people with cerebral palsy, to find out more.

There are three main syndromes:

Athetoid or dyskinetic cerebral palsy (athetosis)

Characterised by involuntary and uncontrollable muscle tone fluctuations, sometimes involving the whole body. The muscles alternate between being floppy and tense and there is often difficulty maintaining posture. Children may not have the stability or co-ordination to control their movements.

Speech is nearly always affected to some degree, and there may be difficulties with eating. The child may also drool (have saliva coming out of their mouth).

Spastic cerebral palsy (spasticity)

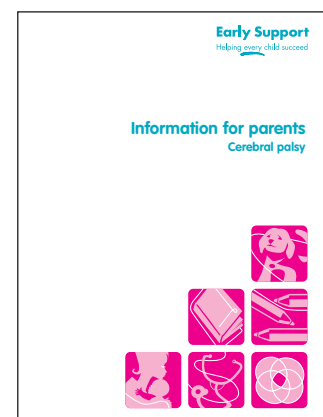
This is the most common form of cerebral palsy. It is characterised by constant increased muscle tone and weakness in the parts of the body affected. This increased muscle tone (hypertonia) creates tightness (stiffness) in the muscles, leading to a decreased range of movement in the joints.

Ataxic cerebral palsy (ataxia)

A relatively rare form of cerebral palsy, caused by impairment to the cerebellum, which is in the base of the brain. The cerebellum co-ordinates the actions of groups of muscles and is responsible for, among other things, balance. The child may have a poor sensation of balance, unsteadiness and staggering when walking. Tremors may also be present when the child is attempting to do something.

Read more about this in [Useful contacts and organisations](#)

Read more about this in other [Early Support Information for parents](#) booklets





Read more about
this in **Augmentative
and alternative
communication**

Children with cerebral palsy need the support of a **specialist speech and language therapist**, working with **physiotherapists**, **occupational therapists** and early educators. A team of skilled professionals can help to enhance aspects of a child's development in a holistic way.

It can be difficult to know during the early years whether a child with cerebral palsy will develop understandable speech. **Augmentative and alternative communication (AAC)** systems can be used to support the development of speech and language. Some children will not need to use **AAC** for very long, others will need to use **AAC** to make themselves understood outside their immediate families for many years.

Cleft lip and/or cleft palate

This is a condition in which the lip and/or palate do not form properly before birth, leaving a gap in the palate and/or upper lip. The condition presents in varying ways – from just a small notch in the lip, to a two-sided (bilateral) cleft lip and palate. A multidisciplinary team in a specialist Cleft Lip and Palate Centre should care for infants with this condition. Care can extend from before birth until late adolescence, depending on the severity of the cleft.

The main effect of a cleft lip and/or palate for a newborn child is difficulty feeding. Nurses and health visitors can help with this in the early days, but where feeding problems are particularly complex, involving difficulties in swallowing, a **specialist speech and language therapist** may become involved.

Left untreated, cleft palate makes it difficult for a child to produce intelligible speech. Repair of the cleft palate increases the likelihood of normal speech development. Cleft lip alone does not usually lead to speech problems.

Many children develop good speech following repair to the palate. Although there is some variability in the timing of surgery, most cleft palates are repaired by the time a child is 12–15 months old. **Specialist speech and language therapists** are normally attached to the team of doctors and nurses working with families to ensure that speech and language develops satisfactorily. Where surgical and other treatment is

at a distance from home, they work in partnership with your local **speech and language therapist** and other professionals.

Many children with cleft palate develop normal speech. However, some children need more help from the team. Children may have an overall nasal tone to the voice, a snorting sound may be heard during speech and pronunciation of consonant sounds may be incorrect. Sometimes these speech difficulties are associated with a palate that is unable to shut off the nose from the mouth during speech, and further surgery may be needed. It is also known that children with cleft palate have an increased incidence of middle ear problems, such as infections and intermittent conductive hearing loss particularly during the pre-school and early school years. Cleft palate sometimes occurs as part of a group of features which together make up a 'syndrome'. Other features of the syndrome may also contribute to speech and language difficulties.

In some cases the back part of the palate known as the soft palate looks fine, but the important muscles for speech underneath the skin are in the wrong place and have not joined properly together. This is known as a **submucous cleft palate**. This condition can lead to nasal regurgitation of foods and drinks particularly in the first year of life, and similar speech and hearing difficulties as a congenital cleft palate. It is usually not diagnosed until a child starts to speak.

