Policy-to-practice context to the delays and difficulties in the acquisition of speech, language and communication in the first five years

by
Carolyn Blackburn

A thesis submitted in partial fulfilment of the requirements for the degree of
Doctor of Philosophy in Education

July 2014

ABSTRACT

The research aim was to investigate the policy-to-practice context to the delays and difficulties in the acquisition of speech, language and communication in the first five years in one local authority in England.

Bronfenbrenner's bioecological model was used to structure the thesis and as a tool of analysis. This facilitated an examination of the nested social contexts that influence children's speech, language and communication such as policy intentions at the macro level and adult-child interactions in the microcontext of home and early years settings as well as relations between settings at the meso level and the local authority influence at the exo level. Successive stages of data collected have informed those that followed from analysis of policy documents to survey of and interviews with stakeholders such as early years practitioners, interviews with parents and observations of target children in early years settings.

Analysis of policy texts revealed a gathering consensus on the importance of early years in children's learning and development, future academic success and employability. The centrality of language, the effectiveness of early identification of children's problems with speech, language and communication and early intervention to reduce or prevent later special educational needs and disabilities were highlighted.

This study has highlighted the difficult and subjective nature of early identification and assessment and the wide variation in children's early experiences, social interaction, speech, language and communication, socio-economic and socio-cultural environments. The benefits for children with speech, language and communication needs attending combined early years placements are exemplified. Children's use of private speech has been an interesting finding. Practitioners from both mainstream and specialist settings would have liked to have more guidance on early identification and assessment in their initial training and would also like more training on ways to work with other professionals and to support children with English as an Additional Language. The study has enabled a distinctive model of bioecology for SLCN for birth to five years to be conceptualised.

Challenges and opportunities for practitioners in supporting a diverse range of SLCN are discussed and the appropriateness and practicality of requiring generalist practitioners to undertake specialist roles is questioned.

ACKNOWLEDGEMENTS

The completion of this thesis would not have been possible without considerable help and support from a number of people.

Professor Carol Aubrey has been an insightful and knowledgeable mentor and constant source of inspiration and motivation. She has been extremely generous with both her time and patience and unfailing in her belief in me as a researcher and academic writer.

The research participants shared their invaluable views and perspectives, not to mention their time. I am grateful to parents for sharing their memories of their children's early experiences with me, to practitioners for making me feel welcome in their settings and allowing me to observe their interactions with children, and to children for the diverse ways in which they communicate their needs, meanings and intentions that have made this study so enjoyable to undertake.

To my husband and sons who have provided limitless love, patience and encouragement, you are my rocks. To my parents, who I know will be immensely proud, and to my friends for providing emotional support, especially Sheila Robson and the ladies from Worcestershire Pre-school Learning Alliance.

Thanks to Victoria Kinsella, Emma Walker and other fellow PhD researchers at Birmingham City University who have engaged in scholarly discussions and sympathised with the emotional highs and lows relating to the unique process of completing a PhD.

Last, but by no means least thanks to Professor Martin Fautley for providing me with the opportunity and resources to undertake the study and disseminate the findings and Dr. Tricia Le Gallais for casting a critical eye over the thesis prior to submission.

TABLE OF CONTENTS

FIGURES

TABLES

ABBREVIATIONS

AAC	Assistive and augmentative communication
APPG	All party parliamentary group
BCRP	Better Communication Research Programme
CAF	Common assessment framework
CI	Communication and interaction
CLL	Communication language and literacy
CoP	Code of Practice
CP	Cerebral palsy
CRP	Complementary and reciprocal play
CSP	Cooperative social pretend play
EAL	English as an additional language
ECM	Every Child Matters
EPPE	Effective pre-school provision evaluation
EI	Early Intervention
ELG	Early learning goal
EYCS	Early years and childcare service
EYE	Early years educator
EYFS	Early Years Foundation Stage
EYT	Early years teacher
HV	Health visitor
LA	Local authority
LG	Large group activity (more than five children)
LP	Lead professional
MP	Member of Parliament
NESS	National evaluation of sure start

NVQ	National vocational qualification
PP	Parallel play
PAP	Parallel-aware play
PS	Physical and sensory
PVI	Private voluntary and independent
SEN	Special educational needs
SENCO	Special educational needs co-ordinator
SEND	Special educational needs and disabilities
SES	Socio-economic status
SG	Small-group activity (3-5 children)
SLC	Speech, language and communication
SLCN	Speech, language and communication needs
SLT	Speech and language therapist
SOL	Solitary play
SOL (A)	Solitary play, interacting with an adult
SSLP	Sure Start Local Project
SSP	Simple social play
T	One-to-one adult directed activity
TA	Teaching assistant
TAC	Team around the child
TC	Target-child
QTS	Qualified Teacher Status
ZPD	Zone of proximal development

GLOSSARY OF TERMS

Augmentative and Alternative Communication [AAC]

AAC covers a range of techniques which support or replace spoken communication. These include gesture, signing, symbols, word boards, communication boards and books, as well as Voice Output Communication Aids (VOCAs).

Beat Babies (Lawrence Educational, n.d.)

A programme of resources designed to improve young children's recognition of sound patterns and beat competency. This is thought to improve SLC and children's sense of timing which helps with sophisticated movement such as walking, dancing, writing, cutting with scissors, hammering in a nail or drawing.

British Picture Vocabulary Scale *BPVS3* (GL Assessment, n.d.)

A one-to-one test that assesses a child's receptive vocabulary; for each question, the teacher says a word and the child responds by selecting a picture from four options that best illustrates the word's meaning. It is suitable for use with children aged from three to sixteen years old.

B-squared (B-Squared, n.d.)

An assessment tool which segments the EYFS, P Levels and National Curriculum into small steps and allows settings to track children's progression through each level. The assessment is available as paper files or as a software package.

Communication Cookbook (ICAN, 2008)

A resource book of activities to support children aged four to six with language and communication. It focuses on five essential ingredients: attention and listening; vocabulary; building sentences; story telling; conversations.

Communication, Language and Literacy Pack (Worcestershire County Council, n.d.)

A resource package for early years practitioners linked to the EYFS (DfE, 2007) that includes activities and puppets to promote receptive and expressive language skills in children aged birth to five years old.

Derbyshire Language Scheme (Knowles and Masidlover, 1982)

An intervention programme which targets early language skills. It is highly structured, with carefully graded objectives starting from single words and moving to long complex sentences. It includes assessment materials, allowing the user to establish the child's current levels of skill. The assessment links directly with teaching activities.

Early Support Materials (DfES, 2004c)

A range of resources and training that are aimed at bringing service providers together to work in partnership with the family to ensure the child and family's requirements are met. The aim is to put parents at the centre of the planning process. The resources include a family

pack, information leaflets for parents, developmental journals and materials to promote multi-agency working.

Every Child a Talker (ECaT) (Department for Children Schools and Families, 2008)

A programme initiated and funded by the Government and introduced into 51 LAs across England with an aim of helping early years practitioners to create a developmentally appropriate, supportive and stimulating environment in which young children can enjoy experimenting with and learning language. Speech and language consultants worked with 20 settings from each LA to improve adult-child interactions and enable practitioners to audit and improve their interactions with young children.

EYFS Inclusion Development Programme: Supporting children with speech, language and communication needs: Guidance for practitioners in the Early Years Foundation Stage (DCSF, 2008c)

The IDP focuses on dyslexia, SLCN autism, and behavioural, emotional and social difficulties (BESD). The EYFS SLCN programme aimed to help early years practitioners with the early identification and support of children with speech, language and communication needs (SLCN). The training was delivered by the LA and the documents are now available electronically for practitioners to access independently.

Intensive Interaction (Hewett and Nind, 2003)

An approach to teaching the pre-speech fundamentals of communication (such as giving attention to another person, sharing attention, taking turns, sharing eye contact) to children and adults who have severe learning difficulties and/or autism, and who are still at an early stage of communication development. The approach works by progressively developing enjoyable and relaxed interaction sequences between the interaction partner and the person doing the learning. These interaction sequences are repeated frequently and gradually grow in duration, complexity and sophistication. As this happens, the fundamentals of communication are gradually rehearsed and learnt in a free-flowing manner.

Language for Learning (Hayden and Jordan, 2000)

Initially a local joint education and health project. Sustainable outcomes from the project included training courses and resources for mainstream education practitioners led by a SLT and a specialist teacher providing a dual perspective and specialist knowledge. All courses support theory into practice through reflective tasks and aim to develop use of strategies at a universal and a targeted level.

Language Link (Speechlink Multimedia Ltd and Cambridge University, 2004)

A standardised language assessment and therapeutic on-line resource for teachers to screen children aged four to eight years for developmental receptive language difficulties and provide strategies and monitoring tools to support language difficulties within a mainstream setting. Other versions of the programme are available for children aged seven to eleven and eleven to sixteen.

LA Pathway Profile (Worcestershire County Council, n.d.)

A document which is aligned to the EFYS (DfE, 2012) and records children's achievements, parent's comments and practitioners observations in order to monitor children's progress and provide reception teachers with information about children's learning and development.

Learning journeys

A portfolio of different documents collected by early years practitioners that provide a picture of a child's development under the areas of learning identified in the EYFS (DfE, 2012, 2014). They consist of photographs, art-work and mark-making for example interspersed with observations made by practitioners including notes of relevant conversations or comments made by the child. Practitioners should match any observations to the EYFS curriculum guidance. The aim is to build a unique picture of what each child knows, feels and can do as well as his / her particular interests and learning style. This picture can then be used to pinpoint learning priorities and plan relevant and motivating learning experiences.

Letters and Sounds (Department for Education and Skills, 2007)

A primary national strategy program designed to assist practitioners and teachers in promoting children's speaking and listening skills, so that, by the end of key stage 1, they have fluent word reading skills and have a good foundation in spelling.

Listen and Learn (Worcestershire County Council, n.d.)

A training and resource programme delivered by the LA Early Years and Childcare Service, which promotes the three key skills of "good looking", "good listening", and "good sitting". It also models to settings how to make circle time interesting, interactive with visual props and modelling appropriate behaviours and praise. The programme was modified and renamed over time in liaison with SLTs who were concerned with overlap with the "ECaT" (DCSF, 2008) and "Language for Learning" (Hayden and Jordan, 2000). It is now called "Thumbs up with Fidget - Appropriate Small Group Work."

Makaton (Makaton Charity, 1979, 2007)

A language programme which uses signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

Mr Tongue (Lewis, n.d.)

A story that includes a set of exercises for children's lips, tongue and mouth. The story aims to help young children become aware of the different parts of their mouth including their teeth, tongue and lips. It will also help them to develop the movements needed for speech.

Nursery Talk (Worcestershire County Council, n.d.)

A local project funded by the LAs Early Years and Childcare Service who employed the services of two full-time SLTs to work with early years settings. It comprised a half-termly training cycle consisting of one formal training session, and three to four one-to-one video tutorials, plus further demonstration and co-working within the setting. Weekly visits are made by the SLT to the setting where the self-reflection and monitoring skills of staff members were encouraged and developed. The training aimed to help support theory into practice by using the one-to-one video feedback sessions that captured the interactions

between staff and children and allowed in-depth discussion and focused target setting. The ethos was to promote the status of language and communication within daily tasks in nursery and to facilitate a more child-led approach to these.

Object of Reference

An object which has a particular meaning associated with it for children of all ages with severe or profound learning difficulties. For example, a fork may be the object of reference for dinner. The object is closely associated with and comes to represent another object, an activity, a person or an event. These objects give the child information about what is going to happen if they are used consistently. The objects should have relevance for that child, for example, an orange arm band to represent swimming is not suitable if s/he uses a completely different flotation aid.

Picture Exchange System [PECS)] (Frost and Bondy, 2002)

An alternative/augmentative communication system that was developed to teach functional communication to children who had limited speech. The approach is unique in that it teaches children to initiate communicative interactions within a social framework. Children are taught to exchange a single picture for a desired item and eventually to construct picture-based sentences and use a variety of attributes in their requests.

Portage (National Portage Association)

A national home-visiting educational service for pre-school children with additional support needs and their families. Portage offer support and information to parents and professionals and aims to work with families to help them develop a quality of life and experience for themselves and their young children in which they can learn together, reducing the effects of SEND. Training provided for professionals provides an insight into the Portage model of using a small-step approach to promote children's development through play in the home environment.

P Scales (QCA, 2001)

A set of descriptions for recording the achievement of pupils with special educational needs (SEN), who are working towards the first level of the national curriculum (level 1). They are split into 8 different levels with P1 being the lowest and P8 the highest. Level P8 leads into national curriculum level 1. Levels P1 to P3 are not subject-specific, as they describe early learning and conceptual development. At these early levels, a curriculum subject offers a specific context for learning. There are P Scales for each national curriculum subject and for personal, social and health education (PSHE), and religious education (RE).

Reynell Developmental Language Scales (Edwards, Letts and Sinka, 2011)

Standardised tools used by clinicians, educationalists and researchers as a means of gaining an overview of child's language ability, for guiding intervention and to evaluate the effectiveness of those interventions. There are two scales: one explores aspects of a child's understanding of selected vocabulary items and grammatical features (the Comprehension Scale); and the other examines the child's production of the same features of language (the Production Scale). Parallel sections within the scales aid comparison of a child's comprehension and production skills. They are suitable for children aged between three and seven years, six months.

Signalong (Signalong, 1992)

A sign-supported communication for people with learning difficulties based on British Sign Language. It was designed to help children and adults with communication difficulties, mostly associated with learning disabilities such as autism and other SEND.

Talking Matters (Worcestershire Health and Care NHS Trust, n.d.)

Training delivered by the Worcestershire SLT team for teachers, teaching assistants, nurseries and other professionals to provide advice and resources to help them to work with children with a wide range of speech and language needs. Each training workshop also includes strategies to help children generalise these skills in other situations.

Time to Talk (Schroeder, 2001)

A programme designed to develop oral and social interaction in children aged four to six with a programme of 40 sessions designed to take place two or three times weekly. There is a focus on the skills of: eye contact; taking turns; sharing; greetings; awareness of feelings; giving; following instructions; listening; paying attention; and play skills.

CHAPTER 1 INTRODUCTION TO STUDY

1.0 Overview

This chapter aims to provide the reader with a brief synopsis of the overall nature and structure of this thesis. The chapter begins with a brief overview of the researcher's perspective, followed by an introduction to the phenomenon under study and a summary of the aims and objectives of the research and questions investigated. Finally, an explanation of the organisation of the thesis is provided.

1.1 Researcher perspective

As an early years practitioner and educational researcher interested in young children's development, the researcher was inspired to investigate the way in which speech, language and communication [SLC] developed, the different ways in which young children communicated, how their social and cultural environment influenced this and the role of adults in the process of communication development. The inspiration for this came from the researcher's work with children and families with special educational needs and disabilities [SEND] and professional discussions with other early years practitioners.

1.2 Introduction and rationale

This study concerns the policy-to-practice context to delays and difficulties in the acquisition of SLC in the first five years. The knowledge-base is informed by a range of fields that include education, psychology and socio-linguistics with overlapping areas of professional

responsibility that span health, childcare and education, and family support, particularly where SEND are involved. The study was carried out during the period of 2011-2014, at the end of a decade that had seen a gathering consensus on the importance of early years services and a radical change to them that occurred following the election of a New Labour Government in 1997 as will be discussed in the next chapter.

A landmark government commissioned review of Services for Children and Young People with Speech, Language and Communication Needs [SLCN] (Bercow Report, 2008) signalled the centrality of SLC in children's development, learning and later academic and life-long success. It further stimulated increased attention and interest in SLC from government and led to a significant government-funded research programme (*Better Communication Research Programme, 2012*) and a 'Year of Communication' (2011) that aimed to raise awareness of the needs of children with SLCN. Furthermore, this established a national prevalence of SLCN of 7 % of all children in England, 1% of children having severe or complex SLCN needing long-term specialist provision, and a further 50% of five-year-old children living in the most disadvantaged areas of England having speech and language skills that were significantly lower than those of their peers. The effectiveness of Early Intervention [EI] was a key theme resulting from the Bercow Report (2008) and subsequent independent reviews. Most significantly for this study, Bercow (2008) was confident that the majority of difficulties and delays in the acquisition of SLC could be identified as early as the second year of life and emphasised the role of early years practitioners in the early identification, assessment and support of young children's SLCN.

1.2.1 Continuum of SLCN

The Bercow Report (2008) stressed the role of early years practitioners with regard to the early identification of problems with children's SLC development so that the number of children reaching compulsory school age identified with SLCN and SEND could be reduced through universal, targeted and specialist EI. Nutbrown (2012: 19-20) noted that for early years practitioners a "key part of understanding how and when children typically developed was being able to notice signs of slower, or different development and whether or not an apparent delay in development was an indication of other SEND". She was particularly concerned that early years practitioners should be equipped with the knowledge about:

- what to look for in this regard;

- how to respond to it;

- how to interact with parents and the multi-agency professionals who may play a part in supporting a child with SEND, with EI.

In a significant study conducted in the North of England with 829 early years practitioners, Mroz and Hall (2003) found that practitioners were not equipped with appropriate tools or training to identify SLC delays in the youngest children under the age of three that adversely affected practitioner confidence. They suggested that more clarity about young children's SLC was needed in practitioner training so that fewer children with delays were missed and "slipped the through the net" (Mroz and Hall, 2003: 128), echoing an earlier call from Locke *et al*., 2002: 14) who found that:

> … nursery staff need guidance on realistic expectations for all children's development from the earliest stages of non-verbal communication to the level expected when children start school. Not until a significant proportion of nursery staff have the knowledge and skills to assess, monitor and promote spoken language and the motivation and opportunity to do so, will we be able to meet the needs not only of large numbers of children whose language is

3

delayed, but also those with potentially more significant special educational needs.

Determining the difference between a delay and early signs of SEND related to SLC has proved far from easy. The professional difficulties inherent in early identification were summarised by Law *et al*., (1998) who noted that use of the term 'delay' in describing children's SLCN suggested that it was possible to characterise children with delays along a single axis, when in fact speech and language represented a complex interaction of functions. Consequently, children may have presented with different levels of delay and with qualitative differences in the difficulties they experienced.

For example, in some children expressive speech alone may be affected, for others problems may have occurred in expressive language and/or verbal comprehension. Furthermore, whilst there may a strong correlation between comprehension and production of language, approximately 10% of children may show significantly higher levels of comprehension than production, particularly those children described as "late talkers" (Hulme and Snowling, 2009: 142). Moreover, although many children described as late talkers at the age of two catch up with their peers by the age of five, they may have experienced later problems with reading and writing tasks in formal learning which could sometimes take years to become manifest (ibid: 133).

It may not therefore be easy for early years practitioners to assess whether aspects of SLC are delayed or a sign of SEND, without specialist knowledge. The consequences of this were illustrated by Law *et al*., (1998: vii) who reported that a substantial proportion of children identified by specialists on the basis of expressive language delay alone were likely to have difficulties which resolved spontaneously in the pre-school period. Although it was impossible to predict at the time of identification which of the children with expressive delay

were likely to have persistent problems, it was certainly the case that children with expressive and receptive delays were less likely to experience a spontaneous recovery. The issue of which children were likely to need intervention from specialist services would, therefore, seem to require detailed professional knowledge of the technicalities of SLC development. As Dale, Price, Bishop and Plomin (2003) noted:

> Nearly two thirds of late talkers move into the normal range before preschool and distinguishing transient from persistent delays is notoriously difficult for clinicians and researchers.

<div align="right">Cited in Fernald and Marchman, 2012:203</div>

When late talking does not resolve itself, a diagnosis of specific language impairment [SLI] may result, particularly when a child's language has failed to develop typically for no obvious reason. Therefore, hearing loss, physical disability, emotional disturbance, parental neglect and brain injury may all need to be ruled out before the diagnosis is made (Bishop, 2008). Children with SLI may not produce their first words until up to six months later than their typically developing peers, with word combinations appearing significantly later (Snowling and Hulme, 2008). It is more common for children with SLI to have difficulties with expressive language or production of words than receptive language or comprehension of words. Most commonly there are problems with slow lexical development and a delay in learning to combine words together (ibid).

Hulme and Snowling (2009) noted that if patterns of development resemble those seen in typically developing, but nevertheless younger children, then any difference in a child's SLC development is most accurately described as a delay. Deviant or disordered SLC development, in contrast, represents development in which a delay in the rate at which *particular* skills in certain key areas can be observed such as thought processing, social

communication skills or forming particular sounds. So for children with SLI, their oral language skills might be weaker than expected, compared with their reasoning or conceptualising. Some children with SLI may have had speech difficulties, others may have had difficulties using language socially and some may well have been able to communicate effectively despite expressive language problems (ibid).

Dockrell *et al*., (2012) noted that expressive language disorders rarely occurred alone. Distinguishing between specific difficulties with vocabulary and grammar particularly in the early stages of development was challenging and children have been reported to move from one diagnostic group to another. These changes have been difficult to explain in theoretically meaningful ways leading to questions being posed about whether children with SLI form a qualitatively distinct group or are best understood as the lower end of the normal distribution. This exemplifies the difficulty for generalist practitioners in being equipped with sufficient specialist health knowledge in order to determine the difference between delay and disorder and refer children to other professionals.

1.2.2. Prevalence of SLCN

Determining prevalence appears to be as problematic as establishing a pattern or consistency of SLCN. This point was made by Lindsay *et al*., (2008) who advised caution when discussing prevalence statistics for SLCN due to the wide range of needs reported, the overlap and co-existence of different needs and variations in the terms used to describe sub-groups of SLCN. Furthermore, diagnostic categories may not serve to provide an indication of a child's level of need or specify the type of intervention required (Lindsay *et al*., 2010).

However, reported prevalence figures have demonstrated that the proportion of children and young people experiencing SLCN is substantial nationally. For example, Bercow (2008) reported the national prevalence of significant speech, language and communication difficulties to be 7% of five-year-olds entering formal education in England, with 1% experiencing the most complex and severe needs. A further 50% of children in some disadvantaged socio-economic status [SES] areas were reported to have significantly lower speech and language skills than their peers.

Within broad categories of SLCN reported by Bercow (2008), prevalence has been found to vary according to the specific type of SLCN. In a systematic review of studies of speech and language delay, Law *et al.,* (2000) noted a median prevalence of 5.95% with a range from 1.35 to 8.0%. Prevalence was higher when speech and language were considered separately. The prevalence of language delay ranged from 2.02 to 19% and speech delay ranged from 2.3 to 24.6%. The reason for the range of prevalence was attributed to methodological differences across the studies and confounding factors as gender, SES and bilingualism.

Bercow (2008) included children with primary SLCN and those whose SLCN was secondary to other SEND such as autism. He recognised primary speech and language delay to occur where speech and language skills were delayed relative to other skills such as cognition, usually in the absence of a clear aetiology. Law *et al.,* (2000: vii) found an estimated prevalence of 5.95% of either speech or language delay for this group of children, with a slightly higher prevalence amongst males than females of approximately 1.25:1 for marked speech and language delays at the age of four (ibid: 14). However, more recently, Dockrell *et al.,* (2012) found that boys were overrepresented relative to girls by 2.5:1 for primary SLCN. Furthermore, for school-aged children, there was a correlation between SLCN and birth season, social gradient, measured by children in receipt of free school meals and living in

deprived neighbourhoods, and ethnic minority. Children born in the summer months were 1.65 times more likely to have SLCN than autumn-born children.

Children with SLCN were also more likely to have English as an additional language [EAL] but not to have a statement of SEND. The findings from, Dockrell *et al*., (2012) suggested that SLCN was associated strongly with EAL and that an important factor in the identification of SLCN was a conflation of SLCN with EAL, even though having EAL was not a reason for being designated as having SEN. EAL was also found to be largely co-terminous with ethnicity which was acknowledged to be highly related to SES disadvantage and poverty. For example children in the 'Black Groups' such as Black Caribbean or Black African were twice as likely to have SLCN as White British children (Dockrell *et al.,* 2012: 6), which is similar to the position for children from deprived neighbourhoods. Dockrell *et al*., (2012) concluded that the most significant social risk factors for having SLCN were being socially disadvantaged and having EAL.

Interestingly, children whose SLCN are secondary to other SEND were less well-reported, as prevalence for the primary SEND such as autism was most often reported (Dockrell *et al.*, 2012). However, it is interesting to note that between 2005 and 2010, in addition to an increase in SLCN as a primary need by 58%, the DfE (2011: 21) have also reported a 61% increase in the number of children diagnosed with autism. Dockrell *et al*., (2012: 26) noted a 72% rise in rates of identification of all SLCN and an 83% increase in the identification rates for autism between 2005 and 2011 which they attributed to a broadening of the definition of Autistic Spectrum Disorder and an expansion of the diagnostic criteria, improved awareness, and the development of services for both autism and SLCN.

In summary the number of children with SLCN is reported to be rising and currently represents anywhere from 0.7% to 50% of any child population with variation according to

the particular aspect of SLC under consideration, and whether a delay or disorder is being recorded. This variation may result from inconsistencies in studies, but also from differences in socio-economic, socio-cultural and gender differences in children under study. Prevalence varies for sub-groups of SLCN and according to gender, SES and ethnicity. It is evident that defining both the prevalence and terminology in SLCN is complex and confusing. The views, understanding and reported practices of stakeholders with a shared interest in young children's SLCN was worthy of study.

1.3 Research aim and questions

The aim of this study was to describe and analyse the policy-to-practice context to the delays and difficulties in the acquisition of SLC for young children in the Early Years Foundation Stage [EYFS], aged birth to five years, in one LA in England. This macro-to-micro-level study aimed to investigate views and perceptions of parents and practitioners about young children's SLC acquisition in the microcontext of the home environment and early years settings where young children spend the majority of their time, relations between them at the mesocontext and nested into the exosystem of LA policy and macrosystem of central government policy. It utilised the framework of Bronfenbrenner's (1979; 1993) bioecological model as a tool to analyse and to structure the thesis, and a mixed-methods case study approach was selected to examine the relationships between macro, exo, meso and microcontexts. The study addressed the following research questions:

1. What is the policy-to-practice context to the delays and difficulties in the acquisition of speech language and communication in the first five years?

2. What are the views, understandings and reported practices of practitioners and parents with respect to SLCN in the EYFS?

3. How do early years practitioners implement policy relating to early identification, assessment and intervention for young children's SLCN?

4. How do young children respond to this practice?

1.4 Outline of the chapters

The thesis is set out in eleven chapters. It begins with the policy context and an outline of Bronfenbrenner's (1979; 1993) bioecological model as a theoretical framework and analytical tool to be utilised for this study (chapter two). Chapter three will discuss relevant theory, concepts and empirical research, related to early SLC acquisition and justify the use of the bioecological framework (Bronfenbrenner, 1979; 1993). Chapter four will provide the rationale and justification for the chosen research methodology. Chapters five to ten will explain the empirical evidence resulting from this study focusing on practitioner perceptions, parent perceptions and researcher observations of adult-child and child-child interactions in early years settings. Chapter eleven will revisit the research questions, consider the evidence and provide a discussion and conclusion to the resulting evidence.

CHAPTER 2 POLICY CONTEXT OF SLCN

2.0 Introduction

This chapter will present an overview of the early years policy background to this study, through three terms of office for Labour and the start of the current Coalition Government. It will consider development of SEND policy, in line with the international rights and inclusion agenda, as well as national changes to children's services. It will identify an emerging theme and growing body of evidence on the effectiveness of EI with young children and their families that also places strong emphasis on working with parents, the importance of early identification of SLCN, the professionalisation of early years practitioners and better regulation through care and education inspection.

This will lead to a more detailed consideration of a landmark review of services for children and young people with SLCN (Bercow, 2008) that took place in this period and the range of initiatives to improve services that followed it. The chapter will then introduce the bioecological model of Bronfenbrenner (1979; 1993) that served as a tool to analyse and to structure the thesis.

First of all, it is important to examine the early years policy context that provided a backcloth to this study.

2.1 Policy background

Child and family policy exemplified the major tenets of New Labour policy over their three terms from 1997 to 2010, and underpinned a drive to ensure a socially cohesive society which

could be economically productive and stable. Concerned that society had become fragmented and families dysfunctional, and in line with European-wide political moves towards social liberalism, broader policy aims were concerned with matters such as gender equality and the accommodation of different family structures and cultures.

One of the most radical policy developments was the shift in the role of the state vis-à-vis personal relationships (Henricson, 2012: 10). In contrast to the comparatively non-interventionist approach of previous governments, parent-child relationships and family and parenting services increasingly became the priority of New Labour, reflecting a growing interest in the early years and EI in the first five years. The New Labour shift from a *laissez-faire* to a more paternalistic and arguably extremely ambitious state intervention in family affairs, including children's development, was so significant that it was described as a "catalogue of social change" (Henricson, 2012: 10) that has since been emulated abroad (Commission on Families and the Wellbeing of Children, 2005; James, 2009).

In practical terms, this was implemented through a number of control and support measures designed to facilitate the government's functions of child protection, promoting effective childrearing, reducing the likelihood of poor child developmental outcomes, reducing the burden of poverty on the welfare state and social crime prevention.

Because of this, the early years became a central focus for government policy, planning and development for the first time during this period. The provision of childcare and nursery education for under-fives and strengthening parental responsibility were prioritised, in part so that more women could join the workforce, but also to ensure that all children had equal opportunities to succeed (Henricson, 2012). Early childhood was the period during which the foundations for future success and happiness were perceived by government to be laid:

The early years of a child's life are critical to their future success and happiness. We are determined to invest in better opportunities for our youngest children.... we need to do more to provide help to parents with the difficult job of raising children successfully throughout their childhood and adolescence. (Home Office, 1998: 15/16)

Unfolding child and family policy developments also interacted with wider social policy goals of tackling established problems with poverty and raising standards of educational outcomes for children (Baldock, Fitzgerald and Kaye, 2013). With one in three children living in poverty (Baldock *et al*., 2013: 46) in 1988, New Labour was concerned about the risk that poverty posed to children and families, in the light of research evidence that had linked economic disadvantage to parental stress, low responsiveness in parent-child interactions and a range of poor cognitive and social-emotional outcomes in young children. This included inadequate language acquisition, self-regulation, and confidence to interact or express their needs (Whitebread and Bingham, 2011). Consequently New Labour made an ambitious, and arguably naive, claim that the cycle of deprivation could be broken within two decades:

.. our historic aim that ours is the first generation to end child poverty forever, and it will take a generation. It is a 20-year mission, but I believe it can be done. (Blair, 1999: 7)

Another development which is significant to the focus of this study was the increasing level of regulation, surveillance and detection required of children's services, largely as a result of serious child protection incidents and the consequent recommendations for improved co-ordination between services such as social care, health, childcare and education (Laming, 2003).

Henricson (2012) suggested that New Labour's ideological notions that family policy could be used to tackle the kind of social and economic inequality inherent in society in the UK at the time was unrealistic. Moreover, using family policy to achieve wider policy goals was somewhat manipulative and placed undue pressure on family service provision, particularly those related to early years. What was required to achieve such goals, she argued, was structural change of a higher magnitude throughout society. Furthermore, family policy needed a strategic life-span and more rounded family approach, rather than an intensely concentrated focus on the early years. However, she acknowledged that focusing on early childhood enabled intervention at the point when it was likely to have the most benefit across the life-span.

Nevertheless, the premiership of Tony Blair as leader of the New Labour Party during two consecutive terms from 1997 to 2007 saw both expansion and consolidation of early childhood and family services, including welfare reforms, in order to provide good-quality childcare and education for all children, and a range of targeted services for vulnerable groups. Education was located at the centre with joint state and private, voluntary and independent [PVI] efforts rather than purely state provision of services. This was followed by renewed efforts by Gordon Brown from 2007 to 2010 to improve the availability of affordable, high-quality childcare and education for all families. It is interesting to consider the details of these three distinct phases to this transformative process, and the sequence of events which unfolded over the period.

2.1.1 First term of New Labour (1997 – 2001)

In Blair's first term three significant policy strands related to early years were quickly drawn up and implemented. These included:

- *a National Childcare Strategy* (Department for Education and Employment [DfEE], 1988) designed to expand the childcare and education provision sector and optimise choice for parents;

- LA initiatives designed to ensure coherence across the childcare and education sector, including LA departments, National Health Services [NHS] and PVI services. This included the formation of Early Years Development and Childcare Partnerships [EYDCPs];

- the establishment of a regulation system for childminding and day care introduced under the *Care Standards Act* (2000), which enabled the inspection processes for day care and nursery education to be combined. Regulation was based on the judgements by inspectors of children's experiences rather than operational factors.

The professionalisation of early years practitioners and training for inspectors working for the Office for Standards in Education [Ofsted], Children's Services and Skill was needed to implement these new regulations and facilitate a transformation from measures which focused on "preventing the bad to supporting improvements in quality" (Baldock *et al.,* 2013: 21). This was due to concerns over the quality of care provided by childminders and playgroups, arising from the rapid expansion in this type of childcare during the 1970s and reaching a peak in 1991, before declining more recently due to increased regulation and workforce training requirements (DfE, 2013a). Rapid growth of this type was particularly worrying when little formal training or support had been provided for those entering this sector of the profession (ibid). This contrasted to those working in LA maintained nursery

classes who had achieved qualified teacher status [QTS] and received formal support from teaching unions. As a result, during this period, LAs were for the first time obliged to provide information, advice and training services for all early years providers as well as families. Responsibility for early years was moved from the Department of Health [DH] to the DfEE in 1998, placing education at the centre of early years reforms.

With an aim of ensuring high-quality early care and education for all children, in 2000, the *Curriculum Guidance for the Foundation Stage* and regulatory frameworks in the *National Standards for Under 8s Day Care and Childminding* (Qualifications Curriculum Authority [QCA], 2000) was published for children aged three-to-five. Included in regulation guidelines was the requirement for early years practitioners to observe and assess children's learning and development against early learning goals [ELGs] and areas of learning in order to identify any problems early, liaise with parents about children's development and involve multi-agency professionals to support children's additional needs, where identified. This included the development of communication, language and literacy; personal, social and emotional development; physical development; knowledge and understanding of the world; creative development and mathematics development. The areas of learning overlapped with each other. For example, the language of mathematics was important to mathematical development and personal, social and emotional development interacted with communication and language.

Turning to children living in disadvantaged areas, in 1998 New Labour introduced the *Neighbourhood Nurseries initiative* which was a key policy, creating by 2004 45,000 new childcare places in disadvantaged areas with the aim of reducing poverty. Places were targeted at reducing unemployment and meeting the needs of parents entering the job market, especially lone parents. The Sure Start Local Programmes initiative [SSLPs] also introduced

in 1998, aimed to give children the best possible start in life through improvement of childcare, early education, health and family support, and with an emphasis on outreach and community development. The initial districts for SSLPs were selected according to the levels of deprivation within their areas. Although there was a focus on disadvantaged areas, services were made available to all families living in the catchment area. One of the main aims of SSLPs was to ensure that children were prepared and ready to thrive once they reached formal education and before any delay in the acquisition of speech and language skills and abilities materially impacted on a child's opportunity to learn (National Evaluation of Sure Start, [NESS], 2005: 10). The availability of speech and language therapists [SLTs] to work alongside early years practitioners and health visitors [HVs] was a key component.

2.1.2 Second term of New Labour (2001 – 2005)

Having established early years and EI as priority themes, during the second Blair period the pace was quickened with extension of the nursery grant scheme introduced by the previous Conservative party and development of SSLPs. In addition, for the first time the quality of care and education for children under the age of three was prioritised with the publication of *Birth to Three Matters* (DfES, 2002) to complement the *Curriculum Guidance for the Foundation Stage* (QCA, 2000).

There was concern that the National Childcare Strategy introduced in 1998 was not achieving its primary objective of reducing child poverty or improving social mobility. There were problems with uneven childcare provision across LAs and access to childcare places for children with SEND, children from disadvantaged areas and children from minority ethnic groups (National Audit Office, 2004). Because of this and in line with a new *Ten Year*

Strategy for Childcare (Department for Education and Skills, [DfES] 2004a), there were renewed and significant efforts made to provide improved childcare choice, quality and accessibility to all parents, including free part-time early education for three and four year-olds. The entitlement to free childcare was extended to two-year-olds in disadvantaged areas in 2007 in order to improve disadvantaged children's language, social and cognitive outcomes so that by the age of five they were as ready as their more advantaged peers to start and benefit fully from school. This suggested that the government wanted to normalise or standardise children's development to reduce variation in skills and ability at school entry. Assumptions about children's school readiness or readiness to learn may have been based on Piagetian theories of children's progression through pre-determined stages of development (Whitebread and Bingham, 2011) which have been found to underestimate the role of relationships and social interaction in children's learning (Donaldson, 1978), not to mention cultural-historical influences (Vygotsky, 1978).

The introduction of the *Every Child Matters [ECM]* Green Paper, Her Majesty's Treasury, 2003, the *Children Act*, (DfES, 2004a) and the implementation of the Green Paper, *ECM: Change for Children* (DfES, 2004b) were arguably the most significant policy development programmes for children and families introduced over the last ten years as a result of the Laming Report into child abuse and child protection mentioned earlier (Laming, 2003). Significant investment was placed in achieving the stated aims of *ECM* (DfES, 2004b). These were for all children to:

- be healthy;
- stay safe;
- enjoy and achieve;

- make a positive contribution to community and society, and not engage in anti-social behaviour;

- achieve economic well-being that is, not being prevented by economic disadvantage from reaching full potential in life.

In order to facilitate this, the government decided local areas in England should have children's trusts, bringing together education, social services, youth services and other agencies under a single director. The *ECM* agenda changed our view of services for all children. A new children's centres programme built on and incorporated other integrated early education initiatives like SSLPs, neighbourhood nurseries and early excellence centres. Some children's centres incorporated neighbourhood nurseries and early excellence centres. Those Centres in the most disadvantaged areas offered an extended range of services, such as access to early education provision, integrated early education and childcare, health services, family support and Jobcentre Plus services and support for childminders, for children under five and their families. LAs were required to establish a network of Area Special Educational Needs Co-ordinators (Area SENCOs) to provide support concerning EI for children aged three to five years to other SENCOs located in early years settings.

Central to *ECM* was a joined-up framework of services for all children and young people and support for vulnerable children within a *Common Assessment Framework* [CAF] (DCSF, 2006) led by multi-agency assessment and support teams with systems of information-sharing and co-ordinated by a lead professional [LP]. Children thought to be at risk of poor *ECM* outcomes such as children with SLC delays could be identified early in order to provide EI, for example access to SLT. Therefore there was the provision of universal services for all children, targeted provision to address particular short-term or transient difficulties with

children's development when required and specialist provision for children with long-term problems, such as special education.

2.1.3 Third Term of New Labour (2005 – 2010)

It was during New Labour's third term, at a time of growing concern over the state of the global economy and domestic downturn and including Gordon Brown's premiership from 2007 - 2010 that a Children's Commissioner for England was appointed and the Children's Development Workforce Council [CWDC] launched. *Next Steps for Early Learning and Childcare, Building on the 10-Year Strategy* (Department for Children Schools and Families, [DCSF], 2009a) was published. This noted the centrality of SLC, the benefits for disadvantaged two-year olds of attending high-quality early care and education settings in terms of SLC development, the role of such settings in demonstrating positive caregiver interactions to parents and also commitment to improving the qualifications of early years practitioners, particularly in disadvantaged areas, where graduates were perceived to be especially beneficial.

In addition, a qualifications framework for the early years workforce was introduced and a new *Curriculum Guidance for the Early Years Foundation Stage* [EYFS] (DfES, 2007a) was implemented in 2008. As the original framework (QCA, 2000) was found in practice to be too burdensome and detailed for early years practitioners to implement, the EYFS (DfE, 2012) was simplified and the age range extended to include children from birth-to-five years and further updated to reflect new safeguarding and welfare regulations (DfE, 2014). For the first time care and education were integrated.

Still concerned about problems with the availability of good-quality childcare and education for families, and the lack of cohesion between services, New Labour gave Children's Trusts a legislative force with LAs and NHS Primary Care Trusts [PCTs] pressured by government to forge closer relationships in their work with children and families. A new Department for Children, Schools and Families [DCSF] was established to reflect the growing concern for social cohesion and family life and the acknowledged interaction between early years, family and school life.

This overview shows that at the end of New Labour's three terms, significant and radical measures had been implemented to achieve ambitious policy objectives related to the improvement of children's development and long-term outcomes. The ecology of children's development or the relationship between the environments that children grew up in was evident, such as the interaction required between different professional disciplines, relationships between home and educational settings and policy goals to influence these. The emphasis on EI and in particular SLC was noticeable. These themes continued with the formation of the new Coalition Government.

2.1.4 Conservative and Liberal Coalition (2010 – 2014)

The Coalition's term of office commenced against a backcloth of increasing financial pressure resulting from a global economic crisis and recession in the UK, leading to an introduction of government-imposed austerity measures and significant changes to child and family services. Reducing the national debt became a priority for the government. Accordingly, there was a decline in investment in early years services and a reduction in financial support available to families. Cost-cutting and targeting became dominant policy

themes (Henricson, 2012), which seemed to indicate that government was responding to policies they inherited rather than planning and developing innovative ways to deliver the kind of population-wide services designed by New Labour. Evidence for this statement can be seen in a number of ways.

Of significance to this study has been the "de-prioritization of policies aimed at supporting all families, coupled with a move away from reducing child poverty as a policy goal" (Baldock, *et al.*, 2013: 49). For example, the Coalition distanced itself symbolically from ECM terminology, signalling a move away from universal services to targeted services, with a greater emphasis on EI for particular groups:

> We will take Sure Start back to its original purpose of early intervention, increase its focus on the neediest families. (HM Government, 2010: 19)

Perhaps the most significant policy change in regard to poverty was encapsulated in the Coalition's first national child poverty strategy, which positioned the Coalition's direction with the following statement:

> At its heart are strengthening families, encouraging responsibility, promoting work, guaranteeing of fairness and providing support for the most vulnerable (Department for Work and Pensions [DWP] and Department for Education. [DfE], 2011: 12)

Rather than focusing on the redistribution of income or social cohesion and inclusion, and the provision of funding to achieve this, this new direction seemed to focus more on personal well-being and development, opportunities for fulfilment and family responsibility for improved child outcomes (Henricson, 2012). The encouragement of firm, but warm sensitive parenting was stated as a Government priority. This would positively influence young

children's vocabulary development which was generally poorer for children from low-income families than those in middle-income families (DWP and DfE, 2011: 37).

A new focus on the early years was promised together with a life-chances approach to eliminating disadvantage. Financial support would be delivered through an Early Intervention Grant to LAs to address specific barriers facing the most disadvantaged groups of children such as looked-after children, children from some ethnic groups, children with SEND and teenage parents (DWP and DfE, 2011: 35).

The closure of some children's centres, as a result of the removal of ring-fenced funding for them, coupled with an increased emphasis on family responsibility for children, raises the question of whether service provision has remained adequate to provide the level of EI needed to support children and families, particularly for families who are not amongst those identified by government as the "neediest" (DWP and DfE, 2011: 35).

In addition, the Coalition Government reduced their funding to LAs by 28 % (HM Treasury, 2010) resulting in a local focus on the provision of critical rather than universal services. LA decisions have related to "where the axe should fall" on services rather than defining and refining service provision to meet the local needs of particular groups (Henricson, 2012: 70). The provision of early years advisory services and previously subsidised training for the early years workforce may well be regarded as a luxury at times of such extreme austerity all of which may have impacted on the ability of early years practitioners to be equipped and supported to identify early problems with the acquisition of SLC.

Notwithstanding this, the early years have remained a major focal point for the Coalition, specifically the period pre-birth to five years of age as the period during which the

foundations of learning, health and employment prospects are established in key developmental domains, including language as exemplified by this statement:

> Children's physical, emotional., language and cognitive development from pregnancy to age five are the foundations of the rest of their lives, influencing what and how they learn, their physical and mental health, friendships and relationships and later vocations and careers. (DfE and DOH, 2011: 8)

Furthermore, the experiences of children growing up in disadvantaged families in their early years have been noted either to embed disadvantage or to enable them to break free from cycles of disadvantage (ibid). Although they have yet to produce a coherent strategy on child and family services, interest in the early years appears to interact with Coalition's interest in social mobility, as stressed by Clegg (2011):

> Income at any one point in time is of course important. But it does not tell you everything about a person's life chances, or the life chances of their children, about the ability people have to get ahead.   And you simply cannot overestimate the role that parents play in that.

The New Labour extension to free nursery funding for three-and-four-year-olds from 12.5 to 15 hours per week was honoured by the Coalition. As part of a Fairness Premium policy, there was an extension of free nursery funding for disadvantaged two-year-olds to include more children, reinforcing the move from universal provision to targeting those deemed needy, disadvantaged or vulnerable. This meant that all three- and four-year-olds were entitled to 570 hours of funded early care and education by 2013. From September 2013, this was extended to reach around 20 % of two-year-olds with an aim of increasing this figure to 40 % from September 2014 and a statutory duty on LAs to ensure sufficient childcare provision to meet demand for places.

