July 2021

TALK Halton

TALK Babies 0-12 months Growing up talking

Guidance for Early Years Professionals

In partnership with:

HALTON BOROUGH COUNCIL

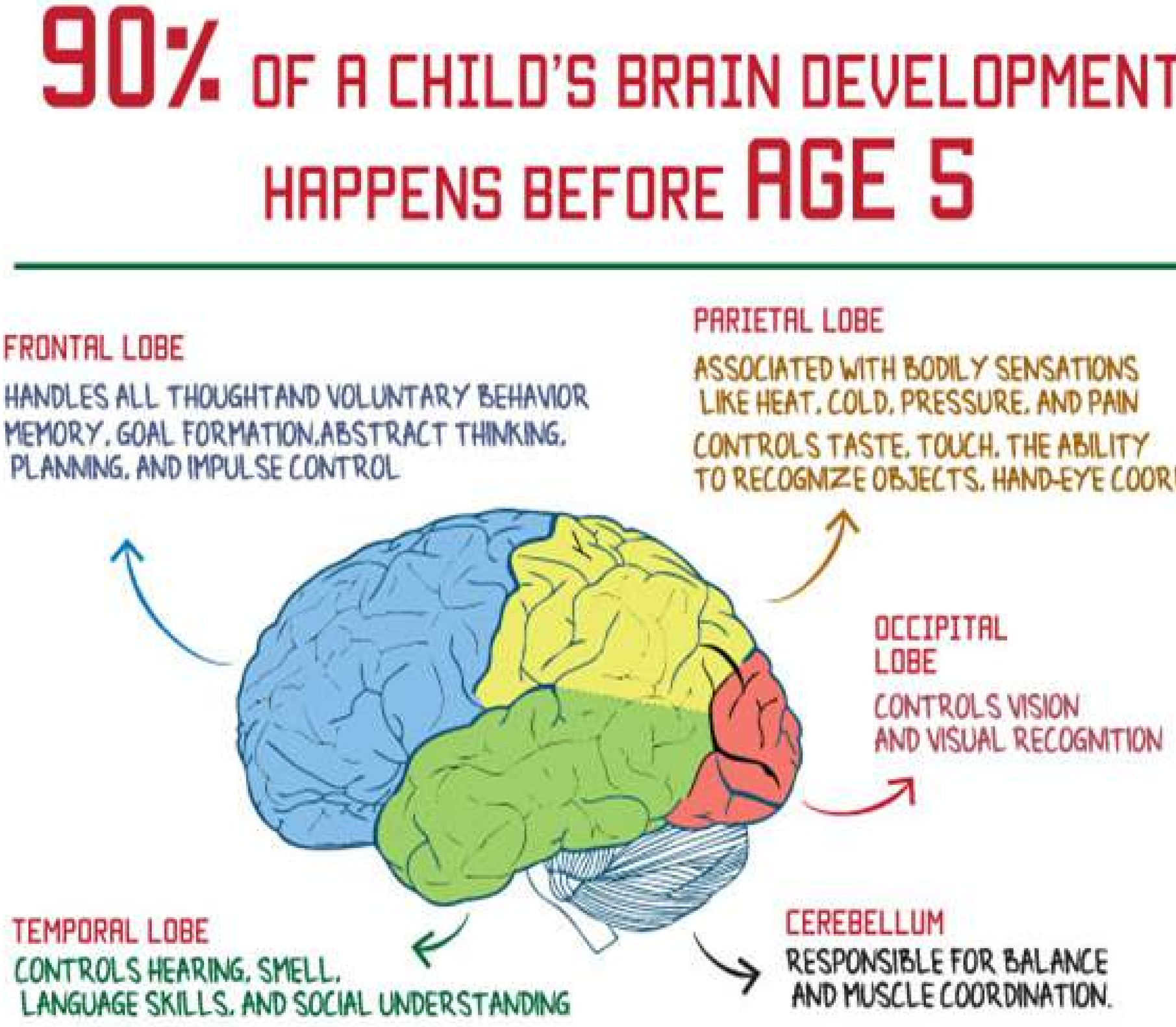
NHS Bridgewater Community Healthcare NHS Foundation Trust

