Children who are non-verbal

General information

Children may be non-verbal as a consequence of a wide range of conditions including cerebral palsy, Down’s syndrome, autism, neurological disorders, trauma or speech disorders. They are likely to have learning styles that differ from other children.

It’s important to differentiate between non-verbal children, whose condition is primarily a motor disorder, and children with high levels of cognitive disorder and delay and pre-verbal children with a profound and multiple learning disability.

All non-verbal children should be exposed to phonics as the ability to indicate first sound can be highly supportive of their future use of alternative and augmentative communication (AAC). When non-verbal children are using word prediction the first two letters of words become important.

However, phonics should not be the only way reading is taught to non-verbal children as they will often rely heavily on visual recognition of whole words.

Helping to access the phonics screening check

Non-verbal children will struggle with the check and will not be able to verbally show whether they’re able to blend sounds, appropriately although they may be learning to read.

It’s likely that at the age the check is administered any AAC in use by the child will be very heavily symbol based, usually with whole words presented simultaneously. This will not give the child any means to demonstrate the phonic knowledge he or she may have.
<table>
<thead>
<tr>
<th>Possible issues</th>
<th>Ways to help</th>
</tr>
</thead>
<tbody>
<tr>
<td>The environment may not be helpful</td>
<td>The check should be undertaken in a room low in auditory and visual distraction by a teacher familiar with the child’s mode of response. The child should be seated in a position giving appropriate support.</td>
</tr>
<tr>
<td>The child may tire easily</td>
<td>If fatigue is known to be a problem or is evident during checking, the check should be broken into sections, administered on different occasions.</td>
</tr>
<tr>
<td>The child may find responding difficult</td>
<td>The child must be given extended time (up to 400%), if necessary, to respond. Any AAC system used by the child must be available to the child during the check.</td>
</tr>
<tr>
<td>There may be difficulties with:</td>
<td>Ensure that the teacher is aware of the following that will assist in the check.</td>
</tr>
<tr>
<td>• Listening and attention</td>
<td>• Attention and joint attention (visual and auditory)</td>
</tr>
<tr>
<td>• Verbal comprehension</td>
<td>• Eye pointing skills</td>
</tr>
<tr>
<td>• Working memory affecting retention and processing of phonics</td>
<td>• Other pointing/access skills and how posture/supported seating can assist</td>
</tr>
<tr>
<td>• The lack of external and internal voice can contribute to an apparent memory and retention issue</td>
<td></td>
</tr>
<tr>
<td>• Processing visual and auditory input at the same time due to their immature nervous system or other sensory issues</td>
<td></td>
</tr>
<tr>
<td>• Motor skills affecting motor planning and response</td>
<td></td>
</tr>
</tbody>
</table>

You should also consider the following which may support children who are non-verbal to develop literacy:

- Identify and use a child’s preferred learning ‘style’
- Auditory and visual perceptual skills
- Which familiar structures that scaffold new learning will support an individual most effectively
- How much repetition and context is required for verbal comprehension

Teachers regularly working with a non-verbal child should be aware of these abilities and preferences. On-going assessment is required to match input correctly to pace of learning.
The outcome of the check

The mode of response (for example use of AAC) should be recorded as well as the content of the response.

Wherever possible the check should be discussed in advance with a speech and language therapist, or specialist advisory teacher for language, so that those responses which will be recorded as correct are identified. They can also help in analysing the results of the check.

Sometimes the outcome may be unreliable for non-verbal children, even if the recommended support is followed. Phonic awareness may be present in excess of that demonstrated within the check but not be demonstrated due to limitations in the AAC system available and known to the child.

Responding to the outcome of the check

Non-verbal children should be exposed to phonics teaching as this will support their use of AAC devices that they may go on to use for communication. However, phonics teaching is unlikely to be the primary way that non-verbal children learn to read as a result of the lack of external and internal voice and the inability to sound out and repeat words. Successful reading in non-verbal children generally appears to place huge reliance on visual memory.

The following approaches are recommended:

- Graded approaches to phonics teaching
- Mirror work and babble for pupils who have some ability to articulate
- Multi-sensory approaches
- Allowing enough time
- Auditory discrimination activities, for example, minimal pairs

Non-verbal children require a multi-faceted, systematic approach to learning to read. This should include phonics, by necessity in a differentiated way, and whole word and word chunk recognition.
An evidence resource to inform next steps

Short sessions of 15-20 minutes every day following the teaching sequence suggested in the programme of Review-Teach-Practice-Apply will support children’s incremental acquisition of phonics knowledge and skills. 47

Additional resources and further support

Publications and resources:

- Nuffield Centre Dyspraxia Programme Ltd (NDP) 2004
- Jolly Phonics
- Makaton and Signalong
- ABC pocket phonics for iPad
- Cued Articulation
- Flash Cards, computer software & worksheets
- Visual supports: objects, photos, pictures, symbols (for example, Widget Literacy from the Communicate in Print package) line drawings
- Use of tactile letters
- Leapfrog Phonic Radio
- Simple switches with sound/letter attached
- Widgit
- Mr Thorne does phonics for the iPad

Organisations and websites:

- ACE Centre – www.ace-north.org.uk
- Communication Matters - www.communicationmatters.org.uk
- Scope – www.scope.org.uk
- Symbol UK - www.symboluk.co.uk
- Candle - www.candleaac.com
- Down’s Syndrome Education International - www.dseinternational.org/en/gb

47 Stackhouse and Wells, 1997
Case Study

Carlos is 6 and has severe cerebral palsy. Carlos was able to eye point and fist point reliably although he required occasional help when he was tired. He was communicating using a picture based communication board and communication book. Carlos enjoys music and rhythm.

What helps Carlos

Introduction of grapheme/phoneme correspondence started with sound lotto, barrier games and other activities, which kept motivation high. Mirror work and multi-sensory approaches “look at my mouth, listen to the sound and feel of my voice” was also helpful. Carlos then moved on to a range of auditory discrimination tasks and was soon able to recognise sound position in words and voiced/voiceless contrasts.

Being able to use an alphabet board with phonic prompts assisted Carlos greatly and it was used in games, like ‘20 questions’, to motivate Carlos. Target vocabulary was then added to the Communication Book and, subsequently, an augmentative communication device.

Alison is 10 and has cerebral palsy and is able to access a high tech eye pointing device. Her cognition has been difficult to determine but her sentence construction, prior to intervention, consisted of two or three key words such as “Daddy sleep chair”.

What helps Alison

Following five months on a reading programme exclusively using a whole word approach, Alison had achieved full sentence construction such as “Daddy is sleeping in the chair”.

Alison is also improving her spelling with the use of a phonics programme on her AAC device. This programme is based on analytic phonics rather than synthetic phonics because analytic phonics supports the need for repetition and consolidation of one sound before moving on to the next.

This approach is suitable for children who have difficulty with learning or whose physical difficulties restrict their access to the practice of making sounds.