

# Speech, Language and Communication Toolkit

Information and guidance for parents and carers

## Everything You Need to Know



Part of the Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Change Partnership Programme across Leicester, Leicestershire and Rutland

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## Dummies

Using dummies, or pacifiers, can be a helpful way to soothe young babies. Using a dummy within the first year of life does not impact on their communication development. However, the NHS recommends weaning babies off a dummy when they are between 6-12 months. This is because dummies can affect a toddler's teeth as they grow through, and stop their tongues from moving freely.

This can impact their communication development, particularly if dummies are used very frequently, as it does not give them the opportunity to babble and chat to you.

Some children talk around their dummy, and it can lead to them making sounds at the back of their mouth rather than the front, for example calling a 'toy' a 'goy', or producing 'daddy' as 'gaggy'.

Before weaning them off the dummy, it is important to give your child plenty of time without their dummy in their mouth. If your child is speaking, take their dummy out of their mouth so they can talk freely.

Between 6-12 months, start weaning them off the dummy. Remember, it's typically easier to wean a baby off a dummy than it is a toddler. You can start by keeping dummies in the bedroom, and only offering them at sleep time. Once your baby's a year old, stop using it altogether.



Further advice and information on dummies:



BBC Tiny Happy People - [Dummies](#)

Let's Get Talking - [Using Dummies](#)

Health for Under 5's - [Using Dummies](#)

# Screen Time

Lots of screen time can reduce opportunities for children to develop key skills like walking, and talking. Having the TV on can distract children from communicating and playing, particularly young children, who can only focus on one thing at a time.

Further advice and information on screen time:

BBC Tiny Happy People - [Screen Time Advice](#)

Speech and Language UK - [Myth-busting Screen Time](#)

# Speech Difficulties

When we talk about Speech, we mean the physical act of producing sounds and words. We do this using our speech muscles including the lips, teeth and tongue. Children develop speech sounds gradually, and it is typical for young children to make errors in their talking. By five or six, most children are easy to understand and they can say nearly all speech sounds clearly.

If you have concerns with your child's speech, speak to the SENCo at your child's nursery or school.



Further advice and information on speech difficulties:

Speech and Language UK - [Speech Sounds](#)

BBC Tiny Happy People - [Speech Sound Development](#)

Leicestershire Partnership NHS Trust - [Speech Sounds Leaflet](#)

# Stammering

Stammering, or stuttering, is a difference in the way some people speak.

- They might get stuck trying to say a word: 'I want a... biscuit
- They might stretch sounds in words: 'Can I have a sssausage?'
- They might repeat sounds or parts of the word: d-d-dog
- They might repeat whole words: 'what what what is it?'
- They might try to stop or hide their stammer by tensing their body, and avoiding words or talking situations

If you have concerns that your child is stammering, speak to the SENCo at your child's nursery or school.



Further advice and information on stammering:

Speech and Language UK - [Stammering](#)

BBC Tiny Happy People - [Stammering](#)

STAMMA - [Help and information \(British Stammering Association\)](#)

Michael Palin Centre for Stammering - [Advice and information](#)

NHS UK - [Advice on stammering](#)

# Social Communication and Autism

Social communication is the ability to understand and interact with other people. It covers areas such as children playing with one another, engaging in conversation and non-verbal communication skills. Children with and without Autism can demonstrate differences in their social interaction skills.



To learn more about Autism, visit [Autism Space](#).

It is important to respect a child's differences with social interaction. Some children want to spend time alone, and are happy with this, not lonely. Some children may appreciate adult support to make and navigate friendships, however others may find this idea stressful. We need to consider each child individually and what their preferences are.

We can support children with their social communication, by providing them with opportunities to communicate and be included. If you have concerns your child may be Autistic, speak to the SENCo in their nursery or school setting.



Further advice and information from Leicestershire Partnership NHS Trust, on opportunities to communicate: [Opportunities for Communication](#), [People Play without Toys](#), [People Play with Toys](#)

BBC Tiny Happy People - [Echolalia](#)

Speech and Language UK - [Memorised Phrases and Language Processing](#)

If you have questions about Autism, the [Chat Autism](#) text messaging service is available to all families in Leicester, Leicestershire and Rutland, whether or not their child has a formal diagnosis of Autism.

