

Speech and language delay.

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Introduction:

Speech and language delays concern the inability to produce speech sounds or sentence patterns, for example stuttering, or the inability to understand or use the spoken language, for example decoding a sentence pattern (National Institute on Deafness and Other Communication Disorders (NIH), 2022; Speech and Language UK, no date). American Speech – Language – Hearing Association (ASHA) (no date) tells us that the inability to form sounds or dropping sounds, saying “poon” rather than “spoon”, or swapping sounds for example saying “dat” rather than “that”, is known as a functional speech sound disorder. This is an umbrella term for either an articulation disorder or a phonological disorder, with no known cause. Additionally, Stringer (2019) states that the development and correct use of speech sounds is important for a child’s later progress and mastery of literacy skills. Speech sound disorder is one of the most prevalent communication difficulties within school aged children (Tambyraja, Farquharson and Justice (2020).

Identification and diagnosis:

McLaughlin (2011), Queen Margaret University (2023) and Speech and Language UK (no date) tell that speech and language acquisition typically follows a set of steps with normal development. These milestones are a loose guide which can be used by practitioners and health visitors to identify when children are not using language in a way appropriate to their age. Observations of children are an important tool in identification of speech and language delay and tracking a child’s progress will support this (Speech and Language UK, no date; McLeod, 2017). Additionally, early identification supports optimum progress (Lindsay *et al.*, 2012; Macdonald, no date; Open Society Foundation, no date).NHS (no date) states early years practitioners and health visitors provide help and support to parents regarding their children’s language development progress. In such cases referral to speech and language therapy may be required (RCSLT, 2024). However, Gov.uk (no date) states that the UK does not currently recommend a specific screening test for speech and language delay. Additionally, Lindsay *et al.* (2012) acknowledge that it is difficult to produce a tool to enable identification of speech and language delay due to the “complexity of the language system” and the changing demands as the child progresses through the academic year, due to the increasing difficulty within the learning continuum. This may cause confusion for practitioners who are not confident or experienced in speech and language development, which highlights the need for training (Law and Roulstone, 2012).

Barriers:

Barriers that hinder the identification of speech and language delay include practitioner attitudes and training and parental awareness as well as speech and language therapist shortages (Queen Margaret University, 2023; RCSLT, 2023). Moreover, children with speech and language delay may face barriers due to their additional learning need, including potential delays to their ability to read and write (RCSLT, 2023; Queen Margaret University, 2023; Bankson, Bernthal and Flipse, 2017; Speech and Language UK, no date). Hayiou-Thomas *et al.* (2016) and (no date) found that children with a at the point of entry to school can experience difficulties with reading, however early intervention can improve their outcomes by the age of 8. On the other hand, Tambyraja, Farquharson and Justice (2020)’s study found that a quarter of children assessed also required reading support, of which only a small number of children progressed with their reading in the academic year. Furthermore, these delays may cause children to experience difficulties in expressing their needs and feelings and making themselves understood or holding a conversation. RCSLT (2024) states that this is due to a reduced vocabulary. Moreover, such barriers to communicating with others can cause children to become frustrated (Speech and Language UK, no date) as well as a lack of self-esteem from not being understood and not making academic progress (Queen Margaret University, 2023).

Strategies:

Law *et al.* (2012) states it is not possible that one single strategy be suitable to cater for the variety of needs within speech and language delay. Moreover, there is no pattern to how often these should be delivered regarding frequency or length of sessions. In support of this Lindsay and Dockrell (2012) discuss the need for a child centered approach to strategies; to enable children with speech and language delay to overcome their barriers. This is also supported by C4EO (no date) which explains that with targeted early support, individualised for the needs of the children, it is possible for children with pre-school history of delay to catch up with typically developing children. Phonological awareness interventions support children to recognise that sentences can be broken into words and words broken into syllables, as well as recognising rhymes and phonemes within words (Intergrated Services for Learning, no date; Cooee Speech Pathology, no date). Newcastle Intervention for Phonological Awareness (NIPA) (Stringer, 2019) can be used to support this. Newcastle University (no date) states that NIPA is a child centered intervention tool to be used to develop phonological awareness. Furthermore, Newcastle University (2024) tells us that NIPA is a guided intervention offering support for practitioners and speech and language therapists to be used with children with speech sound delay. However, to ensure its effectiveness, the intervention requires a consistent delivery approach by practitioners, this is so that the child always knows what is being asked of them (Stringer, 2019) therefore practitioner training is needed, which may be costly, as well as potential need for staff cover in setting. An example of this is using the same key phrases when questioning the child to find sounds, for example asking to find the “first sound” rather than “initial sound”. Additionally, Stringer (2019) tells us that when using NIPA, practitioners should assess what the child already knows first, to plan for providing scaffolding that can be slowly reduced as the child develops new skills, demonstrating further the need for practitioners with a good understanding of child development milestones. However, Nancollis, Lawrie and Dodd (2005) express some criticism for the effectiveness of phonological awareness interventions as they suggest that, during their study, the children who recieved phonological awareness intervention made less progress in phoneme segmentation after being retested, than those who had not recieved the intervention. This places question on the validity of phonological awareness intervention and the benefits it provides to literacy development.

