A RESOURCE FOR SCHOOL TO SUPPORT CHILDREN WHO HAVE, OR MAY HAVE SPECIAL EDUCATIONAL NEEDS.

CHAPTER: SPEECH, LANGUAGE AND COMMUNICATION NEEDS

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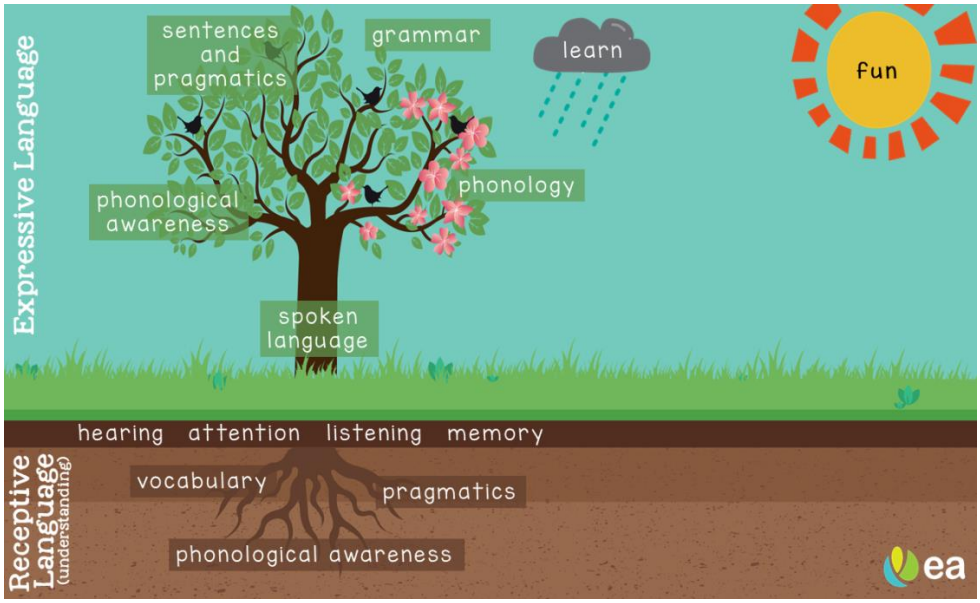
Speech, Language and Communication Development

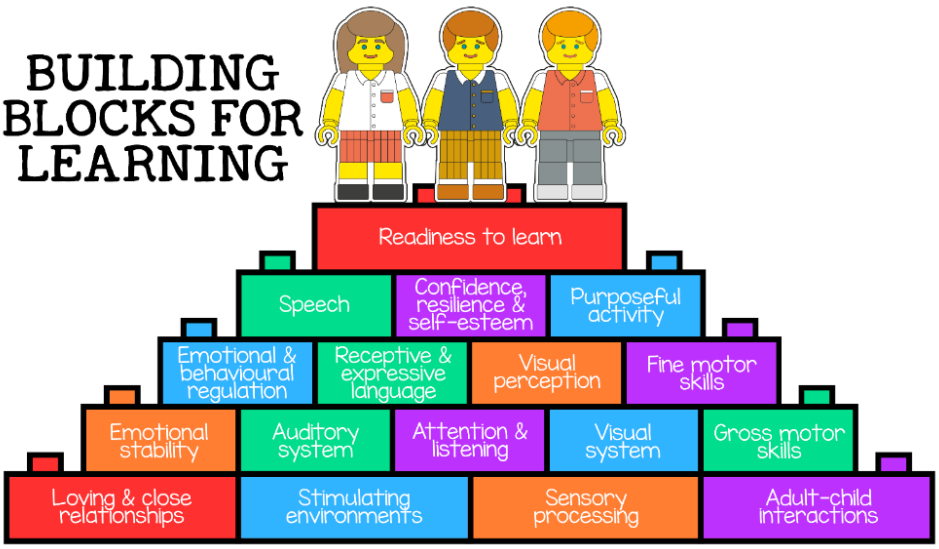
Communication begins at birth, through innate behaviours such as crying and cooing. These behaviours form the basis of infants' interactions with others.

Language by contrast, is a complex symbolic system that a child masters through their cognitive capabilities. It becomes more sophisticated as children mature. Children's verbal skills in turn further facilitate their cognitive development.

The analogy of a tree helps to explain speech, language and communication development and how the elements are interrelated.

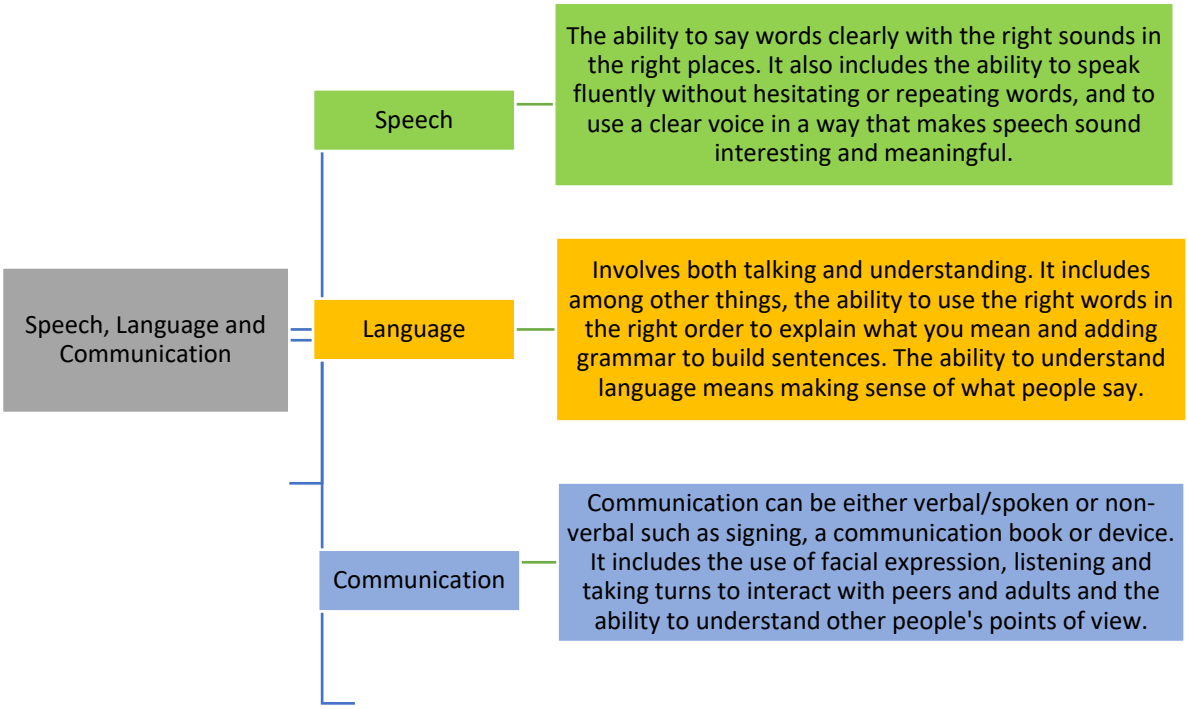


Speech, language and communication skills do not develop in isolation. They are one, of many, pivotal building blocks needed to ensure children are ready to learn in school.

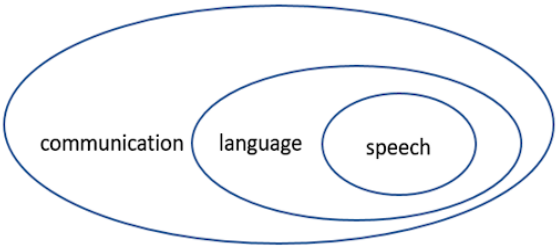


Speech, Language and Communication Needs

Speech, Language and Communication Needs is a broad category that covers the wide range of conditions affecting these three areas.



It can be useful to use these three elements to think about the child's difficulty but each element is dependent on the other.



Children may have difficulty with one, more or all aspects of speech, language and communication.

The profile for every child with Speech, Language and Communication Needs is different and their needs may change over time.

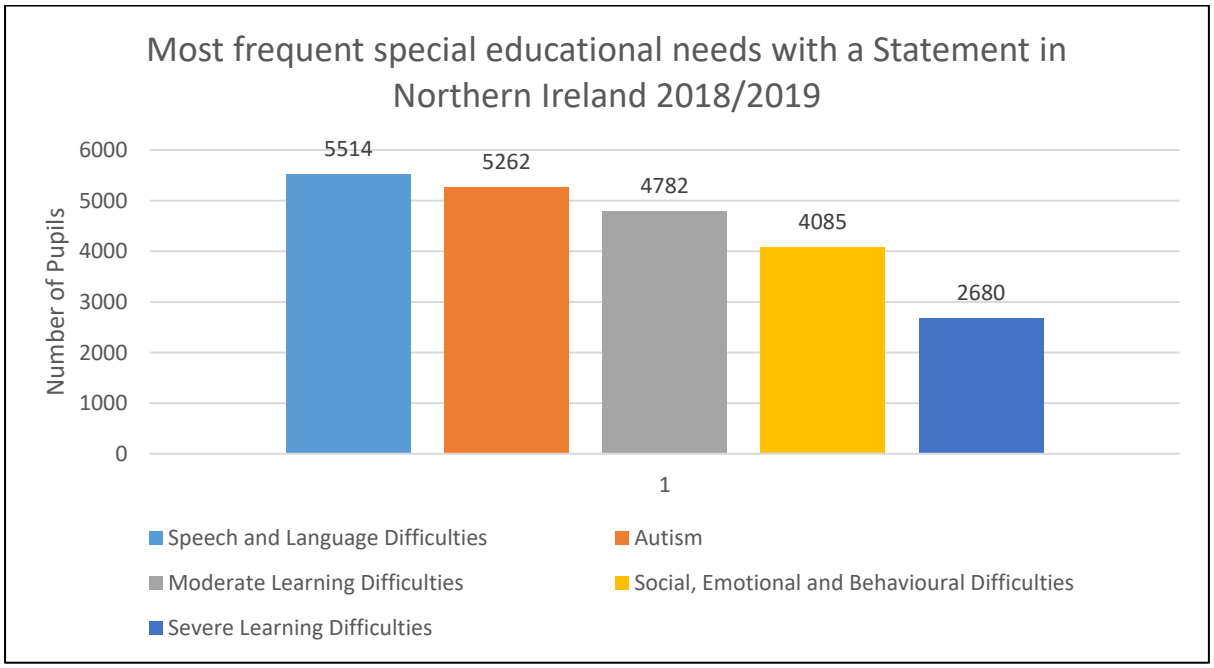
Speech, Language and Communication Needs can affect behaviour as many children with unidentified and/or unmet communication and interaction needs may communicate through behaviour. Longer term this can lead to exclusion from school, offending behaviour and involvement in the criminal justice system.

Failure to identify children with Speech, Language and Communication Needs at a young age has a significant impact on their life outcomes.

(Marie Gascoigne and Jean Gross, Talking about a Generation, The Communication Trust, March 2017).

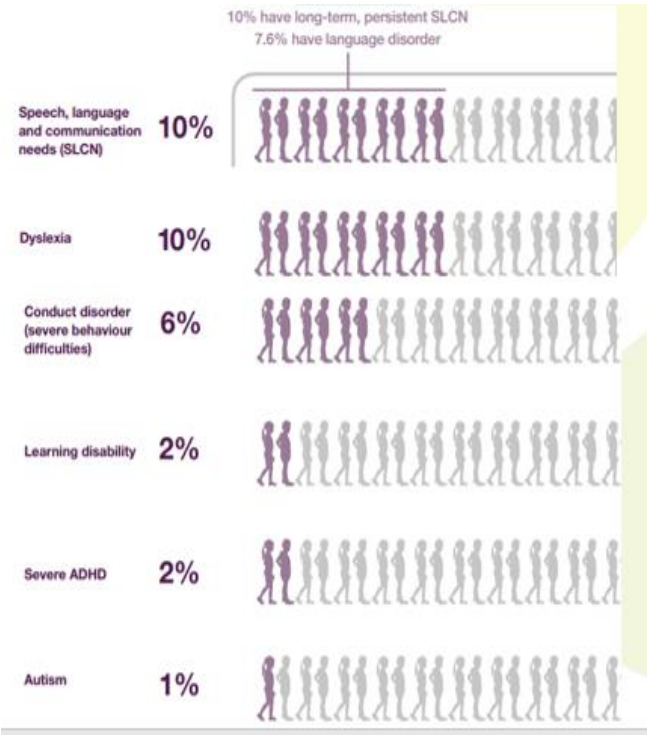
How many pupils have Speech, Language and Communication Needs?

Speech, Language and Communication Needs is one of the most prevalent types of SEN among all pupils in Northern Ireland.



