

## Speech, language and communication needs assessment report

### Report for Trafford

#### 1. Purpose

This report is primarily intended for commissioners in local authorities, but can be used by others who commission support for children and young people with speech, language and communication needs (SLCN). It gives an indication of the SLCN of children in the area, by bringing together a range of relevant data and evidence on demographics, prevalence and some of the risk factors for each upper tier local authority. It is designed to present information for local commissioners who are working together across health and local government to commission effective services for children with SLCN.

#### 2. Summary

In order to plan services which meet the needs of the local population, commissioners need to carry out a review which:

- identifies the needs of a target population
- prioritises those needs to ensure good planning of local services
- ensures effective allocation of resources
- informs the development of an implementation plan that outlines how identified needs will be addressed

This report will help commissioners with the first two of these stages by drawing together data and information relating to speech, language and communication which measure the extent and nature of the needs of a particular target population.

#### 3. Using this report

Health and social care needs are inherently complex; it is unlikely that there will be a single factor which is responsible for the particular situation in a local area. For this reason, it is important that no single item of information is treated in isolation. Instead the data and evidence should be used as pieces of a jigsaw which when linked together give a picture of the needs of the local community. The 'next steps' section offers advice on how the report can be interpreted and considered as part of local planning processes, including when

developing a joint strategic needs assessment.

As with all health data and intelligence, it is important that commissioners 'sense check' the findings and compare it with their own local knowledge. Is the picture given by the data what they would expect? There can sometimes be anomalies in data, or one-off events or changes, for example a new housing development in a local area, which give rise to unexpected results. The data may not be wrong but commissioners should be sure that they understand the reasons why something is not as expected. Information about how to contact the local PHE knowledge and intelligence service for further advice is given in the 'next steps' section.

This report is available drawing on data for upper tier local authorities.

This report is intended for commissioners to cut and paste text and tables, and include them in local documents. It has been written with the type of information commissioners are likely to need when developing joint strategic needs assessments. Please acknowledge Public Health England as the source and state the date on which you accessed the report. If cutting and pasting sections that quote from or reference other sources, please make sure you also reference the original source.

## **4. Definitions**

The report looks at children under 18 years of age unless otherwise stated.

The term 'speech, language and communication needs' (SLCN) is used to encompass a range of difficulties that children may have. Section 6 lists some of the specific conditions which affect children and young people. Children of all ages may have SLCN. Some children will have mild problems which will resolve, while others will have difficulties which persist and have a more enduring impact on their lives (1). Broadly, speech, language and communication difficulties can be divided into those which exist alongside other physical, sensory or cognitive conditions and those which cannot be explained in this way. When the problem with language is associated with a physical or cognitive problem such as hearing loss or a learning disability, these will be considered the 'primary condition', with the language difficulty a 'secondary condition.' In the event that the speech, language or communication difficulty cannot be explained by an association with any other condition, then it will be the 'primary condition' (2).

The term 'SLCN' is understood differently by different people (3). This report looks at all children who may experience some form of difficulty with their speech, language or communication.

## **5. Background**

A child who does not develop good oral language in their pre-school years are at greater risk of experiencing problems with literacy later on, potentially impairing his or her ability to reach his or her academic potential (3). As the National Institute for Health and Care Excellence (NICE) explains: "Children and young people with communication difficulties are at increased risk of social, emotional and behavioural difficulties and mental health problems. So identifying their speech and language needs early is crucial for their health and wellbeing. Many young children whose needs are identified early do catch up with their peers" (4).

Children with SLCN are likely to need services from both health and education which are

provided on a continuum which reflects the spectrum of needs. Universal services and public health approaches provide an opportunity to help them develop skills in these areas. Some children will benefit from extra support from targeted services which work with groups whose language development is more vulnerable. Some children will need specialist services where they have a specific speech, language or communication need (3). This is likely to include a referral to speech and language therapy services for further assessment. Local areas may wish to consider how best to commission integrated services across a pathway which meet both a child's health and educational needs.