2.1.5 Policy-to-practice issues

Early years policy throughout the period has been influenced by international and domestic economics, international and UK academic research, inter-departmental government spending reviews and the policy agendas outlined above. SLC development and EI have been prioritised in the raft of policy initiatives, government-sponsored evaluations and independent reviews. Whether policies have achieved their aims of reducing poverty, improving outcomes and raising standards remains unclear.

For example, Dickens, Woolney and Ireland, (2012) noted that providing funding for disadvantaged two-year-olds to attend childcare and education provision was only one side of the supply and demand equation. Government also needed to ensure that LAs provided sufficient childcare and education provision of acceptable quality to meet the increased demand but they left this to market forces. There was an expectation that childminders would meet a significant proportion of this demand and that specialist childminders would be trained to support children with SEND (DfE, 2013b)

In practice, not only have parents in disadvantaged areas been less likely to place their child in formal childcare and even less likely to use the services of childminders, but the ability of early years settings of all types to provide increased provision of sufficient quality to satisfy Ofsted inspections was over-estimated by government (Dickens *et al.,* 2013). This was particularly true for those in disadvantaged areas where the level of quality of provision did not meet children's needs (Ofsted, 2012).

Because of this, Ofsted (2012: 18) reported that nurseries, pre-schools and childminders would face "tougher" inspections as many, particularly those in disadvantaged areas, were not operating at sufficiently high standards of quality of care and education. They were concerned that 34% of children were not working securely in communication, language and

literacy by the end of the EYFS, impacting on their readiness for school. The under-achievement was worse in deprived areas, where 41% of children were not working securely in communication, language and literacy (ibid). Moreover, there was a perception from practitioners that although two-year-olds from disadvantaged areas benefitted from access to early care and education in terms of the SLC development, they also needed higher adult-to-child ratios, additional access to services such as SLT and in some cases one-to-one adult-to-child support in settings, particularly if they had SEND, in order to access settings (Dickens *et al.,* 2013).

Evaluation of improvements in children's language from SSLPs has proved difficult due to the diverse and short-term nature of local programmes and the difficulty in determining whether recorded improvements are due to EI or the children's natural maturation and development (NESS, 2005; 2010; 2012). Nevertheless, there was some evidence that improved practitioner awareness of SLC development and the need for EI resulted from their working collaboratively with SLT. Increased parental confidence and knowledge of child development were reported to have resulted from parenting programmes (NESS, 2005).

Despite increasing employability skills for parents, SSLPs had done little to improve children's social or cognitive development, resulting in the Coalition Government recommending the closure of the Sure Start unit (Eisenstadt, 2012). Eisenstadt (2012) noted the failure of SSLPs to focus sufficiently on language development for infants and suggested that this should be the primary focus of future children's centre activity. NESS (2010: 42) stressed that if children's centres were to have an observable impact upon children's school readiness, greater emphasis needed to be given to improving children's language development.

Meanwhile it has been reported that ambitious targets related to child poverty reduction and social cohesion remained elusive under New Labour, though the levels of child poverty stabilised during Labour's three terms (Henricson, 2012: 81). Predictions for the influence of the Coalition's recent changes and drastic cut-backs to the welfare provision suggest that child poverty levels will increase by 300,000 children by 2014 (Brewer and Joyce, 2010) and by 400,000 by 2015-2016 (Brewer, Browne and Royce, 2011).

This suggests that policy aims might have been too ambitious, incorrectly targeted or under-funded, and raises questions relating to the policy-to-practice context of SLC acquisition. All of this has implications for children with difficulties in acquiring SLC, particularly where SEND is involved.

2.2 Special educational needs and disability

The UK SEND policy development has been influenced by international human rights agendas and the need to reduce the social cost of failing to provide sufficient support to children with SEND early enough to improve their future success and life chances.

Therefore, in line with the international agenda of United Nations Convention on the Rights of the Child [UNCRC] (1989) and the children's rights and inclusion agenda of the Salamanca Statement on Special Educational Needs (UNESCO, 1994), New Labour produced the Green Paper *Excellence for All Children: Meeting SEN* (DfEE, 1997) in order to link SEND policies in the UK with international policy trends. Following this, the *Special Educational Needs and Disability Act* SENDA (HMT, 2001) provided protection for children with SEND against discrimination, and the right to education in mainstream settings. The resulting *SEN Code of Practice* [CoP] (DfES, 2001) for education settings placed emphasis

on the role of early years practitioners to support families in identifying children's needs through observation and monitoring and required settings to appoint a Special Educational Needs Co-ordinator (SENCO) with overall responsibility for children with SEND.

Further to this *Together from the Start* (DfES/DH, 2003) and the *Early Support Programme* (DfES, 2004c) focused on co-ordinated services for children under the age of three and their families through children's centres. The aim was to:

- promote effective early intervention services for meeting the needs of very young disabled children and their families;

- to identify and promote existing good examples of effective partnership working; and

- to support the strategic development of services for this population.

Full participation and equality of opportunity for children with disabilities was explicitly stated in line with New Labour's social cohesion agenda as shown below:

> Effective early intervention and support can produce improvements in children's health, social and cognitive development and help tackle some of the many social and physical barriers families of disabled children face to full participation in society (DfES, 2003c: 4)

There was an emphasis upon the development of a 'helping relationship' and empowerment with the child and the family rather than from the perspective of an 'expert model' of intervention (Davis, Day and Bidmead, 2002). Although originally focusing on children from birth to three years of age, this range was extended to five years of age in 2007-8. The aim was to help families and professionals move away from perceived crisis intervention (Carpenter, 2005) to planned, sustained intervention through co-ordinated multi-agency assessment and service delivery for children with disabilities aged birth-to-three years and

their families. Since there was an established link between poverty and SEND (Blackburn Spencer and Read, 2010; Emerson and Hatton, 2005), this initiative would also seem to support wider goals of reducing the number of children living in poverty.

Removing Barriers to Achievement (DfES, 2004d) set the agenda for children with SEND within the *ECM* policy agenda, focusing on EI and professional training and monitoring of children's progress. Further to this, the *Childcare Act* (DfES, 2006) stipulated that LAs must ensure sufficient provision for children with SEND in order to comply with parental childcare needs. All of this signified an increased emphasis on EI, particularly in early childhood, joined-up services and the need for early years practitioners to work with parents to identify children's SEND as early as possible, including problems with SLC development, to improve their development and ensure social participation.

Baldock *et al.,* (2013) suggested that increased identification and intervention, together with an increase in the number of children aged three and four entering early years settings due to policy drives, resulted in an inevitable increase in the number of young children with identified SEND. The outcome was pressure on child and family services that were insufficient to meet the increase in demand. This might explain the Audit Commission's (2002) finding that the process of formal statementing application was slow, variable across the country and stressful for parents to experience. Parents of disabled children expressed their wish to have more 'joined up' working that was focused on good communication and coordination between services. Parents reported that they felt they had to be very "proactive and pushy to access services because of problems related to inflexibility of services, a lack of coordination between services and a lack of service availability" (DCSF, 2009b: 22).

It is interesting, therefore, to note that the Coalition Government, in their Green Paper *Support and Aspiration: A New Approach to Special Educational Needs* (DfE, 2011) stated a

goal of reducing the number of children identified with SEND. At the same time, they stressed the central role of SLC and the need for early years practitioners to identify problems early so that children could receive help in order to be ready to learn when they attended school. O'Brien (2011) suggested that over-identification of SEND has resulted in low aspirations, expectations and poorer outcomes for children. This was especially true in cases where children's SEND such as emotional and behavioural difficulties were the symptom of underlying problems with deprivation or dysfunctional home life. Children might have been 'labelled' with SEND without the underlying cause being addressed. The goal of reducing the number of children identified with SEND has likely implications for children with SLC as it could result in only those children with complex and severe needs having access to services (Royal College for Speech and Language Therapists n.d.), creating a two-tier system, especially in a climate of austerity and service contraction (Power, 2011).

However, the landmark *Children and Families Act* (DfE/Department for Business, Innovation and Skills/DWP/DOH and Ministry of Justice, 2014) that has recently been given royal assent, is recommending a revised SEN CoP (DfE/DOH, 2014) which will be effective from September 2014. The Act and draft SEN Code of Practice (DfE/DOH, 2014) still place emphasis on early years practitioners working with parents and multi-agency colleagues to utilise outcomes from the developmental assessments in the EYFS (DfE, 2012, 2014) to identify children's additional needs as early as possible. This is in order to provide effective EI for children with SEND from birth to twenty-five years. This seems to suggest that government expects that EI will solve children's difficulties before they go to school by minimising the number of children identified in schools with SEND. Joint training and professional development for the various professionals dealing with children and young people with SEND has been suggested, in order deliver a more focused emphasis on parental

control over services available to them. In addition, LAs must ensure that early years providers have sufficient expertise to identify children's SEND.

The needs of children with difficulties acquiring SLC and the range and effectiveness of services provided for them were the focus of the Bercow Report (2008) commissioned by New Labour.

2.3 Speech, language and communication needs

2.3.1 The Bercow Report

In 2007, John Bercow, Member of Parliament (MP), was appointed to lead an independent cross-government review of services for children and young people with SLCN. This was subsequent to over twenty Parliamentary debates, initiated by him on the subject of SLCN, which is an established category of SEND, with a reported 58% increase in prevalence since 2005 (DfE, 2011). Bercow's interest in SLCN was stimulated by experience with his own son, who was diagnosed with severe verbal dyspraxia and has significant and long-term SEND. The review gathered considerable evidence from a range of stakeholders interested in SLCN and focused on three key issues:

- the range and composition of services required to meet the diverse needs of children and young people from birth to nineteen in an affordable way;
- the consideration of how planning and performance management arrangements, together with better cooperation nationally and locally between health and education services, could spur beneficial early intervention;
- the identification of examples of best practice that could serve as templates for a wider roll-out of services across the country (Bercow, 2008: 3).

Bercow (2008: 13) defined the term SLCN as:

> …encompassing a wide range of difficulties related to all aspects of communication in children, including difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say and using language socially.

He made a distinction between children whose SLCN were their primary educational need and children whose SLCN was secondary to other difficulties such as autism, cerebral palsy [CP], hearing loss or more general learning difficulties. However, both groups of children were included in the review. This was not consistent with the DfES (2001) definition of SLCN which focussed only on primary SLCN (Dockrell, Ricketts and Lindsay, 2012). Early years and EI were prioritised, since the majority of primary and secondary SLCN, it was argued, were evident as early as the second year of life. Five themes were identified by Bercow's landmark report. These were:

- the centrality of communication in social interaction, relationships, friendships, learning and achieving;

- the significance of early identification and intervention in addressing delays and disorders and reducing the possibility of later more significant problems;

- the need for a continuum of services around the family;

- the need for universal, targeted and specialist services to be planned, commissioned and delivered jointly between health services and children's services, such as early years settings and schools;

- the need to eliminate the inherent variability and lack of equity in the current provision of services. (Bercow, 2008: 15)

The focus on early identification, the work of early years practitioners and joined-up working were highlighted in these themes, which seemed to assume that funding for universal, targeted and specialist service provision would either continue at the ambitious levels set by

New Labour through SSLPs or increase. Reinforcing parallel government themes and relevant to the early SLC development focus of this study, he stressed the importance of access to universal services for all children in the early years such as language-rich early years settings and HV services. He also noted however that some children needed targeted short-term provision such as SLT, whilst others would need long-term specialist support as children's needs lay on a spectrum of mild to complex or severe. Some children would need assistive or augmentative communication methods (AAC). In line with the *Children Act* (DfES, 2004) and the CAF (DCSF, 2006), services would collaborate to ensure the best outcomes for children.

The benefits of intervention to support SLC development, such as SLT as early as possible in a child's life were reported to be so profound that they could reduce the possible risk of later academic and behavioural problems, emotional and psychological difficulties, poorer employment prospects, challenges to mental health and, in some cases, a descent into criminality (Bercow, 2008: 7).

However, Bercow (2008) was concerned that professionals involved in early identification, such as HVs, teaching assistants (TAs), teachers and practitioners working in early years settings were not sufficiently well-trained and parents had reported that SLTs and HVs did not always take their concerns seriously. Therefore he suggested that improved early identification may result from improved knowledge in the children's workforce and joined-up multi-agency working.

One consequence of Bercow's (2008) recommendations might be more children being identified earlier, placing increased pressure on services, particularly SLT. Additional funding from the government might be necessary, which in the current economic

environment seems unlikely, raising once again the question of how increased numbers of children identified increasingly earlier would be supported.

Significantly, the extent and depth of discussion and analysis relating to cultural and linguistic diversity in the Bercow Report (2008) and consequent policy initiatives was minimal and did not provide recommendations for children with EAL beyond emphasising the need to value cultural diversity and recognising that children with EAL had needs which were distinct and separate from those with SEND. This appeared to be a serious omission given the reported association between EAL, SLCN and disadvantage from recent research evidence (Snowling *et al.,* 2011).

The centrality of communication and the importance of EI and increased provision of SLT were the focus of the All Party Parliamentary Group (APPG) on Speech and Language Difficulties formed following the publication of the Bercow Report (2008). The group noted their concern "that the inability of children to communicate, either with their peers or with others including their teachers, was a scourge that blights their lives in our communication-focused society." (APPG, 2013: 3). They therefore recommended the development of a national framework to cover all children with SLCN and the appointment of a minister to be responsible and accountable for directing, co-ordinating and aggregating the contributions of all ministries in relation to SLCN.

This would include a national framework for LAs' local offers of services for children with SLCN which would ensure that they covered education, health and social care services for all children with SLCN (APPG, 2013: 5-6). They have further recommended training of the children's workforce about SLCN and the interaction between SLCN and other areas of child development such as social, emotional and behavioural development and children's mental health. They called for joined-up multi-agency working and LA's to monitor the ethnic

disproportionality in the identification of SEND and, where this was particularly high, investigate local practices.

2.3.2 Better communication research programme

The government's response to Bercow's Report, *Better Communication: An action plan to improve services for children and young people with speech, language and communication needs* (DCSF, 2008a) accepted many of the review's forty recommendations.

Their action plan contained a range of initiatives to improve services for children and young people with SLCN and raised awareness and understanding across the whole children's workforce of the importance and centrality of SLC. Many initiatives were recommended to be integrated within mainstream programmes and projects to ensure all services understood the importance of supporting children with SLCN. The plan articulated government commitment to a series of initiatives to improve services for children and young people with SLCN culminating in the National Year of Speech, Language and Communication in 2011 and the appointment of a Communication Champion to promote the centrality of SLC.

Among the recommendations was the *Better Communication Research Programme* [BCRP] (2012) which was set up to enhance the evidence-base and interface between research, practice and policy as part of the government's response to the Bercow Report (2008). Thirteen substantial reports from the programme were published by the DfE in December, 2012. However, in November 2011, the DfE published one of project reports early (Snowling *et al.,* 2011) driven by government review of the EFYS (DfE, 2012). Suffice it to say that Snowling *et al*., (2011) found that the best predictors of educational success were language,

communication and literacy at five-years-old and that EI needed to be built into a system of formative assessment of children's SLC to be undertaken by teachers.

EI has been a theme of New Labour and Coalition commissioned reports and these will now be discussed in order to identify themes and outcomes relevant to SLC acquisition.

2.4 Early intervention

Successive government's interest in early years has been demonstrated by a number of independent reviews related to EI. The reports were related to health inequalities (Marmot, 2010), poverty (Field, 2010), parenting (Allen, 2011) and child protection (Munro, 2011) and had a shared aim of setting out government plans for further reform specifically and how those working with young children and their families could collaborate more effectively to provide support at the earliest opportunity to reduce the likelihood of poor outcomes through EI.

2.4.1 Health inequality and EI

In November, 2008, Professor Sir Michael Marmot was asked by the Secretary of State for Health to conduct an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England post-2010. Associations were made between a person's social status and life expectancy. Those living in disadvantaged areas had lower levels of education, fewer employment opportunities and poorer housing conditions and were expected to experience more health problems and live shorter lives than those

higher up the social gradient. Reducing inequalities in health were perceived to be a matter of fairness and social justice but would also result in economic benefits.

Health inequalities started in the womb where the foundations for life-long health and well-being were laid. Because of this, the report called for a "second revolution in the early years" (Marmot, 2010: 16) which would involve a significant spending commitment from central and local government to ensure that all parents had information about healthy pregnancies and child development, that children would have universal access to high-quality childcare and education, and targeted outreach support be provided to the most disadvantaged families.

2.4.2 Poverty and EI

Frank Field's independent review on poverty and life chances was commissioned by the Coalition Prime Minister in June, 2010 and focused on the well-being of children (Field, 2010). The report included a strategic discussion about the nature and extent of poverty in the UK as well as how a child's home environment in the first five years influenced their ability to be ready for school. Of particular importance were a healthy pregnancy; good maternal mental health; secure bonding with the child; love and responsiveness of parents along with clear boundaries, as well as opportunities for a child's cognitive, language and social and emotional development. All of these factors influenced children's development, particularly for birth to three-years-old. The influence of the school environment did not compensate for poor experiences in the first five years as Field (2010: 5) observes below:

> By the age of three, a baby's brain is 80% formed and his or her experiences
> before then shape the way the brain has grown and developed. By school age,
> there are very wide variations in children's abilities and the evidence is clear
> that children from poorer backgrounds do worse cognitively and behaviourally

than those from more affluent homes. Schools do not effectively close that gap; children who arrive in the bottom range of ability tend to stay there.

Access to good services was also important such as health services, children's centres and high-quality childcare but these were fragmented and not easily accessible to those who would benefit most from them (Field, 2010). The centrality of SLC was highlighted to the extent that it was included in a set of key life-chance indicators and the use of British Ability Scales (in particular the naming vocabulary and picture similarities sub-scales) was recommended to measure SLC development.

2.4.3 Parenting and EI

In July, 2010, Graham Allen (MP) was commissioned by the Coalition Prime Minster to lead an independent review on EI. Allen (2011) outlined the rationale of EI programmes, with an emphasis on parenting behaviour, child development and outcomes, particularly during the first three years of life. He investigated the policies, strategies and programmes which "helped to give children aged birth to three-years-old the social and emotional bedrock they needed to reach their full potential; and to those who help older children become the good parents of tomorrow" (Allen, 2011: xii).

The aims of EI in Allen's review appeared to relate to reducing social problems in society by reducing the number of children raised in homes where the caregiving environment was less than optimal. Poor caregiving presented a risk to children's social and emotional development, readiness for school, later outcomes, employment potential and future parenting capacity. In describing the benefits of EI he noted that some of the largest economic returns "had been seen in improving children's ability to communicate, something

central to any child's social development" (Allen, 2011:3). Although there was a central role for LAs in the provision of universal and targeted EI, the formation of a national Early Intervention Foundation [EIF] was a recommendation from Allen (2011), recently taken forward by the Coalition Government. The purpose was to provide a source of independent, assessment, advice and advocacy on EI with a view to:

> … breaking the inter-generational cycles of dysfunction … resulting from social disruption, broken families and unmet human potential. (Allen, 2013: 2)

This was to be achieved by LAs implementing those EI programmes that were judged to be the most effective evidence-based programmes by the EIF.

2.4.4 Child protection and EI

In June, 2010, Professor Eileen Munro (Munro, 2011) was commissioned by the Secretary of State for Education to investigate increasing concern about bureaucracy and lack of professional discretion within the child protection system. Using systems theory to examine how these unsatisfactory conditions had evolved, the review reinforced the emphasis on closer collaboration between agencies, the value of EI, the duty of LAs to provide support and evidence-based services for children, bringing increased accountability for LAs and their statutory, voluntary and community partners for children's welfare.

The importance of early brain development especially during pregnancy and the first eighteen months of life, resulting from nurturing environments was noted. There was a recommendation for all early years settings to have a named lead child protection and safeguarding practitioner in line with increased safeguarding procedures within the new EYFS (DfE, 2012; 2014).

2.4.5 Early education and childcare and EI

Dame Claire Tickell's (2011) independent review on the EYFS recommended a greater emphasis on early years practitioners working more closely with parents and a simplification and rationalisation of the goals and assessments used by practitioners to record children's progress. The rationale behind the changes taken forward by government from Tickell's review were linked to the goals of parental engagement and family responsibility, as it was felt that the original EYFS (DfES, 2007a) was not sufficiently parent-friendly (Baldock *et al.,* 2013).

Tickell (2011) recommended that a revised EYFS prioritised communication and language development together with personal, social and emotional development and physical development as prime areas of learning. The rationale for this was that these areas were thought to be essential for children's preparation for formal learning in school, as they enabled them to access the curriculum, especially literacy. It was suggested that the number of ELGs be reduced from 69 to 17 to simplify assessment of children's progress. Safety and welfare requirements also needed to be sharpened and renamed as safeguarding and welfare requirements to improve clarity. In 2013, a non-statutory guide (DfE, 2013d) was published for practitioners and inspectors to help inform understanding of child development through the early years.

For children with EAL, their home language was critical for learning and development, and its continued use at home was to be encouraged. However, children would be assessed by practitioners in English and additional support would be provided for children to enhance their English language skills in reception classes, where needed. In a recent review of the new EYFS (DfE, 2013a) it was noted that ELGs tended to emphasise talking and speaking, and failed to allow sufficient discrimination in children's learning and development, making it

difficult to assess children who used other forms of communication, especially children with SEND or children with EAL.

The Royal College for Speech and Language Therapists [RCSLT] (2011) had also expressed concern that the ELGs for communication placed too much emphasis on speaking as opposed to communicating (or letting know by any means), which could lead to children with SLCN being perceived as failing. The ELGs were therefore not inclusive. RCSLT (2011) further argued that alternative methods of communication, such as signing should be included. They also expressed concern over the emphasis on phonics in the literacy early learning goals for children with speech sound problems and hearing impairments.

A further point from Tickell (2011) was the reference to the wide range of qualifications and training pathways for early years practitioners which resulted in inconsistency of provision for children. The range of qualifications included national vocational qualifications [NVQs], undergraduate degrees, and post-graduate teaching degrees, making the standardisation of career pathways and determination of appropriate adult-to-child ratios difficult.

2.4.6. Families in the foundation years

Many of the proposals from these reports culminated in a policy statement for the early years *Families in the Foundation Years* (DfE/DOH, 2011), which suggested an increased role for parents in children's development and well-being. This included families being provided with the means to gain more control over family and work life, such as being able to use nursery education funding in more flexible ways.

Professional responsibility was to focus on EI, joined-up working and parent engagement. As suggested by Tickell (2011) there would be an assessment of two-year-olds' learning and development undertaken by early years practitioners and HVs jointly with a summary of progress being provided to parents through the Healthy Child Programme run by HV (DCSF/DH, 2008). This would provide an early check on SLC development for children and would require joined-up multi-agency working between early years practitioners and HVs. The government has committed to funding an additional 4,200 HV by 2015 to support EI and the two year-old check. This may lead to more children being identified with problems with SLC and other problems with development, placing further pressure on contracting services and reducing budgets. Furthermore, the RCSLT (2012) suggested that early years practitioners would not have the skills to support parents in the use of the report to help children's learning in the home without significant training from SLT, and that parents might not share the report with other professionals which would limit the possibility of inter-agency collaboration.

2.4.7 Nutbrown independent review of early education and childcare qualifications

Building on Tickell's (2011) review of the Foundation Years, the Minister of State for Children and Families asked Professor Cathy Nutbrown to lead an independent review on qualifications in early education and childcare. The Nutbrown Review (2012) highlighted the need for a simplified and more structured career pathway for early years practitioners, something Tickell (2011) had drawn attention to. Nutbrown (2012: 5) was concerned that the current early years qualifications system was "not systematically equipping practitioners with

the knowledge, skills and understanding they needed to give babies and young children high-quality experiences".

It was recommended that in the short-term all practitioners in early years settings achieve a minimum qualification of NVQ level three in early education and care, with a minimum of NVQ level two in maths and English. In the longer-term, leaders of early years settings needed to hold a new Early Years Teacher [EYT] qualification with QTS and be supported by Early Years Educators [EYE] who would be qualified to NVQ level three. Also noted was the need for increased knowledge amongst the workforce about children with SEND and the importance of valuing children's cultural, linguistic and ethnic backgrounds.

The Government's response to the Nutbrown review (2012) has been controversial (see Payler and Scott, 2013), most notably in its recommendations for the new EYT and EYE qualifications, which have been linked to a reduction in adult-to-child ratios (DfE, 2013c). This has been perceived as being potentially detrimental to infant and toddler SLC and social-emotional development (Payler and Scott, 2013), which has been shown to interact with SLC development (Bruner, 1983; Trevarthen, 2001). Nutbrown (2013) was concerned that with reduced ratios, children would have fewer opportunities to talk and share conversations with adults, with the youngest and most vulnerable children being particularly disadvantaged. The plans to reduce adult-to-child ratios were subsequently abandoned (Sellgren, 2013), however the introduction of EYT and EYE to support EYT will be effective from September 2014 (DfE, 2014).

This discussion has outlined significant policy interest in early years, EI, the influence of the environments that children grow up and develop in, the relationship between these environments such as the interaction between policy intentions and caregiver-child interactions in the home and out-of-home settings such as early years settings. The centrality

43

of SLC to children's well-being, achievement and outcomes is evident. Policy-to-practice issues have been noted and the difficulty for the government in manipulating a wide range of environmental variables to achieve policy goals of improving children's outcomes and reducing variability in children's development.

Dockrell and McShane (1992) noted that the role of a child's environment in the manifestation of delays and difficulties needed to be examined. The environment represented the context in which children and their development interacted to the extent that the environment represented a contributory factor to children's delays and difficulties or could at least be modified to facilitate the acquisition of a skill that was lacking. Furthermore, the environment was considered to be a critical consideration when conducting assessments of children's needs for EI (Benner and Grim, 2013).

The environment or ecological system consisted of both the social world and the physical world of the child and existed at a number of levels as suggested by Bronfenbrenner (1979; 1993). In relation to EI for SLC, the environment (physical world), the relationships which exist for a child within the environment (social world) and the relationships between the different environments that influence a child's SLC development needed close examination within the study. For example if a child were receiving SLT, it would seem beneficial for both the home and early care and education settings to be practising exercises used in SLT sessions so that any new skills acquired could be transferred from a SLT clinic to every-day situations. Parents would need flexible working patterns to facilitate a child's attendance at SLT sessions and this would be influenced by the government policies to encourage employers to provide such flexibility. The evidence from multiple perspectives relating to the influences on children's acquisition of SLC therefore required a particular framework and theoretical lens to investigate the policy-to-practice context in this study.

2.5 Bronfenbrenner's (1979) bioecological model

The influence of interactions between developing children and the environment(s) they inhabit on their learning and development has already been noted in this chapter. More importantly, the plasticity or potential for change in children's development has been stressed. This suggests the concept of the engagement of an active child with their environment and a view that the application of intervention can improve the course and context of development (Bronfenbrenner, 1974; Lerner, 2002) allowing the study of what is development to what could be development (Bronfenbrenner, 1993). Therefore a framework which would facilitate discussion of these interactions was sought.

Bronfenbrenner's (1979; 1993) bioecological model acknowledged that children grow and develop in a social and cultural context influenced by the bi-directional interactions and relationships within and between the environments they inhabit. Their learning and development is therefore socially and culturally constructed through interactions and relationships with others in environments where meanings and languages are shared, as summarised by Bronfenbrenner (2001: 6965):

> Over the life course, human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving bio-psychological human organism and the persons, objects, and symbols in its immediate external environments. To be effective the interactions must occur on a fairly regular basis over extended periods of time.

Bronfenbrenner (1979; 1993) described four interrelated components within his model:

- *the developmental process*, involving the fused and dynamic relation of the individual and the context;

- *the person*, with his or her individual repertoire of biological, cognitive, emotional and behavioural characteristics;

- *the context* of human development, conceptualised as the nested levels, or systems of the ecology of human development;

- *time,* conceptualised as involving the multiple dimensions of temporality, for example, ontogenetic time, family time and historical time, constituting the chronosystem that moderates change across the life-course.

Bronfenbrenner (1979) argued that together these four components constituted a process-person-context-time (or PCCT) model that was useful for conceptualising the integrated developmental system and designing research to study the course of human development. According to Bronfenbrenner (1993: 11), the personal activity, setting, caregiver and child characteristics were most likely to be most potent in affecting the course of development. They included those characteristics that either encouraged or discouraged children's engagement with features of their environments such as people, symbols and artefacts that:

> … set in motion, sustain, and encourage processes of interaction between the [developing] person and two aspects of the proximal environment: first, the people present in the setting; and second, the physical and symbolic features of the setting that invite, permit, or inhibit engagement in sustained, progressively more complex interaction with an activity in the immediate environment.

Through an examination of the characteristics of environments most proximal to a child (microsystems) and linkages between them (mesosytems) as well as those most distal (macrosystems), the environments that influenced but do not directly involve the child and linkages between them (exosystems), such as a parent's workplace over time (chronosystems) (see Figure 2.1), the Bronfenbrenner (1979) model has been utilised to structure the thesis and as a tool of analysis.

Although Rogoff (2003: 48) noted that a limitation of the model is that "the separation into nested systems constrains ideas of the relations between individual and cultural processes", it does nevertheless emphasise the importance of the relations between the multiple settings in which children and their families are directly and indirectly involved as shown in figure 2.1.

These relations are noted in the reports mentioned in this chapter. For example a child's early experiences in the home environment have been noted to influence their achievement and progress in early years settings and later in school and in longer-term employment (Bercow, 2008; Marmot, 2010; Field 2010; Allen, 2011; Munro, 2011; Tickell, 2011; Nutbrown, 2012). EI has been noted to influence children's potential to achieve improved outcomes, and has been considered to be more effective when the relationships between the environments that a child inhabits collaborate (Dockrell and McShane, 1992).
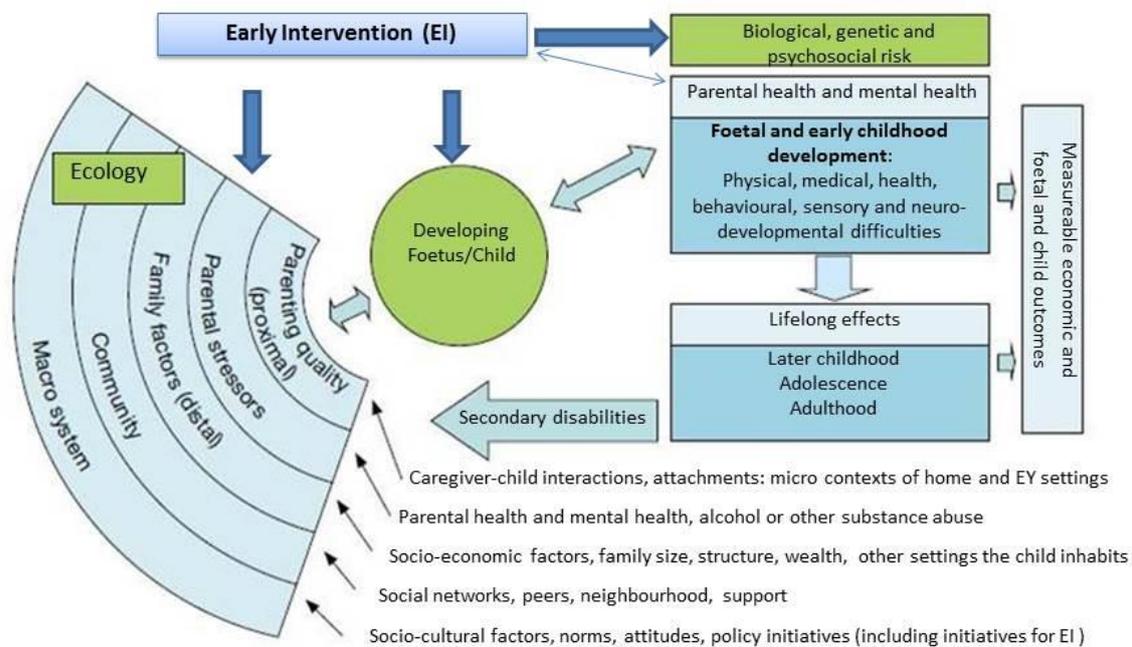
Figure 2.1 Bioecological model of foetal and early childhood development (adapted from Cuthbert *et al.,* 2011)

Utilising this model was intended to allow the interaction between children's development of SLC and the influences on it to be examined within a structured theoretical lens. The

47

bioecological model acknowledges that development is influenced and shaped by biological, social, economic and ideological forces, such as family and other social relationships and the influences on them from culture, society and policy.

The model has been used in influential early years research reports (for example Evangelou *et al.,* 2009) and international early childhood development reports (World Health Organisation, 2007). Furthermore, its use enabled a focused discussion of the influences on SLC development.

Bronfenbrenner (1974) urged policy makers to utilise the model to consider how their strategies and plans affected children in the different environments in which they grow and develop including family, schools and other social settings and enable them to function effectively within them.

The applicability of the model to this study was reinforced by Bronfenbrenner's (1979; 1993) vision that its frame could transform the theory-application link between social policy and developmental research from a focus of "what is" human development to "what could be" human development when policy and developmental theory worked in harmony with each informing each other (Lerner, 2005: xiii) to improve children's developmental outcomes. He was particularly concerned with the optimisation and enhancement of a child's life course, the production of positive and healthy development through the child's relations within the ecological developmental system. This provided a critical analysis of policy agendas and the application of them, suggesting that its use in this study within a policy-to-practice focus of early SLC could be justified.

2.6 Conclusion

New Labour and Coalition policy goals have demonstrated common as well as discrepant themes. Common themes have included a focus on the early years, targeted EI, an emphasis on particular groups, joined-up interagency working, improvement of social mobility and drives to improve children's educational outcomes and long-term well-being. The centrality of SLC in children's development has been a consistent priority. However, there have been differences in:

- the availability and funding for universal services for all children;

- the expectations on parent engagement in children's learning and development;

- the focus on poverty;

- planned provision for children with SEND.

A common theme has been the focus on investment in early years and EI in the assumption that in order to reap economic rewards in the future, raising the question of whether young children are regarded as economic capital and the means to address perceived problems in society rather than having their rights embodied with the UNCRC (1989) and UNESCO (1994). Furthermore there appears to have been an emphasis on 'normalising' or standardising children's development, so that there is reduced variation in abilities and skills once children enter compulsory education.

Nevertheless, EI has been shown to be effective in improving children's social, emotional, communication and behavioural development, as well as psychological well-being, thereby improving health and even longevity of life with a consequent reduced likelihood of involvement with welfare services and the criminal justice system as a result of SLCN (Bercow, 2008; Field, 2010; Marmot, 2010; Allen, 2011). However, there has also been

tension between policy intentions and practice: parents for example have not always responded to policy initiatives in the expected manner and policy aims to reduce poverty have not achieved their goal, despite significant investment. As noted earlier, Henricson (2012) suggested that this was in part due to austerity measures introduced by the Coalition Government. Furthermore, there is tension between an emphasis on expressive language and phonic development in the EYFS (DfE, 2012, 2014), without acknowledgement of the different ways in which young children communicate and the difficulty for children with SEND in acquiring phonic skills (RCSLT, 2011).

The emphasis on EI in the first five years, together with recent austerity measures introduced by the Coalition Government noted by Henricson (2012) raises the question of how increasing numbers of identified children with SLCN would be able to access the help they needed in order to improve their outcomes, prepare them for school and access the curriculum. The central role for practitioners in working with parents and other agencies to identify, assess and support children's SLC delays and difficulties as early as possible has been discussed. There has been an emerging theme of a lack of priority for children with EAL in policy initiatives.

CHAPTER 3 LITERATURE REVIEW

3.0 Introduction

This chapter aims to address the research questions in the light of theory and literature related to early SLC. It further aims to illuminate the policy-to-practice context to early SLC by utilising the bioecological framework of Bronfenbrenner (1979; 1993) that was introduced in chapter two. It discusses relevant theory, concepts and empirical research. It examines the complex learning and development aspects of young children's SLC within microcontexts, including the enabling contexts which promote learning and development, such as relationships with others. It will also discuss those macrocontexts which pose social risks indicated by government reports and independent reviews (Marmot, 2010; Field, 2010; Allen, 2011; Munro, 2011, Snowling *et al.,* 2011), such as social disadvantage. The relations between contexts at the meso level and the indirect influences on children's SLC at the exo level will also be discussed. First of all, it is important to examine critically the validity of utilisation of Bronfenbrenner's (1979; 1993) bioecological model in the study.

It was stated in chapter two that the Bercow (2008) definition of speech language and communication needs (SLCN) would be employed in this study. Bercow (2008: 13) recognised that SLCN encompassed a wide range of difficulties related to all aspects of communication in children, including difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say and using language socially (Bercow, 2008:13). Bercow (2008) argued that the majority of problems with children's SLC were evident as early as the second year of life and could be associated with a wide range of factors including social and environmental causes, neurodevelopmental difficulties or sensory

impairment. This indicated that children could have problems with receptive or expressive language related to:

- knowing about, understanding and being able to use the rules of sounds (phonology);

- grouping of words and inflections that modify the meaning of sentences (morphology);

- the meanings encoded in language (semantics);

- the form in which words were combined to make grammatical sentences (syntax);

- knowledge of how language was used in different social contexts (pragmatics) (Wall, 2011; Messer, 1994; Smith, Cowie and Blades, 2008).

They might also have problems with the physical development of their lips, tongue, jaw, and cheeks that delay or prevent the development of speech and other oral motor functions, such as swallowing and eating.

A framework to structure this thesis and interrogate the findings incorporating the social and environmental influences noted by Bercow (2008) on children's SLC was sought, and the Bronfenbrenner (1979; 1993) bioecological model of development was introduced in chapter two as a framework and theoretical lens for this purpose.

Bronfenbrenner's (1979; 1993) bioecological model of development paid attention to the crucial role children's social-cultural and physical settings play in influencing development. Bronfenbrenner (1979; 1993) studied the progressive accommodation between an active developing child and the changing properties of the immediate (micro) settings in which the child lived. This was thought by him to be affected by the relations between settings and the layers of contexts in which settings were embedded (the mesosystem) all encompassed by the macrosystem. The wider contexts or cultural milieu also needed to be considered. Chapter

two provided an overview of this and outlined policy features within the macrosystem, and in particular the centrality of SLC and effectiveness of EI.

This chapter will focus on broader processes that promote language development (children's interactions with people and activities in which they engage within the microsystem of home and pre-school). In addition the interaction between these (the mesosystem) and between the micro systems and wider influences on them outside the immediate settings of the developing child (the exosystem) will be examined. The main emphasis, however, will be on SLC development within the microsystem of home and pre-school.

3.1 Bronfenbrenner's bioecological model

It was noted in chapter two that each child's early experience is interactive and contributes to their development dependent upon the influence from the environments they inhabit in a bi-directional transactional manner (Bronfenbrenner, 1979; 1993). These factors suggest that both the prevalence and types of SLCN could be reduced. The potential for this reduction through the provision of universal, targeted and specialist EI has been a focus of both New Labour and Coalition government policy.

Over time, Bronfenbrenner's original bioecological theory conceptualised in the 1970s evolved. Whilst his earlier work acknowledged the influence of interrelated ecological systems on human development, not until the 1990s did he integrate other levels of the developmental system starting from biology, psychology and behaviour to his model of human development to take account of an individual's biopsychosocial characteristics:

> Existing developmental studies subscribing to an ecological model have provided far more knowledge about the nature of developmentally relevant

environments than about the characteristics of developing individuals…
nowhere in the 1979 monograph, nor elsewhere until today, does one find a
parallel set of structures for conceptualising the characteristics of the
developing person. (Bronfenbrenner, 1989:188)

Furthermore, in his later work he recognised the importance of an individual's interaction with symbols and language in their environment and the dimension of time to be a consideration.

Development extends over time, beginning with the uterine environment of pregnancy and occurs within unique social and cultural experiential contexts as suggested by Bronfenbrenner's (1979; 1993) chronosystem and described as microtime. Developmental changes in physical, cognitive, social, emotional and communication capacities are therefore influenced by multiple interactive phenomena as shown in Figure 3.1. New-born infants enter the extra-uterine environment with their unique genetic and biological heritage ready to shape their parents' behaviour which in turn shapes the infant's behaviour in an interactive relationship between caregiver and child. Caregivers can also include early years practitioners, especially when children attend early years settings from infancy for a significant proportion of their time.

The broader macro socio-cultural environment also influences infant development and was described as macrotime. For example the rhythms and priorities of family life, practices and beliefs, the presence or absence of siblings, extended family and neighbourhood, parents' work, and government policy. The interaction between these environments was also regarded as influential (Bronfenbrenner, 1979; 1993; Dockrell and McShane, 1992). Government policy has sought to manipulate these relationships, particularly in relation to parent-child relationships, and relationships between professional agencies involved in children's SLC development at the meso level as shown in figure 3.1 below and introduced in chapter two.

Bronfenbrenner (1979; 1993) recognised that analysis of children's behaviour required an understanding of the way in which the child perceived the activities (what people do), roles (actions expected of people within their role, such as the role of a parent or professional caregiver) and interpersonal relations within a given setting (what people say and do to each other within a social environment). As activities, roles and interpersonal relations were subject to change according to the environment, the way in which a child would behave or interpret these components would logically differ according to the environment a child was in at any point in time.
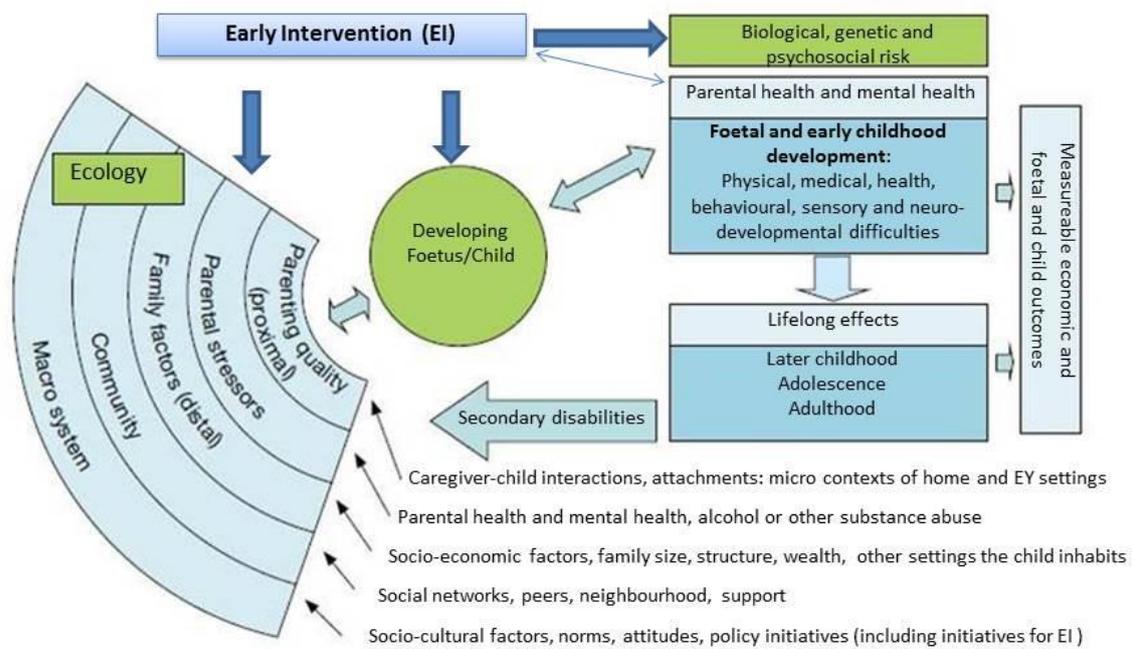
Figure 3.1 Bioecological model of foetal and early childhood development as a theoretical lens and framework (adapted from Cuthbert *et al.,* 2011)

Children's personalities also influenced their interaction with these components. As Bronfenbrenner (1993) suggested, the way that children's interactions with people and engagement with activities was influenced by attributes that children brought to their encounters with people and activities. Included in this was children's interest in exploration of chosen aspects of their physical and social environment in preference to others, their disposition to pursue increasingly complex activities in more elaborate ways, and their propensity to devise increasingly elaborate plans as they matured. These attributes were contingent upon children's own unique characteristics which appeared twice in the bioecological model, first as an element influencing the form, power, content and direction of proximal processes within microsystems, and secondly as a developmental outcome. Of particular relevance to this study was Bronfenbrenner's attention to an individual's interaction with the world of symbols and language (semiotic systems) within microsystems which he believed to be significant in understanding the formulation of peoples' intentions, goals and actions towards each other (Lerner, 2005).

Bronfenbrenner (1993) himself noted the methodological issues associated with the interpretation of children's behaviour. In particular he was concerned about situations when researchers might not have been familiar with the cultural milieu of the subject they were studying. Further methodological issues with the model were noted by Thomas (2004). These included the difficulty of establishing where the influence of one microsystem ended and another began, the possible lack of clarity in the definition of roles (such as a parent who might also be employed as a teaching assistant in the child's school) and assessing the strength of influence of any one component on an individual child. It could be argued though that changes of activities, roles and interpersonal relations within an environment also need to be considered, as noted by Thomas (2004) who acknowledged the difficulty in

observing children's interaction with these components when they were often in a state of flux and readjustment.