(Department of Education: Northern Ireland Statistics and Research Agency)

ICAN recently produced the following research identifying the prevalence of Speech, Language and Communication Needs alongside other neuro-diverse conditions. It was estimated that as many as 10% of children and young people have some level of Speech, Language and Communication Needs (ICAN, A Generation Adrift, January 2013).



Classification of Speech, Language and Communication Needs

A recent British epidemiological study, the SCALES study, assessed language in children from 4 years 9 months to 5 years 10 months entering reception class in state-maintained primary schools in Surrey (Norbury et al. 2016).

Just under 10% of all children and young people assessed had Speech, Language and Communication Needs, which created barriers to communication or learning in everyday life.

Findings from this study suggest:

7.6%, the equivalent of **two children in every primary one classroom** will experience Developmental Language Disorder (DLD) (Norbury et al. 2016).

What is Developmental Language Disorder (DLD)?

The term **Developmental Language Disorder** is used for children with persistent and unexplained language difficulties which impact on their social and educational functioning. With Developmental Language Disorder there is no obvious reason for the difficulties. Children with Developmental Language Disorder will not have what is called a 'differentiating condition', such as Autism, Hearing Impairment, Moderate or Severe Learning Difficulty, Brain Injury or a Chromosome Disorder (Norbury et al. 2016). Developmental Language Disorder is a long term condition so children may require support in some form throughout their educational life and beyond.

Studies estimate that Developmental Language Disorder is many times more common than Autism, but not as widely understood. Speech and Language Therapists and many other professionals are working hard to increase public awareness of Developmental Language Disorder and its impact.

2.3% of children in the study had language disorder associated with a differentiating condition such as Autism, Hearing Impairment, Moderate or Severe Learning Difficulty, Brain Injury or a Chromosome Disorder. For these children the language disorder occurs as part of a more complex pattern of impairments. The diagnosis for these children will therefore be **'Language Disorder Associated with ……'**.

Further information about Developmental Language Disorder can be found at www.radld.org and www.naplic.org.uk

RADLD RAISING AWARENESS OF DEVELOPMENTAL LANGUAGE DISORDER

Local prevalence studies, and evidence gathered through intervention studies in Northern Ireland have found between 41-57% of nursery and primary one aged children in deprived areas had Speech, Language and Communication Needs.

(The Limavady Schools Project, 2014)

(Now You're Talking Fermanagh, 2014)

(Downpatrick, Lisburn and Colin Project, 2013/2016)

A Northern Ireland pilot study found that 64% of children in residential care had Speech, Language and Communication Needs. Only 2% of these were previously referred to services.

(Tara McDermott, Western Health and Social Care Trust, 2019)

66-90% of young offenders have low language skills, with 46-67% of these being in the poor or very poor range.

(Bryan et al, 2007)

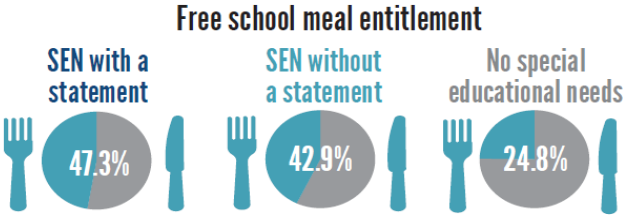
There is also increasing evidence that the prevalence of Speech, Language and Communication Needs is quite high among children who experience social, emotional and behavioural problems.

What are the risk factors for Speech Language and Communication Needs?

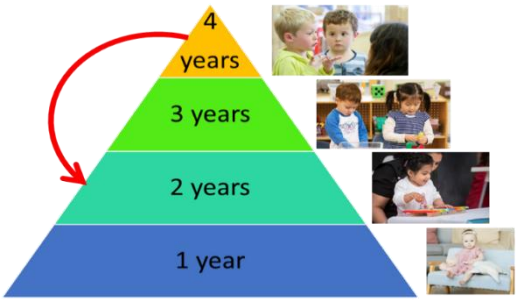
The causative and risk factors of Speech, Language and Communication Needs are varied and complex. It is likely that the needs or difficulties for each individual child can result from a range of factors.

Speech, Language and Communication Needs are greater among children from disadvantaged areas and vulnerable children. Children from the most deprived backgrounds experience the highest levels of Speech, Language and Communication Needs from the earliest age. Children who experience abuse and neglect are also more likely to have communication and interaction difficulties.

'Approximately 50% of children in some socio-economically disadvantaged populations have speech and language skills that are significantly lower than those of other children of the same age' (Lindsay et al. 2008).



Recent Northern Ireland Education statistics (2018/2019) illustrate the link between socio-economic background and broader Special Educational Needs (SEN).



Findings indicate that by 4 years old, disadvantaged children are, on average, already a full year and a half behind their more affluent peers in their early language development.

It is important to note however that children and young people from all areas and backgrounds can have difficulties with speech, language or communication.

Other risk factors for pupils having Speech, Language and Communication Needs can include being a boy, being among the youngest in a year group, or having a family history of delayed speech and language development. (The Communication Trust, What are Speech, Language and Communication Needs? January 2018)

Early research into Adverse Childhood Experiences (ACEs) suggested that young children exposed to five or more significant Adverse Childhood Experiences in the first 3 years of childhood, face a 76% likelihood of having one or more delays in their language, emotional or brain development.

Click on the links below to learn more about Speech, Language and Communication Needs and Adverse Childhood Experiences:

https://www.acesonlinelearning.com/

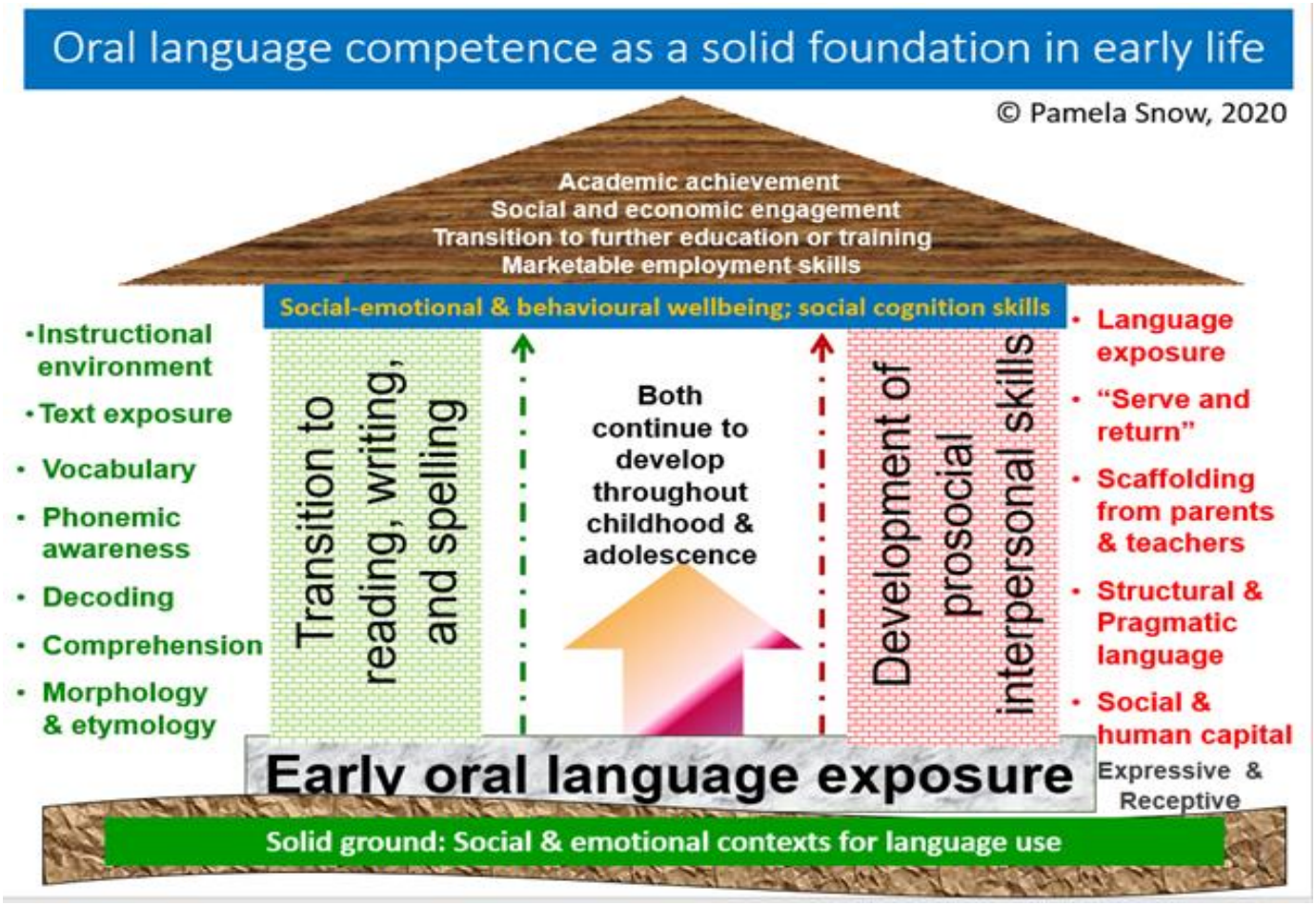
https://acesedinburgh.com/resources/

How do Speech, Language and Communication Needs impact on pupil development?

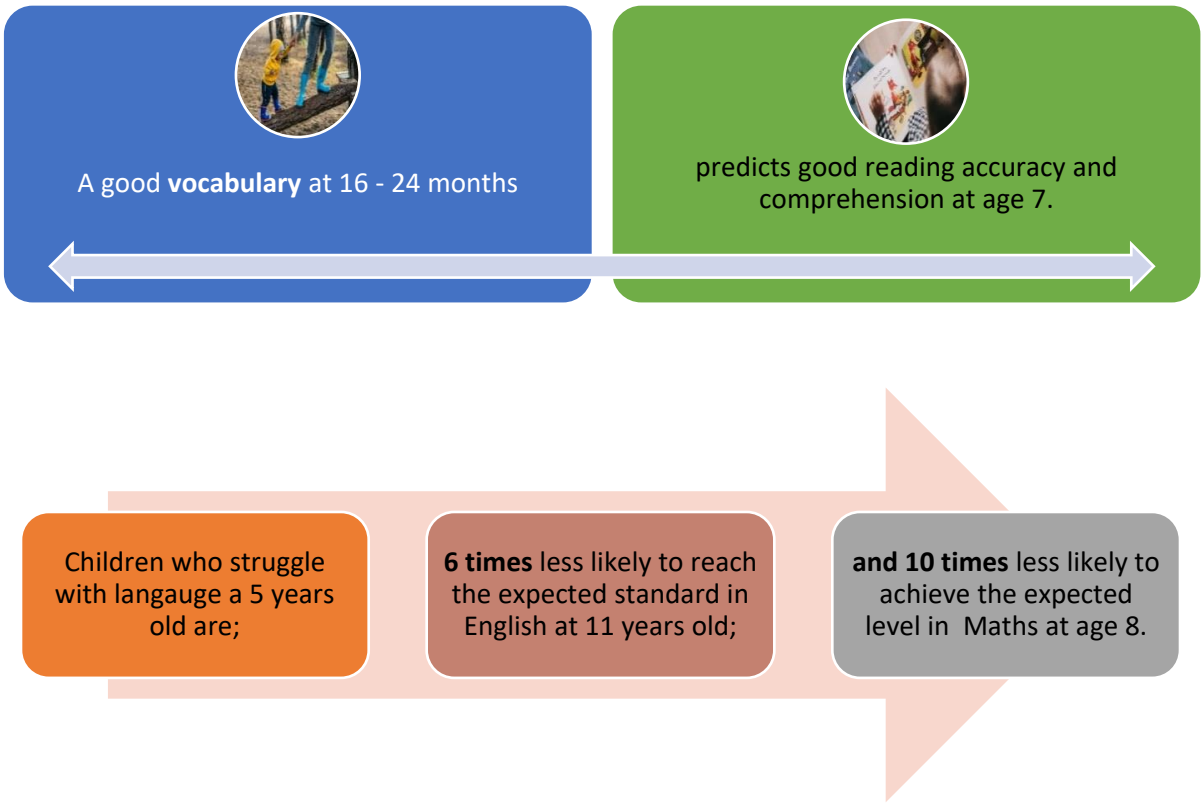
The ability to use language underpins all of children's social interactions and learning activities. It is therefore not surprising that Speech, Language and Communication Needs are commonly associated with other problems in childhood and beyond.

Evidence shows that children with language difficulties fall behind their typically developing peers in academic achievement at every stage of education.