There is a pronounced social gradient in early language acquisition, with studies reporting that young children from disadvantaged backgrounds have a higher prevalence of poor language skills (5) with approximately 50% for 4 year olds experiencing difficulties, falling to 30% for 5 year olds (2). This strong association between socio-economic deprivation and language delay is attributed to differences in the communication environment, including the quality and quantity of parent-infant interaction (in other words the number of words children hear and the breadth of vocabulary) (6). However, access to enriching resources like books, toys and early educational experiences that promote early language is more influential on language development than the broader socio-economic context of the family (7).

Early intervention to address any issues with speech, language and communication development can ensure that all children start school in a position to flourish and avoid the development of gaps which can have a lasting detrimental impact on social mobility (8). By the end of primary school 18% of pupils with identified SLCN achieve the expected standard in reading, writing and maths, which is considerably lower than the 64% of all pupils who achieve this standard (9). As the government's national plan to improve social mobility through education states: "Children who arrive at school in a strong position will find it easier to learn, while those already behind will face a growing challenge: early advantage accumulates, but so too does early disadvantage." (8).

In designing services which best meet children's specific needs, commissioners may want to consider the wider causes of communication difficulties alongside information about incidence and prevalence. They should consider the information below alongside their overall understanding of the local population.

### **Children with English as an additional language**

Children with English as a second language may learn their languages more slowly than those only developing skills in one language (2). Once children start school differences between them and their peers generally disappear (10) which may be due to their increased exposure to English. Nevertheless, children with English as an additional language can experience long-term language difficulties such as Development Language Disorder and other SLCN requiring access to intervention (11).

### **Children with uncommon conditions and complex needs**

Some conditions which can result in children experiencing difficulties with speech, language and communication may only affect a small number of children in a local area. It remains important to ensure that services are commissioned which meet their needs. Local commissioners may wish to consider the needs of these children as part of their overall planning (12).

Some of these children will require specialised treatment such as cleft lip and/or palate services which are likely to be commissioned at a national level by NHS England (13).

Further information about the commissioning of specialised services is available on the [NHS England website](#). The care children receive in specialist centres will include help with their speech, language and communication but similar support in the child's local community may also be needed.

## **6. Estimations of numbers of children with SLCN**

### **Overall number of children with SLCN**

To plan services for children, it is important to understand the likely numbers who have a speech, language or communication difficulty.

There is considerable variety in the estimates of prevalence of children with language difficulties (14). Alongside this there is variation in the criteria used in studies to assess children with language disorders which makes comparing one study with another difficult (15). For this reason, estimating the number of children in a local area who may be experiencing speech, language and communication difficulties at a given time is problematic and the following estimates should be used with caution. It must also be borne in mind that each child develops differently and so a child experiencing problems at 18 months might not be experiencing them at 3 or 5 years (14) and vice versa.

Interpretation of prevalence estimates is inherently complicated, and there is the potential for overlap between different estimates. Whilst this report simplifies the information as much as possible, it is important to note the range of potential conditions and their complexity even where they are imperfect. This report gives a synthesis of what is currently known in this field to provide useful information to local commissioners, even with the complexities noted above.

### **Speech and language difficulties which are likely to be primary conditions**

#### **Developmental language disorder**

The term 'developmental language disorder' (DLD) is used when a child's language difficulties create problems in daily life, particularly in his or her ability to communicate or learn. Such difficulties are unlikely to resolve themselves by 5 years old nor are they associated with another condition which the child may have (1). In such a case, the child's language problem can be considered his or her primary condition (2).

There are few studies which indicate the likely prevalence of developmental language disorder in children. A recent study, based on a cohort of children entering reception in state-maintained primary schools in Surrey, suggests that 7.6% of children have a language disorder which is not associated with another condition (16). Recognising that Surrey is relatively affluent and less ethnically diverse than many other populations in the UK (14), it is important to consider how the specific risk factors in a local population will influence how many more children may present with SLCN.

#### **Developmental speech difficulties**

Children with speech difficulties may have problems saying sounds accurately and in the right places in words. Reports of prevalence of developmental speech difficulties (also known as 'speech-sound disorder' and 'isolated speech impairment') vary widely. For example, two Australian studies place prevalence between 1.1% (17) and 8.7% (18) depending on the age in the sample and criteria for classification of the condition.

Developmental verbal dyspraxia (DVD) is a condition which falls under the umbrella of developmental speech difficulties. Children with DVD (also known as childhood apraxia of speech) have difficulties with coordinating the rapid movements required for speech. They

will also typically make articulation errors which will usually result in a reduction in their ability to make sounds effectively, which may or may not be accompanied by sound-system impairment. Estimates of prevalence vary but it is believed to be a low incidence condition (19, 20).

