

3 – 6 years. Supporting a child with a disfigurement: a teacher's guide

Guide 10. Speech and language difficulties

When a child speaks in a way which sounds different or unusual, other people's ability and readiness to listen is apt to be disrupted by their reactions of surprise, curiosity and concern. This will be compounded if the child also has a facial disfigurement.

Most children are highly motivated to engage through speech, even when it is difficult for them to communicate successfully. Children can be helped to learn specific social skills and strategies to help reduce others' unease and improve communication. Early years workers have an important role in enabling children with speech and language difficulties to become socially confident and to communicate more successfully.

Other children may mimic a child's speech and language difficulties, sometimes unkindly. See the *Guide on Teasing, name-calling and bullying*. Teasing is more likely when

- the child has a disorder of pitch – their voice may be high and squeaky-sounding
- the child has a disorder of resonance – speech may sound muffled and breathy or overly resonant and nasal.

It is important to assess how much spoken language a child really understands. If you are unsure, request a formal assessment by a Speech and Language Therapist.

A child who receives individual speech and language therapy will need to have this work reinforced during other learning activities following the recommendations of the therapist. See the *Guide on Working collaboratively with other professionals*.

A basic understanding of the different kinds of speech and language disorders is important. A child's speech and language may be affected by

- difficulty with producing appropriate voice sounds
- difficulty with articulation to create all the different sounds used in speaking
- difficulty with processing language
- hearing difficulties
- more subtle perhaps psychological difficulties.

When you understand the child's speech and language difficulty you can avoid asking her to do things that are too hard or even impossible, while sustaining expectations for what she can achieve and appreciating her efforts.

1 UNDERSTANDING SPEECH DIFFICULTIES

Resonance

If the muscles at the back of the mouth and in the throat cannot sufficiently close off the throat and/or the nasal cavity to separate these spaces from the mouth, the voice will sound unusual – breathy or hollow and nasal, for instance.

Articulation

Children who have facial disfigurements often have difficulty in pronouncing words clearly because differences in the surfaces inside their mouths means that they are not able to produce certain sounds. Or the skin or muscles of the face may be too tight or differently shaped making certain speaking actions difficult. The difficulty may resolve itself in time, or it might be corrected or improved by surgery, or with aids worn in the mouth. In the meantime the speech therapist will help the child to learn to substitute sounds, or other strategies for communicating more effectively.

Hearing

Hearing impairments can be permanent or variable, e.g. as a result of frequent ear infections. Some cranio-facial conditions, e.g. cleft lip and palate, make children very prone to ear infections. Children who have hearing loss often have problems with speech. Lighting is very important if a child has permanent or variable hearing difficulties. They need to be able to see other people's faces very clearly.

Associated Difficulties

- Problems with swallowing and other eating difficulties e.g. breathing while chewing. Eating difficulties can affect social acceptance. Severe eating difficulties can make it hard for a child to maintain good health and stamina.
- Nasal regurgitation or nasal air emission (e.g. from inadequate palate functioning).
- Abnormal alignment of teeth or underdevelopment of the jaw (common in many cranio-facial syndromes).
- Short or immobile palate.

You will need to work closely with the parents and early years advisory staff to ensure that the child can join in the full range of activities. This will include addressing the practical and emotional difficulties that can arise due to these associated difficulties.

For example, at lunchtimes there may need to be a longer time allowed for eating, or for specially prepared food. If the other children finish quickly and want to go out to play, this can be very isolating. You might like to arrange for a member of staff to sit with a small number of children, including the child who needs more time, and tell a story to keep everyone interested. Other children can take turns to sit in for the 'lunchtime story club'.

Alternatively, a child who takes a long time to eat may prefer to eat a little and often. It may be less isolating to take small amounts of time out throughout the day to 'snack', so as to get sufficient nourishment without having such a large eating task at lunchtime.