Nevertheless, Thomas (2004) concluded that the model had the potential to reflect the real world of children's lives, as it explored their interactions within natural environments rather than laboratory conditions, had clarity, was easy to understand and could potentially stimulate new discoveries and be tested in scientific ways.   Most importantly for this study, he found it to represent a valuable instrument for explaining and predicting the role of environments in children's development. The study of children's SLC needed to take account of both the physical and social structures within the environments that children occupied (such as buildings, activities within environments, the size and layout of rooms, interactions between people) as well children's interpretation of and interaction with them according to their own unique character. Bronfenbrenner's (1979; 1993) model was thus found to be a suitable methodological tool for analysing the study despite its acknowledged limitations.

Theories relating to the way in which the interactions between a developing child and their environments have influenced thinking about children's development and underpinned discussion for this chapter.   Therefore an exploration of theories about children's development was required in order to examine principles and thinking concerning early learning and the role of the adult in the microcontexts that children inhabit, such as the home environment and early years settings. A discussion of the current understanding about how children's SLC develops over time would help to illuminate the chronocontext of bioecology (Bronfenbrenner, 1979; 1993).

3.2 Twentieth century philosophical ideas on SLC in microcontexts

Bronfenbrenner (1979; 1993) was particularly interested in the role that children's social and physical environment played in their development and much of his own cross-cultural research involved considering the way that different environments or 'life spaces' influenced a child's behaviour and thought. From this, he developed the notion of an active and developing person accommodating to changing properties in the settings (or microsystems) in which he or she lived, the activities, roles and interpersonal relationships, as well as the relations between these settings or microsystems and the larger contexts in which the settings were embedded.

Indeed, questions about change and development and the influences on change, whether nature (biological) or nurture (the result of external influences) have been recurrent themes of twentieth-century developmental theory in general and views of language development specifically.

Skinner (1957), for instance, took an extreme 'behaviourist' stance, stressing the importance of the external world in development and believed the external environment controlled behaviour. A person's behaviour could be explained simply by studying his or her past history or experience and the current situation. It was not that he dismissed genetic endowment but he recognised that the individual's past history and the consequences of past actions in terms of 'reinforcement' gained a reaction that could modify the behaviour or increase the likelihood of its being repeated. So, reinforcement led to the likelihood of a behaviour being repeated and lack of reinforcement decreased its frequency or 'extinguished' it. Reinforcement thus shaped behaviour and the history of reinforcements led to modification of behaviour through 'operant conditioning'. In respect of language, Skinner (1957) argued

that children initially produced a repertoire of sounds randomly but that these sounds were then shaped by reinforcement and practice.

Other behaviourists have assigned a larger role to imitation in language acquisition so that social learning theorists such as Bandura (1977) have argued that learning by observation has been the basis for learning a range of skills and behaviours, watching and imitating other people's social behaviour. They found that children were more likely to imitate models who were powerful, warm and admired so that in imitating their 'models' children might acquire the valued characteristics. Learning from a model however was more than a matter of imitation as it required the active involvement of the child in considering his or her own actions and behaviours and how behaviour might be different, in other words, learning actively.

By contrast, Chomsky (1965) rejected the learning theories proposed by behaviourists, regarding these as too simplistic and reductionist to account for the sheer creativity of human language. If language were learned through imitation and reinforcement, how then could one account for the generation of new sentences that the speaker had neither heard nor expressed before. Chomsky's (1965) solution to this question was to propose innate mental structures dedicated to language learning or what was called by him a language acquisition device (LAD). Since he regarded all languages as sharing central linguistic rules or underlying structures, the LAD represented what was common or universal underlying the particular language the child was speaking. According to Chomsky (1965), children learned a language because they were exposed to it, not because of explicit instruction. Moreover, because young children often made grammatical mistakes that they had not heard uttered by others (Smith *et al.,* 2008), there were good grounds for concluding that children actively generated 'rules' for language. Children may for a time 'over-generalise' them and then over further time refine

the application of these rules. Although Chomsky's (1965) basic theory has been long abandoned along with the 'LAD', the basic tenet that innate mental structures are important in cognitive development has been widely embraced and Chomsky's (1965) work on language has greatly influenced developmental psychology and research on language acquisition.

Whilst Skinner (1957) and Chomsky (1965) have been immensely influential, neither strove to create the comprehensive theory of cognitive development that Piaget (1962) achieved. Piaget (1962) was intensely interested in the nature of knowledge and its origins and introduced the notion of an organism acting on the environment, as well as being acted upon by it. He argued that the physical and social environment was not simply a 'trigger' or stimulus for innate structures. In other words, he believed that knowledge was constructed actively. In fact, he regarded it as neither pre-programmed nor merely discovered in the environment. Piaget (1962) believed that the constructive process was universal across cultures and that from birth the child played an active role in developmental change through actively selecting and interpreting information in the environment. For Piaget (1962), the innate mental processes were primitive, basic patterns of actions or 'sensori-motor schemes' that provided the foundations upon which more complex mental structures could be constructed. Qualitative change then resulted from the child's interaction with the environment and could be observed through presenting children with tasks to solve and then asking them to describe their strategies to find a solution.

According to Piaget (1962), the four main stages of cognitive growth were:

- the sensori-motor period (from birth to about eighteen months);

- the pre-operational period (approximately eighteen months to seven years);

- the concrete operational period (approximately seven to twelve years);

- the formal operational period (from around twelve years onwards).

Broadly these periods or stages were marked by earlier stages being reworked into complex structures through a process of 'assimilation' or the taking in of new information or knowledge and accommodation or modification of existing schemes to incorporate the new knowledge. As the infant explored objects with the senses, patterns for actions or cognitive structures became more complex, were internalised and represented with symbols. Symbolic capacity was most clearly seen in the child's language acquisition, though thinking through the pre-operational stage was regarded as still linked to children's perceptions.

Vygotsky (1978), by contrast, saw development as the result of changes in internal structures but also emphasised the influence of the cultural-historical context and in particular the conceptual tools or sign systems and knowledge passed down by culture through the social environment, beginning with interactions between the child and another person. Like Piaget (1958), Vygotsky (1978) regarded children as active constructors of their own knowledge but stressed the role of cultural sign systems. He did not deny the importance of the child's own spontaneous investigation and everyday experience, especially in the first two years of life, but regarded concepts, language, voluntary attention and memory as mental functions derived from culture and beginning with interaction between the child and another person. Moreover, each of these functions appeared twice in the child's development: first as shared between adult and child (or social) but secondly within the child (or psychological). Put another way, Vygotsky (1978) saw the process of development as 'internalising' social interactions. What started as a social function became internalised within the child. This Vygotsky saw as the process by which the development of all higher mental processes occurred to the extent that language and thought were inseparable:

> Language is the most powerful tool of any human being. It is undeniably the greatest asset we possess. A good grasp of language is synonymous with a sound ability to think. In other words language and thought are inseparable.
> Vygotsky (1986: 10)

Hence development occurred through active reconstruction. To achieve higher and more abstract concepts and intellectual tools of their community of writing or mathematics, for instance, children needed instruction in abstract sign systems. The child had thus a 'zone of proximal development' [ZPD] which he or she could achieve only with the assistance of an adult`.

The idea of the development of mental structures is common to Piaget (1962) and Vygotsky (1978). In terms of language development and role of conceptual tools and knowledge handed on by adults in the same culture, the notion of teaching and social construction is particularly powerful for understanding language acquisition. All four theories contribute to our understanding of the way children acquire knowledge of language, in which observing parents and taking part in adult activities has a role, indeed as will later be seen the importance of guided participation has an important function (Rogoff, 2003) in children's involvement in cultural activities.

An important phenomenon that linked language and thinking first identified by Piaget (1959), and reinforced by Vygotsky (1986) was children's use of private speech (or talking aloud to oneself) to help them make meaning from language heard from adult speech. This helped to self-regulate their emotions, keep track of their thoughts and form a bridge between social speech and inner speech. Whilst Piaget (1962) perceived children's private speech to be egocentric, aimed at the self rather than others even when spoken aloud, Vygotksy (1978) saw private speech as externalised thought with a useful purpose. Private speech could be categorised according to whether it was overt or covert and related to a task in hand or was

irrelevant to the task the child was engaged in. Children progressed from overt speech to covert speech as they matured. Thus, Vygotsky (1978) recognised a developmental role in children's use of private speech which was contingent on both their observation of adult speech and practice of linguistic skills through guided participation with adults (Rogoff, 2003).

The central role of adults in children's language learning was emphasised in Bruner's work (1983). Bruner took the position that the adult had a central role to play in 'scaffolding' children's language learning. Scaffolding involved the gradual withdrawal of adult control and support as a function of children's increasing mastery of a given task or skill. Adults therefore engaged the interest of the child, simplified the language they used, modelled processes or procedures involved in learning, such as vocabulary and grammar and withdrew support when, through careful observation and monitoring, they were sure the child could proceed independently (Whitbread, 2012).

The concept of pedagogy as providing scaffolding for learning has been important for informing instruction in out-of-home early years settings (Siraj-Blatchford *et al.,* 2002). The crucial aspect is that the assistance, where it is required, must be appropriate to the needs of the learner. The pedagogical framing that practitioners provide in relation to the organisation of staff, activities and grouping of children interacts with the instructional strategies they provide as well as the balance between opportunities for adult-led and child-initiated activities. In a longitudinal study that gathered evidence from a range of sources in order to investigate the most effective pedagogy in early years setting, Siraj-Blatchford *et al.,* (2002) found that giving young children free choice to play in a learning environment that allowed sufficient opportunity for effective adult intervention provided optimum promotion of a range of developmental outcomes including language and peer social interaction. This meant that

effective practitioners extended and built on child-initiated interactions and planned for frequent episodes of joint-attention with individual children, as well as opportunities for children to participate in group work that involved high-quality content. Effective joint-attention episodes involved practitioners asking open-ended questions that promoted children's participation and involvement in activities as well as thinking skills or cognition. The importance of involving parents in children's learning and building on learning in out-of-home settings was also recommended. Siraj-Blatchford *et al.,* (2002) concluded that effective pedagogy included:

- parents and practitioners working together;

- a balance of activities planned by adults and those the children initiated themselves;

- adults building on unexpected and unforeseen opportunities for children's learning that arose from everyday events and routines;

- practitioners making systematic observations and assessments of each child in order to be able to respond appropriately to their learning needs.

To summarise, it seems that early social interaction, language, cognition and thinking are closely intertwined and there is a central role for parents and early years practitioners in children's SLC acquisition. Language can be used for communicating with others, to support the development of thinking skills and to regulate emotions through the use of private speech and help from adults.

The characteristics that children bring to their interactions with their environments have been noted to be a component of Bronfenbenner's (1979) bioecological model. The characteristics of adults within the microcontext also needed to be taken account of. Of particular interest were the interactions that occur within the home and family environment especially the

sensitivity of caregivers to children's social and emotional behaviour and their proclivity to interpret children's early signals and vocalisations, thus demonstrating mind-mindedness.

3.2.1 Maternal sensitivity and mind-mindedness

The adult role and the function of social interaction between adults and children in children's SLC acquisition have been acknowledged in earlier discussions taken from theories proposed by Piaget (1962), Vygotsky (1978) and Bruner (1983). According to their theories, adults mediated between the child and their environment, interpreted children's early social behaviour and provided scaffolding. A degree of adult (or maternal) sensitivity to children's early social behaviour appeared to be needed. Maternal sensitivity has been found to influence a significant proportion of variance in teacher-rated language and literacy skills at the age of seven (Hartas, 2012) and this will now be explored further.

Maternal sensitivity is a central concept used in theories relating to attachment and bonding and early mother-child interactions, the most important tenet of which is that social and emotional development is contingent upon an infant developing a relationship with at least one primary caregiver. This primary caregiver is usually but not necessarily a maternal figure. Infants form attachments to any consistent caregiver who engages in sensitive and responsive transactional, bi-directional social interactions with them. According to Cassidy (1999) the quality of the social engagement is more influential than the amount of time spent in interaction. Ainsworth *et al*., (1978) defined caregiver sensitivity as the availability and alertness of the caregiver in well-timed responses to the child's signals, consistent with a degree of control and negotiation of conflicting goals. Sensitivity was conceived as individually constructed understanding and knowing of the emotional signals between

caregiver and child which result from "dyadic construct" (Claussen and Crittenden, 2000: 116). Maternal sensitivity can therefore be observed as a behaviour pattern that pleases the child most, increases his or her well-being and reduces the child's distress. Observed dimensions of maternal behaviour in parent-child interactions have been categorised as degrees of sensitivity to infant signals, control over infant signals and unresponsiveness to infant signals (Crittenden, 1998). Each of these dimensions is also culturally influenced. Child characteristics might influence maternal sensitivity, for example infants who are difficult to sooth or unresponsive to maternal dyadic interactions, and these are also culturally influenced.

Account is therefore taken of the individual characteristics of both children and caregivers, as well as the influence of the context of interactions, and the differential afforded by the same parent to different children at each age and stage of their development. Sensitivity in caregiver-child relationships exemplifies features that are manifest in early caregiver-child relationships and the influence of this on early communication development. For example, if children's early signals whether they were intentional or not were responded to in a manner which promoted motivation to interact with others, the foundations for social interaction, described as a pre-cursor to language development, might be established. A feature of sensitivity for pre-verbal infants is the question of whether or not mothers treat their children as if they were "intentional agents" (Meins and Fernyhough, 1999: 364) with a mind of their own and therefore communicated intentionality at the earliest stages of development.

If maternal ability to 'decode' the child's signals is a determiner of sensitivity, then maternal 'mind-mindedness' in interpreting pre-verbal infant signals and early utterances and behaviour would seem a feature of the healthy development of early SLC skills and this will now be discussed further.

Meins and Fernyhough (2006: 2) defined mind-mindedness as an individual's "tendency to adopt the intentional stance (Dennett, 1987) in their interactions with and representations of others". Mind-mindedness characterises social interaction involved in early caregiver-child interactions, and in particular, the proclivity of a mother to treat her child as an individual with a mind from an early age. Sensitive adults attribute intent to an infant's early vocalizations by interpreting the possible meaning of infant behaviour and vocalisations (Meins and Fernyhough, 2006). Therefore in order to understand what an infant is trying to communicate in their early babbling and coos, it would seem necessary to recognise that the infant is actually *intending* to convey some message. In other words, when mothers listen and respond to their infant's early behaviours and vocalisations, they demonstrate mind-mindedness (Meins, 1997). They perceive these vocalisations as intentional communication rather than inconsequential utterances without agenda or meaning, and interpret them using past knowledge of the child and concurrent gestures (Meins and Fernyhough, 1999).

For example, in response to an infant's cries, a caregiver might say "oh are you a hungry boy", based on previous understanding of infant behaviour, and consequently feed the child. In a study involving interviews with and interpretation of the infant vocabulary diaries of 33 mothers of infants between 11 and 20 months, Meins and Fernyhough, (1999) found a link between infants' linguistic acquisitional style, maternal mind-mindedness and children's subsequent ability to develop 'theory of mind' or ability to understand others' minds. This was thought to be an important skill in social communication or pragmatic skills.

Children's SLC develops over time ideally in the micro social and cultural context of relations with caregivers who provide a degree of sensitive mind-minded interpretation to their early vocalisations and gestures from infancy. As they mature and their SLC skills become increasingly complex, adults provide mediation between children and their

environments, enabling them to interpret them. Scaffolding children's communication and thinking through guided participation is also an important adult role.

Having discussed very briefly the philosophical and psychological understanding of 'how' SLC develops, the question of 'what' develops and 'when' was important. The changes in children's SLC over time (chronocontext) needed a discussion.

3.3 Typical development of early SLC over time from birth to five

3.3.1 Learning and development in the womb

Children's development begins with conception and although it might not seem obvious that SLC is influenced at this early stage, it has been established that very important foundations for communication take place before children are born. For example, at twenty weeks, an embryo's inner ear is fully developed and able to sense and direct sounds on to the brain (Northern and Downs, 1991) and it was discovered almost 80 years ago (Sontag and Wallace, 1936) that the human ear is fully functional by the seventh month of gestation which suggests that the developing foetus might respond to auditory stimuli.

Hepper (1992) acknowledged that foetal response to a sound stimulus required not only the exhibition of response, such as movement, but also the detection of the stimulus (the sound) and some, possibly central, registration of the stimulus in order to elicit any movement. In order to record foetal responses to auditory stimuli *in utero*, studies have been conducted to measure the amount of foetal movement in response to stimuli and it is interesting to examine their contribution to our understanding of early sound discrimination.

In two such studies involving ten pregnant women in each study, it was revealed that learning to recognise the mother's voice occurred *in utero*. The studies were conducted to examine the origins of foetal learning of their mother's voice. In the first of these two studies Hepper and Shadhidullah (1994a) measured the effects of two types of auditory stimulus: the mother speaking normally; and a tape recording of the mother's voice which was played through a speaker placed on the mother's abdomen. The mean number of foetal movements in response to these stimuli was video-recorded and analysed. The researchers found that the foetuses moved more (an average of 6.7 times per recorded period) in response to the tape-recording of their mother's voice than to their mother speaking normally (5.2 movements per period). The researchers' conclusion was that the tape recorded voice was a novel stimulus lacking some components of the mother's voice that the foetus would hear internally when the mother spoke which resulted in movement in response to the unfamiliar stimulus. The developing foetus would not hear the mother's voice in the same ways as a newborn infant would external to the womb, since *in utero* the sound would be transmitted internally through the body as well as externally.

In their second study Hepper and Shadhidullah (1994b) compared foetal responses to their mother speaking normally and to a recording of an unfamiliar female speaking normally. This time foetal response was higher for the mother's voice (7.2 movements per recording) than the stranger's voice (6.0 movements per recording), leading the researchers to conclude that the foetus did not significantly discriminate between the two when both were heard externally, as the difference did not measure a significant statistical difference. It would seem that the foetus experiences stages in familiarisation of the auditory stimuli they encounter regularly such as their mother's voice heard *in utero*. Other voices, even a tape recording of their mother's voice appear different.

Although these studies were small-scale in nature, Karmiloff-Smith (1995) acknowledged that they indicated that, prior to any ex-utero experience, newborns show that they have already extracted information about some of the invariant, abstract features of their mother's voice during their period in the womb. The newborn infant, therefore, is far from being a *tabula rasa* as has been postulated by some theorists. These studies and others like them therefore are important in understanding the influence of social spaces on children's SLC and how learning in the womb may impact on early sound discrimination. This is important as early sound discrimination is thought to provide the foundations for recognition of patterns and sounds or phonology in words and grammar (Gowsami *et al.,* 2002) as will be seen later on.

The importance of monitoring children's hearing is highlighted in the above discussion. It is therefore interesting to note from data resulting from the Avon Longitudinal Study of Pregnancy and Childhood *otitis media* (hearing loss resulting from infection of the middle ear in young children). The study found *otitis media* to be significantly more prevalent in the winter than in the summer months and to decrease with age (36.6% in February in children aged 8 months compared with 16.4% in August in children aged 8 months, and 16% at 61 months compared with 3.1% at 61 months (Midgley *et al.,* 2000).

3.3.2 Pre-linguistic communication

Once born, children have been noted to swim in an ocean of language interaction (Warren and Yoder, 1996). Although infants might have appeared to be driven by primitive reflex responses (Trevarthen, 2010), such as startle responses, rooting, sucking and grabbing, it has been established that young babies are able to communicate long before they know or

understand words. Within episodes of joint attention with their caregivers, they rely on caregiver's body language, such as gesture, and quality of voice, such as the use of 'motherese' (simplified language delivered by mothers to infants in a sing-song tone), to make meaning of communication from others (Roberts and Harpley, 2006).

The concept of primary intersubjectivity which captures interpersonal interactions and experiences, is therefore evident during the first few months of life and is driven by the infant's motivation to attend to and interact with their closest caregivers, beginning with shared eye gaze during feeding and hygiene routines. This leads to early pre-linguistic vocalisations which are responded to by caregivers. Reddy (1999: 32) described this early process between mother and child as the "continual elaboration of actions and intentions in response to each other's actions."

At this stage, the infant can be described as possessing "an active and immediately responsive conscious appreciation of the adult's communicative intentions" (Trevarthen and Aitken, 2001: 5). This early social interaction appears to be so instinctive that even a two-month premature infant can participate in a precisely timed alternation of simple 'coo' sounds with an adult, sharing the rhythms of syllables and phrasing which are retained in mature speech (Van Rees and de Leeuw, 1993; Trevarthen, 1999; Trevarthen and Schögler, 2007; Trevarthen, 2008) through a system of vocal learning and imitation.

Indeed, in this kind of proto-conversation with an attentive and sympathetic caregiver, an infant can engage in a precisely regulated rhythmic exchange of interests and feelings by means of *sight* of head and face movements, with eye-to-eye contact, and hand gestures, *hearing* of vocalisations, and *touches* between the hands (Trevarthen, 2001; 2004; Meins and Fernyough, 2006). This acts as a precursor to other communicative skills such as word learning, understanding intentions and interpreting facial expressions as the infant learns

through social interaction and imitation of the caregiver's actions and social and cultural practices which they then internalise as suggested by Vygotsky (1978). Therefore, this very earliest social interaction is thought to be the basis on which children's language develops (Messer, 1994; Hobson, 2002) reinforcing the theories of Vygotsky (1978) and Bruner (1983).

Infants, it appears, are born with motives and emotions for actions that sustain human intersubjectivity. Trevarthen (1994: 219) described the intersubjective relationship between infant and caregivers as one in which infants from birth are actively engaged to the extent that they interact with others in a manner which seems profoundly complex and requires a degree of synergy between the infant and caregiver:

> [Infants] make efforts to share experiences and purposes and … take up other persons' meanings through communication with their feelings and interests, fitting into the activities of others' minds by an imitative sensitivity to the expressions of their bodies.

These shared experiences, which seem fundamental to early social and communication development, require a responsive, sensitive caregiver (Meins and Fernyhough, 2006). Though not able to survive independently, typically developing newborns have the ability to survive in a social environment by means of signalling behaviour including crying, smiling and imitating which serves to initiate adult-child interactions. In addition, other infant actions which may not appear to be communicative, such as feeding, bring adults into contact with infants and encourage them to engage in social interaction. For example, there were suggestions from Kaye (1977) that the patterns of bursts, sucks and pauses involved in feeding routines provides both structure for social interaction and intervention from a caregiver (cited in Messer, 1994: 15). However, the question of how typically developing children progress from the early social interaction described above to understanding and

producing "an infinite number of different sentences" (Saxton, 2010: 15) remained far from easy to address.

It was noted by Messer (1994) that infants are able to initiate interaction in the weeks following birth with cries, followed by coos and laugher some weeks later. Smith *et al*., (2008) noted that from the age of one month, infants are able to produce the vowel 'oo' which appeared to be a pleasurable reaction to interactions occurring during daily routines such as nappy changes and bathing. These shared rhythms and regulations enabled caregivers to engage in a mutual dialogue based on the infant's own biological rhythms where infants from three-months-old who vocalised and were responded to would increase the vocalisation, demonstrating that the infant was attuned to the human voice and responded quickly to it. These very early interactions are perceived as the building blocks for later turn-taking and speaker-listener roles that are necessary for adult conversation (Smith *et al.,* 2008). Markus *et al*., (2000) found a correlation between the frequency, quality, responsiveness and duration of these early social interactions between caregiver and child and later language skills, and in particular the frequency of such episodes and children's articulation or expressive SLC development.

Caregiver and child subsequently engage in triadic intentional communication with each other about objects at approximately nine months. Infants' interest in the wider environment and the artefacts and objects in their immediate environment leads to secondary intersubjectivity, and perception of caregivers as "a source of new ideas concerning objects" (Trevarthen, 1994: 235). At this point, therefore, the infant's communicative development expands to include interest in objects as a shared point of reference in 'joint attention' (Trevarthen and Hubley, 1978; Tomasello, 1988; Legerstee, 2001).

Eventually children began to negotiate with others about the values of things, including the self as shared representations, demonstrating tertiary intersubjectivity, at approximately 20 months. Saxton (2010) stressed that by infants being involved in the process of this social or linguistic interaction they would be facilitated to succeed in language learning. This contrasted with mere exposure to linguistic information that came from non-human sources such as television viewing.

3.3.3 From social interaction to speech

In terms of production of speech, from six to nine months, vowels and consonants are produced and echolalia or repetition of particular simple sounds starting with consonant then vowel [CV] sounds such as "ba" (Messer, 1994: 83) followed by longer sounds such as CVCV sounds with repetition such as "dadadada" (Smith *et al*., 2008: 350) being common. A caregiver's mind-mindedness in interpreting these early sounds, gestures and signals is thought to be important as noted by Meins and Ferynhough (2006). This allows children to combine sounds into words and words into sentences. Most commonly children's first words were noted by Schaffer (2003) to be similar to the babbling sounds they had been making for some time, phonologically easiest, and related to objects in their world that are most important such as parents, siblings, pets, toys, clothes and food. They overgeneralise initially by applying a word to a wider range of objects than the word refers to such as calling all animals a "doggie", or under generalise by only applying a generic word to one particular object, such as using the word "doggie" only to refer to the family pet dog.

Smith *et al*., (2008: 353) noted that single words are used by most typically developing infants from the age of approximately twelve months, although Buckley (2003) noted that

their pronunciation of single words might vary from occasion to occasion depending on their developing oral-motor and cognitive skills. Single words used in isolation in this way are followed by a mastery of morphology and syntax. Thus, children begin to understand that words are comprised of smaller meaningful units and can be used to create phrases and sentences.

Initially sounds and words are context-bound, however, at the age of approximately 15 months, words become free of context and a language explosion (Bates *et al.,* 2003) marks a significant development in vocabulary. This could be a consequence of their increased mobility and a reduction in the percentage of time they spend asleep as they mature. Once infants had developed a repertoire of around 200 words (usually at approximately 18-20 months), they started to combine single words in two-word sentences, whilst still using single words alongside two-word sentences (Messer, 1994; Smith *et al.,* 2008). At this stage, most words are either object names, such as "daddy" or action names such as "look".

Furthermore, both one and two word utterances usually involve reference to a topic and a comment about it. For example, children might answer the question – "do you want cornflakes?" with the answer "cornflakes, milk" with cornflakes being the topic and milk referred to use (Messer, 1994). Children's first sentences are often described as telegraphic speech (highly condensed meaning is transmitted from the child to another person) such as "Ben shoe" instead of "that is Ben's shoe". Adult extensions of these early sentences and constructions has been likened to Fogel's (1993) metaphor of a jazz band where caregiver-child interactions are perceived as a process of improvisation, responding to each other's rhythms and sounds to create music (Smith *et al.,* 2008: 353).

The achievement of these developmental milestones is perceived to vary significantly in individual children and across cultures and social class. For example, some children have a

lexical vocabulary of more than 250 words by 18 months, whilst others may use fewer than 10 words at this age (Fenson *et al.,* 2006). The age at which children start to use individual words to form sentences, therefore, also varies which suggests a potential lack of clarity for parents and practitioners in identifying difficulties and delays. As noted earlier in this chapter, children's development is contingent on the interaction between their own genetic inheritance and the multiple environments they inhabit, their maturation over time and the relationship between environments. One example of this would be Hart and Risley's (1995) suggestion that interaction with adults at this stage to expand and elaborate their SLC is perceived to influence children's later vocabulary, motivation to communicate and provide socially appropriate responses to the communicative efforts of others, allowing conversations to continue. Children also need to understand the concept of object permanence or knowing that objects like teddies, cups and blanks exist even when they are not in sight in order to name them and talk about them when they are not present in their immediate environment. All this occurs between the ages of five months and twenty-four months (Buckley, 2003).

In terms of verbal understanding, Cooper *et al.,* (1978) noted that the stages of development of verbal language in children usually proceed according to a fairly consistent overall pattern. Buckley (2003) reported that the pattern of developmental states was comparable for verbal comprehension and expressive language, however, the stages in verbal comprehension precede the stages in expressive language. Initially children understand words in contexts, such as understanding that "shall we run the bath?" means bath-time only in the context of their own home environment. At approximately 12 to 15 months children begin to understand words out of context and by 18 months follow two-part instructions such as "get the bottle and give it to the baby" (Bzoch and League, 1991).

3.3.4 From words to language

Three and four-word utterances are thought to emerge at approximately 24 to 27 months. Over-generalisations in grammar use are common at this stage, such as "mouses gone" (Smith *et al.,* 2008: 354). Following this, more complex grammar is used including 'wh' questions such as "where my glove?" and negative sentence construction such as "I no want it". Rhymes and songs are noted to be of interest to children at this stage as well as commentaries during their imaginative play. Harris (2000) noted that play is also an important medium in allowing children to de-contextualise language in order to understand abstract concepts in SLC. It enables them to practise their immature speech with peers and through private speech in order to form a bridge between language and thought (Vygotsky, 1978).

By three years old, many typically developing children will have a vocabulary of 1,000 words and can engage in conversations with peers and adults. These conversations, while largely understandable, are usually based on the immediate present (Smith *et* al., 2008). Not until they are five years old will children perfect linguistic systems such as pronouns, auxiliary and irregular verbs containing relative clauses such as "the car that I got is a red one". Their language by this stage is 'similar to that of an adult' in the sense that it can be adjusted to suit listeners of different ages, although some logical errors and difficulties with syntax may persist (Smith *et al.,* 2008). This suggests that pragmatic skills are amongst the last to develop, even though the rules of social interaction were laid down in very early infancy.

3.3.5 Vocabulary and phonology

As noted earlier, sound discrimination *in utero* is thought to provide the foundations for recognition of patterns and sounds or phonology in words and grammar. The significance of children's vocabulary to their phonological awareness (Goswami, 2001), global comprehension (Muter, Hulme, Snowling, and Stevenson, 2004), reading and literacy (Snow, 2006; Hart and Risley 1995) has also been noted. Drawing on the discipline of neuropsychology, Goswami (2001) suggested that children with larger vocabularies have more opportunities to discriminate the different phonetic sounds in similar words (for instance, "hen", "pen", "ten" but also "head", "peck", "tell" and "held", "pecked", "tent") stressing the interaction between vocabulary and phonological development. This would consequently improve their skills in breaking words down into syllables, as well as the ability to break down words into the smallest units of meaning, the phonemes.

It would seem that the most effective way for children to practise and improve their language skills, including vocabulary, is through conversation. This stresses the ongoing give and take of interaction, which provides practise for both receptive and expressive SLC and feedback for a developing child in a similar manner to that described for the very earliest social interaction.

This sequence of development is thought to be similar for all children regardless of culture, although if children are learning more than one language, for example children with EAL, some aspects of the sequence may be delayed. Although it is beyond the scope of this chapter to discuss the technical aspects of second or third language acquisition, it is important to discuss the impact of learning EAL on the developmental sequence described above for SLC birth to five.

3.3.6 Additional language acquisition

Acquisition of additional languages can be simultaneous which means two languages are introduced to children at the same time in infancy. Alternatively children's additional language acquisition could be sequential which means that an additional language is introduced after basic acquisition of a first language, usually after the age of three years (Benner and Grim, 2013; Paradis, 2010; Macrory, 2006; Buckley, 2003). It is thought that simultaneous additional language acquisition occurs at a similar rate and in a similar manner to monolingual language development (Paradis, Genesee and Crago, 2011; Owens, 2001). However, Hoff *et al*., (2012) noted that variations in development may be expected according to the level of exposure to each language, both in the home and out-of-home and community settings. It may be more common for children to acquire their first language in the home context and any subsequent languages when they explored out-of-home contexts such as early years settings.

Within the microcontext of the home environment, children with EAL will be learning the social, cultural and SLC (verbal and non-verbal) rules of their home culture and possibly, but not necessarily, some aspects of English language and culture. For children learning EAL for the first time in early years settings, Tabors (1997) noted that the interaction between culture and language acquisition may also mean that children with EAL will have difficulty in learning the social and cultural rules of English whilst learning the language at the same time, thereby experiencing a 'double bind'. This might mean children with EAL spend time in early years settings playing alone, silently or humming or singing to themselves until they gain some competency in English and have opportunities to practise any new words learned. The role of bi-lingual adults as mediators of culture and language has been noted by Drury (2007).

Temporary delays in SLC can result if children's exposure to a second language occurs before some mastery of skill in the first has been established (Porter, 2002). This has variously been referred to as the 'silent period' or 'quiet period' (Drury, 2007; Tabors, 1997) where children do not say much in either of their languages, especially if attempts to communicate in their home language have not been responded to positively by others. This suggests that children's competency in their home language before they learn EAL has an influence on the ease with which they learn EAL, as does the inability to interact with others in the microcontexts of early years settings which have some familiarity with their home language and culture. Children with EAL, therefore, may have periods of silence and solitude and their SLC development may be subject to some degree of delay.

Nevertheless, the majority of (English) typically-developing monolingual and bilingual children will follow a sequence similar to that described above with some variation and individual differences in both comprehension and production of SLC. There has been discussion amongst psychologists as to whether there are temporal windows or critical or sensitive periods for the development of SLC, for example when children have not had the necessary opportunities to acquire these skills within the customary age range, and this will now be explored further.

3.3.7 Sensitive and critical periods

Suggestions for a 'critical' period for SLC development came from Lenneberg (1967) who suggested that between eighteen months and puberty was the optimum age for language acquisition when a child's brain would be most adept at acquiring linguistic skills. Beyond this, language acquisition would be difficult or impossible. In summarising studies that had

evaluated Lenneberg's (1967) claims, Schaffer (2003) concluded that it was not possible to provide an unequivocal response, as much of the evidence in support of Lenneberg's (1967) theory had been drawn from experiments of nature or from animal studies where the variables might not be clearly defined or transferable to human development. Furthermore, it was not possible to determine the age range of any suggested critical periods due to the variability of children's genetic inheritance and experiences. He suggested the concept of 'sensitive periods' of development where new developments were more likely to occur than other ages and that for SLC, the sensitive period was childhood, although particular ages are difficult to define.

Hall (2005) discriminated between experience-expectant learning and experience-dependent learning. According to his definitions, there are 'sensitive periods' when the brain is particularly ready to respond to visual, tactile or auditory stimuli, from the environment. He further suggested that the development of SLC is 'experience expectant' in that children have an evolutionary imperative to learn to communicate by speech, and tend to do so at a particular stage of childhood (between their first and second birthday) provided they are sufficiently stimulated by their environment. In contrast, experience dependent learning will only occur if the need arises for it, and tends to be of the sort which features in culturally transmitted knowledge systems, such as reading, which results from cultural and social necessity (Hall, 2005).

If children were learning more than one language, Daloiso (2007) suggested that it was possible for children to acquire more than one language with equal competence within the critical window of birth to three years. Between four to eight years, perfect pronunciation and linguistic development was possible, but more difficult for children to achieve. Beyond the age of eight years and until twenty-two years, a sensitive period was more likely where

there was potential for linguistic competence, however, a foreign accent would be likely and more effort would be required for an individual to acquire an additional language.

The possible reasons for differences in SLC therefore are acknowledged to result from neurodevelopment, sensory and social, cultural and historical environmental influences on children's development as suggested by Bercow (2008). Although critical or sensitive periods exist for SLC acquisition, they are contingent upon the interaction between the child's genetic inheritance, environmental stimuli such as exposure to early social interaction in infancy and opportunities to practise the use of speech in early childhood within the cultural practices of their communities. Critical and sensitive periods may furthermore be different for different aspects of SLC (Saxton, 2010) and not necessarily generalizable across cultures.

The environmental or context variables might include ethnicity, gender, season of birth, social background (Dockrell *et al.,* 2012). In particular, there is a correlation between both ethnicity and social background and SLCN (Dockrell *et al.,* 2012). The influence of these on development need to be explored by examining evidence from significant studies such as:

- Hart and Risley (1995; 2003);

- National Evaluation of Sure Start (NESS) (2012, 2010);

- Effective Pre-school Provision Education (EPPE) study (Sylva *et al.,* 2004)

- A report resulting from the *Better Communication Research Programme* (DfE, 2012) which aimed to examine the characteristics of the environment in which children learn to communication, and the extent to which this affects children's readiness for school (Roulstone *et al.,* 2010).

3.4 Social risk factors for SLC development within the microcontext

3.4.1 Hart and Risley (1995, 2003)

One significant source of evidence in relation to the socio-economic influences on early SLC development comes from Hart and Risley (2003) drawing on their study involving forty-two US families with an aim of investigating how children learn to talk through casual social interactions at home. The study took place against the backdrop of earlier research in the 1960s and 1970s (for instance Hart and Risley, 1995) involving four and five-year old children from disadvantaged backgrounds in 15-20 hours of pre-school interventions per week designed to improve their vocabulary size through direct teaching. In this early research, they found that improvements in vocabulary size for children from low SES families were not sustained once children were discharged from the intervention group. Any growth in vocabulary slowed down and children involved in the control group (children from high SES backgrounds) continued to demonstrate faster rates of growth in their vocabulary and language skills one year later.

The families for the later study were selected to represent the range of typical American families in size, race, and SES. On the basis of occupation, 13 of the families were designated as upper SES, ten were middle SES, 13 were lower SES, and six were on welfare. In data from two years of once-monthly, hour-long observations of unstructured parent-child interactions in the home, parenting was examined over a period of 27 months, including the time before, during, and after all the children learned to talk. Three factors were found to influence children's vocabulary. These were:

- the absolute amount of parenting available to children per hour;
- parents' social interaction with their children;

- the quality of the content of speech from parents to children.

The amount of parenting per hour and the quality of the verbal content were strongly related to the social and economic status of the family and the subsequent intelligence quotient (IQ) of the child.

The authors also found that children grew more like their parents in vocabulary resource, language and interaction styles. Despite the considerable range in vocabulary size among the children, 86 % to 98 % of the words recorded in each child's vocabulary consisted of words also recorded in their parents' vocabularies. By the age of 34–36 months, the children were also talking and using numbers of different words very similar to the averages of their parents.

Children from families from lower SES and those on welfare not only had smaller vocabularies than did children of the same age in upper SES, but their rate of vocabulary growth was slower. Projecting the developmental trajectory of the children from low SES backgrounds, from children's vocabulary growth curves, an 'ever-widening gap' in vocabulary was evident. Furthermore, vocabulary use at age three was equally predictive of measures of language skill in middle childhood.

Hart and Risley (2003) explained the differences in vocabulary in terms of the number of words a child was exposed to in the home environment as well as whether phrases heard by the child contained positive or negative content categorised as affirmative phrases and prohibitive phrases. For example, an average child from a family on welfare experienced half the quantity of spoken language per hour (616 words per hour) as the average middle SES background child (1,251 words per hour) and less than one-third that of the average child in a upper SES family (2,153 words per hour). In addition the talkative parents were taking extra

turns, responding to what the child just said and did, and elaborating on it, or responding to it. Furthermore, the average child in an upper SES family was exposed to 32 affirmative phrases and five prohibitions per hour, a ratio of six encouragements to one discouragement. This contrasted sharply with the average child in a middle SES family who was hearing 12 affirmative phrases and seven prohibitions per hour which represents a ratio of two encouragements to one discouragement. The children living in low SES (working class) heard only five affirmative and eleven prohibitive phrases per hour, more than double the amount of prohibitions heard by their peers in upper SES families. Finally, children from families on welfare received on average two discouragements for every encouragement.

In addition to measuring vocabulary size and growth, Hart and Risley measured children's cognition with an IQ test at the end of their study. They found a relationship between children's cognitive development and the number of prohibitive phrases from parents as well as a relationship between the amount of parenting per hour and cognitive development. Therefore, children's cognitive development was found to be contingent upon the amount of time parents spent interacting with their children as well as the type of interactions with positive interactions such as extending and elaborating on children's initiations resulting in optimum cognitive development. Positive interactions were more prevalent in upper SES families.

Hart and Risley (2003) concluded that, although children from low SES families could increase their vocabulary size over time, the speed at which their vocabulary grew was limited in comparison to their more advantaged peers. Interestingly, they also concluded that race, ethnicity, gender and birth order did not significantly influence vocabulary in contrast to other studies such as Dockrell *et al*., (2012).

A further study that examined social risk factors within the microcontext was the evaluative study of SSLPs conducted by NESS (for example 2005; 2010; 2012).

3.4.2 National Evaluation of Sure Start

It was noted in chapter one that the objective of SSLPs was to enhance the life chances for young aged birth-to-five children growing up in disadvantaged neighbourhoods. This was because children living in areas where SSLPs were located were reported to have lower cognitive and language scores on formal tests than their peers in more advantaged areas (NESS, 2005). Consequently children living in SSLP neighbourhoods were acknowledged to be at risk of performing poorly at school, having trouble with peers and agents of authority (for example parents and teachers) and ultimately, experiencing compromised life chances manifested in early school leaving, unemployment and limited longevity. This was a concern for the children, their families and the communities and societies they inhabited. Therefore SSLPS aimed to break the intergenerational transmission of poverty, school failure and social exclusion in areas of high deprivation.

In order to assess the impact of SSLPs a national evaluation of SSLPs was mounted (for example, NESS, 2010; 2012). A group of Millennium Cohort Study [MCS] children and their families, against which the NESS sample was compared, was selected from the entire MCS cohort. Their selection was based upon identifying and selecting children living in areas with similar economic and demographic characteristics to those in which the NESS sample resided, but which were not SSLP-designated areas and thus did not offer SSLP services. This enabled the researchers to make comparisons with children and families from areas as similar as possible to the NESS Impact Study areas to detect the potential effects of SSLPs on

children and families. They further followed up over 5,000 seven-year-olds and their families in 150 SSLP areas who were initially studied when the children were nine months, three and five years old.

The five-year study provided disappointing results in relation to changes brought about in children's cognitive, social and emotional and language development and therefore 'school readiness.' Primarily, the benefits were found to apply to parenting behaviour and only in the case of physical health did children appear to directly benefit. The main impacts identified for children were that children growing up in SSLP areas were less likely to be obese and experienced better physical health than children in non-SSLP areas. In regard to maternal well-being and family functioning, in comparison with those in non-SSLP areas, it was found that mothers residing in SSLP areas reported providing a more cognitively stimulating, less disciplinarian and less chaotic home learning environment for their children. These mothers also experienced greater life satisfaction. However, they were also more likely to be depressed and less likely to visit their child's school for parent/teaching meetings. Therefore, although SLC was not directly influenced there appeared to be benefits to the environments or life spaces that children inhabited. This suggests that factors within the microcontext of the home environment could be changed with EI and as suggested previously by Hart and Risley (1995, 2003) factors such as positive adult-child interactions have the potential to influence children's vocabulary, SLC, later learning and IQ.

Having discussed the significance of adult-child interactions in the microsystem of the home environment, the interactions that occurred in the microsystem of early years settings were the focus of the EPPE study.

3.4.3 Effective Provision of Pre-school Education Project

The EPPE project (Sylva *et al.,* 2004) examined the influence of the microcontext of home and early years settings on young children's intellectual and social/behavioural development. The interaction between pre-school education, children's backgrounds and the home environment were considered important to their educational success in primary education at the meso level. The study involved 2,800 children aged three and four-years-old and attending pre-school education in six English LAs in five regions at the exo level. The LAs, settings and children were selected to provide a maximal variation of setting type, social status and ethnic diversity. A further 300 children aged three and four-years who did not attend any type of pre-school education were also included as a comparison group. The study found that the physical and social structures of the home environment were more influential in children's development and later academic achievement than parent's education, although mother's education was influential. This meant that parents who engaged in activities such as reading with the child, teaching songs and nursery rhymes, painting and drawing, playing with letters and numbers, visiting the library, teaching the alphabet and numbers, taking children on visits and creating regular opportunities for them to play with their friends at home, were all associated with higher intellectual and social/behavioural scores for children. Although parent and home environment characteristics of children together accounted for a lower proportion of the variance in attainment for pre-reading and early number concepts measures than was the case for total cognitive ability score at entry to the pre-school study, they were powerfully associated with variations in young children's SLC attainments Therefore intensive language enrichment for children with SLC delays on entry to pre-school would be beneficial.

The study also found that good-quality pre-school education (defined by the education and qualifications of staff and the quality of adult-child interactions) had a positive influence on children's development including SLC, and that this influence was increased for children from disadvantaged backgrounds. If children started pre-school before the age of two, factors associated with disadvantage, academic progress in education and social interaction with peers, were improved. Early pre-school experiences could ameliorate the effects of living in disadvantaged homes by providing specialised support, especially for language and pre-reading skills. This was also found to be beneficial for children with EAL, although any disadvantage associated with having EAL under the age of five was outweighed by the benefits by the time children were seven-years-old.

The study concluded that "investing in good quality pre-school provision could be seen as an effective means of achieving targets concerning social exclusion and breaking cycles of disadvantage" (Sylva *et al*., 2004: iii). These effects were so profound that they were viewed as protective factors in the reduction of incidence of SEND. Children who were identified as having SEND were more likely to be boys (61% compared with 52% of all children), have EAL (12.8% compared with 7.5% of all children) and had mothers who had no qualifications (28% compared with under 18% for all children). Children reported to have SEND at primary school were more likely to have multiple disadvantage factors measured by the interaction of child, parent and home-environment characteristics (Sylva *et al.,* 2004: 49).