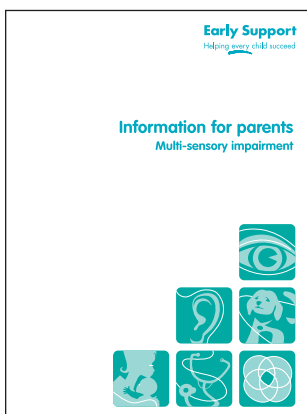
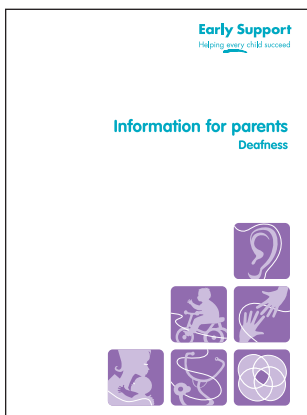
If your child sounds similar to that described above make sure you are referred to your local speech and language department for an opinion. Surgery to remove the adenoids should usually be avoided when there is a cleft palate.

The **Cleft Lip and Palate Association (CLAPA)** is a good source of information, advice and support.

Contact details for the **Cleft Lip and Palate Association** can be found in **Useful contacts and organisations**



Read more about this
in other [Early Support
Information for
parents](#) booklets



Hearing impairment or deafness

Children with significant degrees of hearing impairment have difficulties acquiring speech and language, because they do not hear well enough to access the patterns and sounds of language.

There are two main types of deafness – **conductive** and **sensori-neural**. Conductive losses are the most common type, where sound is unable to pass through the outer and middle ear. Conductive losses are most often caused by fluid build up in the middle ear (**glue ear**) and hearing levels can fluctuate. Sensori-neural deafness is caused by a fault in the inner ear or auditory nerve and the hearing loss is permanent. The impact of hearing loss on your child's speech and language development depends on the type and severity of deafness.

Hearing loss can be associated with some other conditions discussed in this section, such as **cleft palate**, **acquired brain injury**, Down syndrome and **cerebral palsy**.

You can read more about children who experience more than one sensory challenge in another publication in this series – the [Early Support Information for parents](#) booklet on [Multi-sensory impairment](#).

Acquired brain injury (ABI)

An **acquired brain injury (ABI)** is damage to living brain tissue which occurs following a blow to the head, lack of oxygen, lack of blood to the brain, or through infection. It can affect behaviour, control of posture and body movements, self-care skills, eating and drinking, visual and auditory abilities, emotional behaviours, memory, attention and other things. Speech and language development is also sometimes affected. Where this is the case, a **speech and language therapist** would usually assess the following:

- understanding of written and spoken language
- use of speech sounds

- non-verbal communication (that part of communication that does not rely on words, like eye contact, gestures, the space in-between people as they talk to each other)
- social communication (how your child is able to maintain a conversation).

An **acquired brain injury** can lead to difficulties with all or some of the above. You will be asked about your child's skills both before and after injury, in order to establish a **diagnosis** and agree how best to support your child's future communication needs.

If your child has been injured recently, it's important to establish a relationship with a range of professionals who can support you. The team should include a **speech and language therapist**, if language is affected. Many families also find it invaluable to meet families who have had similar experiences, by making contact with parent groups and organisations with particular knowledge and expertise in this area.

Some children who experience an ABI are helped by using a communication aid or an alternative means of communication such as a **symbol system** or **sign language**.

Learning disabilities

This term is used by the education and health services to highlight when children require additional support to help them learn and develop. The terms **global** or **developmental delay**, and **mild**, **moderate** and **severe** may also be used to indicate that a child's overall progress is slower than might be generally expected and to indicate degree of difficulty. Different areas of a child's development may be affected in different ways.

Contact details for the **Child Brain Injury Trust**, **Headway**, **The Children's Trust** and **Contact a Family** can be found in **Useful contacts and organisations**

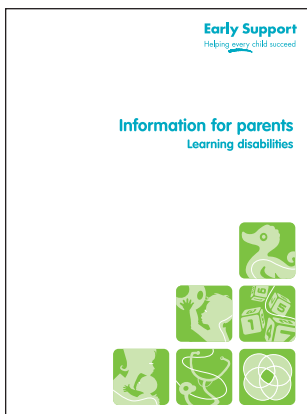
You can read more about this in **Augmentative and alternative communication**



See the diagram
in **How do
children develop
communication,
speech and language?**

Read more about this at
www.talkingpoint.org.uk

Read more about this
in other **Early Support
Information for
parents** booklets



The ability to learn and use words and put them together to communicate well is often an area where children with learning disabilities require additional help. Most children with learning disability experience some difficulties in developing effective communication and difficulties can occur at any stage in speech production.

Some children with learning disability have an identifiable syndrome which means that a number of medical and physical factors occur together. The following syndromes are characteristically associated with speech, language and communication difficulties:

- Down syndrome
- Prader-Willi syndrome
- Fragile-X syndrome.

However, for many children a specific diagnosis such as this is not available. The important point is that if your child has speech, language and communication difficulties associated with other learning difficulties, they should see a **speech and language therapist** so an assessment can be carried out. This will determine how best to help, based on your individual child's needs and level of development.