ChatterBug Speech and Language Therapy

Contents

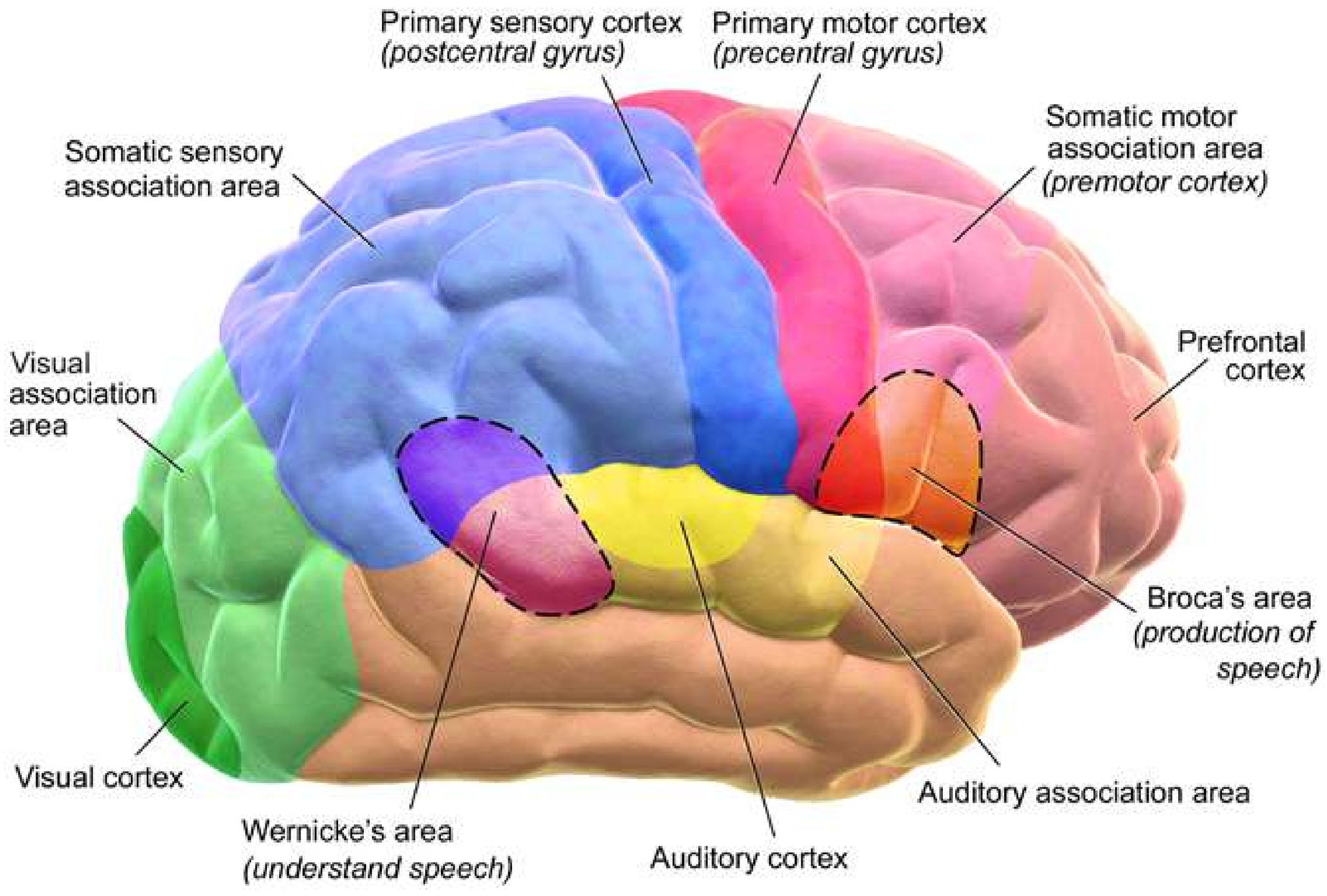
The aim of this booklet is to provide information and advice to Early Years Professionals in Halton who would like to know more about supporting babies' Speech, Language and Communication.

