Communicating Phonics

A guide to support teachers delivering and interpreting the phonics screening check for children with speech, language and communication needs

The Communication Trust
Every child understood

About this guide

This guide has been produced by Symbol UK on behalf of The Communication Trust with specialist input from the 47 voluntary sector organisations that make up the Trust's Communication Consortium. You can find out more about these organisations at www.thecommunicationtrust.org.uk/partners

The aim of this publication is to provide guidance to teachers using the phonics screening check with children who have speech, language and communication needs (SLCN). It provides a general overview of issues and then detailed information on fourteen different types of SLCN, with a particular focus on the phonics check. It also gives details on how to interpret the outcomes of the check and support the literacy development of children with SLCN.

How to use this guide

We know how busy teachers are so the following pointers will help you find the information you need:

For general principles,
please turn to Section 2 on page 5

For a quick overview,
please turn to the quick reference table in Section 3 on page 12 which gives key issues and simple guidance on accessing and responding to the phonics screening check

For detailed information
on particular speech, language and communication needs, and how they relate to the check, please turn to Section 4 on page 18

For a glossary of terms,
further information and resources on speech, language and communication, go to www.thecommunicationtrust.org.uk/glossary

The Communication Trust is committed to making our resources as relevant to practitioners as possible. Please let us have your feedback by emailing enquiries@thecommunicationtrust.org.uk

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Section 1 - Introduction

The phonics check, also known as the phonics test or phonics screen, is being administered to Year 1 children from June 2012.

The check consists of a list of 40 words, which pupils read on a one-to-one basis with a teacher they know. The Department for Education has supplied universal guidance for administering the checklist and for interpreting and responding to the results.[1]

There are, however, implications for many children with special educational needs (SEN) and particularly those with speech, language and communication needs (SLCN). For example:

1. Children may struggle to access phonics checking/teaching/learning to read and therefore need language teaching or other specific strategies to do so
2. Children may not yet be ready for a phonics approach or need a slower pace of phonics teaching
3. Children may perform well on this test of phonics, yet they may particularly struggle with other areas of reading such as reading comprehension, which could be overlooked
4. Children may have the phonic skills needed for the test but have speech difficulties which make it difficult for teachers to confidently judge and score their test

This document provides guidance for teachers on:

- ✔ Different types of SLCN
- ✔ How to help children with SLCN access the test
- ✔ How children with different SLCN may respond to the test, dependent on their particular needs
- ✔ How to interpret and respond to their results
- ✔ Strategies to support children with SLCN to access phonics and wider literacy skills
- ✔ Where to go for further information or advice

1 - Please visit the Department for Education website at www.education.gov.uk/schools/teachingandlearning and look at the materials in the 'Testing and assessment' (Key Stage 1) and 'Pedagogy and practice' sections.

Section 2 - General principles

This section contains general good practice principles on:

- ✔ Speech, language and communication needs (SLCN)
- ✔ Helping children to access the phonics screening check
- ✔ Interpreting children's responses to the check
- ✔ Next steps… suggested approaches and strategies
- ✔ Whole school approaches and policies

Speech, language and communication needs

The term 'speech, language and communication needs' (SLCN) is used to describe a wide range of issues that make it difficult for children to communicate with others. This may be because they can't say what they want to, they don't understand the words that are being used or they don't know how to have a conversation. It may be a combination of these problems or it may be that they don't have enough words or they don't talk as well as they should for their age. To find out more about ages and stages of communication development, please visit www.talkingpoint.org.uk

SLCN is the most common Special Educational Need (SEN) identified by primary schools (26.5%[2]) and is a feature of many other areas of SEN, such as hearing impairment, learning difficulties and autistic spectrum difficulties. SLCN is also the most common childhood disability: 10% of all children have SLCN as a long term need. Evidence also shows that in areas of social deprivation 50% of children may enter school with delayed language.

SLCN affects educational outcomes including literacy;[3] there is a direct link between SLCN and literacy. This is in terms of difficulties with speech sounds and phonological skills as well as broader language difficulties,[4] particularly weaknesses in vocabulary knowledge and grammatical skills, which may put children at risk of reading comprehension difficulties. Such issues are discussed in detail in the I CAN Talk paper *Speech, Language and Communication Needs and Literacy Difficulties*.[5]

2 - www.education.gov.uk/rsgateway/DB/SFR/s000925/sfr09-2010.pdf
3 - Silva et al, 1987; Howlin and Rutter, 1987
4 - Snowling and Hulme, 2011
5 - I CAN, 2006

It's important to consider if any children you're working with will have difficulties in accessing the check due to SLCN, and to think about how their results are interpreted and then how their reading skills are further developed.

Where a child is known to have SLCN, it's recommended to talk to a specialist such as a speech and language therapist who can give more information on the links between the individual's SLCN and phonics.

More detailed information around particular types of SLCN is provided in section 4, but it's important to remember:

- ✔ SLCN coexist and overlap, for example many children with specific language impairments will also have speech (phonological) delays or difficulties and auditory processing difficulties
- ✔ Each child with SLCN is unique, their profile of strengths and needs and the severity of their SLCN will vary, so not all the strategies given will be appropriate or necessary for every child
- ✔ Many children have SLCN which have not yet been identified, which may also impact on their ability to access the phonics text, as well as their wider literacy development and learning. It's important to consider whether a child's responses to the phonics check may actually be linked to an undetected SLCN

If you have concerns about a child's communication development, we recommend that you get in touch with your local speech and language therapy department who will be able to give help and advice about the next steps you might want to take.[6]

Learning an additional language isn't in itself a SLCN, therefore specific information about English as an additional language isn't included in this guidance. However, some children who are learning more than one language may also have SLCN. This would be characterised by difficulties in their home language as well as how they learn English.

These children are at the same risk of difficulties with phonics. However, there's an additional challenge in that it can be difficult to accurately identify. For more information please go to

www.londonsigbilingualism.co.uk

So, many children who are taking the phonics check will have speech, language and communication needs which will impact on their responses to the check, as well as how they develop wider literacy skills.

There are some simple key principles on supporting children with SLCN to develop their literacy skills within appendix 1.

6 -To find your local speech and language therapy department please go to www.talkingpoint.org.uk/talkinglinks

Helping children to access the phonics screening check

Many children with SLCN will have difficulty in accessing the check. This could be because:

- ✔ They are not yet ready for the check, as their speech and language skills are not yet at a level where they can do the task
- ✔ They have difficulties understanding the instructions or what's involved in the check
- ✔ They need extra time in order to process what's said and what they need to say or do
- ✔ They lack the confidence in their own speaking and listening skills needed to do the check
- ✔ They may have a specific difficulty in using phonic routes, so they struggle to hear or recognise the differences between words and sounds
- ✔ They need specific, alternative approaches to access the check, for example additional visual or multisensory support
- ✔ Their speech isn't clear which, can mean they can't produce the target sounds or blend them correctly or consistently
- ✔ They may have particular difficulties with saying, or blending, non-words (pseudo words)

Schools have responsibilities to include all children in the phonics screen and need to make adaptations to achieve this where necessary. Whether the child takes the check or is 'disapplied', it's important that their experience is not negative and that they don't feel like 'failures' or increasingly 'different' to their peers. For some children, teachers understanding their particular difficulties and taking a slightly different approach can make all the difference.

Key principles for helping children with SLCN access the check

The issue	The solution
Background noise can make careful listening and speech perception incredibly difficult for children with SLCN	Minimise background noise and visual distractions
Tasks focusing on an area of a child's difficulty (i.e. phonics for a child with SLCN) can be extremely tiring and challenging	Deliver the check in short sections if necessary to avoid children getting tired and losing concentration
Some children will feel very anxious and lack confidence	Make the check situation as relaxed as possible to reduce anxiety and increase confidence, give reassurance and encouragement
Many children with SLCN will need more time to process information	Give extended time for children to process what they hear and to respond to it
Some children will struggle to understand instructions for the check	Give instructions in short, simple sentences using words and ideas you know the child understands. Accompany instructions with gestures or any sign or symbol system the child uses
Some children will appear to 'fail' because they say the words incorrectly	Check whether the speech sounds the child 'fails' on during the check are sounds he or she has difficulty with in their spontaneous speech, for example, do they always say "tat" for "cat"

Interpreting children's responses to the check

The phonics check aims to see how effectively children are using their phonic skills to decode words.

The responses of some children with SLCN on the check may indeed show how effectively they are using their phonic skills in this way. However, responses may in fact be more of a reflection of their SLCN than their decoding or phonic skills.

As a general principle, it's essential that a child's SLCN are fully considered when interpreting their responses to the check. Details of how to interpret responses in relation to specific types of SLCN are included in section 4, but this table outlines some general possible interpretations.

Response	Possible interpretation
Accurate response	Effective use of phonic skills However, it would be important to see whether children are also skilled in reading comprehension
No response or delayed response	Difficulties with phonic skills And/or one or more of the following issues: • Difficulties understanding instructions • Limited confidence or anxiety • SLCN which prevent access to the check • Not developmentally ready to respond • Difficulties processing • Speech difficulties
Inaccurate response	Difficulties with phonic skills And/or one or more of the issues mentioned above Speech difficulties – children may have difficulties with their phonic skills alongside their speech needs; however some children will be able to decode effectively but their speech may make this difficult to evaluate
Accurate response to real words – inaccurate response to non-words	• Difficulties in producing nonsense words • Difficulties understanding the concept of 'made-up' words • Limited vocabulary making decisions about real or non-words difficult • Some children, although they can decode effectively, will turn the non word into a real word as this would make more sense

Next steps… suggested approaches and strategies

The results of the phonics check may identify children who are struggling to use phonic skills as part of learning to read. Some may just need more opportunities and practise to learn phonics, though others may need additional support. These children may need their foundation skills building further in order to develop phonics skills, or they may need alternative or complimentary approaches to phonics in order to support their ongoing literacy development. This may be particularly important for children who have, or who may have, SLCN.

Systematic phonics teaching is an important element of learning literacy and shouldn't be discounted because a child has SEN. However, there are a number of different approaches to enabling access to phonics and to support the wider development of reading for children with SLCN, including:

- A hybrid approach – utilising whole word and phonics learning within a language rich environment
- Developing foundation speech, language and communication skills
- Developing phonological awareness skills as a foundation to phonics teaching
- Developing vocabulary knowledge

For those children who aren't ready for phonics teaching, it's important to revisit this approach when appropriate.

There is more detail on each of these approaches in Appendix 2.

Specific approaches for different types of SLCN are also identified within Section 4.

Whole school approaches and policies

There are many ways in which schools can support the speech, language and communication and literacy skills of children who have SLCN. This includes developing and implementing a whole school approach to communication and literacy and reflecting speech, language and communication effectively in literacy and SEN policies.

Additionally, when supporting the literacy development of children with SLCN it's equally important to involve parents and work collaboratively with other professionals, such as speech and language therapists.

More information on these areas is included in Appendix 3.

Case Study

David has difficulties understanding and using language and this impacts on all aspects of curriculum access including literacy. His SLCN mean that he has problems with short-term memory; this results in him being unable to 'hold' sequences of sounds and remember instructions.

David also has difficulties hearing the difference between speech sounds (discriminating sounds). However, he has been able to acquire some phonic skills, using a range of additional strategies.

What helps David

The teaching staff helped David learn the 'language' of phonics, which was something that he was struggling with. They specifically taught him the concepts that he needed to know, for example first, last, next. It helped him to have these represented visually, so they made sure that he had some symbols that he could use to remind him what these words meant. Consequently he was able to concentrate on listening to the sounds rather than worry about what the words meant.

David's speech difficulties meant that he had some problems pronouncing the sounds accurately and struggled to blend sounds independently. He was helped by staff using a signing system that represented sounds when they spoke - 'Cued Articulation'.

This system provides a visual representation of sounds of speech; each sound has a different sign that shows where and how in the mouth the sound is made. Seeing the sounds as well as hearing them, helped David to remember what he had heard and gave him longer to process the information.

David required a very systematic approach to learning phonics; the teaching staff needed to build in opportunities for **over learning** and revision and build on previous knowledge.

He was helped additionally by the use of multi-sensory approaches and hands on manipulation of sounds using resources such as phoneme frames and wooden letters. The physical movement of bricks and wooden letters helped him to process and read the target words.

Section 3 - Quick reference table

This table shows the different types of speech, language and communication need (SLCN) children could have, what the issues might be in accessing the test, the potential outcomes and what to do next.