Visual impairment

Children develop speech and language through observation, play and experience.

Incomplete visual information makes it more difficult for children to understand the world, and it hinders the development of language to express concepts, ideas and thoughts. For example understanding of colour and of relative size are harder to grasp if you have a visual impairment, and there will be a knock-on effect on the development of associated language.

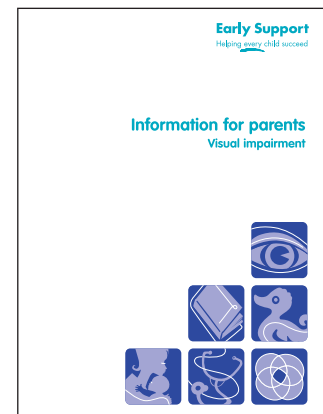
Even when a child has good vision they may have difficulties with visual perception (experience difficulty processing what they see). So for example, they might need very clear contrast in order to discriminate an object from its background. For example, pink hands against a black sweater will show up, but pink hands against a pink sweater may not.

The challenge is to think of ways to use other senses to expand experience of the world and to explain ideas that normally develop using visual information. For example:

- using objects to help the child understand the world around him
- holding a child's hands to feel the difference between very big and very small items
- feeling different textures and relating them to activities, objects and people
- using all the senses including smell and hearing to make sense of the world.

If a teacher of visually impaired children or a **speech and language therapist** is working with your family, they will be able to help you with practical suggestions for things to do.

Read more about this
in other **Early Support**
Information for
parents booklets





Useful contacts and organisations

ACE Centre (North)

Information on augmentative and alternative communication (AAC) and communication aids.

Units 11 & 12
Gatehead Business Park
Delph New Road
Delph
Saddleworth OL3 5DE

Tel: 01457 829444

Web: www.ace-north.org.uk

ACE Centre (South)

Information on augmentative and alternative communication (AAC) and communication aids.

ACE Centre Advisory Trust, 92 Windmill Road,
Headington, Oxford OX3 7DR

Tel: 01865 759805

Web: www.ace-centre.org.uk

ACQUIRE

For children with acquired brain injury.

Manor Farm House
Wendlebury
Bicester
Oxfordshire OX25 2PW

Tel: 01869 324339

Web: www.acquire.org.uk

Afasic

Afasic is the UK charity established to help children and young people affected by the hidden disability of speech, language and communication impairments. It offers a range of services, including a helpline, publications and support groups.

2nd floor
50–52 Great Sutton Street
London EC1 V ODJ

Tel helpline: 08453 55 55 77
Tel: 020 7490 9410

Web: www.afasic.org.uk

**Association of Speech and Language Therapists
in Independent Practice (ASLTIP)**

Coleheath Bottom
Speen
Princes Risborough
Bucks HP27 0SZ

Tel: 0870 2413357

Web: www.asltip.co.uk/

Association for Child Psychology and Psychiatry

70 Borough High St
London SE1 1XF

Tel: 020 7403 7081

Bilingualism

Web: www.bilingualism.co.uk



British Institution for Brain Damaged Children (BIBIC)

Knowle Hall
Bridgwater
Somerset TA7 8PJ

Tel: 01278 684060
Fax: 01278 685573

Web: www.bibic.org.uk

British Institute of Learning Disabilities (BILD)

Campion House
Green St
Kidderminster
Worcestershire DY10 1JL

Tel: 01562 723010
Fax: 01562 723029

Email: enquiries@bild.org.uk
Web: www.bild.org.uk

**British Sign Language Resource List to Teach You
British Sign Language**

Live performance of signs on screen. Need to download package onto computer or floppy disk to open it.

Web: www.Britishsignlanguage.com

British Stammering Association (BSA)

15 Old Ford Rd
London E2 9PJ

Tel: 020 8983 1003
Fax: 020 8983 3591

Web: www.stammering.org

Child Brain Injury Trust

The Radcliffe Infirmary
Woodstock Road
Oxford OX2 6HE

Tel: 01865 552467

Email: info@cbituk.org

Web: www.cbituk.org

The Children's Trust

Specialist rehabilitation centre for children
with acquired brain injury

Tadworth Court
Tadworth
Surrey KT20 5RU

Cleft Lip and Palate Association (CLAPA)

1st floor Green Man Tower
332 Goswell Road
London EC1V 7LQ

Tel: 020 7833 4883

Fax: 020 7833 5999

Web: www.clapa.com

Communication Aid Project (CAP)

Web: www.cap.becta.org.uk

Communications Forum

87–89 Albert Embankment
London SE1 7TP

Tel : 020 7582 9200



Connect

For adults with dysphasia, but a good source of useful and appropriate information.