### **Stammering (dysfluency)**

It is estimated that 1 in 5 children will experience difficulties with the fluency of their speech at some point (12). 1% of children will have a stammer which lasts at least six months and 0.1% will have a stammer which persists beyond this (12). Treatment for pre-school children is often successful, so early referral to specialist services is important (21). Approximately 4 in 5 children will grow out of stammering (22-24).

Estimates suggest that approximately 1 in 100 adults will continue to stammer (21). Regardless of the severity of the stammering, it can have a significant impact on many aspects of life including routine activities, relationships, education and careers (12).

### **Social communication disorder**

Some children may have a social communication disorder where they struggle to use language for social purposes, in conversation, story-telling, telling jokes and using metaphors in a similar way to children with autism spectrum disorders (25).

### **Voice**

Voice conditions occur when it is absent (aphonia) or the way it sounds changes (dysphonia) (26). It is uncommon for a child to have a voice condition and so the care of a specialist multidisciplinary team will be needed (26).

### **Special educational needs associated with SLCN as a primary need**

SLCN are the most prevalent type of need among boys with Special Educational Needs (SEN) support. Over 60% of all 3-year-olds receiving SEN support have speech, language and communication as their primary need. This gradually decreases as the child ages, reducing to around 15% at age 10 years and 8% at age 15 (27).

Speech, language and communication difficulties which are secondary to other conditions

### **Language disorder**

Where a child's language difficulty is associated with another condition such as cerebral palsy, the language difficulty is considered his or her secondary condition. The cerebral palsy is the child's primary condition (2). Such children can also be described as having a 'language disorder associated with a differentiating condition' (1).

There are few studies which indicate the likely prevalence of language disorders associated with another condition in children. A recent study, based on a cohort of children entering reception in Surrey, suggests that 2.3% of children have a language disorder which is associated with another condition (16). However, it is important to exercise caution when generalising these findings due to differences in affluence and diversity across local populations (14).

## **Autism spectrum disorder**

There is variation between children with autism spectrum disorder in terms of the support they need with language development (3). In addition to those who have an associated language disorder as above, all children with autism are likely to have some level of social communication difficulty (28). It is not, however, typical for children with autism to have problems with speech.

It is recommended that speech and language therapists form part of the team which assesses children and young people who potentially have autism (29).

### Prevalence of autism

Autism is thought to occur in at least 1% of children (30). Using population data from the Office for National Statistics (31), this would equate to at least 588 children in Trafford.

### Special educational needs associated with autism

There were 463 children in primary, secondary and special schools in Trafford with special educational needs (SEN) whose primary need is autistic spectrum disorder in 2019 (27).

Within state-funded primary, secondary and special schools in England, a total of 20,501 children had both autistic spectrum disorder and speech, language and communication identified as a type of special educational need (27).

## **Learning difficulty**

Children with a learning difficulty may also have SLCN. A considerable number of children with a learning difficulty are likely to have SLCN as well, particularly where this is identified as a secondary need to their learning difficulty.

Within state-funded primary, secondary and special schools in England, a total of 58,177 children had both learning difficulties and speech, language and communication identified as a type of special educational need (27).

## **Developmental Coordination Disorder (DCD)**

DCD (also known as dyspraxia) affects “physical co-ordination and causes a child to perform less well than expected in daily activities for his or her age, and appear to move clumsily” (32). Some children with DCD have difficulty co-ordinating the movements required to produce clear speech (32). A UK based population study of DCD has shown a prevalence of 1.8% (33), some of whom may have problems with their speech.

## **Social, emotional and mental health (SEMH)**

The *Mental Health of Children and Young People in England, 2017* survey found that 1 in 8 children and young people aged between 5 and 19 had a diagnosable mental health disorder (34). There is an association between the prevalence of SLCN in children who also experience social, emotional and behavioural problems (SEMH) (35, 36).