Introduction

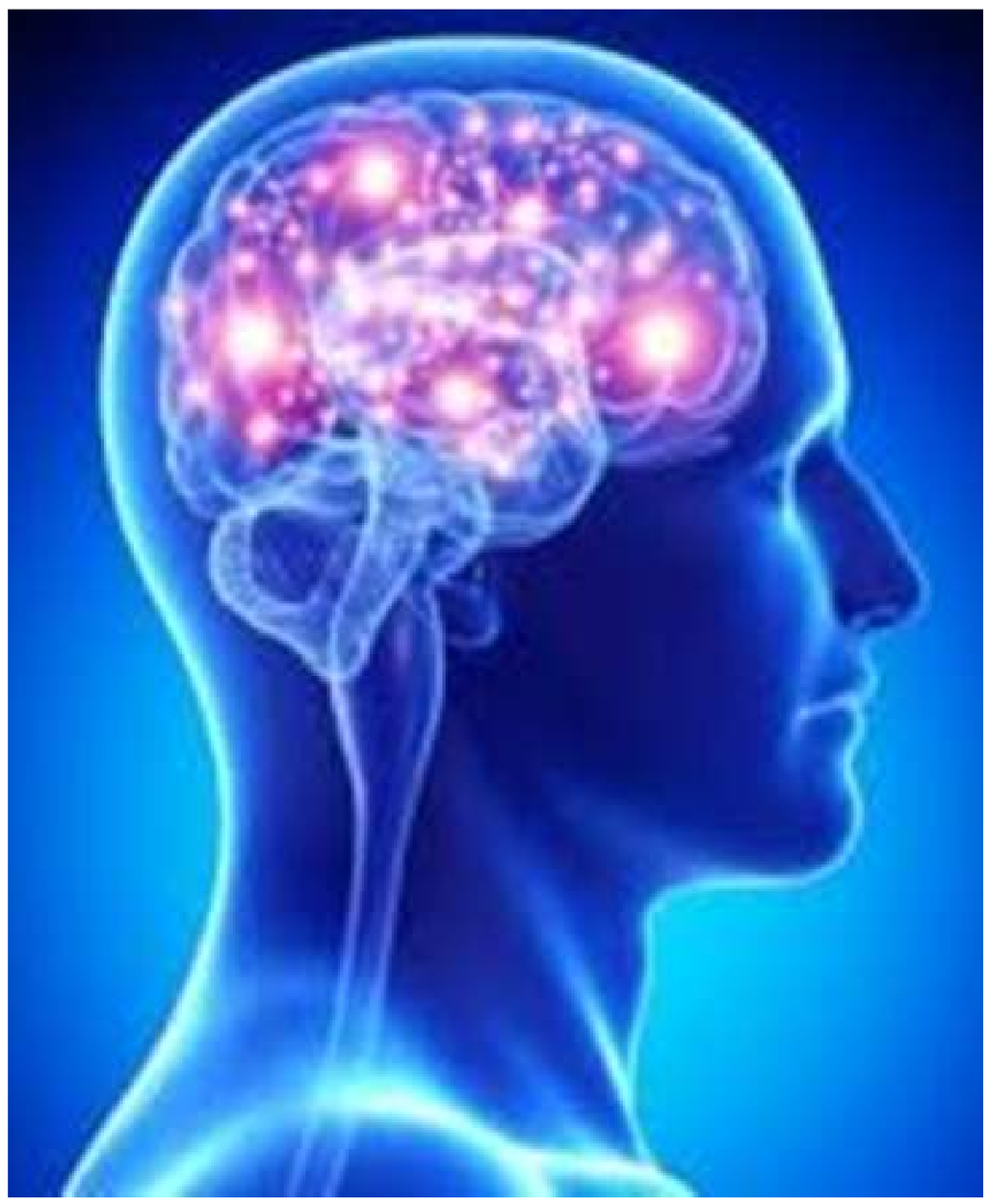


- A human brain is unformed at birth, incomplete – half the size of an adult brain
- It is shaped by experiences of the outside world
- It develops into a thinking machine more powerful than any other in this world
- Babies are born with billions of cells that are isolated – few connections between them at birth
- More stimulating experiences = more connections
- Connections die out if not used (pruning)

