March 2021

TALK! Halton

Social Communication Difficulties in the Early Years

Guidance for Early Years Professionals

HALTON BOROUGH COUNCIL

In partnership with:

NHS Bridgewater Community Healthcare NHS Foundation Trust

ChatterBug Speech and Language Therapy

Contents

The aim of this booklet is to provide information and advice to Early Years Professionals in Halton who would like to know more about Social Communication difficulties, and how to support.

What is appropriate social communication?

Social communication refers to the way in which we use language within social situations.

Social communication is the **how** of communication - how we use the communication skills that we've got.

There are several components to appropriate social communication:

Appropriate eye contact

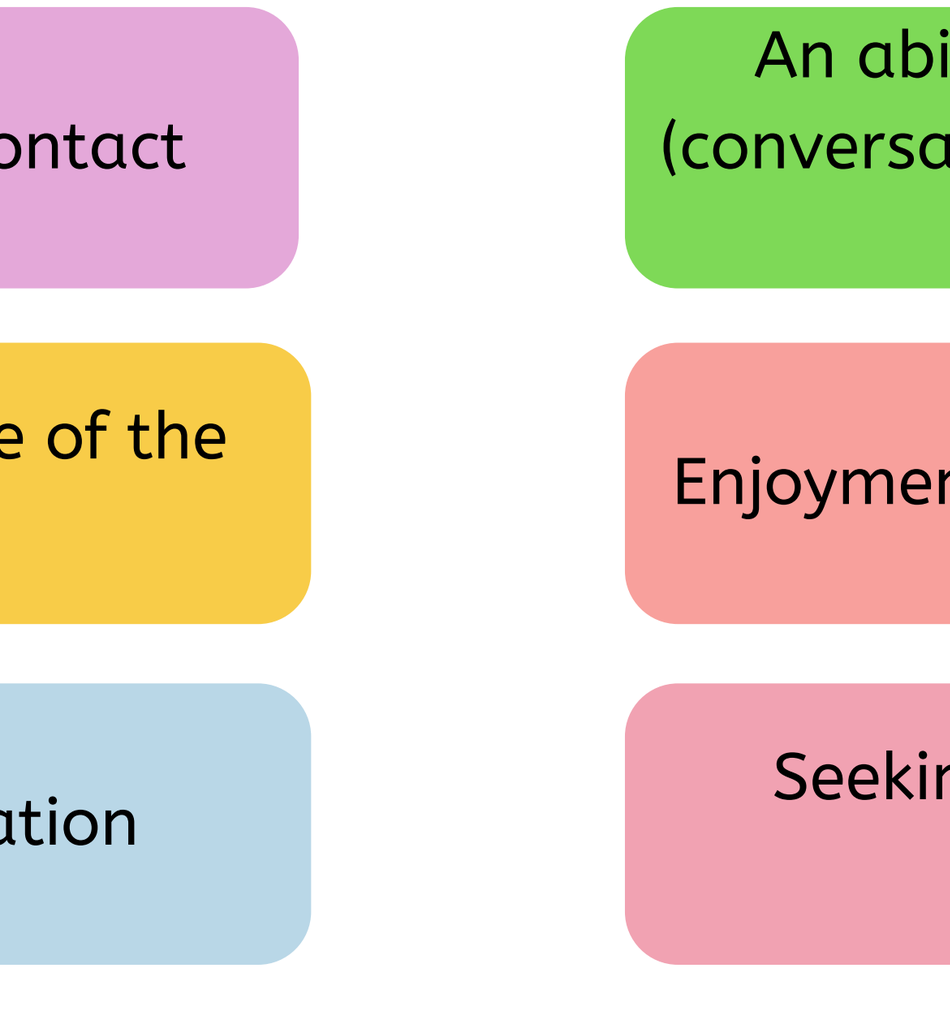
An ability to take turns (conversations are a series of turns)

Child initiates some of the interaction

Enjoyment of the interaction

Mutual appreciation

Seeking attention and enjoying it



Means, reasons and opportunities model

Children learn to communicate when they have: 1) a means (a way of communicating), 2) reasons to communicate, 3) opportunities to communicate...

Means

Facial expression, pointing, signs, gestures, pictures, symbols, vocalisations, posture, body movement, speech.

There are many different ways that we can communicate, and verbal language is a small part of our communication. It is important to acknowledge how an individual child communicates at that time - which should be attuned to and encouraged. Some children will use non-verbal communication.

Reasons

Make requests, to express feelings, reject, protest, comment, share an interest, to greet, ask questions, to make up stories

If children have no reason to communicate, they won't. It's important to put things in place that support children to have more reasons to communicate, beyond just meeting their needs and wants. This is often the part that gets stuck first and an indicator of a social communication difficulty.

Opportunities

With a wide range of people -parents, caregivers, EYPS etc providing the time for opportunities to communicate.

Children need opportunities to communicate with others in order to develop their communication skills. It is important that adults give the child time to respond and to initiate interaction. Where possible, try to ensure that others such as siblings or close peers do not communicate for the child.

Our focus of support for children with a social communication difficulty is often on the **reason** or the **opportunity**.

Pre-intentional and intentional communication

A pre-intentional child is one who has not yet learned that communication is between two partners and often, caregivers need to interpret their behaviour to determine their needs and wishes. Pre-intentional communication is part of **typical** communication development.

Pre-intentional

Communication is reflexive to begin with.

Up to six months, vocalising is not purposeful.

Used as a reflex action to indicate:

- Hunger
- Pain
- Comfort
- Pleasure

Adult interprets behaviours - this gives the vocalisations meaning.

Intentional

Communication becomes INTENTIONAL at around 6-9 months when a child becomes more aware of their environment and their impact on it/with it. They develop object permanence.

Parents give early reflex actions MEANING by responding to them.

Child smiles-parent smiles/talks-child smiles again.

If there is no response or interaction from the environment the child will not smile again, and will stop trying.

Pre-intentional communication

If a child stays at the pre-intentional communication stage for longer than expected:

- They may follow their own agenda
- Play may involve exploring and be sensory in nature
- You may find it difficult to gain their attention when calling their name
- They may find following familiar steps in daily routine tricky
- Prefers to spend time by themselves
- Makes different sounds, but does not use words. Sounds may not always be directed at others - may just be for own engagement
- You may feel the child is not interested in others around them, or may only interact with you for a few seconds
- If the child wants something, they may reach but not always look at you when doing so.

Pre-intentional does not necessarily mean pre-verbal. A child with an expressive language difficulty may be pre-verbal but could have intentional communication skills.

Intentional communication

Intentional communication skills include:

Giving attention to another person

Sharing attention between a person and an object

Taking turns

Making choices

Requesting and responding

Using and understanding non-verbal communication

It is us as adults who support a child to move from the pre-intentional stage of communication to the intentional stage. We do this by responding to them!

First steps to communication

The process of becoming a social communicator:

Pre-intentional communicator

'I've noticed you'

Intentional communicator

'I want to share experiences with you'

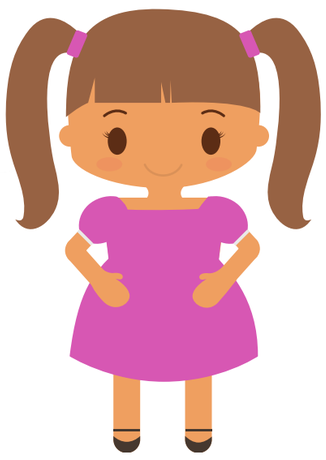
Early interactor

'I want to communicate intentionally with you'

'I want to request something that I like'

Typical social communication development: birth-18 months

Age	Social Communication
By 3 months	• Smiling and cooing • I look at who is talking • I make sounds when I'm happy • I recognise your voice • I'm interested in faces • Reflexive communication
3-6 months	• Reaching, grasping, copying • Vocalises differently to indicate happiness and unhappiness
8-12 months	• Peekaboo - looks for things that they can’t see (object permanence: knowing that things still exist even if you can't see them) - critical stage! • Good eye contact • Games with a shared focus • Copying actions such as blowing raspberries and clapping hands. • Anticipates and shares enjoyment playing a people game together such as ‘peek-a-boo’.
12-18 months	• Pointing towards items of interest and back to the adult to show and share enjoyment • Touchy feely board books, bricks, music • Uses real objects appropriately • Plays alone/with adult • Pointing towards items of interest and back to the adult to show and share the enjoyment



