

Written evidence

Members of the Oracy APPG will consider written, verbal and audio-visual evidence and oversee oral evidence sessions. All evidence will inform the final report.

The extended deadline for submitting written evidence is 20th September 2019. We would appreciate if the submissions would follow the following guidelines:

- Be in a Word format
- No longer than 3000 words
- State clearly who the submission is from, and whether it is sent in a personal capacity or on behalf of an organisation
- Begin with a short summary in bullet point form
- Have numbered paragraphs
- Where appropriate, provide references

Please write your evidence below and email the completed form via email to inquiry@oracyappg.org.uk with the subject line of 'Oracy APPG inquiry'

Charlotte Davies

Full name:

Fit 2 Learn CIC

School or Organisation:

Director, Level 4 Tomatis Consultant

Role:

Written evidence:

Fit 2 Learn was set-up in 2012 following the Croydon riots to address the causes of the high rate of school exclusions and gang membership in Croydon. It was known already to the founders that many SEN issues could be moved by non-invasive therapies. The enterprise works to promote motor-sensory integration in all learners i.e. the point where the person can work coherently with all senses and motor skills to learn and behave calmly.

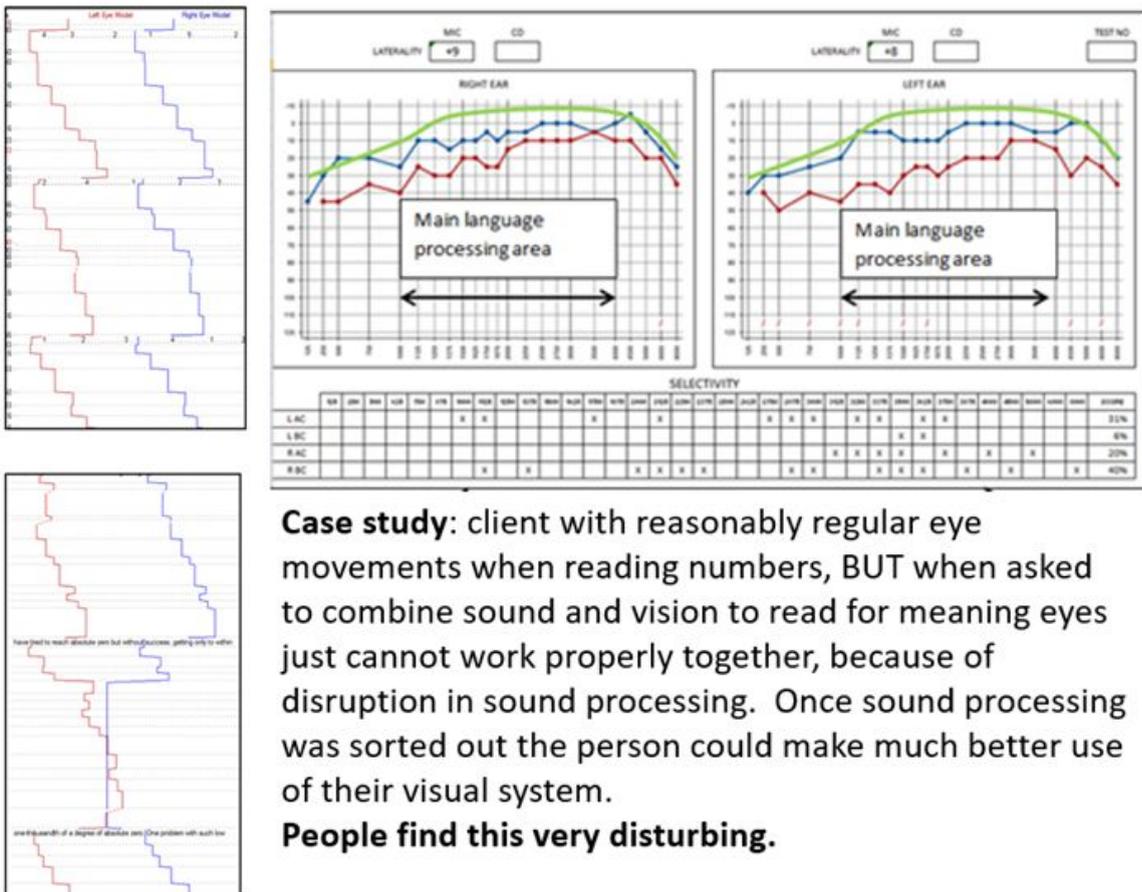
The high level of oracy problems amongst youngsters with SEN issues motivated all of the Directors to train in France in Tomatis sound therapy, as this is the leading centre.

Fit 2 Learn has now worked for 8 years with children and adults with oracy problems. The Directors have trained others in UK schools and overseas in their methodology.