2 HOW TO MANAGE REACTIONS TO UNUSUAL SPEECH

When other children show surprise, concern or curiosity about the child's unusual speech or lack of speech, it will be important to offer a brief explanation so as to encourage the effort to communicate. This is an extension of the strategies described in the *Guide on Having something to say*. This needs to be planned sensitively, taking account of the child's preferences and any concerns the parents may have. For example:

“Tania has a scar from an operation. She’s recovering well but it’s hard for her to talk at the moment so we all try to listen carefully.”

In class, the child may need patient attention to encourage expression in speech. The other children will vary in their capacity both to understand unusual speech and in their ability to listen carefully. It will be useful to appreciate the effort made by children who try hard to understand as well as the effort made by the child to be understood.

With individuals and small groups, where the to-and-fro of conversation can easily exclude a child who has speech difficulties, a strategy to request careful listening should be used. Ideally this will combine something said, with a gesture to convey the intention to speak.

Example: *Small clap to get attention.*
 “Do you want to listen while Maia tells you something?” – *accompanied by gesture indicating flow of speech from Maia to the other child.*

Then, when the child is ready, she will be able to use the strategy herself. See also the last paragraph on page 4 of this *Guide*.

3 IF HEARING IS AFFECTED

Children with facial differences and hearing impairment often wear hearing aids. The other pupils will be curious about the aids and an agreed way of explaining simply what they are and how they work will be needed. The technique of responding to curiosity and then moving the conversation on will help the hearing aids to be seen as just another interesting difference. (This is an extension of the strategies covered in the *Guide on Having something to say*.)

“Those are Katie’s hearing aids. They help her to hear what you’re saying. We must take care to face Katie when we speak to her. She’s very good at playing catch, isn’t she. Can you catch a ball?”

It is important that other children understand the particular effects of the hearing loss. For example, they will need to learn to take care about facing their classmate when talking to her. Some people with hearing loss appreciate their arm being lightly touched if they’re not looking in your direction, so that they can give you their attention when you speak.

4 IF LANGUAGE DEVELOPMENT IS AFFECTED

An impairment of hearing or of speech can result in a delay in expressive language. Long periods of medical treatment or hospital stays can also affect language development. A child may miss out on interactions with other children. If a child’s ability to engage in shared dialogue or ongoing chat is affected, opportunities to develop these skills need to be planned. This could be as straightforward as arranging a regular activity where the child works in a pair or a small group with a member of staff, with the task of talking together about various topics so that all the children can take turns to speak and to listen.

A child may have good receptive language skills but feel very isolated because of difficulties in being understood. It is helpful to explore means, such as gesture, by which

the child can convey something of her responses, so that she can feel included in activities with other children.

5 IF YOUR PUPIL SIGNS

Sign language may be an option for some pupils. Makaton or BSL is often taught for essential communications. Obviously all staff who work with the child need to know the signs. It is also important to teach the other children the signs, otherwise signing can contribute to a child's isolation from her peers. Most young children enjoy learning and using signs and learn new signs very quickly.

6 NON-VERBAL COMMUNICATION – GESTURE, FACIAL EXPRESSION AND BODY LANGUAGE

The *Guide on Self-expression* includes activities to enable children to explore and practice non-verbal communication, particularly the expression and 'reading' of feelings and states of mind. This is particularly important if a child has speech and language difficulties together with a facial disfigurement.

As mentioned above, a specific gesture to convey the wish to speak and the need for careful listening, can be very useful socially. You can think of this gesture as the equivalent of a communication card sometimes used by older children to help initiate informal chat. They carry a card which says something like, *I can talk but it's hard to understand me. Are you up for that?* If the other young person nods their assent, then it will be worth their while embarking on the effort of communicating through speech.

For a younger child the equivalent gesture might take the form of a single small clap (to get the other's attention), followed by touching her lips with fingertips and then pointing the finger out to the other child (as if indicating a flow of words). Good eye-contact helps to make communication more effective. In a small group of youngsters talking together, this would then signal that the child is wanting to have a turn in the to and fro of the chat.