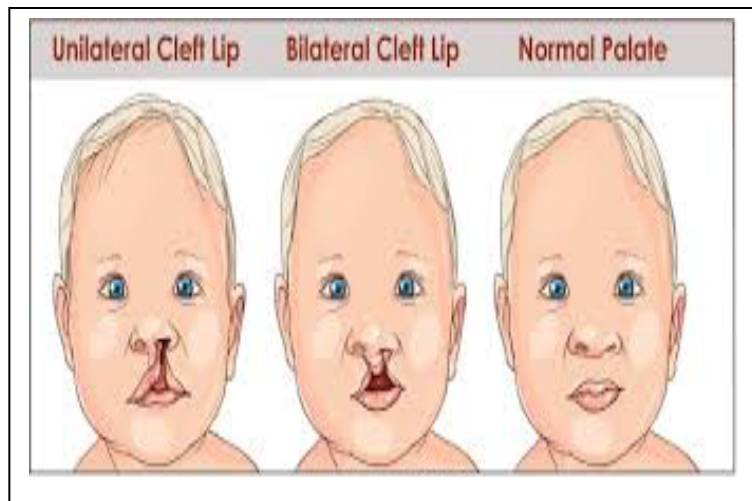


# SEND Bulletin NO. 12



## Cleft Lip or Palate

Cleft is another word for split or separated. Parts of the face develop and join together as the baby grows in the womb and if this joining is incomplete the baby will have a cleft in their lip or palate.

A cleft lip is an opening between the nose and the mouth, which can be anything from a slight, almost imperceptible notch in the upper lip itself to a full separation running from the upper lip into the nose. A one-sided cleft is called a unilateral cleft. If the cleft is on both sides it is called a bilateral cleft.

A cleft palate affects the roof of the mouth and means that it is not fully joined together. This can range from a slight opening at the back of the soft palate, to a large separation the full length of the roof of the mouth.

A cleft lip will probably not cause any feeding problems in the baby, whereas a baby with a cleft palate will probably not be able to form a vacuum in its mouth and will therefore find it hard to suck or may have some other related problem. This may have knock-on effects in later childhood. Specialists involved in supporting babies and children with cleft lips or palates may include a cleft nurse, an orthodontist, a surgeon, a paediatrician, a speech and language therapist and an educational psychologist.

While it is usually possible to repair a cleft lip during the first few months of a baby's life, treating a cleft palate is more complex. However, this can usually be done, at least partially, by the time the infant is about a year old. In either case, if the repair has been successful, the child can usually develop reasonable speech, but may need help from the speech and language therapist to pronounce some sounds and to control nasal breathing.

## Key characteristics

Children with cleft lip or palate may have:

- external physical features which may affect the lip and the nose
- Difficulty pronouncing some sounds

- a nasal tone when speaking
- difficulty in controlling the amount of air going into the nose
- hearing problems or glue ear
- regular absences for checks or treatment by the appropriate professionals
- a brace on the teeth, especially when the permanent teeth come through
- low self-esteem because the child looks different and/or speaks differently
- anxieties about being listened to and understood or being teased or bullied
- difficulties in being understood by new people or in unfamiliar situations.

## **Support strategies**

You may need to:

- liaise regularly with all the relevant professionals
- listen carefully and attentively
- encourage the learner to gain confidence talking and reading in a variety of situations
- encourage them to speak more slowly if appropriate
- ensure that, if the pupil's hearing is weak, they sit near the teacher or speaker
- provide an adult mentor for the pupil to talk through their anxieties and frustrations
- follow a programme of activities to strengthen and clarify different elements of speech.

## **Support agencies**

- Cleft Lip and Palate Association: [www.clapa.com](http://www.clapa.com)
- Cleft Palate Foundation (USA): [www.cleftline.org](http://www.cleftline.org)

If you have any interesting information or resources which you would like to share with your colleagues via this fortnightly bulletin, please e-mail them to me:

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Many thanks  
Anne