Interactions and Brain Development



- Research studies show that quality adult child interactions that involve lots of turn taking **NOURISH** and **STIMULATE** brain development and increases verbal language development



- The children who had experienced more conversational turns with adults had greater brain activity in the language area of the brain

Foundations for Communication Development

Environment

- Love, affection
- Food
- Warmth
- Interaction-relationships
- Stimulation
- Language models

Baby

- Hearing
- Brain development
- Cognitive/learning skills
- Physical abilities
- Health

Factors Affecting Communication Development

Environment

- ACES (Adverse Childhood Experiences)
- Attachment and bonding
- Emotional deprivation
- Material deprivation
- Lack of stimulation
- Lack of appropriate role models
- Adverse environmental factors – TV / Radio-Background noise

Baby

- Sensory issues
- Limited attention and listening
- Frequent illness
- Dummy abuse/misuse
- Learning difficulties
- Physical difficulties
- Neurological impairment

The First 1001 Days

- Influence capacity to learn by building brain architecture in the earliest years
- Critical period of growth development, a window of opportunity that makes all the difference to a child
- At birth 25% of brain is wired. By 1 year 75 % of brain wiring is complete

- All aspects of child development are peaking and developing in the first 2 years of life
- If we miss opportunities to form brain connections then we never have this optimum development time back again
- Connections count: Face to face interaction, talk, singing, experiences, attention, someone to bond with – influence brain structure and brain effectiveness for the rest of a baby's life

Foundation Communication Skills - Cause and Effect

Children learn that things happen as a result of action

- 1-4 months - Babies cause enjoyable things to happen by own body movements
- 4-10 months - Babies repeat actions to make things happen
- 10-12 months - Babies purposefully repeat action to get end goal ie: pull string to get toy

Once babies have cause and effect they can learn about objects.

It is important as a basis of verbal reasoning - to use language to understand/reason why things are as they are.

Cause and effect is essential for later language concepts such as understanding why things happen.

Foundation Communication Skills - Cognitive Skills

- Cognitive skills develop alongside language skills
- Object concept – realise object is still an object despite change to distance, light, viewpoint, orientation
- Leads to object permanence - this means that the baby knows objects exist even if they can't see them

Object permanence is critical for language development as words do not exist after they have been spoken

Typical stages:

- 1 month - will not look for removed things
- 6 months - will look for toy but gives up
- 8 months - looks for things seen hidden
- 8+ months - looks for things not seen hidden

Foundation Communication Skills - Turn Taking/Copying

- Early social skills
- Conversations are a series of turns
- Link with feeding - Parent gives a prompt, baby has a suck. This is early conversational turn taking
- Imitation is essential for expressive language development
- Can't learn to use language without being able to copy what you hear and see
- The best way to get a baby to copy you is to copy them

Foundation Communication Skills - Joint Attention

- Mutual attention to child's object of interest
- Parents can direct child's attention to objects
- Gain attention through voice, eye contact, facial expression
- 3-4 months – children develop attention towards own body and movements
- Parents play with hands, toes, toys etc.
- Important so the baby doesn't stay in their own world

Foundation Communication Skills - Vocalisations and Babble

Vocalisations

- Stimulates child and brings pleasure
- Practice for later sound production
- Develops sound perception
- Attracts adult attention – gets response
- Social interaction
- Communicates feelings and needs

Babble

- Reduplicated babble – consonant and vowel (CV) sequences
- 9-18 months non reduplicated cvc (complex babbling)
- Expressive jargon - sound sequences that are like real words but are made up
- Vocables–sound sequences between words, not real words but signal meaning
- Leads to first words around 10-15 months

Foundation Communication Skills - Play

- Play is the leading source of development in the early years
- It helps to develop new skills as babies explore and imitate
- It gives a chance to practise skills already learnt
- When it happens in everyday experiences it helps babies to make sense of the world

With language development it is important for:

- Developing pre requisites
- Listening/observation
- Imitation
- Concept formation – symbolic understanding