## Multilingualism

Speaking more than one language is a benefit to children and does not cause language difficulties.

It is important for multilingual families to speak the language they are most confident in at home. This will give the child a strong foundation in their home language, which then helps them learn other languages, including English.

Children can tell the difference between different languages early on. They might do something called 'code-switching' which is when they replace a word in one language with a word from another language – so they use two languages in one sentence. This is a normal part of speaking more than one language and is not a sign of language difficulties.

However, children who speak more than one language *can* also have language difficulties, just as children who only speak one language can. These difficulties will be seen in both/ all of their languages. If your child is only demonstrating difficulties in an additional language they are learning (most commonly English when they start nursery/ school), then it is likely they need more time to develop their skills, rather than them having language difficulties.



Read more in our handout - [Growing up with more than one language](#)



Further information and advice on multilingualism:

Speech and Language UK - [Key Messages](#)

Tiny Happy People - [Bilingual babies: Your questions answered by a speech and language therapist](#)

Tiny Happy People - [How can I develop language in a bilingual household?](#)

Tiny Happy People - [Bilingual Games](#)



# Developmental Language Disorder

Developmental Language Disorder, also known as 'DLD', is a significant, on-going difficulty with understanding language and/ or using spoken language. While children with DLD may have many ideas, they often find it difficult to express them or to understand what others say. These challenges can be subtle and may go unnoticed for a long time.

There is no known cause of DLD. DLD is **not** caused by having English as an additional language or by parenting. A person with DLD may also have other difficulties, such as, Attention Deficit and Hyperactivity Disorder (ADHD), Dyslexia, or speech sound difficulties. DLD is not caused by other medical conditions, such as hearing loss, physical impairment, Autism, a learning disability or a brain injury. However, children and young people with these difficulties may also have difficulties with language.

DLD is common. 7.6% of children have DLD – that's an average of 1 in 15 children. DLD is a hidden disability and affects every person differently. It is a lifelong condition, and children do not grow out of it.



DLD is not typically diagnosed after the age of 4, as time is needed to understand if the child is presenting with language difficulties which will develop, or if they have longer-term language difficulties.

Watch the video from Raising Awareness of Developmental Language Disorder (RADLD) for an example of what it is like to live with DLD.

If you have concerns your child may have DLD, speak to the SENCo at your child's nursery or school.



Speech and Language UK - [Developmental Language Disorder](#)  
[Developmental Language Disorder and Me](#), [DLD and Me Leaflet](#)  
RCSLT DLD - [Leaflet for Parents](#), [RADLD Org](#)

## Hearing

Hearing is really important for the development of speech, language and communication skills. Being unable to hear properly can cause difficulties with following instructions, learning vocabulary, and hearing and using sounds accurately.

Some types of hearing loss (known as conductive hearing loss- most commonly 'glue ear') can fluctuate, and you might notice your child's hearing is worse in the winter months when they are more congested.

Other hearing difficulties (known as sensorineural hearing loss) are permanent.

Look out for signs your child can hear:

- **Babies**- look to see if they respond to loud noises, or towards the direction the sound is coming from.
- **Toddlers**- consider if their speech and language is developing, and if they can copy words you use with them.
- **Children**- think about the sounds they are using, are there any sounds they are having difficulty saying?

If you have any concerns with a child's hearing, (even if it seems mild or fluctuating) speak to your Health Visitor or GP about a referral to Audiology for a free hearing test.



Speech and Language UK - [Glue Ear](#)

# Selective Mutism

Selective Mutism is an anxiety disorder which prevents a person from speaking in certain situations such as at nursery/school or in public places. The expectation to speak triggers a panic (freeze) response in the child. In other situations (within their comfort zone) the child can speak freely. Children with Selective Mutism *want* to speak but have an irrational fear (*phobia*) of speaking in specific situations. Selective Mutism often starts in early childhood but can continue into adulthood if left untreated. It is sometimes informally referred to as 'Situational Mutism' (this is not a recognised diagnosis).

