

# Understanding language impairment

Educational psychologist **Julia Dunlop** outlines the key factors early years practitioners should consider when working with a young child with specific speech, language and communication difficulties...

**S**pecific language impairment (SLI) refers to all children with marked problems in their grasp of and ability to use spoken language. SLI does not include children who fail to develop language because of generalised learning difficulties, physical disability or hearing loss. Nor does it include those children learning English as an additional language. It is used to describe otherwise able children whose difficulties are with speech and language only.

Several different difficulties come under the heading of SLI. Some will affect a child's Receptive language – their ability to understand what is said to them. Other difficulties are evident in a child's Expressive language – their speech and gestures.

The areas of difficulty can be grouped in the following way:

■ **The apparatus of speech:** the muscular coordination of the mouth, tongue, nose and breathing. Children with cleft palate, cerebral palsy or verbal dyspraxia would fall into this group.

■ **Phonology:** the speech sounds that make





up the language. Most children substitute one speech sound for another as they develop language, perhaps saying 'poon' instead of 'spoon'. This is part of normal language development. Of greater concern are those children with quite disordered speech sound systems – often to the extent that even their own parents struggle to grasp what they are saying.

■ **Syntax (grammar and morphology):** the way that words and parts of words combine in phrases and sentences. Most children absorb the grammatical rules of language without being specifically taught. Others find these difficult to grasp.

■ **Semantics:** the meaning of words, bits of words and phrases and sentences. Words which relate to abstract concepts, such as feelings, can be particularly difficult for some children to comprehend. Those with difficulties in this area often interpret what has been said to them quite literally, failing to pick up on nuances.

■ **Pragmatics:** how we use language in different situations and contexts. Some children just cannot work out the social rules of language, let alone apply them. They don't know how to join a conversation and don't take turns with their conversation partner.

■ **Intonation and stress (prosody):** the rhythm and tone of the way we speak. Most children naturally develop the rise and fall of speech in a conversation. A few speak in monotone and, perhaps, put the stress on the wrong word or part of a word.

A child can have difficulties in one or more areas, affecting comprehension, expression or both. These difficulties can range from mild and temporary to severe and long-term.

## Supporting assessment

It may not be immediately obvious that a child has a specific language impairment, especially if their development is following the expected path in other areas.

Considerable expertise is needed to assess

children with SLIs. A problem in one area of language is likely to affect others too. The detailed assessment is likely to be carried out by a speech and language therapist, perhaps with input from an educational psychologist. Early years practitioners can assist in this assessment by looking out for the following:

- a child who seems very chatty and has a good vocabulary, but sometimes misses the social aspects of the conversation;
- a child who has a growing vocabulary of single words but has difficulty linking words and ideas into phrases and sentences;
- a child who, despite apparently good spoken language, often fails to respond to verbal instructions;
- a child who readily follows verbal instructions but cannot make himself understood;
- a child who seems to have normal language in one context, but remains silent in another.

## Developmental impact

When a young child has a specific language impairment, the impact goes way beyond the immediate realm of communication and can negatively affect other areas of development:

### Behaviour

The most immediate effect of an SLI is on a child's behaviour. In an otherwise able child, the frustration of being unable to get one's message across verbally can lead to difficult outbursts. If a child has tried to ask for a toy several times and not been understood, it is understandable that they might then resort to snatching, or pushing another child out of the way.

Similarly, if a child, because of limited verbal comprehension, has failed to respond to an instruction it is easy to misinterpret the behaviour as non-compliance. Or if a child hasn't picked up on an adult's cues to stop playing and tidy up, they are likely to get cross when they finally discover that their favourite activity has to end.

## Case study

### MOLLY – AGE 3 ½ YEARS

Molly started in nursery just after her third birthday. At first she seemed quiet and shy and a little clingy around her Mum, but showed no reluctance to come into nursery each morning.

The quietness persisted and nursery staff realised that Molly did not speak at all – either to adults or other children. There were no concerns about her ability to understand language and her other skills were age-appropriate.

The supervisor had often watched Molly and her mum leave nursery at the end of the afternoon. As they passed her office window, Molly could be clearly heard telling Mum all about her day. The nursery SENCO sensitively raised the concern with mum who explained that Molly refuses to speak to visitors at home unless she knew them really well. She just ‘froze’ if people tried to chat to her.

Advice was sought from a speech and language therapist who described Molly as an example of ‘Selective Mutism’. Following this advice the nursery staff:

- made sure they didn’t pressurise Molly to speak, but commented on what she was doing as she played;

- accepted and encouraged Molly’s non-verbal communication;
- made time for her key worker to visit Molly at home;
- encouraged mum to come into nursery to do activities with Molly in a quiet area, gradually joined by the key worker.

In time, Molly began to speak to mum in the quiet area in nursery and would continue to do so when the key worker entered the room. After a while, Molly would accept the key worker joining the activity and would continue to talk. By the time Molly went to school she had begun to speak to other children and would sometimes put up her hand to answer a question.

**For further information, contact:**  
**ICAN (a national charity for children with SLCN):** [www.ican.org.uk](http://www.ican.org.uk)  
**Afasic (Association for all Speech Impaired Children):** [afasic.org.uk](http://afasic.org.uk)  
**Talking Point (the first stop for information on children’s communication)**  
[www.talkingpoint.org.uk](http://www.talkingpoint.org.uk)

## 2 Social interaction skills

Most young children in early years settings are very accommodating of children with additional needs. Their patience can be tested, however, if after many attempts they still cannot understand what a speech disordered child is trying to say. Inevitably they will gravitate towards children with similar language to their own.

Where a child snatches toys, not knowing how to ask for them, they do not endear themselves to their peers. This can lead to relative isolation. If one child dominates a ‘conversation’, not letting others get a word in, frustration and further isolation will ensue.

## 3 Self-confidence

When a child has had to repeat himself several times and has still not been understood, there is an inevitable blow to the self-confidence. Fewer attempts will be made next time – if they bother at all. Remember, in the child’s head they said it right first time!

## 4 Thinking and learning

Children with SLI have additional problems in developing higher order thinking skills. These are the skills which allow us to think, plan, remember and generate new ideas when we deal with new information. They are vital in all learning tasks.

Where phonological difficulties have been present in a young child, difficulties in developing the phonological awareness necessary to learning to read will often be present as the child moves into school.

## about the author

Julia Dunlop was, for 12 years, a senior educational psychologist and early years specialist. As a teacher, she also had several years’ experience working with pre-school children with disabilities as a member of a Child Development Centre multi-disciplinary team.

## How can we help?

Where a child’s specific language difficulty is known prior to entering a setting, for example, where a cleft palate has been repaired, parents are likely to have lots of information they can pass on to practitioners.

If a child’s difficulty becomes apparent during their time in a setting, this will have to be broached sensitively with parents via the SENCO and key worker.

It is vital to liaise closely with the child’s speech and language therapist. The therapist will often offer to come into a setting to give direct advice, or, at least, send a specific programme for practitioners to follow.

Practitioners can help the young child with a specific language impairment by:

- providing a language-rich environment;
- commenting on what the child is doing as they play – rather than asking questions;
- simplifying verbal instructions, and checking that the children have understood;
- using pictures to support children’s understanding of what is said to them;
- being familiar with the contents of the Inclusion Development Programme (Speech & Language).