Web: www.ukconnect.org

Contact a Family

Helps families who care for children with any disability or special educational need.

209–211 City Road
London EC1V 1JN

Tel helpline: 0808 808 355
Tel: 020 7608 8700

Email: info@cafamily.org.uk
Web: www.cafamily.org.uk

Down's Syndrome Association

Langdon Down Centre
2a Langdon Park
Teddington TW11 9PS

Tel helpline: 0845 230 0372
Fax: 0845 230 0373

Email: info@downs-syndrome.org.uk
Web: www.downs-syndrome.org.uk

Down Syndrome Educational Trust

The Sarah Duffen Centre
Belmont Street
Southsea
Hampshire PO5 1NA

Tel: 023 9285 5330
Fax: 023 9285 5320

Email: enquiries@downsed.org
Web: www.downsed.org

Down's Syndrome Information Network

Web: www.down-syndrome.info

The Dyspraxia Foundation

8 West Alley

Hitchin

Herts

Helpline: 01462 454 986

Web: www.dyspraxiafoundation.org.uk

The Ear Foundation

A national charity and information centre for deaf children with cochlear implants.

83 Sherwin Road

Lenton

Nottingham NG7 2FB

Web: www.earfoundation.org.uk

Friends of Landau-Kleffner (FOLKS)

3 Stone Buildings (ground floor)

Lincoln's Inn

London WC2A 3XL

Tel: 0870 847 0707

Web: www.bobjanet.demon.co.uk/lks/folks.html

Health Professions Council

Park House

184 Kennington Park Rd

London SE11 4BU

Tel: 020 7582 0866

Fax: 020 7820 9684

Email: info@hpc-uk.org

Web: www.hpc-uk.org



I CAN

I CAN is the charity that helps children communicate. The charity works across the UK to create a society where all children and young people have the communication skills they need to be all they can be.

4 Dyer's Buildings Holborn
London EC1N 2QP

Tel: 0845 225 4071

Fax: 0845 225 4072

Email: info@ican.org.uk

Web: www.ican.org.uk

Makaton

MVDP

31 Firwood Drive

Camberley

Surrey GU15 3QB

Tel: 01276 61390

Training Office Tel: 01276 681368

Web: www.makaton.org

The Michael Palin Centre for Stammering Children

Finsbury Health Centre

London EC1R 0LP

Tel: 020 7530 4238

Fax: 020 7833 3842

Email: info@stammeringcentre.org

Mencap

123 Golden Lane
London EC1Y 0RT

Tel: 020 7454 0454
Fax: 020 7608 3254

Email: information@mencap.org.uk
Web: www.mencap.org.uk

National Autistic Society

393 City Road
London EC1V 1NG

Tel: 020 7833 2299
Fax: 020 7833 9666

Email: nas@nas.org.uk

The National Deaf Children's Society (NDCS)

Support families with deaf children/young adults. They will give you regional and local contacts including parent groups.

15 Dufferin Street
London EC1Y 8UR

Tel: 020 7490 8656
Info and helpline: 0808 800 8880
Fax: 020 7251 5020

Email: fundraising@ndcs.org.uk
Website: www.ndcs.org.uk



Paget Gorman Society

2 Dowlands Bungalow
Dowlands Lane
Smallfield
Surrey RH6 9SD

Tel: 01342 842 308

Web: www.pgss.org

Picture Communication System (PCS)

Web: www.mayer-johnson.com/software/Boardmker.html

Portage

A home-visiting education service for pre-school children with additional support needs and their families

Email: info@portage.org.uk

Web: www.portage.org.uk

Royal College of Speech and Language Therapists

2 White Hart Yard
London SE1 1NX

Tel: 020 7378 1200

Fax: 020 7403 7254

Web: www.rcslt.org

SCOPE

PO Box 833
Milton Keynes MK12 5NY

Tel: 0808 800 3333

Web: www.scope.org.uk

Cerebral palsy helpline: cphelpline@scope.org.uk

Signalong

The Signalong Group
Stratford House
Waterside Court
Neptune Close
Rochester
Kent ME4 4NZ

Tel: 0870 774 3752

Web: www.signalong.org.uk

**Selective Mutism Information and
Research Association (SMIRA)**

13 Humberstone Drive
Leicester LE5 0RE

Tel: 0116 2127411

Talking Point

Web: www.talkingpoint.org.uk
www.talkingpoint.org.uk/earlytalk.Network

Writing with symbols/Widgit

Web: www.widgit.com



Additional reading

Babytalk – strengthening your child’s ability to listen, understand, and communicate

Sally Ward
Century publishing, 2000
ISBN 0712680985

Help me Speak – a parent’s guide to speech and language therapy

Jenny Barrett
Souvenir Press, 1994
ISBN 0-285-63180-2

It Takes Two to Talk – a practical guide for parents of children with language delays