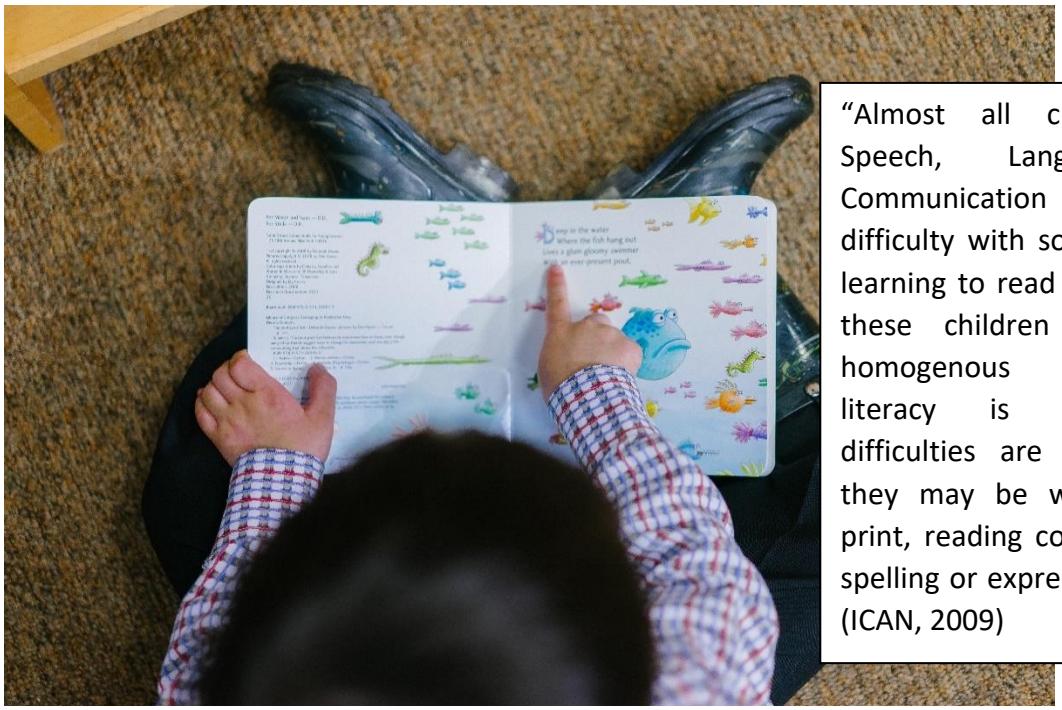
The association between child language difficulties and poor literacy is also universally acknowledged. Studies consistently observe a link between language difficulties in childhood, and mental health problems in adulthood.



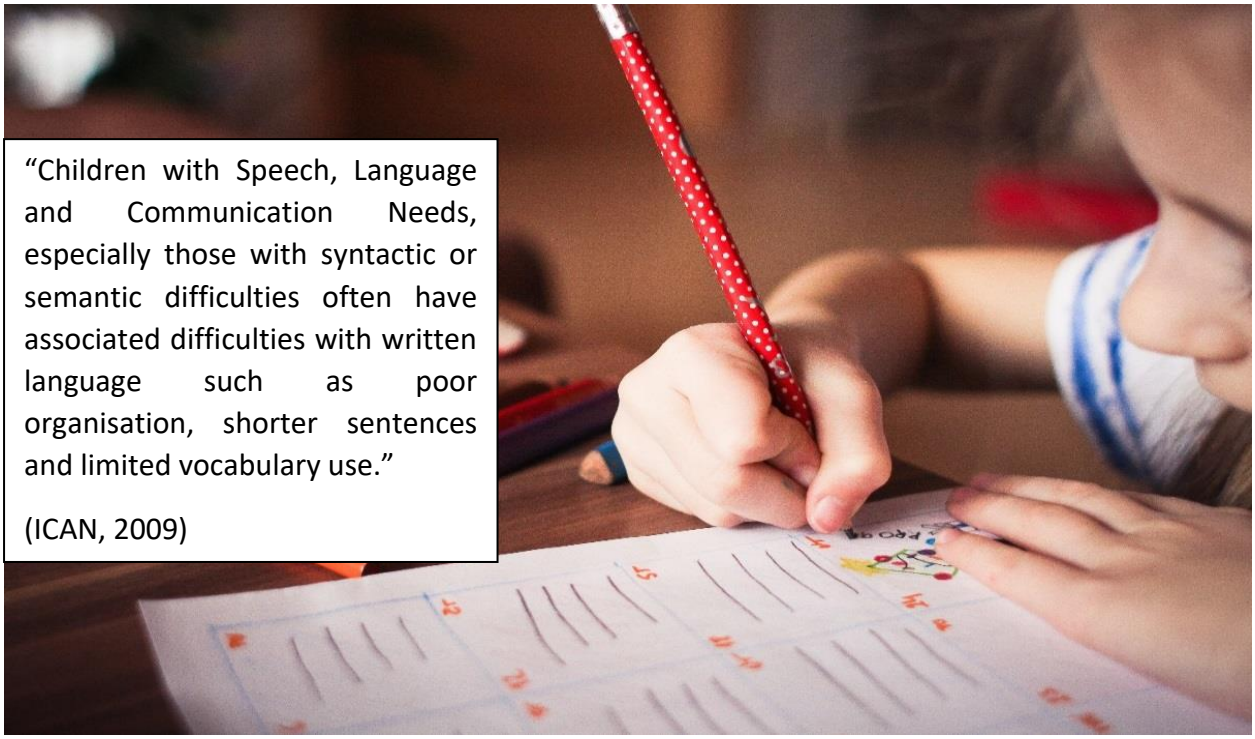
Research findings from The Communication Trust in March 2017, 'Talking about a Generation' outlined both the medium and longer term impact of Speech, Language and Communication Needs:



These statistics also took into account a range of other factions that might have played a part e.g. mother's educational level, overcrowding, low birth weight, parent a poor reader etc. (Marie Gascoigne and Jean Gross, Talking about a Generation, The Communication Trust, March 2017)



"Almost all children with Speech, Language and Communication Needs have difficulty with some aspect of learning to read and write. As these children are not a homogenous group and literacy is multi-faceted, difficulties are also various; they may be with decoding print, reading comprehension, spelling or expressive writing." (ICAN, 2009)



"Children with Speech, Language and Communication Needs, especially those with syntactic or semantic difficulties often have associated difficulties with written language such as poor organisation, shorter sentences and limited vocabulary use."

(ICAN, 2009)

"The impact of Speech, Language and Communication Needs is well documented in longitudinal studies. Without the right support, Speech, Language and Communication Needs has been shown to affect academic achievement, self-esteem, social acceptance and behavioural or emotional development." (ICAN, 2009)

Children with language difficulties have an impoverished quality of life in terms of moods and emotions and are more at risk in terms of social acceptance and bullying (Lindsay & Dockrell, 2012).

Anxiety is higher in individuals with Developmental Language Disorder (DLD) than age matched peers and remains so from adolescence to adulthood; individuals with Developmental Language Disorder have higher levels of depression symptoms than do peers in adolescence (Botting et al, 2016b).

Deficits in pragmatic language (social communication) precede early and late adolescent psychotic experiences and early adolescent depression (Sullivan et al, 2016).

Longitudinal studies of children with identified Speech, Language and Communication Needs demonstrate an elevated risk of social, emotional and behavioural difficulties in adolescence (Snowling et al, 2006).

Language difficulties are also strongly associated with behavioural problems, with studies observing consistently higher levels of disruptive and antisocial behaviour amongst children also identified with speech and language needs (Benner et al, 2002; Pickles et al, 2016; Nelson et al, 2005; Snow & Powell, 2011).

Children with persistent language disorder from preschool to early primary school may be more likely to have concomitant Social, Emotional and Behavioural (SEB) difficulties, particularly behavioural difficulties. Those with unstable language disorder may also have co-occurring SEB difficulties, showing a need for education and health professionals to monitor early language and SEB development (Levickis et al, 2017).

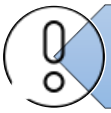
Secondary difficulties for children with Developmental Langauge Disorder make these children more vulnerable to victimization and warrant specific support and interventions (van den Bedem et al, 2018).

Children with Developmental Language Disorder had significantly smaller peer social networks and were more likely to be isolated (Chen et al, 2018).

Further information on the impact of speech, language and communication difficulties can be found at: https://ican.org.uk/about-us/our-evidence/

What are the Indicators of Speech, Language and Communication Needs in the classroom?

In the classroom, pupils with Speech, Language and Communication Needs may present with:

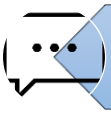


Difficulty paying attention, as children may switch off and zone out when they don't understand what is being said

Difficulty following instructions, understanding the task set or grasping mathmatical concepts.

Struggling to accurately name familiar items or using general terms such as 'thing' to refer to items.

Poor retention across the curriculum due to superficial understanding of what is being taught.



May talk a lot but not 'make sense' or may be hesitant in conversation.

Inability to retell stories in sequence, describe or explain.

Shrugging their shoulders, providing short responses or opting out when it's their turn to talk.

Speech that is difficult to understand.

Using behaviour as an avoidance or a distraction during activities that focus on talking.

Difficulty initiating conversation or peer interaction.

Difficulty understanding the rules of games such as taking turns or 'being out/losing'.

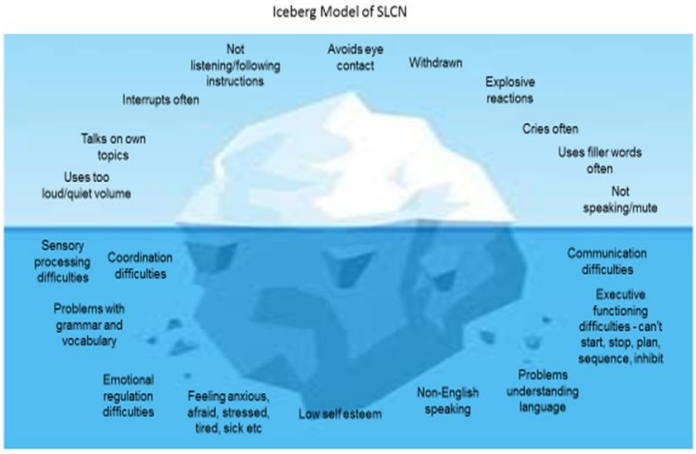
Anger and frustration when they don't have the language skills to solve problems.

How do I support a child with Speech, Language and Communication Needs in the classroom?

Children with Speech, Language and Communication Needs are all unique; each child differs in terms of their learning profile, type of Speech, Language and Communication Needs, family background, life experiences, health and other additional needs. It is important to understand the child holistically in order to identify reasons for the presenting needs and the most effective support strategy.

- Gather information from parents and carers about the child's communication needs and preferences.
- Liaise with previous teachers and other involved professionals.
- Consider other needs such as sensory needs, fine/gross motor needs, academic needs, emotional needs and how these will affect the child's ability to communicate effectively.
- Identify the demands on the child (social, language, cognitive, sensory, motor) and match them with the child's ability. When demands exceed the capacity to cope, the child may be unable to participate.
- Identify the strategies which may be most helpful and those which may cause stress.
- Collaborate with parents and other professionals in order to develop a plan.
- Create a Communication Friendly Classroom Environment. (See Audit)

When considering using a strategy for a child presenting with Speech, Language and Communication Needs, consider the 'iceberg' analogy. Consider the underlying reasons that may need to be addressed in order to see progress.



How can the classroom environment support the development of Speech, Language and Communication skills?

It is widely recognised that the child's environment can have a significant impact on their ability to communicate successfully.

A 'communication friendly classroom' incorporates features and strategies which make communication as easy, effective and enjoyable as possible. Opportunities are provided for all pupils to express themselves, listen, understand and take part.

Communication friendly environments include adjustments or enhancements to some, or all, of the following features:

Keep equipment in consistent places and use visual labels with the word. Use the word label frequently to aid word storage and therefore word retrieval.

Ensure tables/rooms are uncluttered (negotiating obstables can interfere with short term memory).

Use photographs of children modelling the expected behaviours where possible.

Encourage the use of choices throughout the classroom so the child has options to express himself.

Encourage the use of functional communication by supplying simple phrases to help the child begin sentences, e.g. 'I like the.....' or 'I need a .....'.

Use classroom space effectively ensuring good lighting and a clear classroom layout.

Use a cue, such as a chime bar or red dot to signal time to listen (green dot signifies listening is over).

Reduce background noise - have a quiet area for story time with limited sound and visual distractions.

Place the child with children who are able to provide good language models.

Have well rehearsed routines using a visual timetable so the pupil can see what will be happening next.

Communication Friendly Classroom Audit

Audit the classroom to see if it is a Communication Friendly Environment. It is helpful to use a framework, such as the one below, and consider the interaction between staff and pupils in the classroom.