Conclusion: To conclude, it is evident that speech sound disorder can be complex to identify and so it is important that practitioners and caregivers are able to work together, identify and refer to speech and language therapists to support the child at the earliest opportunity, so that the child receives intervention to enable them to progress and limit the effects of the barriers caused by the speech sound disorder.

Script:

Introduction to the Webinar:

Good afternoon, everyone and welcome to this webinar my name is Hannah Newman and today we will be discussing various additional learning needs, the identification and diagnosis, strategies and barriers caused. And answering questions around them.

I will be discussing speech and language delay.

Imogen, please introduce yourself to the group and tell us what you will be discussing today...

Thank you. On to Chantelle, please tell us what you are exploring this afternoon...

Excellent Chantelle. And Jess, what will you be discussing today?

Thank you all, let us begin with Imogen.

Question number 2 for Imogen:

It is important, as you have stated, to receive the correct diagnosis. What other conditions and factors may intervene to stop the correct diagnosis?

That was informative Imogen, and over to you Chantelle.

Excellent Chantelle, and next it is Jess.

Question number 2 for Jess:

You have discussed the diagnosis process for Down's Syndrome, what decisions do parents have to make after the diagnosis has been made?

Wonderful Jess and to finish I would like to discuss speech and language delay.

Speech and Language delay:

Introduction:

As I mentioned, I have chosen to discuss speech and language delay and look, in depth, at speech sound disorder and phonological awareness as this is something that I can sometimes be asked to support and deliver interventions for within my setting, with no knowledge of how it works and the research behind delivering it. Therefore, it is important to understand some key phrases.

Speech:

Cooee Speech Pathology (no date) tells us that speech is the sounds that we make to form the words that we speak to each other. McLeod (2017) and Royal College of Speech and Language Therapists (RCSLT) (2024) explain that learning to talk takes many years to master, from reflex sounds and first babbles in their first year to initial words, forming short sentences and then mastery where they can add expression and prosody by the age of 5.

Speech and language delays:

This concerns the inability to produce speech sounds or sentence patterns, for example speaking with a lisp or stuttering, or the inability to understand or use the spoken language, for example decoding a sentence pattern (National Institute on Deafness and Other Communication Disorders (NIH), 2022; Speech and Language UK, no date; Cooee Speech Pathology, no date).

Speech sound disorder:

American Speech – Language – Hearing Association (ASHA) (no date) tells us that the inability to form sounds or dropping sounds, saying “poon” rather than “spoon”, or swapping sounds for example saying “dat” rather than “that” is known as a functional speech sound disorder (SSD) with no known cause.

Identification and diagnosis:

So how is SSD identified and diagnosed?

Bankson, Bernthal and Flipse (2017) and Nasen (2020) tell us that SSD is the most prevalent delay that speech and language therapists' support, therefore practitioners need to be able to identify delay in to access the correct support and diagnosis.

Identification and particularly early identification of SSD improves a child's ability to reach their fullest potential by providing the support needed at the earliest opportunity (Lindsay *et al.*, 2012).

However, Coeee Speech Pathology (no date) states that the severity of a SSD is different for each child and the length of time that it takes to return to typical progression of speech can vary.

Moreover, Macdonald (no date), Open Society Foundations (no date) and RCSLT (2024) explain the importance of early identification, so that children reach their highest potential. This is evidenced by McLaughlin (2011) which tells us a child can be negatively impacted by SSD if it is not identified by the time they reach 5 and a half.

Also, in the case discussed within Macdonald (no date) the child made progress with their speech and language and reached the developmental level of his peers, through early intervention and team around the family.

McLaughlin (2011), McLeod (2017), Queen Margaret University (2023) and Speech and Language UK (no date) tell that speech and language acquisition typically follows a set of steps with normal development. Whilst it looks more broadly at language acquisition, Welsh Government (2023) also offers typical progression observations within literacy skills assessment. These milestones are a loose guide used to identify when children are not using language appropriate to their age.