3.4.4 Better Communication Research Programme

A further study examined the characteristics of the environment in which children learn to communicate, and the extent to which this affects children's readiness for school (Roulstone

et al., 2010), using data from the Avon Longitudinal Study of Parents and Children. Characteristics under investigation included activities undertaken by caregivers with children, the mother's attitude towards her baby, and the wider support available to the family. Readiness for school entry was defined as children having skills needed to help them in school such as their early language skills, reading, writing, and maths.

Key findings were confirmation of the already established strong association between a child's social background and their readiness for school. Language development at the age of two years was found to predict children's performance on entry to primary school. Children's understanding and use of vocabulary and their use of two- or three-word sentences at two years was very strongly associated with their performance on entering primary school. Not surprisingly, children's communication environment influenced language development. The number of books available to the child, the frequency of visits to the library, parents' teaching of a range of activities and the number of toys available are all important predictors of the child's expressive vocabulary at two years. The amount of television switched on in the home was also a predictor: as this time increased, so the child's score at school entry decreased. Most interestingly, the communication environment was judged to be a more dominant predictor of early language than social background. In the early stages of language development, it was the particular aspects of a child's communication environment that were associated with language acquisition rather than the broader socio-economic context of the family. Consequently, the child's language and their communication environment were found to influence the child's performance at school entry, in addition to their social background. Whilst children's success at school was governed not only by their social background the child's communication environment before their second birthday and their language at the age of two years also had a strong influence.

90

In summary, social disadvantage has the potential to exert a negative influence on SLC (Hart and Risley, 1995; 2003) such as reduced vocabulary and cognition impacting on their readiness for school (NESS, 2010). Where disadvantage is associated with prohibitive rather than affirmative adult-child speech and lack of access to activities that support language such as library visits and nursery-rhyme games in the home environment, children benefit from access to good-quality pre-school education (Sylva *et al.,* 2004). Integrated EI services also had the potential to influence interactions within the microcontext of the home environment for children living in disadvantage and in common with good quality pre-school provision had the potential to protect children from the development of SEND (Sylva *et al*., 2004). Whilst most children develop SLC over time through a natural process of interaction between their own characteristics, maturation and the environments they inhabit, some children need additional help with this.

3.5 Conclusion

The bioecological (Bronfenbrenner, 1979) model has been utilised as a framework in this chapter to treat:

- the role of national policy for early years, the environment, poverty and family life at the macro level;
- the social relationships in microcontexts of the home and out-of-home early years settings;
- the relations between these settings at the meso level.

This chapter has attempted to identify landmark studies that have influenced early years practitioners and early childhood researchers, and as such can be merely illustrative of the vast literature that exists.

This chapter has also emphasised the role of early social interaction and social development in children's SLC development in line with Vygotskian (1978) theories of social constructivism. Cognition plays a role as proposed by Piaget (1962) and language appears to be inseparable from thought (Vygotsky 1978). The role of adults as mediators of children's interactions with the social spaces they inhabit and as social partners to facilitate SLC within the microcontext has been noted. Scaffolding (Bruner, 1983) and guided participation (Rogoff, 2003) both have a function in this.

Discussion has highlighted the need to understand very early social interactions, the influence of maternal or caregiver sensitivity and mind-mindedness. However, it has been acknowledged that both sensitivity and mind-mindedness in common with other adult-child interactions are culturally influenced and there is variation in how both of these aspects are perceived across cultures.

Nevertheless, in Western cultures, early SLC development has been shown in this chapter to be contingent upon mutually enjoyable, reciprocal and transactional social interaction with sensitive, responsive caregivers from birth, stressing the important role of available adults in early development. The building blocks for the early discrimination of sounds, important for phonology and vocabulary, appear to be laid down during the gestation period of pregnancy.

As noted there are social influences that could disrupt the development of SLC including social disadvantage and ethnicity which increase the likelihood that children will be diagnosed with SEND.

As already noted in section 2.1.2, Donaldson (1978) found that psychological theories of child development underestimated the role of culture, relationships and social interaction in children's learning as noted by Vygotsky (1978), Bruner (1983) and Rogoff (2003). Although it lies outside the scope of this study to consider constructions of childhood, it is important to note that cognitivist theories such as those proposed by Piaget have been criticised by writers such as Burman (2008) for being anchored in specific societal and historical traditions that she argues are not elucidated in their theories. However, although Burman deconstructed "grand developmental theories of child psychology" she acknowledged developmental psychology as important for everyday practice with children (though she has not proposed a new theory) (Hedegaard, 2009: 70).

The social construction of self and the emphasis on the formation of individual consciousness through internalisation of language and other social processes can be traced back to Vygotsky (1962). More recent research that has focused on mother-child interactions has translated the 'social' into the notion of intersubjectivity and the infant's predisposition to become social (Trevarthen, 1998; 2010). It might appear that this provides a basis for the social construction of individuals. Walkerdine (1984: 292) however has suggested that 'protosociability' is not a property of the infant but a relation produced through the mother's support, itself produced through her power and positioning within the situation (Foucault, 1980). This creates the possibility of an alternative view or 'reading' of the role of the mother that paves the way for the production of normative accounts of maternal sensitivity. It is also a reminder that the processes and practices observed and described are restricted to the particular infants and parents taking part in such western psychological studies. These however become officially sanctioned 'truths' that govern what is regarded as normal development, what constitute

developmental psychology discourses and hence what are appropriate ways to think and act (Burman, 2008; MacNaughton, 2005).

This has raised a challenge for the study of the views, understandings and perceptions of early years practitioners about early SLC in the microcontext of early years settings, the mesocontext of relationships with parents and other professionals such as personnel from the LA at the exo level and the broader macro influences of community, society and government and this will be addressed in the next chapter.

CHAPTER 4 METHODOLOGY

4.0 Introduction

The last chapter reviewed the theory and literature related to early SLC and justified the employment of Bronfenbrenner's (1979; 1993) bioecological model as an analytical tool and model to structure the thesis.

This chapter will introduce the rationale and justification for the chosen research methodology, the orientation and philosophical stance and methods for sampling, data collection and analysis approach proposed in order to address the aims of this study. The reliability, validity and trustworthiness and ethical requirements will also be discussed.

The aim of this study was to describe and analyse the policy-to-practice context to delays and difficulties in the acquisition of SLC in the first five years in one LA in England. The views, understanding and related practices of professionals, in relation to children's SLC development were examined, as were the views of parents in the context of the wider context of national and LA policy and practice.

4.1 Research questions

The study addressed the following research questions:

1. What is the policy-to-practice context to the delays and difficulties in the acquisition of SLC in the first five years?

2. What are the views, understandings and reported practices of practitioners and parents with respect to SLCN in the EYFS?

3. How do early years practitioners implement policy relating to early identification, assessment and intervention for young children's SLCN?

4. How do young children respond to this practice?

This involved an investigation of a contemporary phenomenon within its real-life LA context (Yin, 2009). Therefore, a case study design with mixed-methods approach has been adopted to explore the research questions. The researcher aimed to collect and analyse rigorously and persuasively qualitative and quantitative data (based on research questions); mix and integrate the two forms of data sequentially so one could build on the other in multiple phases of the study; and frame these procedures within a particular theoretical lens in order to achieve multiple ways of seeing (Cresswell and Plano Clark, 2011: 271).

4.2 Research Design

As the overall aim of this study was to investigate the policy-to-practice context of young children's SLCN, a suitable framework for examining the core issues of the phenomenon was necessary and the Bronfenbrenner (1979; 1993) bioecological model was explained and justified as a suitable tool of analysis in chapters two and three.

4.2.1 Bronfenbrenner's bioecological framework

The bioecological framework of Bronfenbrenner (1979; 1993) acknowledged the bi-directional interactional relations between developing children and the environments (or contexts) they inhabited, in particular the microcontext of the home environment and other contexts where children spent significant periods of time, such as early years settings.

A contextual analysis of early care and education drew attention to the multiple integrative environments that children grew and developed in, which ranged from those closest to the individual child at the micro level to the government policies, societal values and institutional structures that defined SLCN at the macro level. Between these extremes lay the mesocontext (which consisted of the interaction or co-operation between home, early years settings and specialist settings) and the exocontext which had an indirect effect on SLCN by, for example, influencing parents work patterns and LA multi-agency practice.

Children and parents were perceived as an integral part of early years practice. Children benefitted from the care and education expertise available in the setting and parents utilised the setting as a source of care and education for children and information for themselves.

Accepting the theoretical claim of Berger and Luckmann (1991) that social reality is overall constructed and shared with others through language, the position of the researcher was consonant with the theoretical framework adopted that in turn resonated with the social constructivism of Vygotsky (1978) reflected in the microsystems. The researcher accepted that learning and development in an organisation was underpinned by the values, understandings, interactions and actions of participants. If the model adopted was an integrated system of learning and teaching, as suggested by Bronfenbrenner (1979; 1993), then SLCN had many different parts ideally operating in harmony. Bronfenbrenner acknowledged the importance of the balance and harmony between microsystems (such as home and setting, mainstream and specialist settings) and representatives of the LA (at the exo level). The balance was regulated by the political early years educational and cultural (macro) levels of society. This policy-level was reflected in LA practices and actions of individuals in microsystems and driven by the pedagogical aims of practitioners to be reported in survey and interview.

Educational ideas, meanings and meaning-making, which were connected with pedagogical action, were integrated into the educational philosophy shared by the educational communities (in microsystems of different mainstream and specialist settings involved) and reflected in practitioners' views and educational practices.

Policy emphasis on early years, EI and SEND changed over time but educational philosophy and practice are developed through a longer process. Philosophy and practice were represented in the way individual practitioners assigned meaning to their actions. Practitioners working in settings had to share their educational thinking and values, for example, through the medium of LA early years partnership meetings. The educational co-operation between different 'actors' as practitioners in early years settings was considered as a mesosystem brought together by LA policy. The idea of a mesosystem in the contextual model meant that educational co-operation between early years settings was part of the LA organisational culture which operated at the exo level. Each early years setting provided a specific instance of this, for example, in their use of external LA professionals, assessment programmes and materials. Understanding these relations as determining practitioners' everyday reality and discourse in the settings was underlined in the Bronfenbrenner model (Bronfenbrenner, 1979; 1993) that was utilised. Bronfenbrenner's model was explanatory of the relationships between systems and broadly accounts for the way practitioners' discourses, values and practice were a reflection of the broader cultural macrosystem.

In line with the notion of a socially-constructed reality, capturing multiple perspectives as well as a shared interpretation became a foundation for establishing practitioners' 'realities'. Practitioners, parents and children had their own interpretations concerning the social organisation and activities within the setting. This underlined the importance of examining their perceptions of SLCN in context. Supporting children with SLCN was the basic shared

interest. Practitioners and parents worked towards the learning and development of children with SLCN. The LA formed the wider administrative system to this practice. Early care and education service was provided for parents, with varying balances between care and education and in mainstream and specialist settings according to children's needs.

The early years environment thus consisted of different 'actors' and different interest groups comprising children, parents, practitioners, LA representatives, care and welfare, education and health professionals. Each group had its own perspective on early learning and development and SLCN. They emphasised particular aspects of effective early care and SLCN pedagogy as articulated through professional co-operation and interaction and through shared LA goals and procedures. The professional qualifications, duties, ideas and responsibilities held by the different actors or interest groups to promote high-quality EI for children SLCN were important to investigate.

Therefore, the different responses to SLCN, reflected in national policy, reinterpreted at LA level and enacted in local settings, were reflected within the contextual model formulated in this study. This model provided a core understanding of the elements of SLCN to set against the actions and perceptions of participants in the study. The contextual model was thereby defined in terms of the related 'actors', mutual communication and action that occurred within it.

Relating the research questions to the theoretic model, Question number 1 incorporated all of the contexts within the framework from macro-political values and influences on young children's SLCN to elements of their development within the microcontexts of home and early years settings. As suggested by Bronfenbrenner (1979; 1993) all levels of organisation involved in human life are linked integratively in the course of human development. Question 2 focused on the way SLCN is interpreted and addressed in settings. Questions 3 and 4

focused on the reinterpretation of policy intentions in the microcontext of early years setting and including how children responded to this process. However, all questions related to each other in the same interconnected manner as the nested social contexts suggested by Bronfenbrenner's bioecological model.

4.2.2 Research Approach

Having identified the research questions and located them within the integrated contexts of bioecological framework, the research approach of case study using mixed-methods will now be presented.

Ontological assumptions of the study are linked to understanding SLCN and assumptions about the nature of reality. Social constructionism allows for a variety of interpretations of the way social reality is understood in educational research. The position adopted does not deny external reality but does acknowledge a complex mix of social actions and interactions within the settings in which participants continuously co-construct and reconstruct their notions of SLCN. Furthermore, it was anticipated that these perceptions could be elicited from participants who were actively constructing pedagogical practices for SLCN in the local context of early years settings within one LA. Epistemological assumptions were linked to understanding of knowledge and ways of knowing about the social contexts related to SLCN. The researcher was involved in the shared construction of knowledge through organising the data collection and interpretation within a particular framework and socio-cultural context.

Whilst quantitative or positivist research has relied on the scientific method, objective and observable information as a means of answering questions and testing ideas, by contrast, qualitative and constructivist research places more emphasis on interpretation of experience

and inter-subjective agreement. It is recognised that human behaviour is complex and open to negotiation and alternative interpretation. This is reflected in an unease about a single value-free reality, deduced through experimental methods. Each approach, however, has particular strengths and weaknesses and may be combined to address the research questions that play a central role in driving the research

Therefore, more recently a "third research paradigm" (Johnson and Onwuegbuzie, 2004: 15) has been documented which allows researchers to use "multiple ways of seeing and hearing" (Greene, 2007: 20) when research problems (or questions) require a combined approach to provide solutions and this third research paradigm represents for some social scientists an advance in thinking about social research (Tashakkori and Teddlie, 1998; Johnson and Onwuegbuzie, 2004; Teddlie and Tashakkori, 2009). The view is that a mixed-methods approach may offer an alternative approach based on what best answers the particular research question. This provides flexibility for the researcher to use the most appropriate tools for the job, rather than attempting to fit design to a particular research philosophy.

Whilst mixed-methods approaches may not meet with the approval of all researchers and academics, some of whom see the two paradigms as incompatible (Smith and Heshusius, 1986), the approach has been used successfully in important and influential early years research studies (see for instance Siraj-Blatchford *et al.,* 2006). In addition, mixed-methods can facilitate the collection of a "richer and stronger array of evidence" than can be accomplished by any single method alone (Yin, 2009: 63). Using a mixed-methods though largely interpretive study in this case, was considered the most appropriate approach to combine both the exploratory and descriptive elements of this study (see below). This provided the necessary flexibility of methods to produce a fuller exploration of the phenomenon being studied (practitioners' constructions of young children's SLCN as well as

children's actions and interactions with others in the social environment) by giving more than one perspective (Denscombe, 2010). Using mixed-methods provided the methodological triangulation of data necessary to ensure validity and credibility, which can be a particular problem when qualitative methods alone are used (Lincoln and Guba, 1985). In so doing, the interpretive world view is combined with a more pragmatic approach in order to obtain multiple perspectives on SLCN and thus balanced social enquiry.

Mixed methods, therefore, have been employed for this study as this allowed the researcher to combine qualitative and interpretive and quantitative data, to benefit from the strengths of each and thus provide methodological triangulation enhancing the validity and reliability of the research (Robson, 2002). In particular, case study has been selected as a methodological approach as it provided the potential to "develop theory which illuminates educational policy and enhances educational practice" (Bassey, 1999: 3). It has required the researcher to articulate her own conceptual commitments by answering basic questions about design, how this addresses a particular research study and a deeper understanding of the particular social phenomenon under investigation.

4.2.3 Case study

Case study was described by Yin (1994: 13) as an empirical inquiry that "investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident". As discussed in chapters two and three, the study of young children in their multiple integrative contexts was complicated by the changing roles and inter-relations between them. Stake (2000: 438) argued that study of the common and particular comprised a 'bounded system' which recognised:

- the nature of the case;

- the case's historical background;

- the physical setting;

- other contexts (economic, political, legal and socio-cultural).

This resonated with Bronfenbrenner's (1979; 1993) bioecological model and study of development by considering the dimensions of person-process-context-time. Further, Stake (2000: 438) acknowledged that case researchers sought evidence from other cases through which the case is recognised and those informants through whom the case may be known, in this case, parents and early years practitioners.

Case studies are carried out in many professional and practice fields and are typically part of a scientific methodology and quantitative tradition. However, the purpose of case study in social science is more likely to involve a 'case' that has working parts, has a 'self' and to be qualitative and quantitative (Stake, 1995).

The task in this study was to represent not the social world but a specific case of SLCN in one LA. A child in the social world as a unit in the case, for example, was a working combination of physiological, psychological, cultural, aesthetic and other forces (Stake, 2000: 436). The case therefore provided a vicarious experience. It was thus grounded in a commitment to represent participants' meanings as social actors who were active interpreters of the social world. Hence the focus was on analysis of the meanings participants gave to social policies and in the social actions, interactions and relationships with others.

Yin (2009) categorised case study into three forms – exploratory case study was aimed at defining questions and hypotheses for subsequent studies, descriptive case study presented a complete description of a phenomenon within its context and explanatory case study, which

presented data bearing on cause and effect relationships. His description of exploratory case study was extended to include attempts to discover theory by directly observing a social phenomenon in its raw form which he saw in terms of the grounded theory approach of Glaser and Strauss (1967). Stake (2000) preferred to distinguish between intrinsic and instrumental case study, the former relating to research which was interesting to study for the sake of understanding that particular case, and instrumental case study which would provide an understanding of outside concerns external to the particular case being studied. He also referred to multi-site or multiple case studies, where the instrumental perspective provided a broader understanding and ability to generalise from research findings.

Yin's (2009) categorisation of exploratory case study was useful for this study. As a study of human behaviour in its natural state, that is, the social, cultural and educational context of young children's SLCN, the study represented an exploration of the key issues of roles, relationships and processes affecting those in case study settings and how policy at both government and LA level impacted on early childhood practice. This was conducted through the multiple methods of data-gathering of survey, interviews and analyses of policy documents and personal documents such as children's individual education plans [IEPs] and professional reports to clarify meaning and interpretation. It also described what was happening in the case study settings in terms of the didactic relationship between practitioners and children through researcher direct observation. The interactions between adults (early years practitioners) and young children and the reported and observed impact of those interactions on the development of children's communication skills needed to be recorded, coded and analysed in order that they could be interpreted, through the application of descriptive statistical analyses of data (see Hart and Risley, 1995). The study was

therefore exploratory and descriptive, as case study is not restricted to the goals associated within one category (Denscombe, 2010).

Yin (2009: 14-16) was concerned that case study may "lack rigour, have little basis for scientific generalisation and take too long", resulting in lengthy unreadable documents. Further, "good case studies are difficult to do" due to the potential for researcher bias in findings and conclusion. Walker (1983 cited in Bassey, 1999: 35) was concerned that case study "can give a distorted view of the world and has a tendency to embalm practices which are actually changing." However, it could be argued that the naturalistic, interpretive nature of case study was balanced by using mixed-methods in this study to enhance validity. Furthermore, Yin (2009) concluded that problems with bias and lack of rigour could be overcome with the use of systematic procedures and fairness in the process of data collection, analysis, interpretation and reporting, as was employed in this study.

Advantages of case study design are that it can provide rich descriptions of individual cases and allows for the meanings and perspectives of individual cases to be portrayed (Aubrey *et al.*, 2000: 39). The case study approach allowed the researcher to understand the interconnectedness and interrelated aspects of relationships and processes within social settings such as adult-child interactions (Denscombe, 2010). It provided the capacity for understanding complexity in particular contexts (Simons 1996). Furthermore, case studies allow general generalisations either about an instance or from an instance to a class, and their "attention to the subtlety and complexity of the case in its own right" which is a particular strength (Adelman *et al.*, 1980: 59-60). As noted by Stake (2000) the use of case study allows the reader to engage in vicarious experience and expand their understanding, hence enabling naturalistic generalisation to be made.

Whilst it was important to acknowledge potential weaknesses of using a particular design, strategies can be employed to reduce the impact of weaknesses and inherent weaknesses should be weighed against the strengths of a particular design if the design is the most appropriate for the study. In this study, case study sites were selected to provide maximal variation in the sample, allowing greater validity for the evidence to be obtained (Aubrey *et al.*, 2000). In addition, case study data were gathered "systematically and rigorously" (Cohen *et al*., 2007: 254).

Furthermore, generalising from the results was not an aim of the study, rather an understanding of the policy-to-practice context of young children's SLCN. Indeed, Stake (2003: 135) advised designing case studies to optimise understanding of the case, rather than seek generalisation beyond. In this study, it was the researcher's aim to "come to know the particularity of the case", that is young children's SLCN (Stake, 1995: 39). In other words, the researcher attempted to provide "sufficiently rich data for the readers and users of research to determine whether transferability is possible" (Lincoln and Guba, 1985: 316). Nevertheless the researcher has proposed "naturalistic generalisation" or "conclusions arrived at through personal engagement in life's affairs" such as those affairs of practitioners and young children in early years settings (Stake 1995: 86-87). Stake (1995: 86) noted that naturalistic generalisation could be made through 'vicarious experience' which he saw as a key role for case study writers:

> To assist the reader in making naturalistic generalisation, case researchers need to provide opportunity for vicarious experience. Our accounts need to be personal, describing the things of our sensory experiences, not failing to attend to the matters that personal curiosity dictates. A narrative account, a story, a chronological presentation, personalistic description, emphasis on time and place provide rich ingredients for vicarious experience.

Case study is suited to the multi-method flexibility already described in this chapter, as "case study is typically multi-method in design" (Aubrey *et al*., 2000: 40). Certain kinds of case study represent a form of mixed-methods research, as noted by Yin (2009: 63). Since this study required the collection of data using a mixed-methods approach, this strengthened the argument for the use of case study.

4.3 Participants, sampling strategy

The sample for this study included all those concerned with young children's SLCN within one LA in the West Midlands. The decision to locate this study within one LA was necessary to enable the researcher to relate the government policy-to-practice context, as previously discussed and in order to address the research questions. The county for which the chosen LA had responsibility consisted of six separate districts. In mid-2009, the population of the county was an estimated 556,500 people. By area, the county was largely a rural county, although around 70% of the population lived in urban areas. The county had a slightly lower number of children aged birth to five than the national average. This was due to there being a lower proportion of women of child-bearing age in the county, especially in the 19-34 age range (Rice, 2011: 4). According to the LA *Children and Young People's Plan* (2011 – 2014: 4), there were 17,060 (14.5%) children and young people living in poverty in the county in 2008. Whilst levels of deprivation across the county were generally low compared to other areas of England, there were pockets of higher levels of deprivation situated in both urban areas (the city, the north-east and the north-west) and some rural areas. Rural isolation of families in some parts of the county exacerbated issues related to living in poverty. The county had seven lower level super-output areas (LSOAs) in the 10% most deprived areas

across England. These were concentrated in the three pockets of deprivation in the city, the north-east and the north-west of the county (West Midlands Regional Observatory, 2008: 25).

In terms of cultural diversity 96.1% of the population in the county was from the White-British ethnic group. The proportion of the population made up by black and minority ethnic communities was 3.9% in 2005, equating to a population of 21,400. The largest ethnic minorities were the Indian and Pakistani populations (ibid: 30). However, during 2006-07, over half (54%) of new national insurance registrations came from Poland followed by Slovakia accounting for 9% of the registrations (West Midlands Regional Observatory, 2008: 24). Approximately 1,350 children (22%) of children in Reception Year (for 5-year-olds) in the county did not achieve the expected level in using language for communication and thinking strand of the EYFS framework in 2009. Similarly, almost 2,500 (40%) did not reach expected levels across the wider CLL strand (Jordan and Thomas, 2010: 19).

With small-scale studies such as this study, it is impossible to include all of the population of interest in any stage of the research. For example, there were approximately 300 maintained/PVI early childhood settings offering provision to families in the LA within which this study was located. In addition, there were approximately 600 childminders. There were clearly too many settings to involve in interview or observations.

A method of selecting a sample of settings, therefore, for inclusion as case study sites was necessary. The size of a sample will normally depend on the nature of study (quantitative, qualitative or mixed methods), the time and cost constraints, the level of analysis required from the resulting data and the aims and objectives of the study. The sample size for this study needed to provide a maximal variation of early childhood settings in order to address the research questions.

In terms of sample bias, the settings were selected for survey to be as representative as possible of the total population by including all settings within the county who were registered as providers of early care and education with the LA (Denscombe, 2010). This was to ensure that settings represented the broad range of type of early years setting, the geographical diversity of the LA (rural and urban settings) in areas considered to be wealthy and poor and representing cultural diversity as outlined above.

Case study sites were selected from those who volunteered participation through the initial survey, with additional settings being approached where necessary to boost the sample in order to ensure the above mentioned maximal variation within the sample. Early years settings selected for case study sites, therefore, were selected from survey responses based on their reported experience of the central phenomenon and key concept being explored in this study that is young children's SLCN, using a maximal variation sample of early years settings to ensure diversity of types of setting (Creswell and Plano Clark, 2011). This to a degree emulated a 'representative sample' (Denscombe, 2010) in a way that random sampling would not, as it endeavours to ensure that a wide cross-section (though admittedly a small number) of settings was included. Nine settings were selected for case study and two additional settings were included in order to observe target children in both of their settings, where they attended two as shown in table 4.1.

Table 4.1 Settings participating as case study sites

Type of setting	Area of county	Age at which children can enter the setting	Demographics of families using the setting
Sessional pre-school	City centre (urban)	Two	Mixed (from affluent two-income families to single parent not working and varied cultural backgrounds)
Private day nursery	North-East (semi-rural)	Three months	Predominantly professional both parents working (varied cultural background)
LA maintained nursery provision	South (semi-rural)	Three	High number of vulnerable children with a lot of needs and low SES (varied cultural backgrounds)
Private early years	South (rural)	Birth	Mixed (from affluent two-income

centre			families to single parent not working and varied cultural backgrounds)
Childminder	North-East (semi-rural)	Birth	Mixed (from affluent two-income families to single parent not working and varied cultural backgrounds)
Children's Centre	North-East (semi-rural)	Two	Mostly middle income White families
Physical and sensory special school	North-East (semi-rural)	Two years, six months	Mixed (from affluent two-income families to single parent not working and varied cultural backgrounds)
Communication and interaction special school	North-West (urban)	Two	Mixed (from affluent two-income families to single parent not working and varied cultural backgrounds)
ICAN Language Centre	Middle (urban)	Three	Mixed (from affluent two-income families to single parent not working and varied cultural backgrounds)
Additional settings			
Pre-school	North-East (urban)	Two years, nine months	Mixed (from affluent two-income families to single parent not working and varied cultural backgrounds)
Outreach nursery assessment centre	North-West (urban)	Two years, six months	Mixed (from affluent two-income families to single parent not working and varied cultural backgrounds)

This represented the full range of types of settings providing child care and education to families within the LA. Families using the services of an early years setting did not necessarily live close to the setting, as families sometimes choose settings close to their own place of work or selected for cultural or religious reasons. Specialist settings in particular had a wide catchment area and included children from across the LA and, in special circumstances, from other LAs. This added a layer of complexity to the selection of settings within the sample. Therefore attempts were made to ensure that the sample of settings supported children residing in as many different districts within the LA, and as many social and cultural groups as possible were represented. If children were attending more than one setting, then observations were made in their additional setting.

Within the unit of analysis which formed the focus for a case study (in this case, the LA), subunits were identified which were bound together and shaped by sets of relationships,

interacting with each other and with the external environment (Edwards, 2001). Case study subunits were identified as a) early years practitioners, b) parents c) children with SLCN (target children, that is, one child in each early years setting with an identified SLCN whose parents have consented to their child's participation in the study). They were selected by practitioners from the settings concerned and included children whom practitioners had identified as experiencing SLC delays/disorders resulting from social and environmental factors, neurodevelopmental and sensory disability (Bercow, 2008).

Methods of data collection will now be discussed.

4.4 Data collection methods

The choice of data collection methods must ensure that data collected are as valid, reliable and trustworthy as possible. Data collection for case study calls for a balance between rigour and lightness of touch (Bromley, 1986). This means that case study researchers should aim at low-intrusion methods of data collection so that they can do justice to the story the case is telling (Edwards, 2010: 167). Yin (2009: 102) described six sources of evidence most commonly used in case studies: documentation, archival records, interviews, participant and non-participant observation and physical artefacts. He noted that a good case study will want to use "multiple sources of evidence". In order to investigate the macro-to-micro influences on young children's SLCN, in this study the research questions were addressed through a mixed-method of data collection as shown in figure 4.1.
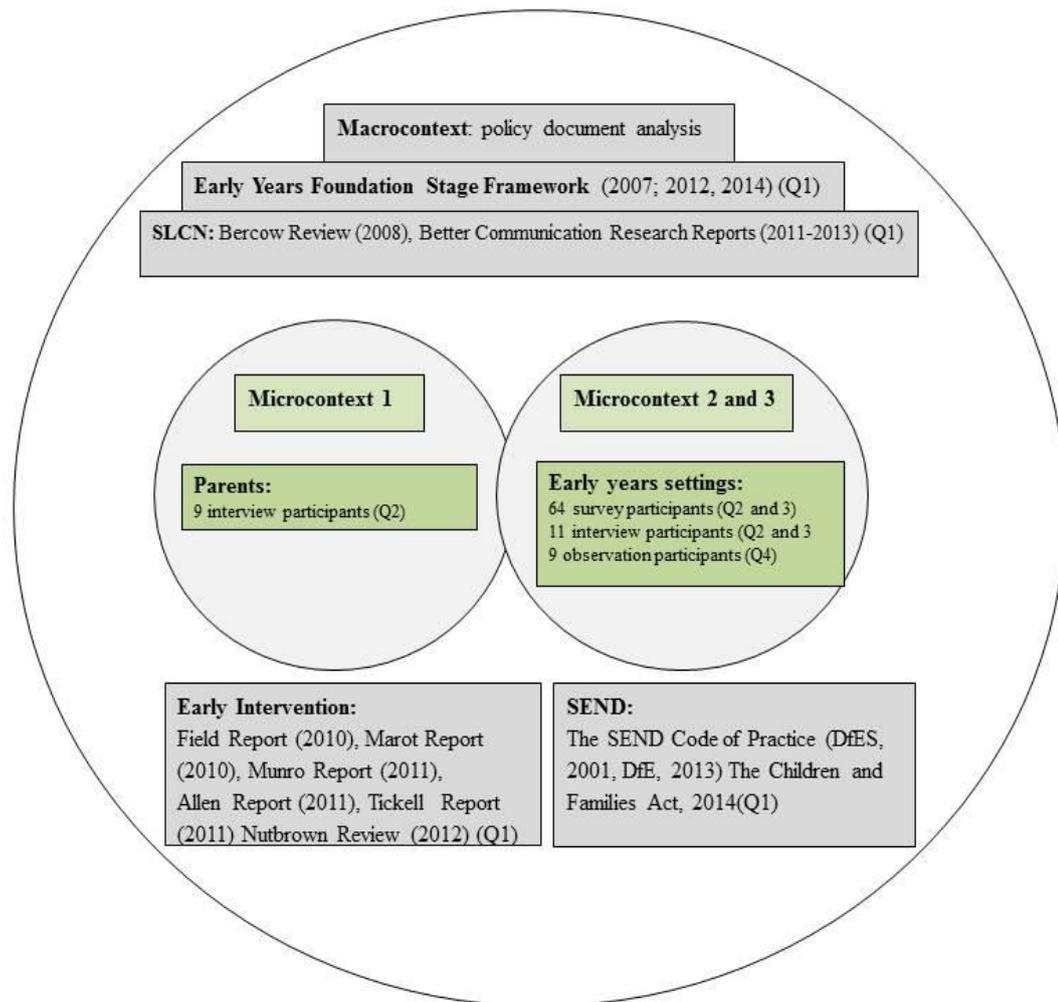
Figure 4.1 Research questions and methods used to address them

This included data from:

- Document analysis to understand the policy context of early identification, assessment and support of young children's SLCN and already discussed in chapter two;

- Survey of practitioners to identify the nature of SLCN being identified and supported within early years settings;

- Interviews with practitioners in case study sites to provide in-depth data about their perceptions of young children's SLCN;

- Interviews with parents from case study sites to identify young children's early communication experience in the context of their individual socio-cultural environments and heritage;

- Observations of target children in early years settings to identify the SLCN of young children within the relationship context of adult-to-child, child-to-adult and child-to child-interactions, and to highlight any tension between policy and practice.

Figure 4.1 identifies the research settings, participants, data collection methods used and the research questions addressed by each. Each of these data collection methods is discussed below. The data collection tools are explained in detail in chapters five, six, seven and eight and can be found in the Appendices.

4.4.1 Document analysis

In this study the context of policy-to-practice of young children's SLCN was explored by analysing the content of policy documents such as the EYFS framework (DfES, 2007a; DfE, 2012, 214), the SEND Code of Practice (DfES, 2001) and the landmark Bercow Report (2008) of SLCN in chapter two. Recent EI independent reviews were examined in relation to the emphasis on early identification and assessment roles of early years practitioners and multi-agency working implications (Marmot, 2010; Allen, 2011; Field, 2010; Munro, 2011). This offered insight into the policy-to-practice or macro-to-micro context of young children's SLCN and provided triangulation with other data collection methods using the theoretical framework of bioecology (Bronfenbrenner, 1979; 1993) as an analytical tool.

Formal document analysis can be a helpful precursor to observing and interviewing in suggesting issues worthy of exploration as well as providing a context for the interpretation

of interview and observational data (Simons, 2009: 63–64). Document analysis can also become a means to find frequencies or contingencies of a certain question where necessary (Vasconcelos, 2010: 332). For example, the question of how to determine the difference between a SLC delay and disorder without specialist knowledge and how many children experienced SLCN was raised in chapter two.

Analysis of documents can enable researchers to "reach inaccessible persons or subjects" (Bailey 1994: 294-6) and if they are official documents in the public domain they may have been written by skilled professionals, thereby providing more valuable information and insights than local policy documents written by relatively uninformed amateurs (Cohen *et al.*, 2007: 201). They are also unobtrusive as they have not been created as a result of the case study, are stable, exact and may have a broad coverage over a long time-span and many different settings (Yin, 2009). In this study these insights were useful in determining what policy requires early years practitioners to do in relation to the early identification, assessment and support of young children's SLCN.

It is important that policy documents are used in context as one part of the jigsaw. When employed in this way, they are valuable in rendering more visible the phenomenon under study (Prior, 2003). Therefore other methods of data collection served to 'place' the settings investigated within wide macro socio-cultural and political context.

In this study the focus was on official government legislation, guidance and sponsored independent reviews that influenced the policy-to-practice context for SLCN. This was guided by consideration of why it was developed, whose needs were being met and what its influence was on:

- ideas, values and practices;

- delivery of services;

- life chances and who (if anyone) benefited;

- what major stakeholders using services thought of it (Yeo and Lovell, 2002).

4.4.2 Survey

Surveys gather written information supplied by people in response to specific questions asked by the researcher, making the data available from their analysis, distinct from data gathered from interviews or observations (Denscombe 2010). Predominantly surveys gather information which is factual (for example, how many children attending a particular early childhood setting have SLCN) or opinions, views, beliefs and reported practices (for example practitioners' views of how to identify and assess SLCN in young children or support parents).

In this study, survey was employed to gather initial data relating to the prevalence and nature of SLCN in young children attending early years settings, practitioners' experiences of supporting SLCN, and the nature of organisational, planning and teaching strategies they employed to support young children's SLCN.

The use of a questionnaire in this case allowed the researcher to involve a large sample of a particular population (early years practitioners) in the study which would be prohibitive in terms of data gathering for interviews or observations, let alone analysing the large amount of qualitative data that typically result from interviews and observation. The questionnaire provided a relatively simple and straightforward approach to the study of attitudes, values, beliefs and reported practice of practitioners (Robson, 2002). Disadvantages of questionnaires are that they can be expensive in terms of printing, preparation and postal costs, particularly

if they need to be sent to a wide population. Moreover, there can be a considerable time delay between sending the questionnaire out and receiving responses which then need to be analysed and the results coded and categorised. The rate of response from questionnaires can sometimes be low and the researcher will not be aware of the characteristics of non-respondents, therefore it is not possible to determine whether the sample of respondents is representative (Robson, 2002). In this study, the LA distributed the questionnaire with their practitioner newsletter, promoted the importance of the study within their newsletter and a three-week return date was stipulated to encourage prompt response from practitioners.

Advice on the nature and content of the questionnaire was sought at the design stage from relevant professionals concerned with young children's SLCN and development, for example, early years managers within the LA, SLTs and EI managers working within charitable organisations.

The questionnaire used open and closed questions. Open questions related to the categories of SLCN practitioners were supporting, the type of training that practitioners had attended, the strategies they used to support children, how they worked with parents and the number and range of other professionals they liaised with in order to support young children's SLCN. These were analysed on two levels, first *a priori* themes drawn from research questions; secondly emergent themes issues and surprises were generated. Open questions allow participants to write a free account in their own terms, to explain and qualify their responses and avoid the limitations of pre-set categories or response. They can also lead to responses which are difficult to analyse, compare and code (Cohen *et al.,* 2007). It may not always be clear to participants what researchers are asking them if questions are too open and this can lead to answers which may be irrelevant and redundant (ibid). The questionnaire was piloted to reduce this possibility. In this study, appropriate use of open questions enabled

practitioners to describe in their own words their own understanding of the nature of SLCN they were supporting in order to illuminate their perspectives on young children's SLCN. At the same time the questionnaire provided a clear definition of SLCN to ensure practitioners were focused on an agreed phenomenon.

Closed questions provided frequencies amenable to descriptive statistics and further possible analysis. Fixed-choice questions revealed the type of setting practitioners represented and the number of children with SLCN they were supporting within each of the age bands defined by the EYFS (DfE, 2012, 2014). Where closed questions were used, it was acknowledged by the researcher that standardised or pre-coded questions could bias the findings towards the researcher's rather than the respondents' way of seeing things. The reliability and validity of the data could thus be affected by the quality of the questions posed (Robson, 2002). However, it was also acknowledged that the ability of questionnaires to supply standardised answers to questions could also reduce the scope for the data to be affected by 'interpersonal factors' (Denscombe, 2010). Using open and closed questions therefore ensured that crucial quantitative data on the prevalence of SLCN and type of setting were recorded accurately, whilst providing practitioners with the opportunity to use their own terms and descriptions of young children's SLCN.

The findings were also used to identify issues for practitioner interviews which pursued fruitful lines of enquiry in greater detail and depth, as the interview data complemented the questionnaire data (Denscombe, 2007). The questionnaire was sent to all maintained, private, voluntary and independent early years settings in one LA in England. A relatively short questionnaire was designed which was capable of being completed by practitioners within half an hour. Practitioners were provided with the option to provide their name and setting details or answer anonymously. They were also asked if they were willing to participate in

an interview with the researcher and allow the researcher to observe a target child in their setting.

4.4.3 Interviews

Interviews were used for the collection of data where opinions, feelings, emotions and experiences about SLCN needed to be explored in depth rather than just simply reported in a word or two and/or where sensitive issues needed a personal and considerate approach to encourage participants to be open and honest (Denscombe, 2010). They allowed the researcher to get to core issues, in this case, more quickly and in greater depth (than observation or document analysis), to probe motivations, to ask follow-up questions and to facilitate individuals telling their stories (Simons: 2009). Stake (1995: 64) noted that in case study, "when attempting to discover and portray the multiple views of the case ... the interview is the main road to multiple realities".

To gain the multiple perspectives suggested by Stake (1995) in this study, lead practitioners and parents/carers of children from selected exemplar case sites were invited to participate in an interview to provide the researcher with their individual and different perspectives on young children's SLC development. Practitioners were asked to discuss issues relating to early identification, assessment and support for young children within early years setting as well as support from other professionals and the way they worked with parents of children with SLCN. Parents of target children were also invited to talk about their child's early social, emotional and health development, learning and early care and education experiences, including socio-cultural aspects and parental expectations.

Interviews can be *structured*, where tight control of the format of the questions and answers is maintained by the researcher, *semi-structured* where the researcher has a list of issues to be explored but is prepared to be flexible, in terms of the order of topics and to allow the interviewee to develop ideas within the interview framework, or *unstructured,* where emphasis is placed on the interviewee's own thoughts (Denscombe, 2010). Siraj-Blatchford (2010: 225) noted that the more structure, the more reliable the data gathered and the more the interview is "theory driven". Conversely, the less the structure, the more the researcher will find out and the greater validity the data has at the expense of reliability. Interviews can also be conducted face-to-face, by telephone or video conference. For this reason, semi-structured interviews were considered to provide the basic structure and flexibility necessary for this particular study. Face-to-face interviews allowed the researcher to develop a relationship with practitioners and parents, which was considered necessary to encourage them to be honest and open, although this represented a cost in terms of time and travel. Since interview was being employed to probe issues, ambiguities and surprises that emerged from the survey data, interviews were more likely to enable the researcher to find out "what is in and on someone else's mind" (Patton, 1980: 196). Sensitive issues such as children's SLC development and problems with it were considered easier to broach face-to-face and semi-structured interviews to provide the opportunity for participants own values, perceptions and beliefs to emerge.

Open interview questions were employed as the research questions required the researcher to explore practitioners' and parents' perceptions of the central phenomenon (children's SLCN), rather than restrict their answers to pre-determined, fixed-alternative answers. Practitioners' questions were designed to encourage them to describe their experiences of supporting children with SLCN; as well as encouraging them to reflect on the support they received from

the government, the LA and other professionals, whether they were confident in identifying, assessing and supporting children's SLCN; and what factors contributed to their level of confidence. For parents, their recalled experiences and memories of their child's early development, milestones and current achievements/SLCN within the home were sensitively discussed.

Piloting questions, at least in mental rehearsal, should be routine (Stake, 1995). The interview questions were piloted with three early years practitioners and two parents respectively for intelligibility, comprehensiveness and time taken. Interviews were conducted in the practitioners' early years setting. A schedule of questions was used with prompts to help to direct the interview (Cohen *et al.,* 2007) but the researcher endeavoured to ensure that practitioners and parents were provided with the opportunity to answer questions fully, in their own words. Questions were asked in a neutral manner, clearly and in the most logical sequence for that particular participant, to ensure that questions posed did not cover aspects they had already mentioned in previous questions.

Interviews followed Robson's (2002: 277) five-point model which advised the inclusion of an introduction, a warm-up, the main body of the interview, a cool-off, and closure. This format allowed time for the researcher to outline the research process, ensure participants were fully informed before eliciting informed consent, provide reassurances about confidentiality of data and build trust and rapport with the interviewee (Denscombe, 2010).

Interviews were recorded with a digital recorder, with permission from participants, and transcribed *verbatim.* Transcripts were sent to participants in order that they could verify their agreement that what the researcher had recorded was representative of the discussion in which they participated. Stake (1995: 66) noted that getting the exact words from the respondent is usually not important, it is what they *mean* that is important (emphasis added).

Whilst transcribing interviews presents issues around loss of context and meaning, as they

are:

> … abstracted from time and space, from the dynamics of the situation, from
> the live form and from the social, interactive, dynamic and fluid dimensions of
> their source and therefore 'frozen'. (Cohen *et al.,* 20007: 367)

The researcher attempted to reduce the effects of this by ensuring that she captured factors

such as the tone and, inflection of voices, speaker emphases, pauses, interruptions, speed and

mood of the speaker and flow of conversation between the interviewee and interviewer

within transcriptions. In addition, taking notes as well as recording helped to break sustained

eye contact with the interview and aided the social process (Simons, 2009: 53). Some

participants can feel inhibited when being recorded, though they usually relax as an interview

progresses (Denscombe, 2010). Although transcribing interviews in this way was a time-

consuming activity, the process of typing up the transcripts allowed the researcher to engage

with the data in a way which was not always possible in interview situations, when she was

concentrating on ensuring all the relevant points had been covered. Additional notes acted as

an aide-memoire to interviewee tone, gesture and general mood.

4.4.4 Observation

The research questions in this study required the researcher to observe children's interactions

with practitioners and peers in order to identify their response to the early years provision in

which they participated at the micro level. Observations can lie on a continuum from

structured to unstructured and from complete participant to non-participant observation

(Simons, 2009: 55). Edwards (2010: 168) categorised observations as anecdotal (rich

descriptions of a specific and information event), event-sequenced (noting when a particular behaviour occurs) or time-sequenced (when collecting information at regular intervals). In this study, it was considered appropriate to use a structured time-sequenced observation, alongside more anecdotal narrative observations in order to increase validity, rigour and triangulation within the data collection process. Observations were carried out by the researcher and were therefore non-participant.

Time-sequenced observations record occurrences of behaviour(s) for set time periods in order to measure their relative frequency (Rolfe and Emmett, 2010). This method can provide numerical data from frequencies of specific interactions and activities in a particular context, which allows the comparison of children across case study sites. Narrative observation required the researcher to write detailed notes in a 'running record' against a timeline. This allowed the researcher to construct detailed 'thick' descriptions of individual children in context.