SLCN	The issue	Accessing the check	Outcomes of the check	Next steps
Children with language delay Language delay may affect expressive language (what the child can say) and/or receptive language (what the child can understand)	• May have limited attention and turn taking skills • Extended time for auditory processing • Difficulties with understanding the language, concepts and vocabulary used • May lack confidence	• Use room with low level of distractions • Break check up • Allow longer for responses • Use short simple sentences, known vocabulary and support with gestures • Check administered by a familiar adult	• Children may be silent or respond inaccurately because of a combination of lack of confidence and failure to understand instructions • Children may not have the necessary vocabulary for the known words	• Oral language "catch up" programmes • Language rich environment • Specific teaching of necessary vocabulary and concepts for check • Attention, listening and turn taking games • Phonological awareness teaching
Specific receptive language impairment Specific difficulty in understanding and learning language	• Difficulties with understanding the language, concepts and vocabulary used for the check • Extended time for auditory processing	• Use short simple sentences with known vocabulary and support with gesture • Allow longer for responses	• Difficulties with understanding instructions for check • Difficulties producing nonsense words	• Phonological awareness • Multisensory approaches • Use of cumulative blending • Developing listening and attention • Use of a joined up oral language and phonics approach to reading, including teaching of vocabulary and concepts
Specific expressive language impairment Specific difficulty in using language, words and phrases, expressively	• Typically can't form complete and clear sentences and words are omitted • Likely to have a limited vocabulary and poor word finding skills • Extended time for auditory processing and planning	• Children function best with low levels of background noise, so use a quiet room • Allow longer for responses	• Likely to be difficulties with decoding and repeating non-words • Reduced vocabulary may mean poor recognition of real words	• Phonological awareness programme • Specific vocabulary teaching • Multisensory approaches • The use of cumulative blending • Expressive language approaches with a joined up oral language phonics approach to reading

SLCN	The issue	Accessing the check	Outcomes of the check	Next steps
Children with auditory processing disorder An inability to process what's heard	• Easily distracted with short attention span • Extended time for auditory processing • Difficulty in hearing the difference between similar speech sounds, may affect their own use of these sounds in speech	• Use room with low level of distractions • Break check up • Allow longer for responses	• Similar sounding phonemes, e.g. p/b and m/n may be confused • May only say the last part of word • May sound out words correctly but then use similar but incorrect sounds when blending • Difficulties holding sounds in short term memory, so will fail to blend words and non-words	• Building short term auditory memory • Phonological awareness work • Phonics teaching supported by visual cues • Use additional approaches to reading as well as phonics
Children with phonological delay/disorder A speech processing difficulty that affects the child's sound system resulting in unclear speech	• Without advice from a speech and language therapist it will not be possible to tell if a child does not know a grapheme-phoneme correspondence or if they know it but can't say the phoneme	• Signs can be used to indicate single phonemes • Teachers need to be aware of how children would typically produce these words so that they can give them credit for 'passing' the items on the check • May require extended time to produce or blend sounds and should be given time to do this	• Difficulties blending phonemes • Likely to be increased errors with consonant clusters and with dipthongs	• Phonological awareness programmes • Use visual support, e.g. Cued Speech or the use of symbols • Important to use other approaches, including whole word recognition, alongside phonics for these children, with a focus on comprehension and reading for pleasure • Develop metaphonic and metalinguistic awareness • Use cumulative blending
Children with dyspraxia Difficulties co-ordinating learned patterns of movement including those for speech	• Speech is often unintelligible and/or inconsistent • Speech may sound laboured	• May require extended time to produce or blend sounds and should be given time to do this • May need to use signs to demonstrate grapheme-phoneme recognition • Responses should be accurately recorded for discussion with child's speech and language therapist	• May struggle to produce or blend target sounds (or may be inconsistent)	• Use visual support, e.g. Cued Speech or the use of symbols • Important to use other approaches, including whole word recognition, alongside phonics for these children, with a focus on comprehension and reading for pleasure

SLCN	The issue	Accessing the check	Outcomes of the check	Next steps
Children with dysarthria Movement disorder caused by brain dysfunction or injury. It results in difficulties in moving the muscles needed for speech, eating and drinking	• Children may be unable to produce all the required speech sounds even when the grapheme-phoneme correspondence is known	• A familiar adult who's aware of how the child usually produces phonemes should administer the check • May need to use an alternative assessment strategy	• It may not be possible to tell if the child knows grapheme-phoneme correspondences or can sound blend without using additional assessment strategies	• Use visual support, e.g. Cued Speech or the use of symbols. Children may need alternative ways of indicating that they are reading accurately, e.g. by indicating pictures that match the individual words or phrases • Use whole word approaches in addition to phonics approaches for learning to read; children will benefit from learning functional reading skills so that they can indicate their needs using written or pictorial forms of language in situations where their speech is not understood
Children who are non-verbal Causes vary widely Some are primarily motor disorders and aren't associated with high levels of cognitive disorder; others are pre-verbal with profound and multiple learning disabilities	• Unable to verbally show whether they are able to make grapheme-phoneme correspondences or blend sounds appropriately • Children may not be able to process visual and auditory information at the same time impacting on access to the check	• Fatigue and positioning should be taken into account	• Phonic awareness may be present in excess of that demonstrated within the check but not be demonstrated due to limitations in the alternative and augmentative communication (AAC) system available and known to the child	• Children should be exposed to phonics teaching as this will support access and navigation around AAC devices they may go on to use for communication • Use visual AAC systems the children use generally to communicate • Additional approaches should be used to both check whether children have phonological awareness and can recognise sound blending • Use multi-sensory approaches
Children with selective mutism A consistent failure to speak in specific social situations in which there is an expectation of speaking (e.g. at school)	• Children are unlikely to be able to undertake the check	• It may be possible for parents to administer the check at home and video record it for a teacher to view	• If a child does respond to the check they may do so in a whisper so that 'b' becomes 'p' and 'z' becomes 's' etc	• Remove pressure to speak • Let the child indicate their understanding of phonemes by pointing • Be flexible enough to do 'standard' phonics work when the child does start talking at school

SLCN	The issue	Accessing the check	Outcomes of the check	Next steps
Children with pragmatic language impairment A difficulty in using language appropriately in social situations	• New situations may raise anxiety • May understand language only at a concrete level • May try to make pseudo-words into real words	• Present phonics check as a routine task • Adapt language for instructions accordingly • Reinforce that some words are not real	• High level decoding skills may mask poor comprehension	• Ensure that phonics work is balanced with a focus on reading comprehension • Include work to develop: ✔ Conversation skills ✔ Narrative skills ✔ Social inference ✔ Social adaptation
Children with autistic spectrum disorders Difficulties with communication and interaction and of imaginative thinking Type and degree of language impairment varies	• There are frequently associated listening, attention, social interaction and behaviour difficulties • Limited attention and turn taking skills; • Extended time for auditory processing	• Use a room with low level of distractions • Break check up if required • Allow longer for responses • Try to make the check appear like a routine activity with which the child is familiar	• Huge variation between children with language impairments affecting phonic decoding and those who are hyperlexic and show phonic skills above age expectations	• Ensure that phonics work is balanced with a focus on reading comprehension • Use a multisensory approach to teaching phonics • Build motivation for reading
Children with Down's syndrome Children with Down's syndrome have a distinct profile of SLCN over and above that which can be accounted for by learning disability or hearing loss	• Attention may be poor in a check situation • Children may not be developmentally ready for a phonic approach	• Children with Down's syndrome learn best in 'no fail' situations. Lots of encouragement and reward is required • Children are unlikely to have reached a stage where they are using phonic decoding and are likely to 'fail' the check • Pseudo words are likely to be misread as real words	• Most children with Down's syndrome learn best through logographic or whole word approaches to reading. Phonics should be introduced later	• Phonological awareness programmes should include visual and kinaesthetic materials • Work on syllable structure, such as clapping out syllables may be helpful

SLCN	The issue	Accessing the check	Outcomes of the check	Next steps
Children who stammer	• Repetition of whole words, parts of words or sounds • Stretching or blocking of sounds • Stressful situations likely to make stammer worse	• Choose a time to do the check when fluency will be optimum, create an informal environment • Slow down administrator's speech to signal there's no need to rush • Allow the child to whisper or use a 'different' voice to respond	• Anxiety may cause the child to underperform • The check administrator will need to distinguish between repetitions and silences caused by the stammer and those indicating a lack of phonic knowledge	When teaching phonics: • Use exercises where children speak in unison • Avoid getting children to repeat a single sound over and over • Use a speaking buddy
Children who are deaf [7] All types and degrees of hearing impairment	• Some children may not have age appropriate sound based English skills and will therefore struggle to access the phonics screening check	• Instructions should be given using a level and mode of communication (e.g. signing) that the child understands • Ensure the hearing aid or other hearing technology in use is in good order and is familiar to the child • Ensure visual and auditory distractions are low	• Some deaf children may accurately decode the words, both non-words and real words, but will not produce the words accurately • Sounds which are easier to hear or more visible on the speaker's lips may be decoded more easily than others • It's necessary to record when the child makes phonetic realisations, which although not 'normal' English, show phonological contrasts	• Allow flexibility in phonics programmes to teach sounds which are most easily distinguished first • Provide kinaesthetic feedback • Consider the use of a visual system in consultation with parents and teacher of the deaf • Provide ongoing opportunities to develop language skills and read text, as deaf children have fewer opportunities to develop their language incidentally than their hearing peers

7 Please also see Phonics Guidance for the teaching of phonics to deaf children, available on the NDCS website at www.ndcs.org.uk

Section 4 - Different types of speech, language and communication needs

This section covers different types of speech, language and communication needs (SLCN), which, though not exhaustive, is intended to demonstrate a range of needs that pupils may have in accessing the check and the strategies that can be used to support them to access phonics teaching and develop literacy.

It's important to remember however, that some children taking the phonics check will have SLCN which have not yet been identified and this may also affect their responses to the check.

You'll find the following information in each section:

1. General information on the type of SLCN
2. The phonics check
   - ✔ Helping children to access the phonics screening check
   - ✔ Considering the outcome of the check
   - ✔ Responding to the outcome of the check
3. An evidence resource to inform next steps
4. Additional resources and further support
   - ✔ Publications and resources
   - ✔ Organisations and websites

Children with language delay

General information

Language delay may affect what the child can say (expressive language), and/or what the child can understand (receptive language) and may be accompanied by other speech, language and communication needs (SLCN), for example unclear speech (phonological delay). Language is following the typical developmental pattern but at a slower rate.

Language delay may form part of a more general developmental delay or may be an isolated delay where other areas of development follow the norm.

There may be a variety of possible causes or linked factors for language delay including environmental factors, genetic factors and physical factors (for example early fluctuating hearing loss).

Research shows that language delay is a significant factor impacting on the development of literacy skills.

Helping to access the phonics screening check

Possible issues	Ways to help
Children may not have the attention and turn taking skills needed to easily manage the structure of the check	Administer the check in a room without distractions and possibly in short sections to help them concentrate
Many children with language delay process language slowly	Give as long as necessary to respond - they may require longer than 10 seconds
Children may not know or understand words like 'before', 'imaginary creatures' and 'practice' and they may confuse them and may not understand the instructions	When giving instructions for the check use short sentences and keep language simple. Instructions should be accompanied by gesture and/or signing, demonstration, pointing and non-verbal reassurance and encouragement
Children with expressive language delay may lack the confidence to respond	The check should be administered by an adult they know well who will give lots of encouragement

Where there's a known or suspected language delay it's suggested to check out the following, so you can enable the child to access the test and then accurately interpret the outcomes of the test:

- ✔ Check vocabulary – do they know and understand the words needed?
- ✔ Check the child's understanding of concepts such as first/last, real/pretend, whole/part etc
- ✔ Check the child's speech and language with a school-based screen such as 'Speech Link' and 'Language Link', or tool such as *Universally Speaking 5-11*[8]
- ✔ Obtain the advice of a speech and language therapist with regard to the child's level of language development and any associated delays in speech sounds

The outcome of the test

Some children with language delay may respond inaccurately as they haven't understood the instructions. They may not 'know' the words or understand the concepts behind the instructions. Children with a poor vocabulary may not have an awareness of which words are non-words (pseudo-words) and which are real, so drawing conclusions from their performance on real and not real words may not be possible.

A child with delay in expressive language may lack the ability or confidence to respond accurately and may not have the ability to communicate this to the tester. *They may remain silent or give unrelated responses.*

Some children from disadvantaged backgrounds, or homes where there is less verbal interaction, are likely to have a limited vocabulary.

Test results that indicate a need for intense emphasis on development of phonics may mask the need to enrich the child's language as a priority. The risk of emphasising phonics too much too soon will impact on the development of literacy.

Poor vocabulary can impact on access to both phonics and wider literacy.

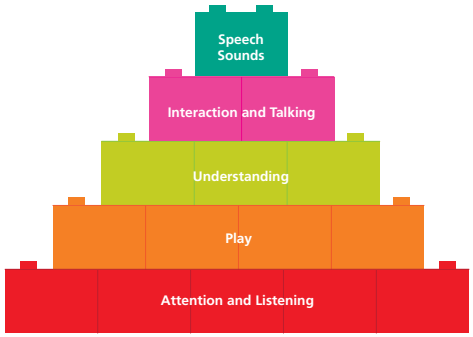
8 You can access Universally Speaking 5-11 here – www.thecommunicationtrust.org.uk/resources

Responding to the outcome of the check

Children with language delay in the early years have a significantly increased risk of experiencing problems with reading in school but may not be ready for literacy. They need to develop the building blocks for language and literacy, such as attention and listening, understanding what's said, and an ability to use words in sentences as shown below.

They may also need to develop phonological awareness skills, such as:

- Knowledge of rhyme
- Recognising syllables in words
- Knowing about phoneme/grapheme correspondence
- Ability to pick out initial phonemes in words etc
- Be able to interact with books and stories for pleasure



Adapted from a model used in many speech and language therapy services across the UK

Children with language delay may have difficulties in any or all the previous building blocks. They may need a targeted intervention to support these skills[9] and will certainly need an enriched language environment and opportunities to practice the building blocks of language and literacy, such as:

- Turn taking, attention and listening games
- Games and opportunities to develop the child's ability to remember what's been said and what they want to say
- Developing the vocabulary the child understands and can use
- Expanding the sentences the child understands and uses through play, games and 'talk time' opportunities
- Expanding opportunities to develop oral narrative-storytelling and story acting at the child's own level
- Building confidence to use language in conversation and interactions with others
- Enabling small group opportunities to develop any of the areas listed

Many children with language delay will have a preference for visual or multisensory learning. They may need increased visual and experiential support for learning such as signs, play activities, toys and real objects, to develop their understanding of vocabulary and concepts.

An evidence resource to inform next steps

- Children with speech and language delay in the early years are far more likely to have difficulty with learning to read[10]
- The level of a child's oral language development will limit their ability to become competent in literacy[11]
- Children need oral comprehension before they can develop an understanding of written words[12]
- 'For children with impoverished language, creating a communication support environment in the early years at home and in schools is critical'[13]

Additional resources and further support

Publications and resources:

Language for Learning – www.languageforlearning.co.uk

Speechlink - www.speechlink.co.uk

Black Sheep Press - www.blacksheeppress.co.uk

Organisations and websites:

The Communication Trust – www.thecommunicationtrust.org.uk

I CAN – www.ican.org.uk

Afasic – www.afasic.org.uk

Elklan – www.elklan.co.uk

9 Talk Boost is an evidenced programme that can boost a child's communication by an average of 18 months after 10 weeks of the intervention. Find out more here – www.ican.org.uk/talkboost
10 Bishop, D.V.M. and Adams, 1990
11 Ofsted, 2005, Lundberg I, 2006
12 Hirsch Jnr. E.D., 2003, Torgesen 2005
13 ICAN Report 2006

Case Study

Rufus in year 1 had speech and language delays. This included:

- Easily distracted
- Difficulties waiting for his turn
- Auditory memory
- Severely restricted vocabulary
- Immature sentence structure, for example, "Me goed shops on yesterday"
- Delayed speech sounds resulting in unclear speech

What helps Rufus

Following advice from a speech and language therapist, he was included in a group to develop his attention and listening skills. Activities for vocabulary building and expressive language were also practised in small group sessions and shared with his parents for 'talking games' at home.

