

# Communications Series

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## Frequently Asked Questions

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### **Will I be able to breastfeed?**

It is a myth that babies with Down's syndrome cannot breastfeed. Many babies with Down's syndrome are now breastfed. Sometimes breastfeeding is established easily with no more problems than with any other baby. Sometimes breastfeeding a baby with Down's syndrome can be harder and needs more time, patience and perseverance. Sometimes mothers choose not to breastfeed or find that because of their circumstances breastfeeding is not right for them.

### **I have been told my new baby will find it hard to learn to talk, is this right?**

All children with Down's syndrome find it hard to learn some aspects of speech, language and communication. Some children experience severe speech and language problems whereas other children find it less of a challenge. Some children will have more difficulty with developing their grammar; others will find it hardest to develop clear speech. We know that children with Down's syndrome have a predictable profile of communication difficulties and this helps us to tackle these difficulties from an early age, offering them the best possible start to develop good communication skills. Whilst we know what their challenges are likely to be, we are also beginning to understand what we can do to help.

### **What can I do to help my young baby learn to communicate?**

For a young baby, let's say up to around 9 months of age, the most important thing we can do is to offer them good quality experiences and talk to them about the world around them.

When we talk to our baby it helps if we show them what we are talking about and begin to use simple gesture. Help your baby to hold objects and to place items in their line of vision. Make sure that your baby's hearing is carefully checked and that their vision is reviewed as soon as possible. Keep in mind the typical milestones, so for example, if your baby is six months old but not yet sitting independently, sit her up in a little chair so that she sees the world like all babies of her age. When the phone rings, don't be tempted to leave her lying contentedly on the rug, take her with you so she sees what that funny noise was all about.

Most importantly, spend as much time as you can enjoying her company: playing, talking, touching and cuddling. Make your baby feel loved and her confidence will help her grow into a confident communicator as she grows. As your baby grows support her hands to make simple

gestures and 'interpret' her hand movements and eye contact as communications. For example, a waving hand can be interpreted as a gesture for 'drink': produce a drink and say that's what she asked for – your baby will soon catch on!

You may also be interested in our factsheet [on the role of Speech and Language Therapist for babies and pre-school children](#).

## **What sort of bottle should I give my child as she starts to learn to drink by herself?**

A straw cup is a great option.

[Download and read our full guidance in this document](#).

## **My son does not like to chew. Does this matter?**

Yes it does matter for his muscle development, speech development and social skills. Chewing can be a real problem for some children for the reasons given in the last question but with specialist help can usually be overcome.

## **Will signing to my baby stop her from talking?**

Absolutely not! All the evidence supports the view that signing accelerates speech and language development and that children who are exposed to signing learn vocabulary and use words at an earlier stage than their peers who do not have sign in their environment. Being able to sign assists children to communicate their needs, choices and feelings at an early stage, often before they have the words. This helps their communication skills to develop and remains a lifelong tool for whenever they may need it.

## **When should we start to work on my child's speech? We have been told that at three years old it is too young to worry about it.**

It's never too early to think about the development of clear speech. We are thinking about it when we massage our babies' faces in play, when we teach them to suck and chew, and when at about 9-12 months we begin to introduce them to sounds and corresponding sound/picture cards. We know that children with Down's syndrome are most likely to experience problems with hearing, discriminating, remembering and producing clear speech. It makes no sense to wait for the inevitable, when we can be helping them to learn about sounds in readiness for their speech as it begins to emerge.

You may find our factsheet [on the role of Speech and Language Therapist for babies and pre-school children](#) helpful.

## **Will teaching our son to read help his language development?**

Almost certainly. The original work on reading for children with Down's syndrome undertaken at the Sarah Duffen Centre was aimed specifically at developing language through reading. Their extensive library will help you to identify articles and books to help you start on a home programme.

## **Should I use symbols with my son?**

Using a symbol system such as Widget Symbols can be very helpful in helping our children to understand routines, predict events and organise their day and activities. Symbols should be

used alongside the written word and can be helpful in managing behaviours that are linked to difficulties in understanding routines or time concepts. For some children who do not take to reading or for whom signing is not possible, symbols may become an important means of expressive communication. It is important to have some specialist support to decide why, when and how to introduce symbols to your son.

## **What should we expect from Speech and Language therapy as part of our child's statement?**

You should expect your child's speech, language and communication needs to be described accurately and recognised as being an area of specific need over and above her general learning disability.

The Education Health and Care Plan should detail the arrangements for their speech and language needs to be assessed on a regular basis (i.e. termly) and for a programme to be prepared by a speech and language therapist with specialist knowledge of children with Down's syndrome, and for this programme to be supported by appropriate training and back up to school based staff. (Find out more in our education section.) Your child's communication goals should be incorporated in to their Individual Education Plan and integrated into classroom activities. The speech and language therapist should assist the class teacher in differentiating the curriculum for your daughter in respect of the language used and in developing subject vocabulary.

Ideally, the provision should include the opportunity for face to face intervention from a speech and language therapist when this is indicated from the regular assessment, for example, to work on specific speech programmes or grammar development. Provision should be quantified and specifically stated in order that any disputes may be clearly defined and addressed. In order that parents and other family members may play their part, it is important that the visiting therapist maintains contact with the family through direct liaison and written reports.

## **If I can only do one thing to help my child's communication, what should it be?**

Give your child lots of experiences for him to talk about!

## **Will my child's communication ability continue to grow throughout her childhood?**

Yes, just like all children, your child will continue to develop their skills throughout their childhood and will respond to support and new experiences all the way through. There are optimum times to develop certain skills but our experience is that children can begin to develop new skills at any point in their childhood and adolescence and will further refine their skills as they get older.

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