

Childhood Apraxia of Speech (CAS)

Information for parents and carers

What is Childhood Apraxia of Speech (CAS)?

- CAS is a rare type of speech sound disorder in which a child has difficulty making accurate movements of the mouth when speaking.
- When we want to say a word, the brain creates a set of 'instructions' that tell our speech muscles how to move the lips, jaw and tongue. These instructions might include; how open or closed our jaw needs to be, the position and movement of our tongue and the shape of our lips. When this works well we produce clear words.
- A child with CAS has difficulty with creating and sending these instructions (known as 'motor programmes') to our speech muscles. As a result, their speech is often hard to understand, even for those that know the child well.
- There is no evidence of damage to nerves or muscle weakness.
- Children with CAS generally have good understanding and know what they want to say.

- Children may often say a word clearly one time but can't say it clearly moments later. Once they learn to say specific words accurately, they may still find it difficult to use these words clearly in their everyday talking.
- Children with CAS sometimes have associated difficulties with more general coordination and body movements. This is known as 'Dyspraxia' or 'Developmental Coordination Disorder' (DCD).

How do we know if a child has CAS?

- CAS can be diagnosed by a Speech and Language Therapist who has knowledge and experience in this area.
- Currently, there is no identified cause for CAS in most children.
- Identifying and diagnosing CAS can be complicated and may take some time.
- It can be difficult to identify CAS in very young children or children who are not saying many words.

Speech characteristics particularly associated with CAS include:

- Inconsistent errors: This means a child may produce the same word differently each time they say it, (e.g. party → 'parky', 'tarpy', 'tarky').
- Difficulty moving smoothly between one sound, syllable or word to another. This might look like;
 - Pausing between sounds/syllable/words e.g. 'c - ar', 'bu - tton'.
 - Lengthening words or parts of words 'fiiiiiiiighting' (fighting), 'paaaaaper' (paper)
 - Adding in extra sounds e.g. 'buh-lue' (blue), 'bike-uh' (bike)

- Difficulties using correct rate, rhythm, stress, and the natural 'rise and fall' of voice when speaking. This can make speech sound flat, uneven or robotic.
- Voicing errors (e.g. saying 'bee' for 'pea' or saying 'town' for 'down').
- Silent searching movements of the mouth to find the correct position it needs.
- Producing vowel sounds for children with CAS can often be difficult (e.g. saying 'bah' for 'bye').
- More errors heard on longer and complicated words.
- Children may also have difficulties with other tasks that do not involve talking e.g. puckering lips for a kiss, moving their tongue from side to side, or pretending to lick a lolly.

What helps children with CAS?

- Children with CAS will need to see a speech and language therapist to receive help with developing their speech and communication skills.
- Some children can be helped to use different ways to communicate while their speech remains unclear. For example, they might use signing, pictures/symbols, or an electronic device to support their communication. This is an important area that a speech and language therapist can offer help with, so children are not left frustrated or upset by their difficulties in communicating clearly.
- The child's therapist will create an individual therapy programme to target their speech difficulties. Skills will be targeted in small steps with lots of practice and revision. Therapy may also include work on language and related skills such as attention and listening.
- Progress with developing speech can be quite slow. However, it also varies from child to child, and it can depend on lots of

other things, such as, how severe their speech difficulties are; whether they have any other difficulties; their age; and the amount of practice they get.

- Older children who have made progress in therapy may still need help to say new and/or longer words (e.g. “photosynthesis” and “archaeology”).
- Children with CAS need adults around them to make time to listen and give plenty of encouragement and praise for trying with their speech. It is better not to correct their speech unless your therapist advises this.
- Lots of speech practise is important for children with CAS so we must find ways to incorporate speech targets into the child’s daily routines. School staff and families are crucial to the success of therapy, by practicing targets every day, as recommended by the therapist.

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