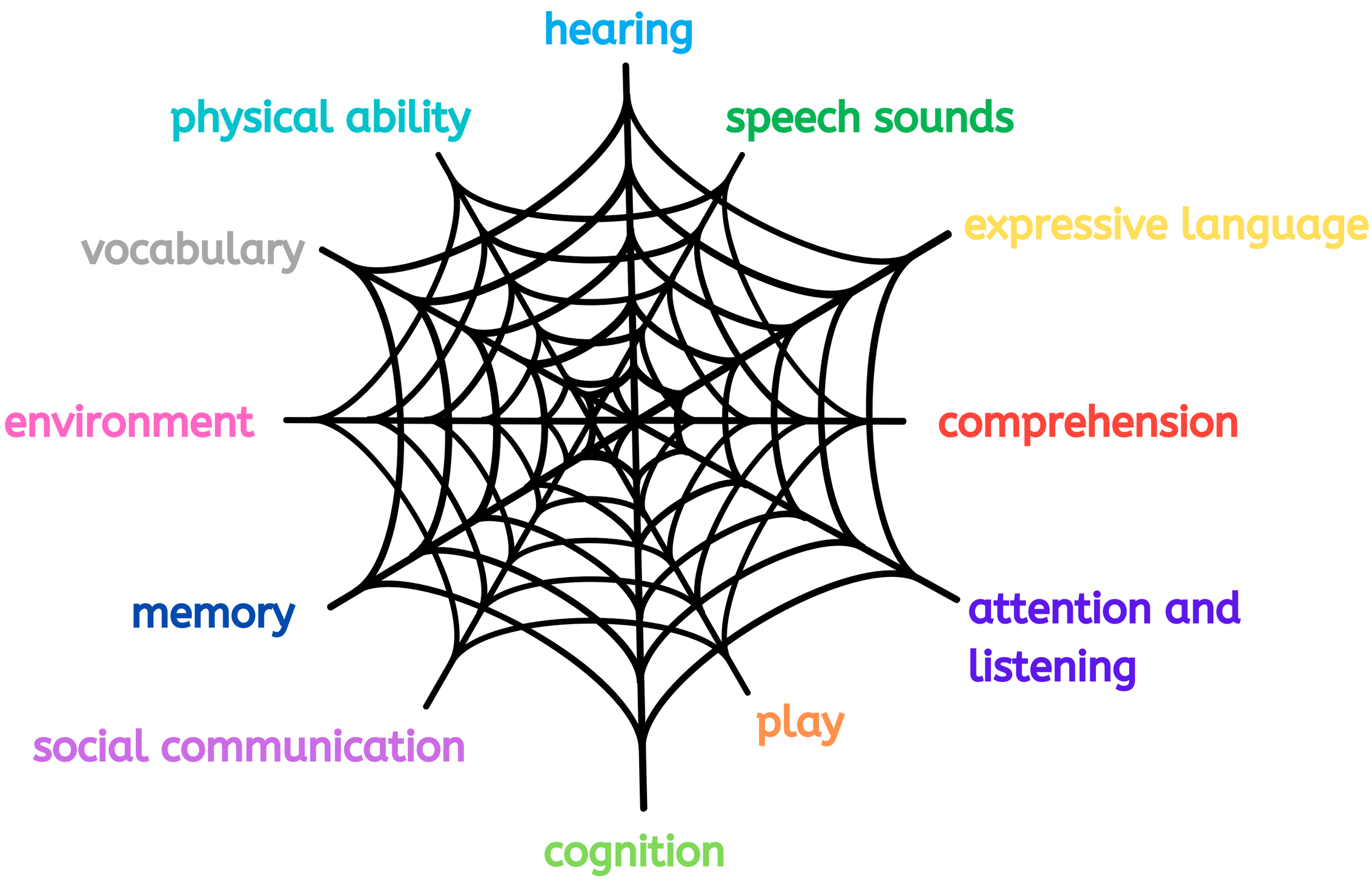
Later typical social communication development

Age	Social Communication
18-24 months	• Simple pretend play • Parallel play • Over-generalisation of words - children with social communication difficulties often under-generalise their words, which is NOT typical development • Begin to show an awareness of their own feelings and the feelings of others
2-3 years	• Complex pretend play based on what they have seen, moving towards co-operative play • Able to take turns in conversations although they may find it difficult to stay on topic
3-5 years	• Imaginative play and rule based games, more complex story books with characters with feelings, playing co-operatively • Shows concern for others in distress, and comforts playmates • Seeks interaction • Developing non literal understanding and ability to stay on topic by 5
5-11 years	• Able to take turns in group conversations. • Beginning to demonstrate an understanding of jokes, sarcasm and metaphors. • Join in and organise role play with friends. • Adapts their language and interaction skills with different people in different social situations with some adult guidance. • Able to communicate about their own and other people's feelings.

Communication development

In order to fully understand factors affecting typical social communication development, we need to consider:

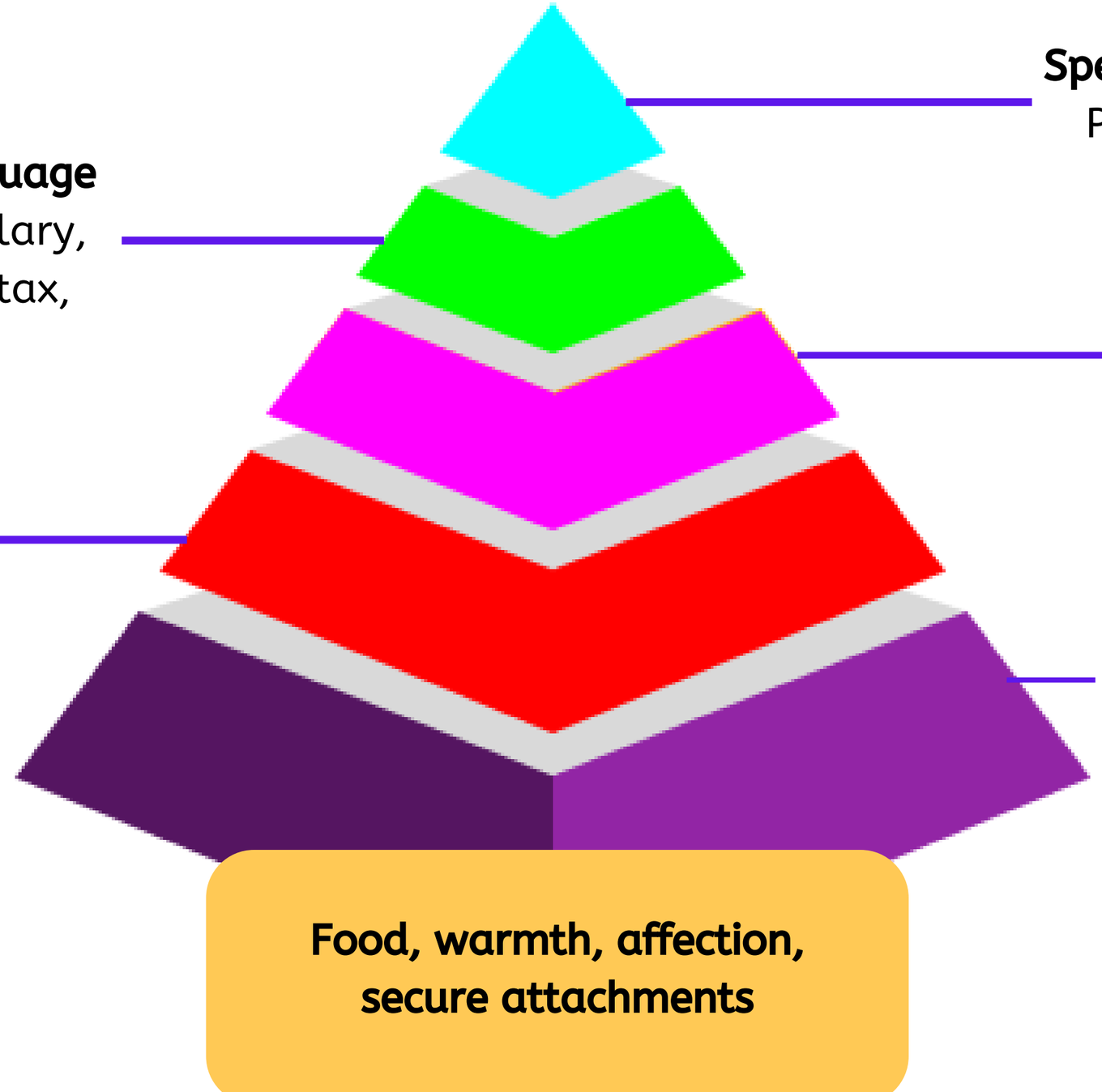
- The complex nature of the communication system
- How communication develops



Difficulties with social communication are unlikely to occur without additional difficulties in other areas of a child's speech and language development. It is always important to think about a child's speech and language profile holistically to support the different strands of the 'communication web'.

