

7-11 years. Supporting a child with a disfigurement: a teacher's guide

Guide 10. Speech and language difficulty

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. However, a speech and language impairment may not necessarily be linked to a child's disfigurement.

Children can be helped to learn specific social strategies to reduce others' unease and improve communication. Teachers have an important role in enabling a child with speech and language difficulties to become socially confident and to communicate well.

Speech and language may be affected by

- difficulty with producing or controlling 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

A basic understanding of speech and language disorders is important so as not to ask the child to attempt sounds or sound-sequences that are too hard or even impossible, while sustaining expectations for what he can achieve and appreciating his efforts.

1 UNDERSTANDING SPEECH DIFFICULTIES

Resonance

If the tissues and 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

A child who has a facial disfigurement may have difficulty in pronouncing words clearly because the mouth cannot produce certain sounds. If the skin or muscles of the face are tight or differently shaped, certain speaking actions are affected. The difficulty may be improved by surgery or with aids worn in the mouth. The speech therapist will help the child learn to substitute sounds, or other strategies for communicating more effectively. This will need to be reinforced at school following the recommendations of the therapist. See the *Guide on Working collaboratively with other professionals*. (A speech and language therapist may also be involved if the child has difficulties eating.)

Hearing

Hearing impairments can be permanent or variable – often as a result of frequent ear infections which commonly affect children with cleft lip and palate, for example. Hearing

loss often gives problems with speech. Lighting is important if a child has permanent or variable hearing difficulties. He needs 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.

Eating difficulties can have a significant social impact on children. You will need to work closely with parents and other professionals to address the practical, social and emotional difficulties that can arise due to these problems.

For example, at lunchtimes your pupil may need more time for eating. It can be very isolating for the child who has difficulties if the other children all hurry outside to play together. Staff need to consider how a group of children, including the one who needs more time to eat, can be enabled to spend more time together. If a room is available, are there activities which they could do together, alongside and after eating lunch, e.g. a project club, with the children getting on with activities of their own or a music club or film club, where they listen to music or watch instalments of selected videos or DVDs. In this way a child who takes longer to eat need not be separated from his peers.

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 MANAGING REACTIONS TO UNUSUAL SPEECH

Most children are highly motivated to engage through speech, even when it is difficult for them to communicate successfully. However, when a child has unusual speech or is unable to speak, others may react to his effort to communicate in ways which can be discouraging, especially if they do not know the child well. Reactions include:

- surprise and concern
- curiosity about what is wrong with his speech
- assumptions about what is wrong with him, e.g. that he is 'not all there'
- teasing or mimicking the unusual speech or voice tone
- withdrawing from the encounter as quickly as possible
- trying harder to listen and understand what is being communicated.

Unfortunately this last reaction is relatively rare, so it is often necessary to overcome a more discouraging or negative reaction in order to communicate effectively. This is helped by offering a brief explanation in two parts:

- Explain that speaking is difficult.

- Invite an extra effort to listen or to attend to another means of communication such as gesture or something written down.

This is a variation of the strategies described in the *Guide on Having something to say*. It needs to be planned sensitively, taking account of the child's preferences and any concerns the parents may have.

To help the child learn about this approach, school staff can first model this strategy.

“Harjit has a scar from an operation. It’s hard for him to talk at the moment so we need to listen carefully.”

If the child himself can make some speech sounds more clearly than others, devise phrases using the speech sounds he can make most clearly, or avoiding the speech sounds he has most difficulty with. Simple ‘universal’ gestures to accompany the spoken words can also help, e.g., indicating the mouth when explaining that it’s hard to talk, and then indicating the ear when inviting careful listening. When the child is ready, he will be able to try using the strategy himself.

It is important to remember that both children and adults vary considerably in their listening skills and in their capacity to understand unusual speech, especially when meeting someone new who has speech difficulties. It is quite possible for someone to try hard to listen and understand and to be unable to achieve this – they will be frustrated and disappointed as will be the child speaking.

It is not uncommon for other children to mimic a child’s unusual sounding speech, and this must always be dealt with quickly and effectively. See the *Guide on Teasing, name-calling and bullying*.

3 JOINING IN CONVERSATION

In a group, the to-and-fro of conversation can exclude a child who has speech difficulties. A strategy to request careful listening can be helpful, e.g., combining something said, with a gesture to convey the intention to speak. If modelled by staff members first, the child can try it for himself when he is ready:

1. Small gesture with hand to get attention.
2. “Do you want to listen while Danny tells you something?” – accompanied by gesture indicating flow of speech from Danny to the other child.

4 IF HEARING IS AFFECTED

If your pupil uses hearing aids, others will at times be curious about these. It is useful to anticipate curiosity and have something to say if anyone asks. (This is another extension of the strategies covered in the *Guide on Having something to say*.)

“Those are Tony’s hearing aids. They help him to hear what you’re saying. We must take care to face Tony when we speak to him. He’s very good at drawing horses isn’t he. How’s your picture coming on?”

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 him. 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.

5 IF LANGUAGE DEVELOPMENT IS AFFECTED

When a child has a difficulty with speech it can be unclear how much spoken language he really understands. If you are unsure, request a formal assessment by a Speech and Language Therapist.

A hearing or speech impairment can result in a delay in expressive language. Long periods of medical treatment or hospital stays can also affect language development. Opportunities to develop language 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 the children can take turns to speak and to listen.

A pupil may have good receptive language skills but feel very isolated because of difficulties in being understood. Explore means, such as gesture, by which the child can convey something of his responses, so that he can participate more socially.

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. Some children like to have the option of using a communication card 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 worthwhile 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 his lips with his fingertip and then pointing the finger out to the other child (as if indicating his 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.

7 IF YOUR PUPIL SIGNS

Sign language may be an option for some pupils and Makaton or BSL is sometimes used. It is obviously essential for the signs to be familiar to the class teacher and other staff working with the child. It is also very enjoyable socially if the other children in the class try this alternative way of communicating. When signing is a shared activity, the pupil whose

speech is impaired will not, as so often happens, be restricted to communicating with adults.