

# Speech, language and communication: a public health issue across the lifecourse

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## Abstract

Speech and Language skill is an essential component of normal child development. Speech, language and communication needs are widespread and are an important determinant of outcomes over the life course. This article discusses the evidence for this relationship and what can be done to improve speech, language and communication capacity for children today.

**Keywords** developmental language disorder; language disorder; social deprivation; speech, language and communication (SLC); speech, language and communication needs (SLCN)

## Introduction

Giving every child the best start in life is of primary importance in reducing health inequalities across the life course. Speech, language and communication capacity is an essential component for positive health, education and employment outcomes and there is strong evidence that focused early support to promote language and communication at an early age can lessen the impact of social disadvantage.

This paper discusses the importance of communicative competence to children, young people and adults and outlines the normal stages of early language development. It explores the ways that language development can go wrong and result in children having SLCN (Speech, Language and Communication Needs). Language Disorder is discussed both in its diagnosis as associated with a bio-medical condition (such as Autism Spectrum Disorder) as well as specifically existing within the diagnosis of Developmental Language Disorder.

The link between poverty, social disadvantage and poor language skills is explored with reference to outcomes across the life course. Supporting children and young people to develop their speech, language and communication capacity to the maximum is the task of everyone who works with children across both health and education. Focused SLC interventions are required very early on in areas of known poverty and social disadvantage to prevent the consequences of language disadvantage. The interventions required to boost SLC capacity at all levels both in settings as well as within families are described, including the role of specialist services such as Speech and Language Therapy.

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This paper demonstrates that if the issue of SLCN is not addressed across the sector, children and young people will continue to fail to reach their potential personally and economically. Unidentified SLCN can no longer be 'no one's business': boosting SLC capacity is a public health issue to address so that health inequalities linked to SLC capacity do not determine children's outcomes and life chances.

## The importance of communicative competence

The ability to develop and use language defines us as humans; language and communication ability are essential so we can develop, achieve and sustain psychological health, social and emotional wellbeing, success in learning and economic achievement.

Language itself is a learned 'code'; it is a highly sophisticated system of symbols which represent our thoughts. The system of symbols includes spoken words, sounds, gestures, body language as well as the written word and pictures. From a few weeks old babies start to learn this as their involuntary cries and movements as interpreted as meaningful by their caregivers. From a few months old, with thousands of naturally occurring opportunities a day with a responsive caregiver, babies are practicing using these signals intentionally to make things happen and learning to interpret other's signals as meaningful. Positive responsive interactions at the pre-verbal stage of language development are critical to the child's future communicative competence as well as to the development of secure attachment.

Communication between two people takes place when there is a shared language system i.e. when both parties understand the meaning behind the system of symbols used by the other person. Successful communication involves excellence in understanding as well as expressive competence and so extends far beyond the words alone (approximately 7% of communication is verbal) to include all the cues expressed through non-verbal communication (which carries approximately 93% of the meaning) such as emphasis, intonation, use of gesture and quality of eye contact.

When two people can share and understand each others' language code then the miracle happens: communication. From communication comes interaction, relationship and social and emotional development. The complex rules which govern communication mean that it is a social construct, with the shared code of language as the glue – a highly sophisticated, subtle and evolving system of ever-changing symbols; the mechanism by which friendships, teams and communities are built and sustained.

Communicative competence is therefore fundamental for children and young people so that they are able to flourish and to achieve in its broadest sense: educationally, socially, psychologically and economically. There is extensive evidence that poor communication skills in early childhood affect children and young people's life chances and are linked with social disadvantage, mental illness and long-term unemployment in adulthood.

## Normal speech and language development

A child's ability to acquire language is partly innate and partly learned; linguistic theorists agree that useful communication is

not learnt through language imitation alone. The single words which typically appear at about 12 months are evidence of an emerging spoken language code which started in the 'to-fro' babble of verbal turns between baby and care-giver in the first weeks of life.

A young toddler's social communicative and interactive ability is frequently striking to any observer – a 14 month old child with a single word vocabulary of four words ("no, milk, Daddy, ball") can use them to great effect: to request, to reject, to get someone's attention, to draw attention to something. As the child uses their limited vocabulary – and when it's responded to and so reinforced – they realise that they can make things happen. The child's developing vocabulary from then on is intrinsically linked to their emerging social competence therefore words become tools to influence their world. Once the child has 50 words in their single word vocabulary at about 18 months of age they will start to link them into two word phrases (such as "juice gone" "want more"). The language explosion phase that often happens between 18 and 24 months is an intense period of cognitive, linguistic and social interaction development where the child practices using the language heard in their environment to build up novel phrases for a rapidly increasing range of functions: to ask questions, retell events, explain things and more, with seemingly no end.