Environment	✓	Comments
1. The classroom has defined areas both inside and out where it is clear to the children what happens there.		
2. Displays are child led and kept to those relevant so as not to over-stimulate. They include comments on their work and there is evidence of interactive display.		
3. There are quiet and cosy areas, which are less visually distracting, that give children opportunities to talk to each other and are also used for story-telling and reading.		
4. Background noise is minimal (e.g. shared responsibility for monitoring and moderating background volume levels).		
5. Resources are well organised, easily accessible and clearly labelled with a picture or symbol.		
6. The space is utilized in a way that allows children to sit and move comfortably.		
7. Routines, instructions or changes are supported with objects, pictures or photographs (e.g. visual timetable).		
8. There are stimulating and interesting resources that extend and develop interaction and vocabulary. They are kept out of view until needed so as not to distract.		
Interactions	✓	**Comments**
1. Staff respond positively to all attempts at communication (including non-verbal, gesture, signing).		
2. Staff use a range of non-verbal communication, including gesture and facial expression.		
3. Staff give children time to respond in conversation (Ten Second Rule).		
4. Interactions promote independence and self-confidence.		
5. Staff get down to child's level and make eye contact when communicating.		
6. Staff watch and see how children respond, before intervening (Ten Second Rule).		
7. Staff join in with the children's interactions inside and out.		
8. Staff facilitate interaction and turn taking.		

9. Staff use child's name to gain attention before speaking		
10. Staff vary their voice to make it interesting for children.		
11. Staff use more comments than questions or instructions (Rule of Thumb).		
12. Staff comment on the *child's* actions.		
13. Practitioners use language matched to child's level e.g. shorter sentences, fewer new words, slower rate of speech.		
14. Praise is specific to the child's action.		
15. Turn taking is encouraged in interactions.		
16. Staff model appropriate communication behaviour.		
17. Staff accept the child's language and model it back.		
18. Staff expand on children's utterances.		
19. Simple, repetitive language is used during everyday activities, strategically incorporating new vocabulary, (Pre-teaching vocabulary)		
20. Opportunities are given for children to ask their own questions.		
21. Staff use open questions that invite conversation and encourage reasoning.		
22. Time is allocated to stories and rhymes every day with individuals and groups.		

For more information, refer to the Communication Trust: **https://www.thecommunicationtrust.org.uk/media/643570/making_your_place_great_for_communication_final_1__june_2018.pdf**

Attention and Listening Skills

Attention and Listening is the ability to focus and maintain attention on what is seen and heard, or on a chosen task or activity. This is vital for children to access the curriculum.

Listening:

Involves concentrating on and processing one piece of auditory information and ignoring others e.g. teacher's instructions versus classroom noise.

Attention:

Involves the ability to sustain "listening" for increasingly longer periods of time, once the basic skill of listening is established.

Concentration:

Involves the ability to maintain focus on an activity or to maintain focus on what is being heard or seen.

Speech, Language and Communication Needs can impact on a child's attention and listening skills but it is also important to consider all of the other factors that might be contributing.

Attention and Listening Developmental Levels

Children's attention and listening skills move through recognised developmental levels.

Level 1 : Fleeting Attention

- The child is easily distracted and flits from one thing to another.

Level 2: Rigid Attention

- The child can concentrate on a concrete task of their own choosing but cannot tolerate interruption by an adult. As a result, they may appear to be ignoring the adult.

Level 3: Single Channelled Attention

- The child cannot look at something while listening to an adult at the same time. They have to do either one thing or the other. They can shift their whole attention to a speaker to listen to instructions and then back to the game but will still need encouragement to do this.

Level 4: Focusing Attention

- The child must still alternate full attention between a speaker and a task as they still cannot do both at the same time. However, they can now do so without the adult having to support them to shift their attention.

Level 5: Two Channelled Attention

- The child can now follow instructions without interrupting the task. Their span of concentration may still be short - but they can be taught in a group.

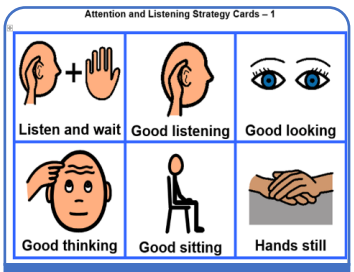
Level 6: Integrated Attention

- Auditory, visual and manipulatory channels are fully intergrated. Attention is well established and can be maintained.

Amended from Reynell (1978)

Attention and Listening Skills - Classroom Strategies 	Start with short work sessions and gradually increase the time span.
	Plan regular movement breaks and regularly cue children to listen.
	Use a range of positions for working - at desk, on floor, in play corner etc.
	Use simple language at a natural pace and vary your tone of voice - make it interesting.
	Play 'Simon Says', musical chairs or statues to promote good listening.
	Teach 'active listening' and use 'Circle Time' to promote this.
	Give attention to the pupils who are listening - praise all good listening behaviours after you have finished speaking or given the instructions.
	Go on listening walks and ask children to identify and locate sounds to develop sound location skills.
	Encourage children to ask when they don't understand something.
	When appropriate allow the use of fiddle toys.
	Call the child's name, tell them it is time to listen and the length of listening time e.g. 'for a short time'.
	Use a range of visual resources - photographs, pictures, puppets etc.
	Display visual prompts for 'good listening' skills on the classroom walls and refer to these often.
	Ensure all children are facing the speaker for instructions.

Attention and Listening Resources

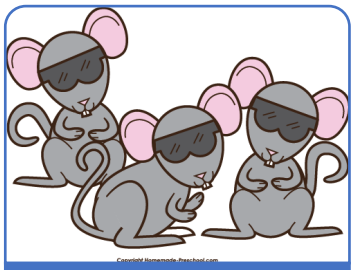


Attention and listening strategy cards

Puppets to develop attention span.

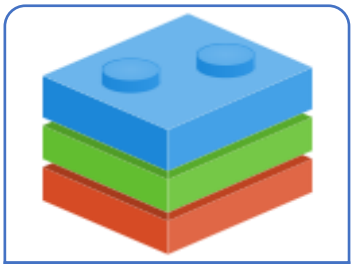
Instruments to listen for sounds and beat patterns.

Story books to develop listening skills.

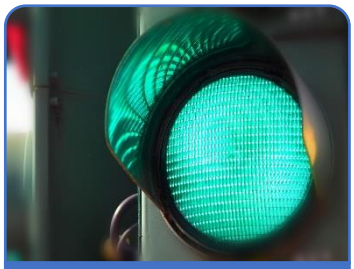


Nursery Rhymes to develop Attention and Listening skills.

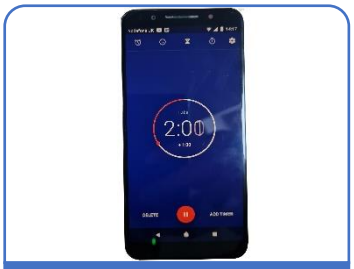
Sound Lotto Games



Lego bricks to mark specific words, names, concepts etc in sentences or stories.



Listening games such as 'Traffic Lights' or 'Simon Says'.



Listening for and locating a sound.

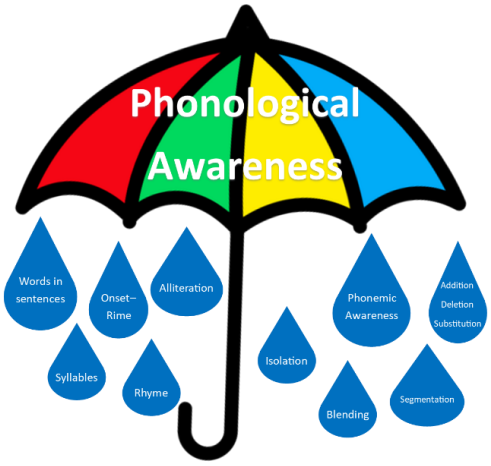
Phonological Awareness Skills

What is Phonological Awareness?

Phonological Awareness refers to an understanding and conscious sensitivity to the sound structure of language.

It is the awareness of units of sounds, which may be phonemes, but may be rimes, onsets or syllables. This knowledge occurs initially in oral language.

Pupils do not have to know how to name letters or their corresponding sounds in order to demonstrate Phonological Awareness (Adams et al, 1998).



s sat	t tap	p pan	n nose	m mat	a ant	e egg	i ink	o otter
g goat	d dog	c k click	r run	h hat	u up	ai rain	ee knee	igh light
b bus	f farm	l lolly	j jam	v van	oa boat	oo cook	oo boot	ar star
w wish	x axe	y yell	z zap	qu quill	or fork	ur burn	ow now	oi boil
ch chin	sh ship	th think	th the	ng sing	ear near	air stair	ure sure	er writer

Phonological Awareness involves conscious sensitivity to 'word-awareness', 'syllable awareness' and 'phonemic awareness'. The phoneme is the **smallest unit of sound in speech**. There are approximately 45 phonemes in the English language, depending on accent. They can be put together to make words. Pupils will be taught to listen to these spoken sounds and discriminate between them and the sequence in which they are heard in words.

Pupils who have strong Phonological Awareness skills can identify when the teacher says the sequence of sounds *'b'-'a'-'t',* that the word is *'bat'*. They can separate/segment all the sounds in the spoken word *'dog'* and know that if the last sound in the word *'cart'* is removed, the word would change to *'car'.*

Listening for smaller units in larger units comprises;

- Listening for words in a sentence - word level
- Breaking words into parts - syllable level
- Breaking words into individual sounds - phoneme level.

Phonological Awareness Skills

Sound Awareness	• Recognise non-speech sounds. • Differentiate between speech sounds and environmental sounds. • Recognise that sentences are made up of individual words.
Syllable Awareness	• Syllable segmentation. • Syllable blending. • Syllable deletion.
Onset and Rime Awareness	• Recognise that words can be broken into onset and rime. • Onset identification.
Rhyme	• Identify words that rhyme.
Initial Sounds	• Recognise that words can begin with the same sound • Produce words that begin with the same sound.
Rhyme Production	• Generate rhyming words and rhyming strings.

Indicators of Phonological Awareness Difficulties

Struggle to listen.

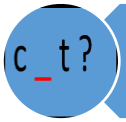
Be easily distracted by peripheral stimuli.

Have difficulty discriminating between sounds.

Have difficulty separating spoken words into sounds.

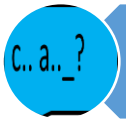
Have difficulty blending spoken sounds to form words.

May struggle to produce multi-syllablic words accurately.



May have short mid vowel confusion.

Have difficulty detecting rhyme.



Have difficulty holding several sounds in their short-term memory.

Be prone to spoonerisms, e.g. 'Pig jaw suzzle' for jigsaw puzzle.

Phonological Awareness Classroom Strategies

Encourage pupils to listen to the consistent, repetitive pulse that lies within every rhyme, song or musical selection. This pulse has even duration and occurs at equal intervals. It can be either fast or slow.

Children should be given the opportunity through daily routines, music and physical activity to clap, tap, jump, march in time to everyday songs, rhymes and stories.

Children match steady beat to a verbal instruction e.g. clap, clap, clap.

Children should be given opportunities to copy the teacher as they do different movements to a steady beat. These can then be matched to a Nursery Rhyme.

Develop childrens' understanding of a steady beat using the following movements in the classroom:

Single Movement: makes the same single movement on both sides of the body for each beat.

Single Alternating Movements: makes the same single movement on alternating sides of the body.

Sequenced Movements 2: sequence the same 2 movements on both sides of the body.

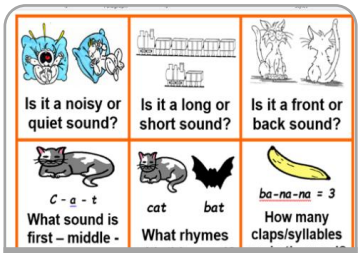
Sequenced Movements 3: as above but with 3 movements.

Sequenced Movements 4: as above but with 4 movements.

Clap, jump, tap, robot talk out syllables in new words.

Encourage pupils to be aware of the words within a sentence through clapping out the words, marking the words with bricks on a lego board, tapping the words with a drum.

Phonological Awareness Resources

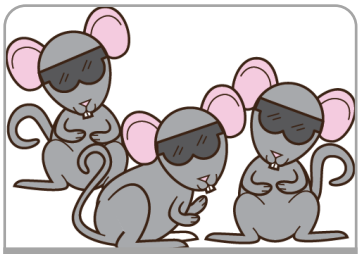


Phonological Awareness strategy cards

Displaying phonemes around the classroom.

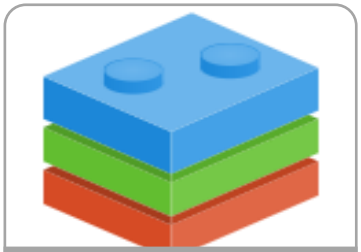
Instruments to listen for sounds and beat patterns.

