Children with verbal dyspraxia

Also known as developmental verbal dyspraxia or childhood apraxia of speech

General information

Verbal dyspraxia is a disorder that affects a child’s ability to produce clear speech. The condition can range from mild to severe.

Although there is no physical difficulty, children struggle to say speech sounds accurately, consistently and/or in the correct sequence to say words accurately. Speech can be extremely difficult to understand, even to people who know the child well. Often they can’t say words and sounds when they need them and the way they say these sounds can be very inconsistent, changing with different attempts.

Typically, a child with verbal dyspraxia will have the following characteristics in their speech:

• Limited range of consonant and vowel sounds

• Overuse of certain sounds and distorted vowels

• Difficulty sequencing sounds in words, especially in longer words and sentences

• Difficulty using stress, intonation and rhythm in their speech

Children with verbal dyspraxia may be able to demonstrate grapheme-phoneme recognition by using a sign to represent the sound – for example, the gestures associated with Jolly Phonics or the hand signs used with Cued Articulation. However, this will not usually help with blending the sounds to produce words or non-words. Children with more generalised dyspraxia may not be able to use signs to support their speech.

Helping to access the phonics screening check

<table>
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<th>Possible issues</th>
<th>Ways to help</th>
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<td>Children with verbal dyspraxia will often have age-appropriate understanding of language so should be able to understand the task, but some may not</td>
<td>The adult should check that the child understands the task they are being asked to do</td>
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<td>Children may not be able to ‘sound out’ the graphemes or blend the sounds into words or they may take much longer to do this than other children</td>
<td>No time constraint should be imposed</td>
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Communicating Phonics
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You should also consider the following in your literacy work with children with verbal dyspraxia:

- Look for signs that a child with verbal dyspraxia is struggling with reading or spelling.
- Are they struggling to progress from reading words as visual wholes to breaking the words down into their sounds?
- Are they struggling to segment the word into syllables and syllables into sounds?
- Are they struggling with rhyme detection, and particularly, rhyme production?

The outcome of the check

Children with verbal dyspraxia are likely to have significant difficulties in saying the individual sounds and even more difficulty in blending the sounds even if they are able to read the word.

Children with verbal dyspraxia may show signs of ‘struggling’ when trying to ‘attack’ a sound, for example, when they see a letter ‘p’, they may say, “b_ b_ p.”

The child’s responses should be recorded accurately and discussed with the child’s speech and language therapist if they have one.

When you listen to the child’s spontaneous speech, do they often make the same substitutions for sounds as were heard in the check?
Responding to the outcome of the check

Many children with verbal dyspraxia will not find phonics a useful way to learn to read and spell, as they’re unable to produce sounds and words clearly in their everyday speech. For this reason, they will need phonics teaching to be combined with other approaches to ensure best opportunities for learning to read and spell. These approaches may include:

- Use of multisensory approaches including signs/Cued Articulation
- Specific teaching of reading and spelling rules
- Colour coded systems as visual reminders of language structures or of sound groups
- Sound categorisation activities using multi-sensory approaches
- Whole word teaching

For other children, the phonics approach will complement speech and language therapy, designed to teach the child to recognise and produce individual sounds and build these sounds into words. However, it’s likely that these children will take much longer to learn phoneme-grapheme relationships and they may continue to struggle with blending phonemes into words for a considerable time. Therefore, adaptations will need to be made to the pace at which children with verbal dyspraxia are taught phonics, and time built in for repetition and revision. The advice of a speech and language therapist should be sought.

Children with verbal dyspraxia should be given the opportunity to learn to read using a ‘whole word’ approach alongside support to produce individual sounds and to combine these sounds into clearly articulated words. Children with verbal dyspraxia will not simply catch up by having more phonics teaching; they’ll need to be provided with a range of approaches to enable development of reading and spelling.

If the verbal dyspraxia is relatively mild and has not been diagnosed previously, the teaching of phonics and the phonics screening check may highlight these difficulties for the first time.
An evidence resource to inform next steps

There’s an overwhelming consensus that verbal skills are the most influential in literacy development and children with spoken language difficulties are at higher risk of literacy difficulties.

Additional resources and further support

Speech and language therapists may use programmes such as the Nuffield Dyspraxia Programme to gradually help children to develop their speech sound system and improve their overall clarity.

Organisations and websites:
I CAN - www.ican.org.uk
Afasic - www.afasic.org.uk
Nuffield Centre Dyspraxia Programme - www.ndp3.org
Apraxia Kids - www.apraxia-kids.org
Dyspraxia Foundation - www.dyspraxiafoundation.org.uk

Case Study

Keelie has severe verbal dyspraxia. She’s very difficult to understand. When she works on blending, she often says she knows what the word is, but when she comes to say it she gets it wrong. Sometimes it’s hard to know if she doesn’t know the sounds or just can’t say them.

What helps Keelie

Staff have learned Cued Articulation. It helps them to know what she does know by letting her use the signs as well as saying the words; this way she can ‘show’ them the sound she wanted to say. Keelie has extra time to work on her phonological awareness skills. She has gradually improved her phonic knowledge but it has taken lots of practice and she has moved on at a much slower rate than others in her class.