Jan Pepper and Elaine Weitzman
Hanan publication available from Winslow Press, 2004

Learning to Talk

James Law
Johnson’s Everyday Babycare series
Dorling Kindersley, 2004
ISBN 0751 338885

Let’s Talk – learning language in everyday settings (2nd ed)

Roy McConkey and Penny Price
Souvenir Press, 1998
ISBN 038565023x

Listen to your Child – a parent’s guide to children’s language

David Crystal
Penguin, 1986
ISBN 0140110151

Small Steps Forward – using games and activities to help your pre-school child with special needs

Sarah Newman

Jessica Kingsley, 1999

ISBN 1-85302-643-3

You Make the Difference – in helping your child learn

Ayala Manolson et al

Hanen publication available from Winslow Press, 1995



Other information

Extensive Information for parents and professionals about speech and language development and speech and language difficulties is available online at www.talkingpoint.org.uk

The following information materials are available from Afasic.

Telephone 020 7490 9410 or visit www.afasic.org.uk

For additional information, please call the helpline 08453 55 55 77.

Lost for Words – an introduction to speech and language difficulties

Glossary Sheets – describe types of speech, language and communication impairment

Activities Books – 12 booklets to help parents support their child's speech and language

Getting Extra Help for Your Child's Speech and Language – an information sheet explaining how to get extra help

Claiming Benefits for Children with Speech and Language Impairments – a guide to claiming Disability Living Allowance for children with speech and language impairments

Accessing Speech and Language Therapy for your Child – a guide to the law on speech and language therapy

Educational Psychologists – an information sheet explaining the role of educational psychologists and the tests they carry out

The following information materials are available from I CAN.

Telephone 020 7674 2721 or visit www.ican.org.uk

Getting the most out of Speech and Language Therapy

Useful contacts in other organisations

Useful reading to increase your knowledge of your child's difficulties

Tesco/I CAN Parents Pack: Information for parents of pre-school children concerned about speech and language development

Glossary

acquired: difficulty that arises after birth as a result of an illness, an accident, or an incident.

acquired brain injury (ABI): damage to living brain tissue following a blow to the head, lack of oxygen, lack of blood to the brain or infection.

adenoids: clumps of lymphoid tissue located at the back of the nose in the upper part of the throat that sometimes obstruct normal breathing and make speech difficult because they are swollen.

adenoidectomy: an operation to remove the adenoids.

aphasia: see **dysphasia**.

articulation: the production of the sounds that make up speech.

articulation disorder: difficulty using the lips, tongue, voice box and/or palate to make the sounds needed for speech.

assessment: collecting information about a child's speech and language, development and any factors that might be affecting the development of speech and language. This information is collected and reviewed in order to identify whether there is a difficulty, what the nature of the difficulty is and how best to deal with it. **Informal assessment** uses observation of children playing, interaction with adults and children and reported information from parents and teachers. **Formal assessment** uses standardised tests to compare a child's development with established norms or to provide a detailed profile of the speech sounds produced by a child.

audiologist: an audiologist carries out hearing tests and explains the results of tests. If your child needs hearing aids, they will identify the best type and arrange for you to get them. They also monitor children's hearing to make sure any hearing aids supplied are appropriate.



augmentative and alternative communication (AAC): methods of communication that supplement or replace speech and handwriting with signs, symbols and/or voice output communication aids.

autistic spectrum disorder (ASD): a lifelong, developmental disability that affects the way a person is able to communicate and relate to people around them. **Autism** and **Asperger's syndrome** are names for different types of autistic spectrum disorders.

babble: repetitive strings of sounds produced by infants.

bilingual: speaking and using two languages.

cerebral palsy: a disorder of movement and/or posture due to brain injury which may occur before or during birth.

cleft lip or cleft palate: caused when parts of the upper lip, gum and roof of the mouth (the palate) do not join together during early pregnancy.

cochlear implant: a device used by some deaf children that turns sound into electrical signals. It uses a surgically implanted part to stimulate the auditory nerve directly.

communication: the sending and receiving of messages using spoken or written language, non-verbal sounds, gestures or body language, symbols etc.

comprehension: understanding. In the context of speech and language development, it can mean understanding of words and their meaning (verbal comprehension) or understanding non-verbal clues, like gestures or context and situation. For example, a child who smells cooking and understands that it's teatime, demonstrates their ability to use non-verbal comprehension.

conductive hearing loss: when sound is unable to pass through the outer and middle ear efficiently. See also **glue ear**.

context: the circumstances in which an event occurs or in which language is used.

delayed language development: usually used to describe a situation where the child has problems with speech or language, but skills are developing within the normal developmental sequence.

diagnosis: the name given to a particular condition that a person has, or the process of identifying it.