Six months later he had made considerable progress and could:

- Follow longer instructions
- Re-tell some key events from a short story
- Predict 'what might happen next'
- Use specific vocabulary rather than words like "thingy"
- Use language to reason by answering 'why' questions with words like 'because' etc.
- Talk in more complex and well formed sentences
- Speak more clearly
- Show phonological awareness skills; for example, picking out initial phonemes, sound blending

By developing his foundation skills, Rufus was then more ready and able to access phonic teaching and to develop wider literacy skills.

Children with specific receptive language impairment

Also known as SRLI and Receptive language disorder

General information

Specific receptive language impairment (SRLI) is a specific difficulty in understanding and learning language which can't be explained in terms of another factor such as social, emotional, behavioural, educational, physical or sensory difficulties, hearing loss, global developmental delay or autism. SRLI is a 'persistent' or long-term difficulty in understanding spoken language.

Features include:

- Language levels on standardised checks are significantly below age level
- The child may have good non-verbal ability, but can't understand or use spoken language at an age appropriate level
- Difficulties learning language incidentally, meaning they need specific teaching to understand and use words, grammatical sentences and narratives

Helping to access the phonics screening check

Possible issues	Ways to help
Many children with SRLI have very slow processing	They should be given as long as necessary to respond to a word and may require longer than 10 seconds
Understanding instructions may be difficult. Words like 'before', 'imaginary creatures' and 'practice' may not be understood and may confuse	When giving instructions for the check use short sentences and reduce the use of complex language as much as possible Instructions should be accompanied by gesture and/or signing, demonstration, pointing and non-verbal reassurance and encouragement

The child with SRLI will have varying degrees of difficulty with:

- Processing language; this may be very slow
- Memory ('holding' spoken language for long enough to be able to work out meaning)
- Knowledge of word meanings (concepts and vocabulary)
- Remembering words they know when they need to use them (termed 'word finding difficulty')
- Knowledge of word structure (for example, word endings such as possessives or verb tenses)
- Sentence structure; their sentences are shorter and less complex
- Ability to make sense of language

A child with SRLI may also have difficulty with maintaining listening and attention and distinguishing between speech sounds. They may become extremely frustrated or become socially withdrawn because they don't understand or use language well.

The outcome of the check

Children with SRLI are likely to have difficulty with:

- Following the instructions for the check - this may be because of difficulties in processing information or in understanding the words which are used in the instructions
- Blending sounds, particularly in longer words - auditory difficulties mean that children with SRLI may have difficulty in holding sounds long enough to be able to effectively blend them into words
- Nonsense words - identifying pseudo words is particularly difficult for children who have poor vocabulary or word knowledge
- Maintaining listening and attention throughout the check

Responding to the outcome of the check

Approaches to support the literacy development of children with specific receptive language impairments:

- Children will need repeated, supported practice in 'hearing' the sequence of sounds in order and in blending sounds
- They may find it easier to work on long vowels than the short vowels that are harder to hear the difference between
- They require an intensive programme of phonological awareness, focusing on discriminating sounds, recognising initial sounds and rhymes, segmenting and blending
- Multisensory learning is helpful (for example, tracing over letters with shaving foam, finger painting letters, whilst saying the sound).
- They may also need 'overlearning'
- Many children with SRLI will need practice aimed at speeding up their letter recognition and blending. It's helpful for them to blend sounds without gaps between them (cumulative blending) because it sounds more like the target word, than the disjointed evenly spaced sounding out
- Children with poor short-term memory struggle to 'hold' a sequence of sounds in their mind in order to blend them. Identifying and using chunks that they already know is useful, for example, blending phonemes with 'in' to make 'pin', 'fin', 'bin', 'win'
- They may need one to one teaching in quiet, non-distracting environments, and help to develop listening and attention skills

An evidence resource to inform next steps

SRLI is under identified;[14] children with SRLI often have persistent and long-term literacy difficulties.[15]

Children with SRLI have difficulties in using word knowledge in reading because they have a reduced vocabulary,[16] and in using grammatical knowledge for suggesting probable words for sentence context due to poor grammatical skills.

The literacy skills of both typically developing children[17] and those with language impairments[18] are improved by phonological awareness training (based on the components of synthetic phonics, but emphasising earlier developmental stages). However children with SRLI will not make the desired progress with synthetic phonics alone, particularly in the longer term and for text comprehension.

The following are therefore recommended:

- ✔ Artificial incidental language learning opportunities, which emphasise learning in meaningful contexts.[19] This can be used to learn and practice vocabulary
- ✔ Well-planned word teaching for simple words with a consonant-vowel-consonant (CVC) structure, reading vocabulary and story comprehension

14 Botting et al, 1998
15 Simkin and Conti-Ramsden, 2006
16 Nation and Snowling, 1998
17 Lundberg et al, 1988
18 Van Kleek et al, 1998
19 Camarata et al, 1994; Kouri, 2005; Law, 1997
20 Parkinson and Gorrie, 1995; Newman and Elks, 1988

Additional resources and further support

For a child with SRLI the teacher and speech and language therapist should work together to plan and develop the child's phonological awareness and early reading skills simultaneously.[20]

Publications and resources:

Duffy, G.G. (2009), Explaining Reading: A resource for teaching concepts, skills and strategies, 2nd edition, London, The Guildford Press. Section on supporting comprehension strategies in individuals with reading difficulties who have speech, language and communication needs

I CAN Talk 7: Speech, Language and Communication Needs and the Early Years

I CAN: The SLI Handbook

Organisations and websites:

I CAN – www.ican.org.uk

Afasic – www.afasic.org.uk

NAPLIC – www.naplic.org.uk

nasen – www.nasen.org.uk

Case Study

James has struggled with literacy since entering school. In story sessions his attention frequently wandered and he found it hard to take turns in the group. Sometimes he appeared to ignore instructions and at other times he would do the wrong thing, frequently acting on only the last part of an instruction – for example heading straight out to the playground without putting his coat on first.

James sometimes found the busy classroom environment overwhelming and easily showed his frustration when he found it was difficult to fully understand what was required of him.

What helps James

Working on aspects of James's communication needs helped to underpin his acquisition of literacy skills. James has benefited from small group activities in a quiet area, where distractions are reduced. These have included working on the skills of listening and attention, memory, turn-taking, phonological awareness and rhyming.

The use of Story-Sacks including objects and puppets, where there was an opportunity for James to 'act out' stories with lots of repetition have encouraged James's interest in the written word. James continues to benefit from a multisensory approach to reading. He needs lots of demonstration with shorter sentences and simpler instructions and lots of praise, which tells him what he has done well.

Children with specific expressive language impairment

General information

Specific expressive language impairment is a specific difficulty in using expressive language, which can't be explained in terms of other factors such as social, emotional, behavioural, educational, physical or sensory difficulties, hearing loss, global developmental delay or autism.

Features include:

- Understanding of language (receptive language skills) may be mildly affected, but are better than their talking (expressive skills) and within the normal range for age
- Expressive language levels on standardised checks are significantly below age level
- Children have good non-verbal ability, but can't use spoken language at an age appropriate level
- Difficulties learning language incidentally, i.e. picking up new words from context and learning and generalising new grammatical constructions

Helping to access the phonics screening check

Possible issues	Ways to help
Many children with specific expressive language impairment have slow processing and planning of their responses	They should be given as long as necessary to respond to a word and may require longer than 10 seconds
Deficits in speech perception have been identified in at least some children with language impairments. This deficit is particularly marked when listening against background noise[21]	A quiet distraction-free environment is essential

21 Vance, 2011

Typically a child with specific expressive language impairment will have been delayed and slow in starting to talk and will have limited spoken language; they can't form clear and complete sentences, struggling to work out the rules of grammar and omitting words. Consequently children may overuse certain grammatical constructions or set phrases.

The child with specific expressive language impairment will have varying degrees of difficulty with:

- A limited vocabulary
- Word finding, which is difficulty recalling words they know and have used before
- Expressing more complicated thoughts and ideas, for example trying to describe, define, or explain information or re-tell an event, activity or story

Expressive language difficulties are directly evident in literacy (using words correctly, spelling, composing sentences, etc.).

Children may become extremely frustrated because they can't express the ideas they wish to communicate, or socially withdrawn because they can't use language to relate to peers.

In specific expressive language impairment speech and language development will be later and very slow, and doesn't follow the typical pattern. Later language skills may develop before earlier skills and/or sentence structures may be atypical. Difficulties with language and communication are likely to persist through life.

The outcome of the check

Children with specific expressive language impairment are likely to have difficulty with:

- Non-words or pseudo-words because they have poor non-word recognition and repetition.[22] This is because children with specific expressive language impairment will have limited vocabularies
- Using word knowledge in reading, because they have a reduced vocabulary and so can't use word knowledge in decoding words, particularly regarding irregularly spelt words[23]
- Blending sounds to form words. Many children with specific expressive language impairment may have ongoing or residual difficulties with their speech sounds. This may be particularly true for blending longer words

Some children with specific expressive language impairment may be able to decode a word accurately, but their word finding difficulties may mean that they actually say a completely different word. This may have no phonic similarities to the target word.

22 Gardner et al, 2006, Reed, 2005
23 Nation and Snowling, 1998

Responding to the outcome of the check

Approaches to support the literacy development of children with specific expressive language impairments:

- To support their phonic development, children with specific expressive language impairment will need repeated, supported practice in 'hearing' the sequence of sounds in order and in blending sounds
- They may find it easier to work on long vowels than the short vowels that are harder to discriminate
- They require an intensive programme of phonological awareness, including a focus on discriminating, recognizing initial sounds and rhymes, segmenting and blending
- Multisensory learning is helpful (for example, tracing over letters with shaving foam, finger painting letters, whilst saying the sound)
- They may also need 'overlearning'
- Many children with specific expressive language impairments will need practice aimed at speeding up their letter recognition and blending. It's helpful for them to blend sounds without gaps between them (cumulative blending) because it sounds more like the target word, than the disjointed evenly spaced sounding out
- Children with poor short-term memory struggle to 'hold' a sequence of sounds in their mind in order to blend them. Identifying and using chunks that they already know is useful, for example, blending phonemes with 'in' to make 'pin', 'fin', 'bin', 'win'

Most importantly, children with specific expressive language impairment will need a broader range of approaches to learning to read than just phonics. They will need support with the foundations of language, including vocabulary and sentence structure.

An evidence resource to inform next steps

Specific expressive language impairment is under identified.[24]

Specific expressive language impairment puts children at clear risk for later difficulties at school, in particular, for reading difficulties. 'Studies have indicated that as many as 40-75% of children with specific expressive language impairment will have problems in learning to read, because reading depends upon a wide variety of underlying language skills'.[25] For children who still have significant language difficulties at school entry, low levels of literacy are common,[26] and educational attainments are typically poor.[27]

The literacy skills of both typically developing children[28] and those with language impairments[29] are improved by phonological awareness training (based on the components of synthetic phonics, but emphasising earlier developmental stages). However children with specific expressive language impairment will not make the desired progress with synthetic phonics alone, particularly in the longer term and for text comprehension, even if their verbal comprehension is within the normal range. The use of a synthetic phonics approach should therefore not be at the expense of vocabulary enrichment.[30]

The following are therefore recommended:

- ✔ Artificial incidental language learning opportunities, which emphasise learning in meaningful contexts, mimicking real life.[31] This can be used to learn and practice vocabulary
- ✔ Well-planned word teaching for consonant-vowel-consonant (CVC) structure, reading vocabulary and story comprehension

Additional resources and further support

For a child with specific expressive language impairment, the teacher and speech and language therapist should work together to plan and develop child's phonological awareness and early reading skills simultaneously to avoid dissimilar inputs confusing the child.[32]

Publications and resources:

Ministry of Health Malta resource detailing links between literacy and language impairment -

https://ehealth.gov.mt/HealthPortal/rehabilitation/speech_language_pathology/conditions_that_may_affect_sl/literacy_difficulties.aspx

Organisations and websites:

I CAN – www.ican.org.uk

Afasic – www.afasic.org.uk

NAPLIC – www.naplic.org.uk

nasen – www.nasen.org.uk

24 Botting et al, 1998
25 https://ehealth.gov.mt/
26 Catts et al 2002
27 Snowling et al, 2001
28 Lundberg et al, 1988
29 Van Kleek et al, 1998
30 Ouellette, 2006
31 Camarata et al, 1994; Kouri, 2005; Law, 1997
32 Parkinson and Gorrie, 1995; Newman and Elks, 1988

Children with auditory processing difficulties

Also known as central auditory processing disorder or CAPD

General information

Central Auditory Processing Disorder (CAPD) or Auditory Processing Disorder (APD) is an inability to process what's being heard. It describes a variety of problems with the brain that interfere with the processing of auditory information. The causes of this difficulty are often not known.

Children with CAPD or APD:

- Will often pass hearing checks but may mis-hear and therefore not understand spoken language. There is a problem with the way that the messages are passed to the part of the brain that controls making sense of what we hear
- Will have difficulty in hearing the difference between similar sounding speech sounds or words and this may affect their use of these sounds or words in their own speech
- Are usually just as intelligent as other children their age but typically have low academic performance

CAPD or APD is hard to diagnose and may co-exist with other conditions such as specific language impairment, attention deficit disorder, attention deficit hyperactivity disorder or learning difficulties

Helping to access the phonics screening check

Possible issues	Ways to help
Children with CAPD or APD can often have typical understanding of language and be able to understand the instructions. This should be checked with the child	A child with CAPD or APD may be very easily distracted and will struggle in a noisy environment
The check will need to take place in a quiet, distraction free area	The adult should make sure they have the child's full attention before giving each item on the phonics screening check. If the child's attention span requires it, administer the checklist over more than one session
Children may need extra time to process what they have heard	They should not be subject to a time constraint

The outcome of the check

Children with CAPD or APD may:

- Confuse similar-sounding graphemes, for example saying 'b' for 'p' or 'm' for 'n'. This is because they have difficulty hearing the differences in these sounds
- Have short-term memory difficulties and consequently recall only the end of words, for example they might sound out 's_c_r_i_b' but be unable to recall the first part of the word and say, 'rib'
- Sound out words correctly but use similar sounds when blending so might sound out 'ph_o_n' and then say, 'bone'

Responding to the outcome of the check

If possible, provide the child with phonics teaching in very small groups in a quiet environment. They may benefit from:

- Additional phonological awareness training to strengthen their phonic knowledge and skills required for phonics learning
- Opportunities for over learning and repetition of class based phonic work
- Visual cues, for example Cued Articulation to help a child with CAPD or APD make sense of what they're hearing
- Practice to improve some of the skills they find difficult, for example short-term memory work

Approaches to reading other than the phonics approach should be incorporated into teaching, as a child with CAPD or APD is likely to always struggle with phonics. Whole word approaches, comprehension monitoring, spelling patterns and colour coding of sounds, for example, will give a child with CAPD or APD a range of approaches to use when learning to read.