Value and Impact

1.1 Sound processing is barely understood in Western education and medicine – it is an invisible skill. If a person cannot process sound well they will struggle with oracy, they are essentially one and the same thing (Tomatis, *The Ear and the Voice*, 1987).

It is crucial that oracy is central to all aspects of education, sound processing/oracy precedes visual processing of text i.e. if sound processing/oracy skills are disrupted then so too will be visual reading skills, because sound and vision are linked through the vestibular system (The Vestibular System, *The Sixth Sense*, Goldberg et al 2012). Oracy therefore needs to be prioritised and addressed to raise literacy and numeracy skills. The image below shows the impact of poor sound processing on a person's eye movements when reading for meaning compared to when they read numbers with no meaning.



1.2 The consequences of oracy having such a low profile are that no-one notices the scale of the number of children in the UK that have sound processing problems that can be corrected. For example, inner ear infection impacts on sound processing/oracy skills but there is no routine screening to identify problems or remediating them <https://adc.bmj.com/content/80/1/28>. Premature births and difficult births also impact on the development of sound processing. As does posture and postural control – yet the UK has no daily

PE programme to ensure good physical development, further, Sandercock, Essex University reports regularly on the decline of UK children’s muscle strength.

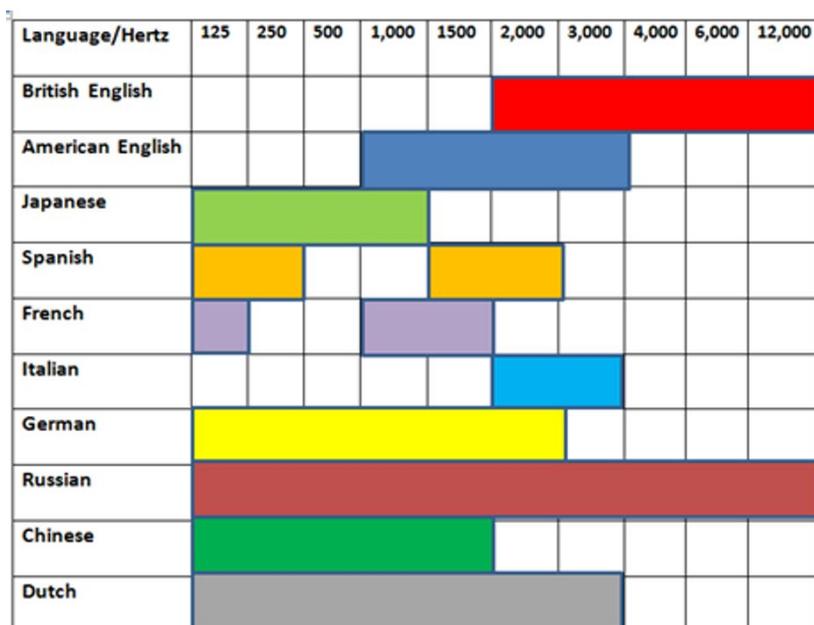
1.3 Sound processing/oracy education ensures that children have the ability to process sounds in an age appropriate manner. As children develop their ability to process sounds of the English language, music and rhythm change. The development of those skills needs to be supported, otherwise the children are not developing to be efficient learners

Most children master the following sounds at the following ages:

- Around 3 years: b, p, m, n, h, d, k, g, ng (sing), t, w, f, y
- Around 4-5 years: f, sh, zh, ch, j, s, and cluster sounds tw, kw, gl, bl
- Around 6 years l, r, v, ng, and cluster sounds pl, kl, kr, fl, tr, st, dr, br, fr, gr, sn, sk, sw, sp, str, spl
- Around 7-8 years: th, z, and cluster sounds sm, sl, thr, skw, spr, skr

Phonological development: A normative study of British English-speaking children, Dodds et al (2003)

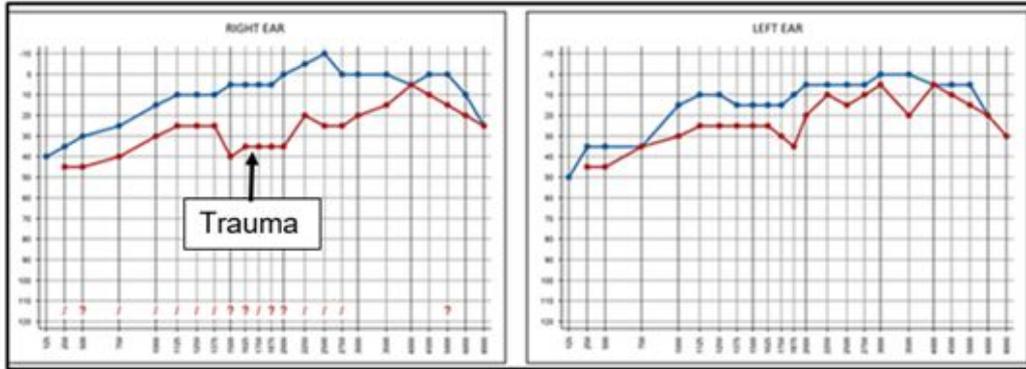
Being exposed to a wide range of sounds and rhythms trains children to be able to process a wide range of sounds in learning (a) complex and nuanced language in English (b) access and learn foreign languages – different languages have different sound ranges, see below.