NHS Oxford Health (2021) tells us that even though there is often no cause for a SSD, there may be contributing factors. These include brain injury, hearing loss and physical factors such as cleft palate.

Queen Margaret University (2023) supports this while also suggesting autism and developmental disorders may contribute to speech delay.

Therefore, when assessing children with such underlying health or additional learning needs, practitioners should be aware of the potential for SSD.

This tells us that observing children and how they use language to communicate with their peers as well as adults helps identification of SSD and tracking a child's progress will support this (Speech and Language UK, no date; McLeod, 2017).

In support of this NHS (no date) states that early years practitioners and health visitors can provide help and support to parents regarding their children's language development and gauge their progress. In such cases referral to speech and language therapy may be required to assess and diagnose SSD, however practitioners should be mindful of the criteria (RCSLT, 2024).

Barriers:

On to the barriers.

There are many barriers to the identification of SSD in children, one of which is practitioner attitudes and training, another is speech and language therapist shortages (Queen Margaret University, 2023; RCSLT, 2023) as well as lack of screening tool (Gov.uk, no date)

Children with speech and language delay may face barriers due to their additional learning need, including potential delays to their ability to read and write (RCSLT, 2023; Queen Margaret University, 2023; Bankson, Bernthal and Flipse, 2017; Speech and Language UK, no date).

Hayiou-Thomas *et al.* (2016) and Edwards (no date) found that children with a SSD at the point of entry to school can experience difficulties with reading, however early intervention can improve their outcomes by the age of 8.

On the other hand, Tambyraja, Farquharson and Justice (2020)'s study found that a quarter of children assessed also required reading support, of which only a small number of children progressed with their reading in the academic year.

McLaughlin (2011) states children with persistent delays, can experience negative impacts to their social skills, their spelling, punctuation and grammar.

Cooee Speech Pathology (no date) states that these delays occur due to a link between a child's phonological processing and their speech sound delay, meaning that children are not able to distinguish and remember the sounds within the word to enable them to read and spell, as well as an inability to link sounds to the grapheme.

Furthermore, SSD can cause children to experience difficulties in expressing their needs, feelings, making themselves understood, and holding a conversation. Bankson, Bernthal and Flipse (2017) explain that children with SSD may encounter difficulties in making connections with others and communicating their needs.

RCSLT (2024) states that this is due to a reduced vocabulary.

Moreover, such barriers to communicating with others can cause children to become frustrated (Speech and Language UK, no date) as well as creating a lack of self-esteem from not being understood. This is in addition to not making academic progress as previously mentioned (Queen Margaret University, 2023).

Strategies:

So, what strategies can be used to support children with SSD?

Law *et al.* (2012) states that there is no strategy for support which is suitable for all speech and language delay and continues to tell us that there is no pattern to how often these should be delivered regarding frequency or length of sessions.

In support of this Lindsay and Dockrell (2012) discuss the need for a child centered approach to strategies; to enable children with speech and language delay to overcome their barriers.

This is also supported by C4EO (no date) which explains that with targeted early support, individualised for the needs of the children, it is possible for children with pre-school history of delay to catch up with typically developing children.

Lindsay *et al.* (2012) agrees that early identification and intervention enables children to progress and states the importance of collaborative working between early years professionals, health visitor and speech and language therapists.

Open Society Foundations (no date); Queen Margaret University (2023) and C4EO (no date) also support the need for parental engagement to enable children to meet their highest potential.

Furthermore, Open Society Foundations (no date) states this should be individualised to the child and their family to ensure that they receive the correct support services to meet their needs and help them to function with minimal stress while also progressing.

This is supported by Lindsay *et al.* (2012) who explains that support for the development of speech and language should be provided across three levels which are:

Universal provision – the support offered to all in a language rich environment.

Targeted provision – for children with significant additional speech and language needs - additional support within mainstream settings, with some guidance from a speech and language therapist.

Specialist provision – for children with complex speech and language delay requiring substantial and sustained support from a specialist speech and language therapist within a mainstream or specialist setting.

Such targeted and specialist provision is termed as an intervention within Law *et al.* (2012) as this is support over and above that offered to a child who is making typical progress.

Phonological awareness is an intervention to enable the child to develop skills in syllabic recognition and rhyme recognition and phonemic recognition (Intergrated Services for Learning, no date; Cooee Speech Pathology, no date).

