Children who stammer

Also known as stuttering or dysfluency

General information

Stammering varies with the individual child, but some common features are:

- Repetition of whole words, for example, “When, when, when, are we playing?”
- Repetition of single sounds or parts of words, for example, “G-g-go away!” or “Mu-mu-mummy”
- Stretching sounds in a word, for example, “I like that s-s-story”
- Blocking of sounds - when the child’s mouth appears ready to speak but no sound emerges for several seconds, for example “-----I got a book”
- Stopping speaking half way through a sentence
- Tension signs in the face, for example, around the eyes, lips, neck or nose
- An extra body movement as the child tries to push out the word, for example, stamping their feet, tapping with hands or changing position
- Breathing might sound affected, for example, the child might hold his breath while speaking

Stammering can come and go. It can change even within the same conversation and can fluctuate from mild to severe depending on the situation. It may range from part and whole word repetitions a few times a day for one child, to blocking for 3-4 seconds, accompanied by gestures like foot stamping, for another.

There is a major difference between the beginning stammering found in a young child and the confirmed condition in older children and adults. Stammering in young children is largely a temporary speech difficulty as it can be overcome with modern approaches to therapy.
## Helping to access the phonics screening check

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<th>Possible issues</th>
<th>Ways to help</th>
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| Some children who stammer aren’t concerned about their speech but others can be aware of it as a difficulty, even at a young age | Choose a day in the week, and a time in the day, when the child has been observed previously to be more fluent  
If the teacher knows the child is aware of his speech and is able to express an opinion, the child should be asked about their choice of timing |
| Children who stammer sometimes exhibit higher than average anxiety levels when confronted with changing or new circumstances | Be ready to support them by answering any questions before the screen takes place  
Children should feel that the check is like a ‘play’ exercise that will help their reading and may be reassured by a session with the practice materials  
Create a relaxed environment to administer the check to help to lower anxiety levels:  
• Select a familiar room that is welcoming and quiet  
• Have a teacher administer the check who the child knows well  
Choose a time when the child appears relaxed |
| Children who stammer may need more time                          | Allow as much time as is needed by the child at the start so that they can relax before the check commences  
Allow the child to rest during the check if they’re tiring; give time as needed for completion  
Teachers should modify their own speech rate by slowing down and pausing (signaling that there is no need to rush) |
| They may need to respond in a slightly different way             | Allow the child to whisper the response, and/or use a different voice, as even young children who stammer sometimes have worked out that they don’t stammer if they do this  
When stammering is very severe allow the use of alternative strategies of visual phonics if practised in the school. These may reduce the pressure sufficiently for the child to make a verbal response |
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<td>The way the adult responds may impact on how the child is able to access the check</td>
<td>Maintain normal eye contact, particularly when the child stammers. Avoid the natural tendency to tense up, look away or fidget, as the child stammers.</td>
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<td>It may be difficult to distinguish between repetition, resulting from the stammer and a difficulty in blending sounds</td>
<td>Ensure the teacher is familiar with stammering and its effects and is experienced in recognising the child's stammering so that in marking the child's responses a distinction can be made.</td>
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Generally children who stammer will have been identified, but in some very rare cases even a young child may be hiding an undiagnosed stammer. Any behavioural concerns should be explored and stammering or other SLCN considered, for discussion with a speech and language therapist prior to the phonics screening check.

**The outcome of the check**

If the child gets stuck on certain phonemes when sounding out a word, so that the blending becomes disrupted, encourage another attempt, but don’t suggest taking a breath or give other advice drawing attention to the stammer.

In interpreting the outcome of the check, it will be necessary to try to distinguish between repetition of graphemes that are caused by the stammer, and those that indicate difficulties with phonics, so that the child is not penalised for repetitions caused by the stammering.

It will also be necessary to consider whether the child is distracted by anxiety and is achieving below his potential, or is employing ‘safety behaviours’ to avoid stammering (for example not answering, shaking head or repeating “don’t know”).
Responding to the outcome of the test

Children who stammer have the same range of abilities and personality traits as children who do not and therefore with support can access phonics teaching in the usual way, but during non-fluent periods may not be able to sound out graphemes. Stammering occurs less for most children when speaking in unison; so whole class teaching or a small group approach with children responding together is helpful.

In some phonic approaches the children are encouraged to repeat the sound several times when shown the grapheme; this can be upsetting as it mimics stammering.

Using a speaking friend might be helpful for all pupils, but particularly the child who stammers, as when he talks in unison with his partner he will not stammer and should be able to more easily remember his own speaking, so that the sound of the letters is reinforced.

This is a complex area and should be individually addressed within the classroom to meet the needs of the individual child. Seek advice from the speech and language therapist and use the resources described on the next page.

There is a rare possibility that a child may be heard to stammer during the phonics screening check when it has not been previously identified. The teacher must be alert to this and able to give support.
An evidence resource to inform next steps

There is no single cause of stammering, although there may be a genetic link. Current research indicates that the cause of stammering has a physiological basis in the brain structure. Whilst the cause of stammering is not entirely clear early intervention is essential.

‘To learn to speak fluently, a child’s brain must develop many different neural circuits, and these circuits must interact in very precise and rapid ways. Stuttering emerges in childhood as a symptom that the brain’s neural circuits for speech are not being wired normally. For this reason, early intervention is critical, because by shaping the child’s experience, we can affect the on-going wiring process in the child’s rapidly developing brain. The longer the stuttering symptoms persist in early childhood, the more difficult it is for us to change the brain’s wiring, and stuttering becomes a chronic, usually lifelong problem.’  

Additional resources and further support

When a child is stammering the school or the parents should make a referral to a speech and language therapist who specialises in stammering. Recovery is most likely if intervention is as early as possible. Children who stammer can reach their potential, if support is provided at home and in school.

Publications and resources:
British Stammering Association - www.stammeringineducation.net
British Stammering Association leaflets for teachers and parents - www.stammering.org
Michael Palin Centre’s DVD ‘Wait, wait I’m not finished yet....’ - www.stammeringcentre.org

Organisations and websites:
The British Stammering Association - www.stammering.org
The Michael Palin Centre for Stammering Children - www.stammeringcentre.org
Stammering Support Centre, Leeds - www.leedscommunityhealthcare.nhs.uk/cslt
The Fluency Trust - www.thefluencytrust.org.uk

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64 Smith, A. (2008)., Purdue University at the Oxford Dysfluency Conference
Case Study

John was 5 and had started speech and language therapy two months before the check. Whilst John had been waiting for a therapy appointment, his teacher had accessed the online teacher training resource of the British Stammering Association for strategies to help John participate more constructively in lessons.

Once therapy started the therapist worked with John and his teacher, so John was more confident and his fluency was slightly improving. Before the check John’s teacher talked with the whole class about what would happen, she presented it as an interesting ‘play’ exercise to help the children’s reading.

She used a lesson to talk individually with each child, while the teaching assistant supervised the classroom group work. The teacher then used the practice material successfully with the class.

John wanted to choose the time of day when he did the check and he completed it early in the morning with his teacher, having one rest break. He seemed relaxed, and when he stammered on a word he was unconcerned and just continued with it, knowing his teacher understood his speech.

The result matched his teacher’s expectations and he was encouraged by that.