An evidence resource to inform next steps

There is little concrete evidence about intervention strategies for children with CAPD or APD. This is partly due to the overlap with so many other types of difficulty.

Support for children with CAPD or APD is often described as being 'bottom up' and 'top down'. Bottom up intervention consists of things like acoustic signal enhancement (making the spoken message louder and more accessible) and auditory training where children practise the skills that they find difficult.

Top down intervention includes cognitive, metacognitive and language strategies, for example using the context to work out the meaning. The American Speech-Language-Hearing Association (ASHA) recommend that a range of strategies are introduced in a range of contexts to get best results.

Bottom up interventions often include formal programmes for auditory training (like FastForword and Earobics) and informal interventions. Research has shown that these formal interventions alone have not made significant differences for children in terms of improving their skills. However, it was found that an informal approach to auditory training, in combination with 'top down' support strategies such as metacognitive awareness, increased skills.[33]

Additional resources and further support

You could refer the child to speech and language therapy and audiology support.

Publications and resources:

www.royalberkshire.nhs.uk/pdf/CAPD_jan11.pdf

Passy, J. (2007) Cued Articulation and Cued Vowels, Ponteland: STASS Publications, booklets, DVD, cards and wall charts on how to 'see a sound'

Organisations and websites:

I CAN – www.ican.org.uk

Afasic – www.afasic.org.uk

Deafness Research – www.deafnessresearch.org.uk

Auditory Processing Disorders UK – www.apduk.org.uk

33 Putzer-Katz et al, 2002

Case Study

Joel is finding it really hard at school. Although people generally think he's a bright boy, he never seems to follow instructions and often says things like 'what' or 'huh' when he's asked to do something. As well as English, Joel seems to really struggle to work out things like maths puzzles or describe what's happening in science.

Staff can get frustrated with him because often, if they repeat what they said again, he will do it. Lots of people think he doesn't listen because they know that they gave their instruction loud enough for him to hear it.

During the phonics screening check Joel found it hard to hold the sequence of sounds and blend them; he often forgot the first sound and so got it wrong. He made mistakes on the sounds that sounded similar and said things like 'tig' instead of 'dig'.

What helps Joel

When he was given extra teaching of phonological awareness, he became better at hearing sounds in words. His teaching assistant used Cued Articulation and it helped him to 'see' the sounds as well as hear them.

Children with phonological delay/disorder

Also known as speech delay or disorder

General information

A child with a phonological delay/disorder has difficulty producing speech.

Phonological delay/disorder:

- Affects the child's sound system meaning their speech is unclear and difficult to follow
- Isn't primarily caused by physical disabilities
- Is often part of language delay/disorder/impairment but may occur as a standalone difficulty

Children with phonological difficulties are likely to have difficulties with all aspects of phonological awareness including discriminating between sounds, holding several sounds in their short-term memories and blending sounds. Both real and pseudo words will be affected.

Phonological delay is used when a child has patterns of speech which are more typical of a younger child. The sound system is developing normally, but at a much slower rate than expected.

Phonological disorder will involve some delay, but also the use of phonological processes that are atypical, inconsistent or not following the expected pattern of phonological development. This is likely to make the child less clear, will be more persistent and require specialist support.

Helping to access the phonics screening check

Children with phonological difficulties are likely to find it very hard accessing the check because they haven't mastered the phonological skills required for speech development, and these are the same as those required for learning literacy. It may be appropriate for some children with significant phonological difficulties to be disapplied from the check.

Possible issues	Ways to help
If a child makes errors it will be almost impossible to tell whether these are due to them not knowing the phoneme associated with the grapheme, or being unable to actually say the phoneme	Seek information from a speech and language therapist to understand the specific difficulties a child has It might be necessary to use alternative strategies to check phoneme-grapheme correspondence, for example: • Identifying single graphemes by signing or gesture (for example, Jolly Phonic action, Cued Articulation sign) • Compiling a list of simple words that are within the child's sound system to use as a screen
Children with phonological difficulties may need more time to process and produce their responses	There should be no time constraint on them completing the check
Children are likely to have difficulty with non-words	They will need extra tuition in this area

You should also consider the following in your literacy work with children who have a phonological delay/disorder:

- Can the child make a Phoneme Grapheme correspondence between the graphemes and sounds (both consonants and vowels) that they can produce?
- Can the child indicate with sign or gesture (Cued Articulation or Jolly Phonics) when shown a grapheme, even for speech sounds they are unable to produce?
- Can the child point to the grapheme for a single spoken phoneme (similarly can they manually identify the onset for a simple spoken word)?
- Can the child recognise correct and incorrect productions of words?[34]
- Can the child match a written word to a picture when they are, given a choice of several pictures and one check word?

The outcome of the check

Some children with phonological difficulties may be able to show phonic knowledge of the speech sounds that they regularly use in the right way. A speech and language therapist will be able to supply details about a child's speech and phonological awareness skills.

Depending on the nature and degree of phonological difficulties children are likely to have difficulties with:

- Discriminating the sounds they hear
- Holding the sounds in their working memory, so they will have difficulties being able to break up the sounds and remember them to then blend them together
- Blending phonemes
- Producing speech sound clusters (for example, 's' + 'n' as in 'snake'; 'p' + 'l' as in 'plane')
- Higher level aspects of phonics, for example, split digraphs and dipthongs, although production of single vowels may be possible

34 Claessen et al, 2007; Sutherland and Gillon, 2007

Responding to the outcome of the check

Children with phonological difficulties have underlying difficulties with all speech processing skills and so will need a lot of extra support and practice with phonological awareness skills including:

- ✔ Sound discrimination
- ✔ Recognition of rhyme
- ✔ Production of rhyme
- ✔ Syllable segmentation
- ✔ Syllable blending
- ✔ Onset and rhyme
- ✔ Blending and segmenting simple single phonemes (excluding consonant blends, for example 'st')

Children with phonological difficulties will be helped by any visual approaches and programmes that allow staff and child to refer to sounds through gesture or sign. They will also benefit from colour coded systems as visual reminders of language structures or of sound groups.

Awareness of their own speech sounds and language abilities (metaphonic and metalinguistic awareness) are also essential; ensuring the child has the necessary concepts and vocabulary to discuss these.

For children with phonological difficulties, cumulative blending is more helpful than sounding each letter out separately, because it sounds more like the target word. An example is: 'sss', 'i', 'ssi', 'ssi-t', 'sit'. This is very important in the early stages of introducing the blending of simple consonant-vowel-consonant (CVC) words.

Children with phonological difficulties may always find a phonic approach to reading difficult. For this reason it's important to incorporate a range of different approaches including whole word reading, common spelling patterns, explicit teaching of reading and spelling rules and comprehension monitoring.

An evidence resource to inform next steps

- Most children whose speech, language and communication needs (SLCN) that are not resolved by 5.6 years have difficulties with learning to read,[35] so early identification and intervention is essential
- Phonological awareness is a vital foundation skill in learning to read and spell [36]
- Phonological awareness at 3.6 – 5.0 years is the best predictor of literacy achievement [37]
- Not all children with phonological difficulties will have difficulty with literacy acquisition but many will, particularly those with rhyme, alliteration and syllable segmentation difficulties [38]
- Early phonological and metaphonological intervention can help with understanding and use of speech sounds and clear speech, therefore supporting literacy acquisition [39]
- Children whose speech isn't following typical patterns are most at risk of long term literacy difficulties [40]
- Care must be taken not to focus just on speech sounds. Language is also needed to support both decoding and text comprehension [41]

35 Bishop, D.V.M. and Adams, 1990
36 Catts, H., 1989; Stackhouse, 2000
37 Hesketh, 2004
38 Holm et al, 2008
39 Bernhardt and Major, 2005
40 Bernhardt and Major, 2005
41 Denne et al, 2005

Additional resources and further support

Publications and resources:

Dean, E., Howell, J., Hill, A., and Waters, D, (1990), Metaphon resource pack, Slough: NFER Nelson (Minimal pair therapy, Maximal pair therapy, phonological therapy – also useful for introducing the language to refer to sounds and sound features)

Black Sheep Press - publishes (as paper or CD) consonant worksheets, pairs in pictures and phonological awareness sheets - www.blacksheeppress.co.uk/acatalog/Speech.html

Passy, J, (2007) Cued Articulation and Cued Vowels, Ponteland: STASS Publications. Booklets, DVD, Cards and wall charts on how to 'see a sound' - www.stasspublications.co.uk/index.php?cPath=22

Hughes, S, and Ramsay, N, Bigmouth Sound Pack, Ponteland: STASS, A friendly character who shows children how to produce sounds (articulograms) - www.stasspublications.co.uk/product_info.php?products_id=77

Jolly Phonics - http://jollylearning.co.uk

Organisations and websites:

I CAN – www.ican.org.uk

Afasic – www.afasic.org.uk

Case Study

Yasmin has a phonological disorder. Her teaching staff find understanding her very difficult and she has regular speech and language therapy support. Yasmin was able to do some of the items on the phonics screen - those that contained the sounds that she is able to say. However on some items it was difficult for the adult administering the check to know if she had blended the sounds correctly or not as she cannot say all sounds the right way.

What helps Yasmin

To help, staff used a signing system that represented sounds when they spoke, Cued Articulation. Seeing the sounds as well as hearing them helped Yasmin to remember what she had heard and gave her longer to process the information.

Yasmin was also helped by a very systematic approach to learning phonics; staff needed to build in opportunities for over learning and revision and build on previous knowledge. Multi-sensory approaches and hands on manipulation of sounds using resources such as phoneme frames and wooden letters also helped her to process and read the target words.

Children with verbal dyspraxia

Also known as developmental verbal dyspraxia or childhood apraxia of speech

General information

Verbal dyspraxia is a disorder that affects a child's ability to produce clear speech. The condition can range from mild to severe.

Although there is no physical difficulty, children struggle to say speech sounds accurately, consistently and/or in the correct sequence to say words accurately. Speech can be extremely difficult to understand, even to people who know the child well. Often they can't say words and sounds when they need them and the way they say these sounds can be very inconsistent, changing with different attempts.

Typically, a child with verbal dyspraxia will have the following characteristics in their speech:

- Limited range of consonant and vowel sounds
- Overuse of certain sounds and distorted vowels
- Difficulty sequencing sounds in words, especially in longer words and sentences
- Difficulty using stress, intonation and rhythm in their speech

Children with verbal dyspraxia may be able to demonstrate grapheme-phoneme recognition by using a sign to represent the sound – for example, the gestures associated with Jolly Phonics or the hand signs used with Cued Articulation. However, this will not usually help with blending the sounds to produce words or non-words. Children with more generalised dyspraxia may not be able to use signs to support their speech.

Helping to access the phonics screening check

Possible issues	Ways to help
Children with verbal dyspraxia will often have age-appropriate understanding of language so should be able to understand the task, but some may not	The adult should check that the child understands the task they are being asked to do
Children may not be able to 'sound out' the graphemes or blend the sounds into words or they may take much longer to do this than other children	No time constraint should be imposed

You should also consider the following in your literacy work with children with verbal dyspraxia:

- Look for signs that a child with verbal dyspraxia is struggling with reading or spelling.
- Are they struggling to progress from reading words as visual wholes to breaking the words down into their sounds?
- Are they struggling to segment the word into syllables and syllables into sounds?
- Are they struggling with rhyme detection, and particularly, rhyme production?

The outcome of the check

Children with verbal dyspraxia are likely to have significant difficulties in saying the individual sounds and even more difficulty in blending the sounds even if they are able to read the word.

Children with verbal dyspraxia may show signs of 'struggling' when trying to 'attack' a sound, for example, when they see a letter 'p', they may say, "b_ b_ p."

The child's responses should be recorded accurately and discussed with the child's speech and language therapist if they have one.

When you listen to the child's spontaneous speech, do they often make the same substitutions for sounds as were heard in the check?

Responding to the outcome of the check

Many children with verbal dyspraxia will not find phonics a useful way to learn to read and spell, as they're unable to produce sounds and words clearly in their everyday speech. For this reason, they will need phonics teaching to be combined with other approaches to ensure best opportunities for learning to read and spell. These approaches may include:

- Use of multisensory approaches including signs/Cued Articulation
- Specific teaching of reading and spelling rules
- Colour coded systems as visual reminders of language structures or of sound groups
- Sound categorisation activities using multi-sensory approaches
- Whole word teaching

For other children, the phonics approach will complement speech and language therapy, designed to teach the child to recognise and produce individual sounds and build these sounds into words. However, it's likely that these children will take much longer to learn phoneme-grapheme relationships and they may continue to struggle with blending phonemes into words for a considerable time. Therefore, adaptations will need to be made to the pace at which children with verbal dyspraxia are taught phonics, and time built in for repetition and revision. The advice of a speech and language therapist should be sought.

Children with verbal dyspraxia should be given the opportunity to learn to read using a 'whole word' approach alongside support to produce individual sounds and to combine these sounds into clearly articulated words. Children with verbal dyspraxia will not simply catch up by having more phonics teaching; they'll need to be provided with a range of approaches to enable development of reading and spelling.

If the verbal dyspraxia is relatively mild and has not been diagnosed previously, the teaching of phonics and the phonics screening check may highlight these difficulties for the first time.