Foundation Communication Skills - Play

Play develops in stages:

- Exploratory: mouthing, banging, shaking, hitting

- Relational: cause and effect, banging two things together

- Self pretend: pretending on self!
- Simple pretend: pretends single action on toy
- Sequenced pretend: pretend actions carried out in sequence around a theme. Child may substitute real objects for imaginary ones – symbolic play

- Language = symbols

Foundation Communication Skills - Listening and Attention

- **Listening and attention is VITAL to speech and language development**
- Is learnt – it doesn't just appear
- Develops in stages
- Young children are not able to differentiate between the level of importance of sounds in the home or tune out background noise
- Babies need quiet times to be able to tune in and focus just on voices when they are being spoken to

Foundation Communication Skills - Understanding

Situational understanding comes first:

- The situation is repeated many times
- Then words and the situation are repeated many times
- Then babies link situations to the words
- Babies recognise words independently of the situation

Communication and language

Understanding

Repetition

Interactions

Experiences

Foundation Communication Skills - Physical Development

Head control and vision

- Babies have an increasing awareness and interest in their environment

Sitting

- Comes around the time of babble and gestures
- Babies need to have good core development to be able to do this

Walking

- Comes around the time of a baby's first words
- The more babies can explore and see, the more language they will learn

Typical Communication Development - In Utero

16 weeks:

- Sensitive to light

24 weeks:

- Hear, see, taste, feel
- Start to recognise voices
- Sensitive to touch

30 weeks:

- Learn and remember

Typical Communication Development - Pre Intentional

Communication is reflexive to begin with.

Up to six months vocalising is not purposeful. It is used as a reflex action to indicate:

- Hunger
- Pain
- Comfort
- Pleasure

Typical Communication Development - 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
- Parents give early reflex actions **MEANING** by responding to them
- Child smiles-parent smiles or talks-child smiles again
- If there is no response or interaction from the environment the child will not smile again, and will stop trying to communicate intentionally

Typical Communication Development - Comprehension

0-8 months

- Pre verbal (no words yet)
- Situational understanding (if you show the baby a shoe and say 'shoe')
- Understands conversation noises, intonation and gestures

8-12 months

- Understands actions, social situations, gestures and intonation
- Understands some words in situations they have experienced before
- Responds to own name and other familiar words like ‘no’ ‘daddy’

Typical Communication Development - Social Communication

3 months

- Smiling and cooing
- I look at who's talking
- I make sounds when I'm happy
- I recognise your voice

3-6 months

- Reaching, grasping and copying

8-12 months

- Peekaboo – look for things that can't see
- Good eye contact
- Songs and rhymes
- Games with a shared focus
- Pointing (good indicator that baby has joint attention)

Typical Communication Development - Expressive Language and Speech

0-8 months

- Babble from simple – Complex
- Reflexive - Intentional
- Vowels and consonant sounds b d m w
- Communicative sounds and noises
- Gestures and Babysign may used to communicate

9-12 months

- Copy sounds and actions
- Shake and nodding head, gestures, pointing, words, jargon strings and sounds that mean words
- First words
- SOUNDS m p b w t d, vowels

Feeding and Communication

- Glue ear and breastfeeding: the sucking action helps clear Eustachian tube, anti bodies protect against infection
- Feeding patterns promote social communication development skills ie: turn taking
- Sucking and swallowing: these are all the same muscles that are used for talking later. Motor patterns developed and stored
- If a baby has difficulty feeding, this may be an early indicator of later speech difficulties

Risk Factors

Factors that can put babies at risk of communication and language delay

- Family history; genetic risk factors
- Low SES (socio economic status)
- Prematurity
- Birth trauma (lack of oxygen could impact brain development)
- Multiple births (shared attention and additional risk factors such as prem or difficult births)
- Gender (boys are more at risk than girls)
- Parental addiction (foetal alcohol syndrome etc)
- Maternal education
- Mental illness; postnatal depression
- Attachment
- Environment (including lack of stimulation)
- Feeding difficulties/failure to thrive
- Prolonged untreated Otitis Media (glue ear)

