

## **Section One**

### **Trust Your Instincts!!!**

Parents are often the first adults to notice a problem with their child's speech or language development. Your child's speech may be difficult to understand. Your child may use shorter sentences than other children the same age, fail to follow instructions or have difficulty interacting with others. Speech skills are different from language skills. Language refers to the use of words and sentences to convey ideas. Speech is the production of sounds that make up the words and sentences. Your child will need both skills to communicate effectively.

#### **1.1 What are Speech and Language Impairments?**

Not all children develop the way we expect, and some children have a communication delay or impairment. A communication impairment is a persistent difficulty in the understanding and/or use of spoken or written language. Children may have a Speech Impairment or a Language Impairment, or both. Communication impairments are fairly common. They are, estimated to exist in approximately 10% of the population. Research has indicated that the incidence may be even higher in children, up to 20% .

##### **Speech Impairments:**

These can be divided into three types:

- Articulation - the pronunciation of sounds and words
- Stuttering - a disruption in the normal flow or rhythm of speech
- Voice - use of the vocal cords/folds and breathing to produce sounds

##### **Articulation Problems:**

Children learn and practice sounds as they grow. Young children typically substitute sounds that are easy for more difficult sounds - such as 'tup' for 'cup', or they may omit sounds at the beginning or end of words. A child is only considered to have an articulation problem if they can not clearly pronounce the sounds and words that are appropriate for their age.

##### **Stuttering or Fluency Problems:**

Children who are learning to talk frequently stutter, or stumble and repeat sounds, syllables, words or phrases. A child with a stutter has more pronounced repetition of sounds, or may prolong sounds. While many children will outgrow a stutter it may be necessary to have a speech and language assessment, and get services, if necessary, while the child is young and before the stuttering pattern has become well established.

##### **Voice Problems:**

Voice problems are much less common. Generally a voice problem is caused by harmful use of the voice that strains the vocal cords, such as: speaking too loudly (screaming), or speaking with a voice that is too high or too low in pitch. This can result in a child's voice being hoarse or breathy, squeaky, or low like a growl.

##### **Language Impairments:**

Language refers to the content of what is spoken, written, read or understood, and the rules about how we put sounds, symbols and words together for others to understand. Language has a code or set of secret rules that most of us learn over many years. Most of the rules we learn from our families who model them for us, and from friends and teachers as we grow. There are secret rules for:

- How sounds are combined into words
- How words are put into sentences
- How sentences are formed into stories, descriptions and conversations
- How we talk or express ourselves in different social situations

The ability to understand someone else's verbal message, signing, gestures and symbols or writing is called *receptive language*. The ability to send a message by talking, signing, writing or using symbols or gestures is called *expressive language*. The ability to use language in a socially appropriate and functional way is referred to as pragmatics, (for example, taking turns to speak in a conversation). Children may have problems in one or more areas of receptive, expressive and pragmatic language.

Speech and language impairments are the most common impairment in children. Research has shown that 10 to 15% of children in Kindergarten may have a language delay or impairment. Speech and language impairments are associated with many types of disabilities, including hearing impairment, autism spectrum disorders, physical or developmental disabilities, learning disabilities as well as many specific syndromes. Many children with these disabilities will need support for their speech and language development.

Many English Language Learners struggle to learn the new language and have difficulties with pronunciation or understanding new words. A child with good oral language skills in their first language may struggle initially but will likely master the new language in time. However, if they had problems in their first language learning or producing sounds, or had delays in their language development, they may have problems in their new language and may need extra support.

### *OAFCCD Parent Tip*

*Parents of English Language Learners can help their child at home by encouraging the child to speak in their first language. Parents can also help by reading stories, singing songs and providing lots of opportunities to listen and speak in their first language. A strong first language will help the child who is learning a second language.*

### **Augmentative and Alternative Communication (AAC)**

Verbal communication can be a very big challenge for children whose speech and language skills are not developing, or for those who have a condition that affects their speech, language or hearing proficiency. These children may benefit from the use of augmentative or alternative methods of communication to accompany or replace their words.