Time-sequenced observations were employed to record target children at specified intervals of time (every two minutes). Time samples allowed the researcher to observe a child over sustained periods of time of at least two days in each setting and longer as time allowed. In order to ensure systematic data collection, a structured observation schedule was used. The target child observation schedule developed by Sylva *et al.,* (1980) has been used widely in early childhood research (for example Sylva *et al.,* 2004; Siraj-Blatchford *et al.,* 2002). Developed to document activities and interactions in early years settings, target child observations provided a pre-coded schedule for collecting data, in order to observe closely an individual child who may (for example) use little language or not appear to relate well to children or adults (Hobart and Frankel, 2004). This made it particularly suitable for this study. Codes were designed to denote:

- The task in which the child was engaged (activity);

- what the child was saying/what was said to the child (language);

- what type of educational 'programme' the child was involved in, such as free-play or organised story time (task);

- any non-verbal signs which might indicate the child's social interaction with others (social).

Sylva *et al*., (1980) developed over 30 task codes for their study, not all of which were considered appropriate to the current study, therefore 24 of those codes were selected. For example, if children were engaged in creative activities such as painting, drawing, chalking, cutting and sticking this was coded as "ART" and if they were engaged in reading, writing or counting, including attentive looking at books, this was coded as "3Rs". If children were engaged in activities which combined more than one activity, multiple-coding could be employed, for example, making a book could be coded as "ART/3Rs".

In addition to task codes, social codes were used to record whether a child was playing alone or with other children and to what extent the play was parallel (playing alongside other children) or associative (playing with other children). Contextual data was also recorded, including the date and time of observation, the adult-to-child ratio, the general mood of the child at the time of observation, such as whether their key worker [KW] reported that they were tired or unwell on a given day, and the activities available to children during a period of observation. The target child observation schedule was piloted in a sessional pre-school and a private day nursery to ensure that the researcher was completely familiar with its use and that the coding was consistent and reliable.

Narrative observations involved a running record of what was occurring in the early years setting, and provided contextual data to triangulate target child observations. A digital recorder was used to capture dialogue between target children and adults and target children and peers though it was expected that some children might not have verbal communication skills. Photographs of children enhanced the data further and enabled the researcher to complement the target-child observations and cross-check target-child and narrative observations. This provided an objective record and captured non-verbal cues to meaning, such as body positioning and facial expression (Simons, 2009).

Photographic capture can be challenging as it entails pointing a camera at someone, "making it clear that he or she is being directly observed" (Bassey, 1999: 82). Those being observed may behave differently when being filmed (Rogoff, 2003). Cameras can be disruptive if they are handheld and if they are fixed they "see less than the more flexible human observer" (Edwards, 2010: 169). For these reasons, photographic capture was limited to one instance for each child, where parental and practitioner consent had been provided and was used purely for the purposes of adding corroborative data to target-child observations.

Direct observation allowed the researcher to observe a range of processes, actions and interactions, from factual aspects of SLCN, such as the number of children who experienced SLCN, to aspects of the environment, people and their relationships, behaviour, actions and activities, verbal behaviour, physical objects or resources (Baker, 1994). These observable factors were interconnected and interrelated and hence difficult to isolate and distinguish. Observational data, however, enabled the researcher to understand the context of SLC programmes, to be open-ended and inductive in attitude, to see things that might otherwise have been missed from reports, to discover things that participants might not freely talk about in interview situations, to move beyond perceptions and opinions of practice and access

personal knowledge (Cohen *et al.,* 2007). Observation is regarded as useful in case study research, so researchers can observe closely a specific case setting and/or interpret findings gained from other methods in context (Simons, 2009). It provides opportunities for finding "good moments to reveal the unique complexity of the case" (Stake, 1995: 63). Therefore it allowed the researcher to identify what occurred in early years settings that was similar to and different from their reported practice from interviews. For example, practitioners in survey and interview reported that they used AAC to support children's SLC and this practice was observed in all specialist and one mainstream setting.

Furthermore, observation allowed the researcher to study aspects of practitioner and child behaviour in a natural environment (that is early years settings) in order to understand their interactions and their environment. This provided a unique insight into which the social and physical variables located within a child's natural environment might impact on a particular aspect of their SLC development (Bronfenbrenner, 1979; 1993). Thus, observation allowed the researcher to look directly at what was taking place *in situ*, rather than relying on practitioners' second-hand accounts (Cohen *et al.,* 2007) and as such, provided a reality check, as what people do may differ from what they say they do (Robson, 2002: 310).

4.5 The process of analysis

The researcher was an experienced early years practitioner and had some *a priori* ideas about what might emerge from this study and this was guided by the research questions. The first level of data analysis of data, therefore, was *a priori,* reflecting the research questions. Qualitative content analysis provided the opportunity to organise, condense and categorise data through a process of interpretation of and inference from participants' original

expressions. This was an inductive process rather than being theory guided and deductive. Since participants were practitioners dealing with SLCN, their expressed views reflected themes emerging from policy analysis structured by the research questions asked. A process of reducing and clustering to form initial codes or sub-categories that described SLCN and interpreting the results within the conceptual or theoretical framework of the study followed. The bioecological model assisted in positioning the analysis.

The unit of textual analysis was an extract from a transcription with factual connection to an idea and issue. After initial codes had been identified in data of two or three transcripts, codes were compared with each other according to similarities and differences to determine which data "look alike" and "feel alike" as suggested by Lincoln and Guba (1985: 347). This clustering process led to the formulation of sub-categories with some minor differences in the same stakeholder group. In the second stage, main categories were formulated by abstracting and combining sub-categories of each stakeholder group. As the sub-categories were already adjusted to the dataset within a particular group, significant change did not usually occur at this stage. Some categories remained similar to initial codes, others changed through abstraction, combining codes and sub-categories during the analytic process. Categories stayed close to the original expressions of the information; broad categories included more abstraction of the ideas of which categories were presenting.

4.5.1 Quantitative data

The initial survey generated quantitative data, which led to frequencies being displayed descriptively from closed questions. Thus a small quantitative data set was generated related, for instance, to the number of children being supported by practitioners with SLCN and the planning and strategies used to progress their development, together with the professionals

they engaged to achieve this. Target-child observations also produced frequencies of types of adult-child/child-child interactions in different social contexts. The resulting descriptive statistics did not make inferences or predictions, they simply reported what had been found (Cohen *et al.,* 2007: 504). Inferences were made at the later interpretation stage from knowledge gained about the dimensions and properties of different components of the data during the analysis (Corbin and Strauss, 2008).

4.5.2 Qualitative data

Qualitative data were analysed by asking questions of the data to explore their properties and dimensions and making constant comparisons across case study sites (Corbin and Strauss, 2008). Emergent categories were therefore gradually uncovered.

Open questions from both the initial questionnaire and subsequent semi-structured practitioner and parent interviews led predominantly to qualitative analysis and grounded theory analysis (Charmaz, 2000). Early analysis of field notes and interview transcripts was recommended by Corbin and Strauss (2008), in order that concepts and categories may highlight themes emerging from inductive analysis. Practitioner interview transcripts were analysed qualitatively by the application of codes to emerging common and discrepant themes and categories to allow comparison of practitioner practice across case-study sites. Coding facilitated interaction with the data and supported questioning and comparison as suggested by Corbin and Strauss (2008: 66):

> … to review a set of field notes, transcribed or synthesised and to dissect them meaningfully while keeping the relations between the parts intact, is the stuff of analysis. This part of analysis involves how you differentiate and combine the data that you have retrieved and the reflections you make about this information.

Themes were discussed with practitioners in order to validate and confirm researcher interpretation. Target children were observed and their interactions and activities were analysed quantitatively and qualitatively. Analysis of interviews with parents/carers followed a similar pattern. Field notes and running anecdotal commentary were analysed qualitatively. This allowed rich descriptions of children across case study sites from the production of thick descriptions of individual children's communicative interactions.

The purpose of coding is to take raw data (in the form of interview transcripts, field notes, questionnaire responses) and raise it to a conceptual level. Coding allows a researcher to interact with data, make comparisons between data sets and ask questions relating to emerging themes in order for concepts to come to be established (Corbin and Strauss, 2008). Concepts are the basic building blocks of grounded theory which are grouped together under a higher order, or more abstract concept called a category (Aubrey *et al.,* 2000). Furthermore Miles and Huberman (1994) suggested that analysis through coding both within-site and across-site can reduce the possibility of 'raw data overload' allowing causal chains, networks and matrices to be established. Therefore, within this study data were collected and analysed simultaneously, coded and categorised and theory developed from emerging categories during each step of the research (Charmaz, 2006) leading to the emergence of a conceptual story (Strauss and Corbin, 1997).

4.6 Role of the researcher

The most distinctive characteristic of qualitative inquiry is its emphasis on interpretation (Erickson, 1986 cited in Stake, 1995). Interpretation of behaviour, narrative and documents

requires that researchers take roles and responsibilities within a study. Role negotiation, balance and trust are significant and difficult for researchers. The challenge was to select a role that would "provide access to as wide a range of people as possible, preserve neutrality and enable confidences to be secured" (Cohen *et al.,* 2007: 179).

The personal qualities required to perform this role according to Robson (2002) are an open and enquiring mind, being a good listener, general sensitivity and responsiveness to contradictory evidence. As an experienced early years practitioner and educational researcher, these are skills which the researcher has been able to develop over time. Empathy with participants within the study was enhanced by the researcher's previous work with practitioners, families and children. Whilst the personal experience of the researcher was an integral part of the research, in conducting this study, the researcher was aware of her own personal responses to the world around her and able to make choices about how to use them (Etherington, 2004). In other words, the researcher endeavoured to capture inter-subjectivity in order to ensure trustworthiness and authenticity was enhanced by understanding and anticipating how her own views and experiences impacted on the way in which data were interpreted. This required a high level of reflection and the ability to "interpret one's own interpretations, looking at one's own perspectives and turning a self-critical eye onto one's own authority as interpreter and author" (Alvesson and Skoldberg, 2000: vii).

The effect of the researcher on the participants of the observation, both adults and children, is worthy of mention. Researchers might assume that if they attempt to remain unobtrusive within a setting, or spend sufficient time within a setting in order to become a familiar presence, their effect will be minimal. It is extremely difficult, however, to define or measure the effect of a researcher's presence on child and adult behaviour (Aubrey *et al.,* 2000). Acknowledgement and acceptance that researcher presence would impact on behaviour to

some degree, therefore, was inevitable, particularly when observations were overt as in this case study.

Related to this was the researcher's responsibility to minimise bias in data collection, analysis and interpretation. Being reflexive and open about one's own investments and interests, standpoints and motivations and their impact on the texts produced in a study was one way to reduce the effect of the researcher's own ontological and epistemological positions on the study as facilitator of multi-voice reconstructions. This increased the likelihood of equity in relationship between the researcher and participants involved in the study (Greishaber, 2010).

Direct observation posed issues around subjectivity as human observers are prone to feelings and interpretations that influence what we see or do not see (MacNaughton *et al.,* 2010). If observations are not thoroughly recorded within context, memory of actual events can be selective and researchers can sometimes be distracted and miss important data during observations (Cohen *et al.,* 2007). However, observer training and definition of target behaviours can improve observer objectivity and as a practitioner, the researcher has received training in observing young children's behaviour in early years' settings (MacNaughton *et al.,* 2010). In this case, the target behaviours were specifically those related to young children's SLCN and the adult-child/child-child interaction within that context. Therefore, researcher observation involved treading a delicate line that attempted to penetrate participants' meanings and understandings in order to produce knowledge that was reflective of their reality and frames of reference. Working together with participants enabled them to construct collaboratively a jointly understood and meaningful social reality. This required the researcher to be sensitive to and mindful of participants' verbal and non-verbal communication such as body language and facial expression with a particular sensitivity to

language, actions and interactions of individual participants in their environment. Observing actions and interactions allowed the capture and construction of children's lived experience.

4.7 Reliability, validity, credibility and trustworthiness

Research studies must be open to judgement in relation to the quality, reliability and trustworthiness and authenticity of the findings.

To improve survey reliability participants involved in the survey were provided with a definition of SLCN to increase the likelihood of a common response as shown in Appendix A and survey responses could be completed anonymously.

In order to increase the reliability of the questionnaire and interview schedules, the questionnaire and interview questions were piloted to allow ambiguities to be identified as suggested by Stake (1995). Where questions were ambiguous or overlapped, they were re-phrased or removed. Research participants were provided the opportunity to validate transcripts of interviews in order to ensure accuracy and early findings were shared with practitioners to check that they were an accurate reflection of their experiences.

The structured observation schedule has been utilised within significant previous early years studies, providing reliability and the researcher trialled its use in two early years settings in order to ensure that it effectively administered and captured social and communicative interactions as appropriate to the study (Sylva *et al*., 2004; Siraj-Blatchford *et al.,* 2002).

Research questions were used as a guide for analysis and data were examined and assigned to appropriate *a priori* categories accordingly. In order to reduce bias, common and consensual themes were identified and categories further sub-divided leaving discrepant themes which

were also reported. Once research questions had been addressed data were further examined to identify any additional themes not arising from addressing the research questions.

Trustworthiness of a research study is important to evaluating its worth. The aim of trustworthiness in a qualitative study is to support the argument that the study's findings are "worth paying attention to" Lincoln and Guba (1985: 290). This involved establishing:

- credibility - confidence in the 'truth' of the findings in terms of their constructed and reconstructed meanings and understanding for the participants with which and the context in which the study was carried out;

- transferability - showing that the findings and the understanding and meaning of lived experiences have applicability in other contexts or with other participants;

- dependability - showing that the findings are consistent and could be repeated or reconstructed with the same or similar participants in the same or similar context;

- confirmability - a degree of neutrality or the extent to which the findings of a study are shaped by the respondents' constructions, meanings and interpretations, rather than researcher's bias, motivation, or interest.

The researcher therefore employed 'member checking' as a strategy to determine validity. Early findings from the study were shared with participants to confirm that interpretation represented an accurate reflection of their lived experiences. Triangulation of data sources survey, interview, observation and document analysis was a feature of the study design to gain more informal reconstruction of experience. Further any disconfirming evidence or perspective arising from the findings which was contrary to other findings within the study has been reported as a divergent theme with a view to achieving both consensual positive, yet individual views to be compared and contrasted. The findings have been shared with peers at national early childhood and educational research conferences where they have received peer

review. Finally, other professionals who had knowledge of interpretative research as well as the nature of this study have examined the data and participated vicariously in the research process to ensure that knowledge produced was reflective of a social reality they recognised.

Further *special trustworthiness* measures recommended by Lincoln and Guba (1985) and cited in Aubrey *et al.,* (2000: 57) have been observed to ensure that the findings were credible. In addition to strategies above, these included:

- prolonged engagement in each setting (a minimum of two days and in practice many hours) allowing time to build trust and understand the culture of the context;

- persistent observation, interview and textual analysis to identify salient and pervasive features, and thick descriptions from each source identified;

- auditing of the research process by maintaining all records of raw data, data reduction and analysis has provided a means of external scrutiny.

It was not an aim of this study for the findings to be generalised beyond the case. However, a carefully recorded audit trail was available to allow other researchers to repeat the procedural aspects of the study in order to determine whether similar constructions and reconstructions were a possibility (Bassey, 1999). The researcher endeavoured to collaboratively construct a meaningful reality and include meanings emergent from the research process during the conduct of interviews and observations in order to reduce researcher bias being introduced into the findings. In accordance with Hammersley's (1990) and Patton's (2002; 1980) suggestions, the researcher endeavoured to ensure that the study was relevant to the audience and purpose for which it was intended by ensuring that data gathered were relevant to the research questions and produce a vicarious experience.

4.8 Ethics and early childhood research

Ethically, it is important not only that research studies ask the appropriate questions, but also that the methods used "fit the questions" (Alderson and Morrow, 2011: 11). An overview of how each data collection method has been used to address the questions raised by this research is provided in Figure 4.1earlier in this chapter. Furthermore, observation of children in the context of their familiar early years environment ensured that the generation of data was of a naturalistic nature and that knowledge was constructed intersubjectively through lived experiences in interaction with other participants.

This section, therefore, attempts to highlight some of the ethical considerations in undertaking research with vulnerable young children, particularly those who may be experiencing a developmental delay or disorder, and the adults who supported them. An overview of the ways in which this study has been planned to reduce insensitive approaches to research, whilst acknowledging that complete elimination of difficulties may be unachievable, is also an aim of this section of the chapter. The British Educational Research Association's (BERA, 2011) revised ethical guidelines were consulted and have guided ethical considerations throughout the study including issues relating to researcher conduct, confidentiality and consent. Furthermore the British Psychological Society's Code of Human Research Ethics (BPS, 2010) guided researcher sensitivity in relation to any possible power differential between the researcher and the parents and practitioners.

Whilst BERA (2011) and BPS (2010) provided procedural ethical guidelines for educational researchers to follow, Simons and Usher (2000: 1) make a strong case for the notion of situated ethics, asserting that while ethics has traditionally been seen as a set of general principles "invariantly and validly applied to all situations", in reality, ethical principles are mediated within different research practices. They therefore take on different significances in

relation to those practices, which are "immune to universalisation" as they are local and specific to particular practices. This highlights the interface of ethical practice and educational research, and the importance of researcher sensitivity to the environment and participants involved in research study. It also suggests a necessity for 'personalisation' of ethical considerations and practice to each participant and each individual educational setting involved in a study. This is especially true as the study involved a range of different types of educational setting in order to provide maximal variation. In an early years environment related to a special school, for example, the ethical considerations differed from those related to a rural sessional pre-school environment. Linked to this, the concept of the 'living ethics' of research with children (Adebe, 2009: 461) highlighted the reciprocity of the researcher-participant relationship, the need to understand the cultural environment entered as researchers and the imperative for respect in relation to this, as:

> …reciprocity…reflects how ethical spatiality is the product of interrelationships …and that dominant ethical principles are actually lived in, reproduced and experienced by research participants through interactions.

The researcher acknowledged that a trusting relationship with practitioners was central to interpretation of the way individual children conveyed wants and needs. Building relationships with practitioners was fundamental to their agreement to take part and parents, for their part, put their trust in practitioners as gatekeepers. The question of consent and assent is further discussed below.

4.8.1 Consent

Central to the issue of consent is the concept of *informed consent*, which relies on potential participants being fully informed of all the relevant issues relating to a study prior to providing formal consent. Diener and Crandall (1978: 57) define informed consent as:

> … the procedures in which individuals choose whether to participate in an investigation after being informed of facts that would be likely to influence their decisions.

The fundamental importance of consent, freely given, to research participation reinforces the view that the researcher should always explain fully the purpose, process and intended outcomes of research and seek consent on that basis (Mason, 2004). Furthermore, participants should be competent to make decisions relating to participating in research, make such decisions voluntarily, without pressure from researchers or research funding bodies, and fully comprehend the nature of the study and the implications of its outcomes to them personally (Cohen *et al*., 2007). It could be argued that in the absence of such comprehensive and thorough informed consent, participants are more accurately described as 'research subjects' than 'research participants' (Smyth and Williamson, 2004).

In this study, adult participants were provided with full information relating to the nature of the study, how it would be conducted, how data would be stored and their right to refuse consent and withdraw from the study at any point. The implications of the outcomes of the study for them, including how the study would be disseminated, their right to confidentiality and anonymity during and after the study, and details of the sponsors of the study (Birmingham City University) were discussed. Information relating to the study was provided in advance of seeking consent, in order that participants had sufficient time to consider the implications and information prior to giving consent. Children's and adult's

identities have been protected with the use of pseudonyms in all documents and dissemination material. Data were stored securely and password-guarded.

Visual images captured were used only for the purposes for which consent was given and all data were treated confidentially and sensitively.

4.8.2 Child consent

Consent is a key issue in research with children which raises hard, often unresolved, questions (Alderson, 2004). For example, there is no simple answer to the question of when children are old enough to give consent. Within the UK, the term 'child' means anyone below the age of 18 years. The 1948 United Nations *Convention on Human Rights* and the 1989 *Convention on the Rights of the Child* (United Nations, 1989) granted rights to children between the ages of birth to eighteen to have their wishes known, listened to and respected. The dilemma for researchers is that the perceived ability of a child to give consent will depend not just on an individual child's chronological age, but also on their level of understanding, particularly if they are experiencing a developmental delay or disorder. Requiring high levels of understanding for a valid consent, however, could operate to exclude research with children (particularly those with SEND) unless an adult has consented on their behalf (Mason, 2004). This poses an ethical dilemma for researchers, which required reflection.

Whilst on the one hand researchers need to develop ways of engaging children in a wide range of different circumstances, including those with SEND, on the other hand in order to obtain high-quality information, they must also ensure that children's rights are safeguarded (Mason, 2004). In this respect, young children in early years settings are surrounded by adults

who have a legal responsibility to act as 'gatekeepers', safeguarding them from outside influences, such as researchers, and arguably guarding their free choice of whether or not to participate in research (Mason, 2004). Children of all ages are subject to the control of those who have parental responsibility for their welfare and safeguarding. The children who participated in this study ranged in age from two years, three months to five years, one month and had varying degrees of SEND. Legally, researchers who wish to include young children who are not considered mature enough (chronologically or developmentally) to make their own decision about participation must obtain the agreement of a least one person who has parental responsibility for the child (Mason, 2004).

Thus, gaining access to children in early years settings for the purposes of investigating an issue relevant to them entailed a multi-staged process involving negotiation with a number of adults. In this study, consent was sought firstly from the leaders in early years settings and the parents and carers of children who were considered suitable for inclusion in the study. Where children were not considered competent to give informed consent, either due to their age or level of understanding, Fine and Sandstrom (1988: 46) urged that researchers nevertheless provide such children with an explanation of their involvement as:

> … children should be told as much as possible.. their age should not diminish rights, although their level of understanding must be taken into account in the explanations that are shared with them.

Consequently, in this study simple explanations were provided to children that an adult would be watching them because she was interested in how they played. In terms of child consent for this study, the notion of assent was considered appropriate where individual children were unable to provide consent.

4.8.3 Assent

Young children can be quite demonstrative in expressing their views, even if they do not verbally reject a researcher's presence or questions. They can, for example, move away from a person they do not wish to be near (Aubrey *et al.,* 2000), refuse to answer questions, change the topic of conversation or in extreme cases be physically aggressive if they feel particularly unhappy about situations. The decision to adopt an ongoing process of assent whereby the child's acceptance of the researcher within the setting was taken as assent to participate in the research was considered appropriate. Practitioners were considered competent, as secondary caregivers, to make ongoing judgements regarding any unwillingness on the part of children to participate or distress exhibited by children in relation to the researcher's presence, and to allow withdrawal from observations when deemed necessary. For some of the children involved in this study, where speech was not their preferred or main method of communicating with others, this relied on practitioners interpreting children's gestural communication. Assent is not a term which sits comfortably with all researchers, some of whom argue that it may be used where children are simply too afraid, confused or ignored to refuse (see Alderson and Morrow, 2011). This indirect approach for assent/dissent has been successfully used within other studies involving children with developmental delays/disorders (Brooks, 2010; Beresford, 1997; Konaka, 2007). As a practitioner and sensitive professional, the researcher was mindful of her duty to be respectful of children's rights, views and well-being in the planning and conduct of this study.

The sponsors of the study (Birmingham City University) were kept informed of the progress of the study through regular supervision with the Director of Studies and structured ongoing reporting procedures.

4.9 Conclusion

This chapter has discussed the research design, methodology, data collection and analysis methods suitable for use in this study, which is a mixed-methods yet largely interpretive case study investigation of the delays and difficulties in the acquisition of SLC in the first five years. This has been located within the bioecological model of Bronfenbrenner (1979; 1993) which acknowledged the influence of the macro-to-micro influences on young children's SLC.

The following chapter will report findings from the survey which was the first stage of data collection at the microcontext.

CHAPTER 5 PRACTITIONER SURVEY EVIDENCE

5.0 Introduction

The last chapter outlined the chosen methodological approach for the study and justified sampling methods, data collection tools, analysis and ethics.

The research questions for this study highlighted the need to consider the relationship between the policy agendas of government at the macrosystem level and the consequent implementation of policy-into-practice by practitioners at the microsystem level and where appropriate, reference to the LA at the exosystem level (Bronfenbrenner, 1979; 1993).

This chapter will consider the interpretation and implementation of policy in the context of practice, using data from a survey of early years practitioners in one LA which represented the first stage of the data collection process in the microsystems of individual settings.

5.1 Aims

The aim of the survey was to begin to construct an overview of practitioners' understandings, views and reported practices in relation to young children's SLCN. It was intended to provide an insight into the extent to which practitioners regarded themselves equipped to identify, assess and support SLCN. It was also intended to highlight the range and nature of training programmes that practitioners accessed and how they implemented training initiatives in terms of strategies used to support children and their families. The nature and extent of collaboration with other agencies such as LA representatives and health professions was also investigated in the exosystem.

Furthermore, the survey was intended to illuminate areas for further investigation, thereby informing the practitioner interview and child observation in selected case sites. It also sought to identify a sample of practitioners who indicated that they had an interest in the phenomenon under study and were willing to participate in the further stages of the research.

5.2 Research questions

The survey aimed to contribute to the following research questions:

- What are the views, understandings and reported practices of practitioners and parents with respect to SLCN in the EYFS?

- How do early years' practitioners implement policy relating to early identification, assessment and intervention for young children's SLCN?

5.3 Method

5.3.1 Participants

Questionnaires were mailed by the LA to approximately nine hundred early years settings, including all PVI settings; LA-maintained nursery and reception classes (including mainstream and specialist provision); children's-centre-based childcare; home-based childcare (childminders and childcare on domestic premises); out-of-school and after-school care settings; crèche settings within children's centres and leisure facilities; and independent and private schools registered with the LA early years and childcare service [EYCS].

5.3.2 Material

Practitioners were provided with a two-page questionnaire which was designed to place minimal demands on their time. Closed questions were asked about the type of setting the participant represented and the number of children experiencing SLCN in the setting according to each age band stated in the EYFS (DfE, 2012, 2014). Open questions related to the types of SLCN practitioners were supporting, any initial and post-experience training received relevant to young children's SLCN, strategies employed by practitioners to support children and parents, and working with other agencies. Questions were designed to elicit practitioners' own descriptions of children's SLCN. However, practitioners were provided with a broad definition of the different areas of SLCN as shown in Appendix A to ensure that a common view was shared. As practitioners were not restricted to pre-determined categories for open questions, they could provide more than one response for most questions.

5.3.3 Procedure

The questionnaire was mailed to all early years settings within one LA by post or electronic means by the LA EYCS who attached it to their termly childcare newsletter and promoted it. A pre-addressed envelope was included to encourage return of the survey and participants were given the alternative to complete the survey on-line via the University website or to complete it electronically through email liaison with the researcher.

Practitioners were given the opportunity to answer the survey anonymously or provide their contact details if they were willing to participate in subsequent stages of the study. A time limit of three weeks was given for return of the questionnaire, although questionnaires returned after this date were still analysed and included in the final data.

5.3.4 Analysis

Open questions were analysed at an *a priori* level at the first stage, selecting categories with the research questions in mind which provided a framework for analysis. At the second stage, data were further interrogated in order to allow common and discrepant themes to emerge. Where appropriate, frequencies were generated in order to indicate numbers of common responses received and hence, the strength of that response across participants.

5.4 Results

5.4.1 Participants

Sixty-four responses to the survey were received from practitioners working in a wide range of settings, as shown in table 5.1, which gives a low response rate of 7%. The majority of responses received were from sessional pre-school settings and childminders. However the range of settings represented in the sample included provision for children from birth-to-five years. Combining responses from childminders, day nurseries, independent school nursery and a private early years centre shows that approximately 28 (43%) of practitioners worked in settings that had provision for children under two years, as well as older pre-schoolers, with the remainder of settings supporting children from approximately two or two years, six months to five. Only two practitioners represented LA maintained nursery/reception classes in specialist settings. Practitioners reported their job titles as predominantly class teachers, setting managers or SENCOs.

Table 5.1 Number of practitioners returning a survey by category of setting

Category of Setting	Number of participants
Pre-schools/playgroups	23
Home-based childcare (childminder/childcare provider on domestic premises)	18
Private day nursery	8
LA maintained reception/nursery class	6
Children's centre	2
Wrap around care/before and after school club	2
LA maintained special school reception/nursery class	2
Private early years centre (formerly an early years excellence centre)	1
Independent school nursery	1
Leisure centre crèche	1
Total	**64**

It cannot be assumed that this was a representative sample of early years' settings. However, the sample represented a maximum variation sample of settings within the LA.

Not all 64 participants answered all the questions and for many questions it was possible to make more than one response. The number of practitioners responding to each question is indicated in the text relating to each question presented and the number of practitioners reporting on a particular aspect is reported as a frequency. Frequencies do not always match the number of respondents to each question as a number of practitioners provided more than one response to open questions. Although thirty-five (54%) of practitioners chose to respond anonymously, a sufficient number of practitioners from diverse types of setting across the LA provided both identity and contact details with permission for the researcher to contact them to discuss their involvement in subsequent interview and observation.

5.4.2 Prevalence of SLCN

Of sixty-four practitioners who responded, some stated that they were supporting children with reported SLCN as young as twelve-months-old. As might be expected, the number of children with SLCN or prevalence reported rose in parallel with age from seven (2.9%) of the sample for the twelve to twenty-four month age range through to 188 (13.4%) of the sample for the twenty-four to forty-eight month age range, as it became more easily identifiable that a problem existed, as shown in table 5.2.

Table 5.2 Prevalence of SLCN reported by practitioners

Aged bands with EYFS (DfE, 2012, 2014)	Number of children in settings	Number of children with reported SLCN in settings	Number with children with reported SLCN as a percentage
Children aged 0 – 12 months	103	0	0
Children aged 12 – 24 months	239	7	2.9%
Children aged 24 – 48 months	1,406	188	13.4%
Children aged 48 – 60 months	551	92	16.7%
Total for all age groups	**2,299**	**287**	**12.5%**

By the time children reached the forty-eight to sixty month aged band, prevalence was reported to be as high as 16.7%. The mean prevalence across all aged bands was 12.5% which was higher than prevalence reported by Bercow (2008).

Interestingly, children reported with SLCN in the twelve to twenty-four month age group with SLCN were attending private day nurseries and home-based childcare as shown in table 5.3. Of the children reported by practitioners has having SLCN in the twenty-four to forty-eight month age band, one hundred and ten children were attending sessional pre-schools,

thirty-six were attending LA nursery or reception classes, thirty-three children were attending

private day nurseries, and nine were attending home-based childcare.

Table 5.3 Distribution of children with SLCN in settings

Type of setting						
Aged bands within EYFS (DfE, 2012, 2014)	**Sessional pre-school**	**LA main tained nursery / reception class**	**Special school nursery / reception class**	**Private day nursery**	**Child minder**	**Total number of children with reported SLCN in all settings**
Number of Children with SLCN aged 12 – 24 months	0	0	0	3	4	**7**
Number of Children with SLCN aged 24 – 48 months	110	36	0	33	9	**188**
Number of Children with SLCN aged 48 – 60 months	22	31	21	14	4	**92**

Of the children reported by practitioners with SLCN in the forty-eight to sixty month age

band, children were more widely spread amongst the various types of settings, thirty-one

attending LA maintained nursery or reception classes, twenty-two were attending sessional

pre-schools, twenty-one were attending special schools nurseries, fourteen were attending

private day nurseries and four attending home-based childcare.

One practitioner (from a private early years centre) commented on the difficulty in detecting

SLCN in children in children who were '"just beginning to communicate verbally" between

twelve to twenty-four months, and this is evident from the data presented in table 5.2. The

majority of SLCN reported on in this chapter, therefore, related to children aged between twenty four and sixty months, with a very small number in the twelve to twenty-four month age group.

5.4.3 Primary SLCN

Fifty-four practitioners completed a question relating to the types of SLCN they were supporting and were able to describe a broad range of SLCN for children in their care. Ten practitioners stated that none of the children currently attending their setting had SLCN. Whilst some practitioners could accurately describe children's difficulties, others provided a more general response, for example, the terms "speech difficulties" or "language difficulties". These were contrasted with the more detailed descriptions relating to social, non-specific aspects of SLCN such as "lack of eye contact" or "difficulty with speech fluency".

5.4.4 Expressive SLCN

Fifty-one participants reported primary expressive speech and language difficulties. Twenty-seven practitioners reported children's difficulty in producing speech sounds or having unclear speech, twenty-three reported children to have delayed or immature speech and language, fifteen with difficulty in speech fluency, eight with elective mutism and another seven were described as having 'unspecified' communication difficulties. Five, presumably younger or more disabled children were reported to demonstrate "poor eye contact" and "not follow eye gaze" and another five were reported to have "limited vocabulary", whilst four

were described as "non-verbal" and another two to be "quiet or reluctant talkers". One child was reported to have a specific language disorder. See figure 5.1.
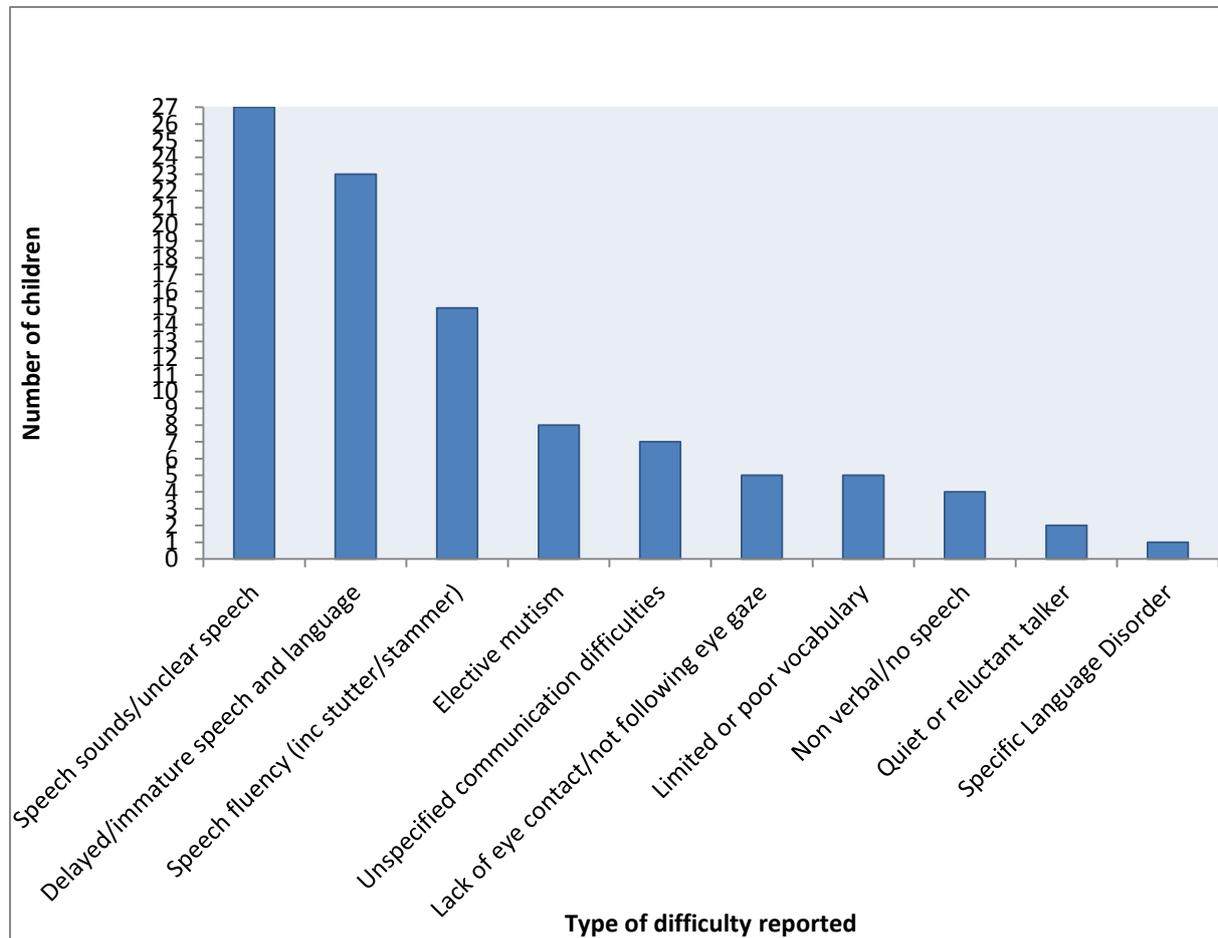
Figure 5.1 Expressive SLCN: primary difficulties

5.4.5 Receptive SLCN

In terms of children's receptive SLC development, twenty-four practitioners reported that they were supporting children who needed help in this area as shown in figure 5.2. This represented less than of half of those who reported difficulties with expressive SLC.

Thirteen children were reported to lack understanding of what was said to them, twelve to lack social interaction and play skills due to lack of understanding, eleven to lack attention

and listening skills, three to have general behavioural difficulties, two to have hearing problems. A further child was described as having "unspecified receptive language needs" and another to have "memory difficulties".
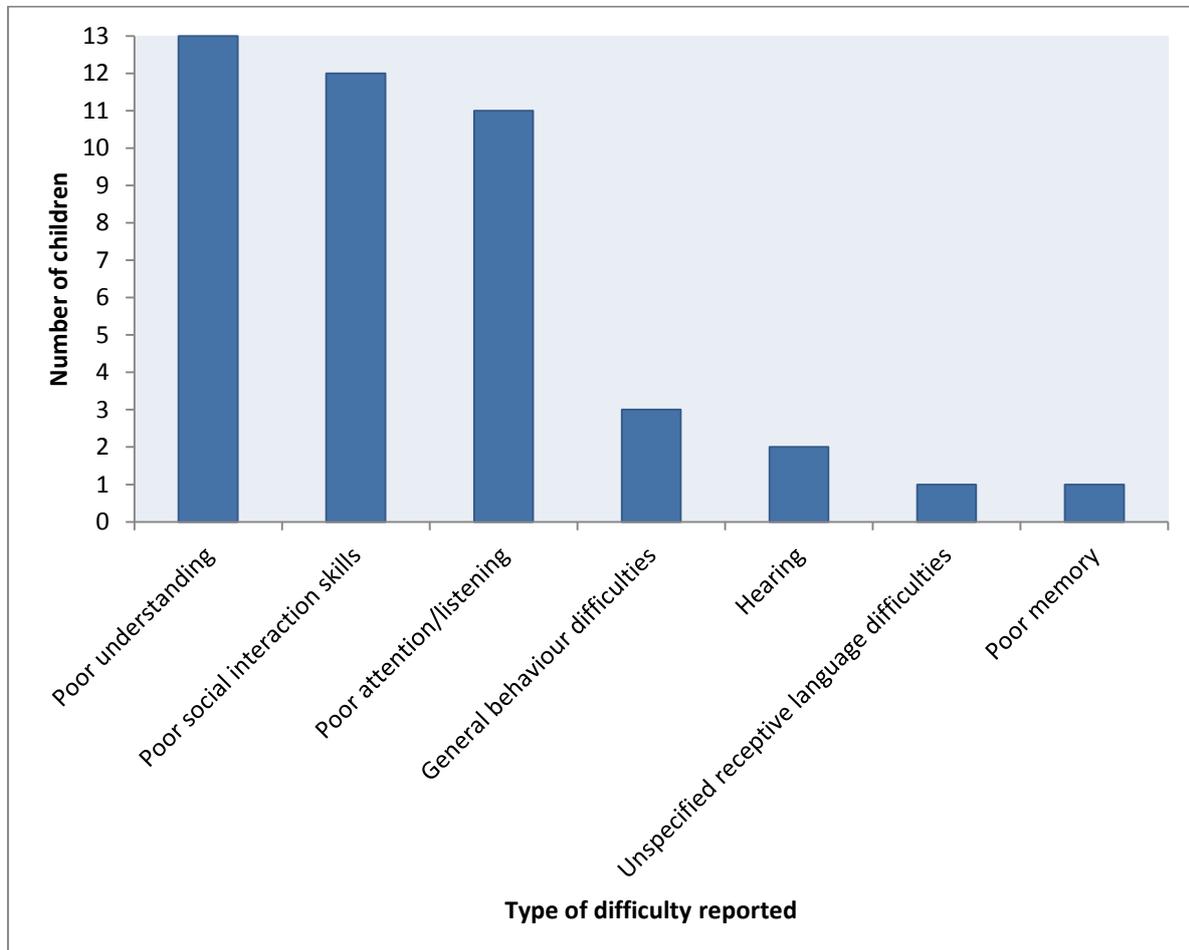
Figure 5.2 Receptive SLCN

5.4.6 Secondary SLCN

A number of practitioners (ten out of fifty-one) reported that they were supporting children whose SLCN were secondary to or associated with conditions such as autism, Down's syndrome and global developmental delay. Also mentioned were unspecified neurological conditions, specific language difficulties, severe learning delay, physical needs such as

enlarged tonsils and adenoids, and cleft palate as shown in figure 5.3. These were reported to affect children's oral motor ability, hearing, emotions, and breathing.

Generally, practitioners did not enlarge on the specific nature of children's SLCN in this category other than identifying that they were associated with the child's primary diagnosis or condition, although one practitioner mentioned that a child with autism had associated "emotional difficulties".
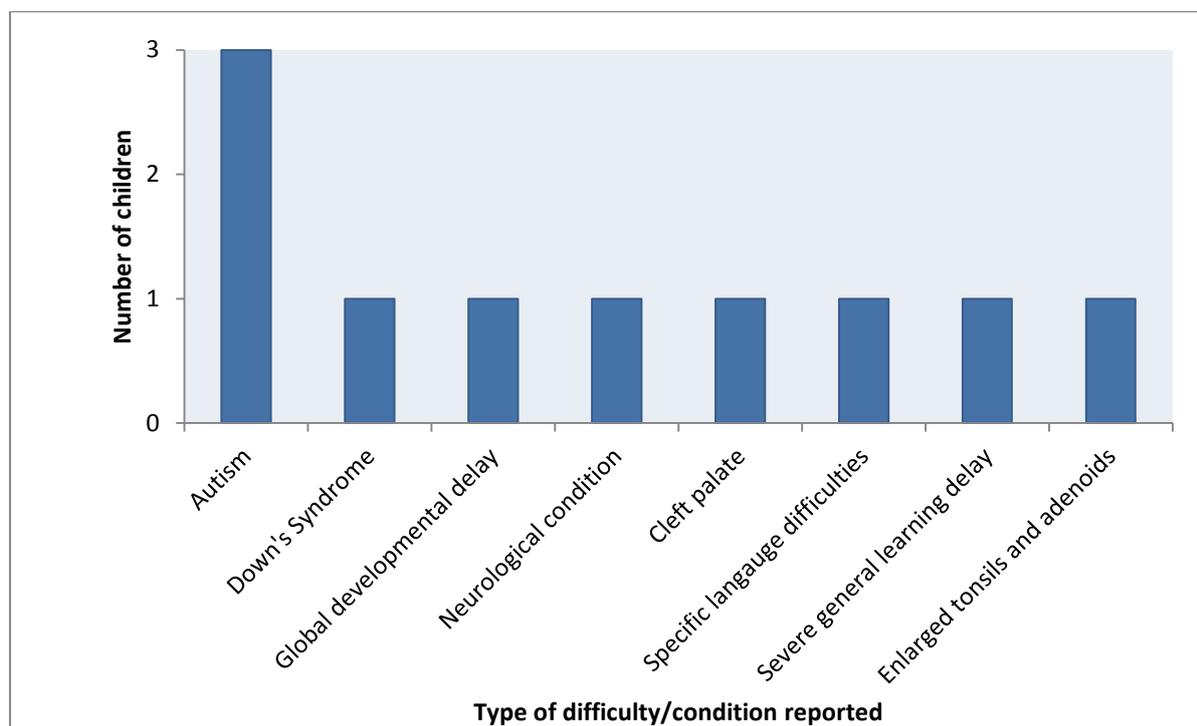
Figure 5.3 SLCN: secondary difficulties

5.4.7 Practitioner post-experience training

Fifty-nine out of sixty-four practitioners commented on receiving post-experience training relating to young children's SLC. This included anything from one to two days' duration

typically, although nine practitioners had attended longer training courses of between six days and in one case a year's part-time duration.

It was evident from responses to a question about practitioner training that a number of programmes have been available for practitioners to attend within the LA as shown in table 5.4 including government and LA-sponsored programmes designed to promote particular aspects SLC development such as phonic knowledge, and adult-child interactions for children aged birth to five, as well as commercial programmes and programmes produced by charities. These included:

- *Every Child a Talker* (ECaT) (DCSF, 2008b);

- *Letters and Sounds* (DfES, 2007b);

- the *Inclusion Development Programme* (DCSF, 2008c);

- *Mr Tongue* (Lewis, n.d.);

- *Nursery Talk* (WCC, n.d.);

- *Time to Talk* (Schroeder, 2001);

- *Listen and Learn* (WCC, n.d.);

- *Language for Learning* (Hayden and Jordan, 2000);

- *Communication Cookbook* (*ICAN*, 2008);

- the LA's EYCS *Communication, Language and Literacy Pack* (WCC, n.d.);

- *Talking Matters* (Worcestershire Health and Care NHS Trust, n.d.);

- *Signalong* and *Makat*on;

- *Beat Babies* (Lawrence Educational, n.d.).