Communication development

1. Experiences
2. Interactions
3. Repetition
4. Understanding
5. Communication and language



Speech sounds
Phonology

Expressive language
Words, vocabulary, grammar, syntax, semantics

Comprehension
Understanding, receptive language

Listening and attention
Memory

Play, interaction, cognition
Experiences

Social communication
Eye contact, turn taking, intentional communication, gestures/pointing, motivation, joint attention

Food, warmth, affection, secure attachments

There are important building blocks that a child needs to develop before they learn to talk. Foundation skills such as play and interaction underpin other attention and communication skills as the child develops. The elements at the bottom of the pyramid need to be in place first.

Factors affecting social communication development

Internal to the child

Learning difficulties

Sensory difficulties

Gender

Limited listening and attention

Physical disabilities e.g. hearing

Family history

Prematurity

Multiple births

External to the child

Emotional deprivation

Dummy abuse/misuse

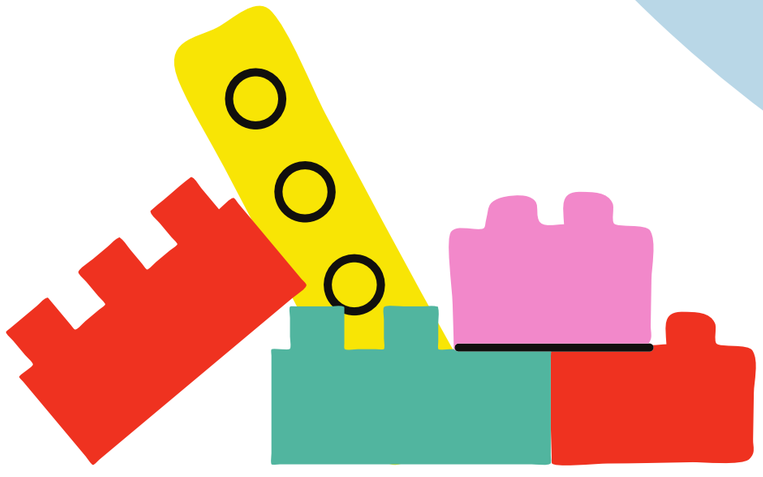
Environmental factors - too much TV

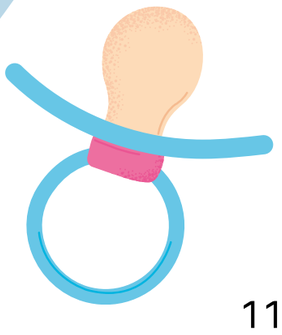
Material deprivation - this might just be people and simple toys in the early years!

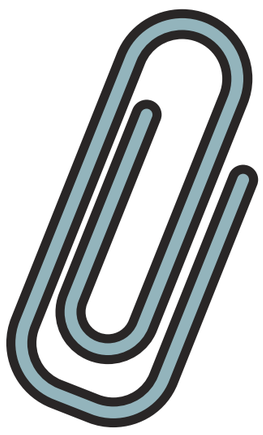
Lack of stimulation

Frequent illness

Lack of appropriate role models





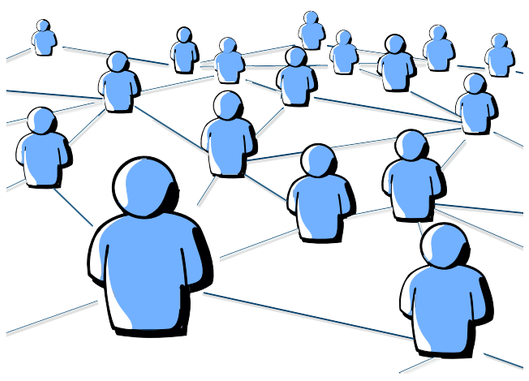


Attachment and brain development

- All aspects of child development are peaking and developing in the first 2 years of life
- If we miss opportunities to form a brain during these first 2 years, then we never have this optimum development time back again
- Experiences count: this is the FIRST STAGE of communication development
- Face to face interaction, talk, singing, experiences, attention, someone to bond with – these all influence brain structure and brain effectiveness for the rest of a baby's life
- If these connections don't happen during this optimum period of brain development then it can significantly impact on a baby's social communication development for the rest of their lives

ACEs

- As we can see from the communication pyramid, babies need to have all of their social and emotional needs met as well as their physical needs in order to grow, develop and become communicators
- The more Adverse Childhood Experiences (ACEs) a child has in the early years, the higher the risk of interrupted neurological development
- Caregiving need not be abusive or purposefully negligent to result in insecure attachment, which can then impact on social communication development
- The more ACEs a child has, the greater the risk to social communication development
- Supportive measures that you as a practitioner put in place are really going to help



Social Communication Difficulties

Children with a social communication difficulty in the Early Years might...

Communication

- Have difficulties with following instructions/understanding
- Have a literal understanding of language
- Look ‘blank’ when spoken to
- Have limited expressive language
- Not understand jokes
- Have unusual pitch/intonation patterns
- Over/under generalise words
- Have inappropriate verbal responses

Social communication

- Lack awareness of conversation partner's knowledge
- Have difficulties staying on topic
- Have unusual eye contact
- Have inappropriate proximity
- Not understand social rules of games
- Use communication to get needs and wants met only
- Have difficulties making and maintaining relationships

Between the age of 0-12 months, look out for:

- No babble or sounds
- Not socially seeking - babies are born as social beings!
- Delayed social smiling
- Poor attachments
- Limited/unusual eye contact
- Limited gesture use
- No ‘play’ or social behaviour
- Failure to thrive due to feeding difficulties - at risk of attachment difficulties

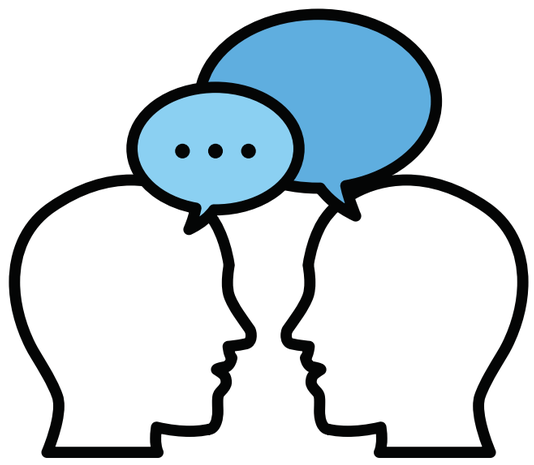
Social (Pragmatic) Communication Disorder

Social (pragmatic) Communication Disorder is defined as:

A persistent difficulty with verbal and non-verbal communication that cannot be explained by low cognitive ability.

Symptoms include difficulty in the acquisition and use of spoken and written language as well as problems with inappropriate responses in conversation.
The disorder limits effective communication, social relationships, academic achievement, or occupational performance.
Symptoms must be present in early childhood even if they are not recognized until later when speech, language, or communication demands exceed abilities.

The following pages will tell you a little bit about the characteristics of Social Communication Disorder. Note that SCD is NOT the same as Autism Spectrum Condition (ASC).



Social (Pragmatic) Communication Disorder

Spoken language:

- Language delay (in babble or words, for example less than ten words by the age of 2 years). By 2, we would be expecting a child to have more than 50 words and be putting 2 words together.
- Regression in or loss of use of speech.
- Spoken language (if present) may include unusual:
  - non-speech like vocalisations
  - odd or flat intonation
  - frequent repetition of set words and phrases ('echolalia') - often shows a difficulty with understanding
  - reference to self by name or 'you' or 'she/he' beyond 3 years.
- Reduced and/or infrequent use of language for communication, for example use of single words although able to speak in sentences.

Responding to others:

- Absent or delayed response to name being called, despite normal hearing.
- Reduced or absent responsive social smiling.
- Reduced or absent responsiveness to other people's facial expressions or feelings.
- Unusually negative response to the requests of others (demand avoidant behaviour).
- Rejection of cuddles initiated by parent or carer, although may initiate cuddles themselves.

Social (Pragmatic) Communication Disorder

Interaction:

- Reduced or absent awareness of personal space, or unusually intolerant of people entering their personal space.
- Reduced or absent social interest in others, including children of his/her own age –may reject others; if interested in others, may approach others inappropriately, seeming to be aggressive or disruptive.
- Reduced or absent imitation of others' actions.
- Reduced or absent initiation of social play with others, plays alone.
- Reduced or absent enjoyment of situations that most children like, for example, birthday parties.
- Reduced or absent sharing of enjoyment.

Interaction and reciprocal communication behaviour:

- Reduced or absent use of gestures and facial expressions to communicate (although may place adult's hand on objects).
- Reduced and poorly integrated gestures, facial expressions, body orientation, eye contact (looking at people's eyes when speaking) and speech used in social communication.
- Reduced or absent social use of eye contact, assuming adequate vision.
- Reduced or absent joint attention shown by lack of:
  - gaze switching (looking at adult and back to an object)
  - following a point (looking where the other person points to – may look at hand)
  - using pointing at or showing objects to share interest.