## **Attention deficit hyperactivity disorder (ADHD)**

ADHD is a behavioural disorder with symptoms such as inattentiveness, hyperactivity and impulsiveness. Prevalence estimates for ADHD range from 1% to 2% when using the narrower criteria of the International Classification of Diseases, Tenth Revision (37, 38). Children with ADHD may also have language and communication needs (37); one Irish study of children aged between 9 and 12 years found that almost three quarters of children with ADHD had language difficulties which had not been detected before (39).

## **Selective mutism**

It is difficult to estimate the number of children with selective mutism but local commissioners may wish to consider it as part of their service planning.

Treatment for selective mutism focuses on reducing the anxiety associated with speaking rather than the speaking itself. Behavioural therapy and cognitive behavioural therapy are often used to do this (40) as well as speech and language therapy (41). The role of early intervention for children with selective mutism in preventing its continuation in the longer term has been recognised (42).

## **Hearing impairment**

All parents should be offered sensorineural screening for their newborn baby in the first few weeks after birth. Between one and two babies in every 1,000 are born with permanent hearing loss in one or both ears (43).

Local authorities should also consider children with acquired hearing loss which is not detected through the Newborn Screening programme. Prevalence of permanent deafness in children increases with age and has been estimated to be a minimum of 1.65/1,000 live births by the age of nine (44).

## **Motor disorders**

### Cerebral palsy

It is estimated that approximately 2 to 2.5 children in every 1,000 have cerebral palsy (45). Around half of children and young people with cerebral palsy experience communication difficulties (45). Speech therapy can help with speech and communication and also swallowing difficulties (46).

NICE guidance on [Cerebral palsy in under 25s: assessment and management](#) offers further information about planning services for children and young people. NICE has also developed a [quality standard for cerebral palsy in children and young people](#).

### Other motor disorders

Children with other motor disorders such as muscular dystrophy may also need support with their speech and language development (47). Duchenne muscular dystrophy is the most common form of the condition, affecting approximately 2,500 children and young people in the UK at any given time (48).



## **Childhood stroke**

Each year in the UK several hundred children and young people have a stroke, something which is likely to lead to long-term difficulties for at least half of them (49). Around one third of people who survive a stroke are affected by aphasia which can affect their ability to talk, write and understand spoken and written language, while leaving other cognitive abilities intact (50). The Royal College for Paediatrics and Child Health recommends that in the event that a child or young person has a stroke, he or she should receive holistic care from a multidisciplinary team, including speech and language therapy (49).

## **Craniofacial conditions**

Craniofacial conditions affect how a child's skull develops and can result in him or her experiencing difficulties with speech, language and communication. Treatment often involves complex surgery at a specialist unit with the necessary expertise and experience. Such care will be provided by a multidisciplinary team including speech and language therapy (51).

### Cleft lip and palate

Between 2009 and 2018, 10,056 children were born in England with a cleft lip and/or palate (52). This equates to around one in every 700 babies born (53). These conditions can affect a child's speech (54).

## 7. Understanding your population

### Deprivation

Research suggests that children from more disadvantaged backgrounds are more likely to experience speech and language difficulties (1, 2). The home learning environment might explain the association between deprivation and language difficulties (2).

Eligibility for free school meals is widely used as a proxy for socio-economic status (55). In Trafford, 73.4% of children with free school meal status are achieving at least the expected level of development in communication and language at the end of reception (56), compared to 85.5% of all children in Trafford. Children are defined as having reached the expected level of development if they achieve 'expected' or 'exceeded' levels of development within all three communication and language early learning goals (listening and attention, understanding, speaking).

The Index of Multiple Deprivation is an overall measure of the deprivation experienced by people living in an area and is calculated for every lower layer super output area (LSOA), or neighbourhood, in England. Every such neighbourhood in England is ranked according to its level of deprivation relative to that of other areas. There are also pockets of deprivation surrounded by less deprived places in every region of England (57). In 2015, Trafford was ranked 120 out of 152 local authorities (57), where 1 is the most deprived and 152 the least deprived.

Given the evidence of the prevalence and incidence of different types of SLCN, there will be children who experience difficulties in all deprivation quintiles (14). Local areas may wish to look at further information on the **Local Health** tool to gain a better understanding of detailed patterns of deprivation in their area.