The age range of children that training was suitable for was not specified; however the programmes are described in more detail in the glossary. A number of practitioners reported more than one kind of training.

Breaking practitioner training down into categories, whilst thirty-two practitioners mentioned that they had attended general speech and language training, attendance at specific programmes, such as *Nursery Talk* (WCC, n.d.), and *Letters and Sounds* (DfES, 2007b) were mentioned by twenty-one practitioners, although the age range of children that training was suitable for was not identified. Fifteen practitioners reported having received specific training such as sign and symbol support systems, including two specialist practitioners who reported other AAC training, such as the utilisation of new technology and visual/gestural supports. Eight practitioners had attended SENCO training and another eight mentioned non-specific SEND training, including home visiting educational services for pre-school children with additional support needs such as *Portage*. Four mentioned EYFS (DfE, 2012, 2014) training, three had received training in relation to planning for children with SEND and another three on the SEN CoP (DfES, 2001). Three had received training to use *ICAN* materials and another three unspecified training with the LA EYCS. A further two reported specific training to support children with identified conditions such as Down's syndrome and another two related to behaviour management. Three practitioners reported receiving no training and five had not completed this section of the questionnaire. See table 5.4

Longer training consisting of anything from six days to a year's part-time training was mentioned by nine practitioners. This included *Every Child a Talker* (DCSF, 2008b) training reported by six practitioners, *Language for Learning* (Hayden and Jordan, 2000) reported by two, and a post-graduate diploma in special and inclusive education reported by one.

No mention was made of children who were learning EAL and/or practitioner training to support their needs.

Table 5.4 Practitioner short-course training received

Type of training	Frequency
Speech and language training (various unspecific)	32
Specific programs including *Letters and Sounds* (DfES, 2007b), *Nursery Talk* (WCC, n.d.), *Listen and Learn* (WCC, n.d.), *Time to Talk* (Schroeder, 2001), *Talking Matters* (Worcestershire Health and Care NHS Trust, n.d.), *Language for Learning* (Hayden and Jordan, 2000) *Beat Babies* (Lawrence Educational., n.d.) *Inclusion Development Programme* (DCSF, 2008c).	21
AAC: sign and symbol support system *(Makaton* or *Signalong),* technology, visual supports such as visual timetables.	15
Basic and enhanced SENCO training	8
Other short courses (including *Portage* training and in-house SLT training)	8
EYFS Training	4
Planning for children with SEND	3
SEN Code of Practice	3
ICAN material/contact	3
Training with LA Early Years and Childcare Service	3
Specific Learning Difficulties, e.g. Down Syndrome	2
Behaviour management training	2

5.4.8 Strategies to support SLCN

Fifty-three practitioners recommended a number of planning and teaching strategies to support children with SLCN. Suggested planning strategies are shown in table 5.5 and include the use of small-group work suggested by twelve practitioners, games and activities for larger groups suggested by nine, planning for children's individual needs and interests

suggested by five and using children's IEPs to plan activities for them suggested by three, indicating that some children's needs were being met at *Early Years Action* and *Early Years Action Plus* of the SEN CoP (DfES, 2001).

Table 5.5 Planning strategies used to support children's SLCN

Type of strategy	Frequency
Plan small-group work	12
Plan general games and activities to encourage communication development (books, rhymes, games, circle time, everyday objects and real life experiences)	9
Plan for the child's needs/interests and personalise activities/resources for them	5
Use IEPs to plan activities for children	3
Plan oral motor activities	1

Practitioners also suggested a number of teaching strategies as shown in table 5.6. The most frequently reported teaching strategy (mentioned by thirty-two participants) was providing visual cues and prompts to reinforce language and providing praise/encouragement (reported by twenty-six). Other strategies suggested included offering one-to-one adult support (by eighteen), using specific communication programmes by fourteen, simplifying language to key information words was also emphasised by fourteen and modelling the correct language by thirteen.

Further strategies such as using gesture, avoiding direct questions, reinforcement through repetition in activities and use of technology were also suggested.

Table 5.6 General teaching approaches suggested by practitioners

Type of strategy	Frequency
AAC: provide visual cues and prompts (symbols, pictures, photos, timetables, general and personal); picture/photo cards, books; PECS; persona dolls, puppets to reinforce language. Technology and equipment: (touch-screen computer; voice recorder; fidget balls; talking toys; *BIGmacs*; *Talkpad*; *4talk4*)	32

Give the child time/provide praise and encouragement	26
Provide one-to-one adult support	18
Use specific communication programmes	14
Simplify adult language to key information carrying words and reduce the number of words to the child's developmental level	14
Model the correct language/recasting	13
Use gesture and body language	7
Avoid direct questions/make comments instead	6
Repetition of activities and games	6
Use specialist facilities (sensory room/sensory play/light ladder/music therapy)	3
Gain the child's attention before providing instructions	3
Model appropriate peer interaction and play skills	2

As mentioned above, fourteen practitioners noted particular strategies arising from training they had received as shown in table 5.7.

Table 5.7 Strategies from training programmes suggested by practitioners

Name of programme	Frequency
Letters and Sounds (DfES, 2007b)	5
Mr Tongue (Lewis, n.d.)	2
Nursery Talk (WCC, n.d.)	2
Communication Language and Literacy pack (WCC, n.d.)	3
Communication Cookbook (*ICAN*, 2008)	1
Time to Talk (Schroeder, 2001),	1
Listen and Learn (WCC, n.d.)	1

Twenty-one practitioners reported that they used strategies recommended to them by other professionals. Strategies of SLTs were suggested by eleven practitioners, "other

professionals" were mentioned by seven practitioners, although they did not specify the individuals, and the HV was mentioned by one. Eleven practitioners did not offer any strategies at all.

A small number of anomalous comments were made by practitioners, for example, five mentioned the need for more staff training in the area of SLCN and distraction-free learning areas for one-to-one adult to child. Strategies relating to health checks and parents seeking advice from health professionals or removing the child's dummy were each identified by one practitioner.

5.4.9 Involvement with other professionals and services to support children's SLCN

Fifty-three practitioners reported that a broad range of health, education and social care professionals were involved in supporting young children's SLCN, as shown in table 5.8.

Table 5.8 LA early years and childcare service professionals

Local authority Early Years and Childcare Service: type of professional	Frequency
Area SENCO	37
Special support worker	4
Listen and Learn (WCC, n.d.) team worker	3
Portage worker	3
Birth-to-three team worker	2
ECaT (DCSF, 2008b) team worker	1
Nursery Talk (WCC, n.d.) team worker	1
Inclusion manager	1
Nursery integration worker	1

The LA EYCS Area SENCO was a frequently mentioned professional, with thirty-seven practitioners reporting involvement and support from her. Other professionals employed by the LA EYCS included support workers who provided help for children with SEND in mainstream settings, the LA *Portage* workers, team workers employed to advise practitioners about particular age groups such as the birth-to-three worker and professionals attached to particular programmes such as the *Listen and Learn* team worker.

A small number of practitioners (nine) reported working with other members of the LA outside the scope of the EYCS, such as educational psychologists and communication and social behaviour assessment professionals (CASBAT), specialist teachers, play workers or workers associated with specific conditions such as autism or complex communication needs as shown in table 5.9. Some respondents mentioned more than one professional.

Table 5.9 LA professionals

Local authority: type of professional	Frequency
Educational psychologist	7
CASBAT team worker	2
AAC team worker	1
Specialist play service worker	1
Autism team worker	1
School outreach team worker	1
Hearing-for-deaf teacher	1
British sign language teacher	1
Complex communication difficulties team worker	1

Of those practitioners who reported working with health professionals, SLTs were mentioned by the majority (fifty-two) as shown in table 5.10.

Table 5.10 Health professionals

Health authority: type of professional	Frequency
Speech and language therapist	52
Child Development Centre	8
Health visitor	4
GP/Paediatrician	4
Occupational therapist	2
School nurse	2

The only charitable organisation mentioned by practitioners was *ICAN* specialist language provision, mentioned by four practitioners. Some practitioners mentioned working closely with practitioners from other settings (three practitioners) and professionals working in social care and safeguarding (two practitioners). Four children were awaiting assessment, although practitioners did not report which professionals would carry out the assessment. Ten practitioners did not complete this section of the questionnaire.

5.4.10 Advice and support offered by participants to parents

When asked what advice and support they offered to parents of children with SLCN, fifty practitioners broadly reported referring parents on to other professionals or sharing information and communicating effectively with parents about SLCN targets and strategies.

Thirty-eight practitioners recommended consultation with an SLT, a HV, a GP, or other unspecified professionals, attending a walk-in SLT clinic at a children's centre, signposting to parent-led language-impairment based charities such as *Afasic,* talking to the LA inclusion team or the child's class teacher.

A small number of practitioners (fifteen) stated that they would offer parents specific advice about how to develop speech, language and communication skills at home. This included securing increased joint-attention so that there was more "time to talk", removing a child's dummy, utilising particular oral-motor activities, visual support resources to use at home with children and reassurance to parents about the natural variation in children's SLC development. Twelve practitioners stated that effective communication, information-sharing and consultation with parents about targets and strategies were important, as were carrying out home visits and offering *Signalong* training for parents.

5.5 Supporting children with EAL

Eighteen practitioners from sessional pre-schools, private day nurseries and LA nursery and reception classes, reported that they were supporting children with EAL and described the difficulties experienced by children with EAL in their settings.

5.5.1 Difficulties for children with EAL

Five practitioners reported that limited English vocabulary was the most significant difficulty experienced by children in their care overall as shown in figure 5.4. This might result in the child experiencing difficulty in communicating their needs and emotions and following instructions and routines with heightening resultant anxiety experienced.

Parents' lack of English vocabulary was stressed by three practitioners as creating barriers to their accessing information relevant to their child's needs. Other characteristics of young children with EAL reported by practitioners were the inability to interact with peers,

behavioural problems, distractibility, and difficulty in separating from parents. In terms of implications for the setting, the cost of providing appropriate support staff was mentioned, as was the difficulty in enabling the child to have their home language(s) valued by the provision of another native speaker. See figure 5.4.
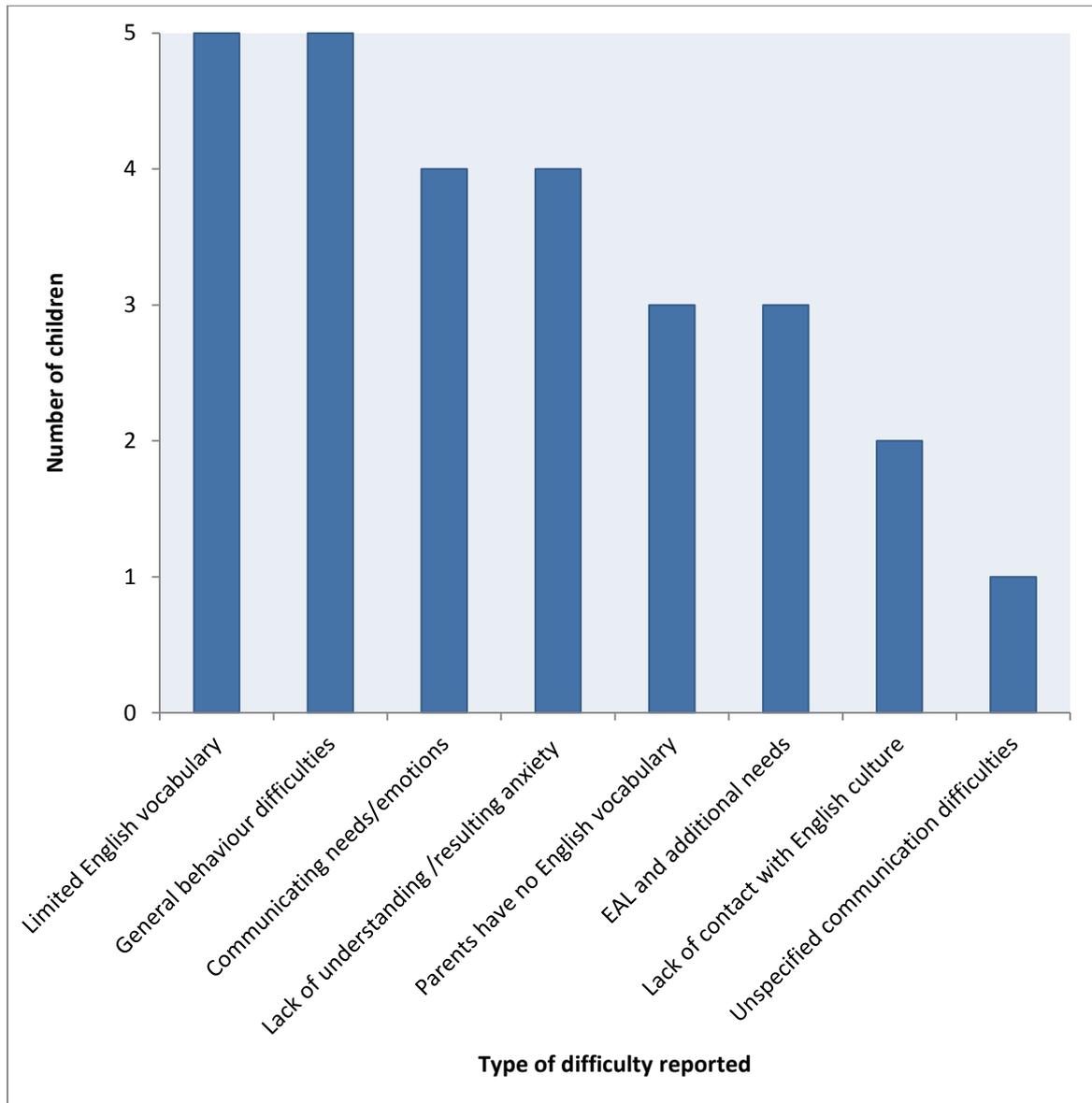
Figure 5.4 Nature of difficulties for children with EAL

Although only eighteen practitioners reported supporting children with EAL, nineteen practitioners suggested ways to support children and families with EAL. Five emphasised the necessity for practitioners to familiarise themselves with some key words in the child's home language and three suggested providing interpreters for parents. Some practitioners recommended that parents involved themselves in activities within the setting and that bi-cultural teachers and TAs could be employed to support children.

Three practitioners highlighted the perceived paucity of practitioner knowledge about children who had EAL and additional needs.

5.5.2 Strategies to support children with EAL

When reporting teaching strategies to support children with EAL in settings, the most common approach was the use of visual support such as signs, symbols and pictures (eighteen practitioners) and bi-lingual/multi-lingual resources (six practitioners).

Table 5.11 Strategies to support children with EAL

Type of strategy	Frequency
Use visual support (signs and symbols, photograph cards /timetables/choice-board/active listening cards) to support language	18
Use bi-lingual/multi-lingual resources (dictionary/posters/books/labels/signs)	6
Staff learn key words in children's home language	5
Provide interpreter for parents	3
Plan word recognition activities	3
Encourage parents to get involved in the setting activities (including asking parents to interpret words for signs/labels and resources)	2
Other strategies including employing teachers from other cultures to run sessions/activities in other languages/relating to other cultures, employing bi-lingual language assistants, keeping language simple and emphasising the use	10

of gesture.	

Practitioners learning key words in children's home languages was mentioned by five practitioners and the use of interpreters and word recognition activities was mentioned by three practitioners each, whilst two practitioners suggested involving parents in activities within the setting. The importance of practitioners' use of body language and gesture and use of simple language when talking to children with EAL was stressed by some practitioners, whilst others thought it was also important to talk to the children in English and take them to other settings so that they could mix with children from other cultures as shown in table 5.11.

5.6 Discussion

A limitation to the survey was the disappointingly low return-rate of 7%, although a wide range of settings supporting children from birth-to-five and from all areas of the LA responded.

Using only closed questions with pre-coded categories for children's SLCN would have reduced or avoided the onerous task of describing and analysing the wide range of descriptions provided by practitioners. However, using open questions allowed the practitioners' own views and understandings to emerge.

At the micro level, practitioners were following policy guidelines to identify, assess and support children's SLCN, working with other professionals and parents. The majority of SLCN reported on in this chapter were identified in children aged between twenty-four and sixty months, with a very small number in the twelve to twenty-four month age group. This

contrasted with Bercow's (2008) proposal that the majority of SLCN were evident during the first two years. However, as discussed earlier, early identification and intervention is not easy to achieve. Nevertheless, practitioners responding to this survey have reported the use of a broad range of training programmes attended, strategies used and other professionals consulted to help with this at the meso level. The influence of LA inclusion and SEND workers appeared to be strong, although few of them were related to SLCN.

The SEN Code of Practice (DfES, 2001), IEPs and the EFYS (DfE, 2012) appeared to be useful for both identification and support. Therefore, despite the changing nature of government guidelines and recommendations about EI, practitioners inevitably were guided by the practices, values and beliefs internalised over time.

Almost twice as many practitioners reported that children needed support in the development of expressive SLC skills (fifty-one practitioners) as those reporting difficulties with receptive skills (twenty-four practitioners). This could be a reflection of the fact that it easier to determine when children were not expressing themselves well than it was to assess whether or not they understood others, although Hulme and Snowling (2009: 142) reported that 10% of all children showed higher levels of comprehension than production of speech and language. Hulme and Snowling (2009) noted that although there was a strong correlation between comprehension and production of language, some children experienced problems with expressive language alone whilst others experienced both expressive and receptive SLC difficulties.

Many different descriptions and terms were used to express the ways in which children's SLCN were being identified by practitioners despite the description provided in the questionnaire. This makes it difficult to assess the extent to which practitioners were describing the same phenomenon when reporting SLCN in young children. It raised a

question about the bases or criteria by which children are referred to other professionals such as SLTs when practitioners appeared to be without a shared language to describe these delays, deviances and differences, their prevalence and severity. The diversity of description could be a reflection of the complexity of assessing SLCN and distinguishing delay from disorder as noted by Law *et al.,* (1988) and Dockrell *et al.,* (2012) and the difficulty of making professional judgements about children's SLC. More importantly, another question was raised as to whether all children's SLCN were being identified, assessed and EI established in line with government expectations and recommendations (for instance, DfE, 2012; Nutbrown, 2012; Tickell, 2011; DfES, 2011, Bercow, 2008). It was also interesting to note the low number of children who were reported to experience hearing loss given the prevalence of *otitis media* of between 3.1% and 36.6% in children aged between eight months and 61 months according to age and season of the year (Midgley *et al.,* 2000) and the acknowledged relation between hearing and language noted by Goswami *et al*., (2002).

In terms of practitioner training, it was difficult to determine what sorts of training were most effective, as few programmes were reported to be used by practitioners. It was interesting to note the number of LA training programmes that had been attended and were being used within settings as well as one local NHS Trust programme. These included *Nursery Talk* (WCC, n.d.), *Listen and Learn* (WCC, n.d.), *Language for Learning* (Hayden and Jordan, 2000), and the LA's Early Years *Communication, Language and Literacy Pack* (WCC, n.d.), *Talking Matters* (Worcestershire Health and Care NHS Trust, n.d.). This highlighted the influence of the LA on practice at the exo level.

The use of visual resources was a commonly-reported teaching strategy for support of children with SLCN and children with EAL. However, the broad range of strategies reported to be used for children with SLCN did not appear to be utilised for children with EAL.

5.7 Conclusion

The survey findings have highlighted the number of children being supported by practitioners in early years' settings with SLCN and the different types of difficulties experienced by young children in the development of their communication skills.

It has highlighted a wide range of training initiatives which have been available for practitioners within the LA relating to children's communication development which many practitioners have attended, some of which were being put into practice within their settings.

The need for and timing of SLCN EI is difficult to judge given the wide variation in nature and rate of individual learning trajectories. Distinguishing between delay and disorder seemed complex, except in extreme cases where children had severe or profound SLCN. However at the micro level, practitioners have accessed a broad range of training programmes to help with this and employed some of them to identify and assess children's SLC for children aged two-to five-years old.

The practitioner interviews to be reported in chapter six allowed more in-depth exploration of how the needs of children with EAL were identified and supported, and consideration of emerging differences between mainstream and specialist practice in relation to identifying, assessing and supporting a broad range of SLCN.

CHAPTER 6 PRACTITIONER INTERVIEWS

6.0 Introduction

The previous chapter examined survey data gathered from early years practitioners. This chapter reports findings from interviews carried out with practitioners in case study sites in order to explore practitioners' views and understanding of young children's SLC in greater depth.

6.1 Aims

Practitioner interviews aimed to explore issues raised from the survey findings and to address the following research questions:

- What are the views, understandings and reported practices of a range of stakeholders with respect to SLCN in the EYFS?

- How do early years' practitioners implement policy relating to early identification, assessment and intervention for young children's SLCN?

6.2 Method

6.2.1 Participants

Eleven practitioners were involved in this stage of data collection. Interviews were sought with the teacher, manager or SENCO from each of the nine case study sites, as well as from the additional settings attended by two of the children observed. Four specialist early years settings included:

- an *ICAN* language centre;

- a specialist communication and interaction (CI) school;

- a specialist physical and sensory (PS) school;

- a specialist outreach nursery assessment unit.

Seven mainstream early years settings included:

- two pre-schools;

- a childminder;

- a children's centre childcare provision;

- a private day nursery;

- a private early years centre;

- an LA maintained nursery class.

All participants interviewed were female practitioners. Table 6.1 indicates the job roles of the participants interviewed.

Table 6.1 Participants' job role

Practitioner job role					
Job Title	Class or Nursery Teacher	SENCO	Manager and SENCO	Manager	Training and Performance Manager/ Director
Number of participants	5	1	2	2	1

Participants represented settings across the LA, North, South and Central, from urban, rural and semi-rural areas. Settings involved in this stage of data collection supported diverse families from a range of SES and socio-cultural backgrounds. Eight settings were supporting families with mixed backgrounds, ranging from affluent two-income families to single

parents who were not working; two settings were mostly supporting families who were predominantly professional with both parents working. The remaining setting supported a high number of vulnerable children with multiple needs.

The adult-to-child ratio was reported as 1:1 or 1:2 in specialist settings. In mainstream settings the ratio was a minimum of 1:3 for children under the age of two, 1:4 for children aged two to three and 1:8 with four-to five-year-olds in line with EYFS (DfE, 2012, 2014) regulations. However, some mainstream settings employed a higher number of adults according to the needs of the range of children in the setting, their ages and abilities. The LA maintained nursery had a lower ratio than other mainstream settings of 1:13 also in line with the EYFS (DfE, 2012, 2014) regulations for settings led by a qualified teacher. Settings which included children under two were more likely to have a higher number of adults for all age groups. The highest adult-to-child ratios in mainstream settings were in the private day nursery and the childminding practice and the lowest in the maintained nursery. One of the pre-schools received additional funding from the LA to provide additional adults to support the high number of children with additional needs attending their setting.

6.2.2 Material

The interview schedule guided the questions asked (see Appendix B). Questions related to practitioners' training for and understanding of young children's SLC development, the relationship between SLCN and other areas of child development, tools used to identify SLCN and monitor children's progress, strategies used to support SLCN and children with EAL, working with other agencies, parental partnership and LA and government initiatives.

6.2.3 Procedure

Consent was sought from the setting manager and individual practitioners for interviews to be conducted after they had received an information leaflet about the project (see Appendix C). Interviews were arranged directly with participants and were conducted in settings at times convenient for practitioners. Issues of consent, anonymity and confidentiality were observed as described in chapter four. Interviews were recorded with a digital recorder and participants provided with a transcript for the purposes of content validity and accuracy. Interview length varied between 45 minutes and two hours.

6.2.4 Analysis

Interview transcripts were analysed at the first level with the research questions in mind, using an *a priori* approach. Data were extracted from each transcript to create emergent categories by participants at the second level.

6.3 Results

6.3.1 Participants

All participants reported being experienced and mature practitioners over 40 years of age who had worked in early childhood care and education for a number of years, with the length of time varying from five to almost forty years. Qualifications ranged from Bachelor of Education [Bed] (Honours) degrees with QTS or Post Graduate Certificate in Education [PGCE] with QTS to NVQ Childcare Diplomas at Levels three and four, National Nursery Examination Board (NNEB) qualifications, Bachelor of Arts [BA] Early Childhood degrees

and a recently introduced Early Years Professional Status [EYPS]. All four practitioners working in specialist settings had QTS. Two practitioners working in mainstream settings had QTS. One mainstream teacher was also a qualified SLT and one specialist teacher was an Advanced Skills Teacher [AST] who supported other settings with outreach work relating to SLCN and SEND.

6.3.2 Children with SLCN in settings

The total number of children with SLCN across the eleven settings was 76 out 345 which gave a prevalence rate of 22%. Of the 76 children with SLCN, boys represented 79% (60) and girls 21% (16). The total prevalence of children with EAL was quite small (18) representing only 5% of all children across settings. The prevalence of children with both EAL and communication needs was only 12, representing 3.5% of all children.

The number of children in mainstream settings with SLCN was 42 out of 311 (13.5%) as shown in table 6.2. There were a slightly smaller number of boys with SLCN (320 attending mainstream than specialist settings (28) as shown in table 6.2 and 6.3. However, boys with SLCN considerably outnumbered girls with SLCN in mainstream and specialist settings as shown in table 6.2 and 6.3.

One practitioner in a mainstream pre-school setting reported a high number of children with EAL in her setting, the majority of whom were reported to have SLCN, whilst other practitioners reported very few children with EAL. The number of children with EAL across the seven mainstream settings was lower than in specialist settings (14 of 311 children in mainstream compared to 4 out of 34 in specialist), with the majority of these also reported to have SLCN.

Table 6.2 Number of children with SLCN in mainstream settings

Setting	No of children on register in mainstream settings	No of children with SLCN		No of children with EAL	No of children with SLCN and EAL
		Girls	Boys		
LA maintained nursery	14	1	1	0	0
Childminder	15	1	3	1	1
Pre-school	31	1	2	0	0
Pre-school	45	4	6	11	7
Children's centre	54	1	7	0	0
Private day nursery	62	0	5	0	0
Private early years centre	90	2	8	2	0
		10	32		
Total	**311**	**42**		**14**	**8**

Specialist settings reported that all of the children on their register had SLCN as shown in table 6.3, some as a primary need and some secondary to other needs such as autism, CP, Down's syndrome, global developmental delay or other neurodevelopmental disabilities.

Table 6.3 Number of children with SLCN in specialist settings

Setting	No of children on register in specialist settings	No of children with SLCN		No of children with EAL	No of children with SLCN and EAL
		Girls	Boys		
Specialist PS School	8	2	6	1	1
ICAN language centre	8	2	6	2	2
Specialist outreach NA Centre	9	0	9	0	0
Specialist CI school	9	2	7	1	1
		6	28		
Total	34	34		4	4

6.3.3 Practitioner training to support SLCN

6.3.3 a) Practitioner initial training to support children's SLCN

SLCN was not reported to be a significant part of initial training for seven practitioners, although for four practitioners typical and atypical SLC development was covered as part of a child study or a two-week module on SEND. One practitioner in a specialist setting had received training to work with children with complex needs, of which SLCN was a component. Supporting children with EAL was not a feature of initial training for any of the practitioners, nor was identifying and supporting children with EAL and additional needs. Working with parents and multi-professional colleagues such as SLTs and HVs was a component of initial training for one mainstream practitioner who had undertaken a BA in Early Childhood, and was also a core feature of the SLT training undertaken by another mainstream practitioner prior to completing her PGCE.

6.3.3 b) Practitioner post-experience training to support children's SLCN

All practitioners had undertaken subsequent short-course training related to supporting SLCN in the EFYS (DfE, 2012), ranging from two-hour courses to two days of intensive training as part of an *ICAN* language training course. The most highly regarded short-courses were considered by mainstream and specialist practitioners to be those delivered by the SLT. One mainstream teacher had undertaken subsequent short-course training in relation to supporting children with EAL. Training on using the *Early Support* materials (DfES, 2004c) had been undertaken by one mainstream practitioner, which included working with parents and other

professionals in some depth. However, none of the other practitioners reported attending subsequent training related to working with parents or other agencies such as SLTs and HVs.

The four participants from specialist settings had taken courses on AAC such as *PECS* (Frost and Bondy, 2002) and six mainstream practitioners had undertaken signing training such as *Signalong* or *Makaton.*

6.3.3 c) Practitioner perceptions of training

Nine practitioners from mainstream and specialist settings reported that they did not feel their initial training prepared them to support children's SLCN, with one participant noting the absence of training relating to SEN:

> I think for saying we're trying to be an all-inclusive society, training for SEN is quite poor. (teacher in an outreach nursery assessment centre)

From mainstream practitioners, the difficulty of translating SEND targets on children's IEPs into an effective intervention in practice was mentioned by one practitioner, stating that knowledge about child observation and child development was not adequately covered in practitioner training to enable practitioners to implement targets effectively. She also mentioned the difficulty of accommodating the needs of children with complex physical and health needs without adequate training, which limited children's access to mainstream settings and ultimately, limited parental choice in relation to childcare and education.

One practitioner from a specialist setting stated that she did not receive enough information about how to recognise SLC difficulties or what to do about them when she identified them. She noted that having worked with SLTs in her current role had prepared her to support children with SLCN more effectively. Two further practitioners from specialist settings

174

reported the benefits of having completed their initial training in specialist settings, and one of these suggested that all new teachers entering the profession should spend practice time in a special school. She stressed that one lecture on SEND in training was not enough and "you should have an awareness of everything as a teacher."

An emerging theme arising from the data analysis was the view held by specialist practitioners about the skills and knowledge of mainstream practitioners in regard to SEND and SLCN. Practitioners working in specialist settings reported concern over the lack of training, skills and knowledge that was perceived by them to inhere in mainstream practice. For example, it was mentioned by a specialist practitioner, who provided outreach support to mainstream colleagues, that TAs in mainstream settings in particular were poorly trained to work with children with SEND and spent significant periods of time with children outside the classroom, which isolated both the child and the TA. It was acknowledged, however, that TAs often knew individual children with SEND and SLCN better than other qualified teaching staff. One specialist practitioner reported concern that practitioners working in childminding practice and playgroup settings lacked sufficient training to identify accurately and specify children's SLCN, resulting in lost opportunities for EI and referral to SLTs.

It was suggested by one practitioner in a specialist setting that training to support children with complex communication needs was most effective when delivered specifically to specialist practitioners rather than training specialist and mainstream practitioners together, which was what she had often experienced. This would enable specialist practitioners to share ideas and common problems which would be different from those experienced by mainstream colleagues.

6.3.3 d) Future training

In terms of future training for SLCN, two mainstream practitioners reported that they would like to undertake training to support children with EAL and children with EAL with additional needs. Two mainstream practitioners also reported wanting future training for working with parents in sensitive or difficult situations such as informing them when their child experienced difficulties or delays in their development. Training needs related to writing IEPs was mentioned by one mainstream practitioner. Another mainstream practitioner noted that she needed reassurance from other professionals that training already undertaken was being implemented correctly within the setting.

One specialist practitioner mentioned that she would like to have more knowledge of the range of professional groups available to support her when working with children with SLCN, as well as when and how to contact them. Another specialist practitioner mentioned that she would like to attend training related to working with children with EAL who also had physical, cognitive and sensory needs.

6.3.4 Identification of SLCN

Practitioner reports of the earliest signs of SLCN were identified under the categories of expressive, receptive, social interaction and behaviour. All practitioners (mainstream and special) noted the importance of ongoing monitoring and observation of children's development in identification of SLC problems as early as possible. Practitioners' perceptions of the earliest signs of SLCN varied according to whether they worked in a mainstream or specialist setting and according to the age range of the children they worked with. All

practitioners placed emphasis on expressive SLC rather than receptive, with one practitioner from a specialist setting commenting that "unclear speech sounds is the easiest sign of a problem to identify." Another practitioner from a specialist setting noted that even if a practitioner observed poor receptive SLC skills, this did not necessarily indicate a problem:

> Poor receptive skills do not necessarily indicate a problem, a child may understand you perfectly, but be unable to articulate. (teacher in a specialist PS school)

Two practitioners from mainstream settings noted the tension between the need for early identification and the risk of alienating parents by identifying problems that had not been observed at home. This sometimes resulted in children being removed from the setting by parents. It was also reported that on occasion practitioners had identified problems that had been contradicted by HVs during children's subsequent health checks. This has had an impact on practitioners' confidence in identifying children's needs and resulted in hesitation and reluctance on the part of practitioners to identify too early.

6.3.4 a) Expressive SLC

All seven practitioners working in mainstream settings were able to report early signs of problems related to expressive SLC. Two practitioners working with children from birth to five years old in mainstream settings (in a childminding practice and a private day nursery) noted that a lack of early eye contact and babbling in very young children would trigger an alert to parents to liaise with their HV in order to have their child's hearing checked. Early babbling in a very young child was perceived to be a pre-requisite to later talking. For practitioners working with children aged from two to five in mainstream settings, early signs

of a problem would include lack of speech, or speech that was unintelligible to adults in the setting, even though children's speech might be understandable to parents, familiar with the child's manner of expression. Also noted in this category by two practitioners was echolalia or repetition of particular phrases or words out of context. "Immature speech" beyond the age of two years, six months was noted by one practitioner as being a cause for concern, although this was not specifically defined.

All four practitioners working in specialist settings with children aged from two to five years old reported early signs of problems with expressive SLC. These included lack of early eye contact, babbling and vocalising reported by two practitioners, although age ranges for this to be typical were not identified. Also reported by two practitioners was a lack of speech sounds, or problems with phonology, such as not being able to "sound words out". Echolalia was also reported as an early indication of problems by one specialist practitioner. Another practitioner noted that she would expect to observe different signs in individual children according to their own character, indicating that early signs were variable and idiosyncratic.

6.3.4 b) Receptive SLC

Five mainstream practitioners described early signs of a problem in receptive SLC as apparent lack of ability to listen, concentrate and attend to instructions without following the lead of other children. This would trigger concern and alert practitioners to the need for increased monitoring and observation.

One practitioner from a specialist setting also noted early signs with receptive SLC to be lack of understanding and dependence upon following the lead of other children. She also stated

that this would depend upon knowledge of the child, as she had observed that some children preferred to watch and follow their peers.

6.3.4 c) Children's characteristics and behaviour

Three practitioners from mainstream settings and all four specialist practitioners reported early signs of a delay which related to children's personal characteristics and behaviour. For three mainstream practitioners this included apparent lack of motivation to engage or communicate with others, not responding to interaction from adults in particular was reported by two practitioners, appearing withdrawn and not responding to visual cues was reported by another practitioner.

For specialist practitioners in contrast, unwanted or unusual behaviour was reported as a possible first sign of SLC difficulties and included children who appeared frustrated or upset frequently, children who appeared not to listen, or who were hyperactive, inattentive, appeared unready to learn and children who engaged in repetitive play.

6.3.4 d) Social interaction

Lack of social interaction was reported as an early sign of later problems by one mainstream and all four specialist practitioners. Whilst the mainstream practitioner did not elaborate on this, practitioners from specialist settings noted that children with social interaction difficulties might not be able to "read other people's signals" such as eye contact, gesture or extend a hand for them to hold without a sign or symbol to reinforce the gesture. This might

result in frustration or further withdrawn behaviour. One specialist practitioner noted the difficulty for adults in interpreting a child's expression of need due to their SLCN. This could also lead to frustration and cause the child to withdraw further from interaction with others.

6.3.4 e) Early onset of SLCN

Practitioners from mainstream and specialist settings noted variability in early signs of problems.

One practitioner in a mainstream setting noted that it was necessary to observe a child's verbal and non-verbal behaviour in order to measure difficulties, in other words she observed "what children are saying and what they're not saying" suggesting that practitioners needed to interpret non-verbal behaviour within context.

It was noted by two mainstream practitioners that observation in the context of other same-age peers was more meaningful than observing in isolation. Another practitioner noted the difficulty of accommodating children of mixed-age groups that might lead to unrealistic expectations of the youngest children.

The differences in children's SLCN in different contexts, such as home and setting were also highlighted by one mainstream practitioner. Practitioners might observe or perceive difficulties that parents had not identified at home or vice versa.

Specialist practitioners commented that they would expect to identify different signs for different types of SLC difficulty rather than be vigilant for one particular sign. One specialist practitioner stressed the difference in adult expectations for children's development between

mainstream and specialist practitioners, and the need for more finely-tuned assessment methods in specialist settings:

> It's expected that children typically follow one step after another, they might miss a step out but then they'll come back to it. For our children, it's [developmentally] more lateral. They'll hit a plateau and stay there for a long time. They're still making progress within their range of capabilities, but you can't record that because it's not easy to show on mainstream assessment records. (teacher in a specialist PS special school)

All practitioners from mainstream and specialist settings reported confidence in the ability to identify problems with children's SLC early, although three mainstream practitioners stated that the youngest practitioners would need help from more experienced practitioners with this. Mainstream practitioners reported that early identification would be undertaken as a team effort rather than by one individual, whereas in specialist settings, children were already identified with SLCN when they entered the setting.

6.3.4 f) Tools used to identify and assess SLCN

For mainstream practitioners, three were utilising a summative assessment pathway profile provided by the LA (WCC, n.d.) which was aligned to the EYFS (DfE, 2012, 2014). Four others were using learning journeys including documents such as photographs, children's mark-making and art work to provide evidence of a child's SLC development under the areas of learning identified in the EYFS (DfE, 2012, 2014). Three practitioners were using checklists provided by SLTs, alongside either the LA profile or learning journeys. One practitioner reported that she would differentiate between "typically developing" children and those with complex needs. For the latter, she was using the *Early Support* materials (DfES,

2004c), which she considered to be "parent friendly" and "easy to align with the EYFS profile" (DfE, 2012, 2014). She commented on the difference between children who were 'typical' and those with severe and complex needs who were undergoing assessment for statutory support and who needed to be taught in small steps. The observation and recording of their development needed to be segmented into smaller steps than would be possible with EYFS tools (DfE, 2012, 2014).

Another mainstream practitioner, who was a qualified SLT, reported that alongside the EYFS profile (DfE, 2012, 2014), she would use a different tool to assess the development of children's phonological skills, such as a children's reading book designed for the purpose. For children with EAL, she would "assess functional language rather than focus on phonological processing" reinforcing the benefit of her specialist knowledge in identifying and specifying SLCN, particularly where there was linguistic and cultural diversity. She also reported that she used specialist SLT observation tools such as *Derbyshire SLT Scales* (Knowles and Masidlover, 1982) for children with identified needs and the *Language Link* (Speech Multimedia Ltd and Cambridge University, 2004) screening tool for early language.

For practitioners in specialist settings, tools to identify and assess SLCN included the LA EYFS pathway profile (WCC, n.d.) for three practitioners and an early years language unit profile for another practitioner, developed by the charity she was employed by (*ICAN*). Another noted that the age bands within the EYFS profile (DfE, 2012, 2014) were too wide and that the *Early Support* materials (DfES, 2004c) were more appropriate for children in her setting:

> The EYFS age bands are too wide for children with SEND so a child could be
> on the 8-20 month age band for the rest of their school life; six-month age
> bands might be easier and more useful for children in this setting. (teacher in
> an outreach nursery assessment centre)

All four specialist practitioners reported the benefit of support from the local SLT who was either employed by the setting or contracted to provide significant input to the setting. Other specialist assessment tools were also mentioned by specialist practitioners such as:

- *Derbyshire SLT Scales* (Knowles and Masidlover, 1982);

- *Reynell SLT scales* (Edwards, Letts and Sinka, 2011);

- *P Scales* (QCA, 2001);

- *B-Squared* (B-Squared, n.d.);

- *British Picture Vocabulary Scale* (GL Assessment, n.d.);

- *Language Link* (Speech Multimedia Ltd and Cambridge University, 2004).

(These tools are described in the glossary).

6.3.5 Types of SLCN being supported

When asked to describe the most prevalent types of SLCN identified and supported in the settings concerned, responses were significantly different between mainstream and specialist settings. Whilst mainstream practitioners mentioned difficulties predominantly related to expressive SLC and articulation, specialist practitioner reports were dominated by problems with social interaction, behavioural difficulties and medical and health related to SLCN that had already been identified.

Six mainstream practitioners reported that delay in vocabulary and articulation (late talkers) was the most common problem they observed, followed by "infantile substitutions" of one letter sound for another or children omitting the initial and final sounds from words that was reported by three practitioners. In terms of other expressive skills, six practitioners reported absence of speech, continued use of immature speech such as "baa" for sheep or "moo" for cow beyond the age of three; neuro-development disorders such as autism; "lack of

motivation to communicate"; and speech that adults could not comprehend, particularly when children had EAL.

Common receptive SLC difficulties were reported by six mainstream practitioners such as "poor listening skills", "poor mental processing" and "lack of understanding" reported by five practitioners and hearing problems were reported by one.

In contrast to this, all four specialist practitioners described specific social interaction difficulties being most common, for example:

> ... basic interaction, not knowing how to interact, not knowing how to access something, lack of eye contact especially children with autism. Unless you have that you're not going to get very much back from anybody. (teacher in an outreach nursery assessment centre)

A further problem reported by two specialist practitioners was the unclear production of speech sounds or total lack of speech sounds. Two practitioners reported hearing loss or "big tongue" (Beckwith-Wiedemann Syndrome). Another two reported difficult behaviour such as biting, hair pulling and spitting related to SLCN. Also reported were general SLC delays, echolalic speech, and children with neurodevelopmental disorders, as indicated by mainstream practitioners.

6.3.6 Strategies to support SLCN

When asked about strategies used to support children's SLCN, the need for adults to adjust their language to the child's level of comprehension and production was reported by four mainstream and two specialist practitioners:

> Adults need to use language at the child's level, but increase their [the child's] vocabulary by modelling so they're learning just that little bit more all the time. (teacher in an LA maintained nursery)

Three mainstream practitioners reported that the most effective strategies to support SLCN were one-to-one adult-to-child activities to improve particular skills such as listening, providing adult modelling and recasting of language, and the use of photos, visual timetables, signs and symbols (AAC).

The use of a physical prompt to reinforce verbal instructions was also reported by two mainstream practitioners, such as showing a child a pair of wellington boots to reinforce a verbal instruction for children to prepare for outside play. Using strategies suggested by SLTs, planning for children's individual interests and talking to them about their interests, using prompts such as puppets to gain children's motivation and interest and asking children to "repeat themselves until staff can understand them" was mentioned by one practitioner as shown in table 6.4.

The role of the KW in knowing individual children well in order to plan for their needs was acknowledged by six, with the remaining practitioner reporting the difficulty in implementing a KW system with such low adult-to-child ratios (1:13). As the nursery teacher, she was the adult who had responsibility to liaise with parents about children's progress.

Table 6.4 Strategies used to support SLCN

Strategy			
Mainstream practitioners	**Frequency**	**Specialist practitioners**	**Frequency**
Adjust language	4	Adjust language	1
AAC (including physical prompts)	3	AAC (including physical prompts)	2
One-to-one support	3	Intensive interaction	2
Modelling/recasting	3	Modelling	1
Listening	1	Teaching vocabulary	1
Strategies suggested by SLT	1	Sensitivity to individual children's needs	1
Ask children to repeat themselves	1	Behaviour management plans	1
Use puppets for motivation/attention	1	Give children time to respond	1

For specialist settings, the use of AAC was also recommended by two practitioners. This also included the use of physical prompts described as "objects of reference." Two specialist practitioners reported the use of 'intensive interaction' (Hewett and Nind, 2003) designed to meet the needs of children still at early stages of communication, typically with very severe learning difficulties. This needed to be undertaken with each child on a daily basis.

One specialist practitioner reported that the most effective strategy was for adults to be sensitive to a child's individual needs, have the right attitude, demonstrate empathy for the particular child, recognise and embrace their needs and working with other professionals to ensure that support was individually tailored:

> At the end of the day you have to have the right attitude, you have to want the best for the child and want them to communicate. You need to recognise when there is a difficulty, which adults don't always do. So it's being aware and being able to ask for advice from other professionals so that whatever you do is personalised for that child. (teacher in a specialist PS school)

Specific recommendations included adults using language adjusted to the child's level of understanding, adult modelling of the correct language, giving children time to respond, teaching vocabulary and the use of behaviour-management plans to monitor and challenge children's unwanted behaviour.

Specialist practitioners reported that children were provided with the opportunity to socialise with typically developing peers, either by means of a combined mainstream-specialist placement or by means of monthly or termly visits to mainstream settings for this purpose.

Where children were attending two settings in combined placements, mainstream and specialist practitioners reported that they shared targets and strategies, with specialist practitioners advising mainstream colleagues and providing them with the benefit of the

SLTs' contribution to children's IEPs. Two mainstream practitioners also mentioned the benefits of children attending combined placements when they had identified SLCN.

6.3.7 Implications of SLCN

A theme emerging from the data analysis was the wide variation in practitioner perceptions related to the implications of SLCN for children categorised as short-and long-term implications. In the short-term, there was the reported influence of SLCN on children's play and social interaction with peers, whilst in the longer term, children's learning, education and later employment opportunities were predicted to be involved.