ASC v SCD

Autism Spectrum Condition

- A child with ASC will *always* have difficulties with social communication – this is part of the diagnostic criteria.
- Might seem to acquire language skills then ‘lose’ them (regression)

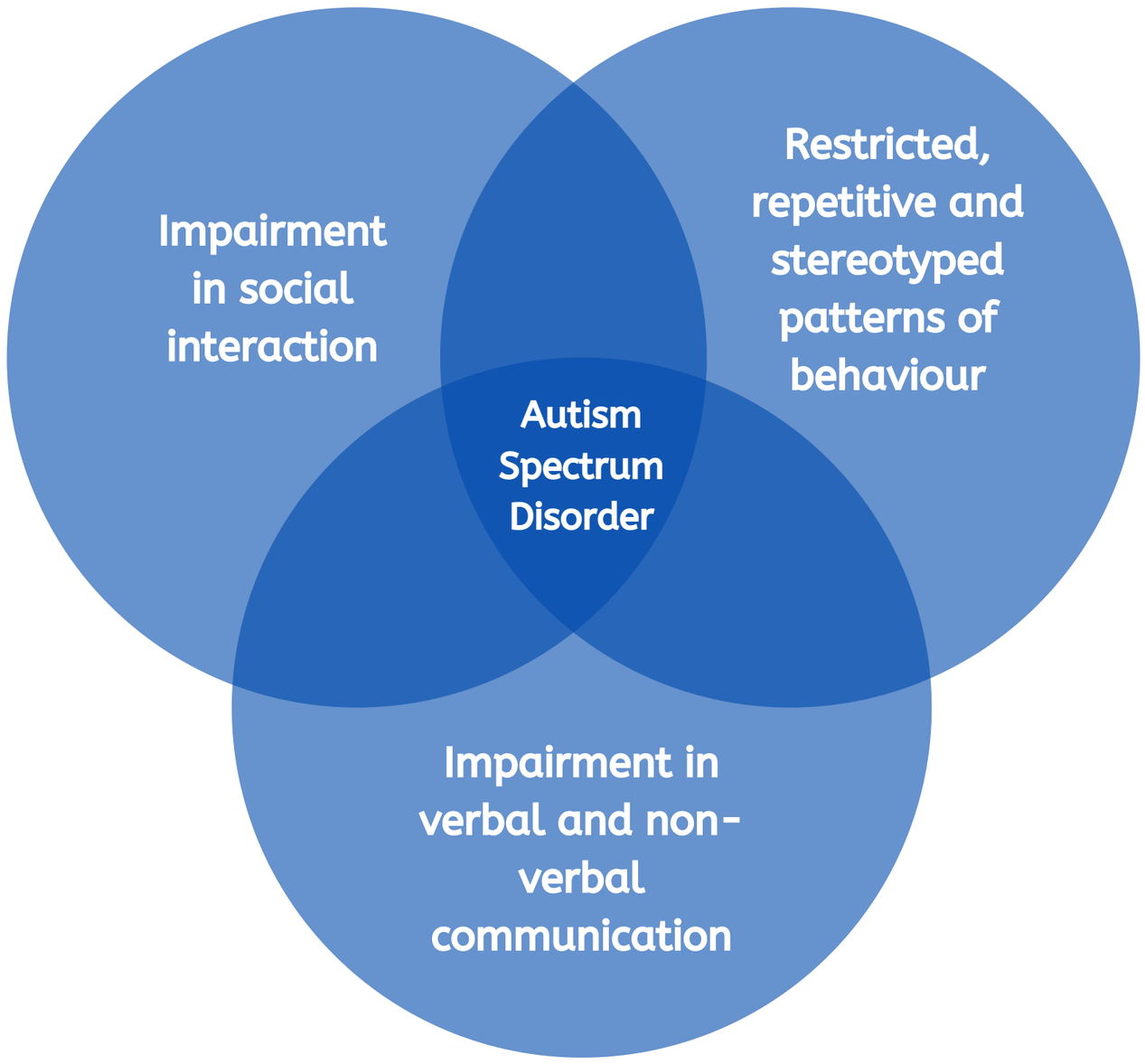
Social Communication Disorder

- A child with a Social Communication Disorder does NOT necessarily meet the criteria for a diagnosis of ASC
- ASC must be ruled out for SCD to be diagnosed

Autism is a spectrum condition which includes difficulties with reciprocal communication and social interaction. No two children who have autism are the same - each has their own set of strengths and weaknesses. It is believed that 1% of the population have autism. In additional to social communication difficulties, children and adults with autism also display restricted and repetitive behaviour, and are likely to have additional sensory needs.

Triad of Impairment

The triad of impairment summarises the difficulties of the autistic child but the actual manifestation of these can vary - some children may show lots of features in one circle and very few in another circle. Every child and adult who is diagnosed with ASC is different, but what they have in common is that they may show one or more features in each area.



Triad of Impairment in the Early Years

Communication

Social Communication

Play, Learning, Behaviour

We have seen the communication and social communication aspects already in this booklet. These are features of play in ASC:

- Restricted, repetitive or stereotypical behaviours e.g. opening and closing doors
- Reduced pretend/imaginative play
- Repetitive 'stereotypical' movements such as hand flapping, body rocking while standing, spinning, finger flicking
- Over-focused or unusual interests (avoid using the term 'obsession') to the detriment of everything else
- Excessive insistence on following own agenda.
- Extremes of emotional reactivity to change or new situations, insistence on things being 'the same'.
- Over or under reaction to sensory stimuli, for example textures, sounds, smells.
- Excessive reaction to taste, smell, texture or appearance of food or extreme food fads.

Be wary of jumping to conclusions - even if you see all of the things in this list in a child, they do not necessarily have autism.

Social communication and attachment

Children with attachment difficulties may display a lack of flexibility in thought and behaviour, just like children with social communication difficulties.

Prefers predictability in daily life

Difficulties with eating

Repetitive use of language and questioning

Unusual relationship with treasured possessions

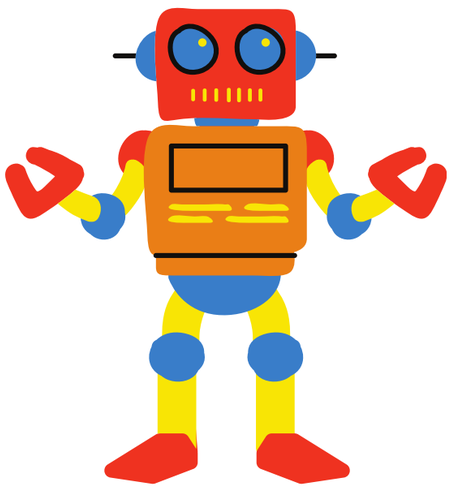
Children with attachment difficulties may display difficulties with play and behaviour, just like children with social communication difficulties.

Poor turn-taking and poor losing

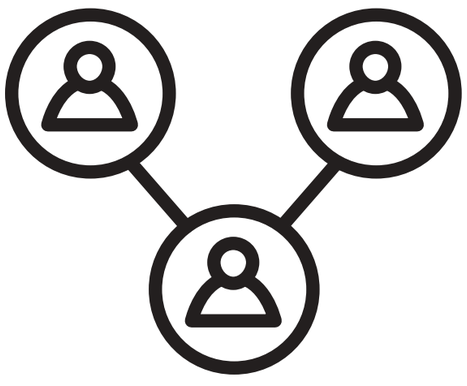
Unusual play with toys

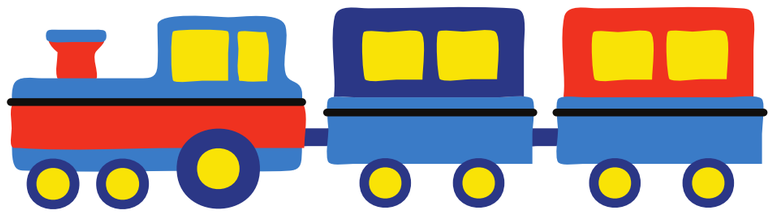
Poor social play

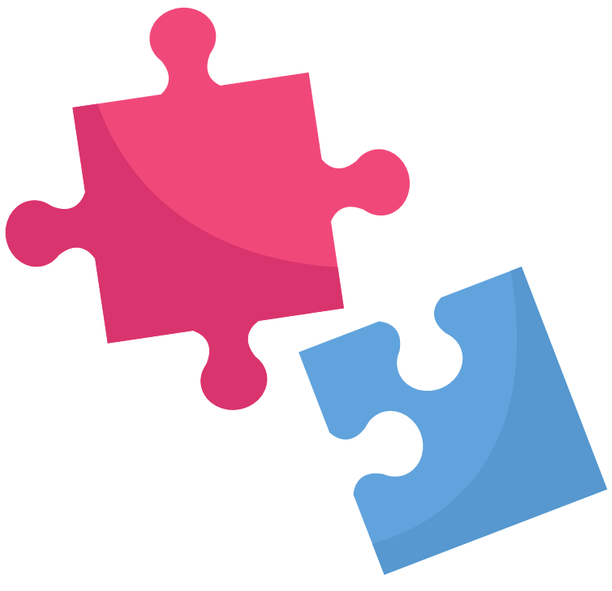
Repetitive play



Poor social imaginative play







Uncertainty around diagnosis

Be aware that in some children and young people there may be uncertainty about the diagnosis of autism, particularly in:

- Children younger than 24 months (this is a period of huge development)
- Children or young people with a developmental age of less than 18 months
- Children or young people for whom there is a lack of available information about their early life (for example some looked-after or adopted children)
- Older teenagers - mental health difficulties can also look like ASC
- Girls - do lots of masking behaviours and copying
- Children or young people with a complex coexisting mental health disorder (for example ADHD, conduct disorder, a possible attachment disorder), sensory impairment (for example severe hearing or visual impairment), or a motor disorder such as cerebral palsy.