Rhyming text story books to develop rhyme knowledge.

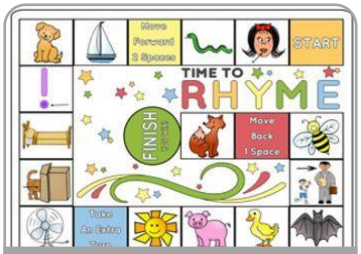


Nursery Rhyme visuals

LDA Phonological Awareness Games



Lego bricks to mark specific words, names, concepts etc in sentences or stories.



Rhyme games are available for download through Pinterest.

Listening to environmental sounds and identifying what is producing the sound.

Receptive Language Skills – Understanding language

Understanding language is a complex process. It requires skills in attention, listening and memory, plus the ability to extract information from:

- The situation or context
- The intentions of the speaker
- The structure of the sentence
- The individual words used
- Word endings and word forms
- Intonation and vocal pitch

Receptive language difficulties may not be as easy to identify as other forms of Speech, Language and Communication Needs. For this reason difficulties with understanding language, sometimes called 'language comprehension', can be described as a 'hidden difficulty'.

Early identification is vital as receptive language difficulties can have a significant impact on a child's learning. The ability to understand what is said and read, is essential for accessing the entire curriculum. Children with receptive language difficulties are at higher risk of persistent problems than children who have difficulties with only expressive/spoken language skills.

Receptive Language Skills Developmental Levels

- Recognises parent's voice.
- Often calmed by familiar friendly voice, eg, parent's.

- Shows excitment at sound of approaching voices.

- Understands frequently used words such as 'all gone', 'no' and 'bye bye'.
- Stops and looks when hears own name.
- Understands simple instructions when supported by gestures and context.

- Understands single words in context such as 'cup', 'milk', and 'Daddy'.
- Understands more words than they can say.
- Understands simple instructions eg 'Kiss Mummy', 'Give to Daddy', 'Stop'.

- Understands a wide range of single words and two word phrases - 'shoe on', 'give me'.
- Recognises and points to objects and familiar pictures in books if asked.
- Gives named familiar objects to an adult, eg apple, book, car , coat.

- Understanding of single words develops rapidly at this stage : anything between 200 and 500 words are known.
- Understands more simple instructions e.g. 'Get Mummy's shoes', 'Get your bricks'.

- Developing undertanding of simple concepts including in/on/under, big/little.
- Understands phrases like 'put teddy in the box', 'get your book, coat and bag', 'draw a big brown dog'.
- Understand simple Who, Where and What questions but not Why.
- Understands a simple story when supported with pictures.

- Understands questions or instructions with two parts - "get your jumper and stand by the door".
- Understands Why questions.
- Aware of time in relation to past, present and future e.g. 'Yesterday is was sunny, today it is rainy, I wonder what the weather will be like tomorrow?'

- Able to follow simple stories without pictures.
- Understands instructions containing sequencing words e.g. 'first, after, last'.
- Understands abstract adjectives e.g. soft, hard, smooth etc.
- Aware of more complex humour, laughs at jokes that are told.

Indicators of Receptive Language difficulties

Pupil may be reliant on their peers, tending to watch, wait and copy others after an instruction has been given.

Pupils may be reliant on gestures given by the teacher such as pointing and simple hand signs.

Pupils may have difficulty following class routines, relying on repetition to learn routines rather than instructions so may struggle when routines change.

Pupils may 'switch off' when they don't understand so look like they lack concentration or appear 'fidgety'.

Pupils may take things literally and struggle with humour, jokes, sarcasm.

Pupils may use ‘time fillers’ or avoidance such as sharpening their pencil or trips to the toilet when they're not sure what to do.

Pupils may use ‘fillers’ such as ‘umm’ in their answers as they struggle to process what has been said.

Pupils may have difficulty in understanding curriculum concepts for example in maths.

Pupils may need instructions repeated many times or require them to be broken down and simplified.

Pupils may struggle to generalise and link mathematical language e.g. subtract, take away, less than.

Pupils may opt out of tasks or withdraw from activities they don’t understand.

Pupils may echo what has been said to them (echolalia).

Pupils may find it hard to learn new vocabulary.

Pupils may avoid 'language heavy' play such as interactive or imaginative play, preferring rough and tumble or construction.

Pupils may give irrelevant, vague or inappropriate answers as they have not understood the question.

Receptive Language Classroom Strategies	Say the pupil's name before giving an instruction and if necessary give the child their own instruction until they are able to follow the class instructions.
	Speak slowly reducing your rate of speech.
	Use visual supports for the child such as pictures to aid understanding and help develop vocabulary.
	Use hand gesture linked to the words you are saying in the classroom.
	Emphasise the key words in each sentence.
	Break instructions down to single steps , chunking and pausing to allow processing time. Gradually lengthen the instructions as the pupil's language skills develop.
	Be aware of complexities in sentences which may cause confusion such as the inclusion of concepts, prepositions or pronouns. For example, 'before you go outside, you must finish your worksheet' versus 'finish your worksheet, then go outside'.
	Pair or group the child with pupils who will provide a good language model and also support the pupil with consideration and understanding.
	Ask the child to tell you what they have been asked to do to ensure they have understood the instructions.
	Encourage the pupil to seek support when needed.
	Encourage the pupil to let you know when they have not understood, this can be via verbal or non-verbal means, such as using a 'traffic light' system.
	Allow the pupil time to process the information, apply the '10 second rule' whereby the teacher counts silently to 10 to allow the pupil to formulate a response.
	Asking lots of questions can feel like a test, try to do 4 comments for every question.

Teaching children to ask for help:

Children who have difficulty remembering instructions or understanding words and sentences need strategies to help them cope with their difficulty.

A key strategy is to be able to tell adults and peers when they have not understood something that has been said.

Realising you need help and asking for help are key strategies to model and teach in school.

- Model a phrase that can be used to ask for help.
- Prompt children to ask for help rather than jumping in to help out.
- Praise children when they ask for help.
- Use visual supports or gestures to support children in asking for help.

Remember to keep it **S.I.M.P.L.E**

- **S**low your rate of speech
- **I**ntroduce gesture at the right time
- **M**anage distractions
- Give **P**rocessing time [wait for 5/10 seconds]
- Use **L**ess words ['~~Come here so I can help you put your~~ coat on']
- Use **E**asier words [~~'huge'~~ ~~'enormous'~~ 'big']

Asking Questions in the Classroom

Marion Blank, a renowned Psychologist, studied the language used by teachers in the classroom. She found that there were four different levels of questions used.

Basic questions ask for simple concrete information whereas more complex questions ask for abstract information. The questions, we as teachers ask, need to be at a level the child can understand.

Blank's questions encourage development of general language and vocabulary as well as skills in comprehension, reasoning, inferencing, predicting and problem solving (Blank, Rose and Berlin 1978). The four levels are:

Level 1: Matching perception - 'look at it' - talking about objects that are present.

Understanding of these questions develops at approximately 3 years of age.

Question Examples

- Find one like this
- What can you see?
- What is it?
- Say this....
- What did you hear?
- What did you do?

Level 2: Selective analysis of perception - 'talk about it' - talking about less obvious features of stimuli (objects, pictures etc.).

Understanding of these questions develops at approximately 4 years of age.

Question Examples

- What happened?
- What shape is it?
  What size is it?
- What colour is it?
- Where is it?

Level 3: Reordering perception- 'think about it' - talking about and looking at objects in a variety of ways.

Understanding of these questions develops at approximately 4.5 years of age.

Question Examples

- How are these the same?
- Tell me something else you could use?
- Tell me a story...
- Find me one to use with this...
- Tell me the beginning, the middle and the end...

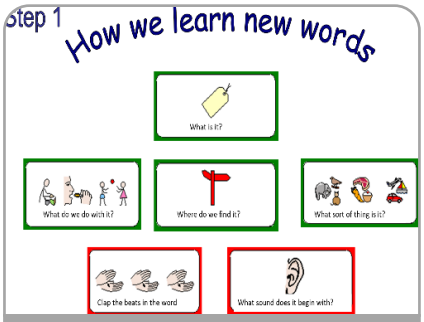
Level 4: Reasoning about perception - 'reasoning' - talking about what causes things to happen and making predictions about future events based upon past experiences.

Understanding of these questions develops at approximately 5 years of age and is continuing to develop at 6 years of age.

Question Examples

- What will happen if?
- Why?
- What could you do?
- How can we tell...?

Receptive Language Resources

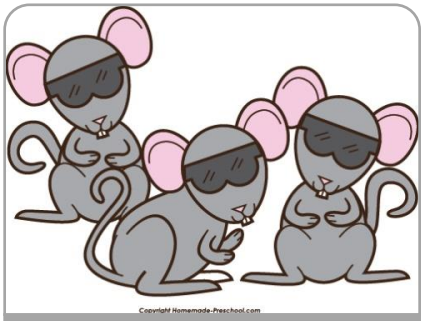


Pre Teaching Vocabulary

Story books to listen to the language being spoken.

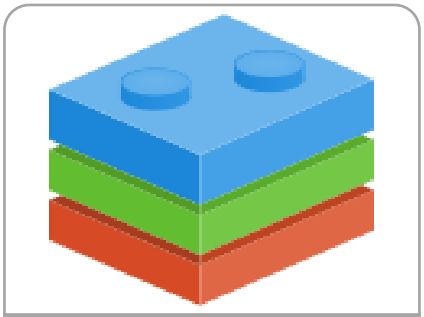
Toy versions of real objects within categories to help children understand vocabulary.

Sand, flour, play doh can be used to draw new vocabulary.



Nursery Rhymes to hear repeated simple phrases.

Soft toys to show actions to support development of verb vocabulary.



Lego bricks to follow simple instructions.

Real objects to develop understanding of concepts e.g. hot, cold, soft, hard.

Listening and following through on instructions in games.

Expressive Language Skills

Expressive Language can take many forms and includes the use of speech, writing, signs and gestures to communicate our wants, needs and thoughts.

Children need to be able to speak, write, sign or gesture in order to think and learn. Expressive language skills are important to communication as they allow a child to successfully interact and build relationships with those around them.

In order to be able to express themselves effectively children must first have the desire to communicate. Then they must acquire a range of expressive language skills.

- At the most basic level the child requires adequate vocabulary i.e. a store of words they can use.
- The child must also understand the meanings of these words and know when it is appropriate to use them.
- The child must then be able to use the correct forms of words to convey meaning.
- The child will then need to use the words in the correct order in a sentence that is grammatically correct.

The development of spoken language also plays a key role in the development of written language. The evidence is compelling that a foundation in spoken language competence is important for the successful achievement of both academic and social competence.

Expressive Language Developmental Levels

- May use crying to communicate especially when unhappy or uncomfortable.
- Makes vocal sounds eg cooing, gurgling.

- Makes vocal noises to get attention.
- Makes sound back when talked to.
- Laughs during play.
- Babbles to self.

- Uses speech sounds (babbling) to communicate with adults; says sounds like 'ba-ba', 'no-no', 'go-go'.
- Stops babbling when hears familiar adult voice.
- Uses gestures such as waving and pointing to communicate.
- Around 12 months may begin to use single words e.g. 'mummum', 'Dada', 'tete'(teddy).

- Says around 10 single words, although these may not be clear.
- Reaches or points to something that wants whilst making speech sounds.

- Still babbles but uses at least 20 words correctly, although may not be clear.
- Copies gestures and words from adults.
- Constant babbling and single words used during play.
- Uses intonation, pitch and changing volume when 'talking'.

- Uses up to 50 words.
- Begins to put two or three words together.
- Frequently asks questions e.g. the names of people and objects.

- Uses 300 words including descriptive language, time, space, function.
- Links 4 to 5 words together.
- Able to use pronouns (me, him, she) plurals and prepositions (in, on, under).

- Uses sentences of 4 - 6 words, eg 'I want to play with cars', 'What's that thing called?'.
- Uses future and past tense.
- May continue to have problems with irregular words, 'runned' for 'ran', 'swimmed' for 'swam'.
- Able to remember and enjoys telling longs stories or singing songs.

- Uses well formed sentences eg 'I played with Ben at lunchtime' but there may still be some grammatical errors.
- Easily understood by adults and peers.
- Frequently asks the meaning of unfamiliar words and may use them randomly.

Amended from ICAN

Indicators of Expressive Language Difficulties

Pupil may be over reliant on gesture, tending to point at items rather than say the word.

Pupil may be quiet and prefer not to take part in conversation as they are aware of their difficulties.

Pupil may take time to express their thoughts.

Pupil may use simple phrases or overuse learnt phrases to communicate.

Pupil may forget the 'little words' in sentences, for example, a child might say 'dog sit' when the child means 'the dog is sitting'.