An evidence resource to inform next steps

There's an overwhelming consensus that verbal skills are the most influential in literacy development[42] and children with spoken language difficulties are at higher risk of literacy difficulties.

Additional resources and further support

Speech and language therapists may use programmes such as the Nuffield Dyspraxia Programme to gradually help children to develop their speech sound system and improve their overall clarity.[43]

Organisations and websites:

I CAN - www.ican.org.uk

Afasic - www.afasic.org.uk

Nuffield Centre Dyspraxia Programme - www.ndp3.org

Apraxia Kids - www.apraxia-kids.org

Dyspraxia Foundation - www.dyspraxiafoundation.org.uk

Case Study

Keelie has severe verbal dyspraxia. She's very difficult to understand. When she works on blending, she often says she knows what the word is, but when she comes to say it she gets it wrong. Sometimes it's hard to know if she doesn't know the sounds or just can't say them.

What helps Keelie

Staff have learned Cued Articulation. It helps them to know what she does know by letting her use the signs as well as saying the words; this way she can 'show' them the sound she wanted to say. Keelie has extra time to work on her phonological awareness skills. She has gradually improved her phonic knowledge but it has taken lots of practice and she has moved on at a much slower rate than others in her class.

42 Catts et al, 1994
43 To find your local speech and language therapy department please go to www.talkingpoint.org.uk/talkinglinks

Children with dysarthria

General information

- Dysarthria is a movement disorder caused by brain dysfunction or injury. It results in difficulties in moving the muscles needed for speech, eating and drinking
- Dysarthria occurs in a number of neurological conditions (for example, cerebral palsy)
- Dysarthria can affect precision, speed and/or range of speech movements, with difficulties controlling breathing needed for speech resulting in difficulties with controlling volume of speech, pitch, rhythm etc
- Speech may be slurred, indistinct, nasal, explosive and/or monotonous for a child with dysarthria
- Speech difficulty may range from occasional/mild to being completely unclear. Errors may be affected by tiredness, posture etc. People who know the child well may understand some of what they say, but those who are unfamiliar with them will struggle
- Some children, due to brain damage, have difficulties with understanding and expressing language and/or with cognitive skills
- Some children with severe dysarthria will require alternative means of communication, for example signing or using pictures/symbols/text or an electronic communication aid

Helping to access the phonics screening check

Possible issues	Ways to help
It may be difficult to access the phonics screening check, depending on how clear their speech is Children with mild dysarthria may be able to sound out and blend non-words recognisably enough for the screening test; but for many this would be very difficult	For some, an adult who understands the child's speech will be able to recognise the child's attempts at using and reading real words, for example, the child might consistently say, 'ga' for 'cat' Alternative assessment methods may give valuable information, for example: • Indicating targets from a selection of pictures (without text). Paper-based resources can be used or software such as Clicker, Grid 2 or Communicate in Print • Reading a multiple choice list of similar words to the child who indicates when the target word is read. The list should be long enough to reduce the risk of chance; and words should be read in an even tone • A standardised assessment, such as the Pre-school and Primary Inventory of Phonological Awareness (PIPA)[44] can be used • Assessment of initial sound knowledge should include presentations of pictures without saying the word aloud, to establish if the child can access accurate internal speech
Dysarthria may accompany other cognitive and/or linguistic problems	It may be necessary to model and practice testing procedures in advance

44 Ozanne, Dodd et al

You should also consider the following in your literacy work with children who have dysarthria:

Even if a child is not able to access the phonics screen it's important to establish whether the child has grapheme-phoneme correspondence and can use an alphabet sheet to indicate initial sounds. Identifying initial sounds can be a very useful communication strategy for the child with intelligibility issues.

The outcome of the check

- Some children may be able to complete the check, be scored and have resulting targets
- It may be difficult to accurately record and score the responses for some children so it may be useful to video the assessment and to have more than one person (including a familiar adult) scoring it. It's easy to misinterpret dysarthric speech so it would very beneficial to watch again
- If alternative methods are used, such as picture identification and/or auditory scanning, the information can be used to help with planning, and evaluating progress
- Some children with dysarthria may find the effort involved in using their speech to decode words particularly tiring

Responding to the outcome of the check

It's sometimes assumed that children with dysarthria do best if they learn to read mainly by acquiring a sight vocabulary. However, the child who needs alternative communication can ultimately say what they want if they can spell. Even if this is not fully achieved, the ability to enter the first two or three letters into word processing software, then to identify the target word in a prediction list, enables the child to communicate in print and with speech.

Some dysarthric children have strong auditory skills and their speech errors have little impact on their sound awareness. These children can do well in developing literacy skills, provided targets are informed by adapted evaluation and recording strategy.

Some children really need a multisensory approach; look, listen, feel. For example, feeling voice box vibration, tracing letter shapes with the hands, and learning how sounds are made. Cued Articulation may be a useful tool for highlighting sound contrasts. This helps them understand and remember how sounds look sound and feel, helping them stick.

An evidence resource to inform next steps

Research shows that dysarthria does not necessarily put children at particular risk for later literacy difficulties.[45] However, many important phonological awareness tasks[46] are supported by clear speech as well as children's awareness of the clarity of their own speech sounds.

Additional resources and further support

Publications and resources:

Cued Articulation and THRASS - www.thrass.co.uk/cuedarticulation

Talktools - www.talktools.com

Nuffield Centre Dyspraxia Programme - www.ndp3.org

Earobics - www.earobics.com

Clicker Phonics - www.cricksoft.com/uk/products/content/clicker-phonics

Clicker - www.cricksoft.com/uk/products/tools/clicker

Grid 2 - www.sensorysoftware.com/thegrid2

Communicate in Print - www.widgit.com/products/inprint

Co-Writer Word Prediction - www.donjohnston.com/products/cowriter

Penfriend Word Prediction - www.penfriend.biz

Organisations and websites:

Worster-Drought syndrome support group: Worster-Drought syndrome is a type of cerebral palsy that affects the muscles of speech, eating and drinking. It's sometimes diagnosed quite late if the symptoms are mild - www.wdssg.org.uk

Ace Centre North (for advice on specialist technology, including word prediction) - www.ace-north.org.uk

Scope Reading Project - www.scope.org.uk/news/publications

Child Brain Injury Trust - www.childbraininjurytrust.org.uk

The Bobath Centre - www.bobath.org.uk

National Institute of Conductive Education - www.conductive-education.org.uk

45 Stackhouse and Wells, 1987; Bishop and Robson, 1989
46 Card and Dodd, 2006

Case Study

Daniel is 8 and has Cerebral Palsy. His speech consists entirely of vowels. Meaningful rhythm and intonation enable people who know him well to understand Daniel most of the time, provided the context is known. When misunderstood, Daniel indicates initial letters on an alphabet board and repeats the word. This strategy usually works but some phonic errors result in frustrating 'blind alleys.' Daniel's learning to record work using text-to-speech software with word prediction. He usually recognises predicted target words but the strategy fails if he mis-selects initial letters.

Daniel's in a mainstream school and outshines some of his classmates in a number of literacy skills. He's frustrated by the fact he sometimes makes phonic errors and can't hear the difference.

What helps Daniel

Daniel's benefiting from a heightened multi-sensory focus on phoneme discrimination and initial sound awareness. Phonological awareness is of functional importance to his communication.

Children who are non-verbal

General information

Children may be non-verbal as a consequence of a wide range of conditions including cerebral palsy, Down's syndrome, autism, neurological disorders, trauma or speech disorders. They are likely to have learning styles that differ from other children.

It's important to differentiate between non-verbal children, whose condition is primarily a motor disorder, and children with high levels of cognitive disorder and delay and pre-verbal children with a profound and multiple learning disability.

All non-verbal children should be exposed to phonics as the ability to indicate first sound can be highly supportive of their future use of alternative and augmentative communication (AAC). When non-verbal children are using word prediction the first two letters of words become important.

However, phonics should not be the only way reading is taught to non-verbal children as they will often rely heavily on visual recognition of whole words.

Helping to access the phonics screening check

Non-verbal children will struggle with the check and will not be able to verbally show whether they're able to blend sounds, appropriately although they may be learning to read.

It's likely that at the age the check is administered any AAC in use by the child will be very heavily symbol based, usually with whole words presented simultaneously. This will not give the child any means to demonstrate the phonic knowledge he or she may have.

Possible issues	Ways to help
The environment may not be helpful	The check should be undertaken in a room low in auditory and visual distraction by a teacher familiar with the child's mode of response. The child should be seated in a position giving appropriate support
The child may tire easily	If fatigue is known to be a problem or is evident during checking, the check should be broken into sections, administered on different occasions
The child may find responding difficult	The child must be given extended time (up to 400%), if necessary, to respond Any AAC system used by the child must be available to the child during the check
There may be difficulties with: • Listening and attention • Verbal comprehension • Working memory affecting retention and processing of phonics • The lack of external and internal voice can contribute to an apparent memory and retention issue • Processing visual and auditory input at the same time due to their immature nervous system or other sensory issues • Motor skills affecting motor planning and response	Ensure that the teacher is aware of the following that will assist in the check • Attention and joint attention (visual and auditory) • Eye pointing skills • Other pointing/access skills and how posture/supported seating can assist

You should also consider the following which may support children who are non-verbal to develop literacy:

- Identify and use a child's preferred learning 'style'
- Auditory and visual perceptual skills
- Which familiar structures that scaffold new learning will support an individual most effectively
- How much repetition and context is required for verbal comprehension

Teachers regularly working with a non-verbal child should be aware of these abilities and preferences. On-going assessment is required to match input correctly to pace of learning.

The outcome of the check

The mode of response (for example use of AAC) should be recorded as well as the content of the response.

Wherever possible the check should be discussed in advance with a speech and language therapist, or specialist advisory teacher for language, so that those responses which will be recorded as correct are identified. They can also help in analysing the results of the check.

Sometimes the outcome may be unreliable for non-verbal children, even if the recommended support is followed. Phonic awareness may be present in excess of that demonstrated within the check but not be demonstrated due to limitations in the AAC system available and known to the child.

Responding to the outcome of the check

Non-verbal children should be exposed to phonics teaching as this will support their use of AAC devices that they may go on to use for communication. However, phonics teaching is unlikely to be the primary way that non-verbal children learn to read as a result of the lack of external and internal voice and the inability to sound out and repeat words. Successful reading in non-verbal children generally appears to place huge reliance on visual memory.

The following approaches are recommended:

- Graded approaches to phonics teaching
- Mirror work and babble for pupils who have some ability to articulate
- Multi-sensory approaches
- Allowing enough time
- Auditory discrimination activities, for example, minimal pairs

Non-verbal children require a multi-faceted, systematic approach to learning to read. This should include phonics, by necessity in a differentiated way, and whole word and word chunk recognition.

An evidence resource to inform next steps

Short sessions of 15-20 minutes every day following the teaching sequence suggested in the programme of Review-Teach-Practice-Apply will support children's incremental acquisition of phonics knowledge and skills.[47]

Additional resources and further support

Publications and resources:

Nuffield Centre Dyspraxia Programme Ltd (NDP) 2004

Jolly Phonics

Makaton and Signalong

ABC pocket phonics for iPad

Cued Articulation

Flash Cards, computer software & worksheets

Visual supports: objects, photos, pictures, symbols (for example, Widget Literacy from the Communicate in Print package) line drawings

Use of tactile letters

Leapfrog Phonic Radio

Simple switches with sound/letter attached

Widgit

Mr Thorne does phonics for the iPad

Organisations and websites:

ACE Centre – www.ace-north.org.uk

Communication Matters - www.communicationmatters.org.uk

Scope – www.scope.org.uk

Symbol UK - www.symboluk.co.uk

Candle - www.candleaac.com

Down's Syndrome Education International - www.dseinternational.org/en/gb

47 Stackhouse and Wells, 1997

Case Study

Carlos is 6 and has severe cerebral palsy. Carlos was able to eye point and fist point reliably although he required occasional help when he was tired. He was communicating using a picture based communication board and communication book. Carlos enjoys music and rhythm.

What helps Carlos

Introduction of grapheme/phoneme correspondence started with sound lotto, barrier games and other activities, which kept motivation high. Mirror work and multi-sensory approaches "look at my mouth, listen to the sound and feel of my voice" was also helpful. Carlos then moved on to a range of auditory discrimination tasks and was soon able to recognise sound position in words and voiced/voiceless contrasts.

Being able to use an alphabet board with phonic prompts assisted Carlos greatly and it was used in games, like '20 questions', to motivate Carlos. Target vocabulary was then added to the Communication Book and, subsequently, an augmentative communication device.

Alison is 10 and has cerebral palsy and is able to access a high tech eye pointing device. Her cognition has been difficult to determine but her sentence construction, prior to intervention, consisted of two or three key words such as "Daddy sleep chair".

What helps Alison

Following five months on a reading programme exclusively using a whole word approach, Alison had achieved full sentence construction such as "Daddy is sleeping in the chair".

Alison is also improving her spelling with the use of a phonics programme on her AAC device. This programme is based on analytic phonics rather than synthetic phonics because analytic phonics supports the need for repetition and consolidation of one sound before moving on to the next.

This approach is suitable for children who have difficulty with learning or whose physical difficulties restrict their access to the practice of making sounds.

Children with selective mutism

General information

Selective mutism is a consistent failure to speak in specific social situations in which there's an expectation of speaking (for example at school), despite speaking in other situations and lasts at least one month (not limited to the first month at school). The failure to speak is not due to lack of knowledge of, or ease with, the spoken language required in the social situation, nor is it better accounted for by another communication disorder.

Selective mutism interferes with educational achievement and/or with social communication.

Children with selective mutism:

- Speak comfortably in at least one setting, most often at home with one or both parents, and sometimes with other family members
- Often look blank or expressionless when anxious and may find it difficult to make eye contact
- May not show emotions (smile, laugh or show true feelings), although some do
- Are extremely anxious outside their 'safe' environment, although this is often well concealed; in school they're likely to be feeling anxious most of the time
- May move stiffly or awkwardly when anxious, or if they think they are being watched
- Find it extremely difficult to answer the register, say hello, goodbye or thank you
- Find it difficult to make what appear to be simple choices (for example, 'pick a colour', 'choose a partner', 'find a space') fearing that they don't know the 'correct' response
- Can be very slow to respond to a question
- Can be very sensitive to noise, touch or crowds
- May have other phobias (for example, eating in front of others or using the school toilet)

Many children with selective mutism may also meet the diagnostic criteria for various social anxiety disorders.[48] There may be a history of shyness, anxiety, speech and language disorders or psychiatric disorders in the family of a child with selective mutism.[49]

It's important to recognise the underlying anxiety that is the likely origin of selective mutism and to dismiss any ideas that it's deliberate, wilful or controlling behaviour by the child. Understanding this will relieve the stress felt by adults working with the child.

