

Cleft Care: Starting school

Information for teachers and families

Children with a cleft palate may have differences in speech and hearing. With the right support, most children participate fully and confidently at school.

This handout explains:

- speech differences related to cleft
- hearing considerations in the classroom
- how teachers and families can support communication and learning.

Understanding cleft

A cleft lip and/or palate is a difference in the lip and/or roof of the mouth that is present from birth. Children with a cleft lip only usually do not have speech difficulties and do well at school. Many children with a cleft palate also do very well at school, especially with appropriate support.

Some children may have differences in the following areas:

Speech: Some speech sounds can be harder to make clearly. This may be related to how the palate is shaped or to speech patterns learned before surgery. Speech differences can make a child harder to understand, especially in group or noisy settings.

Resonance: Some children's speech may sound more nasal. This happens when air and sound escapes through the nose during speech. This is called velopharyngeal insufficiency (VPI).

Hearing: Fluid in the middle ear (often called "glue ear") is common in children with a cleft palate. This can cause mild, temporary, or changing hearing levels, which may affect listening in class.

Language development: Most children with a repaired cleft palate develop age-appropriate language skills by the time they attend school.

Social communication: Speech clarity, hearing changes and facial difference may affect confidence. Some children may be quieter in class or find it harder to join peer conversations without support.



Speech sounds: Developmental vs cleft-related errors

Some speech differences are part of typical development. Others are related to a child's cleft.

Type of Error	Cause	Therapist	Time to Remediate
Developmental speech errors	Part of typical speech development	Community or school Speech Pathologist	Often resolves with intervention over months
Cleft-related errors	Differences in anatomical structure or learned patterns linked to cleft	PCH Cleft Speech team	May take longer; some children may require surgery

Key points

- Cleft-related speech patterns are adaptations to differences in mouth structure, not “wrong” speech.
- Some speech patterns do not improve with practice alone and may need surgical support, which may not be possible until a child is older, and growth is complete.
- Decisions about timing are guided by the PCH cleft surgeons and speech team.
- Teachers play an important role by encouraging participation and communication success.

Examples of cleft-related errors include:

- sounds made at the back of the throat (glottal stops, pharyngeal fricatives)
- sounds made through the nose (nasal substitutions)
- sounds that are quieter or different from peers (palatalisation).

Hearing considerations in the classroom

Children with a cleft palate may have temporary or changing hearing levels due to fluid in the middle ear.

Even mild hearing changes can affect:

- listening in noise
- following group instructions
- attention during longer activities.



What teachers may notice

Some children may:

- respond inconsistently when spoken to
- find group or multi-step instructions harder
- “tune out” in noisy environments
- watch other children for cues
- speak louder or quieter than expected
- feel tired during listening-heavy tasks.

These behaviours often relate to listening effort, not behaviour or motivation.

Helpful classroom strategies

Simple adjustments can make a big difference:

- seat the child close to you with a clear view of your face
- gain attention before speaking
- use clear, natural speech (no need to slow down unnaturally)
- reduce background noise where possible
- use visuals, gestures, or demonstrations with instructions
- support consistent use of hearing aids (if used).



Supporting children with cleft in the classroom

These strategies support all learners and are especially helpful for children with a cleft.

Model and expand language naturally by:

- repeating back comments using complete sentences
- introducing new vocabulary through real experiences and routines
- using ‘think-alouds’ during teaching (“First I..., then I...”).

Encourage safe opportunities to talk by:

- using partner talk and small-group conversations
- allowing time to rehearse before sharing
- accepting responses in different ways (speaking, writing, drawing, pointing).

Support confidence and participation by:

- celebrating effort and ideas, not perfect pronunciation
- avoiding drawing attention to speech errors in front of peers
- providing leadership, helper, or strengths-based roles.



Services and support

Perth Children's Hospital (PCH) Cleft Team offers:

- early speech monitoring at 12-18 months
- formal speech assessment from 3 years
- ongoing VPI monitoring
- therapy for cleft-related speech patterns
- surgical planning if required
- linking families with community Speech Pathologists as needed.

Community and Private speech pathology offers:

- support for developmental speech and language needs
- shared care with the PCH for consistency
- additional therapy if recommended or requested.

When to seek support

Teachers and families are encouraged to contact the PCH Cleft Team if a child shows:

- increasing difficulty being understood
- challenges with hearing or attention in noise
- difficulty following instructions despite support
- speech that is noticeably different from peers and not improving
- frustration communicating or reluctance to participate.



Early support helps children communicate, join in, and thrive at school.

Cleft Care team contacts

Clinical nurse specialist

Phone: (08) 6456 8132

Speech Pathology

Phone: (08) 6456 0414

Cleft administration

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