disability living allowance (DLA): a benefit paid by government to people with disabilities, including children.

discharge: the ending of a period of contact with a professional, for example, a speech and language therapist. The professional is no longer responsible for overseeing care from the time of discharge, unless a re-referral is made.

discriminate: to make a clear distinction, or to distinguish, between different speech sounds.

disorder: children with a speech and language disorder learn to speak in a way that is different from the normal pattern or sequence of development.

dysarthria: weakness or slowing of muscles that affects speech and breath control and impacts on speech, which may sound slurred or indistinct. This is a condition which results from impairment of the nervous system or the muscles of the speech organs.

dysfluency (stammer or stutter): speaking with involuntary repetitions or pauses.

dyslexia: see specific learning difficulties (dyslexia).

dysphasia (or aphasia): an impairment or loss of language that may affect spoken, written and/or symbolic communication using signs and symbols. Usually occurs following an **acquired brain injury**. Sometimes the terms **dysphasia** and **acquired brain injury** are used interchangeably.

dysphonia: a voice characterised by abnormal pitch, volume, resonance, or a voice quality that is not appropriate for the age or gender of the speaker.



dyspraxia: a disorder that affects the co-ordination of movement that can affect co-ordination of the speech organs and/or other actions – for example, eating, dressing or writing.

Early Years Action: help that is extra to or different from the help that is usually provided for children in early years settings. Extra help at this level of support could mean different ways of teaching, extra help from an adult, more opportunity to work in a small group or the opportunity to use special equipment.

Early Years Action Plus: help that is extra to or different from the help that is usually provided for children in early years settings. At this level of support, external specialists are usually called in to help your child's teachers look at different ways of teaching and helping your child.

EEG: a graphic record of the electrical activity of the brain as recorded by an electroencephalograph. Also called **encephalogram**.

elective mutism: see **selective mutism**

English as an additional language: this term is used to describe the English of someone whose first language is not English. They may speak any number of languages as well as English.

ENT consultant: a doctor who specialises in the diagnosis and treatment of ear, nose and throat conditions.

expression: some means of conveying or putting across a message. It may be verbal (spoken or written, words or sounds) or non-verbal (for example, using a gesture or a look).

expressive difficulties: difficulty conveying thoughts and messages using language.

foundation skills: skills that must be developed before spoken language can grow.

Fragile-X: the most common identifiable form of inherited learning disability. The cause is an abnormality just above the tip of the X chromosome's long arm, which may be passed from one generation to the next.

global delay: a generalised delay in development.

glue ear (also known as otitis media with effusion, or OME): thick, glue-like fluid in the middle ear cavity. Conductive hearing loss caused by fluid build up in the middle ear is common in young children and can cause fluctuating levels of hearing which may affect a child's development of speech and language.

grammar: the system of rules governing a language.

health visitor: a qualified nurse or midwife with additional training and experience in child health. They visit homes in the early years to check on children's health and development and to give help and advice about the care of very young children.

Individual Education Plan (IEP): a document which sets targets for a child and a date for review of progress.

intonation: the use of changing pitch to convey meaning in spoken language.

language: a structured system of sounds and words that conveys meaning.

learning difficulties: a general term used to describe a wide range of problems experienced by children who find it significantly harder to learn than other children of the same age. The term can be used to describe difficulties with learning, memory, concentration, behaviour, reading, numbers or with speech and language.

literacy: the ability to read and write.

local education authority (LEA): a local government body which is responsible for providing education. LEAs are responsible for providing support for children with **special educational needs**.

modelling: to provide an example of 'correct' production of speech and language for a child to copy.

monolingual: speaking and using one language.

multi-disciplinary assessments: assessment carried out by professionals of different disciplines to give an 'all round' picture of development.



multi-sensory impairments: children with multi-sensory impairment (MSI) have impairments of both vision and hearing. Many children with MSI also experience other challenges resulting from medical conditions or physical disabilities.

non-fluency: another word for **dysfluency**.

non-verbal communication: communication that does not use spoken language, involving, for example, the use of gestures, signs, body language, cries or electronic aids.

occupational therapist (OT): a health professional specialising in difficulties children experience carrying out the activities of everyday life. OTs help using therapy, environmental adaptations and specialist equipment.

paediatrician: is a doctor who specialises in working with babies and children. Paediatricians sometimes work in hospitals and sometimes for community health services.

palate: the roof of the mouth. The **hard palate** is the bony part behind the teeth. The **soft palate**, which is further back, contains muscle and moves during speech.

phonology: the range of sounds that are used for speech in any particular language.

phonological difficulties: difficulty selecting and using the correct speech sounds when speaking.

physiotherapist: a health professional specialising in physical and motor development.

portage services: a home-visiting educational service for pre-school children with additional support needs and their families.