If children do not develop their ability to process sounds then that will impact on their global development i.e. it is a root cause of SEN issues. Currently, the

Diagnostic and Statistical Manual of Mental Disorders (**DSM–5**) defines SEN issues by symptoms, not by root causes or diagnosis by elimination. Not addressing oracy/sound processing perpetuates learning difficulties and blocks children's Right to Develop (UN Charter of Children's Rights).

- 1.4 Oracy/sound processing is fundamental to all subject areas, without it children will struggle to access any area of the curriculum. Conversely, sophisticated sound processing skills are associated with higher skills in Maths and Language skills (Levitin, 2006) .
- 1.5 Oracy is a fundamental skill in all walks of life. Professional adults consult with us when there is a problem with sound processing/oracy skills that is causing them anxiety in their professional lives. Companies value people who can speak and communicate coherently, but they do not often invest in such skills in the UK. Outside the UK sound therapy is often covered by medical insurance. In France it is covered by programmes to skill people up to return to work.
- 1.6 Everyone needs to be able to access oracy skills in both their own and other languages.
- 1.7 Sound processing/oracy education is fundamental to mental health. (a) It is essential that all teachers and parents understand that speech can be constrained by trauma, in extremis resulting in mutism (Porges, The Polyvagal Theory, 2011). That needs to be released by non-invasive therapies and should be addressed as soon as possible not just left to run on year after year with the child frozen in a quiet world. (b) that sound processing is damaged by trauma and that impacts on oracy, but again can be moved by non-invasive therapies. (c) that retained primitive reflexes can impact on sound processing and oracy skills and make people feel permanently hyper-alert. (d) conditions such as tinnitus, migraines, Menieres, and Tourettes have their root in a tightening of the jaw area which impacts on the vestibular system and impairs speech, balance and anxiety.



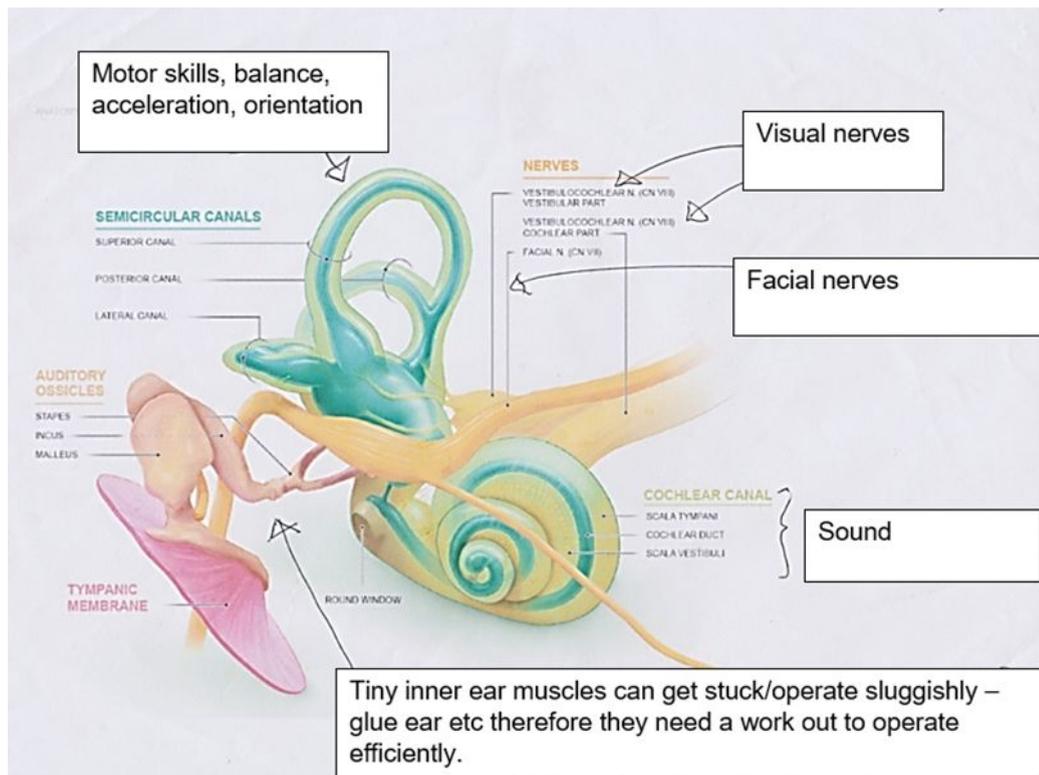
Sound processing profile of a traumatised person