6.3.7 a) Short-term implications of SLCN

Six mainstream practitioners agreed that SLCN had a considerable impact on children's social and emotional development leaving children isolated as a result of the lack of tolerance from other children or through their own inability to understand the rules involved in associative or co-operative play. This point was also made by three specialist practitioners who noted the impact of SLCN on children's social skills, relationships and friendships with the inevitable isolation that children would experience. Three specialist and two mainstream practitioners suggested that children would become frustrated if they were unable to practise using language or participate in play, shared attention, shared experiences, and other children would consequently avoid them.

Two mainstream practitioners noted the positive influence of having children with SEND in a mainstream setting, as it enabled other children to develop tolerance and understanding.

Other recommendations included the usefulness of ACC in facilitating play, a routine which enabled children to follow the lead of others, with adults modelling play to enable children with SLCN to participate. It was emphasised that SLCN affected children's cognitive development, ability to process thoughts and ability to express choices.

Whilst two specialist practitioners reported that adults could broker interactions between children to facilitate play with peers by scaffolding and teaching the skills necessary, another stressed that adult intervention offered only a short-term solution:

> Adult intervention won't help as other children will perceive the child with SEND as not wanting to play. The child is then back to the relationship with the adult. (teacher in an outreach nursery assessment centre)

In contrast, one mainstream practitioner argued that SLCN would have no impact on social interactions with peers or a child's ability to participate in play. One specialist practitioner stressed the importance of allowing children to engage in solitary play and have their own space.

6.3.7 b) Long-term implications of SLCN

Both mainstream and specialist practitioners reported that children would experience difficulties in later schooling and social-emotional, behavioural and psychological problems. Three mainstream practitioners reported that children with SLCN would have difficulty in "catching up" with their peers in school work as they reached school age.   The implications of lower adult-to-child ratios in schools than in early years settings were perceived to militate against children's ability to recover from any early delays in SLCN. Children's perception of themselves as being different from their peers by the time they entered compulsory education

was reported to impact on their happiness, a requisite identified by practitioners as necessary for learning, and resulting in reduced confidence.

In terms of education and schooling, it was perceived by specialist practitioners that children might fail to comply with teacher requests due to lack of understanding, fail to make adequate progress and would potentially "drop out of school." Psychological and behavioural problems would be a manifestation of poor self-esteem experienced by children reported by three practitioners, lasting throughout life according to two specialist practitioners

.

6.3.8 Children with EAL

There were mixed and uncertain responses from practitioners in regard to supporting children with EAL in early years settings.

Five mainstream practitioners reported that they would have difficulty in determining when a child with EAL also had SLCN, due to lack of training and experience. The remaining two reported that they would employ the services of an interpreter or ask parents if the child was communicating in any of their home languages. This might indicate whether or not the child's English language development was delayed simply due to lack of exposure and that given time and more experience, the child would acquire English.

Mainstream practitioners reported that the sources of support for working with children with EAL included the LA EYCS (four practitioners), parents (four practitioners), SLT, HV and the local multi-cultural resource centre.

For specialist practitioners, two also had limited experience of working with children who had EAL. The remaining two suggested that, although it was important to value children's

linguistic and cultural backgrounds, in the case of children with severe and complex needs, EAL was secondary to the wide range of needs that children in their settings experienced:

> It doesn't matter which language you communicate in, these children [with EAL] wouldn't understand anyway. Some of them may have multiple languages at home and not understand any of them. (teacher in an outreach nursery assessment centre)

Two specialist practitioners acknowledged the difficulty in identifying when children with EAL and SLCN, due to their own lack of experience and training to work with such children, although one stressed the need for children's home languages to be securely developed before concern over additional languages became significant. One practitioner noted that if a child was not developing skills in any of the languages they were exposed to, this would indicate an underlying problem with learning. Another specialist practitioner suggested that additional needs for children with EAL were not generally identified early enough due to lack of practitioner training. This limited children's access to provision of EI.

Specialist practitioners reported that the sources of support to work with children with EAL included interpreters (all four practitioners) to assess children in their home languages. The SLT and the LA inclusion adviser were highlighted by other mainstream practitioners.

6.3.9 Supporting parents

There was a difference in the type of support reported to be offered to parents by mainstream and specialist practitioners.

Two mainstream practitioners reported that they attended SLT appointments with children on behalf of parents in order for parents to continue working. Another two practitioners stated that they supported parents by working on IEP targets determined by SLT within the setting.

They also shared strategies and resources with parents so that there was consistency for children in the approach to support SLC development between home and setting. Liaison with or signposting to other professionals, attendance at CAF and team around the child [TAC] meetings and supporting parents using the *Early Support* materials (DfES, 2004c) were also reported by two mainstream practitioners. Maintaining regular contact with parents through the use of a home-setting diary was reported by another.

Two mainstream practitioners mentioned conflict and tension that had arisen when the setting felt that a child needed access to multi-professional support but this did not concur with parental wishes.

Specialist practitioners were concerned predominantly with sharing strategies from setting to home. These included inviting parents to participate in "messy play" activities and story-time activities in the setting so that practitioners could model effective practice in regard to adult-child interactions. Other family members were also welcomed to participate in these activities. The use of a home-school diary was mentioned by one practitioner and an "open-door policy" where parents were made welcome to liaise with practitioners at all times was mentioned by another.

6.3.10 Working with other professionals

Other professionals involved in the identification, assessment and support of children's SLCN varied across mainstream and specialist settings with differences emerging in their access to the SLT, in particular. SLTs were the most commonly reported professional by both mainstream and specialist practitioners. Whilst mainstream practitioners reported that their contact with SLT was mediated by parents, in specialist settings practitioners had direct and

frequent contact with SLTs. In all four specialist settings, the SLT was a member of the staff team, or contracted by the setting to provide a significant contribution to the assessment and support package offered to children and families. Specialist settings also liaised with a range of other health professionals in supporting children with SLCN, whereas mainstream settings liaised mainly with the LA Area SENCO. One mainstream and one specialist practitioner mentioned the benefits of home-based specialist EI services such as *Portage.*

6.3.11 Government and LA influences

When asked about influences from the government and the LA on their practice for children with SLC, practitioners' responses were predominately related to children with SEND being assessed for formal statements. For example, three mainstream practitioners mentioned the benefit of LA funding to support particular children who needed individual adult-child support. Two practitioners mentioned the support from their Area SENCO in completing proformas for children to be assessed for statements and the difficulty of completing them without specialist knowledge of SEND.

One practitioner reported the LA had provided ample training and support for children with SLCN. It was felt that there were too many initiatives being introduced at once, some of which overlapped in terms of aims and content, making it difficult for practitioners to make optimum use of any one initiative for children and families. Furthermore, changes to the structure of the LA EYCS as a result of budget reductions and redundancies had resulted in a reduced service from the EYCS, which concerned two practitioners, especially the effect of this cut back on supporting children who needed to be assessed for a formal statement of SEND:

I do feel we've been left a little bit adrift now. It was difficult enough to get our Area SENCO in because she was booked up for weeks, so effectively it just means that we will have to wait even longer to get someone out to give us an opinion about children's development. These children are going to bib and bob about in the sea until they go to school and then they will get lost in a class of 30. That's my concern. (manager of a children's centre childcare provision)

6.4 Discussion

Whilst findings from survey provided overall percentages for the sample of children with SLCN, this chapter has highlighted that more boys than girls experienced difficulties in SLC development. A total of 76 children (out of 345) were reported by practitioners in this chapter as having SLCN, and 32 were accessing specialist settings to support their needs. This chapter has also identified the number of children with EAL in eleven settings to be small (18 out of 345 children) and the number of children with both EAL and SLCN to be twelve four of the eighteen children with EAL.

It was not surprising given their lack of experience in supporting children with EAL that practitioners acknowledged a lack of confidence in supporting them and suggested that training in this regard would be useful. This might also explain why there were fewer strategies suggested by practitioners to support children with EAL than those suggested for SLCN.

Further, this chapter has explored in more depth the very diverse range of identification and assessment tools being used by practitioners at the micro level and the differences between mainstream and specialist practitioners in this regard. All practitioners were able to identify and discuss the long-term implications of poor communication in early childhood and describe early signs of problems. Specialist practitioners were particularly concerned with

children's social and emotional development, whereas mainstream practitioners focused on problems with expressive SLC. For monitoring and assessment, although two mainstream practitioners were using either specialist SLT tools or *Early Support* materials (DfES, 2004c) to segment SLC into small-steps or concentrate on specific aspects, the majority of mainstream practitioners were using LA summative pathway profiles and/or learning journeys and three were using SLT checklists alongside these. In contrast, specialist settings had access to specialist tools which allowed a more detailed assessment of children's SLCN and enabled more individually targeted interventions using a broad range of strategies. There was also cautious use of comparison with same-age peers.

Strategies to support SLCN reported by practitioners appeared to reflect the differences in the nature of SLCN being supported between mainstream and specialist settings. For example, as previously mentioned, specialist settings reported the use of 'intensive interaction' (Hewett and Nind, 2003) for use with children who were at a pre-linguistic stage or early stage of development and needed to learn early communication skills. In contrast, strategies suggested by mainstream practitioners were more focused on speech and suitable for children who could already talk such as modelling language and recasting children's utterances.

At the meso level, there was a perception from specialist practitioners that a knowledge and skills divide existed between the mainstream and specialist settings. It was suggested by one specialist practitioner that SEND and SLCN training be organised so that mainstream and specialist practitioners trained independently. This raised the question of how any transfer or sharing of knowledge and skills from specialist to mainstream settings could then be achieved.

Practitioners were working closely with parents as suggested by the policy guidelines such as the EYFS (DfE, 2012, 2014) in order to support children's SLCN at the meso level. Both

specialist and mainstream practitioners acknowledged the importance of sharing strategies between home and setting, between SLT and setting and between one early years setting and another where children attended two.

The nature of relationships that practitioners have with other professionals in supporting children with SLCN and their families at the exo level has revealed that relations between practitioners and SLTs was more proximal in specialist settings than mainstream. Specialist practitioners liaised with a broad range of other health professionals and mainstream practitioners liaised with and relied on the LA Area SENCO, reinforcing the influence of the LA on practice at the exo level.

6.6 Conclusion

Practitioners have reported a wide variation in the nature of SLCN being supported in early years settings and identified a number of strategies to support these needs, many of which rely on an appropriate professional understanding of SLC development. Not surprisingly, there was a difference in the types of SLCN being supported between mainstream and specialist settings. However, practitioners from mainstream and specialist settings reported greater uncertainty about supporting children with EAL and were less confident to exploit the use of AAC to support children with EAL.

The practitioners were concerned that children with communication delays and disorders, left unrecognised and unsupported, would face later difficulties at school and potentially would experience difficulties throughout life. This concern is heightened with the reduction in LA services to help them to support children with SEND. However, they were clear of their own role at this stage as communicative partners and facilitators of communication development

in order for young children to build positive relationships with others. This role was seen as a platform for positive social, emotional and cognitive development and required close relationships with parents.

Relationships with parents demanded further investigation and the perspective of parents will be explored in the next chapter.

CHAPTER 7 PARENT INTERVIEWS

7.0 Introduction

This chapter reports interviews with parents and provides a perspective on young children's earliest development from pregnancy onwards. The microsystem of home is complementary to the microsystem of early years settings discussed in the survey and practitioner interview chapters.

7.1 Aims

The aim of undertaking parent interviews was to understand young children's SLCN from parents' perspectives, taking into account the wider family relationships with grandparents and close friends. This was intended to provide insight into children's earliest social and communication development and factors that might affect it, such as genetic factors, maternal health, childbirth and early environmental factors. The chapter will also describe and analyse parents' understanding of children's early communication development, their perceptions about early childhood care and education and the health professionals involved. The analysis of these data will contribute to addressing the following research question:

- What are the views, understandings and reported practices of a range of stakeholders with respect to SLCN in the EYFS?

7.2 Methods

7.2.1 Participants

Parents of nine children, two girls and seven boys, from a range of socio-economic and socio-cultural backgrounds participated in this stage of the data collection as shown in table 7.1. Face-to-face interviews were conducted with parents of the nine children observed in early years case sites, although two parents chose to be interviewed at home.

Table 7.1 Background of participants' children

Child	Age	Gender	Position in family	Lang-uages	Main carer	Parent interview	SEND	SLT Services	SLCN in family
1	2 years, 3 months	M	Only child	English	Mother	Mother	Delayed speech and behavioural problems	None	
2	3 years, 5 months	M	Only child	English	Mother	Mother	Initial sound and social interaction problems	Awaiting assessment	
3	3 years, 5 months	M	Middle child of three	Ilocano, Tagalog, English	Mother and Father	Mother and Father	Delayed language	SLT in clinic	Older brother also had SLCN
4	4 years, 1 month	F	Youngest of two	English	Mother	Mother	Word finding and initial sound problems	Specialist provision	Older brother, father and aunt also had SLCN
5	4 years, 2 months	M	Middle child of three	English	Mother	Mother	Delayed language	SLT in clinic	Older brother also had SLCN
6	4 years, 4 months	M	Youngest of two	English	Mother	Mother	Autism	Specialist provision	Older sister had social and emotional difficulties
7	4 years, 4 months	F	Twin with one older half-sister	English	Mother	Mother and her partner	Word finding and initial sound problems	Specialist provision	
8	5 years, 1 month	M	Middle child of seven	English	Father and adult sibling	Father	Cerebral palsy	Specialist provision	
9	5 years, 2 months	M	Only child	Polish, English	Mother	Father	Autism	Specialist provision	

In five interviews, only the child's mother participated, in two only the child's father participated and for two children, mother and father or mother and current partner participated jointly. For seven participants, English was their first and only language, one parent was a bilingual English and Polish speaker and another, a trilingual English, Ilocano and Tagalog speaker. Participants' children had SLCN on the continuum of needs described by Bercow (2008) and had varying degrees of professional help to support their needs.

7.2.2 Materials

An interview schedule (see Appendix D) provided a framework of open questions for the interviews, which allowed sufficient flexibility for parents to discuss aspects of their child's early development that they considered relevant to the interview.

Parents were questioned about their child's:

- current level of SLC;

- early health and social development;

- comparison with siblings, where appropriate;

- development in relation to normative milestones;

- interaction with peers and other adults within the family;

- the role of health professionals in the child's assessment and development;

- related health issues, if any, such as hearing loss, feeding and eating difficulties;

- favourite play activities;

- care and education outside the home.

7.2.3 Procedure

Interviews were arranged by practitioners in liaison with the researcher at a date and time convenient. Issues of consent, confidentiality and anonymity were observed as described in chapter four. Consent was obtained from all participants prior to interview after parents had received an information leaflet (see Appendix E) about the study, with practitioners acting as mediators between parents and the researcher. All interviews were recorded with a digital recorder, transcribed and mailed to participants for the purposes of participant validation of the content. Interviews were conducted in English after confirmation from practitioners that all parents had adequate proficiency in conversational English language skills and further confirmation from parents in interview to verify this. Interview length varied from between twenty minutes and one hour, fifteen minutes. The researcher was mindful of raising sensitive areas, and checked periodically parents' willingness to continue. One parent was tearful throughout the interview but insisted on continuing and another seemed withdrawn and nervous but confirmed her wish to continue. All other parents seemed comfortable and confident.

7.2.4 Analysis

The data were analysed at the first level using *a priori* categories to address the relevant research question. At the second level emergent themes were identified and data coded accordingly.

7.3 Results

Analysis of data revealed that parents' perceptions and children's learning and development were extremely varied. Consequently there were no clear patterns, which made the task of coding and analysing parents' responses difficult. Parents' responses have therefore been coded according to the level of severity of their child's difficulties with SLC development and discussed under the emerging themes of:

- early experiences;

- learning;

- SLC;

- social and emotional development;

- behaviour;

- parents' attitudes to professionals.

A detailed description of children's early health experiences and family background can be found in Appendix F.

7.3.1 Children's early experiences

7.3.1 a) Health

All parents commented on their children's early health experiences.

One father whose son had CP (child-8) reported that although his son had been healthy in early infancy, he contracted childhood bronchiolitis at the age of four months, which led to

cardiac arrest and resulted in his son experiencing severe spasticity, epilepsy and "regression to new-born state" in relation to his development. He also reported that his son had a squint which made his peripheral vision unclear.

For the two parents whose sons were diagnosed with autism (child-6 and child-9), there were different reports of early health problems. The mother of child-6 reported that her child had experienced frequent colds and long-term and persistent hearing loss, resulting in frequent hospital visits from infancy. Although she had reported her concerns to her GP and HV and hearing tests had produced negative results, health practitioners assured her that her son's hearing loss would eventually clear-up. When this failed to happen, he had grommets fitted at the age of two. His mother reported that his hearing and SLC development had greatly improved following this. She was concerned that her son's development had been detrimentally affected by professional dismissal of her concerns and what she considered to be late insertion of the grommets:

> We were given Puriton repeatedly. I think the professionals hoped that the fluid would clear up. On the day of his operation, he started making clear melodic noises and high humming noises … I feel like he's two years behind his peers now because he's missed two years of his development as a result.

In contrast, the father of child-9 stated that his son's health and hearing was good, although he had experienced colic in infancy and persistent eczema.

Health-related reports from the three parents whose children had difficulties with speech sound problems were also varied. Whilst parents for child-7 reported no health-related concerns about their child at all and stated that her daughter's hearing was good, one mother mentioned that her child (child-4) had not had a hearing check since infancy and she wondered whether that was advisable. Another mother (child-2) was confident that her son's

hearing was good but reported that she had consulted a podiatrist to seek advice about her concerns about her son's uneven walking gait and her concerns that that his toe nails grew in an erratic and uneven manner.

For the two children with anomalous SLC difficulties, the mother of one child (child-1) recalled that her son had experienced difficulties with swallowing in early infancy and now would not eat meat and was intolerant of lactose. The other mother (child-5) reported that her son's hearing had not been checked since infancy but she was considering requesting a hearing test currently since her son experienced frequent colds.

For the child with EAL (child-3), parents reported that their son experienced regular colds, allergies to milk and nuts and persistent eczema.

7.3.1 b) Social interaction

Parents were asked to recall their child's early social interaction, which was easier for some parents than others. For example it was easier for parents where SEND was already identified, especially if difficulties with SLC were severe or complex.

Parents with other children recalled varying rates of early social interaction. Comparison with siblings in determining whether a child's interaction patterns were within a normal range was not felt necessarily helpful for parents with siblings, as they believed that girls and boys developed differently. For example one parent reported that her older son's speech had been very difficult to understand, whereas her younger daughter was intelligible, but experienced word finding difficulties and problems making letter sounds.

One father, whose son had CP and associated severe and complex SLCN (child-8) reported prior to his son's illness at the age of four months, he had observed his son smiling, engaging in eye contact and imitating others.

The reports from two parents whose sons were diagnosed with autism were completely different in relation to early experiences. Whilst one of them (child-9) stated that his son's early SLC had been fine but regressed at the age of six months. Prior to this, he had observed eye contact, smiling, babbling and imitation in his son's communicative interactions. By the time his son reached the age of 16 months, however, his speech was "barely existent":

> He was very vocal as a baby. I remember having him on my knee and rocking backwards and forwards with him when he was about three months old and playing see-saw, there was eye contact, imitation and babbling. I think he started smiling at about 2 weeks. He did suffer with colic. He was very vocal. He imitated, gurgled and babbled and was doing the usual cute baby-like things. So it was quite nice. After about six months that started deteriorating.

The other parent (child-6) reported that although her son smiled in infancy "in a very cute way" up until the age of ten months, he had avoided eye contact with others, did not display any signs of distress when hurt, and "was not a very loving child" shying away from cuddles.

Three parents whose children (child-2, child-4 and child-7) had speech sound problems reported that their child's early development had been fine. They all reported early smiling, eye contact, babbling and imitation from their child, although one parent (child-2) reported that her son had been a very quiet baby. Two of them recalled that they only noticed a problem at the age when they felt that their child should have had a wider vocabulary at the age of approximately two years-old. However, the parent of child-2 stated that her child had produced some one-and two-word utterances shortly after his first birthday, but by the age of

fifteen months he had become shy, withdrawn and fearful of strangers and his speech development had regressed:

> Sometimes we thought we could hear him say "da da" but it was hard to tell because it was very quiet. He went into his own little shell.

Two parents, whose children had anomalous SLCN, reported varied early experiences for their children. One of them reflected that she found it difficult to recall early smiling, eye contact and babbling although her son (child-5) had been a "good baby" as he had been very quiet. She recalled that her son had produced single words as a toddler, but regressed at the age of two to producing only "babble". The other parent acknowledged that, as her son (child-1) was an only child and there were no other young children in the family, she found it difficult to measure or recall her son's early language experiences. She commented on her frustration about the perceived pressure within society to encourage and mould her son's development at an unreasonably rapid rate to ensure that all children reached similar stages of development at a particular age. She was confident that upon entering formal education at the age of five, all children would reach a particular stage of development that would enable them to access the curriculum, and resented the competitive nature of parenting that she had experienced within her son's early years setting.

The remaining parent (of child-3), who had two home languages and EAL, stated that her son's early SLC had been typical, with early eye contact, smiling, babbling and imitation being observed by parents. However, she reported a similar regression in skills for her child to one reported by one of the parents of children with autism (child-9) at the age of eighteen months:

> When he started talking, he started with babbling sounds such as "booboo" and "dada". Then I think at 18 months, he started to pronounce words more

accurately. Then he regressed, so I don't know what happened. Then we thought that maybe speaking in our own language wasn't a good idea.

Out of nine parents, seven reported that they had been the first person to notice a problem with the child's SLC and the remaining two reported that the first signs of a problem had been observed by practitioners in the early years setting their child attended.

7.3.2 Children's SLC

When parents were asked to describe their child's current level of SLC, their initial description was positive for eight parents in relation to their child's progress (child 2- 8) and improvement, with comments such as "it is a lot more complex than it was" or "I know he is not where he is supposed to be, but if you compare him with how he was eighteen months ago, he has come on an awful lot since he started nursery." For the remaining parent, there was a consistent lack of confidence in her ability to describe her child's SLC (child-1), coupled with an assertion that there were not any problems with it. She stressed that she had "nothing to compare his development with" so she felt ill-equipped to assess it.

Eight parents were confident that their child's receptive SLC skills were secure, stressing that they understood everything that was said to them and asked of them, and cited examples of how they measured this such as "this morning at the petrol station I asked him which pump I should use and he could tell me to use the diesel by pointing at it" (child-8). The remaining parent suggested that her child (child-7) had problems with listening and understanding, stating that her daughter had "selective hearing" and that she made a conscious decision not to listen, preferring to "be in a world of her own". All parents stated that their child was understandable to those who knew their child well.

One father, whose son was diagnosed with CP (child-8) stressed that his son mainly pointed, grunted and shook his head to communicate (which could indicate a positive or negative response to a question posed by others). Sometimes he would take adults to an object he wanted, but his SLC was inconsistent and only understandable to people who knew him, making it difficult to determine his intentions, meaning and needs.

Two parents whose sons were diagnosed with autism (child-6 and child-9) related different accounts of their child's SLC. The mother of child-6 reported that her son used pointing and speech to communicate. Although he could communicate in sentences, they were disjointed and difficult to understand for anyone not familiar with her son's SLC. The father of child-9 reported that his son's SLC was at a one-word level and he used pointing frequently. It was good enough to get his needs met and that was the best they could hope for in the circumstances. Both of these parents described their children's SLC as understandable to familiar adults, but their inconsistency made it difficult to accurately identify their intentions, meaning and needs.

Two of the parents whose children experienced problems with speech sounds (child-4 and child-7) reported that their child communicated in sentences that were not always grammatically correct. However, the remaining parent (child-2) stated that her son still relied on pointing, shouting, roaring and grunting to communicate a lot of the time and his language was still mainly at a two-or three-word level.

For parents of children with anomalous SLC, there were different reports. The mother of child-1 acknowledged that her child's SLC was at a one-word level and he often pointed to objects rather than saying that he wanted something. For this parent, descriptions of her son's SLC mostly related to behaviour rather than attainment. The mother of child-5 reported that although her son sometimes talked with one word or occasionally two, he mainly "babbles in

his own little language" (child-5). She thought was due to his inability to "make the right mouth movements" to form correct sounds.

The parents of the child with EAL (child-3) reported that their son could speak in sentences but they were not always grammatically correct.

7.3.3 Social and emotional development

All parents related their child's difficulties to social and emotional aspects of development. For example, all parents mentioned that their children demonstrated frustration at their inability to communicate effectively with others and this manifested in stammering for two children with speech sound problems (child-4 and child-7).

The father of child-8 stated that his son did not understand the social, emotional or communication needs of other family members, particularly other children, laughed at them when they were hurt or distressed and attempted to turn serious situations into a game.

The mother of child-1 stated that her son had on two occasions held his breath until he fainted which her GP had suggested was due to inability to articulate his distress when separating from parents in the morning.

7.3.4 Social behaviour

Six parents reported that their child did not have opportunities to interact with other adults or children outside of the home setting and early years setting (child-1, child-2, child-3, child-5,

child-6 and child-9). They found it difficult, therefore, to report how well their child communicated with adults and children outside the family context.

Three parents reported that when they had observed their children in social situations, they did not interact with other children without adult mediation. This included two children diagnosed with autism (child-6 and child-9) and one with anomalous SLC problems (child-2). Two of these (child-2 and child-6) commented that their child was withdrawn or ambivalent to others in social situations. The father of child-9 also reported that his son had been bullied by other children in a previous mainstream setting.

One father whose child had autism (child-9) reported that his child demonstrated "weird play patterns" which he defined as lining up pots and pans from the smallest to the largest, being "good with numbers and letters" and, whilst he had fed himself with a spoon at six months-old, he had later needed to be spoon fed until the age of three after regressing in global development at six months.

One parent was frustrated that her child (child-1) was the only child in the family group and was therefore the centre of adult attention, and "spoilt rotten" which made it difficult for her to discipline her own son without recriminations from other family members.

7.3.5 Children's learning

7.3.5 a) Children's learning in the home

All parents commented on activities their children engaged in within the home environment and reported that children participated in a wide range of activities from reading books,

playing computer games and completing jigsaw puzzles to small-world play and outdoor activities involving gardening and sports and viewed this as beneficial to their child's development.

Parents' were asked to recall whether and when their child had met other developmental milestones such as sitting, crawling and walking. Parents memories of specific milestones lacked clarity overall, however, most were able to recall crawling and walking, but not necessarily specific ages for achieving these milestones.

The father of a child with CP (child-8) reported that his son had achieved almost all developmental milestones later than would be expected, citing the example of walking which first occurred at the age of five years with the aid of a walking-frame, and toilet-training which had not yet occurred at the age of five years one month.

Parents of children diagnosed with autism related similar reports of their sons' developmental milestones. The mother of child-6 and the father of child-9 both recalled that their son had walked early at the age of ten months but that at the age of four years, four months (child-6) and five years two months (child-9) they were not yet successfully toilet-trained.

The parents of three children with speech-sound problems related varied reports of their children's developmental milestones. The mother of child-4 stated that her daughter had crawled early (although an age was not specified) but did not walk until the age of eighteen months. The mother of child-2 stated that her son walked late at the age of nineteen months and at the age of three years was not yet successfully tilet trained. In contrast, the parents of child-7 stated that their daughter was toilet-trained early (although an age was not specified) and was "very advanced with motor skills."

For the two children with anomalous SLC problems, whilst the mother of child-1 reported that her son had walked early at the age of nine months and assessed by the HV and as "above where he should be in all areas", the mother of child-5 could not recall any of her son's milestones.

The parents of child-3 who had EAL recalled that their son had walked early at the age of six months having crawled at five months. His toilet training had been delayed however until the age of three and he was still experiencing some problems with toilet training at the age of three years five months.

All parents who reported late toilet training attributed this to their child's lack of understanding and ability to communicate their hygiene needs sufficiently well.

7.3.5 b) Children's learning outside the home

Participants' children attended a variety of early years settings and their attendance patterns differed according to parental preferences, working patterns, children's individual care, education and SLCN, and services available to them to support those needs. The factors affecting parents' choice of early years setting are shown in see table 7.2. All parents related positive experiences of formal care and education outside the home, reporting that their child had made satisfactory progress.

Factors which influenced parental satisfaction with early care and education varied. Four parents (child-4, child-6, child-7 and child-9) mentioned the importance of early care and education in helping children with SLCN early in order to improve their long-term outcomes.

The parent whose son had CP (child-8) valued the specialist teaching and resources available to his son in his specialist setting, the availability of staff when he needed a discussion with them and the availability of professionals within the setting to support his son.

Both of the parents of children with autism (child-6 and child-9) valued high adult-to-child ratios and staff who were trained about SEND within their children's settings. The mother of child-6 was pleased that her son did not have to participate in any activities that he did not wish to, valued the role of her son's key worker at CAF (DCSF, 2006) meetings and the mature "motherly" nature of practitioners in her son's settings.

For the three parents of children with anomalous SLC difficulties, the mothers of child-2 and child-4 valued the benefit of outdoor play, whilst the mother of child-7 did not describe any particular features of early child care and education. The mother of child-4 valued the mature and again "motherly" nature of practitioners in her daughter's pre-school as mentioned by the mother of child-6. The mother of child-5 thought the ability to engage in "physical play" was valuable for her son, whilst the mother of child-1 valued the maturity and "disciplinarian" nature of the manager of the setting.

The parents of child-3 who had EAL were pleased that their son was happy at pre-school.

All parents also stated that they felt staff in early years settings involved them in their child's learning. The most important aspect of this involvement for seven parents (child-2, child-3, child-4, child-5, child-6, child-7, and child-8) was effective and regular communication with practitioners, with one parent (child-2) stressing that practitioners at the setting were always honest and open with them and "did not hide anything" about their child's problems. The mother of child-1 would have liked the setting to provide the opportunity for a parents

evening to allow face-to-face discussions about her child's progress without her child being present.

Table 7.2 Children's learning outside the home

Child	Type of setting	Age at which attendance commenced	Hours of attendance per week	Additional settings attended	Factors affecting choice
1	**Childminder**	Two	Three full days per week	None	Maternal manager.
2	**Private early years centre**	Two	Three days per week	None	Farm location and friendly staff.
3	**Pre-school**	Three	Three full days per week	None	Adjacent to Roman Catholic primary school they wished their child to attend.
4	*ICAN* **language centre**	Three	Two half-day sessions per week	Pre-school three afternoons per week and pre-school session at chosen primary school one afternoon per week	Specialist setting: referred for specific communication difficulties as primary need. Pre-school: maternal staff and familiarity due to attendance by her older brother previously.
5	**Children's centre**	Two	Three full days per week	None	Proximity to family home.
6	**Private day nursery**	Three years, six months	Three half days per week	Outreach nursery assessment unit two mornings per week	Recommended by *Portage* worker and is close to home, maternal staff (tried other settings unsuccessfully).
7	**Maintained Nursery**	Three	Five mornings per week plus two afternoons at nursery plus	Pre-school three afternoons per week	Tried other settings, but prefer this one. Child has been in childcare since five months old.
8	**Specialist C and I School**	Four	Five full days per week	None	Specialist setting most suitable for child's needs.
9	**Specialist P and S school**	Three	Five full days per week	None	Specialist setting most suitable for child's needs.

Two parents of children with autism (child-6 and child-9) had moved their child to their current setting due to the perceived inappropriateness or inadequacy of previous settings, either because the adult-to-child ratio was not high enough, practitioners were not perceived

to be sufficiently trained to support children with SEND or because the setting was accommodated in one big room which was too noisy.

7.3.6 Involvement with other professionals

The most commonly reported health professional involved with children's SLCN was SLT mentioned by eight parents and HVs mentioned by five. Also mentioned were GPs, staff working in the *ICAN* language centre, staff working in child development centres, *Portage* workers, OTs, mental health workers and specialist play workers.

Three parents whose children had diagnosed conditions (child-6, child-8 and child-9) reported that their child's multi-professional support was now co-ordinated and delivered through their setting placement. For the remaining parents, services from health professionals were delivered in children's centres, SLT clinics and health clinics.

Four parents (child-2, child-4, child-6 and child-9) reported difficulty in getting assessment for their child. They stated that their concerns about their child's development had not been taken seriously by health professionals when their children were very young (under the age of two) and this annoyed and frustrated them. Two of these (child-6 and child-9) stated that they had been passed from one professional to another resulting in additional and undue stress for parents and confusion about their child's future.

> It's difficult to remember exactly how old he was [when he was referred for assessment] because we were sent from pillar to post and I think someone just thought, "oh, they are over reacting." But obviously being a parent, there is something called "gut feeling." (parent of child-9)

Five parents (child-2, child-4, child-6, child-7 and child-9) were distrustful of HVs, whilst another parent reported (child-1) that she had not attended any health clinics and was unwilling to accept the need for specialist services for her son. One parent whose son had CP (child-8) stressed that HVs were not sufficiently well-trained about children with complex needs as they had given him advice that related to typically developing children. He referred to them as "text-book HVs." Another parent commented (child-1) that she had been unable to attend health clinics due to her own work pattern.

Another, whose child was exposed to three home languages (child-3), expressed her dissatisfaction with SLT services. She reported that she was recommended by SLT to focus on speaking English to her child in order to avoid his confusion and aid his English language development. This confused her as she had read that bilingualism was an asset in children's education.

7.3.7 Cultural differences

Two parents commented on the cultural differences between their home culture and English culture. Both expressed a preference for the English culture whilst also expressing concerns for cultural expectations within the English culture. For example, they commented on expected norms for children's development such as toilet training, walking and talking within the English culture. They perceived that children in England were expected to achieve more at an earlier age which placed undue pressure on children.

One parent (child-3) commented that she knew many children from her own culture who were now living in England with problems acquiring English until they were aged seven. She also noted the differences in childcare with more formal arrangements being necessary in England that in the Philippines, where children would play in the street and be "everyone's

215

responsibility." The other parent (child-9) commented on the negative perception in his own Polish culture about SEND which seemed to influence his own perception of his son and place pressure on the family to progress his son's development at an unrealistic rate.

Both of these parents stressed their desire for their child to 'be English' in order to fit in with the culture of the country in which they had chosen to reside and raise their children as they perceived this to be a determiner of future success:

> He is too young to be aware of his cultural background. We prefer that L takes on the English culture, because we are staying here, we only visit the Philippines occasionally. He would be an outsider, if we didn't let him embrace the English culture. It's nice if he learns the Philippino culture and tradition, but he won't be living in that culture. (parent of child-3)

7.4 Discussion

At the microcontext two out of nine participants had only one child, however, the majority (seven out of nine) did not. Two out of nine participants had EAL. Three participants had children who had a formal diagnosis of SEND with long-term and persistent SLCN, whilst the other six had children with short-term less complex SEND. Four participants had children who were accessing specialist early years provision and eight participants had children who were in receipt of SLT services either in specialist provision or in SLT clinic.

It was not surprising, therefore, that the views and understandings of parents reported in this chapter varied widely in relation to children's early experiences, social interaction, social and emotional development, social behaviour, SLC development, contact with other professionals and early learning. What has emerged from analysis of the data presented in this chapter is a complex pattern of factors relating to children's SLCN from which it is difficult to discern many commonalities. There was wide variability in severity of needs identified,

developmental pattern and stage of development reached. Parents had realistic expectations in the main about their child's development.

At the mesosystem parents had secured the involvement of specialist services where needed, although this had been easier for some parents than others. Contact with health professionals, especially HVs has resulted in dissatisfaction for five parents whose children had the most severe and complex SLCN, whilst those who had children with less complex SLCN either had not commented on contact with HVs or had commented on the difficulty in accessing health clinics due to their own work pattern. Only one parent (child-6) reported the involvement of home-based specialist intervention services such as *Portage* and specialist play workers.

7.5 Conclusion

The majority of parents (eight out of nine) who participated in this study were interested in monitoring the progress of their child's SLC development and liaising with professionals in order to improve their child's long-term outcomes. They were generally appreciative of the service they had received from early years settings in relation to their child's learning and development.

This chapter illustrates the sheer diversity and complexity of young children's SLCN, and the challenge to parents and professionals in planning EI that is broken into small steps, monitored and reflected upon.

Parents valued the benefit of early help and their child's participation in early care and education, but five would have liked more support from HVs.

CHAPTER 8 TARGET-CHILD OBSERVATIONS

8.0 Introduction

The previous chapters have reported the views and perspectives of practitioners and parents. This chapter describes and analyses observations of nine target-children and analyses adult-child and child-child interactions in eleven early years settings.

8.1 Aims

The aim of undertaking direct observation of children in their normal everyday pre-school environment was to capture children's lived experience and in particular the influence of the microcontext of their early years setting on their interaction with adults and peers. Of interest were the ways in which practitioners actually supported children's SLC development. Observational data also provided a method of triangulation with other data gathered within the study from the survey and interviews.

Observation data gathered aimed to contribute to the following questions:

- How do early years practitioners implement policy relating to early identification, assessment and intervention for young children's SLCN?

- How do children respond to this?

8.2 Method

8.2.1 Participants

A total of nine children between the ages of two years, three months and five years, two months were observed in eleven settings, four providing specialist SLC provision and seven mainstream early years settings. The children were selected by practitioners from nine settings who originally volunteered to be involved in the research study. All children had difficulties that could be identified within the Bercow Report (2008) definition of SLCN. Two of the children attending mainstream provision also attended specialist provision. These two children were observed in both settings for the purpose of observing activities, social behaviour and interactions with adults and other children. Therefore the results from eleven settings will be reported.

Details of child participants are provided in Table 8.1 organised chronologically from the youngest child to the eldest child. Practitioners' descriptions of children's current SLC are also provided from those who originally selected the child to be included in the study.

Table 8.1 Children observed in early years settings

Child	Gender	Age	Home Language(s)	Practitioner description of child's current SLC
1	Male	2 years 3 months	English	Delayed speech and difficulty with control of emotions and behaviour. Screams in a shrill voice when he wants something. Exhibits tantrums, immature behaviour, hurts peers by biting or hitting them. Can make some things clear using gesture. Passes out in temper if he cannot have his own way or express his emotions verbally.
2	Male	3 years, 5 months	English	Some speech, lots of muttering, will come and take adults to objects he wants. Plays alone most of the time but will sometimes interact with peers. Understands most of what is said to him. Attention and listening skills are limited and can be over-excited when hugging and cuddling other children. Has hurt other children in disputes over toys in the past, does not like eye contact and will only eat facing away from others.
3	Male	3 years 5 months	Ilocano Tagalog English	Delayed language development (uses single words and babble, pointing and gesture). Is beginning to follow some simple instructions within nursery routine which have been learned over time, but struggles with new concepts. Will play alongside peers but

				does not interact with them.
4	Female	4 years 1 month	English	Speech and language difficulties. Word findings problems and difficulties discriminating between the letter "S" and "P". Difficulty forming sentences. Has recently started to stammer. Good understanding and interaction with adults and peers.
5	Male	4 years, 2 months	English	Delayed speech, babbles a lot and speech is difficult to understand. Has good listening skills, is attentive and joins in with adult-led activities. Interacts well with other children. Has forked-tongue.
6	Male	4 years, 4 months	English	Had no verbal communication skills on joining the nursery at the age of three. Now he uses mainly verbal communication, but also gestures sometimes, for example will take adult by hand to what he wants. Uses photographs occasionally. Will interact with familiar adults and is content to play alongside peers.
7	Female	4 years, 4 months	English	Delayed language development (probably specific language difficulty). Speech is supported with visual cues. Sometimes substitutes semantically related words or uses gesture and pointing. Sociable, spontaneously communicates through actions, facial expressions and speech. Listening skills are gradually improving. Sometimes needs adult attention to refocus on a task.
8	Male	5 years, 1 month	English	Communicates using pointing, gesture, facial expression, beginning to sign "more" and will say "no" in context. Demonstrates a good understanding of what is being asked of him. Has a short attention span but will maintain interest if the activity is highly motivating, for example painting. Very sociable, enjoys being with the other children but tends to engage in "rough" play.
9	Male	5 years, 2 months	Polish English	Communicates mainly through picture exchange using photographs. Has some speech but it is non-functional. Understanding is at a one key word level. Prefers to play alone. Will listen in a 1:1 situation but is inattentive in group situations.

Seven of the children were male and two were female. For three children (child-6, child-8 and child-9), SLCN was associated with overall broader developmental delays or global learning difficulties such as CP or autism (one also had EAL). Two of them (child- 8- and child-9) attended specialist SLCN settings, whilst child-6 attended a specialist setting alongside a mainstream setting. These settings are described below in table 8.2.

For children in mainstream settings, one child (child-4) (who attended an *ICAN* language centre alongside a mainstream setting) was reported by her teacher and SLT to have word-finding and speech sound difficulties and another (child-7) who also had initial sound and word-finding problems was perceived by her teacher (who was also a qualified SLT) to have a specific language difficulty, which she thought would probably be diagnosed later on as a specific learning difficulty. Child-7 attended nursery with her twin sister.

Another child had EAL (child-3). Child-5 and the two youngest children (child-1 and child-2) had unexplained problems with SLC. Child-5 had delayed speech and language.Child-2 had initial sound and social interaction problems whilst child-1 had delayed speech and language and behavioural difficulties.

Children came from varied home environments ranging from advantaged to extreme poverty. Details of their family situation and health circumstances can be found in Appendix F. The sample, therefore, provided variation of socio-cultural and socio-economic backgrounds as far as possible.

8.2.2 Context

The settings in which children were observed were diverse in nature and organisation including mainstream and specialist settings. A detailed description of each setting can be found in table 8.2.

Table 8.2 Setting type and structure

Type of Setting	Structure of environment	Adult -child ratio	Child
Mainstream settings			
Childminder	Located in a modern detached house which comprised a large sitting/dining room, a kitchen and a garden with outdoor toys. There was a book corner, ample floor space available for play (but no table-top activities, unless craft activities were conducted in the kitchen). Children went upstairs for naps. There was a garden area with a sandpit and outside toys. Children could attend the setting from birth. Ten children of all ages from birth to rising four were accommodated in one room.	1:3	1
Private early years centre nursery (previously an early years excellence centre)	Located on a farm where there were a number of single-storey buildings, each housing a different part of the early years care. There was a large outside area on three levels. Inside one long room was divided up into four discrete play areas, with a kitchen at one end and space for table activities. There was a book corner, a home corner area, a den with comfy sofas and cushions, puzzles and games for children to access, a puppet theatre and floor space for small world play. The children also had access to a forest area. Children could attend the setting from birth, and the nursery room from two years usually moving onto the pre-school room at three years. Up to 23 children could be accommodated in the nursery room.	1:6.	2

Pre-school	Located in a single story building attached to a primary school and adjacent church. There was one large room with space for floor play and table-top activities and a small outside area. There was a book corner and home corner available for every session and the toys and activities were brought out and packed away each session. Children could attend the setting from two and all ages from two to rising four were accommodated in one room. Up to 26 children could be accommodated in the room.	1:5	3
Pre-school	Located in one room in a church centre with table-top and floor activities and a small outside area. There was a book corner and a home corner. Up to 18 children could attend the setting from two years, nine months old.	1:7	4
Children's Centre	Located in a single story building with care provided in one room which had a small kitchenette, a book corner, an IWB, ample floor and table top space. There was a large outside area. The children also had access to a forest area belonging to a local primary school which was a twenty-minute walk away. Children could attend the setting from the age of two and up to twenty-three children between the ages of two to rising four could be accommodated in one room.	1:4	5
Private day nursery	Located in a large detached house split into five rooms. There was a large room with toys in boxes which children could access independently, ample floor space, a screened-off home corner which changed theme according to children's interests, and a book corner. There was a large outside play area. There was also a smaller room with table-top activities and a book corner where three and four year-olds spent approximately half of their day. Children could attend the setting from birth, but were split for much of the time according to their developmental age (babies, toddlers and older).	1:5	6
LA Maintained Nursery	Located in a small village primary school with the nursery class being located in one large room. There was an IWB, four tables for table-top activities and snacks, a book corner, a home corner, a construction area with construction table and construction rods. There was a large outside area. Up to 26 children could attend the setting from three years of age.	1:13	7
Specialist settings	**Structure of environment**	**Adult-child ratio**	**Child**
ICAN language centre	Located in a single story building attached to a primary school and adjacent children's centre. There was a dedicated 1:1 task area, a book corner, floor space for play and table-top structured activities, and a small outside play area. Children must have a speech and language difficulty as their primary need and could attend from the age of three, usually for two terms alongside a mainstream setting. Up to eight children could be accommodated in a session. Strategies and targets for communication development were shared with the mainstream setting.	1:3	4
Nursery assessment outreach centre	Located in one small room with floor and table-top activity space. There was also a larger play room and a sensory play room. There was space for a maximum of four children with three adults. Children could enter when they were between two years, six months and three years old usually after they had been referred through the child development centre. Children must also attend a mainstream setting, and strategies and targets were shared with the mainstream setting through a CAF.	1:2	6
Specialist CI special school	Located in a reception class in two rooms, consisting of a teaching room and a play room. The teaching room had a half circle desk, an IWB, a snack area, a small book shelf, floor and table space, a task space, a screened-off computer work area and a large outside area. The play room had a home corner, small sofa and TV, soft play area, ample floor space and a craft area with sink. There was a large outside area. Up to nine children between the ages of two and six could attend.	1:2	8
Specialist PS special school	Located in an early years unit in one room with a small sensory area, a book corner, theme area (usually nursery rhymes), a sink, table top and floor activities, IWB, toys in boxes that children could see and ask for, a large outside play area and a forest area. Up to eight children between the ages of two and six could be accommodated in the classroom.	1:2	9

8.2.3 Material

Observations were of two kinds:

i) Qualitative field notes were used to describe activities against a time-line.

ii) Time-sampling observations were employed to record target-children at specified intervals of time (every two minutes). The target child observation schedule developed by Sylva *et al.,* (1980) and used in other early childhood studies (for example, Sylva *et al.,* 2004; Siraj-Blatchford, *et al*., 2002) was utilised for this purpose and this is shown in Appendix G. This comprised four parts including:

- 'activity record' (information about the activity the child was engaged in and where it was located);

- 'communication' (information about adult-child and child-child communicative interactions), 'task code' (information about the particular task the child was involved in);

- 'social' (who the child was with).

