



Section 3 - Quick reference table

This table shows the different types of speech, language and communication need (SLCN) children could have, what the issues might be in accessing the test (phonics screen), the potential outcomes and what to do next.

SLCN	The issue	Accessing the test	Outcomes of the test	Next steps
<p>Children with language delay</p> <p>Language delay may affect expressive language (what the child can say) and/or receptive language (what the child can understand)</p>	<ul style="list-style-type: none"> • May have limited attention and turn taking skills • Extended time for auditory processing • Difficulties with understanding the language, concepts and vocabulary used • May lack confidence 	<ul style="list-style-type: none"> • Use room with low level of distractions • Break test up • Allow longer for responses • Use short simple sentences, known vocabulary and support with gestures • Test administered by a familiar adult 	<ul style="list-style-type: none"> • Children may be silent or respond inaccurately because of a combination of lack of confidence and failure to understand instructions • Children may not have the necessary vocabulary for the known words 	<ul style="list-style-type: none"> • Oral language “catch up” programmes • Language rich environment • Specific teaching of necessary vocabulary and concepts for test • Attention, listening and turn taking games • Phonological awareness teaching
<p>Specific receptive language impairment</p> <p>Specific difficulty in understanding and learning language</p>	<ul style="list-style-type: none"> • Difficulties with understanding the language, concepts and vocabulary used for the test • Extended time for auditory processing 	<ul style="list-style-type: none"> • Use short simple sentences with known vocabulary and support with gesture • Allow longer for responses 	<ul style="list-style-type: none"> • Difficulties with understanding instructions for test • Difficulties producing nonsense words 	<ul style="list-style-type: none"> • Phonological awareness • Multisensory approaches • Use of cumulative blending • Developing listening and attention • Use of a joined up oral language and phonics approach to reading, including teaching of vocabulary and concepts
<p>Specific expressive language impairment</p> <p>Specific difficulty in using language, words and phrases, expressively</p>	<ul style="list-style-type: none"> • Typically can't form complete and clear sentences and words are omitted • Likely to have a limited vocabulary and poor word finding skills • Extended time for auditory processing and planning 	<ul style="list-style-type: none"> • Children function best with low levels of background noise, so use a quiet room • Allow longer for responses 	<ul style="list-style-type: none"> • Likely to be difficulties with decoding and repeating non-words • Reduced vocabulary may mean poor recognition of real words 	<ul style="list-style-type: none"> • Phonological awareness programme • Specific vocabulary teaching • Multisensory approaches • The use of cumulative blending • Expressive language approaches with a joined up oral language phonics approach to reading

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<p>Children with auditory processing disorder An inability to process what's heard</p>	<ul style="list-style-type: none"> • Easily distracted with short attention span • Extended time for auditory processing • Difficulty in hearing the difference between similar speech sounds, may affect their own use of these sounds in speech 	<ul style="list-style-type: none"> • Use room with low level of distractions • Break test up • Allow longer for responses 	<ul style="list-style-type: none"> • Similar sounding phonemes, e.g. p/b and m/n may be confused • May only say the last part of word • May sound out words correctly but then use similar but incorrect sounds when blending • Difficulties holding sounds in short term memory, so will fail to blend words and non-words 	<ul style="list-style-type: none"> • Building short term auditory memory • Phonological awareness work • Phonics teaching supported by visual cues • Use additional approaches to reading as well as phonics
<p>Children with phonological delay/disorder A speech processing difficulty that affects the child's sound system resulting in unclear speech</p>	<ul style="list-style-type: none"> • Without advice from a speech and language therapist it will not be possible to tell if a child does not know a grapheme-phoneme correspondence or if they know it but can't say the phoneme 	<ul style="list-style-type: none"> • Signs can be used to indicate single phonemes • Teachers need to be aware of how children would typically produce these words so that they can give them credit for 'passing' the items on the test • May require extended time to produce or blend sounds and should be given time to do this 	<ul style="list-style-type: none"> • Difficulties blending phonemes • Likely to be increased errors with consonant clusters and with diphthongs 	<ul style="list-style-type: none"> • Phonological awareness programmes • Use visual support, e.g. Cued Speech or the use of symbols • Important to use other approaches, including whole word recognition, alongside phonics for these children, with a focus on comprehension and reading for pleasure • Develop metaphonic and metalinguistic awareness • Use cumulative blending
<p>Children with dyspraxia Difficulties co-ordinating learned patterns of movement including those for speech</p>	<ul style="list-style-type: none"> • Speech is often unintelligible and/or inconsistent • Speech may sound laboured 	<ul style="list-style-type: none"> • May require extended time to produce or blend sounds and should be given time to do this • May need to use signs to demonstrate grapheme-phoneme recognition • Responses should be accurately recorded for discussion with child's speech and language therapist 	<ul style="list-style-type: none"> • May struggle to produce or blend target sounds (or may be inconsistent) 	<ul style="list-style-type: none"> • Use visual support, e.g. Cued Speech or the use of symbols • Important to use other approaches, including whole word recognition, alongside phonics for these children, with a focus on comprehension and reading for pleasure