We might consider the possibility of autism if there are concerns about development or behaviour, but be aware that there may be other explanations for individual signs and symptoms e.g.

- Social Communication Disorder
- Selective Mutism
- Attachment issues
- Attention Deficit Disorder
- Developmental Delay

This is why extensive assessment over a period of time, by a number of specialist professionals, exploring a range of information, development and progress is VITAL.

Whatever we call it, the strategies that we use to support children with ANY type of social communication difficulty are THE SAME!

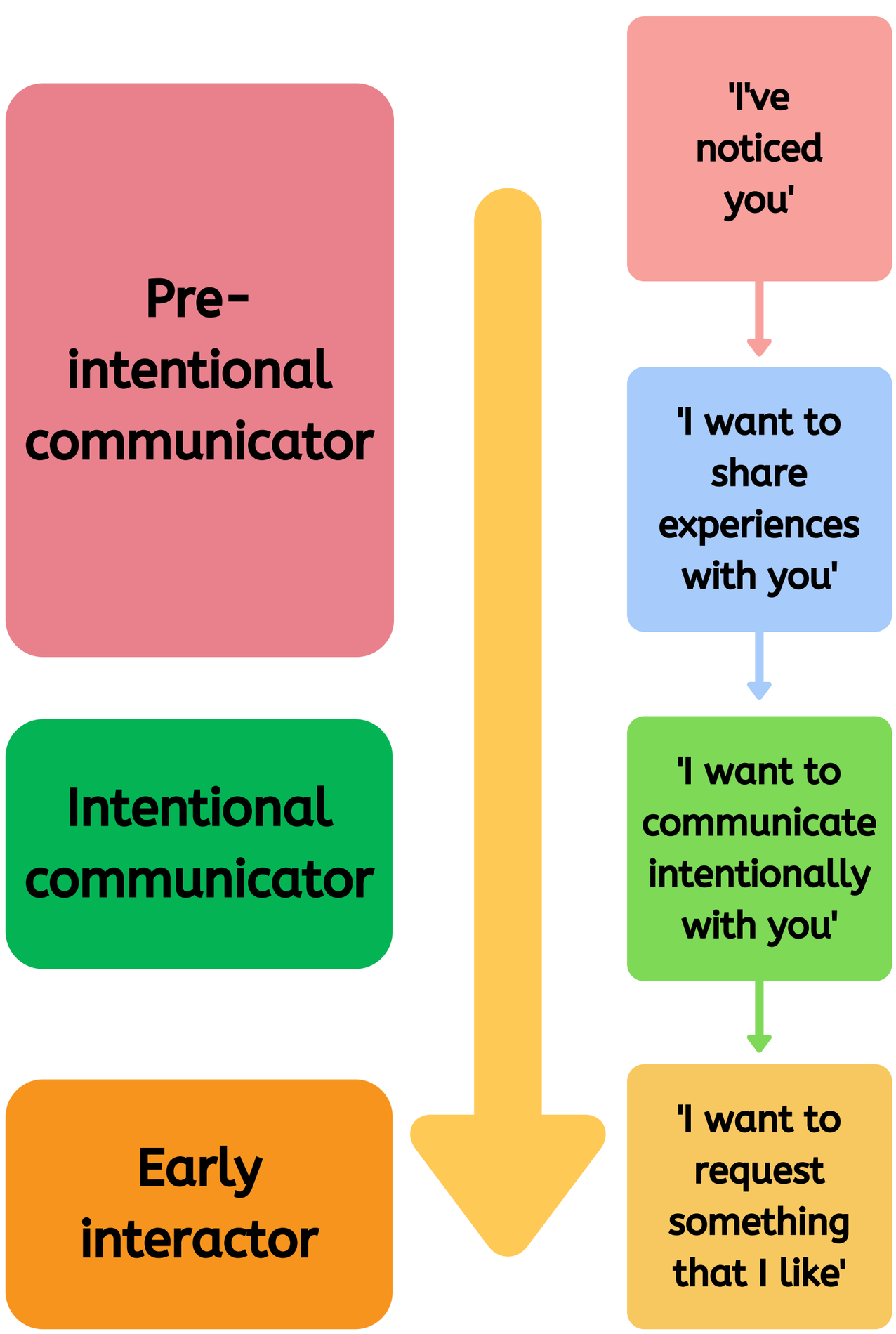
Supporting Social Communication Difficulties

The purpose of these strategies is to ensure...

MEANS **REASON** **OPPORTUNITY**

are met (particularly the reason and the opportunity).

So that we can help children to become good social communicators...



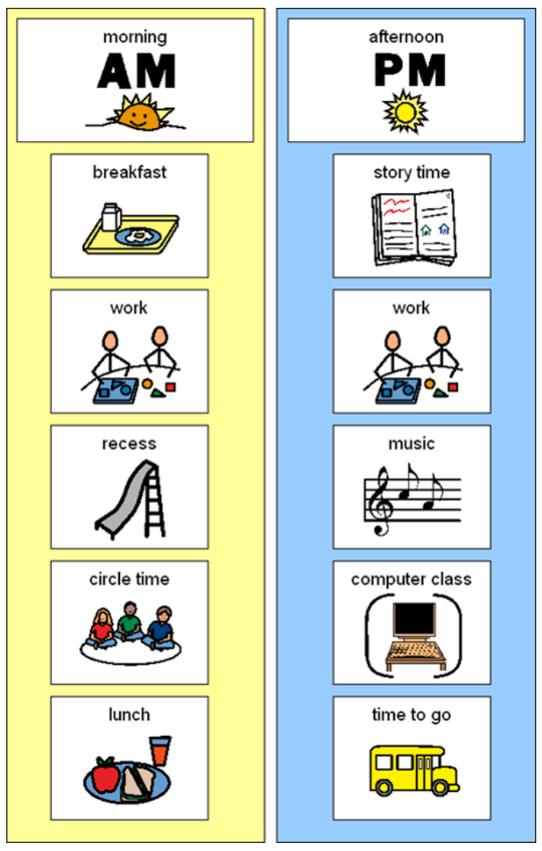
Visual supports

Visual supports should be your first port of call for children with social communication difficulties and help with managing...

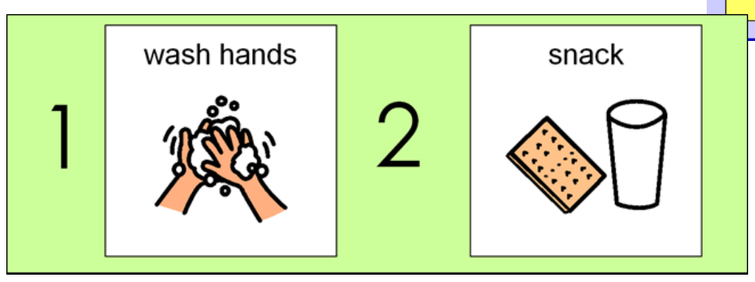
- Choices
- Behaviour expectations
- What's going to happen
- How to do things independently
- Difficult situations
- Changes to routines
- Unexpected events
- Make the unpredictable predictable!
- Children SEE what you are saying