pragmatic difficulties: difficulty using language and understanding meaning in context. A child with pragmatic difficulties may not understand other people's language and behaviour, and may have problems using appropriate language in different situations.

primary speech and language difficulties: difficulty developing speech, language and/or understanding of language in children who do not have any other known conditions or **learning difficulties**.

prognosis: a prediction of what is likely to happen. For example if a child is diagnosed with a brain injury, the doctors will use all the information they have to give an indication of how much the child is likely to be affected and what recovery might be like.

psychologist: psychologists help children who find it difficult to learn or to understand and communicate with other people. They assess a child's development and provide support and advice.

receptive language difficulties: difficulties understanding spoken language. See also **verbal comprehension difficulties**.

regressive: tending to revert to an earlier stage of development.

resonance: intensification of vocal tones during articulation, produced by the air cavities of the mouth and nasal passages.

secondary speech and language difficulties: speech and language difficulties associated with other conditions or learning difficulties that a child has.

selective mutism (sometimes called elective mutism): when children are able to talk comfortably in some situations, but are persistently silent in others – usually outside their home and with less familiar people. This condition is relatively rare and often linked to anxiety.

semantic-pragmatic disorder: difficulty understanding how new information fits in with what is already known. Difficulty understanding or using language for these purposes makes it difficult to use previous experience to solve problems or to predict what might happen in different situations.

sensori-neural hearing impairment or deafness: deafness caused by damage to the cochlea (inner ear) or to the nerves beyond the cochlear.

soft palate or velum: the back part of the palate.



special educational needs: special educational needs describe the support that a child with learning difficulties needs in pre-school settings or at school. Children with special educational needs require extra or different help than that given to other children of the same age.

special educational needs co-ordinator (SENCO): a teacher in a school or early years setting who has responsibility for identifying children with special educational needs and making sure they receive appropriate support.

specific language impairment (SLI): a term used to describe language difficulties with comprehension and/or expression. Usually used when a child's language falls well behind children of the same age or when language development is disordered or unusual.

specific learning difficulties (dyslexia): a specific learning difficulty that leads to problems with reading, writing and spelling and which persists, despite appropriate teaching and support.

speech: the sounds and sound combinations produced to make spoken language.

speech and language delay: a child with a speech and language delay develops speech and language following the normal pattern, but at a slower rate than normal. They use language in the way a younger child would use it.

speech and language therapist: a professional specialising in communication development and difficulty and associated eating and swallowing problems.

speech, language and communication difficulties: a general term used to describe a range of specific problems some children and young people experience when acquiring language.

speech and language disorder: a term used to describe development of speech and language that is different to the expected pattern.

stammering: see **dysfluency**.

standardised tests: assessment procedures which have been developed using data from large numbers of children to give an indication of what normally occurs at different points in a child's development.

statement of special educational needs: a document which describes a child's learning difficulties and the special help they will be given to help them learn.

stuttering: see **dysfluency**.

submucous cleft palate: the back part of the **palate**, known as the **soft palate**, looks fine, but the important muscles for speech underneath the skin are in the wrong place and have not joined together in the way they normally do.

symbol systems: simple pictures or shapes used on paper or in another format to represent words, sentences or parts of words for communication.

triage: a system to sort enquiries or first referrals coming to a service.

tracheostomy: surgical construction of an opening in the trachea for the insertion of a catheter or tube to facilitate breathing.

verbal comprehension difficulties: difficulty understanding language.

verbal dyspraxia: see **dyspraxia**.

vocabulary: the words of a language.

vocal folds: the muscles in the voice box that vibrate to make voice.

vocal nodules: similar to small corns or calluses on the vocal folds.

voice: the sound made by the vibration of the vocal folds in the larynx (or voice box) in the throat.

voice disorders: see **dysphonia**.

voice output communication aids (VOCAs): devices that speak. They range from very simple, single message systems to sophisticated devices converting speech to text.



About the training and qualification of speech and language therapists

Speech and language therapists must have undertaken a recognised degree, which entitles them to a certificate to practice as a speech and language therapist. In order to qualify, professionals must pass a practical exam as well as written ones.

Anyone who calls themselves a 'speech and language therapist' or 'speech therapist' is legally obliged to be registered with the **Health Professions Council (HPC)**. This organisation ensures that professionals are properly qualified, protects standards of practice and disciplines professionals when necessary. All therapists working for the NHS are required to be registered, but you can also check whether a therapist is registered with HPC by logging onto their website or by contacting them by telephone or post. You could also ask your speech and language therapist to show you their certificate.

Health Professions Council

Park House
184 Kennington Park Rd
London
SE11 4BU

Tel: 020 7582 0866

Email: info@hpc-uk.org

www.hpc-uk.org

About Early Support

Early Support is a Government programme involving the Department for Education and Skills, Sure Start and the Department of Health. The purpose of the programme is to improve the delivery of services to disabled children under three and their families. **Early Support** promotes service development in partnership with health, education and social services and organisations in the voluntary sector.

