

Speech Delay/Disorder

What is a speech delay/disorder?

Speech is the physical production of sounds and sequences of sounds that make up words and sentences. It is made up of sounds that can be detected by the human ear and is highly complex. When children are developing speech they may make mistakes with the sounds they use. There is a typical order in which each speech sound develops and a range of ages when a child should be able to say each sound correctly. A speech sound delay is when speech is developing in a normal sequential pattern but occurring later than is typical. A speech disorder is when mistakes are not “typical” sound errors or are unusual sound errors or error patterns. Speech sound delays and disorders include problems with articulation (i.e. making sounds) and/or phonological processes (i.e. sound error patterns). A child may have sound errors in their speech which are not considered a speech problem because they are part of the dialect or accent to which the child is exposed.

What are the common features of a speech delay/disorder?

- May be using a limited number of sounds.
- Hearing difficulties or glue ear.
- May have difficulty linking together more than 2 sounds.
- Speech is difficult to understand to the unfamiliar listener.
- Shows frustration at not being understood by others.
- May have difficulties with blowing and sucking through a straw.
- May be dribbling beyond normal age.
- Messy eating habits beyond what is expected for age.

- Speech contains sound substitutions and errors.
- Speech is less clear than most of their peers.
- Late to develop specific sounds in words (see Speech Sound Development resource for specific stages of development).
- Produces phonological processes (i.e. sound error patterns) beyond the expected age (see table below for Phonological Development in Children).
- Produces phonological processes that do not follow the typical developmental pattern in speech development (e.g. replaces sounds made at the front of the mouth - /t/ and /d/ - with sounds made at the back of the mouth - /k/ and /g/ - 'tea' becomes 'key' and 'door' becomes 'goor').

Phonological Development in Children:

Phonological Process	Description	Age it occurs
Final Consonant Deletion	Final consonants are omitted from words (e.g. 'hat' becomes 'ha_').	
Voicing	Sounds made with no voice are replaced with voiced sounds (e.g. 'car' becomes 'dar', 'tea' becomes 'dea').	2-2.11 years
Syllable re-duplication	Complete or partial repetition of a stressed syllable (e.g. 'bottle' becomes 'bo bo').	
Weak syllable deletion	Non-stressed syllables are deleted from words (e.g. 'elephant' becomes 'ephant').	2-3.11 years
Stopping	Sounds made with a long airflow are replaced by sounds made with a stopped airflow (e.g. 'sea' becomes 'tea', 'shoe' becomes 'to').	2.0-3.5 years

Phonological Process	Description	Age it occurs
Velar Fronting	Sounds made with the tongue hitting the back of the mouth (e.g. 'k' and 'g') are replaced with sounds made at the front of the mouth (e.g. 't' and 'd') so 'car' becomes 'tar', 'key' becomes 'tea'.	2-3.11 years
Palatal Fronting	The tongue is moved forward in the mouth so the 'sh' sound becomes a 's' sound (e.g. 'shop' becomes 'sop').	2-3.11 Years
Gliding	The 'r' and 'l' sounds are replaced with the 'w' or 'y' sound (e.g. 'red' becomes 'wed').	2-5.11 years
De-affrication	Affricate sounds (e.g. 'sh', 'ch' and 'j') are replaced with 't', 'd' or 's' sounds.	2-4.11 years
Consonant Cluster Reduction	Clusters of consonants in words are reduced by one or more consonants (e.g. "brick" becomes 'bick', 'clown' becomes 'cown')	2.0-4.11 years

Common difficulties often (but not always) experienced by the child with a speech delay/disorder:

- Struggles to get messages across to other people.
- Interacting successfully with their peers.
- Regular breakdowns in communication with others.
- May have difficulties with reading and writing.

- Being teased by their peers.

Management strategies that support the child with a speech delay/disorder (at preschool, school and/or home):

- **Modelling and Recasting:** Repeat the child's sentences if their speech is not clear (e.g. child: "Dat my deen tar"; adult: "Yes, that's your green car."). By repeating what the child has said you are producing a good language model and you are also showing that you have listened to what the child has said.
- Listen and respond to the child's message (not the exact pronunciation of the words).
- Encourage use of gesture and signs to compliment the child's speech that is highly unintelligible.
- Set up an individualised plan with parents/carers that have small achievable speech goals to help develop the child's clarity of speech.
- Liaison between health professionals and educational staff to provide information to be incorporated into an education plan and/or implementing ideas/suggestions/activities to help improve the child's speech skills and ability to access to the curriculum.
- Use fun play-based activities or games to help motivate the child to learn.

Speech Therapy approaches and activities that can support the child with a speech delay/disorder and/or their carers include:

- **Speech assessment:** Looking in depth and determining the child's strengths and weaknesses in the area of pronunciation and talking.
- **Communication strategies:** Working together with parents to devise goals and strategies to help develop areas of communication with which the child is having difficulty.
- **Daily activities:** Providing families with strategies and advice that can be utilised at home within daily activities and routines to help develop communication skills.
- **Step by step goals:** Making small step by step goals that are achievable and show the child's progression within the skill areas.

- **Visual information:** Incorporating extra visual information through the use of a more formalised gesture system, pictures and/or symbols to aid use of language where appropriate.
- **Positive reinforcement:** Providing lots of positive reinforcement and encouragement throughout therapy to help build confidence and self esteem.
- **Liaising with educational staff** (where appropriate) about the child's communication skills and providing information and ideas that can be used in the educational setting to help the child access the curriculum.
- **Alternative forms of communication:** Teaching alternative ways of communicating whilst speech is developing (e.g. sign language, the Picture Exchange Communication System - PECS).
- **Sound discrimination:** Teaching the child to listen to sounds and hear the difference between the sounds.
- **Visual cues:** Using visual cues to help elicit sounds.
- **Scaffolding:** Teaching the child to produce new sounds in single words, simple sentences, phrases and loaded sentences (i.e. containing 4 or more words starting with the same sound - Silly Sue sat in the sun on Sammy's sandcastle).

Why should I seek therapy for my child with a speech delay/disorder?

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information.

- The 'help' still needs to be provided. The help that is provided (at least from a therapy perspective) will reflect:
 - First and foremost what medical intervention is needed.
 - What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant functional challenges).
 - The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
 - The capacity of the child's environments to meet the child's needs.

If left untreated, the child with a speech delay/disorder may have difficulties with:

- Learning to talk, speech intelligibility and clarity.
- Vocabulary whereby a child cannot clearly get their message across due to limited word knowledge.
- Self esteem and confidence when they realise their skills do not match their peers.
- Bullying when others become more aware of the child's difficulties.
- Social isolation because they are unable to cope in group situations or busy environments, impacting on their ability to form and maintain friendships.
- Anxiety and stress in a variety of situations leading to difficulty reaching their academic potential.
- Academic performance: Developing literacy skills such as reading and writing and coping in the academic environment.

More specific implications of not seeking treatment will be influenced by the common difficulties that are most influencing your individual child.

For more information see the relevant fact sheets under areas of concern or refer to the other relevant resources section below.

What does the diagnosis of a speech delay/disorder really mean for the child?

Diagnoses are used to label a specific set of symptoms that are being experienced by a child.

This label then helps to narrow down and specifically tailor what:

- Other issues commonly occur simultaneously.
- Medication might be appropriate.
- Therapies might help the child (e.g. Medical, Occupational Therapy, Speech Therapy, Psychology).
- Course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).

- Can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.
- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

Contact us today to make an initial enquiry or book an assessment for your child
on 1800 KID SENSE (1800 543 736)

