

# Guidance for using the West Sussex Speech and Language Monitoring Tool

---

## Contents

Introduction.....	2
Guidance for recording information .....	2
Things to watch out for .....	3
What to do next.....	3
Key indicators that a child may need some additional support .....	4
By 12 months.....	4
By 18 months.....	4
By 2.5 years .....	4
By 3 years .....	5
By 3-6 years .....	5
Dysfluency/Stammering .....	5
What is Stammering.....	5
Referral to Speech and Language therapy for stammering .....	5
Key strategies for supporting a child who stammers.....	5
Reluctant talkers .....	6
Key strategies for reluctant talkers .....	6

## Introduction

In West Sussex, we expect all children's progress to be monitored against the Ages and stages of the Early Years Foundation Stage (EYFS) for each area of Learning.

For speech, language and communication development, we would expect progress to be assessed using the Communication and Language information from Development Matters or Early Years Outcomes documents.

For any children who you assess to be not working within expected levels, or for any other children where you have concerns about their development, we recommend using the [West Sussex Speech and Language Monitoring Tool](#).

The tool helps you to:

- develop awareness of the progression and stages of development in the four main areas of communication;
- identify where a child may be functioning within, above, or below expected levels of development in speech, language and communication;
- identify and plan for next steps in developing speech, language and communication for children within the setting;
- monitor children's progress and achievements across these four areas; *and*
- share information with other practitioners, parents and carers, other relevant professionals and to share as part of a child's transition to a new room or setting.

## Guidance for recording information

The Key Person is probably best placed to make these assessments for each child as they are likely to know the child best and have observed the child in a range of different situation. You may wish to involve others with aspects you have found difficult to assess or to check the accuracy of your assessments.

You may need to provide opportunities within the setting to see if the child has developed the skill being assessed. For example, providing access to sound makers, songs and rhymes. Any assessments should be made within a playful experience where the child is engaged and motivated as this will give the most accurate picture of what the child can do.

Use the *best fit* model to decide which band the child fits in to for each of the four areas, but be aware of any elements that the child is not demonstrating when planning to support them to develop their skills.

Talk to the parents and carers to find out how their speech, language and communication skills are developing at home. This will form an important part of the picture of the child's development. This is particularly important if the child speaks other language(s) at home. If their home language is developing at expected levels, then English is likely to develop normally. However, any developmental delays in the home language(s) should be identified and supported as soon as they are identified.

Share with parents or carers the information that you have collected about their child's development. Talk about their child's strengths and interests as well as clearly identifying any areas where they may be below what you would expect. Talk about what you can both do to support their child's development, what other support is available and a timescale for discussing progress again with them.

### Things to watch out for

- An uneven profile across the four areas, for example where a child is at a 22-36 month level for Talking, but only 12-15 months for Social Communication.
- A profile which is significantly below what you would expect for their age or in comparison to the other Areas of Learning within the EYFS.
- A child who is not making progress, despite strategies being put in place, and consistently applied, to support the child.

### What to do next

1. Identify the child's next steps and provide play based learning opportunities focusing on the child's strengths and interests to encourage and develop the child's communication skills, making sure that what you're aiming at is clear and measurable.

For example *practitioners will comment and label when joining in with child's play using 2 word phrases or when X is playing with the dinosaurs, Key Person to spend time sitting with him and imitating his play. When X makes eye contact, use sounds or one word and to model basic communication.*

2. Targets should be developed in consultation with parents and carers so that they understand how their child is being supported and can continue strategies at home. Targets should be incorporated into the planning for this child, for example next steps, individual plan, and shared with other practitioners.

3. Practitioners may benefit from attending training and looking back at useful strategies from previous experiences of supporting children with similar needs. You can:
  - view the West Sussex County Council (WSCC) [Early years and childcare training and support programme](#) for details of training currently available.
  - view the WSCC website for [resources to support the development of practice](#), including the Inclusion Development Programme materials which are helpful for developing practitioner skills and confidence as well as strategies for supporting children.
  - contact the [Speech and Language Support to Settings](#) team (SaLSS) for general advice, and [setting based training](#) around speech, language and communication needs.
  
4. Settings can, with parental permission, refer directly to the [Speech and Language Therapy Service](#) for children over 28 months.

## Key indicators that a child may need some additional support

### By 12 months

- Not responding to their own name
- Not using babble to communicate with adults
- Not using pointing, gesture, eye contact or facial expression to make contact with people and keep their attention

Concerns should be discussed with the link Health Visitor and a referral to the Child Development Team made if necessary.

### By 18 months

- No words being used
- No shared attention with adults
- Appearing not to understand simple language

Concerns should be discussed with the link Health Visitor and a referral to the Child Development Team made if necessary.

### By 2.5 years

- Not putting 2 words together
- Showing signs of frustration with getting their messages across

### By 3 years

- Not being able to shift attention to a different task
- Limited progress in learning and using new words

### By 3-6 years

- Not being relatively easily understood by familiar adults

## Dysfluency/Stammering

### What is Stammering

- Stammering is characterised by repetitions of whole words or first sound of a word, prolongations (stretching of a sound) or blocks (the mouth is in position but no sound comes out).
- Onset is usually from 2-5 years old but can be earlier or later than this.
- Stammering can be episodic.
- It varies from situation to situation.
- 5-8% of pre-school children will experience a period of dysfluency.
- All children are influenced by internal factors (emotions) and external factors (environment). For children who stammer these factors can have a significant impact on the level the stammering.

### Referral to Speech and Language therapy for stammering

For some children this period of dysfluency/stammering will improve without intervention but it is important that all children presenting with dysfluency/stammering are referred to the Speech and Language Therapy Service as soon as they start to stammer. Even if the stammer has not been heard in nursery but parents are reporting it, a referral should be made.

Prompt referral of all children who stammer is important as early intervention can:

- help minimise the impact of the stammer and stop it becoming a lifelong condition; *and*
- ensure that the child and their parents receive prompt support and advice for managing the stammer.

### Key strategies for supporting a child who stammers

- Use comments to talk about what the child is doing. Try to reduce the number of questions you are asking to reduce the demand on their talking.

For example, instead of saying *What did you do outside?* say *You look happy you must have had fun outside.*

- Wait patiently and give the child time to finish what they are saying. Don't be tempted to say it for them.
- Give the child plenty of time to have their say. Think about the following:
  - Try to slow your rate of speech and pause a little more.
  - Try to stop what you're doing, move down to their level and look at them. If you are in the middle of something let them know you will listen when you have finished what you're doing.
- Avoid telling a child how to talk, for example *Stop and start again* or *Take a deep breath.*
- Reduce the pressure on the child to talk. Try not to put expectations on them to talk in situations such as *Tell Cathy what you just did* or *Sing the nursery rhyme to daddy* or *Say please to the lady.*

## Reluctant talkers

Sometimes children feel uncomfortable talking to particular people or in certain situations, when they are confident talkers at other times.

### Key strategies for reluctant talkers

- Support the child to the child to develop their emotional security by providing them with safe spaces and activities and allowing them to use comfort objects and to develop relationships with preferred adults.
- Plan support for them at times they might find difficult eg, transition, visitors coming to the setting.
- Avoid putting pressure on them to speak, allow them to use other methods to communicate their needs.
- Avoid use of questions and make comments that are less pressurising, for example *I like your teddy*, rather than *What's your teddy called?*
- When the child does talk, just respond to what they have said and avoid commenting or celebrating the fact that they have spoken.