The most common place for children to exhibit mute behaviour is in the classroom, so teachers or nursery staff often notice the disorder first.

Generally children with selective mutism are very wary of any situation that demands verbal responses, especially checks. Their anxiety may well increase to a level that makes it impossible for them to respond at all. It's likely that they will have to be excluded from the check. Some children will be amenable to a non-verbal assessment technique, such as pointing to letters, but others may not even be at the stage of communicating non-verbally. Adults should understand that persuasion, flattery, bribery, pressuring or punishing children with selective mutism will only increase their anxiety.

Helping to access the phonics screening check

Be advised by the parents, speech and language therapist or other involved professionals, because even attempting the check may be too stressful and set back any progress towards speaking made by the child.

Possible issues	Ways to help
The child may worry they will be interrupted or overheard	Undertake the check in a quiet space
Most children with selective mutism have adequate comprehension and reception skills in the classroom, but are unlikely to speak to name alphabet letters, produce phonics sounds, or read text	Some children will allow their parents to videotape or audiotape their reading performance at home, which can then be reviewed by school staff
If the child is not speaking at school, it may be possible to look at alternative ways to access the check	Administer the check at home in the presence of the parent (with or without the use of video or audiotape) The speech and language therapist or another professional, with whom the child is able to speak comfortably, could administer the check outside of school

48 Black and Uhde, 1995; Dummit et al, 1997
49 Steinhausen and Adamek, 1997

The outcome of the check

Some children may feel able to undertake the check with a familiar adult, for example their speech and language therapist, outside of school. Their responses may accurately reflect their phonic skills.

Some children with selective mutism, who have reached the stage of speaking in a whisper, may respond to a familiar person in a situation where they will not be overheard. If they're only whispering, all the speech sounds they produce will sound voiceless (for example, 'b' produced as 'p', 'd' as 't' and 'z' as 's').

Responding to the outcome of the check

Approaches to support the literacy development of children with selective mutism:

The mutism is highly functional in that it reduces anxiety and protects the child from the perceived challenge of social interaction. Treatment of selective mutism should focus on reduction of the general anxiety, rather than simply focusing only on the mute behaviours.

All literacy work should be set within general good practice for children with selective mutism – please see the section on additional resources and further support on the next page.

- Use non-verbal activities for recognition of phonemes with signs or actions (for example, Jolly Phonics), word picture matching and word sorting

An evidence resource to inform next steps

Most children with selective mutism have adequate language skills to learn to read and will not require special education provision, but some adaptations and staff awareness training will be necessary; selective mutism is unlikely to resolve spontaneously. Early identification and intervention are essential, as the longer selective mutism is left the more difficult it is to resolve. Outcomes are generally successful if selective mutism is identified and treated as early as possible.[50]

Additional resources and further support

Publications and Resources:

The Selective Mutism Resource Manual by Maggie Johnson and Alison Wintgens (2001) Published by Speechmark

Can I tell you about Selective Mutism? A guide for friends family and professionals by Maggie Johnson and Alison Wintgens (2012) Published by Jessica Kingsley

Silent Children: Approaches to Selective Mutism (video/DVD and book) Rosemary Sage and Alice Sluckin, eds. (2004) Published by SMIRA and University of Leicester

SMIRA Information Pack for Resource Centres and Information Pack for Parents, available from:
www.smira.org.uk/publications/23-smira-publications.html

Helping your child with Selective Mutism: Practical steps to overcome a fear of speaking by Angela, E., McHolm, Ph.D., Charles, E., Cunmningham, Ph.D., Melanie, K., Vanier, M.A., (2005) New Harbinger Publications Inc.

Helping Children with Selective Mutism and their Parents: A Guide for School-Based Professionals by Christopher Kearney, Ph.D (2010) Published by Oxford University Press

Understanding the World of Selective Mutism (CD-ROM), by the Selective Mutism Group Childhood Anxiety Network: Erin Benzie and Susan Benzie, Sherry Heckman, Julie Nicodemus

Jolly Phonics
http://jollylearning.co.uk/overview-about-jolly-phonics

Teachers' CPD Course, Supporting Pupils with Selective Mutism
www.lighthouse.tv

Organisations and websites:

Selective Mutism Information and Research Association -
www.simra.org.uk

Selective Mutism Group-Childhood Anxiety Network -
www.selectivemutism.org

50 Johnson and Wintgens, 2001

Case Study

Priya was a shy and 'clingy' toddler, she didn't speak at nursery, although she did at home. By the time she reached three years of age, her mother was concerned about her speech and decided to seek professional advice.

After some research, her mother contacted SMIRA and the family attended their annual conference, meeting parents of children with similar issues and were able to speak to professionals with an understanding of selective mutism.

After a time of settling in at school Pryia was still not speaking there. She was seen for assessment by an Educational Psychologist and her mother and teacher attended a training course on selective mutism.

What helps Priya

The school followed guidance on no one putting pressure on Pryia to speak and a specific 'sliding-in' programme was set up using the 'Selective Mutism Resource Manual'.

This structured programme, very gradually introduced the teacher into short activities where Priya was talking with her mother in a quiet room in school – from sitting outside with the door closed, to moving nearer to Priya and her mum. These 'sliding in' sessions continued through reception.

After a while Pryia was happy to give one or two word answers to her teacher. She also started to speak to each of her friends one by one. At the beginning of Year 1 Pryia was able to answer the register. 'Sliding-in' was then discontinued and Pryia was allowed to progress on her own. Her confidence has grown and she now speaks spontaneously and freely to children and adults. She has taken on a speaking role in her school nativity play and has sung a solo with a drama group. This improved confidence in talking at school has enabled Priya to join in and make good use of phonics teaching.

Children with pragmatic language impairment

Also known as semantic-pragmatic disorder

General information

Children with pragmatic language impairment have difficulty in using language appropriately in social situations. This may include difficulties with:

- Following conversational rules (often 'off topic' or 'one sided')
- Changing language according to the needs of a listener or situation (too little or too much background information; adjusting language appropriately to the situation to friends, familiar adults, teachers)
- Extracting salient points from a conversation, story or information
- Understanding jokes, idioms, metaphors and sarcasm (resulting in over-literal comprehension)
- Understanding and using non-verbal communication
- Making and maintaining friendships
- Tendency to be concrete or prefer facts to stories
- Reading comprehension
- Prediction, inferencing and narrative
- Organisational skills
- Intonation (may lack variation)

Children with pragmatic language impairment may say inappropriate or unrelated things during conversations or use unusual language and vocabulary. However, they can have age appropriate complexity of sentence construction and word structure and can appear to have fluent, complex and clearly articulated expressive language.[51]

51 Bishop and Norbury, 2002 and Bishop DVM, 2000

Helping to access the phonics screening check

Possible issues	Ways to help
Children with pragmatic language impairment often have difficulty making sense of new situations or activities There may be difficulties due to raised anxiety because of poor situational understanding	The check needs to be presented as a routine reading session or other familiar task with a well-known teacher
Children with pragmatic language impairment have concrete understanding and struggle to understand higher level aspects of language like inference	Check instructions will need to be given in simple language and children may need you to repeat what they need to do and additional trial items
They may be easily distracted - unusual or novel items, such as the unusual illustrations in the phonics screening check may be particularly distracting	The screen will therefore need to be carried out in a quiet, distraction-free environment
Some children with pragmatic language impairment have good decoding skills and will expect words to be meaningful; therefore they may under perform on the pseudo-words because they are trying to make them into real words [52]	Further emphasis that these words are names of monsters or aliens may help to overcome this problem

You should also consider the following in your literacy work with children who have pragmatic language impairments:

- Does the child understand what they can read?
- Is the child able to draw the main theme from a story or conversation?
- Does the child appreciate the difference between real and pseudo words?
- Does the child have difficulty with sequencing and narrative?
- Is the child able to follow jokes, sarcasm and general social chatting?

52 Freed et al, 2011

The outcome of the check

Some children with pragmatic language impairment can show hyperlexia. Hyperlexic children are very good at word decoding, well above the expectation for their age but often have poor reading comprehension abilities. This means that they're likely to perform well on the phonics screening check.

It may be difficult for children to maintain their focus across all of the check items if they are distracted, for example on the unusual illustrations.

Some children will make errors and under perform on the pseudo words as they would expect a word to make sense and so turn the non word into a real word.

Responding to the outcome of the check

Reading comprehension must be considered in children with pragmatic language impairment, as it's likely to be well below decoding ability[53] and will have long term negative effects on academic achievement if not supported.

Good decoding skills, may mean their difficulties with comprehension may be hidden and overlooked in the early stages of literacy acquisition. In addition to exposing them to story books, they'll need intervention that targets the following areas in order that they begin to develop reading comprehension:

- ✔ Conversation skills
- ✔ Narrative skills
- ✔ Social inference
- ✔ Social adaptation

An evidence resource to inform next steps

Research evidences a high level of variation of literacy for children with pragmatic language impairment;[54] some well above the norm and some well below. Overall their decoding skills tend to be in the lower end of the normal range.

Intervention that develops conversation and narrative skills, in addition to facilitating understanding of social inference and social adaptation, can bring about significant improvement in pragmatic skills and expressive language. *'Changes in communication skills had a concurrent beneficial effect on literacy skills in the classroom'.*[55]

Additional resources and further support

Publications and resources:

Anderson-Wood, S. and Smith, B. R. (1997): Working with pragmatics Bicester: Winslow.

Black Sheep Press, speech and language therapy resources, various materials for pragmatics, www.blacksheep-press.com

Talkabout resources for developing social communication skills, www.shop.alexkelly.biz

Firth, C. and Venkatesh, K. (1999) Semantic-pragmatic language disorder, Winslow: Bicester

Gray, C. A., White, A. L. and McAndrew, S. (2002) My social stories book, London, Jessica Kingsley

McTear, M. and Conti-Ramsden, G. (1991) Pragmatic disorders in children: assessment and intervention, London, Whurr

Rhyner, P.M. (ed.) (2009) Emergent literacy and language development: Promoting learning in early childhood, New York: The Guilford Press

Social Communication Intervention Project
www.psych-sci.manchester.ac.uk/scip

Social Use of Language Programme for Infants
www.wendyrinaldi.com/wr-sulp-ip.stm

Organisations and websites:

I CAN – www.ican.org.uk

Afasic – www.afasic.org.uk

53 Freed et al, 2011
54 Freed et al, 2011
55 Adams C., 2004

Case Study

Kaleem has pragmatic language difficulties and does not stop talking. He has lots to say about many different subjects. He struggles to have proper conversations with people; he can't wait for them to finish what they're saying and often interrupts. Kaleem really finds it hard to stay on the same topic as everyone else and goes off on a tangent a lot.

Kaleem is excellent at reading; he can read anything that's put in front of him. The staff noticed, though, that although he was able to pass all the items on the phonics screening check, he never seemed to understand what was going on in his reading books.

What helps Kaleem

His teacher has started to ask him comprehension questions after every page to encourage him to think about what he has read. The staff are now working with Kaleem on understanding information that needs to be inferred, because unless it's really obvious, he just doesn't understand it. They have also introduced some comprehension monitoring work with him; this has helped him to start to be aware about when he hasn't understood what he has read.

Children with autistic spectrum disorders

Also known as autism, autism spectrum disorder or autism spectrum condition

General information

Children with autism spectrum disorder (ASD) struggle with aspects of communication and interaction as well as their imaginative thinking. Children often have language needs, though this varies greatly between individuals. Some children may have high functioning autism and they may have good language with some specific areas of difficulty. Difficulties may or may not include phonic skills.

Helping to access the phonics screening check

Possible issues	Ways to help
Children may lose attention	Children with autistic spectrum disorders will benefit from undertaking the check in a room with low levels of auditory and visual distractions and from breaks
They will also need pre-preparing for the check	For example, use a visual timetable
Processing may be difficult	It may be necessary for children to be given extended time to respond
Children may be anxious about a check or new activity	If possible make the check appear like a routine activity, for example administering it when the child is usually withdrawn for one to one support

The outcome of the check

Some children with ASD will not reliably demonstrate their phonic skills in this procedure due to issues with any of the following:

- Participating in an unfamiliar task format
- Understanding what's required in this check
- Focusing attention and maintaining focus of attention for the duration of the check
- Behaviour and participation issues, which may include the child following their own preferred activities related to motivational and sensory issues
- Difficulties with auditory processing and auditory memory. Children may also have co-occurring learning disabilities or dyspraxia

Some children will show exceptional phonic skills and awareness for their age; these children may be hyperlexic, showing good decoding skills but very limited comprehension of reading.

Some children with ASD will show expected phonic skills for their age whilst others, with language impairments impacting on phonic skills, may lack basic phonic skills to attempt the check. These children may employ strategies to avoid the tasks presented, or give unrelated responses, or no response at all.

Staff who know the child well will be able to comment on the extent to which they have engaged with the check format and on the likelihood of gaining an accurate measure of phonic skills from this check.

Check results should be compared with phonic skills demonstrated in activities that are familiar to the child and observed use of phonic strategies when reading and in other tasks.

The child's comprehension of reading should be checked frequently.

Responding to the outcome of the check

Teachers will need to take into consideration the child's strengths and needs to optimise their access to learning.

Children with ASD should have access to phonics using a multi-sensory approach through auditory, visual and tactile teaching rather than just relying upon auditory processing skills or their writing. Some will require an individually tailored approach that takes into account their individual profile of skills and difficulties. Some will use alternative strategies for reading, such as whole word recognition, or reading using symbols as well as, or instead of, written words.