Augmentative communication refers to any communication approach designed to support or augment an individual's communication output including:

- Body language and gesture - touching, shrugging, pointing, head nod/head shake, eye gaze, facial expression, or pantomime
- Sign language
- Picture and symbol displays
- Alphabet or word systems
- Technological aids such as computers that can speak written text, or convert speech to print
- Voice Output Communication Aids (VOCA) including simple or computerized devices equipped with specialty software that can speak for people
- Print

Children with expressive speech and language delays or difficulties can use AAC products, devices and systems to enable communication. Providing an AAC system, recommended by a speech-language pathologist or other professional, provides the child with a means of communication, may reduce the child's frustration and has been shown to support speech and language development.

Children with receptive language difficulties or cognitive challenges may also benefit from some form of AAC such as pictures, symbols and body language. In this case, the visual support can help them understand what is being said.

### ***OAFCCD Parent TIP***

*Children require models as they learn to talk. Children who are expected to use an augmentative/alternative communications system also need to have models. Depending on which system is recommended for your child, parents are encouraged to sign as much as possible, point to pictures on the display, or use communication devices. Accompany these with the spoken word to develop their comprehension of language.*

## **1.2 When Should I Be Concerned About My Child's Speech and Language Development?**

If you are concerned about your child's speech or language development, trust your instincts. For young children, brochures and charts with milestones for speech and language development are available from the Doctor's office, the Health Unit, Early Years Centres and the Preschool Speech and Language Program. For older children, look at the lists below, and if your child has difficulties in several areas, raise your concerns with the teacher.

### **Seek answers if your school aged child has difficulty:**

- following directions
- understanding classroom conversations
- socializing with peers
- organizing ideas sequentially
- using appropriate vocabulary, word order, grammar
- speaking on a topic
- speaking clearly
- speaking fluently
- learning the skills necessary to read and write

From OSLA School Board Speech-Language Pathology Services brochure

### **Warning signs for problems in speech or language development:**

- Speaks using incomplete sentences
- Seems unable to follow oral directions
- Avoids, stumbles, or gets stuck on certain words and sounds
- Has difficulty playing or communicating with friends
- Struggles with reading and writing despite good oral language skills
- Has problems swallowing or chewing
- Has frequent or long term hoarseness
- Is unable to control the volume of his/her speech appropriately
- Has a history of chronic ear infections

From CASLPA Fact Sheet School Age Speech & Language Development

### ***OAFCCD Parent Tip***

*Trust your instincts!! If you think there is a problem seek help. If your child hasn't started school, contact the Preschool Speech and Language Services in your area. If your child has started school, contact the classroom teacher and discuss your concerns about your child's speech and language difficulties and how speech and language services are provided at school.*

### 1.3 Who Provides Speech and Language Services to Children?

Responsibility for the delivery of speech and language services to children in Ontario is divided between several ministries including:

#### The Ministry of Children and Youth Services

- Responsible for the speech and language services for preschool children through the 32 Preschool Speech and Language Programs.
- Responsible for the Infant Hearing Program.

#### The Ministry of Education

- Responsible for the 72 school boards that provide education services to students who attend publicly funded schools in the English and French, Public and Catholic school boards.
- Under Policy/Program Memorandum 81, and the Inter-ministerial Guidelines on the Provision of Speech and Language Services (1988), school boards are responsible for providing services to students who have language impairments. School boards also share responsibility with the Ministry of Health and Long Term Care for services for students who present with articulation/speech sound production needs, stuttering/fluency needs and non-speech communication.

#### The Ministry of Health and Long Term Care

- Responsible for services provided by the Community Care Access Centres (CCAC), including the School Health Support Program.
- Under Policy/Program Memorandum 81, and the Inter-ministerial Agreement on Speech and Language Services (1988), the CCAC provides health supports to eligible students .
- Services are contracted through the CCAC for eligible students who have speech impairments (includes some students with articulation, fluency (stuttering) and voice problems) in both public and private schools, and for students who are home schooled. Responsibility for services for students with articulation and stuttering needs are shared with school boards. The CCAC has primary responsibility for services for students with voice impairments.