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<p>Children with dysarthria Movement disorder caused by brain dysfunction or injury. It results in difficulties in moving the muscles needed for speech, eating and drinking</p>	<ul style="list-style-type: none"> • Children may be unable to produce all the required speech sounds even when the grapheme-phoneme correspondence is known 	<ul style="list-style-type: none"> • A familiar adult who's aware of how the child usually produces phonemes should administer the test • May need to use an alternative assessment strategy 	<ul style="list-style-type: none"> • It may not be possible to tell if the child knows grapheme-phoneme correspondences or can sound blend without using additional assessment strategies 	<ul style="list-style-type: none"> • Use visual support, e.g. Cued Speech or the use of symbols. Children may need alternative ways of indicating that they are reading accurately, e.g. by indicating pictures that match the individual words or phrases • Use whole word approaches in addition to phonics approaches for learning to read; children will benefit from learning functional reading skills so that they can indicate their needs using written or pictorial forms of language in situations where their speech is not understood
<p>Children who are non-verbal Causes vary widely Some are primarily motor disorders and aren't associated with high levels of cognitive disorder; others are pre-verbal with profound and multiple learning disabilities</p>	<ul style="list-style-type: none"> • Unable to verbally show whether they are able to make grapheme-phoneme correspondences or blend sounds appropriately • Children may not be able to process visual and auditory information at the same time impacting on access to the test 	<ul style="list-style-type: none"> • Fatigue and positioning should be taken into account 	<ul style="list-style-type: none"> • Phonic awareness may be present in excess of that demonstrated within the test but not be demonstrated due to limitations in the alternative and augmentative communication (AAC) system available and known to the child 	<ul style="list-style-type: none"> • Children should be exposed to phonics teaching as this will support access and navigation around AAC devices they may go on to use for communication • Use visual AAC systems the children use generally to communicate • Additional approaches should be used to both check whether children have phonological awareness and can recognise sound blending • Use multi-sensory approaches
<p>Children with selective mutism A consistent failure to speak in specific social situations in which there is an expectation of speaking (e.g. at school)</p>	<ul style="list-style-type: none"> • Children are unlikely to be able to undertake the test 	<ul style="list-style-type: none"> • It may be possible for parents to administer the test at home and video record it for a teacher to view 	<ul style="list-style-type: none"> • If a child does respond to the test they may do so in a whisper so that 'b' becomes 'p' and 'z' becomes 's' etc 	<ul style="list-style-type: none"> • Remove pressure to speak • Let the child indicate their understanding of phonemes by pointing • Be flexible enough to do 'standard' phonics work when the child does start talking at school