### Estimates of language difficulty in your population

There are no formal studies of the prevalence of developmental language disorder which have directly addressed the link between it and social disadvantage but it is known to be a notable risk factor. The UK's Millennium Cohort Study includes the data of around 19,000 children born in 2000-01. When they were five, their expressive vocabulary was assessed by a standardised language test (the British Ability Scales).

The table below states the percentage of children who fell below the expected threshold for this assessment based on results from this **Millennium Cohort Study** data by level of deprivation. The average (median) estimate of prevalence for language delay has been applied to the local area's population to give a rough indication of the number of children in the area who might have language delay. It estimates how many children are likely to have language delay based on the relative deprivation of the area's population using national analysis of the Millennium Cohort Study (15). The estimates have been rounded up to the nearest five and therefore should not be totalled.

**Table 1: estimated number of children with language difficulty at age 5 years by level of deprivation**

National prevalence of language difficulties, by deprivation quintile	Most deprived: 18%	10%	7%	5%	Least deprived: 3%
Estimated number of children in Trafford with language difficulties	70	45	35	40	35

Source of prevalence estimates: (14)

Source of population estimates: (31)

Source of deprivation estimates: (57)

## Sex

Boys are more likely to experience early language delay or a specific language impairment (approximately 8% of boys would be expected to have a problem compared with 6% of girls) (2).

## Children born preterm

Children born before 37 weeks of gestation (preterm) are at increased risk of experiencing difficulties with speech, language and communication (58). Based on data from the Office for National Statistics in 2017, 8.0% of live births were born pre-term (born before 37 weeks) (59).

## Identifying SLCN in your population

### **Proportion of children whose development is being assessed at 2 to 2½ years of age**

It is recommended that a child's speech and language skills are assessed at their 2 to 2½ year integrated review so that those with needs are identified early and offered support (4).

In financial year 2017/18, 100% of children who received a development review at 2 to 2½ years of age in Trafford had their development reviewed using the Ages and Stages Questionnaire (ASQ-3) as part of a holistic assessment. This is better than the national picture where 90.3% of children had their development reviewed at age 2 to 2½ using the Ages and Stages Questionnaire (ASQ-3) as part of a holistic assessment. Part of the review looks at whether or not a child is at or has exceeded the standard that would be expected at that age in terms of his or her communication skills. In Trafford there was no data available for children were at or above the expected level of development in terms of communication skills. It is important that all children receive this health review in order to identify and respond to any development problems at this early stage (60).

ASQ-3 is not a screening tool but it does provide an objective measure of development at a population level. It allows comparisons to be made which help to identify children who are not developing as expected and supports decisions on closer monitoring of progress or targeting of services. The dimensions of development which are covered include communication; gross motor skills; fine motor skills; problem solving; and social and emotional skills.

Work is underway to include these indicators of early child development outcomes in the **Public Health Outcomes Framework** in the future. A **feasibility study** has been undertaken which looks at the indicators' suitability for national surveillance and local benchmarking, including the monitoring of inequalities. They are outcome indicators in their own right: a measure of the benefits arising from early years' services and very early intervention in child health; secure bonding between parent and child; managing transition to parenthood; and encouraging a rich home learning environment. In addition, the indicators can be placed on a continuum of early child development, giving a milestone that children have a secure foundation and baseline for further development including readiness for school (using the Early Years Foundation Stage Profile at the end of Reception) and ongoing educational attainment.

## 8. Next steps

The data and information in this report should give local commissioners an indication of the SLCN of children and young people in their area. Combined with local knowledge and data, we hope that this will help in assessing the needs of children and young people in each area. The information below offers some advice on how commissioners might approach reviewing the needs of their local area together with other resources and sources of information they may want to look at.

### Applying local knowledge through discussion

The starting point for writing a local needs assessment should be what is known already. This is because the national datasets can only provide one part of what will be a complex picture of need in a local area. There are also sometimes anomalies in data so it is important to sense check the content of nationally reported data with what is known locally.

This needs assessment report together with any data found locally should be discussed to make sure that there is a full and accurate understanding. The following are some suggested points to keep in mind, help review the data and evidence and then formulate a local needs assessment.

Even when local areas have child development rates in communication that are similar to those for England, this may mask significant inequalities within local authorities which need addressing. Local areas are likely to wish to consider not only the overall child development rate but also the extent of inequalities in child development across smaller geographical areas such as districts and wards when deciding what SLCN provision is required. Services should provide a continuum of response to a continuum of need, including prevention, early identification of SLCN and interventions proportionate to need.