Pupil may use incorrect vocabulary as they rely on the vocabulary they know, for example, a child might say 'I want my t-shirt' when they mean 'I want my jumper'.

Pupil may not include pronouns in their sentences, for example, 'going to shop' instead of 'he is going to the shop'.

Pupil may use sentences such as "me go home", more typical of a younger child.

Pupil may omit or make mistakes with word endings for example 'ing, ed, plurals'.

Pupil may struggle to retell events or a story in a meaningful sequence.

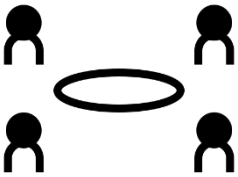
Pupil may struggle to answer the specific questions posed to them.

Pupil may be unable to form questions appropriately.

Pupil may be unable to retrieve the exact words they require resulting in frequent pauses or over-use of fillers such as 'you know, thingy'.

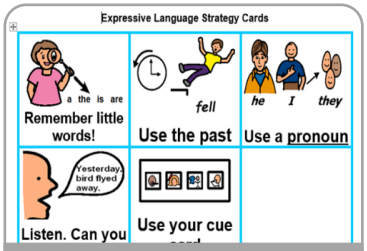
Pupil may find it hard to contribute to class discussions, give explanations, or describe what they are doing.

Expressive Language Classroom Strategies

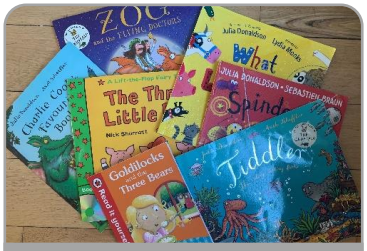


Give the pupil time to process their thoughts, find the words they want to say and formulate their sentences. Follow the '10 second rule' for thinking time.
Help scaffold the pupil's sentences by offering choices for example, 'would you like juice or milk?'. This question gives the pupil the words they need for the answer thus building confidence and supporting language development.
Use the 'Rule of Thumb'. Comment at least four times to let the child hear lots of words that they can use, then ask a question. The child can answer using some of the words or comments they have heard.
Encourage the use of vocabulary through play by naming lots of items as you play with them eg 'I have a cow!' 'It is a big cow! Look, the cow is black!' etc. The child may then use the word 'cow' as it has been referenced often.
Support the development of sequencing skills.
Ask open-ended questions as these will encourage the child to give more than a 'yes/no' answer.
Cue the child by giving prompts if the pupil cannot think of the word, for example, what do you do with it? Where would we find it? Cueing helps children store words more securely and access them more successfully.
Use multi-sensory teaching methods to assist the child's storage and retrieval of words when teaching new vocabulary.
Model/Repeat back what the pupil has said, but use the correct words and grammar so that they can hear the correct form.
Expand on what the pupil has said by adding new words or a new idea.
Avoid asking the pupil to repeat the sentence again after you.
Use rhetorical statements such as 'I wonder ...' these encourage a response without demanding it thus reducing pressure.
Avoid finishing a pupil's sentences or saying the words they can't find as this can be frustrating for the pupil.

Expressive Language Resources



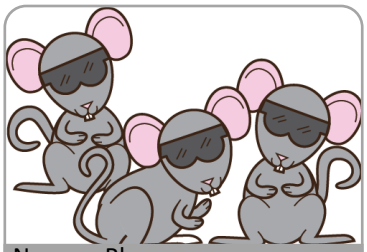
Expressive Language Strategy cards.



Story books to listen to language being spoken.

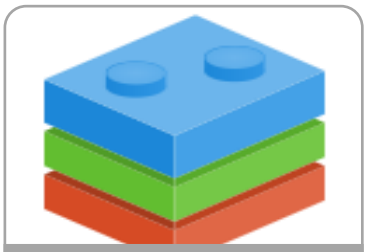
Toy versions of real objects within categories such as animals, furniture etc.

Sequencing games can be purchassed which help develop order and structure in Expressive Language.



Nursery Rhymes provide new vocabulary in context and help children learn through repetitive phrases.

Soft toys to manipulate to develop use of action words.



Lego bricks to help children build words into sentences.

Real objects to help develop concept words in expressive language.

Using a puppet can help a child build confidence in their spoken language ability.

Speech Sound Disorder

Speech sound development begins with babbling and can continue until a child is around seven or eight years of age. Children master specific sounds at certain ages so it is normal for young children to struggle to say words the correct way.

Some children may have a Speech Sound Disorder (SSD). This means they have trouble saying some sounds and words, past the expected age. This can make it hard to understand what the child is trying to say.

The term 'Speech Sound Disorder' is an umbrella heading. There are various ways of classifying Speech Sound Disorders but one of the simplest ways is:

Articulation disorder	Phonological disorder	Motor Speech disorder
• Difficulty precisely and accurately forming specific sounds; the child may omit or substitute certain sounds for the correct ones; or may alter sounds. A 'lisp' is an example of this.	• Involve *patterns* of mistakes in producing and manipulating the sounds that make up words. A common example would be where a child substitutes sounds made in the back of the mouth like "k" and "g" for those in the front of the mouth like "t" and "d" (e.g., saying "tup" for "cup" or "das" for "gas").	• Difficulty planning and co-ordinating the precise movements required for the production of clear speech, with no evidence of damage to nerves or muscles. Developmental Verbal Dyspraxia/Childhood Apraxia of Speech and Childhood Dysarthria are examples of a Motor Speech Disorder.

For the majority of children there is no identifiable cause for their Speech Sound Disorder. For some children though their Speech Sound Disorder may be associated with another condition such as Cleft Palate, Cerebral Palsy or Down's Syndrome.

Sound chart

The following chart gives an overview of speech sound development.

The early sounds made by babies and toddlers include a variety of speech and non-speech sounds. Over time, children develop their ability to use the speech sounds of their first language, in words.

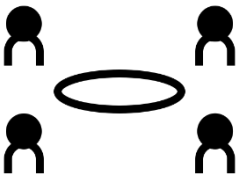
There is variation in the rates at which different children develop speech sounds; however, based on research and clinical practice, the following table shows when sounds are used spontaneously, or when their use can be encouraged. Sounds are usually treated at the upper level of normal age acquisition, or six months later. Research shows that boys are slower to develop speech sounds.

Age	Sounds
6-12 months	Babble (varied consonants and vowels)
1-2 years	p, b, t, d, m, n, w – as in 'Mama', 'bye', 'ta ta'
3 years	h – as in 'home' ng – as in 'sing'
3 years 6 months	s, f – as in 'sun', 'four', 'phone'
4 years	c,k – as in 'car', 'bake' g – as in 'goose', 'pig' l – as in 'look', 'lady'
4 years 6 months	Double consonants are being used In English these are double consonants with 'l', for example bl – as in 'blue'; pl – as in 'plate'; fl – as in 'fly'; cl/kl – as in 'cloud'; gl – as in 'glass' Also double consonants with 's', for example sp – as in 'spoon'; st – as in 'star'; sk – as in 'skip'; sl – as in 'slip'; sm – as in 'smoke'; sn – as in 'snap'; sw – as in 'sweet' Final clusters, for example mp – as in 'stamp' y – as in 'yes'
5 years	sh – as in 'shop', 'push' ch – as in 'witch', 'chip' j – as in 'jug' ʒ – as in 'measure' Many children outgrow a lisp in their fifth year.
5 years 6 months	v – as in 'van' z – as in 'zip'
7 years	r – as in 'rabbit', 'parrot' th – as in 'thumb', 'birthday'

Taken from [Healthy Child Healthy Future NI SLT INFORMATION AND REFERRAL GUIDANCE]

Speech Sound Disorder -

Classroom Strategies



Try to become familiar with the pupil's sound system and the substitutions they make.

Try to ask context based questions which will help you clarify the child's response

Respond to what the pupil is saying, as opposed to how clearly they speak.

Encourage the pupil to use gesture, drawing or writing to aid understanding.

Help the child to feel relaxed and build self-esteem and confidence.

Comment on and praise good interactions.

Identify and praise pupil's other strengths.

Consider where in the 'queue' the pupil is asked to respond, somewhere near the beginning is preferable (3rd or 4th) so they have been given a good model/example of an answer.

Model back what the child says correctly so that they hear the correct production.

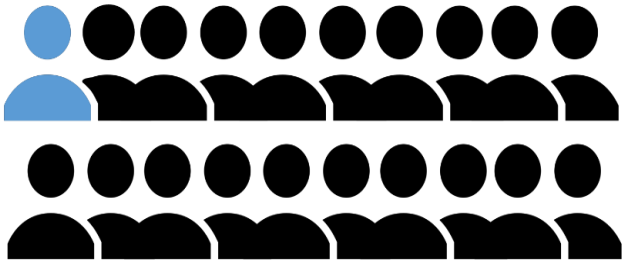
Do not ask the child to repeat the word again after you.

Set up a home-school diary to share information about events happening at home and at school. This way the teacher and parent will have context when talking to the child.

Dysfluency/Stammering

The terms ‘dysfluency’, ‘stammering’, ‘stuttering’ or ‘fluency difficulties’ are interchangeable.

Stammering can occur at any time in childhood but is more common between the ages of two and five years. Approximately one child in 20 will have difficulty speaking fluently at this stage.



Stammering can be variable. Many parents report that their child's speech may be fluent for several days, weeks or even months and then they may experience times when they stammer more.

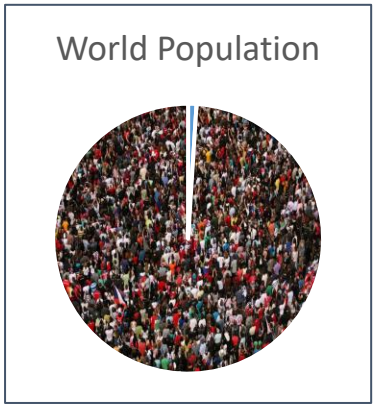
A child's fluency may also change according to the situation they are in, what they want to say and also how they are feeling, for example tired, excited or confident. Stammering can take many forms.

There are situations that people who stammer typically find more challenging, and others that are easier. However, everybody is an individual and there are no hard and fast rules. People who stammer may be more fluent when they are feeling calm and unhurried with familiar people who know that they stammer. They may stammer more in stressful situations like speaking to strangers or authority figures, or talking in a group. A child who stammers will often find situations such as speaking in assembly or asking and answering questions in class particularly difficult. It can be quite hard to be ‘put on the spot’, for example reading aloud or answering the register. The child may try to avoid these situations.

Hesitations can be a normal feature of speech. Occasionally repeating phrases, restarting and using ‘um’ and ‘er’ are not usually considered to be stammering behaviours.

Like other neurological conditions, stammering covers a spectrum. Everyone stammers differently and to different degrees.

Stammering – Facts and Figures



1% of the adult population stammers.

5% of people will have stammered at some time, which shows that many children recover from stammering, with some needing specialist help to do this.

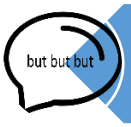
Stammering is more common in boys than girls.

About 80 percent of children who stammer have a family member who also stammers.

Other factors may contribute to the onset and development of a stammer, such as the child's speech and language abilities and emotional factors, e.g. whether the child is highly sensitive or anxious. Aspects in the child's environment e.g. turn taking at home or in school, may also affect the child's fluency.

Indicators of Dysfluency/Stammering

Stammering may present differently for individual children, however typical stammering behaviours include;



repeating the whole word, for example 'but-but-but';

repeating parts of the word, for example 'mu-mu-mummy';

stretching or repeating individual sounds, for example 'Ssssarah;

the word or sound appears to get stuck or blocked, the mouth is in position, but no sound comes out.

Some additional behaviour may accompany the stammer;

facial tension in the muscles around the eyes, nose, lips or neck;

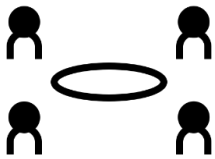
extra body movements e.g. stamping feet, tapping fingers;

the breathing pattern may be disrupted, for example, the child may hold his breath while speaking or take an exaggerated breath before speaking;

the child who stammers may adopt strategies to try to minimise or hide the problem, for example by avoiding or changing words. They may say 'I've forgotten what I was going to say', or may switch to another word when they begin to stammer, e.g. 'I played with my br-br- br... James on Saturday'.

Dysfluency/ Stammering -

Classroom Strategies



Early intervention with young children has been found to be most effective so ensure the child is referred to Speech and Language Therapy.

When a child stammers it is helpful to react as 'normally' as possible. Continue to listen to the child and maintain eye contact (without staring).

Do not give the child direct advice about their speech e.g. slow down, since they typically know what to do but may be struggling to do it.

Give the child time to finish his/her own sentence.

Encourage turn-taking within the classroom so the child can speak without the pressure of being interrupted.