Alerting Factors

- Failure to thrive
- Feeding issues - chewing, swallowing, sucking
- Hearing- not turning to sounds
- Not meeting early developmental milestones e.g. smiling
- Poor attachments - lack of interest in people
- Limited or unusual eye contact
- Limited gesture use
- Limited babble or vocalisations
- Lack of symbolic play and social behaviour
- Staying at pre-intentional stage longer than expected

Promoting Early Language Development

A baby needs:

- Daily chat, play, interaction: responsive partner
- Be at child's level physically and cognitively
- Interaction at **baby's pace**
- Use social communication, eye contact, facial expression
- Labels (use **REAL** labels and avoid non-specific words e.g. 'put that there')
- Models of play, interaction and language
- Imitation and interpretation of child's attempts to communicate
- Give choices in a range of routine and play activities e.g. "do you want apple or banana" (where possible show the items to baby as you say them)

Supporting Communication Development

Children learn to communicate best through every day interactions, with people that they know well and through experiences that they are interested in or stimulated by and through CONVERSATIONS!

Parents and key adults are essential to this process

INTERACTION

If parents establish good interactions and conversations **WITH** children, this will be the most powerful tool they have to develop communication

Children will **NOT** learn from anyone unless positive interaction is in place **FIRST**

Then comes language nutrition

Supporting Communication Development

Supporting listening and attention

Point out noises in the environment

Be FACE to FACE

Have some QUIET TIME

Say child's name before giving an instruction

When watching TV or looking at a device – do it together - talk about what you see and hear

Supporting cognative skills

Pop up toys

Peekaboo

Hiding games

Supporting cause and effect

Pop up toys

Pull along toys

Roll a ball games

Tickle games

Supporting Communication Development

Supporting joint attention

Parents play with hands, toes, toys etc..

Sharing stories

Round and round the garden, row row your boat

Respond to the baby

Face to face

Supporting vocalisations

Copy noises baby makes then add more

Copy baby's noisy actions and make some of your own

stamp feet, clap hands

Make silly sounds – blow raspberries

Animal sounds

Be face to face

Use exaggerated intonation patterns

TALK! Halton

Top 10 Tips

1. Model vocabulary

2. Repeat, repeat, repeat

3. Don't correct - say what they would if they could

4. Interpret any attempt to communicate

5. Expand on what they say

6. Imitate what they do or say

7. Use good questions

8. Swap questions for comments

9. WAIT for 10 seconds

10. Be slow and clear

Baby Talk?

Child-directed speech:

An exaggerated form of adult speech that involves a wider range of vocal tones, a slower rate and shorter phrases. Studies suggest that child-directed speech helps children differentiate phonemes and words and understand the importance of language for communication.
Words heard through normal adult speech or television provide relatively little value for children's early language learning by comparison (Early Intervention Foundation, 2018)

'Parentese':

Study - familiarized 7 and 8 month old infants with two unknown words, one produced in parentese speech and the other produced in standard speech. Recognition of these words in sentence context was tested 24 h later.

The results showed that the infants were able to recognize words familiarized using parentese speech more effectively than words familiarized using standard speech. (Singh et al, 2009)

The Role of the Practitioner

Give appropriate written information - signpost to good information

Give relevant and accurate verbal information pre and post-natally

Highlight the importance of communication from birth

Promote positive parent-child interactions

Increase awareness and reduce disadvantage

Identify 'at risk' children early. **Prevention is better than cure!**

WellComm strategies in place

Sign post to 'Talk Halton' resources

Information Sources

Hungry Little Minds

Encouraging behaviour change in the home to boost communication language and literacy

Tiny Happy People

Useful Links

TED Talks

https://www.youtube.com/watch?v=XCscN4zuvd4

https://www.youtube.com/watch?v=y8qc8Aa3weE

Why Love Matters – Sue Gerhardt

Best Start in Life:

https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life

Body story: Brave new world

https://www.youtube.com/watch?v=4qZ1x2VeSkc

Tiny Happy People

https://www.bbc.co.uk/tiny-happy-people

ACES training: https://www.acesonlinelearning.com/