#### **Points to consider when looking at the estimates:**

- this report does not present numbers or rates of children with speech and language difficulties. Instead it gives estimates of numbers of children and presents a range of important risk factors that are likely to increase risk in a population
- estimates have been calculated using national estimates for each condition and the number of children in the relevant area. While deprivation has been reflected in the estimate, other factors that in reality are likely to cause variation between areas have not been included
- you will not get an overall estimate of children with speech and language difficulties by adding all the estimates together as some children have more than one of these conditions. Definitions for the conditions can be found in the glossary
- it only looks at children with speech, language and communication difficulties. It does not consider the wider group of children with whom speech and language therapists work such as those children experiencing difficulties with swallowing or feeding. In developing your plans, you may wish to consider the wider needs of children which speech and language therapy services address

#### **Points to consider when looking at risk factors:**

- these are population risk factors - factors that increase overall risk of speech and language problems within a local population. Clinically, children are much more

- complex with a wide range of reasons leading to individual difficulty
- there are many children who experience speech and language difficulties who have none of these risk factors
- the list of risk factors is not exhaustive and there are many other factors that can affect the risk of speech and language problems within a population
- not all children who experience these risk factors or have secondary conditions which can be associated with speech and language problems will have these. For example, a child with cerebral palsy will not necessarily have speech and language difficulties
- the data presented is the best available for these factors. In some cases, this can only give a rough indication of the number of people affected in your area

## Involving children, young people and families in planning

Considering the views of local children, young people and families when commissioning speech and language services may help to improve them. Local Healthwatch will have more information on including the voice of service users in the commissioning and delivery of health and care services: [www.healthwatch.co.uk/find-local-healthwatch](http://www.healthwatch.co.uk/find-local-healthwatch)

It may also be useful to read the Department for Education's *The perspectives of children and young people who have speech, language and communication needs, and their parents* (61).

## Find further data, information and evidence

- The National Child and Maternal Health Intelligence Network is hosted and facilitated by PHE and provides wide-ranging, authoritative data, evidence and practice in relation to child and maternal health which can be used to improve the quality of care and outcomes for communities, patients and their families. Find a guide for health professionals about child and maternal health data and intelligence here - [www.gov.uk/guidance/child-and-maternal-health-data-and-intelligence-a-guide-for-health-professionals](http://www.gov.uk/guidance/child-and-maternal-health-data-and-intelligence-a-guide-for-health-professionals)
- Sign up to PHE's knowledge update on child and maternal health - <https://public.govdelivery.com/accounts/UKHPA/subscriber/new>
- There is likely to be more data relevant to the commissioning of speech and language services available in the future through the **Community Services Dataset** (CSDS) (previously known as the Children and Young People's Health Data Set (CYPHS), and the **Mental Health Services Data Set** (MHSDS). The CSDS provides a national standard for gathering data from publicly commissioned care providers in England. The MHSDS will deliver comprehensive and comparable information for children, young people and adults who are in contact with mental health services.
- If you are interested in looking at prevalence information at a ward level, then information about deprivation at a lower geographical level is available from the Ministry of Housing, Communities & Local Government using their **indices of deprivation 2015 explorer**. There are also **ward level mid-year population estimates** (experimental statistics) available from the Office for National Statistics.

Contact local PHE knowledge and intelligence service for further advice and support:

North East	<a href="mailto:LKISNorthEast@phe.gov.uk">LKISNorthEast@phe.gov.uk</a>
North West	<a href="mailto:LKISNorthWest@phe.gov.uk">LKISNorthWest@phe.gov.uk</a>
Yorkshire and the Humber	<a href="mailto:LKISYorkshireandHumber@phe.gov.uk">LKISYorkshireandHumber@phe.gov.uk</a>
East Midlands	<a href="mailto:LKISEastMidlands@phe.gov.uk">LKISEastMidlands@phe.gov.uk</a>
East of England	<a href="mailto:LKISEast@phe.gov.uk">LKISEast@phe.gov.uk</a>
West Midlands	<a href="mailto:LKISWestMidlands@phe.gov.uk">LKISWestMidlands@phe.gov.uk</a>
London	<a href="mailto:LKISLondon@phe.gov.uk">LKISLondon@phe.gov.uk</a>
South East	<a href="mailto:LKISSouthEast@phe.gov.uk">LKISSouthEast@phe.gov.uk</a>
South West	<a href="mailto:LKISSouthWest@phe.gov.uk">LKISSouthWest@phe.gov.uk</a>

## **9. Glossary**

### **Autism**

Autism spectrum disorder (ASD) is the name for a range of similar conditions, including Asperger syndrome, that affect a person's social interaction, communication, interests and behaviour (62).