If possible, pause what you are doing to let the child know they have your full attention, this will reduce pressure on the child.

Focus on what the child is saying not how they are saying it.

Repeat back what the child has said to show that you have understood what the child is saying.

While we want pupils to 'have a go' and not let their stammer hold them back, they may need support to do this.

It may be helpful to ask the pupil one-to-one about how you should respond to their stammer and manage the speaking situations they find difficult.

Dysfluency/Stammering Websites (Click on images below to be taken to each site).

https://youtu.be/hwjO-vWo4Oc

- Video for teachers 'Wait I'm not finished yet'

https://stamma.org/sites/default/files/2019-11/Teachers%20leaflet.pdf

British Stammering Association leaflet for teachers

https://stamma.org/sites/default/files/2019-09/Stammering%20in%20school-aged%20children%20leaflet.pdf

- British Stammering Association leaflet

The Michael Palin Centre for Stammering Children

- Telephone: 020 7530 4238
- Email: stammering.information@islingtonpct.nhs.uk
- Website: https://michaelpalincentreforstammering.org/

The British Stammering Association

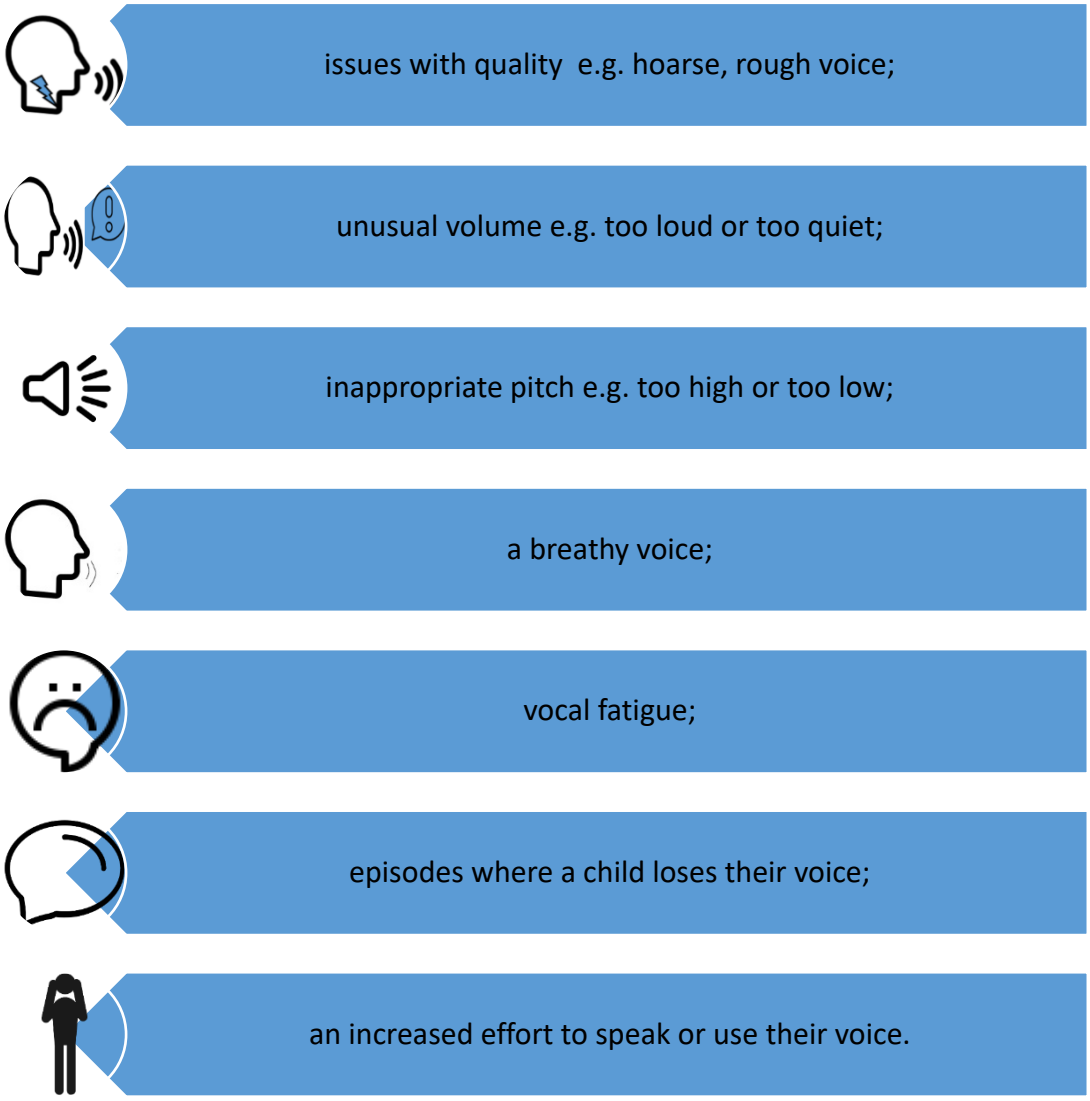
- Telephone: 020 8983 1003
- Website: www.stamma.org

Voice Disorders/Paediatric Dysphonia

A child's voice is similar to an adult's in that it reflects many aspects of his physical, environmental, cultural, social and psychological development. There are many variations within normal voice production but a useful indicator of an abnormal voice is if the listener 'turns their head' to locate a speaker because of unusual voice production.

Changes in pitch, loudness, and overall vocal quality carry a risk of interfering with the communicative abilities of a child. Research has shown that voice disorders in children can result in a child receiving negative attention and reduce a child's participation in activities. Voice disorders can cause problems with peer socialisation, impact on a child's self-image and self-esteem, ultimately having consequences for communication development.

Indicators of Voice Disorders/Paediatric Dysphonia

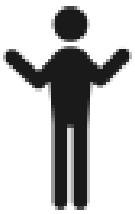


Causes of Voice Disorders/ Paediatric Dysphonia.

Voice disorders are often multifactorial and causes may include;

physical factors e.g. excessive shouting, prolonged crying, throat clearing, persistent coughing;

noisy activities e.g. team sports, playground games;



behaviour e.g. aggression, immaturity;

family dynamics e.g. sibling rivalry;

medical factors e.g. allergies, acid reflux, respiratory conditions such as asthma;

organic pathologies e.g. vocal cord paralysis, congenital conditions such as laryngeal web and airway conditions;

psychological issues e.g. stress due to exam pressures such as the transfer test, bullying, peer pressures, parents separating.

Voice Disorders/ Paediatric Dysphonia - Classroom Strategies 	If a child has difficulty being heard, or is having to shout or raise their voice to be heard, try moving them closer to the front of the class.
	Try not to shout or raise your own voice in the class as the child tends to model or copy the adult. Model 'inside voice' for all children and only give commands when the class is quiet.
	Ensure water is available for the child throughout the school day.
	Keep the classroom well aired and ensure the environment is not too warm, dry or dusty.

Assessment by an ENT surgeon is necessary before speech and language therapy assessment can be initiated for voice disorders.

Referrers should feel free to discuss any concerns about a child's voice with the SLT department prior to making a decision regarding referral.

Voice therapy can involve both direct and indirect work depending on the developmental stage of the child. Child, family, school and other agencies will often be involved. In many cases therapy entails implementing behavioural change and adjustments to the environment and focuses on how the child uses their voice in specific environments. Therapy therefore requires the full engagement and support of the child's parent or carer. Often a whole family approach is required and the voice therapist will work directly with the child's teacher if appropriate.

Voice therapy is a treatment that needs to be taught and then carried over into the child's daily life. Concepts taught can be supplemented and reinforced by the parents, but for long-term benefit to be attained, the child must be capable of controlling some of the situations in which the voice is being used. Assessing the maturity of the child is therefore essential when deciding whether direct voice therapy is appropriate.

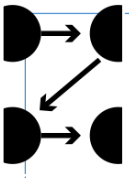
Social Communication Skills / Pragmatic Language

Pragmatic Language refers to how language is used when communicating with different people, in different places and ways. Pragmatic Language skills are often called 'Social Communication skills' as they include the social, emotional, and communicative aspects of language. These skills enable a person to express their own intentions and to understand the intentions of others.

The underlying reason behind social communication difficulties can vary. These difficulties can be related to issues with other aspects of language; social communication difficulties can occur in isolation or they can be related to another condition such as Autistic Spectrum Disorder.

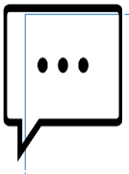
This section focuses on supporting children with social communication skills which are related to difficulties in other aspects of language or occur in isolation. Autistic Spectrum Disorder is the focus of a separate chapter in the resource file.

Key Facts about Social Communication Skills :



Social communication skills are acquired in a developmental sequence.

Young children rely on pragmatic skills e.g. speakers' intentions to learn the meaning of new words.



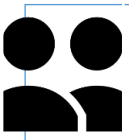
Develop as a child acquires words and uses sentences to take part in conversation.

Development continues through childhood into adolescence and early adulthood.

Related to core language abilities, including comprehension and vocabulary, and cognitive ability.

There are substantial individual differences in pragmatic abilities between individuals.

While there are many common features in social communication skills, there are also subtle differences in social norms between different cultures.



Social communication skills have been linked to social competence, peer relationships, mental health, and collaborative-based learning.

Development of Social Communication Skills

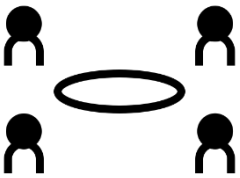
- Preverbal pragmatic skills include attention to the speaker, turn-turn-taking, joint attention and simple communication acts using sounds and gestures to request, comment, seek attention, refuse and ask a question.

- By preschool, children use single or multiword utterances to comment, express feelings, and assert independence. Later, they begin to use language imaginatively and start to talk about past and future events. Conversation skills develop.

- Next children develop competence in higher-level pragmatic skills such as negotiating, bargaining and stating beliefs and opinions. The ability to tell jokes develops and children acquire narrative skills and the ability to complain about others.

- More sophisticated functions of language are established around middle to later childhood such as promising, persuading, hypothesising, using language to plan, predict, reason, evaluate, explain, express abstract ideas and opinions, argue and debate.

Social Communication Skills - Classroom Strategies



Developing early pragmatic skills is important for children with limited spoken language. Skills such as turn-taking, joint-attention, and making simple communication approaches can be developed through fun, child-led interactions.

For pre-verbal children the focus is on the adult's responsiveness to the child's initiation during activities the child enjoys or chooses.

Outdoor, physical play often provides a successful context for children to participate socially. Children can engage in simple predictable games without the demand to join in conversation.

Structured activities such as turn-taking games and board games can provide a way for a child to participate.

Provide support and modelling for a child who struggles to engage in role-play. Build confidence by creating a role, which suits the skill set of the child.

Characters can show how language is used differently in a variety of situations.

Comic Strip Conversations and/or Social Stories™ can help with social misunderstandings for all children.

Consider other factors that will help a child to participate and engage e.g. sensory adjustments and choice of activity.

Avoid ambiguous language. Sarcasm and idioms can be difficult for young children to understand and can contribute to stressful interactions.

Be aware that some children need to look away or fidget with a toy to process language. Asking a child to make eye contact may interfere with their natural way of processing language and managing sensory input.

Social Skills Strategy Cards can be displayed in the classroom to remind the child of expected behaviour in a certain context.

Use the child's interests to improve the child's motivation and ability to spontaneously communicate in class activities.

Model, encourage or practise pro-social language e.g. greetings, polite language, offers of help, compliments.

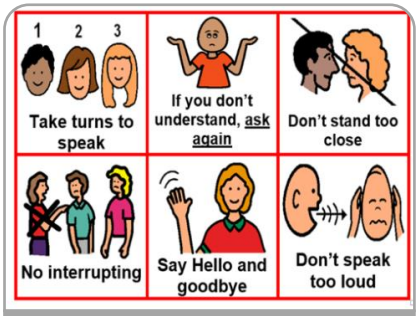
For children who have difficulty organising language or staying on topic, structure their utterances by asking 'Wh' questions. Provide a summary of what they have said, and use a white board for visual support.

Allow additional time for children who take longer to process, respond or formulate utterances.

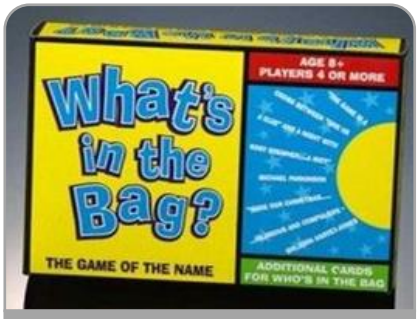
Use a visual scale to remind children regarding use of volume. Consider whether inappropriate volume may be due to an underlying factor such as fear or anxiety.