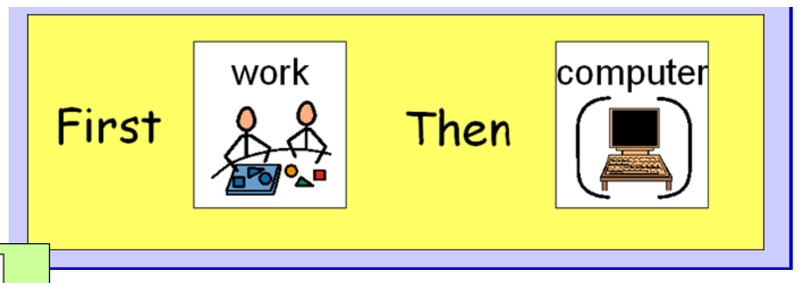
Some examples of visual supports:

Visual timetables



Now and next boards

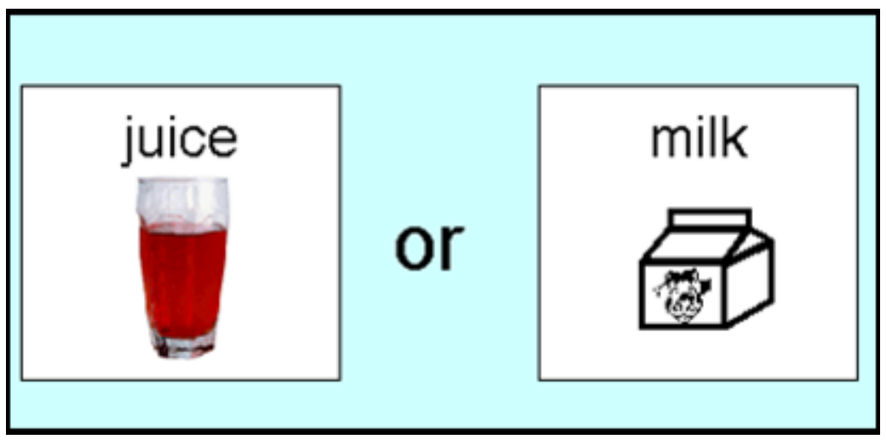




Timers are an extra visual which can be really useful.

Choice boards

Look for opportunities to give choices during **any routine** - it's a vital part of social communication development.



For more information on visual supports, please see the **Total Communication booklet** for strategies including choices, objects of reference and mini timetables.

The importance of visual supports for children with social communication difficulties cannot be stressed enough. Be sure to use them consistently with ALL children as they can be really helpful for everyone.

Create opportunities

Giving opportunities to request is a great way to support a range of communication skills (particularly to give them a REASON to communicate). By creating opportunities, and most importantly by WAITING, we can give a child the chance to ask for something. By creating opportunities in everyday life, we build communication into the routine. Children typically request the things they are most interested in so are more likely to be motivated.
Waiting for a response can be waiting for something like a smile, a nod, looking at you - anything to signal a message to you.

How to create opportunities for communication:

Ready, steady... GO games - wait for a response before 'go'

Put favourite things in clear plastic containers so the child can see them – they need to signal to get the object

Bubbles

Give some of the pieces of an activity and WAIT

Give iPad turned off

Give a snack unopened

Put a favourite toy slightly out of reach or in a bag they can't open so that they have to request it.

Give them a small amount of a favourite snack so they have to communicate that they want more. Model the language of 'more'.

WAIT before helping them to put coat or shoes on

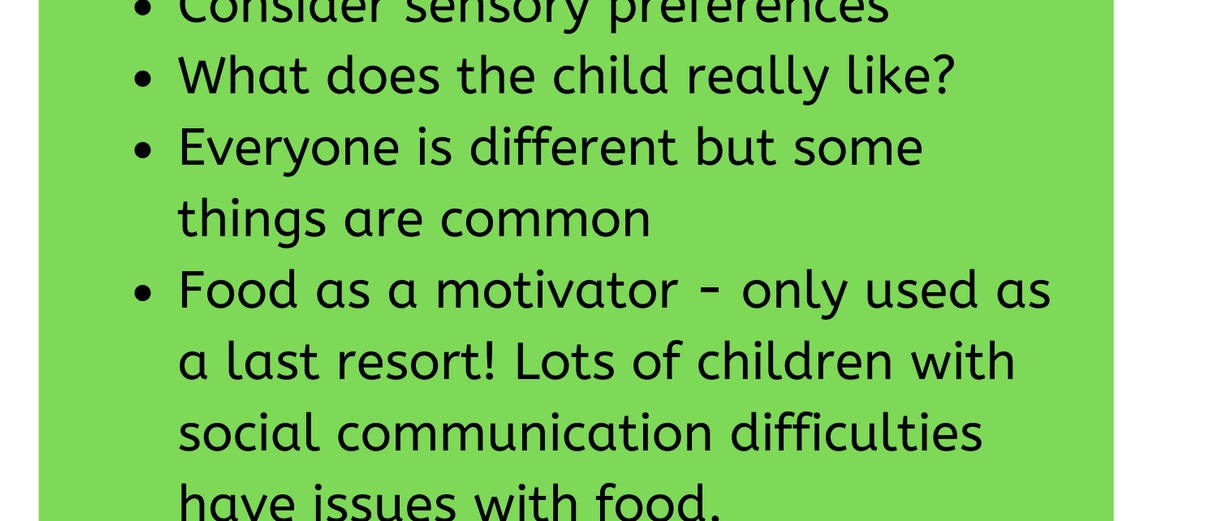
Support strategies

Choices

- Give choices in as many situations as possible – begin by giving a choice of something they do and DON'T like.
- Snack time - 'milk or water'
- Playtime - 'computer or ball'
- Outside - 'slide or bike'
- Show real objects or pictures to support choice making

Motivators
(for pre-intentional children)

- Can be anything!
- Find out what motivates them by watching them really carefully and seeing what they're interested in. Ask the parents too.
- Consider sensory preferences
- What does the child really like?
- Everyone is different but some things are common
- Food as a motivator - only used as a last resort! Lots of children with social communication difficulties have issues with food.
- Accept ANY response as communication to start with



Joint attention

- Round and round the garden
- This little piggy
- Row, row, row your boat
- Build a tower
- Pop up toys
- People games - see Hanen

Any kind of reflex action can be accepted as communication (fleeting eye contact, looking at you) - we can mould this behaviour so that the child eventually becomes an intentional communicator.

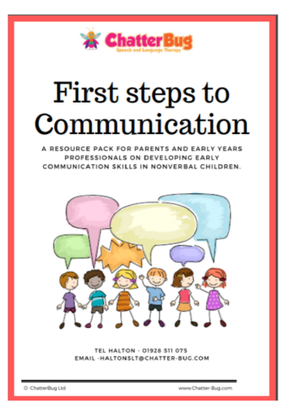
Support strategies

Awareness of others - eye contact (for pre-intentional children)

- Get together some interesting objects or sensory toys. Give the child time to notice the toy, moving it close to your face as you look at the child.
- Chose a toy and make a noise or start it. Give the child time to notice the toy, moving it close to your face.
- Peek-a-boo games, finger puppets, coloured feathers – tickle them.
- Hiding games – wave a coloured scarf up and down over the child so they can feel the breeze.
- Encourage the child to pull it off your head.
- Binoculars – look through two toilet roll tubes to encourage eye contact.
- Songs and nursery rhymes are great for improving eye contact. See if they turn to look at you.

EYFS Packs: First Steps to Communication

- Aimed to support pre-verbal children or children who are not communicating intentionally.
- Covers pre-intentional communication, intensive interaction, shared attention, requesting and making choices
- For more information about how this pack works, see the EYFS packs training booklet.



Turn taking games

- Turn taking is a skill that young children begin to learn from a very early age. Turn-taking is fundamental for two-way interaction and developing social communication skills.
- In the very early stages, we take turns with children making noises, pulling faces and doing actions which develops through language maturity to taking turns within a conversation.
- Working on turn-taking targets social communication skills and can help children engage with their peers.
- You can work on turn taking through:
  - Blowing bubbles
  - Rolling a ball
  - Building a tower
  - Throw a bean bag in a bucket
  - Roll a car
  - Ball drop toys

Specialist interventions (pre-intentional children)

You might come across these specialist interventions (specifically for PRE-INTENTIONAL children) in a care plan designed by a speech and language therapist. They would support you to implement these strategies.

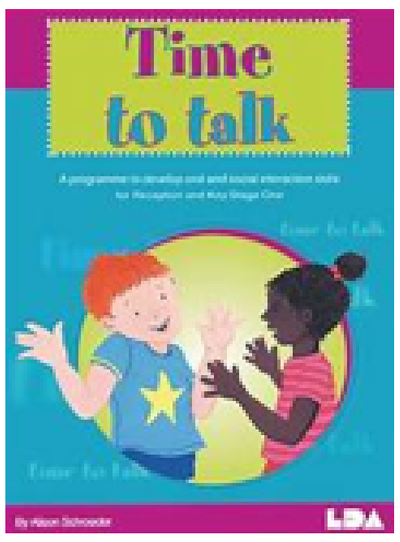
The Picture Exchange Communication System, or PECS, allows people with little or no communication abilities to communicate using pictures. People using PECS are taught to approach another person and give them a picture of a desired item in exchange for that item. By doing so, the person is able to initiate communication. A child or adult with autism can use PECS to communicate a request, a thought, or anything that can reasonably be displayed or symbolised on a picture card. PECS works well in the home or in the classroom. Note that PECS is not the same as visual supports!