Language is divided into Receptive Language (understanding) and Expressive Language (talking). In normal language development, perception precedes production i.e. children understand more than they can say, and the foundation of any assessment of a child's speech, language and communication ability starts with an accurate assessment of a child's understanding (both verbal and non-verbal).

Speech refers to being able to put sounds together so others can understand; difficulties in this area mean that people don't understand the speaker, even though they may be using language correctly (e.g. a phonological disorder, a voice issue or a stammer). Communication refers to how we interact with others.

A child's communication environment is highly relevant to the progress of their speech and language development from the first days of life through early years settings to primary and secondary school. Extensive research has identified that a good communication enabling environment covers three aspects:

- the physical environment
- the role of the adult in supporting language interactions
- the quality of language learning and communication opportunities

This applies equally to all communication environments at all ages ranging from interactions experienced by a toddler in the park to the delivery of a Science lesson to 15 year olds. There are now an extensive range of resources to support practitioners from early years upwards to audit their settings and to build contexts and environments that maximally support children and young people to develop their speech, language and communication capacity.

### Children with speech, language and communication needs (SLCN)

A child with SLCN will not be following the expected pattern of speech, language and communication development for their age; this may present clinically either as a delay or a disorder. The

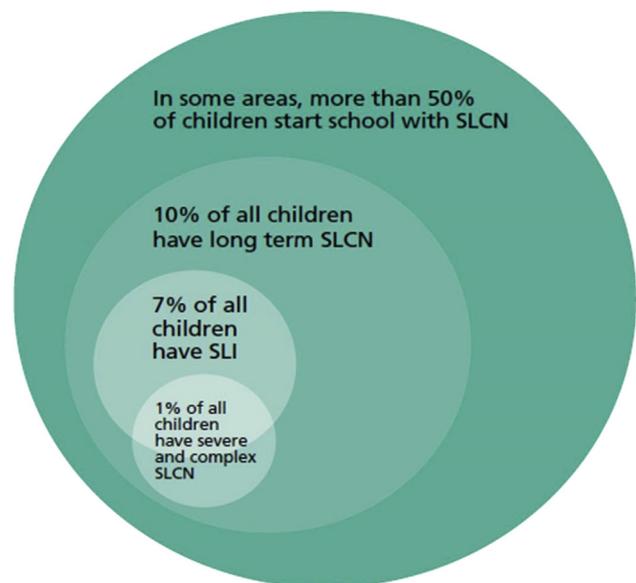


Figure 1 The prevalence of speech and language problems in children.

causative and risk factors for SLCN are varied and complex; some difficulties are transient and therefore will resolve, whilst others are persistent and will have life-long impact.

Research tells us that up to 50% of children starting school in the most disadvantaged areas in the UK will have speech, language and communication needs – that is, SLCN at a level where they are assessed as requiring additional support (see Figure 1). It is widely recognised that progress and attainment at school is dependent on good spoken language skills, but many children enter the statutory education system at the age of 4 years and they are not 'school-ready' i.e. without the necessary levels of understanding or expression to be able to access the learning that is there. For example research shows that pre-school language skills are the best predictor of how well a child will perform in Literacy at age 11. Often a child's SLCN is not identified and as school progresses the expression of the SLCN difficulties can be identified by teachers more as being linked to behavioural or social and emotional problems (see Figure 2).

### Prevalence of SLCN

In the UK today, there is evidence of under identification across health and education of children's SLCN. The reasons for under identification include lack of SLC training to the wider children's workforce so they are equipped to identify and support at a universal and targeted level. A recent survey by The Communication Trust of 1200 respondents across the wider children's workforce in health and education from early years through to further education identified that two thirds of the workforce reported having little or no initial training in identifying and supporting SLC needs. In areas of social deprivation, SLC delay is easily normalised and the resulting difficulties are often identified and managed as being other SEN or behaviour issues rather than recognised as being fundamentally about the child's speech, language and communication capacity. One study found that children's behaviour problems at age 10 were linked to comprehension problems that were evident at age six. High numbers of young people with mental health needs or

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