Social Communication Skills - Classroom Strategies - cont.	Discuss emotions and bodily feelings. The ability to clearly notice body signals can be linked to the ability to identify and manage emotions.
	Have a feelings chart visible in the classroom for pupils to choose how they feel.
	Allow children who experience stress in socialising, additional quiet times to work or play alone, in order to rest and destress.
	Non-speaking/language limited children may require Augmentative and Alternative Communication (AAC) supports. Liaise with the child's Speech and Language Therapist for advice.

Resources to support the development of Social Communication Skills

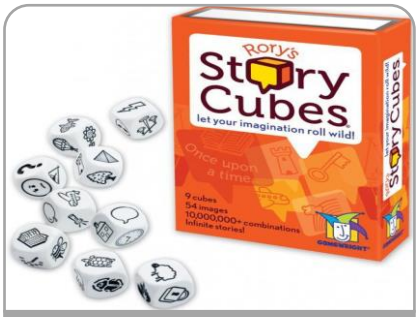


Social Skills Strategy cards.

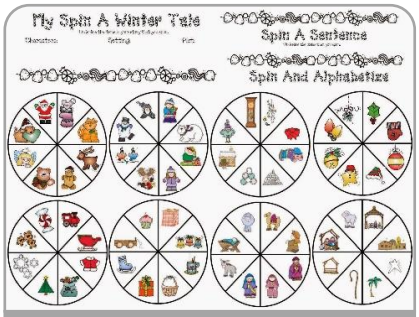


What's in the Bag?

What's in Ned's Head?



Story Cubes

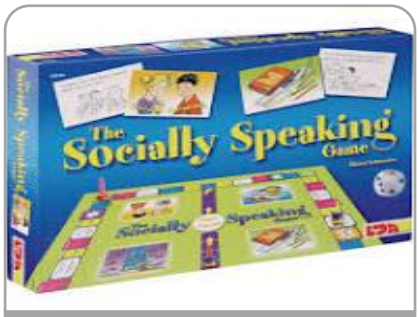


'Spin a Story'

Guess who?

HedBanz

What am I?



Socially Speaking

Selective Mutism

What is Selective Mutism?

Selective Mutism is the consistent failure to speak in specific social situations where speaking is expected, despite speaking in other situations. (Diagnostic and Statistical Manual of Mental Disorders, Fifth edition, 2013).

In order to be categorised as Selective Mutism the failure to speak must have persisted for at least one month, not including the first month in a new setting.

Pure Selective Mutism will not be due to unfamiliarity or discomfort with the spoken language required, and it cannot be accounted for by another disorder e.g. Autistic Spectrum Disorder.

The speaking habits associated with selective mutism generally involve children talking freely at home or around people they feel comfortable with but then not speaking in school or around people they are not comfortable with.

Following assessment children who present with Selective Mutism will generally fall within one of these areas:

Pure Selective Mutism	Selective Mutism, plus Speech, Language and Communication Needs or EAL	Complex Selective Mutism (Selective Mutism plus other diagnosis such as ASD, medical, emotional concerns).

When Selective Mutism is complicated by factors beyond the remit of a Speech & Language Therapist the child will require onward referral to other specialist services e.g. Educational Psychology, CAMHS, ASD, Social Services.

A child with Selective Mutism may be considered 'high' profile or 'low' profile Selective Mutism (SM).

High

- The child does not speak at all to certain people.

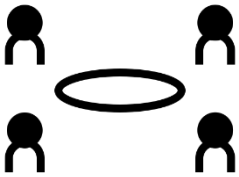
Low

- The child manages to speak a little when absolutely necessary, but does not initiate conversation. These children are more likely to be overlooked as they may initially be classed as the 'shy' child. They are at risk of developing high profile SM, social anxiety and school avoidance.

Children with Selective Mutism sometimes use non-spoken or non-verbal means to communicate and may be willing or eager to perform and engage in social encounters when speech is not required. They do not initiate or reciprocally respond when spoken to by others. They want to speak but they are unable to.

In summary Selective Mutism is closely related to social anxiety or social phobia. It can occur in temperamentally predisposed children who are unable to take normal life events in their stride, particularly when the reactions of others reinforce silence rather than speech.

Selective Mutism - Classroom Strategies



Create a fun, relaxed and friendly environment.
Build rapport with the child.
Provide opportunity, but not pressure, to speak. Cajoling, gentle persuasion, bribes and reprimands all amount to pressure.
Ensure all associations with communication are positive.
Removing pressure to speak should be a whole school approach. Children should not feel pressure to speak anywhere in school including the dinner hall.
Include the child in activities which involve speech but don't require it.
Don't allow the child to struggle during an interaction.
During group activities, tell children to put their hand up if they would like to share an idea / story. Children with Selective Mutism may put their hand up but when invited to speak, may remain quiet. Respond by letting the child know they can tell you later if they wish.
Find out what the child enjoys at home and try to include these activities in class. Once relaxed and playing games seek to get the child further involved by following instructions e.g. placing a sticker on a book, taking turns in a game.
Talk and read to the child without expecting speech in return.
Don't remove all need to communicate.
Suggest alternative (natural) forms of communication until the child is ready to speak.
Avoid direct questions unless they require only a yes/no answer.
At awkward moments make comments such as 'let's decide later...it looks as though....I wonder....'.
Avoid too much eye contact.

Bilingualism

Being bilingual:

- All children have the capacity to be bilingual - they need the opportunity to hear and use the languages spoken by others in their environment.
- Being bilingual does not cause Speech, Language and Communication Needs.
- Being bilingual does not contribute to difficulty acquiring speech, language and communication skills.
- Having a learning difficulty, hearing impairment, Developmental Language Disorder, Autism Spectrum Disorder or other developmental condition does not prevent a child from being bilingual.

Becoming bilingual:

- Children who are bilingual start to use words at the same time as monolingual children i.e. children with only one language.
- Children who are bilingual have the same rate of language progress as monolingual children.
- Children who are bilingual follow the same pattern of expressive language development as monolingual children from single words, through phrases and sentences, to conversations.
- In a new language environment e.g. starting school, it is normal for second-language learners to take some time to watch, listen, and learn, without speaking.
- It can take up to 3 years to develop basic conversational proficiency in a new language and longer to develop proficiency that will support academic learning.

Home Strategies for Bilingual Pupils	Families can help by holding conversations with children in their own preferred language.
Classroom Strategies for Bilingual Pupils	Speakers of the new language can support the child through non-verbal messages - a friendly smile, an outreached hand, active attention, pictures to support the words used.
	Establish classroom routines so the child will know what is expected.
	Repeat the language used within routines.
Outside Agency Strategies for Bilingual Pupils.	Don't test children through the use of assessments standardised on monolingual speakers of English.
	Access the extensive resources offered by the Intercultural Education Centre (EA Board Centre, Antrim).

Useful websites for the support of language skills (Click on image to be taken to site)

https://www.eani.org.uk/services/pupil-support-services/language-communication

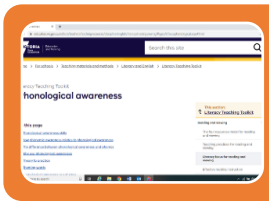
•The Language and Communication Service website is filled with lots of information on language development as well as videos and activities to develop Attention and Listening Skills.

https://wiltshirechildrensservices.co.uk/speech-language-therapy/support/attention-and-listening/

•This website has a range of downloadable toolkits for children aged 18 months to 6 years old, focusing on the development of Attention and Listening skills.

https://www.acecic.co.uk/media/1280/attention-and-listening.pdf

•This website offers a range of activities designed to develop Attention and Listening skills.



https://www.education.vic.gov.au/school/teachers/teachingresources/discipline/english/literacy/readingviewing/Pages/litfocusphonological.aspx#link3

• This website has downloadable toolkits for children aged 18m to 6yo, focusing on the development of Phonological Awareness skills.

https://childdevelopment.com.au/areas-of-concern/literacy/phonological-awareness/

• This website offers lots of information on the development of Phonological Awareness skills.

https://ican.org.uk/i-cans-talking-point/

• This website contains lots of useful information and resources on language development.

https://www.thecommunicationtrust.org.uk/resources/resources/

• This website has lots of useful downloadable resources to support the development of Receptive and Expressive Language skills.

https://radld.org/

• This website has information about Developmental Language Disorder (DLD) and access to useful resources.

https://www.atlasmission.com/blog/8-problem-solving-games-play-preschooler/

- This game helps to develop reasoning and problem-solving skills

Problem-solving wheel
https://www.speechtherapystore.com/problem-solving-wheel/

- This game helps to develop reasoning and problem-solving skills

The Hanen Centre®

Useful resources can be found at
http://www.hanen.org/Home.aspx and
https://www.intensiveinteraction.org/

YouTube

Watch here to hear how early language and conversation develops through early adult-child back and forth interactions.

https://www.youtube.com/watch?v=KAFcJVJHLCU

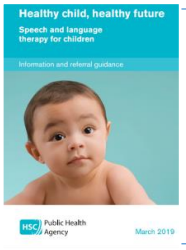
For more information on AAC
https://www.callscotland.org.uk/information/communication-support-needs/what-is-aac/

Free resources are available at www.kelly-mahler.com such as
https://www.kelly-mahler.com/wp-content/uploads/2020/03/Interoception-Daily-Activity-List-Final.pdf

https://www.naplic.org.uk/

- NAPLIC is the National Association of Professionals concerned with Language Impairment in Children. Their website has extensive information about Speech, Language and Communication Needss and DLD.

Resource Suggestions



Information and referral guidance for Speech and Language Therapy services can be accessed at:

- https://www.publichealth.hscni.net/publications/healthy-child-healthy-future-speech-and-language-therapy-children

Games and activities to develop language skills can be found on the Education Authorities Language and Communication Service website page on the link below:

- https://www.eani.org.uk/sites/default/files/2020-04/Fun%20Activities%20for%20Language%20Development.pdf

Language and Communication Service Training can be found at the following link:

- https://easds.org.uk/sds/courses/

RISE NI
Regional Integrated Support for Education

RISE training can be found at the following link:

- https://view.pagetiger.com/RISENI/parents

Paediatric SLTs in SEHSCT have developed a Pinterest page with lots of useful hints and tips on all aspects of Speech, Language and Communication Needss.

- https://uk.pinterest.com/CYPSLT

Useful Contacts

EA Language and Communication Service

- Email :LCSGeneral@eani.org.uk
- https://www.eani.org.uk/services/pupil-support-services/language-communication
- 028 8241 1360

Belfast HSCT Speech and Language Therapy SLT Referrals

- North or West Belfast : 028 9615 8100
- South or East Belfast : 028 9615 8200

Northern HSCT Speech and Language Therapy

- http://www.northerntrust.hscni.net/
- 028 2766 0315

Southern HSCT Speech and Language Therapy

- http://www.southerntrust.hscni.net/
- 028 3756 0915
- SLTCore.Referral@southerntrust.hscni.net

South Eastern HSCT Speech and Language Therapy

- http://www.setrust.hscni.net/
- 028 4451 3736

Western HSCT Speech and Language Therapy

- http://www.westerntrust.hscni.net/
- Northern Sector: 028 7185 4345 - Email : CHILDRENS.SLT.NS@westerntrust.hscni.net
- Southern Sector: 028 8283 5100 - Email: CHILDRENS.SLT.SS@westerntrust.hscni.net

RISE NI Belfast HSCT

- CWD-TherapySrvs@belfasttrust.hscni.net
- 028 9504 2725

RISE NI Northern HSCT

- Email**:** RISENI.NHSCT@northerntrust.hscni.net

RISE NI Southern HSCT

- 028 3756 4293
- Email: rise.ni@southerntrust.hscni.net

RISE NI South Eastern Health Social Care Trust

- (028) 9752 0941
- Email: info.riseni@setrust.hscni.net

RISE NI Western Health Social Care Trust

- Northern Sector (Derry/Londonderry/Dungiven/Limavady): 028 7186 5265
- Southern Sector (Omagh/Fermanagh/ Strabane): 028 8283 5844
- Email: info.riseni@westerntrust.hscni.net
- https://westerntrust.hscni.net/service/rise-ni/

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Northern Ireland data gathered from:
'Now you're talking Fermanagh' (2014 onwards) 57% of nursery school children in the three most deprived areas outside of Sure Start wards (and therefore not in receipt of any early intervention programmes) had Speech, Language & Communication Needs.

'Communicating Better Together – The Limavady Schools Project' in the Limavady neighbourhood renewal area screened over 300 children entering four nursery and primary schools in 2014 found that 68% had SLCN.

SLCN screening of Children & Young People in Residential Care across WHSCT, (Tara Mc Dermott 2019).

Plus Downpatrick, Lisburn and Colin Projects referenced above.

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