One such intervention used is Newcastle Intervention for Phonological Awareness (NIPA) (Stringer, 2019) as mentioned in my poster. Newcastle University (no date) states that NIPA is a child centered intervention tool to be used to develop phonological awareness. Furthermore, Newcastle University (2024) tells us that NIPA is a guided intervention offering support for practitioners and speech and language therapists to be used with children with SSD.

However, a barrier to the intervention's delivery is staff training and attitude as, to ensure its effectiveness, the intervention requires a consistent delivery approach by practitioners, this is so that the child always knows what is being asked of them (Stringer, 2019)

An example of this is using the same key phrases when questioning the child to find sounds, for example asking to find the “first sound” rather than “initial sound”.

Additionally, Stringer (2019) tells us that when using NIPA, practitioners should assess what the child already knows first, to plan for providing scaffolding that can be slowly reduced as the child develops new skills, demonstrating further the need for practitioners training to ensure a good understanding of children’s speech development milestones.

However, Nancollis, Lawrie and Dodd (2005) although an older paper, does express some criticism for the effectiveness of phonological awareness interventions as they suggest that, during their study, the children who received phonological awareness intervention made less progress in phoneme segmentation after being retested, than those who had not received the intervention.

This places question on the validity of phonological awareness intervention and the benefits it provides to literacy development.

Conclusion:

To conclude, it is evident that speech sound disorder can be complex to identify and so it is important that practitioners and caregivers are able to work together, identify and refer to speech and language therapists to support the child at the earliest opportunity, so that the child receives intervention to enable them to progress and limit the effects of the barriers caused by the speech sound disorder.

Thank you for listening, are there any questions?

Question 1:

Read by Chantelle - You have touched on barriers to identification, please could you expand further?

Yes of course. Firstly, the UK government does not currently recommend that children with suspected speech and language delays are screened as there is no suitable test and insufficient evidence to support the benefits of screening children (Gov.uk, no date).

Additionally, Lindsay et al. (2012) acknowledge that it is difficult to produce such a tool to enable identification of speech and language delay due to the “complexity of the language system” therefore the scope of such a tool would need to be quite broad.

This could be viewed as a barrier to identification as there are no clear criteria so this cause confusion for practitioners who are not confident or experienced in speech and language development (Law and Roulstone, 2012).

Secondly, this highlights the need for training, as I have already briefly touched upon, which may be viewed as a barrier due to the time constraints of staff and settings. Nasen (2020) tells us it is important to ensure that practitioners can identify when there may be a delay present and when the child needs additional intervention, either at the targeted or specialist level.

Training allows practitioners to become confident with child language development milestones and familiarity with how additional learning needs may present themselves in children.

More specifically to speech and language delay Nasen (2020) recommendation 8 tells us:

“Training in relation to speech, language and communication needs should be prioritised within the early years sector”

This is supported by Law and Roulstone (2012) which states the importance of practitioner training to meet the needs of children with speech and language delay. Additionally, Leonard and Smyth (2022) suggest that training in ALN is important to improve the attitudes of practitioners towards managing classrooms with children with ALN and ensuring an inclusive practice.

Additionally, this is supported by Naht (no date) which tells us that the Welsh Government has provided additional funding to support the development of practitioners regarding all ALN, in order to be more inclusive.

Any other questions?

Question 2:

Read by Imogen - Please can you tell us more about the referral process.

Absolutely. Referral to a speech and language therapist can be made by a parent or a practitioner so long as the child meets certain criteria, which can be different in different health boards (RCSLT, 2024).

These include babies who reach nine months old and are not cooing and babbling and showing no interest in weaning.

18 month olds who have no interest in communicating with others, has no words and pays little attention.

2 year olds, much the same but may be stammering and not engaging in pretend play.

3 year olds who are not putting simple 2/3 word sentences together, and family struggle to understand what is spoken (Tameside Metropolitan Borough Council, 2024).

Gloucestershire care service (no date) and RCSLT (2024) additionally explain that sound acquisition is staged and that children learn sounds at various times, not all in one go, therefore offers support to know roughly when a child should be able to start using a sound and when to seek support via referral.

Wirral community health and care (no date) however suggests that stammering requires immediate referral.

Additionally, Bedfordshire community health service (no date) also tells us that any referral to speech and language therapy requires parental consent.

I hope this has answered your questions, thank you again for listening.

Close:

Thank you all for your contributions to this webinar, it has been an interesting and informative evening. Goodbye all.

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