Key considerations include:

- Use of multisensory strategies using visual and kinaesthetic strategies as well as auditory strategies
- Use of symbols and/or whole word recognition to support skills at decoding text for pupils who have specific difficulties with phonic decoding
- Building motivation to engage in reading and phonics tasks through formats and routines that are engaging for the individual and play to their profile of strengths

Reading comprehension must be considered in children with ASD, as it may be well below decoding ability and will have long-term negative effects on academic achievement if not supported. If children with ASD have good decoding skills their difficulties with comprehension may be hidden and overlooked in the early stages of literacy acquisition. In addition to exposing them to story books they will need interventions that targets the following to develop reading comprehension:

- ✔ Conversation skills
- ✔ Narrative skills
- ✔ Social inference
- ✔ Social adaptation

Additional resources and further support

Publications and resources:

Read, Write, Inc – www.ruthmiskinliteracy.com

Nuffield Centre Dyspraxia Programme - www.ndp3.org

ACE Centre North: An introduction to symbols and also provides information on a wide range of low and high-tech communication aids - www.ace-north.org.uk

Social Stories, a range of Carol Gray books - www.thegraycenter.org/social-stories/how-to-write-social-stories

TEACCH – www.autismuk.com

National Autistic Society – Social stories and comic strip conversations, visual supports

Information sheets on visual supports and social stories and comic strip conversations - www.autism.org.uk

Communicate In Print 2: Create symbol resources - www.widget.com

Organisations and websites:

National Autistic Society – www.autism.org.uk

Case Study

Jack uses some common words and social phrases to communicate. He responds well to visual systems such as symbols and signing. When given too much verbal information, he 'shuts down' or screeches.

Jack performs well in familiar, highly structured situations and attends to familiar activities for up to 10 minutes. He is resistant to change, often displays distress at times of transition, and opts out of new experiences.

In the check, Jack is unwilling to engage in the unfamiliar format and situation. Jack's teachers decide to look at alternative ways of gaining a clear view of Jack's decoding skills within his usual routine and activities.

What helps Jack

Jack uses Read, Write Inc on a daily basis and has this displayed on his visual timetable; this is on his timetable Monday-Friday at the same time, giving him consistency. Sounds are produced on the smartboard using a voice-activated system; all teachers in the school who are trained in RWI are using the same consistent sounds and vocabulary. There are many opportunities to practice and repeat sounds with lots of praise given. Sounds are taught visually through the smartboard as well as using a hands-on approach using finger puppets. Symbol cards (including Lipsync, which shows the change in mouth position), posting games, and mirror work including a range of oral activities are used to encompass Jack's need for a multi-sensory approach. Social stories can be used to explain the nature of the session and a talking mats approach can be used to categorise under the headings of voiced/voiceless, etc.

Staff who carry out this activity with Jack report that he has a good knowledge of letter-sound correspondence, but is unable to produce certain speech sounds. He's able to decode some CVC words but doesn't do so consistently.

Children with Down's syndrome

General information

Down's syndrome is caused by the presence of an extra chromosome in a baby's cells. People with the syndrome will have a degree of learning difficulty. However, most people with Down's syndrome will walk and talk and many will read and write, go to mainstream schools and lead fulfilling, semi-independent lives.[56]

Research has demonstrated a strong link between speech, language and communication needs (SLCN) with Down's syndrome over and above the impacts of learning disability and hearing loss associated with the syndrome.[57]

There is a wide variation in how this presents in individuals. In Key Stage 1, some children with Down's syndrome have established spoken language skills while others are developing spoken language and/or using alternative means of communication such as signing.[58]

Helping to access the phonics screening check

Possible issues	Ways to help
Check situations without feedback are difficult for many children with Down's syndrome	The teacher administrating the check needs to give consideration to motivation and encouragement
For some pupils with Down's syndrome, performance on a given day will be affected by other factors such as health issues, fatigue, and factors in the school environment that impact on participation and behavior	Account for these other factors where you can

56 www.downs-syndrome.org.uk
57 Miller Leddy Leavitt, 1999
58 Buckley and Bird, 2001

You should also consider the following in your literacy work with a child with Down's syndrome:

Does the child have an individually tailored daily reading programme that's informed by recommendations on teaching children with Down's syndrome to read, teaching phonics through good visual, kinaesthetic programmes alongside a whole word approach, using match, select and name?

Is the child supported to develop phonic skills through a programme of activities that takes into phonological processing; specifically targeting letter sound correspondence, marking syllable structure, discrimination between single sounds, onset and time and discriminating sounds in words of increasing complexity?

The outcome of the check

There will be a wide range in variation in how individuals respond to this check. Some children with Down's syndrome will be able to engage with the tasks and demonstrate some phonic skills. For those learning to use phonic decoding, if performance is consistent with performance in other contexts, the check may be an accurate indicator of skills.

However, children with Down's syndrome are likely to rely on whole word recognition for longer periods than other children and not to use phonic skills for decoding during Key Stage 1.[59] This means that checking of phonic skills, during Key Stage 1, is likely to give an under estimate of functional reading ability.

Research has demonstrated particular difficulties with sound synthesis, which will affect reading of non-words. Many children with Down's syndrome substitute known words when presented with non-words in tasks.

Responding to the outcome of the check

Children with Down's syndrome typically learn to read through whole word recognition and rely on this strategy for a longer period than their typically developing peers. Phonological skills are delayed relatively to word reading skills for this group,[60] however, some individuals with Down's syndrome may present with phonological skills in line with reading skills.[61]

A whole word approach to reading using match, select and name should be used alongside a phonics programme.

Children with Down's syndrome benefit from extensive phonological awareness programmes, including grapheme-phoneme correspondence with visual and kinaesthetic representations.

Children with Down's syndrome need to develop awareness of syllable structure before identifying individual sounds, and the clapping out of syllables as they are said.

An evidence resource to inform next steps

The literature indicates that children with Down's syndrome are disadvantaged by inflexible assessment procedures and recommend gathering data from observation and talking to their parents, and that changes in their attention should be accommodated.[62]

Research into the learning style associated with the syndrome indicates that children with Down's syndrome are more motivated to engage in no fail tasks that they know they can achieve with rewards for success, rather than unfamiliar, graduated tasks without feedback.

However, the literature indicates that phonic knowledge does not predict reading skills for this group:[63]

'For children with DS, letter-sound knowledge did not predict reading whereas it did for normal controls'.

They suggest that:

'Children with DS do not possess full phoneme awareness; although they can identify initial phonemes in words, they do not understand phoneme invariance and may rely less on phonological skills for reading than controls.'

59 Buckley, 2007
60 Burgoyne, 2009
61 Buckley, 2007
62 Leddy Leavitt, 1999
63 Snowling et al, 2002

Additional resources and further support

Publications and resources:

Patricia Logan Oelwein, (1995) Teaching Reading to Children With Down Syndrome: A Guide for Parents and Teachers (Topics in Down Syndrome), Woodbine Press

Education Support Pack for Special Schools, UK Down's Syndrome education consortium 2002, Unit 6 developing reading skills. Free download at www.downs-syndrome.org.uk/images/documents/1102/Education_Support_pack_Special_Schools.pdf

Education Support Pack for pupils with Down's syndrome, UK down's syndrome education consortium 2011. Order from www.downs-syndrome.org.uk/shop/publications/education/primary/1101-education-support-pack-for-schools-primary-schools.html

See and Learn Resources from Down's Syndrome Education. Free download at www.seeandlearn.org/en/gb/resources

Sue Buckley, (2001) Reading and writing for individuals with Down's syndrome - an overview. Free download at www.down-syndrome.org/information/reading/overview

Sue Buckley, Jane Beadman and Gillian Bird (2001) Reading and writing for children with Down syndrome (5-11 years). Free download at www.down-syndrome.org/information/reading/childhood

Organisations and websites:

Down's Syndrome Education International - www.dseinternational.org/en/gb

Symbol UK - www.symboluk.co.uk

Down's Syndrome Association - www.downs-syndrome.org.uk

Case Study

Max has some knowledge of letter-sound correspondence and recognises around 25 words following teaching of word recognition using flashcards and matching and practice in personalised books.

When tested, Max reads 'in' in the practice sheet and 'to' for 'ot'. He enjoys looking at the pictures of imaginary creatures. He does not read the words presented in the test. When individual letters are pointed out, Max gives the correct sound for letter t and l at the start of words. After looking at 3 words, he pushes the materials away and signs that he wants the ball.

It's decided that the test is a negative experience for Max who generally enjoys looking at words and experiencing success.

Children who stammer

Also known as stuttering or dysfluency

General information

Stammering varies with the individual child, but some common features are:

- Repetition of whole words, for example, "When, when, when, are we playing?"
- Repetition of single sounds or parts of words, for example, "G-g-go away!" or "Mu-mu-mu-mummy"
- Stretching sounds in a word, for example, "I like that s-s-story"
- Blocking of sounds - when the child's mouth appears ready to speak but no sound emerges for several seconds, for example "----I got a book"
- Stopping speaking half way through a sentence
- Tension signs in the face, for example, around the eyes, lips, neck or nose
- An extra body movement as the child tries to push out the word, for example, stamping their feet, tapping with hands or changing position
- Breathing might sound affected, for example, the child might hold his breath while speaking

Stammering can come and go. It can change even within the same conversation and can fluctuate from mild to severe depending on the situation. It may range from part and whole word repetitions a few times a day for one child, to blocking for 3-4 seconds, accompanied by gestures like foot stamping, for another.

There is a major difference between the beginning stammering found in a young child and the confirmed condition in older children and adults. Stammering in young children is largely a temporary speech difficulty as it can be overcome with modern approaches to therapy.

Helping to access the phonics screening check

Possible issues	Ways to help
Some children who stammer aren't concerned about their speech but others can be aware of it as a difficulty, even at a young age	Choose a day in the week, and a time in the day, when the child has been observed previously to be more fluent If the teacher knows the child is aware of his speech and is able to express an opinion, the child should be asked about their choice of timing
Children who stammer sometimes exhibit higher than average anxiety levels when confronted with changing or new circumstances	Be ready to support them by answering any questions before the screen takes place Children should feel that the check is like a 'play' exercise that will help their reading and may be reassured by a session with the practice materials Create a relaxed environment to administer the check to help to lower anxiety levels: • Select a familiar room that is welcoming and quiet • Have a teacher administer the check who the child knows well Choose a time when the child appears relaxed
Children who stammer may need more time	Allow as much time as is needed by the child at the start so that they can relax before the check commences Allow the child to rest during the check if they're tiring; give time as needed for completion Teachers should modify their own speech rate by slowing down and pausing (signaling that there is no need to rush)
They may need to respond in a slightly different way	Allow the child to whisper the response, and/or use a different voice, as even young children who stammer sometimes have worked out that they don't stammer if they do this When stammering is very severe allow the use of alternative strategies of visual phonics if practised in the school. These may reduce the pressure sufficiently for the child to make a verbal response

Possible issues	Ways to help
The way the adult responds may impact on how the child is able to access the check	Maintain normal eye contact, particularly when the child stammers Avoid the natural tendency to tense up, look away or fidget, as the child stammers
It may be difficult to distinguish between repetition, resulting from the stammer and a difficulty in blending sounds	Ensure the teacher is familiar with stammering and its effects and is experienced in recognising the child's stammering so that in marking the child's responses a distinction can be made

Generally children who stammer will have been identified, but in some very rare cases even a young child may be hiding an undiagnosed stammer. Any behavioural concerns should be explored and stammering or other SLCN considered, for discussion with a speech and language therapist prior to the phonics screening check.

The outcome of the check

If the child gets stuck on certain phonemes when sounding out a word, so that the blending becomes disrupted, encourage another attempt, but don't suggest taking a breath or give other advice drawing attention to the stammer.

In interpreting the outcome of the check, it will be necessary to try to distinguish between repetition of graphemes that are caused by the stammer, and those that indicate difficulties with phonics, so that the child is not penalised for repetitions caused by the stammering.

It will also be necessary to consider whether the child is distracted by anxiety and is achieving below his potential, or is employing 'safety behaviours' to avoid stammering (for example not answering, shaking head or repeating "don't know").

Responding to the outcome of the test

Children who stammer have the same range of abilities and personality traits as children who do not and therefore with support can access phonics teaching in the usual way, but during non-fluent periods may not be able to sound out graphemes. Stammering occurs less for most children when speaking in unison; so whole class teaching or a small group approach with children responding together is helpful.

In some phonic approaches the children are encouraged to repeat the sound several times when shown the grapheme; this can be upsetting as it mimics stammering.

Using a speaking friend might be helpful for all pupils, but particularly the child who stammers, as when he talks in unison with his partner he will not stammer and should be able to more easily remember his own speaking, so that the sound of the letters is reinforced.

This is a complex area and should be individually addressed within the classroom to meet the needs of the individual child. Seek advice from the speech and language therapist and use the resources described on the next page.

There is a rare possibility that a child may be heard to stammer during the phonics screening check when it has not been previously identified. The teacher must be alert to this and able to give support.

An evidence resource to inform next steps

There is no single cause of stammering, although there may be a genetic link. Current research indicates that the cause of stammering has a physiological basis in the brain structure.

Whilst the cause of stammering is not entirely clear early intervention is essential.

'To learn to speak fluently, a child's brain must develop many different neural circuits, and these circuits must interact in very precise and rapid ways. Stuttering emerges in childhood as a symptom that the brain's neural circuits for speech are not being wired normally. For this reason, early intervention is critical, because by shaping the child's experience, we can affect the on-going wiring process in the child's rapidly developing brain. The longer the stuttering symptoms persist in early childhood, the more difficult it is for us to change the brain's wiring, and stuttering becomes a chronic, usually lifelong problem.' [64]

Additional resources and further support

When a child is stammering the school or the parents should make a referral to a speech and language therapist who specialises in stammering. Recovery is most likely if intervention is as early as possible. Children who stammer can reach their potential, if support is provided at home and in school.

Publications and resources:

British Stammering Association - www.stammeringineducation.net

British Stammering Association leaflets for teachers and parents - www.stammering.org

Michael Palin Centre's DVD 'Wait, wait I'm not finished yet....' - www.stammeringcentre.org

Organisations and websites:

The British Stammering Association - www.stammering.org

The Michael Palin Centre for Stammering Children - www.stammeringcentre.org

Stammering Support Centre, Leeds - www.leedscommunityhealthcare.nhs.uk/cslt

The Fluency Trust - www.thefluencytrust.org.uk

64 Smith, A. (2008)., Purdue University at the Oxford Dysfluency Conferencee

Case Study

John was 5 and had started speech and language therapy two months before the check. Whilst John had been waiting for a therapy appointment, his teacher had accessed the online teacher training resource of the British Stammering Association for strategies to help John participate more constructively in lessons.

