

The School Years: **An Introduction to Speech and Language Therapy**

What is Speech and Language Therapy?

All children who have had a cleft palate will see a Speech and Language Therapist (SLT) regularly as a young child. The SLT's role is to monitor how speech and language skills are developing; in particular they will also listen to where sounds are made in the mouth and whether a child's voice sounds hypernasal or if any air or sound is coming down the nose during speech. If there are any problems then the SLT will give advice on what to do to help. They may refer the child to an SLT nearer to the child's home or carry out some speech and language therapy sessions at the Cleft Centre. The SLT may also recommend further tests to see how well the palate is working during speech.

Why might a child with a cleft lip and/or palate need Speech and Language Therapy?

As children learn to talk, they move through stages of speech development until they reach the point where they are using a full range of sounds. These developmental stages can sometimes be difficult for some children to grow out of and a child may need speech therapy to help them change their speech patterns and to learn new sounds. These difficulties can occur in any child including those children born with a cleft palate.

It is common for children who are born with a cleft palate to have speech problems associated with their cleft. About half of children born with a cleft palate will need speech therapy at some point during childhood, mainly in the early years. Some children can go on to have difficulties in the primary and even secondary school years.

When a baby is born with a cleft palate this means that the roof of the mouth does not completely separate the nose from the mouth during speech and feeding. This means that it is difficult to build up enough air pressure in the mouth because air escapes out of the nose. These problems can make it difficult for a child to learn how to make some sounds and children can get into the habit of producing sounds in the wrong way. After palate repair, as the child begins to talk, the SLT will assess what sounds a child can make, if they are made correctly and whether the child's voice is sounding hypernasal or if any air is coming down the nose during speech. Sometimes children need more than one operation to their palate to make it work well and may need continued speech and language therapy after this surgery.

As the child's jaw grows, the upper and lower jaws may grow at different rates. Typically, this may mean the top teeth sit behind the bottom teeth and this may result in speech which has a lisping or slushy quality. Surgery to realign the jaws may be offered when the child is older. This would be discussed at length with the cleft team and the family.

Children with cleft palate are more prone to middle ear problems such as glue ear and ear infections. This is more common in younger children but can affect older children and will need to be monitored by the Audiology and ENT teams.

What is involved in SLT?

Speech and Language Therapists need to assess how children are progressing with their speech skills, and sometimes young children can be a bit reluctant to speak. Children's speech is assessed using conversation, asking them to count and copy some sentences. The SLT listens carefully to the sounds that are made and may

make a video recording of this assessment. The SLT will carry out an oral examination. The results of this assessment will be discussed with the child, family and other Cleft Team members.

If the SLT identifies that there is air coming down the nose and that the palate may not be closing off the nose from the mouth during speech then they may recommend further investigations. These are called Palatal Investigations. They involve a detailed speech assessment and video recording and a moving xray showing how the palate is working (lateral videofluoroscopy). Another investigation called a Nasendoscopy may be carried out. The child, parents and SLT then discuss these assessments with the Cleft Surgeon to decide what can be done. A further operation on the palate may be recommended. Following surgery the SLT will review the child's speech and may suggest further speech therapy if necessary.

How can school support the child?

Children who have had a cleft palate may need to miss lessons in order to attend speech and language therapy and other cleft clinic appointments. Speech therapy sessions may require a child to come out of school on a regular basis. Some types of speech work can take place in class but often it is best to carry out speech sound work in a quiet and non-distracting environment. Speech sound work is often most successful when a 'little but often' approach is taken. SLT's always work in partnership with parents to carry out therapy activities at home. It can be very useful if, in conjunction with the SLT, members of the school staff can support the therapy targets during reading, phonics and other school work

For a child with hearing problems, it may be necessary to consider where the child is sitting so that they can see the teacher's face clearly.