Intensive Interaction
https://www.intensiveinteraction.org/
https://www.youtube.com/watch?v=DaD5Vn2OoLU

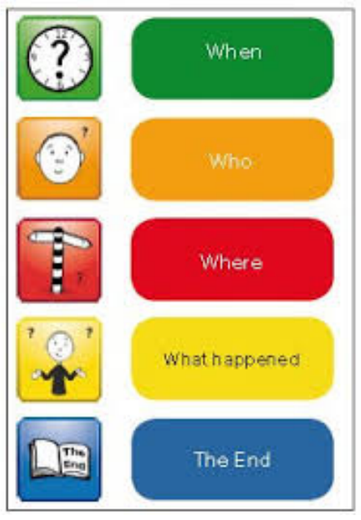
Bucket Therapy is in stage 1 of the Attention Autism programme. In this therapy, a bucket is filled with visually engaging objects and toys, aiming to gain the shared attention of the group. It's all about creating opportunities and reasons to communicate using motivating toys. The adult leader shows each item to the group and uses simple repetitive vocabulary to comment on the various objects.

Specialist interventions (intentional children)

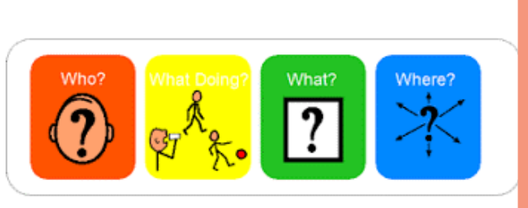
You might come across these specialist interventions (specifically for INTENTIONAL children) in a care plan designed by a speech and language therapist. They would support you to implement these strategies.



Time to talk was specifically created to teach and develop social interaction skills explicitly and improve oral language skills for children aged between 4-6 years old. Time to talk contains over 40 sessions which are designed for children who will be seen two to three times each week. This will support children who have intentional communication skills.

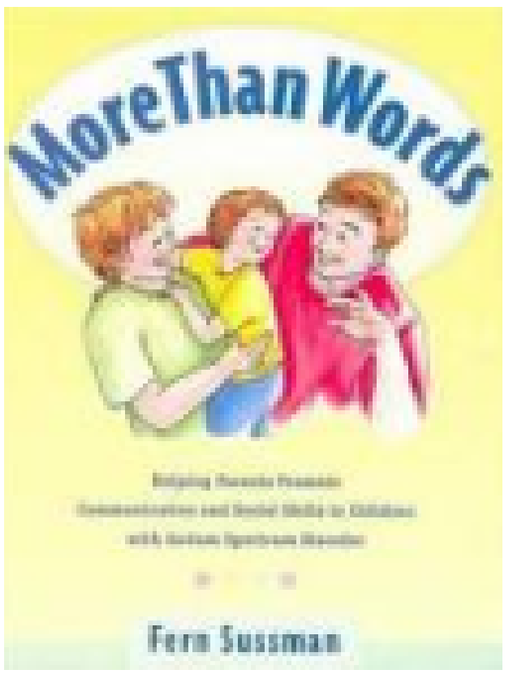


Narrative Therapy works on supporting children with the next steps on from vocabulary learning - sentence building and sequencing. Narrative Therapy uses visual prompts, symbols, Makaton and practical activities using real objects to support communication. It takes stages of language development into account.



Colourful Semantics is aimed at helping children to develop their grammar, but it is rooted in the meaning of words (semantics). The approach helps children to organise their sentences into key levels. It is used in stages and helps children develop language and vocabulary, in addition to grammatical structure. It can be used to help children who are starting to develop language and have limited vocabulary to confident talkers who struggle to organise the grammatical content of their sentences. If a child needed colourful semantics, ChatterBug would put that on a child's care plan and provide the resources.

Hanen



The More Than Words Program was designed specifically for parents of children ages 5 and under on the autism spectrum and/or with other social communication difficulties. Addressing the unique needs of these children, the program provides parents with the tools, strategies and support they need to help their children reach their full communication potential.
It's all about making sure the people who are with children all the time know how to communicate with children in the most effective way, in order to develop **optimum communication**.

Key principles of More Than Words

The 4 Is: Include, Interpret, Imitate, Intrude

Include your child's interests.

- If your child is interested in something, you should show an interest in it too.
- Bring what they're interested in close to you so you can share it
- Noticing what they're looking at (OWL: observe, wait, listen) and commenting
- Place their hands on what they're looking at if need while you comment
- For early communicators you can also 'expand' (add words)

Interpret - good for own agenda/requestor

- Treat whatever the child does as if they are intentionally sending you a message - they'll realise they have an effect on what you do.
- Treat everything they say as meaningful.
- Say or do things as they would if they could down at their level, emphasise key words.
- Children tend to remember the last words they hear, so say 'the door's open' rather than open the door.

Imitate

- Helps children get into interactions
- Children realise that they're leading and you're following. Then they start to imitate you back.
- E.g. child is banging a spoon, Dad copies and says 'bang bang'. Child notices and starts to look to Dad when he pauses - suggesting he wants him to continue = emerging turn taking. PLUS Dad has added a word alongside what is happening!

Intrude

- Gently insist on joining in even if they don't welcome you at first.
- Your child doesn't not want to include you, they just don't know how to include you yet. Eventually they'll learn it's more fun with you than without you. Get in their way, sit next to them, copy etc
- E.g, if your child likes running, be a road block, say 'go'! when you let them go.

Hanen

Stages of Development: Social Communication Checklist

The Own Agenda Stage

Shows what he wants and doesn't want - but doesn't intentionally send these messages to me (I often have to guess)

The Requester Stage

Intentionally asks for things she wants and doesn't want

He/she does this by:

Coming close to me or the object

Smiling/laughing while looking at something

Smiling/looking at me when we play games without toys (shares enjoyment)

Reaching for/touching something while looking at it

Exploring things with his hands/mouth etc

Moving his body e.g. bounces when he wants to jump, pushes things away that he doesn't want

Moving my hands to get what she wants e.g. pushes my hand to make a toy work

Taking me to things or bringing things to me

Making sounds/using phrases to ask for something

Pointing to things to show me she wants them

Looking at me, then toys/objects, then back to me

The Early Communicator Stage

Started to use specific gestures, sounds, pictures or words to ask for things that he really wants, like requesting favourite foods or toys. Development of joint attention.

The Partner Stage

She can now use words or another method of communication to request, protest, greet, draw your attention to something or ask and answer simple questions.

He/she does this by:

Responding when I ask questions or make comments

Looking when I point to objects or people

Sharing interests with me e.g. things he likes/is afraif of/a part of his body that hurts etc

Making comments about what he sees

Looking back and forth between me and an object to show it to me, and waiting for me to respond

Taking two or more turns in short conversations

Making comments and waiting for me to respond

Talking about different things, not just her favourite topic

Talking about her likes and dislikes - and the likes and dislikes of others

Making comments or asking questions about what I just said

Talking about the past/future

Talking about an idea in several different ways instead of just repeating

The role of the EY practitioner

YES

Support

Observe - focused observations

Assess

Seek advice

Listen to parents and support them to understand why you're doing what you're doing

Celebrate small steps

Collaborate

NO

Diagnose

Wait and see/do nothing

Offer your personal opinion (even if you've been asked for it!)

You need to know what the parent thinks is going on and what they feel they need. It can be useful to know about the child's early life, risk factors, the level of stimulation and environment at home and the family history.

Whatever the label the child does or does not have, supporting the parent/carer to respond to the child appropriately is paramount. It's what we do that makes the difference, not the label!

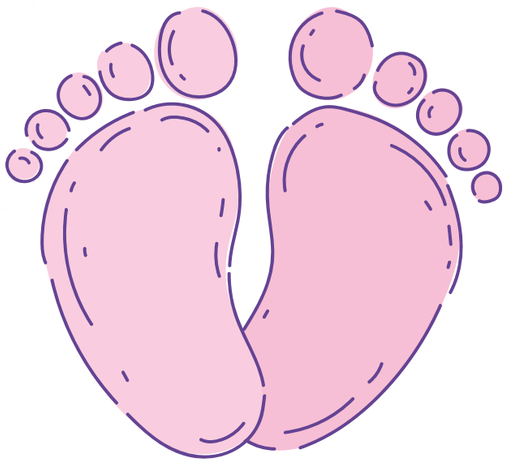
- Following lead
- Attuning to child's interests and motivators
- 1:1 special time
- Share successful strategies that you have used
- Ask the parent what works at home/issues they have
- Be mindful that the parents may have very high levels of anxiety – or may be in denial!