Once therapy started the therapist worked with John and his teacher, so John was more confident and his fluency was slightly improving. Before the check John's teacher talked with the whole class about what would happen, she presented it as an interesting 'play' exercise to help the children's reading.

She used a lesson to talk individually with each child, while the teaching assistant supervised the classroom group work. The teacher then used the practice material successfully with the class.

John wanted to choose the time of day when he did the check and he completed it early in the morning with his teacher, having one rest break. He seemed relaxed, and when he stammered on a word he was unconcerned and just continued with it, knowing his teacher understood his speech.

The result matched his teacher's expectations and he was encouraged by that.

Children who are deaf

General information

The term deaf refers to all types and degrees of hearing loss. This includes:

- ✔ Congenital (pre-lingual)
- ✔ Acquired (post-lingual)
- ✔ Permanent sensori-neural
- ✔ Temporary conductive loss (glue ear/otitis media)
- ✔ Auditory Neuropathy Spectrum Disorder
- ✔ High frequency vs. low frequency losses
- ✔ Unilateral losses

Degree of loss may vary from mild, moderate, severe to profound.

The term deaf includes all deaf children irrespective of how they communicate, orally or through Cued Speech, a signed system or sign language.

Helping to access the phonics screening check

Some deaf children will have real difficulty accessing the phonics screening check, as they do not have the phonological awareness skills necessary for speech and literacy and disapplication may need to be considered for these children. Other children may have acquired an appropriate level of phonics through, for example, Cued Speech and may be able to undertake the screen

Possible issues	Ways to help
Level of hearing impairment	Instructions should be delivered in an appropriate mode (signed/spoken/Cued Speech etc.), and at an appropriate level, for the receptive and expressive language levels of the child Ensure any hearing aids or other hearing technology used, are in good working order immediately prior to the screen Ensure visual distractions are low and use visual cues, if these are used by the child
The child may have delayed language, depending upon the time of diagnosis and the communication environment	Staff administering the phonics screening check should be aware of the child's language and vocabulary levels to ensure the screen is suitable for their language level
Recent change in hearing aid technology, for example a change in cochlear implant setting, new hearing aids, one rather than two aids worn)	Take advice from the teacher of the deaf as to whether or not this will affect the child's access to the check
The child may only be able to access certain sounds, and therefore demonstrate limited listening and discrimination ability in the screen	Level of listening and discrimination skills should be known before checking
Listening conditions will impact on access	Ensure that listening conditions are optimum, reduce background noise, reduce reverberation, light on check administrator's face for lip reading, and seat checker sitting no more than three feet from hearing aids or use of Radio Aid
They may have a phonetic/articulation difficulty, but nevertheless a contrastive sound system. For example, to signal 's' they may use teeth together position, but without sound	It may be advisable to video responses from some deaf children, if this does not cause undue anxiety so that non-speech sounds and lip patterns are acknowledged
Children may have letter recognition, but no grapheme phoneme correspondence and an inability to blend because of poor auditory memory	Give the child more time to respond

Teachers teaching phonics to children known to be deaf or to have hearing impairment should consider the following, in discussion with parents and with the Teacher of the Deaf:

- Can we introduce a visual system from entry into the reception class, or is a universal visual system, such as Jolly Phonics, already in use?
- Can a phonological awareness programme be introduced with phonics?
- Deaf children learning to read may benefit from wider or additional approaches than just synthetic phonics, such as programmes like THRASS, which incorporates a whole word approach
- Some deaf children acquire phonics at a delayed rate, while others may require specialist support/individualised programs; therefore programs should be flexible
- Has the school received training regarding the deaf child's ability to listen and discriminate?
- Does the school have a multi-sensory approach, with resources, appropriate for deaf students?

The outcome of the check

With improved neonatal screening for deafness and much improved hearing aid technology, more deaf children are accessing spoken language, given the appropriate strategies and therefore should be accessing phonics. Where teachers have queries about individual children they should contact their Teacher of the Deaf.

Some deaf children will attempt the task, but due to poor speech and a reduced sound system, resulting from reduced auditory discrimination skills, they may make errors. It may be difficult to judge if children don't know the phoneme associated with the grapheme or just can't produce it. The following are possible outcomes:

- Depending on hearing loss some sounds will be harder to hear than others
- Some sounds, although they may be hard to hear, are very visible on the speaker's lips, so certain phoneme/grapheme correspondences are easier
- There are groups of sounds that are visually similar 'f/v', 'p/b/m', 'th/the', 't/d/n', 'ch/sh', etc and these may be confused; words that sound different can look the same on the speaker's lips such as 'pan/man','cap/cab', 'fan/van'. Therefore these constitute typical errors for children with hearing impairments
- Common errors include voicing of consonants 'f' to 'v' and 'p' to 'b' etc; lack of friction for some sounds, for example 'f' to 'p' and 's' to 't'; missing out sounds like 'f', 'v' 's' and 'sh', as they are less audible; omitting unstressed sounds

Guidance from a speech and language therapist or Teacher of the Deaf will help to identify if the child's response is likely to be an accurate reflection of their phonic skills.

Responding to the outcome of the check

Approaches to support the literacy development of children who are deaf

In teaching phonics to the deaf or hearing impaired child the following should be considered:

- Give the child longer time to respond to phonic decoding tasks, due to the heavy load on auditory memory
- The first sounds taught in the phonics programme should be those that can be most easily discriminated by the deaf child, therefore some flexibility in the programme for the deaf child should be allowed
- Consider the child's ability to discriminate general and environmental sounds; identifying rhythm, rhyme, alliteration, intonation, voice sounds, oral blending and segmenting, as well as syllabification, before embarking on phonics
- Consider the need to give more kinaesthetic feedback by manipulating letters and using a visual cueing system such as Cued Speech, or visual phonics system such as Visual Phonics by Hand

You may find additional information on visual cueing and visual phonics useful – for example: www.cuedspeech.co.uk and www.visualphonicsbyhand.com

An evidence resource to inform next steps

Without enough understanding of spoken language, deaf children are unable to become fully literate, vastly reducing their ability to achieve at school and beyond. Some research claims most deaf children leave mainstream school at 16 with a reading age of 9.[65]

2011 SATS results for English at the end of Key Stage 2 showed that only 55% of deaf children reached the expected standard compared to 93% of their hearing peers with no identified SEN.

Research has also suggested that deaf individuals may be at a disadvantage when compared to hearing peers in the area of working memory.[66]

However, research has shown that deaf children with early and consistent exposure to cueing develop a phonological representation of words in their language, and can learn phonics generalisations for spelling in the same way as hearing children who speak the language.[67]

Research[68] found that 'given 1 year of instruction from a phonics-based reading curriculum supplemented by visual phonics, kindergarten and first grade students who are deaf or hard of hearing can demonstrate improvements in beginning reading skills as measured by standardized assessments of a) word reading b) pseudo word decoding and c) reading comprehension.'

65 Gregory et al., 1995
66 Marschark & Mayer, 1998
67 Leybaert & Charlier, 1996; Leybaert & Lechat, 2001
68 Trezak (2006)

Additional resources and further support

Publications and resources:

Phonics Guidance for the teaching of phonics to deaf children (BATOD, Ear Foundation, Ewing Foundation and NDCS) www.ndcs.org.uk/professional_support/news/get_our_updated.html

Cued Speech - www.cuedspeech.co.uk

Thrass – www.thrass.co.uk

Dasl II Developmental Approach to Successful Listening II by Gayle Goldberg Stout and Jill Van Ert Windle

Visual phonics by hand Babs Day, Longwell school

Organisations and websites:

National Deaf Children's Society – www.ndcs.org.uk

The British Association of Teachers of The Deaf – www.batod.org.uk

DELTA - www.deafeducation.org.uk

Royal College of Speech and Language Therapists – www.rcslt.org.uk

Action on Hearing Loss (RNID) - www.actiononhearingloss.org.uk

British Deaf Association - www.bda.org.uk

Ewing Foundation - www.ewing-foundation.org.uk

The Ear Foundation - www.earfoundation.org.uk

Appendix 1 - Key principles for working with children with SLCN to develop literacy skills

- ✔ Children need foundation skills such as attention and listening, understanding what's said and an ability to use words in sentences in order to learn how to read
- ✔ There should therefore be flexibility in terms of the age that children start to learn to read
- ✔ A phonics approach to acquiring literacy skills should be balanced with a language-rich environment, reading for pleasure and reading comprehension
- ✔ Some children need explicit teaching of language as they will not pick it up incidentally. For example, deaf children have less opportunity than their peers to learn language incidentally from their environment and children with language impairments will need direct and specific teaching
- ✔ Where necessary children should have access to a variety of approaches and strategies in learning to read, appropriate to the nature of their language needs, including whole word and visual and multisensory approaches
- ✔ There should be emphasis on development of comprehension and not just on decoding. Some children, for example many with pragmatic language impairments or autistic spectrum disorders, may become hyperlexic, excelling at word decoding but with poor reading comprehension
- ✔ If a child does not have adequate speech to demonstrate knowledge of grapheme-phoneme correspondence they should have access to and be able to use a speech output device or alternative sign or symbol system
- ✔ Levels of progress with phonics can be used to identify children who need extra support, including those with speech, language and communication needs (SLCN)

Appendix 2: Approaches to developing literacy

A hybrid approach

For many children with with speech, language and communication needs (SLCN) a hybrid or mixed approach to developing literacy is necessary if they are to make progress and to retain and build on that progress.[69] A hybrid approach enables children to use their understanding of the meaning of word (semantics) and their understanding of sentence and word construction (syntax) to help them read.[70]

A hybrid approach uses both whole word and phonics learning within a language rich environment in order to target both vocabulary knowledge (what words mean and how they're made up, i.e. number of syllables, initial and final sounds, prefixes, suffixes, etc) and phonological awareness skills (for example, awareness of rhyme, alliteration, sound blending, etc).

Synthetic phonics is balanced with reading for comprehension and reading for pleasure to enable a rounded approach for these children.

Developing foundation skills

Children need foundation skills for reading, including listening, attention, being able to listen and discriminate between sounds in words (auditory discrimination) and verbal understanding of words and sentences. These skills will be insufficiently developed in many children with SLCN and will need to be supported to maximise their progress in literacy.

'Oral language approaches incorporating vocabulary development and listening comprehension can be as effective (or possibly more effective) as a treatment for reading comprehension difficulties as text-based approaches.' [71]

For some children, for example those with mild language delay, language development can be supported through the provision of a rich language environment in which children are exposed to and interact with increasingly complex and rich oral language. The children benefit from incidental learning, facilitated by teaching staff as they experience language in different ways and are provided with opportunities for 'talk'.

However, other children, including those with severe language delays, specific language impairments or hearing impairments, are less able to benefit from incidental learning and require more structured teaching of vocabulary, concepts and sentence structures.

69 Munro et al, 2008
70 Snowling, et al, 2003
71 LSnowling & Hulme, 2011
72 Baumann et al, 2003
73 Goswami, 2001; Metsala and Walley, 1998
74 Ezell et al, 2000; Munro et al 2008

Developing vocabulary

Vocabulary knowledge is a key foundation for literacy; research consistently finds that the extent of a child's vocabulary knowledge relates strongly to their reading comprehension and overall academic success.[72]

If children who have just started learning to read know the words they are reading, they can more easily and quickly sound out, read, and understand them, as well as comprehend what they're reading.[73] A solid vocabulary is the bridge between phonics and reading comprehension.

Ensuring a whole school approach

Whole school approaches would include:

- ✔ Increasing teacher awareness of speech, language and communication to support all children's development and identify children who are struggling
- ✔ Developing a language rich environment through teaching that includes supporting talk in the classroom
- ✔ Including a focus on vocabulary and phonological awareness in a structured and systematic way
- ✔ Implementing and resourcing teaching strategies, which heighten multisensory cues for teaching phonics when needed

Developing policies

- ✔ Including speech, language and communication within school policies will support the development of literacy skills
- ✔ A literacy policy must focus on reading for meaning and language comprehension alongside decoding and phonic approaches. Phonics should therefore be set within a wider literacy strategy that includes a focus on language and comprehension and a range of approaches and strategies
- ✔ A focus on language and communication would ensure a solid foundation for literacy for all children and would support children with special education needs or English as an additional language, enabling schools to narrow the gap between highest and lowest achieving children
- ✔ A special educational needs (SEN) policy will need to contain use of visual strategies
- ✔ Schools' literacy policies should reflect the fact that all pupils, regardless of special needs, should access the literacy strategy at a level appropriate to their abilities. This needs to be informed by adapted assessments where necessary and the result of collaborative working by a multidisciplinary team
- ✔ All schools benefit from a Communication Policy as part of the Literacy Policy. This should outline specific strategies and areas of responsibility/co-ordination. It will also assist in ensuring that they are cohesive across the school
- ✔ Any school with children who use Augmentative and Alternative communication (AAC) will benefit from an integrated or even a separate AAC Policy

Involving parents

Whilst parents' participation and encouragement in reading with their child is acknowledged for all children, it's of particular value in enhancing the early literacy skills of children with language difficulties.[74]

Working with speech and language therapists

Schools may need support to access language enrichment programmes and resources; they may benefit from advice from speech and language therapists to develop communication friendly environments and language enrichment programmes. School staff may need training from speech and language therapists and specialist teachers about the building blocks and pre-skills for language and literacy.

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The Communication Trust

The Communication Trust is a campaigning voice for children with speech, language and communication needs. We raise awareness, influence policy, promote best practice among the children's workforce and commission work from our members.

The Trust was founded in 2007 by children's charities Afasic and I CAN together with BT and the Council for Disabled Children, to ensure that professionals can access the training and advice that they need to support the children they work with.

For more information about the Trust please go to www.thecommunicationtrust.org.uk

The Communication Trust.
8 Wakley Street,
London, EC1V 7QE

0207 843 2526

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