### **Cerebral palsy**

Cerebral palsy covers a group of conditions which affect movement and co-ordination. It is caused by a problem with the brain that occurs before, during or soon after birth. It will affect a person throughout his or her life (46).

### **Cleft lip and palate**

Children can be born with a cleft lip, a cleft palate or both. The cleft is a gap in the upper lip or roof of the mouth (the 'palate') or in both (63).

### **Communication**

"Communication is the effective exchange of information between two or more people" (64). It involves the ability to understand what messages others are trying to convey and to express information in return, including in a way which is suitable to the occasion. It includes non-verbal communication such as eye contact, gestures and facial expressions. In addition, communication relates to being able to consider another person's perspective, intentions and the wider context (64, 68).

### **Developmental language disorder**

Developmental language disorder is a condition where children have problems understanding and/or using spoken language. There is no obvious reason for these difficulties – no other condition explains them (1).

### **Development delay**

Some children can take longer than others to reach development milestones and so have 'development delay.' This can include things like walking and talking, developing new skills and learning new things as well as interacting with others. Children may have development delay on its own or alongside another condition such as cerebral palsy or Down's syndrome (66).

### **Developmental speech difficulties**

Developmental speech difficulties describes the problems which some children have with their articulation and putting sounds together in connected speech (phonological and prosodic development) (67).

### **Home learning environment**

The 'home learning environment' considers various activities which young children might



encounter outside of a formal learning environment such as nursery school but which may contribute to their development. Examples of such activities include being read to, going to the library, painting and drawing, being taught letters and taught numbers, singing and hearing rhymes and poems (68).

## **Language**

Language refers to understanding and making sense of what people say. It also includes using words to build up sentences which are used in longer stretches of spoken language and to build conversations. This skill involves putting information in the right order to make sense (65).

## **Language delay**

Some children take longer than others to reach expected milestones in terms of their vocabulary and sentence structure. These children are said to have a language delay.

## **Language disorder**

A language disorder is a condition that affects that way that people understand and express language. Language disorders can be associated with a known condition such as autism spectrum disorder, brain injury, genetic conditions such as Down's syndrome and sensorineural hearing loss. Developmental language disorder is a type of language disorder not associated with another condition (1).

## **Muscular dystrophy**

The muscular dystrophies (MD) are a group of inherited genetic conditions that gradually cause the muscles to weaken, leading to an increasing level of disability (48).

## **Neurodevelopmental disorders**

Neurodevelopmental disorders are a group of disorders which include autism, attention deficit hyperactivity disorder (ADHD) and developmental language disorder (DLD) (38).

## **Selective mutism**

Selective mutism is a severe anxiety disorder where a person is unable to speak in certain social situations, such as with classmates at school or to relatives they don't see very often. The expectation to talk to certain people causes those with selective mutism to freeze with feelings of panic and talking is impossible. Selective mutism is considered to be a fear or phobia of talking to certain people. The cause is not always clear but it is known to be associated with anxiety (40).

## **Speech**

Speech refers to saying sounds accurately and in the right places in words. It also relates to speaking fluently, without hesitating, prolonging and repeating words or sounds. It also means speaking with expression in a clear voice, using pitch, volume and intonation to add meaning (65).

## **Speech, language and communication needs**

Speech, language and communication needs (SLCN) is a term which describes difficulties across one or many aspects of communication, including problems producing speech sounds, problems with fluency, problems understanding or using language and problems with social communication.

### **Stammering**

Stammering can also be referred to as stuttering (21) or dysfluency (69). Stammering commonly involves repeating or making sounds longer or get stuck on words which affects the fluency of speech (21).

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Originally published on PHE Fingertips: June 2019  
Accessed: January 2021

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