Every single quality interaction that you provide the child with helps!

Focused observations

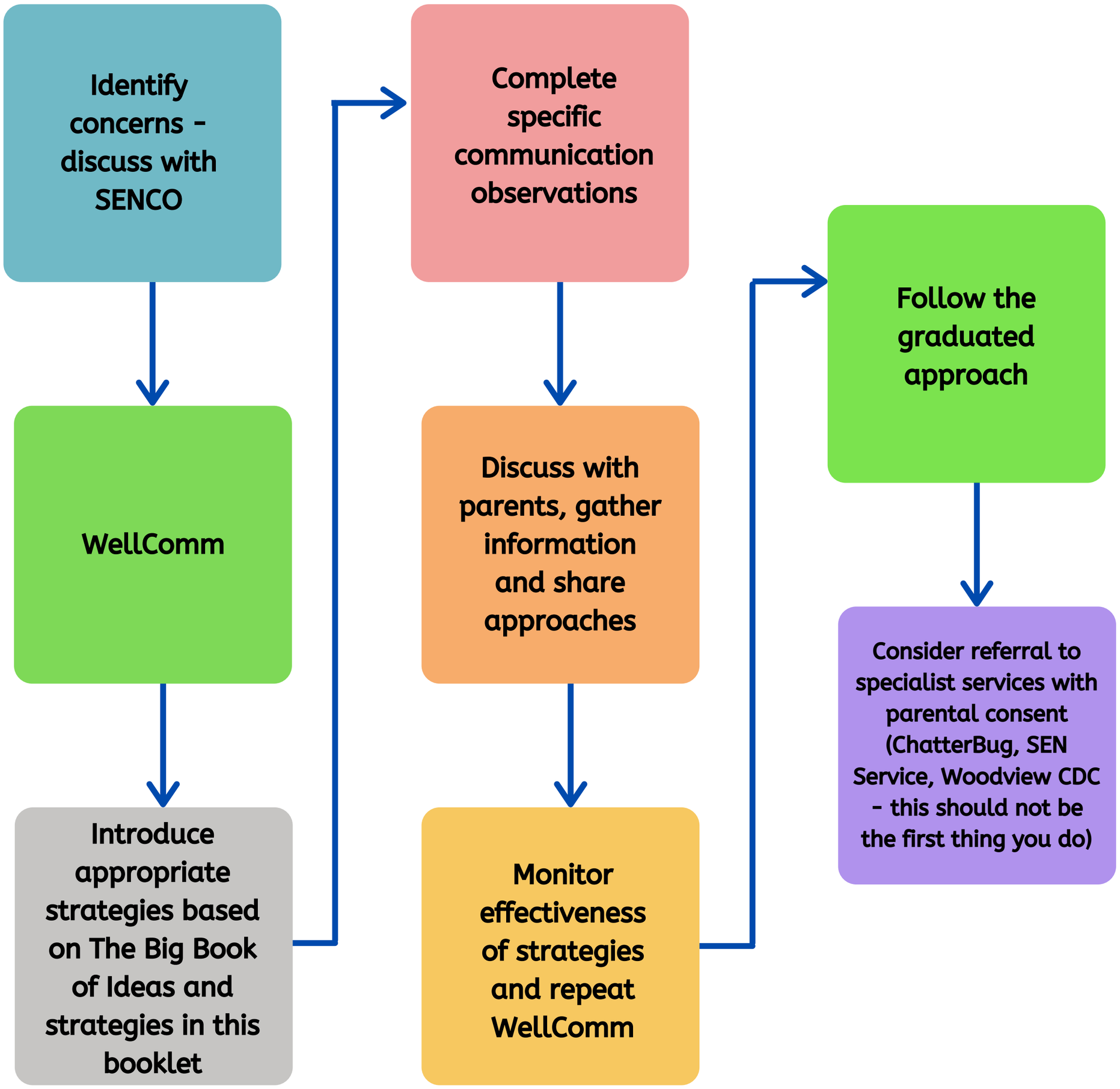
Your focused observations count! If the child moves to multi disciplinary assessment, then your social communication observations will form a key part of the assessment process. You are seeing the child frequently and know them really well.

Communication	• **Difficulties understanding** • **Expressive language delay** • **Unusual pitch/intonation** • **Echolalia used** • **Use WellComm!**
Social communication	• **Turn taking** • **Ability to make choices** • **Awareness of others** • **Initiating interaction** • **Eye contact** • **Communicating for a range of purposes**
Play and behaviour	• **Own agenda/ socially seeking** • **Repetitive play/behaviours** • **Fixed interests** • **Level of pretend play and engagement**



Next steps

If you are concerned about the social communication of a child in your setting...



Social communication pathway (MDT)

There is a multi-disciplinary pathway for children with social communication difficulties. Early Years Practitioners can refer children to this pathway if there are concerns about their development - see flow chart above.

The SEN team can provide support and information about making a referral.

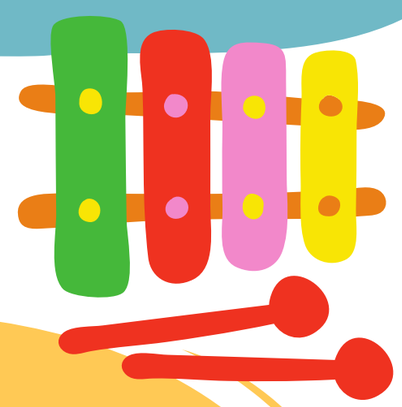
Always remember that parents may appreciate support from the Health Visitor and may agree to you discussing their child's progress and needs with the health team first.

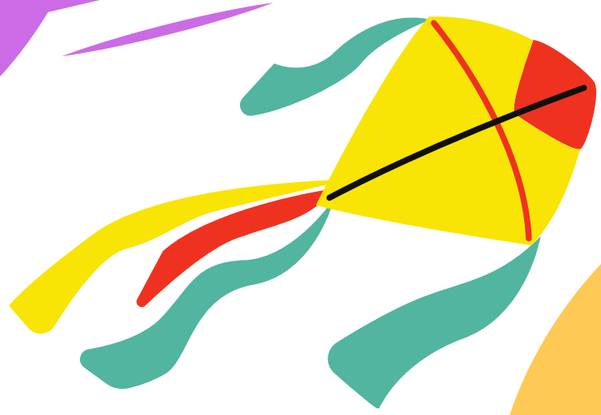
TALK! Halton

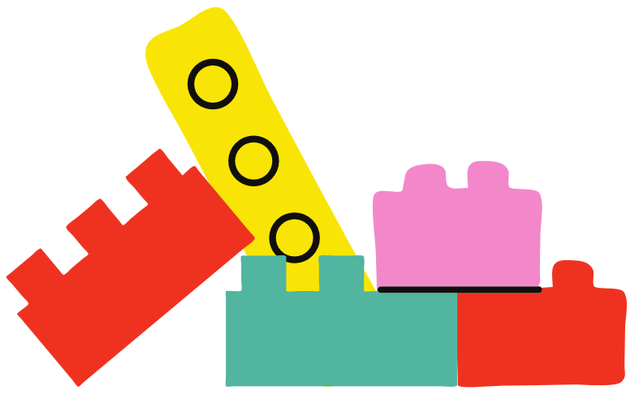
Key messages

Better that a child has a vocabulary of 20 words that he/she can use in various settings for a variety of purposes with a number of different people than that he have 100 words he uses primarily to just label things.

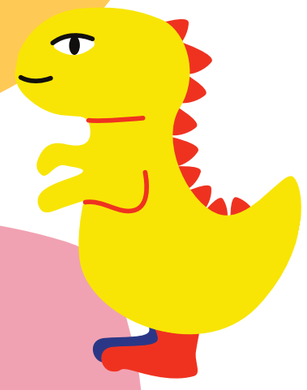
Children with social communication difficulties may have the MEANS to communicate but have a breakdown with the WHY or the REASON to do so – this then impacts on their OPPORTUNITIES to communicate. So this is the focus of our support.







Whatever we call it, the strategies that we use to support children with ANY type of social communication difficulty are THE SAME!!!



There is no single assessment, test or check list that will tell us if a child has ASC or not. Even if you see all of the things on the lists in this booklet in one child, this does NOT mean they have autism. Be wary of jumping to conclusions! We CAN say they have a social communication difficulty.

Working on social communication can be hard work and can take a long time to see progress. BUT we do know that children who are identified and supported early make the most progress. Don't give up, those small steps are actually GIANT ones and can be very rewarding.