Key: Blue curve = sound processing through air conduction of sound;
 Red curve = sound conduction through bone conduction of sound;
 Red / and ? = points where the direction of sound is confused.
 X axis = Hertz from 125Hz to 8,000Hz; Y axis = Decibels (-10Db to 120Db)

When a person is traumatized, they close down their sound processing to protect themselves and to stop themselves feeling the pain. That helps humans to physically survive, but emotionally it leaves scars and that can be seen when you screen a person for sound processing.

It is important to consider the impact of compulsory oracy activities upon a person in trauma – it is not good and can increase the trauma.

The vestibular system which lies in the inner ear is compromised when a person habitually tightens their jaw or neck and shoulder area.



1.8 A lot of good work is done by the Arts community on speech and mental health Patsy Rodenburg has several useful videos on-line to train actors, but they are equally useful for people working with anxiety: <https://vimeo.com/51564143> ; (b) Jeanette Nelson, Head of Voice, National Theatre: https://www.youtube.com/watch?v=7_MvIGKwLh0&list=RDwKqPjCR69yM&index=7

Provision and access

2.1 School provision should be daily involve rhythm and movement, singing and activities like choral speaking. There are already many very good programmes. There needs to be a plan of action for how to address the issues around children who struggle.

2.2 Castlehill Primary School, Ipswich have supported their normal provision with a pilot of Tomatis sound therapy for small groups of children. That has significantly changed the children's spoken language and consequently global development.

2.3 Factors affecting access to oracy skills include all aspects of the socio-economic environment for example, foetal alcohol syndrome impacts on the development of good sound processing, likewise the presence of black mould in damp properties triggers recurring inner ear infections. In schools the political agenda of the day prioritises testing and inspection hence, oracy and sound processing skills are deprioritised.

2.4 Teacher training includes very little about how children develop oracy skills. Certainly nothing about the links between sound processing and oracy; or trauma and oracy.

Barriers

3.1 Training of all people working with children in the UK in the importance of sound/oracy skills and global development.

3.2 Senior teacher support – we now never work with a school unless the SLT engage and often they will not spend time understanding the basics so projects are doomed to failure from the start.

3.3 Local authority engagement – much of the funding to support children with oracy issues comes through local authorities who are very hostile to innovation that would change outcomes and save money.

3.4 EHCP Tribunals at the Royal Courts – the judges are also ignorant of the role of sound processing/oracy skills and want support from leading medical consultants.

3.5 The Consultants at Great Ormond Street and a few other NHS centres offer very limited services – largely a diagnosis of “auditory processing disorder” and no further action

<https://www.nhs.uk/conditions/auditory-processing-disorder/> . This is absolutely hopeless, because it builds in a “eugenics” style belief that nothing is changeable and leaves people for life with difficulties. So children whose sound processing which is tuned to their mother-tongue which is not English, for example, are never offered proper support to widen their sound range and access the full range of sounds needed for the English language (it is a form of institutional racism) and equally the problem exists for some regions with strong dialects. It isolates and traps certain groups into long-term inter-generational problems – the documentary H is for Harry illustrates that very well <https://www.youtube.com/watch?v=TLCuzAVg0dA>.

3.6 Teachers at all levels of the profession need proper training in sound processing and oracy so they can support its development and identify strategies to address any problems as they arise.

3.7 The government need to (a) understand the kinetic chain of children’s development and the role sound processing/oracy plays (b) fund training for all stakeholders working with children.

3.8 Assessment has to be done very carefully because sound processing and oracy are so closely connected with trauma and mental health issues. However, assessment of sound processing skills should happen at least once between 7 and 10 years of age – it is very difficult to navigate secondary education with unresolved serious sound processing/oracy issues.

3.9 Speech assessment should be continuous because the child is developing and the school should be developing all aspects of the child’s oral skills such as ability to keep rhythm, ability to remember a verse, then a longer more extended verse, the ability to speak confidently and clearly, the ability to sing in-tune (pitch differentiation is really important to understand and produce complex speech). But it should not be high stakes testing, because the voice is compromised when a person is anxious and children are developing.

3.10 The current curriculum is not adequate but it could be developed to be so. The only serious piece of testing that needs to be done is to address any serious sound processing issues, beyond that children should be encouraged to delight in speech, language drama and music – people with good sound processing skills generally do. People with poor sound processing skills tend to avoid oracy activities.