Services for people with Selective Mutism are *not* widely available across the country and this is also the case for Leicester, Leicestershire and Rutland. Referrals for Selective Mutism are not accepted by local health services (e.g., Speech and Language Therapy, CAMHS, Paediatrician) if the child does not have additional needs. Some Educational Psychologists provide support depending on the service provider. Some Specialist Teachers can provide support in certain circumstances. [SMiRA](#) has information and recommended strategies for children and young people who have selective mutism. Some independent providers (psychologists and therapists) provide support for Selective Mutism but these services are not free.

**A diagnosis of Selective Mutism is not required to start providing support.** You can start supporting your child as soon as the earliest signs of possible Selective Mutism emerge. If you have concerns, speak to the SENCo at your child's nursery or school. It is important they are also following the advice.

## SMiRA provide the following tips:

- Ensure that your child feels valued and secure. Build confidence: focus on your child's achievements and celebrate your child's unique qualities
- Try to reduce your embarrassment or anger about your child's behaviour
- Educate family and friends about the nature of your child's difficulties. Ask friends, relatives, shop-assistants etc to speak to your child through you if you know they will not be able to respond directly
- Keep busy and have a routine, but let children know what is happening. Don't spring surprises on your child.
- Remember that it can be just as scary talking to children as adults
- Remember that avoidance strengthens fear. Establish safe boundaries so they can take small steps forward, but gradually push the boundaries, starting with safe strangers. Provide an escape route if needed
- Use telephone and recording devices as a stepping-stone to the real thing, and encourage a very quiet voice rather than whispering
- Show your child it is OK to relax and have fun; and help your child offload their stress safely.
- Make explanations, instructions and reminders visual
- Acknowledge anxiety but do not fuel it with an emotional reaction; calmly provide a diversion or clear plan of action

Further information and advice on selective mutism:



NHS UK - [Selective Mutism](#)

SMiRA - [Information and advice](#)

SMiRA - [Advice for parents](#)

# SEMH Needs and Behaviour

Behaviour is communication. Many children who demonstrate challenging behaviour, or **Social, Emotional and Mental Health (SEMH)** needs also have speech language and communication needs. They may have problems understanding what others say; difficulties explaining their actions clearly; not having many words to express feelings; or difficulties with social communication, so they don't know how to join a conversation in the right kind of way.

You might see	What's actually going on	How to help
A child who is being stubborn and not doing what they've been told.	They don't understand the language in the instruction they've been given, so they don't know what to do.	Talk slowly and clearly, with lots of pauses, and use simple words you know they will understand. Show them what you need them to do by using pictures or demonstrating.
A child who becomes angry quickly and has lots of tantrums.	They don't understand how they're feeling, or how to explain this to someone else.	Label their feelings to them, and connect with them e.g. "you seem angry that mummy said no more chocolate. It's hard when you don't get what you want." Help them to think of a solution e.g. "when I feel angry, I like to go outside and get some fresh air".
A child who hides or withdraws from others.	They can't think of the words they want to say and feel embarrassed or anxious.	Model the words to them (say them yourself). Reassure them that it's ok if we don't want to speak sometimes, but give them lots of opportunities to join in if they want to.

Speech and language difficulties might be masked by other 'labels' or 'diagnoses', such as a learning disability or Autism. Support your child by raising any concerns with the SENCo at your child's nursery or school. There are also resources you can access below.



BBC Tiny Happy People - [How to help children understand their emotions](#), [10 ways to help your child](#)  
Health for Kids - [Supporting your child in managing anxiety](#)  
Speech and Language UK - [Speech and language challenges and mental health](#)

## Getting Ready for Secondary School

The transition from primary to secondary school is often a big step, but can be especially challenging for children with speech and language difficulties. They may struggle with adjusting to different teachers, fast-paced lessons, and complex vocabulary. Navigating large buildings, moving between classrooms, staying organised, following new rules, and managing homework can also cause anxiety. With a greater focus on academic achievement, secondary school is more demanding, and children with speech and language difficulties are at risk of not receiving the support they need.

Young people in secondary school see lots of different teachers, so it's easy for speech and language difficulties to be missed, or to be misinterpreted as challenging behaviour. However, it's critical that their communication needs are identified, as they can have a knock-on effect on a young person's learning and mental health. If you have any concerns about the move from primary to secondary, make sure you speak to both your child's primary school, and their future secondary school before they make the transition.



Health for Teens - [Making the move primary to secondary](#)