Early Support is putting into practice the principles outlined in the Government guidance document *Together from the Start* which was published in May 2003. The guidance recognises that where children have special educational needs or disabilities, it is important that these are identified at an early stage and that identification leads directly to effective early intervention and support for families and children.

This booklet is one in a series produced in response to requests from parents and voluntary organisations for better information. The following titles in the series are available:

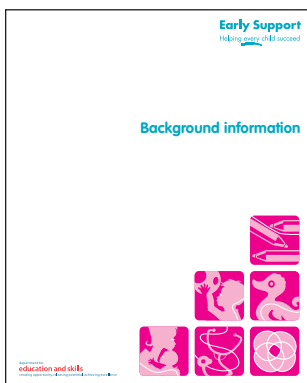
Autistic spectrum disorders	(ES12)
Cerebral palsy	(ES10)
Deafness	(ES11)
Down syndrome	(ES13)
If your child has a rare condition	(ES18)
Learning disabilities	(ES15)
Multi-sensory impairment	(ES9)
Visual impairment	(ES8)
When your child has no diagnosis	(ES16)

For more information about the booklets and the **Early Support** programme, visit www.earlysupport.org.uk

The booklets can be ordered from DfES publications. The address and telephone number are on the back cover.

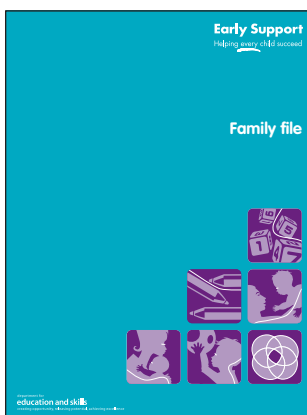


Early Support has produced a range of other materials, including a **Family pack**, which supports families through the first years of a child's life. The pack contains a **Background information file**, which tells you about services you may need and the help you are entitled to and a **Family file**, designed to help co-ordinate support that is provided by different people or agencies. These materials are most useful to families where there is an established and continuing need for help and services.



References to sections in the **Background information file** in this booklet include a picture of the relevant section cover, to help you find any material that you may be interested in.

If your family is receiving regular support from professionals, please feel free to ask them about the **Early Support Family pack**. It may help and is available free of charge.



Early Support would like to thank the many parents who commented on early versions of this text and Afasic, I CAN and the Royal College of Speech and Language Therapists for their joint work developing this material.

I CAN

I CAN is the charity that helps children communicate. The charity works across the UK to create a society where all children and young people have the communication skills they need to be all they can be.

I CAN's 2005-2008 strategy, 'Every Voice Matters' is two-fold. Firstly, I CAN will continue to develop and deliver its unique programme of high quality, integrated therapy and education for those children and young people with the most severe and complex needs, who require intensive and specialist support. I CAN is pioneering this approach through its work in early years, special schools and outreach programmes.

Secondly, I CAN will reach even more children and young people who struggle to communicate, by working in partnership with parents, professionals and other relevant organisations to share expertise and develop information resources, such as www.talkingpoint.org.uk. As a result more people will have the skills and the ability to develop the services needed to support children's and young peoples' communication development, at home, at school and in their communities.



helps children
communicate

REGISTERED CHARITY 210 031

Afasic

Afasic is the UK charity representing children and young adults with speech, language and communication impairments, working for their inclusion in society and supporting their parents and carers.

We have:

- a helpline, offering a range of information for parents, open 10.30am to 2.30pm Monday to Friday
- a range of publications for parents and professionals
- conference and training events
- parents' and young persons' message board through our website
- events for children and young people
- newsletters for members
- a network of local groups and contacts.



Royal College of Speech & Language Therapists

Our mission

To represent speech and language therapists and support workers, promote excellence in practice and influence health policies

To deliver our mission we aim to:

Represent

- the interests of speech and language therapists and support workers and provide a voice locally, nationally and internationally.

Influence

- and lobby governments and others to shape policy so that issues concerning the profession are reflected in public policy and people with communication, eating, drinking or swallowing difficulties receive optimum care.

Support and protect

- the value of a profession whose members deliver quality services to meet diverse needs.
- the professional interests of speech and language therapists and support workers.

Develop

- and educate speech and language therapists professionally and academically, building our resource of professional expertise and leadership.
- speech and language therapy and its professional practice through the use of evidence-based practice.
- speech and language therapy as an integral part of the modernised workforce across health, education and social care.

Build

- a sustainable, member-focused, organisation with the capacity to deliver our mission effectively, efficiently and in accordance with our values.
- the systems, attitudes and resources to offer the best possible support and development to our staff.





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