#### *OAFCCD Parent Tip*

*The way that services are delivered varies across the province. Students generally leave the Preschool Speech and Language Program by the end of Junior Kindergarten or beginning of Senior Kindergarten. The Community Care Access Centre School Health Support Program generally provides speech therapy services to children over age 5 or in Grade 1.*

- *If you are not sure if your child is eligible for Preschool Speech and Language Services and your child has not started school, contact the Preschool Speech and Language Program in your community.*
- *If your child has started school, talk to the classroom teacher or school Principal for information on how speech and language services at the school board or through the School Health Support Program are accessed.*

## 1.4 What is the Parent Role in the Speech-Language Pathology Assessment?

A speech and language assessment is provided by a Speech-Language Pathologist registered with the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO). Parents have an important role to play in the speech-language assessment. Parents know their child best and can provide information on their child's overall development, speech and language development and hearing ability. Parents may need to prepare their child for the assessment and accompany them, if appropriate.

The purpose of the assessment and the results are important. Ask questions so that you understand what kind of information is needed, what will be included in the assessment and how the results will help your child. The most important parts of the assessment are the recommendations and strategies that can be used to help your child improve his/her communication skills. Recommendations may include strategies and resources for home and school, classroom and home programming, specialized class placement, monitoring of progress, referral to another agency (e.g., CCAC), referral for additional follow-up, or teacher consultation. The Speech-Language Pathologist may ask to meet with you to share the assessment results.

### Terms Used to Describe Speech and Language Personnel:

**Audiologist** - A professional who has completed a qualifying degree and/or certification courses and is registered with the College of Speech-Language Pathologists and Audiologists of Ontario (CASLPO). An audiologist is able to complete tests to determine level of hearing, and to provide rehabilitation services to persons with hearing loss. An audiologist may also be qualified to prescribe equipment and devices.

**Communicative Disorders Assistant (CDA)** - A graduate of a community college Communicative Disorders Assistant Program. The CDA may deliver programs to children under the supervision of a Speech-Language Pathologist who has assessed the child and developed the program.

**Sign Language Interpreter** - Individuals who have been trained to use sign language for a person with a hearing impairment. An interpreter may be assigned to an individual or group to translate information.

**Speech Assistant or Hearing Assistant** - These terms are used to describe support personnel who are working under the direction and supervision of either a Speech-Language Pathologist or Audiologist.

**Speech Therapist** - A common term used to describe a Speech-Language Pathologist.

**Speech-Language Pathologist** - An individual with a university degree, usually at the Masters level, who is registered with the College of Audiologists and Speech-Language Pathologists of Ontario, and is qualified to assess speech, language, voice, fluency and prescribe and implement therapeutic measures.

### Additional Sources of Information:

**Our Professions**, Ontario Association of Speech-Language Pathologists and Audiologists (OSLA) Website: [www.osla.com](http://www.osla.com)

**Practice Standards and Guidelines for the Assessment of Children by Speech-Language Pathologists**, College of Audiologists and Speech-Language Pathologists of Ontario (March 2008)

**Speech, Language and Hearing Milestones** (brochure), Canadian Association of Speech-Language Pathologists and Audiologists (CASPLA)

**A Parent's Guide to Children's Speech**, A collection of full-length articles and handy checklists, Canadian Association of Speech-Language Pathologists and Audiologists (CASPLA)

**Policy/Program Memorandum 81, Provision of Health Support Services in School Settings, 1984**, Ministry of Education

**Inter-ministerial Guidelines for the Provision of Speech and Language Services and A Model for the Provision of Speech and Language Services** (September 1988)

**Helping Kids Discover and Develop Language**, second edition. Emrich, J, Paliani, D., Prescott, K., & Warr-Leeper, G. London, Ontario: University of Western Ontario Bookstore, 2000.