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<p>Children with pragmatic language impairment</p> <p>A difficulty in using language appropriately in social situations</p>	<ul style="list-style-type: none"> • New situations may raise anxiety • May understand language only at a concrete level • May try to make pseudo-words into real words 	<ul style="list-style-type: none"> • Present phonics test as a routine task • Adapt language for instructions accordingly • Reinforce that some words are not real 	<ul style="list-style-type: none"> • High level decoding skills may mask poor comprehension 	<ul style="list-style-type: none"> • Ensure that phonics work is balanced with a focus on reading comprehension • Include work to develop: <ul style="list-style-type: none"> ✓ Conversation skills ✓ Narrative skills ✓ Social inference ✓ Social adaptation
<p>Children with autistic spectrum disorders</p> <p>Difficulties with communication and interaction and of imaginative thinking</p> <p>Type and degree of language impairment varies</p>	<ul style="list-style-type: none"> • There are frequently associated listening, attention, social interaction and behaviour difficulties • Limited attention and turn taking skills; • Extended time for auditory processing 	<ul style="list-style-type: none"> • Use a room with low level of distractions • Break test up if required • Allow longer for responses • Try to make the test appear like a routine activity with which the child is familiar 	<ul style="list-style-type: none"> • Huge variation between children with language impairments affecting phonic decoding and those who are hyperlexic and show phonic skills above age expectations 	<ul style="list-style-type: none"> • Ensure that phonics work is balanced with a focus on reading comprehension • Use a multisensory approach to teaching phonics • Build motivation for reading
<p>Children with Down's syndrome</p> <p>Children with Down's syndrome have a distinct profile of SLCN over and above that which can be accounted for by learning disability or hearing loss</p>	<ul style="list-style-type: none"> • Attention may be poor in a test situation • Children may not be developmentally ready for a phonic approach 	<ul style="list-style-type: none"> • Children with Down's syndrome learn best in 'no fail' situations. Lots of encouragement and reward is required • Children are unlikely to have reached a stage where they are using phonic decoding and are likely to 'fail' the test • Pseudo words are likely to be misread as real words 	<ul style="list-style-type: none"> • Most children with Down's syndrome learn best through logographic or whole word approaches to reading. Phonics should be introduced later 	<ul style="list-style-type: none"> • Phonological awareness programmes should include visual and kinaesthetic materials • Work on syllable structure, such as clapping out syllables may be helpful

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<p>Children who stammer</p>	<ul style="list-style-type: none"> • Repetition of whole words, parts of words or sounds • Stretching or blocking of sounds • Stressful situations likely to make stammer worse 	<ul style="list-style-type: none"> • Choose a time to do the test when fluency will be optimum, create an informal environment • Slow down administrator's speech to signal there's no need to rush • Allow the child to whisper or use a 'different' voice to respond 	<ul style="list-style-type: none"> • Anxiety may cause the child to underperform • The test administrator will need to distinguish between repetitions and silences caused by the stammer and those indicating a lack of phonic knowledge 	<p>When teaching phonics:</p> <ul style="list-style-type: none"> • Use exercises where children speak in unison • Avoid getting children to repeat a single sound over and over • Use a speaking buddy
<p>Children who are deaf⁷ All types and degrees of hearing impairment</p>	<ul style="list-style-type: none"> • Some children may not have age appropriate sound based English skills and will therefore struggle to access the phonics screening test 	<ul style="list-style-type: none"> • Instructions should be given using a level and mode of communication (e.g. signing) that the child understands • Ensure the hearing aid or other hearing technology in use is in good order and is familiar to the child • Ensure visual and auditory distractions are low 	<ul style="list-style-type: none"> • Some deaf children may accurately decode the words, both non-words and real words, but will not produce the words accurately • Sounds which are easier to hear or more visible on the speaker's lips may be decoded more easily than others • It's necessary to record when the child makes phonetic realisations, which although not 'normal' English, show phonological contrasts 	<ul style="list-style-type: none"> • Allow flexibility in phonics programmes to teach sounds which are most easily distinguished first • Provide kinaesthetic feedback • Consider the use of a visual system in consultation with parents and teacher of the deaf • Provide ongoing opportunities to develop language skills and read text, as deaf children have fewer opportunities to develop their language incidentally than their hearing peers

⁷ Please also see Phonics Guidance for the teaching of phonics to deaf children, available on the NDCS website at www.ndcs.org.uk