Each category was analysed separately.

8.2.4 Procedure

The researcher spent a minimum of two days in each setting in order to familiarise herself with the daily routine of the setting and the way in which adults supported children before any structured observations took place. Children were observed in as wide a range of early learning, play and social interaction opportunities as possible, including indoor and outdoor play. The researcher sat close enough to children to observe their interactions but attempted not to interfere with their play or interactions with peers and adults.

For structured observations, adult-child and child-child interactions were recorded with reference to the target-child, peers and adults, according to who initiated interactions and whether they were verbal or non-verbal including the use of pointing, eye-pointing, smiling, crying and other non-verbal and gestural means of interacting. This allowed the recording of alternative and augmentative forms of communication (AAC).

8.2.5 Ethics

Non-participant observations of children took place with parental consent. Parents were provided with an information leaflet about the study (Appendix E) and invited to sign a consent form (Appendix H) for their child to be observed and for photographic evidence to be taken where appropriate to provide additional contextual information. The leaflet included details of the reason for the study, parent's right to refuse consent and withdraw at any stage, as well as details about the researcher, data protection, anonymity and how observations would be conducted. In order to satisfy children's natural curiosity about the presence of an unfamiliar adult, all children in the setting were informed that the researcher was learning about how children play and learn. A process of ongoing monitoring of children's responses to researcher presence was considered crucial to maintaining respect for children's rights to not be observed. If children demonstrated any signs of discomfort or distress, this was discussed with practitioners, and their prior knowledge of children's ways of communicating emotions, choices and views were reviewed continuously.

8.2.6 Analysis

Field notes were analysed thematically and common and discrepant themes identified with frequency counts for each theme identified.

A sample of 120 minutes of structured observations was analysed for each child in order to determine the amount of time children were involved in different types of social group and communicative interactions.   For purposes of consistency and to ensure that the researcher was familiar with the setting and children, the 120-minute sample was selected from the second observation period in each setting. Each structured target-child observation schedule was treated in the same manner for purposes of consistency. The activity record provided social context and environment details. The sections on communication and social records for an observation sample of 120-minutes for each child were analysed in terms of frequencies in order to discover:

- what the social context was for each child and how long children were engaged in particular types of social groups;

- who initiated communicative interactions with whom and how many times in unstructured free-play situations and episodes of joint-attention between adults and children;

For the communication record, a sample of 30 minutes observation comprised 15 minutes of structured adult-led activity and 15 minutes unstructured child-led activity. Analysis of structured activities provided information about how children responded to adults in episodes of joint-attention. Therefore, the observation sample included structured tasks where these elements were present and unstructured where children were able to choose who they interacted with. Further to this, the observations were analysed qualitatively in order to

identify themes, in particular the diverse SLC of children in case study sites, including verbal and non-verbal modalities.

Analysis of social groups were categorised according to whether the child was involved in either an adult-led activity or a child-led free-play activity. Adult-led activities included:

- a large group activity organised and led by an adult (more than five children) coded as LG;

- a small group activity organised and led by an (less than five children) coded as SG;

- a one-to-one structured activity organised and led by an adult coded as (T).

Analysis of social groups during free-play child-led activities included:

- playing alone, no other child within conversation distance was engaged in the same activity, coded as SOL;

- playing alone and interacting with an adult coded as SOL (A);

- parallel play occurs when the target child and a peer are within three feet of each other and engaging in the same activity but not acknowledging each other, coded as PP;

- parallel aware play is parallel play with eye contact coded as PAP;

- simple social play occurs when the children engage in the same or similar activity and talk, smile, offer and receive toys, or otherwise engage in social interaction, coded as SSP;

- complementary and reciprocal play occurs when the children demonstrate action based role reversals in social games such as run and chase or peek-a-boo, coded as CRP;

- co-operative social pretend play occurs where the target child and another child enact complementary roles within social pretend play. The roles do not have to be explicitly named but must be clear from the actions of the children, coded as CSP;

- complex social pretend play was coded when the target child and a peer demonstrated both social pretend play and meta-communication about the play, coded as CoSP. The meta-communication included naming the roles, explicitly assigning roles, leaving a role to modify the play script, proposing a play script, and prompting the other child.

These social groups were taken from the Peer Play Scale (Howes and Matheson, 1992) which assumes that one aspect of children's increasing social competence with peers is the ability to engage in progressively more structurally complex play interactions with peers. Interactions based on role reversals or exchanges are assumed to be more complex than either parallel play or simple imitative or turn-taking exchanges. Role exchanges are an indication that the child understands the role of the other as well as the role of the self in a social exchange. Therefore, it was considered that role reversal games (for example, run-chase, in which the runner also becomes the chaser) to require more complex understandings of social interaction than simple exchanges of social bids (e.g., Child A smiles; Child B vocalises or smiles back).

8.3 Results

8.3.1 Participants

For each child observed, Table 8.3 provides information regarding observation length and number of sessions observed as well as the wide range of activities available for children to participate in and variation in available activities between settings.

Table 8.3 Activities observed

Child	Setting	Activities and duration of observations	No of hours
1	Child-minding practice	Observed in a range of structured and free-play activities including story time, small-world play, lunch and snack time, role-play, board games, mark making with chalk and play foam, musical instruments and circle games, construction, outdoor play and watching TV.	15
2	Private early years centre	Observed in a range of structured and free-play activities including cooking, PE, outside play, small-world play, puzzles, lunch and snack time, registration, story-time, song time, outdoor play, forest school.	11.5
3	Pre-school	Observed in a range of structured and free-play activities including registration, dance/movement, song time, story time, computer/ICT activities, lunch and snack time, small world and construction, puzzles, craft, board games, outdoor play ,bead-threading.	12
4	*ICAN* language centre	Observed in a range of mainly structured activities with some free- play including "hello" time, "goodbye" time, speech and language therapy session (1:1), structured word games, craft, story time, outdoor play, snack time.	6
	Pre-school	Observed in a range of structured and free-play activities including role-play, story time, registration and lunch time.	3
5	Children's centre	Observed in a range of structured and free-play activities including story time, lunch and snack time, computer/ICT activities with an IWB, mark-making with glue, glitter and shapes, song time, outdoor play and forest school.	11
6	Private day nursery Nursery assessment centre	Observed in a range of structured and free-play activities including puzzles, registration, song time, story time, watching video, snack time, role play, gym activities, small-world play, mark-making with paints and crayons, outdoor play and snack time.	9
		Observed in structured and free-play activities including hello time, snack time, mark making, role-play, story time, small-world play and outdoor play.	4
7	LA maintained nursery	Observed in a range of structured and free-play activities including registration/'hello' time, role-play, puzzles, small-word play, story time, song time, number time, phonics time, mark-making with salt dough and painting, snack time, seed planting, dance "goodbye" time and outdoor play.	13
8	Specialist physical and sensory special school	Observed in a range of structured and free-play activities including "hello" time, speech and language therapy session, multi-sensory activities (IWB with props), physiotherapy session, trampoline session, music time, lunch time and snack time, literacy, mark-making with paint and craft activities, story time, switch (communication) session, outdoor play and forest school.	19.5
9	Specialist commun-ication and interaction special school	Observed in a range of structured and free-play activities including "hello" and "goodbye" times, nursery rhymes and singing (IWB), outdoor play, snack time, visit to a mainstream nursery, visit to another special school, PE, trampoline time, mark-making with paint, 'play dough', drama with IWB in multi-sensory room, outside play, task time, speech and language therapy time.	17

Key:

"Hello" time	Registration involving children saying "hello" to their peers using their preferred communication method (eye blinking, speech, waving, signing, symbols, photographs, communication aids)
"Goodbye" time	Used at the end of the morning or day to say "goodbye" to peers using children's preferred communication method.
IWB	Interactive whiteboard
PE	Physical education
Sensory room	A room which accommodates equipment designed to stimulate children's sensory exploration of sounds, colour, light and textures.

As shown in Table 8.2, there was a significant difference in the adult-to-child ratios between mainstream settings, where there was a wide variance (1:3 to 1:13) and specialist settings (1:2 or 1:3).

Children's responses to researcher presence and observation in the setting varied. Whilst some children were inquisitive and friendly towards the researcher, treating her with a comparable level of familiarity to staff within the setting, others appeared to be disinterested. The response of only one child caused the researcher to reflect on her presence within the setting and contemplate withdrawing from the room. Child-6 appeared to be sensitive to being watched in his mainstream nursery setting, as his preference was to spend time alone. Staff within the setting reassured the researcher that he was not disturbed or distressed, therefore observations continued.

The observations provided substantial quantities of quantitative and qualitative data.

8.3.2 Qualitative analysis from field notes

A number of common and discrepant themes emerged from the field notes as shown in table 8.4. These have been organised in line with Bronfrenbrenner's (1979) suggestion that the physical structures and roles and relations in children's environments interacted with their characteristics to determine how children interpret their environments, and themes have been coded accordingly as shown in table 8.4 and discussed more fully below the figure.

Table 8.4 Common and discrepant themes

	Common themes	Discrepant themes
Physical structures (activities and equipment)		
Structure of building	Settings located in schools, the *ICAN* language centre, the children's centre and the private early years centre were in purpose-built buildings with more than one room for teaching and learning.	Other settings (two pre-schools, private day nursery, childminder) adapted existing buildings to suit their purpose.
Organisation of groups	High adult to child ratios in specialist settings with lower ratios in mainstream settings	Extremely low adult to child ratios in one mainstream setting (child-7 in maintained nursery). High adult to child ratios in one mainstream setting (child-1 in childminding setting)
	Children between the ages of 2-5 or 3-5 accommodated together in group sizes of up to 26 children in mainstream settings. Smaller group sizes in specialist settings than mainstream settings (up to eight in specialist, up to 26 in mainstream) see table 8.2	Children aged birth to five accommodated together in one room (child-1 in childminding setting) or across five rooms (child-6 in private day nursery).
	In mainstream settings, activities were planned mainly for LG with some SG activities for all age groups and abilities attending the setting. In specialist settings activities were mainly SG or one-to-one focussed activities.	In the mainstream nursery there were more SG activities and some focussed one-to-one activities for children with SEND. In the private day nursery, children were divided into SG by their stage of development for the majority of the time (80%) with the remaining time (20%) spent in mixed age and ability groups.
Organisation of space and equipment	Access to outside areas restricted to particular parts of the day in nine settings,	Outside open and part of continuous provision (free-flow between outside/ inside) in two mainstream settings (child-5 and child-7).
	Outside area just for play and outside area consisted of tarmac area with physical apparatus such as slides, climbing frames, bikes, scooters, sand pits in eight settings.	Access to forest school in two mainstream settings (child-2 in private early years centre and child-5 in children's centre) and one specialist setting (child-8 in specialist PS school).
	Limited use of technology in mainstream settings such IWB, or communication aids. Technological communication aids and IWBs used in specialist settings	IWB available for LA maintained nursery and children's centre (child-5 in children's centre, child-7 in maintained nursery)
Activities provided for children	A wide range of activities to support different types of play, social interaction, learning and development was available in all settings.	
	Balance between adult-led and child-led free-play activities in four out of seven mainstream settings and one out of four specialist settings.	Large number of adult-led activities for child-3 (pre-school), child-4 (*ICAN* language centre) and child-8 (specialist PS special school).
	On average (mean) children spent more	Large amount of time in free-play for child-

	time in adult-led activities in specialist settings than mainstream.	1 (childminder), child-2 (private early years centre) and child-9 (specialist C and I special school).
	In mainstream settings adult-led activities were predominantly registration, story-time, song-time and craft activities. In specialist settings, adult-led activities were predominantly language focussed activities.	In the LA maintained nursery there were some SG and one-to-one language focussed activities for children with SEND.
	In specialist settings planned activities included time to learn how to use AAC (signs, symbols, picture exchange).	
	In mainstream settings activities were available for children to choose from for most of the session (activities changed at the end of the morning for the afternoon session). The same activities were offered to all children within the setting.	In the private day nursery, activities available were changed more frequently and more closely matched to children's developmental stage.
	In specialist settings there were frequent changes to activities which were shorter in duration (usually 10 – 20 minutes duration).	In the LA maintained nursery, there were SG and one-to-one focussed activities for children with SEND.
	In specialist settings activities were closely matched to children's developmental age, stage and ability	

Social structures (roles and relationships)		
Practitioner roles	In mainstream settings practitioners planned, organised and supervised activities jointly as a team. In specialist settings, teachers planned alone and evaluated children's learning and progress supported by TAs to supervise SG and refocus children's attention.	In one mainstream setting the teacher planned for and evaluated children's learning and progress supported by TAs to supervise SG work and re-focus children's attention (child-7 in maintained nursery).
	In five mainstream settings and two specialist settings, practitioners joined in with children's play.	In the remaining settings (two mainstream and two specialist) adults supervised children's play and managed behaviour.
Role of other professionals	In mainstream settings, other professionals were located off-site with distant contact with early years settings. Practitioners were not always aware of feedback from SLT assessments unless parents remembered to share it.	In one mainstream setting (child-7 in maintained nursery) SLT were contracted to provide a number of hours per week as the setting had a high number of children with SLCN.
	In specialist settings other professionals were located on-site or contracted to provide regular support to support IEPs and target setting in specialist settings.	In another mainstream setting (child-6) practitioners attended TAC meetings and liaised with other professionals weekly.
Communication	Children were allowed to choose their own social groups when not participating in LG or SG activities.	In one mainstream setting children were directed to craft activities and games (child-3 in a pre-school).

		In one specialist setting (child-4 in an *ICAN* language centre) children had little opportunity to choose their own social groups. In another, children lacked physical mobility or cognition to choose social groups (child-8 in a specialist PS school).
Adults style of communicating with children	In mainstream settings verbal communication and some gestures were used. In specialist settings verbal communication, signing, gesture, symbols, communication aids were used.	In one mainstream setting (child-7) some signing was used by the teacher.
Children's communication with adults	Entirely verbal in mainstream settings Use of signing, photograph and symbol exchange in specialist settings (child-6, child-8 and child-9)	

8.3.2 a) Physical structures

Structure of setting

As shown in table 8.4, settings located in schools, the *ICAN* language centre, the children's centre and the private early years centre were in purpose-built buildings with more than one room for teaching and learning. Other settings (two pre-schools, the private day nursery and the childminder) adapted existing buildings to suit their purpose.

Organisation of space and equipment

Children at the LA maintained nursery had access to the outside area for most of the time and many activities such as painting, gardening and dance activities took place outside to the extent that the outside area was an extension of the classroom. A similar organisation was observed in the children's centre. However, in this case outside play was less structured and

did not include planned activities, although occasionally adults would organise traditional children's nursery games outside such as 'tag' or 'chase'. In other mainstream settings, there were planned times for unstructured outside play and all children and supervising adults went outside and returned inside together. Children in private early years centre (child-2) and the children's centre (child-5) had supervised access to a forest school area periodically.

Children in the two special schools had more access to outdoor areas than children in the *ICAN* language centre and Nursery Assessment centre and the outdoor play facilities were larger and more varied in the two special schools. However, in all specialist settings, outdoor areas were used at specific times during the day and all children and supervising adults went outside and returned inside together. Child-8 was the only child in specialist settings who had access to a forest school area.

There was limited use of technology either for learning and teaching or for communicating with children in mainstream settings compared to specialist settings. In contrast, in specialist settings, interactive whiteboards (IWB) were used for nursery rhymes providing an audio-visual sound and signing system for children to join in with. In addition, communication aids were used such as *BIGmacks*, and *iPads*. These provided a means of communication other than speech for children who could not, or chose not, to use speech.

However, in two mainstream settings (child-5 and child-7) an IWB was used. For child-5 the IWB was used for nursery rhymes and singing (although there were no signs or symbols used to support communication) and for child-7 the IWB was used for maths and phonics games as part of structured lessons on numeracy and *Letters and Sounds* (DfES, 2007).

Activities

In all settings there was a wide range of activities to support different types of play, social interaction, learning and development as shown in Table 8.3. In addition, activities were planned to include those that promoted SLC development, such as song time and story time in all settings. In some settings focussed SLC activities such as phonics and speech activities were provided for SG or individual children with SEND. Activities provided for children were largely balanced between adult-led and child-led activities in most settings. The variation and exceptions to this are discussed below.

In six mainstream settings, children were required to participate in LG and SG activities such as registration time, story time, lunch and snack times but during free-play were allowed to choose their social group and were not required to participate in craft activities if they preferred not to. In contrast in one mainstream setting (child-3) children were required to participate in all adult-led activities including craft activities.

The type of activities available for children differed between mainstream and specialist settings. For example, free-play activities in five mainstream settings were available for most of the session for children to choose regardless of their age or ability. LG and SG adult-led activities were also delivered to all children regardless of age or ability. However, in two mainstream settings (the private day nursery and the maintained nursery) there were more SG and one-to-one language focussed activities for children with SEND and in the private day nursery children were divided into groups according to their stage of development for many LG and SG activities.

In specialist settings, free-play and adult-led activities were closely matched to children's developmental age and ability. Furthermore, LG and SG activities available for children in

234

specialist settings changed more frequently and required intensive interaction and mediation from adults. They also included activities that were language focussed and activities that aimed to teach the use of AAC. In specialist settings, two children (child-6 and child-9) were allowed to choose their own social groups during free-play. However, child-4 had few opportunities for free-play and child-8 had limited mobility which impacted on his ability to choose social groups.

8.3.2 b) Roles and Relationships

Practitioner roles

In five mainstream settings and two specialist settings, practitioners joined in with children's play. In the remaining settings (one pre-school and the LA maintained nursery, the specialist CI specialist school and the *ICAN* language centre) adults supervised children's play and managed behaviour. In one mainstream setting (child-6) the KW was the child's main communication partner.

With the exception of the LA maintained nursery, in mainstream settings children were allocated KWs who planned as a team for their learning and development, monitored their progress and liaised with parents. In six mainstream settings, practitioners worked collaboratively and equally across the sessions with all practitioners being involved in planning and evaluating children's development. In the mainstream nursery, the teacher planned for children's learning and development, monitored their progress and liaised with parents and was supported by TAs to lead craft activities and supervise snack and lunch times.

The mainstream nursery was led by a qualified teacher with QTS and SLT qualifications. In other mainstream settings, the lead practitioner had either NVQ level three qualifications or in some settings BA in Education with QTS (preschool, child-3) or BA in Early Childhood and EYPS (private day nursery, child-6). Although three specialist settings operated a KW system, it was less formal than in mainstream settings and teachers took a leading role in communicating with all parents.

In specialist settings, qualified teachers with QTS were responsible for monitoring children's progress and liaising with parents, supported by TAs to provide physical care and conduct adult-led structured craft and play activities, supervise snack and lunch time periods and refocus children when they were distracted from teacher-led activities.

Roles of other professionals

A significant theme in relation to practitioners' relationships with other agencies related to the physical location and availability of them. Whereas in mainstream settings, other professionals were located off-site and had distant contact with early years settings, in specialist settings other professionals were located on-site or contracted to provide regular support to help with IEPs and target setting. The consequence for mainstream practitioners was that they were not always aware of feedback from SLT assessments unless parents remembered to share it. In contrast, however, in one mainstream setting (child-7) the SLT was contracted to provide a number of hours per week as the setting had a high number of children with SLCN. In another mainstream setting (child-6) practitioners attended TAC meetings and liaised with other professionals weekly.

In five mainstream settings, the main communication method used by adults to children was speech, with few instances of the use of AAC or non-verbal means such as facial expression, pointing or gesture, signing or symbols even to support children who had EAL. In the LA maintained nursery there was some use of signing by the nursery teacher, but not by TAs. In the children's centre, there was some use of signing and symbols, particularly for forest school. However, most mainstream settings used a visual timetable to communicate to children the activities available for them at specific times throughout the day. In some cases, this was simply displayed for children to access independently, whilst in others adults described the days planned activities to children at the beginning of the day. All target-children in mainstream settings used verbal means of communication with varying degrees of competency and clarity.

In contrast to mainstream settings, in specialist settings the use of signing, technology, gesture and playful interactions were much more prevalent. These included exaggerated voice tone and facial expressions, playful voice tone and body language and even the use of props such as wigs to gain children's attention and motivation to communicate. The use of "total communication" was mentioned by practitioners. This meant that adult verbal interactions were nearly always supported by visual systems such as symbols and signs. Children in specialist settings sometimes responded to adult initiations using signs and symbols, and even initiated interactions such as requests for "more" with signs. As part of the total communication system, the visual timetable was described and referred to periodically to remind children what was happening 'now' and 'next'.

8.3.3 Target-child observations: social group analysis

The structured observations revealed information about children's participation in social groups and the nature of adult-child and child-child interactions.

In order to categorise the social groups that children spent time in for the 120-minute sample, social codes were used as explained in the analysis section.

8.3.3 a) Social group analysis: mainstream settings

In mainstream settings, typical adult-led activities were mainly large group or small group and included morning registration (LG), story-time (LG), snack and lunch time (LG), music and games activities (LG or SG) or an adult-led craft activity (SG). As shown in Table 8.5 below, in mainstream settings, the proportion of time that children were engaged in adult-led and child-led free-play activities varied widely.

In four settings (child-4, child-5, child-6 and child-7) there was a balance between adult-led and child-led free-play activities. In contrast to this child-1 and child-2 (the two youngest children) spent a significant proportion of their time engaged in free-play activities (87.5% or 105 minutes and 71.7% or 86 minutes) and child-3, spent 80 out of 120 minutes (66%) of his time involved in adult-led activities as shown in Table 8.5.

When children were involved in adult-led activities, LG activities accounted for a considerable proportion of children's time in most mainstream settings apart from child-1 and child-4 who spent none of their time in LG activities. LG activities accounted for between 15.8% or 19 minutes (child-2) to 37.5% or 45 minutes (child-3) of children's time for the remaining five children. Six children spent between 3.3% or 4 minutes (child-6) and 20.8%

or 25 minutes (child-3) engaged in SG activities. In contrast, child-4 spent 40% or 48 minutes of her adult-led time in SG and none of her time in LG activities. One-to-one activities accounted for between 4.2% or 5 minutes (child-4) and 12.5% or 15 minutes (child-6) of children's time in five settings in contrast to two children (child-1 and child-2) who spent none of their time engaged in one-to-one activities.

Table 8.5 Social groups in which children were involved in mainstream settings

Setting	Child minding practice	Private early years centre	Pre-school	Pre-school	Children's Centre	Private Day Nursery	LA main-tained nursery
Setting	Target Child-1 (Boy)	Target Child-2 (Boy)	Target Child-3 (Boy)	Target Child-4 (Girl)	Target Child-5 (Boy)	Target Child-6 (Boy)	Target Child-7 (Girl)
Child	Duration minutes	Duration minutes	Duration minutes	Duration minutes	Duration minutes	Duration minutes	Duration minutes
T	-	-	10 (8.3%)	5 (4.2%)	9 (7.5%)	15 (12.5%)	8 (6.6%)
SG	15 (12.5%)	15 (12.5%)	25 (20.8%)	48 (40%)	6 (5%)	4 (3.3%)	10 (8.3%)
LG	-	19 (15.8%)	45 (37.5%)	-	43 (35.8%)	30 (25.0%)	35 (29.2%)
Total adult-led activities	**15 (12.5%)**	**34 (28.3%)**	**80 (66.7%)**	**53 (44.2%)**	**58 (48.3%)**	**49 (40.8%)**	**53 (44.2%)**
SOL	20 (16.7%)	47 (39.2%)	10 (8.3%)	5 (4.2%)	5 (4.2%)	10 (8.3%)	25 (20.8%)
SOL (A)	10 (8.3%)	16 (13.3%)	2 (1.7%)	13 (10.8%)	6 (5.0%)	35 (29.2%)	3 (2.5%)
PP	27 (22.5%)	14 (11.7%)	9 (7.6%)	24 (20%)	12 (10%)	17 (14.2%)	6 (5%)
PAP	31 (25.8%)	9 (7.5%)	11 (9.2%)	-	14 (11.7%)	6 (5%)	10 (8.3%)
SSP	17 (14.2%)	-	4 (3.3%)	25 (20.8%)	9 (7.5%)	3 (2.5%	7 (5.8%)
CRP	-	-	4 (3.3%)	-	16 (13.3%)	-	6 (5%)
CSP	-	-	-	-	-	-	10 (8.3%)
Total free-play activities	**105 (87.5%)**	**86 (71.7%)**	**40 (33.3%)**	**67 (55.8%)**	**62 (51.7%)**	**71 (59.2%)**	**67 (55.8%)**
Total time	**120**	**120**	**120**	**120**	**120**	**120**	**120**

When children were allowed to choose their own activities, the amount of time that children played alone without intervention from an adult varied significantly from very little (child-3, child-4, and child-5) to considerable amounts of time (child-2). The availability of a nearby adult did not appear to alter this as some children, for example child-6, played alone even when an adult was nearby spending 8.3% of his time alone (10 minutes out of 120) and

another 29.2% (35 minutes out of 120) engaged in social interaction with an adult. Similarly, child-2 spent 39.2% (47 minutes out of 120) of his time playing alone and another 13.3% (16 minutes out of 120) playing alone but interacting with an adult.

Interestingly, child-7 spent a significant amount of time interacting with her twin sister when she was not playing alone. The only child she engaged in CSP with was her sister, although she engaged in all other parallel play groups with other children and one boy in particular.

There was limited association between children's age and complexity of play or social interaction. Although the eldest child in mainstream (child-7, aged 4 years, 4 months) engaged in the most structurally complex type of play (CSP), this only occurred between her and her sister who was observed to speak for her and finish her sentences.

8.3.3 b) Social group analysis: specialist settings

As shown in table 8.6 activities in specialist settings were extremely varied. LG activities (only observed in the *ICAN* language centre) included circle-time activities to help with word finding, vocabulary and letter sounds, such as children being asked whether a bear should sit "on", "under" or "next to" a chair. SG activities included registration or "hello" time, singing, nursery rhymes and craft activities as well as snack and lunch times.

Activities in the *ICAN* language centre (child-4) and the specialist PS School (child-8) were predominantly adult-led and adult-mediated with adult-led activities accounting for 86.7% or 104 minutes (child-4) and 81.7% or 98 minutes (child-8) of children's time. In the nursery assessment centre (child-6), activities were more balanced between adult-led activities, which accounted for 46.7% or 56 minutes of children's time, and child-led activities which

accounted for 53.3% or 64 minutes of children's time. In the specialist CI school (child-9), there were more opportunities for free-play which accounted for 73.7% or 88 minutes of children's time as shown in Table 8.6.

Table 8.6 Social groups in which children were involved in specialist settings

Setting	*ICAN* language centre	Nursery Assessment Centre	Specialist PS Special School	Specialist CI Special School
Child	Target Child-4 (Girl)	Target Child-6 (Boy)	Target Child-8 (Boy)	Target Child-9 (Boy)
	Duration minutes	Duration minutes	Duration minutes	Duration minutes
T	13 (10.8%)	4 (3.3%)	19 (15.8%)	7 (5.8%)
SG	50 (41.7%)	52 (43.4%)	79 (65.8%)	25 (20.8%)
LG	41 (34.2%)	-	-	-
Total adult-led activities	104 (86.7%)	56 (46.7%)	98 (81.7%)	32 (26.7%)
SOL	6 (5.0%)	2 (1.7%)	-	50 (41.6%)
SOL (A)	-	21 (17.5%)	12 (10%)	15 (12.5%)
PP	-	19 (15.8%)	6 (5%)	23 (19.2%)
PAP	4 (3.3%)	12 (10%)	4 (3.3%)	-
SSP	6 (5.0%)	10 (8.3%)	-	-
CRP	-	-	-	-
CSP	-	-	-	-
Total free-play activities	16 (13.3%)	64 (53.3%)	22 (18.3%)	88 (73.3%)
Total	120	120	120	120

In the PS special school, the high degree of structure in activities was mainly due to children's limited cognition and mobility. In order for child-8 to be involved in child-initiated activities, there needed to be a high degree of adult-mediation as he did not walk independently, although he could crawl. In addition, some of his peers also had limited mobility and/or cognition. Some of the adult-led activities that he was involved in, however, were 'playful' in nature, such as trampoline sessions, multi-sensory story times, and interactive 'hello' and 'goodbye' times. The teacher and TAs used 'playful' approaches to their interactions with children, such as wearing brightly coloured wigs to gain children's attention or speaking to them using 'playful' voice tones and gestures. In specialist settings, the social groups were varied. Whilst child-6 and child-8 spent the majority of their time in

SG activities (43.4% or 52 minutes and 65.8% or 79 minutes), child-4 experienced a balance between SG (41.7% or minutes) and LG (34.2% or 41 minutes) activities.

When allowed to choose activities, Child-9 preferred to spend a large amount of his time alone (41.6% or 50 minutes), even when there was a nearby adult to mediate his interactions with others. As already noted, child-4 and child-8 had fewer opportunities to follow their own interests compared to child-6 and child-9, as they were predominantly involved in adult-led structured activities. Whilst child-9 appeared to be unaware of his peers during play, even when they played in close proximity to him, child-4, child-6 and child-9 were aware of peers and engaged in play interactions of varying degrees of complexity with them as shown in table 8.6 above.

8.3.4 Target-child observations: communication analysis

In order to examine the communication section of the structured observations, one structured activity lasting for fifteen minutes and one unstructured activity also lasting for fifteen minutes were selected for each TC in each of their settings. Whilst the unstructured activity provided information about children's SLC in episodes of free-play, structured activities provided data about children's SLC in episodes of joint attention with an adult and other children. In all settings, the unstructured activity reported on was outdoor play and in three settings, this included forest school (child-2, child-5 and child-8).

8.3.4 a) Communication analysis: mainstream settings

For structured activities, a small group (less than five children) or one-to-one activity was selected for analysis. Due to the wide and varied range of structured adult-led activities, it was not possible to analyse the same activity for all children, therefore activities have been as closely matched as possible in relation to group size and degree of opportunity for adult-child and child-child interactions. In addition, all activities selected could be coded from the Sylva *et al*., (1980) observation schedule as either "reading, writing and counting" activities (3Rs) or "art and music" (AM) and some could also be further coded as "manipulation of materials and objects" (MAN) and "movement" (MO) when multi-coding was implemented.

Structured

Included in structured activities in mainstream settings were: a music activity to help with sound discrimination (child-1), a cooking activity to help with social skills and vocabulary (child-2), craft activities to help with vocabulary and word finding (child-3, child-4 and child-5), a painting activity to help with turn-taking and vocabulary (child-6) and a picture-word game to help with memory and vocabulary (child-7). In all cases a sample of 15 minutes has been analysed

As shown in Table 8.7, in mainstream settings, A-TC interactions were highest in structured activities for two children (child-3 and child-6). Two children (Child-5 and child-7) initiated the most interactions with adults during structured activities. Two children initiated few interactions (child-1) or none at all (child-3).

Table 8.7 Frequency of communicative interactions in mainstream settings: structured activity

Setting	Child minding practice	Private early years centre	Pre-school	Pre-school	Children's Centre	Private day nursery	LA Maintained nursery
Time Sample	**15 minute observation**	**15 minute observation**	**15 minute observation**	**15 minute observation**	**15 minute observation**	**15 minute observation**	**15 minute observation**
Who initiated the interaction	Target Child-1 (Boy)	Target Child-2 (Boy)	Target Child-3 (Boy)	Target Child-4 (Girl)	Target Child-5 (Boy)	Target Child-6 (Boy)	Target Child-7 (Girl)
	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
TC - A	2	3	-	2	4	2	6
TC - C	-	2	-	-	3	-	-
TC- Self	-	2	-	2	2	6	-
C - TC	-	-	-	-	1	-	2
Child initiations	**2**	**7**	**-**	**4**	**10**	**8**	**8**
A - TC	3	6	26	1	9	40	15
A–TC+CH	5	5	2	6	3	-	2
A - C	1	1	2	-	5	8	4
Adult initiations	**9**	**12**	**30**	**7**	**17**	**48**	**21**

Interactions between children were minimal in all settings, although a number of children (child-2, child-4, child-5, and child-6) made comments not directed at others (quiet comments to themselves related to the task, activity or materials in hand) during structured activities, whilst waiting for their turn or when the practitioner was distracted with another child. For example child-6 repeated the colour of the paint he was using to no-one in particular, saying "blue", "it's blue" and child-5 commented on the glue as it dripped from his glue spreader and made his hands sticky, saying "ah dit, no" whilst flapping his hands in the air.

There were many adult initiations in two settings child-3 (26), child-6 (40), whilst the highest number of child initiations were for child-5. A balance between adult and child initiations was experienced by child-2, and child-4.

Unstructured

In contrast, when involved in unstructured activities in mainstream settings, children were more likely to initiate interactions with each other and adults, which was not surprising as there was more opportunity for them to do so as shown in table 8.8.

Table 8.8 Frequency of communicative interactions in mainstream settings: unstructured activity

Setting	Child minding practice	Private early years centre	Pre-school	Pre-school	Children's Centre	Private day nursery	LA Main-tained nursery
Sample Time	**15 minute observation**	**15 minute observation**	**15 minute observation**	**15 minute observation**	**15 minute observation**	**15 minute observation**	**15 minute observation**
Who initiated the interaction	Target Child-1 (Boy)	Target Child-2 (Boy)	Target Child-3 (Boy)	Target Child-4 (Girl)	Target Child-5 (Boy)	Target Child-6 (Boy)	Target Child-7 (Girl)
	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
TC - A	2	5	-	3	6	2	3
TC - C	3	2	5	3	5	6	6
TC- Self	2	5	7	7	4	15	3
C - TC	2	3	-	1	6	1	9
Child initiations	**9**	**15**	**12**	**14**	**21**	**24**	**21**
A - TC	8	3	4	-	5	6	2
A–TC+CH	2	-	5	-	2	2	3
A - C	1	-	2	-	-	3	2
Adult initiations	**11**	**3**	**11**	**-**	**7**	**11**	**7**

An interesting finding was the increased episodes of talking aloud to themselves for all children during unstructured activities, but especially for child-2, child-4, child-5 and child-6. Child initiations were higher than adults in most settings apart from child-1. The highest child initiations were for child-6, although most of these were comments he made to himself.

8.3.4 b) Communication analysis: specialist settings

Structured

In specialist settings structured activities selected for analysis included: a circle activity to help with semantic memory (child-4), a story to help with turn-taking, social interaction and vocabulary (child-6), a painting activity to help with motivation to communicate with others (child-8) and a picture-game to help with functional communication skills and vocabulary (child-9). In all cases, a sample of 15 minutes of observation has been analysed.

Table 8.9 below shows that the highest number of TC-A interactions was in the specialist PS school and lowest in the *ICAN* language centre and specialist CI school. This appeared to be a consequence of the nature of activities and size of group, as well as the number of adults available to interact with children in the settings. For example, child-6 did not have to wait very long for his turn in activities that involved turn taking as there were only three children present.

Table 8.9 Frequency of communicative interactions in specialist settings: structured activity

Setting	*ICAN* language centre	Nursery Assessment Centre	Specialist PS Special School	Specialist CI Special School
Sample Time	**15 minute observation**	**15 minute observation**	**15 minute observation**	**15 minute observation**
Who initiated the interaction	Target Child-4 (Girl) Verbal	Target Child-6 (Boy) Verbal	Target Child-8 (Boy) Non-verbal	Target Child-9 (Boy) Verbal
	Frequency	Frequency	Frequency	Frequency
TC - A	2	3	7	2
TC - C	-	2	1	-
TC- Self	-	-	-	-
C - TC	-	2	4	-
Child initiations	**2**	**7**	**12**	**2**
A - TC	2	8	14	10
A – TC + CH	6	3	6	-
A - C	-	3	2	-
Adult initiations	**8**	**14**	**22**	**10**

The low number of TC-A interactions in the *ICAN* language centre and specialist CI special school reflected the amount of time it took for child-9 to carry out instructions requested by adults, mainly due to his distraction from background classroom noise and other children, and the large group size for child-4 as well as the number of A-TC+CH questions involved in each interaction.

Unstructured

As shown in Table 8.10 below, for unstructured activities, child-6 initiated the highest number of interactions followed by child-4.

Table 8.10 Frequency of communicative interactions in specialist settings: unstructured activity

Setting	*ICAN* language centre	Nursery Assessment Centre	Specialist PS Special School	Specialist CI Special School
Sample Time	**15 minute observation**	**15 minute observation**	**15 minute observation**	**15 minute observation**
Who initiated the interaction	Target Child-4 (Girl) Verbal	Target Child-6 (Boy) Verbal	Target Child-8 (Boy) Pre-linguistic	Target Child-9 (Boy) Verbal
	Frequency	Frequency	Frequency	Frequency
TC - A	3	10	5	-
TC - C	4	3	-	-
TC- Self	2	2	-	7
C - TC	2	2	-	-
Child initiations	**11**	**17**	**5**	**7**
A - TC	2	10	6	3
A – TC + CH	2	2	1	-
A - C	-	2	1	-
Adult initiations	**4**	**14**	**8**	**3**

For child-4 there was a more even distribution of interaction amongst children and adults, whereas child-8 only initiated interactions with adults although this was due to his lack of proximity to other children during the activity. Child-9 talked aloud to himself when sitting alone on the bridge to a climbing frame and playing with an 'animal hospital' ambulance. He

made comments such as "I can see you" and "and some ice-cream" whilst smiling to himself. He also appeared to be singing a nursery rhyme and to be unaware of peers running past him as he did not move to let them past, look at them when they approached him or respond when they collided with him. Adult initiations were highest for child-6 and lowest for child-9.

8.4 Discussion

Data presented in this chapter have revealed some similarities relating to the organisation of activities, groups of children and resources in mainstream settings and some specialist settings despite the broad range of types of setting, qualifications of practitioners and physical structures and resources available to them such as the size and location of settings and number of rooms at their disposal to differentiate activities for children by age or developmental stage. There were also some differences and these have been identified as the number of adults available to children, the way in which adults work together in settings, the types of activities and social groups children participated in, the availability of specialist professionals, the ways in which adults communicated with children and children with adults. The variation of balance between adult-led and child-initiated free-play was wide. Some children (child 3, child-4 in mainstream and child-8 in a specialist setting) spent significantly more time in adult-led and other children (child-1, child-2 and child-9) spent significantly more time in free-play activities, whilst for the remaining children the balance was even.

This had an impact on the type of communicative interactions that occurred between adults and children and their peers. For example in the *ICAN* language centre where child-4 spent 86.7% of her time in adult-led activities, the following interaction occurred between child-4 and an SLT assistant during a one-to-one activity. The objective appeared to be for child-4 to

practise subject, verb and object sentences in order to be able to form full sentences in accordance with her IEP targets. The activity involved a sheet of pictures with matching picture cards. Child-4 was required to describe the pictures and match them with the corresponding picture on the sheet:

A Pointing to the picture cards "Can you see what all of these people and animals are doing?"
TC Looked at pictures and worksheet and gave no response.
A "Shall we have a look and see?" "There's teddy, what is teddy doing?"
TC "Titting down."
A "He is teddy is sitting on a stool, and there's the baby."
TC "Carpet."
A "You're right he is sitting on the carpet, and there's?" (pointing to a boy)
TC "Chair."
A "A boy sitting on a chair, and?"
TC "Cat titting on the wall."
A "Good girl and?" (pointed to another picture).
TC "Titting on the table."
A "Who is sitting on the table?"
TC "A man."
A "Well done, and this one?" (pointed to another picture).
TC "Titting on the box."
A "Who is sitting on the box?"
TC "Um, a girl."

Child-4 appeared to be happy to participate in the game, but her interactions consisted of responding to closed, direct adult questions about an adult-directed topic.

A contrasting example of this in a specialist setting was provided during a one-to-one SLT withdrawal session for child-8 where the objective was reported by the SLT to promote child-8's motivation to communicate with others. The SLT had been working with child-8 for approximately ten minutes with small-world play encouraging him to make choices between different toy animals or play-food, make animal noises and sign "more" to ask for an activity to be repeated. As he showed signs of boredom, the SLT introduced an activity which involved bubbles and the following interaction was observed:

A-TC "Shall we do some bubbles?" "Let's put the food on the table (adult moved all the food to the table next to her).
TC – A Made a noise, appeared to be getting bored and frustrated.
A-TC "Bubbles next."
Child-8 passed food to adult.
A-TC "Bubbles (showing him the bubbles), "Bubbles, ready, steady, go."
Child watched her intently.
Adult blew bubbles.
Child-8 showed excitement by wriggling in his chair, smiled, watched bubbles and reached towards them.
A-TC "More?" "You show me." (manipulated his hands to sign more) "More, well done."
A-TC "Ready, steady." (blew bubbles).
Child, smiled, watched, became animated, waved at bubbles, tracked them with his eyes, squealed in delight.
Adult repeated actions a few times, child asked for more with signing.
A-TC "All gone, all gone" (with signing).
Child-8 asked for more by reaching out.
A-TC "More, more, show me" (showing him how to sign more).
A-TC "Ready steady, up high."
Child-8 squealed.
A-TC "Now they've all gone, I think we have to finish now (with signs),
TC-A "No." (shook head).
A-TC "Yes, we have to finish because it's A's turn and you have to go and play with T."

In free-play activities, adult-child interactions were related to children's interests. For example, in the private early years centre where child-2 spent 71.7% of his time engaged in free-play activities, the following interactions were observed between child-2 and his key worker. Four adults and 12 children visited the forest school area, which involved a walk through fields to access it. During the walk, child-2 commented to his KW on a variety of objects in the environment for example "Look, a tractor", "I want to look at the sheep" and picking up a pine cone "Look, there's a butterfly inside" possibly initiated by the "The Very Hungry Caterpillar" (Eric Carle, 2002) story he heard the previous day. Two other children came to look at his pine cone and the adult encouraged discussion between them about the "The Very Hungry Caterpillar". Interactions were contextualised and child-initiated building on child-2's reported interest (from practitioners and parents) in the outdoors and animals.

A similar learning situation based on everyday activities was observed for child-8 in a specialist PS school during a forest school visit. Child-8 was standing on one side of a wooden board which had chimes and strings (musical instruments) in the middle and windows so that he could see the adult stood on the other side of it. The following interaction was observed when the adult was picking up leaves from the floor and dropping them over the top of the board so that they fell on the floor near child-8.

A-TC "T do you want a stick? There you go." (as child reached for stick on the floor).
A-TC "Ready, steady there you go, whoooo." (dropping the leaves onto the floor).
TC Shuddered in excitement, reached his arms up towards the leaves, laughed and pointed to the adult to do it again.
A-TC "Do you want some more?"
A-TC (Picked up more leaves and stood with her arm raised above the frame ready to drop them) "Ready, steady, wheeeee" (dropping the leaves).
TC-A Squealed in delight.
A-TC "Look at these, wow" (showed him a handful of leaves).
A-TC (As he picked up a handful of leaves and pushed them through a slot) "Are you going to post them in there? Whoooo."
A-TC (Picked up the stick to play the instrument on the musical frame) "It makes a nice noise T look."
TC-A Listened to the noises, smiled and picked up more leaves.
A-TC (as TC smelt the leaves in his hand) "They smell nice don't they T?"
TC-A Put his nose near the leaves to smell them, pointed to the top of the frame indicating for the adult to repeat the action.
A-TC (As she picked up more leaves to drop) "Ready, steady, wheeee."
TC Shuddered and laughed.
A-TC "This one's quite spikey, look T."
TC-A Looked at the spikey leaf and smiled.

The activity continued for approximately ten minutes before child-8 indicated he wanted to proceed along the forest path to follow the other children by looking and pointing in their direction.

The type of activities available to children also differed between mainstream and specialist settings. For example, in most mainstream settings activities were available for children throughout the session/day for them to choose regardless of their age or ability. In contrast in specialist settings activities were shorter, closely matched to children's developmental age

and ability, changed frequently and involved a rather more intensively interactive role for the adults. Whilst in mainstream settings, skills and attainment were expected to be achieved through everyday conversations and activities as suggested by Siraj-Blatchford *et al.,* (2002), in specialist settings there was a skills training approach where activities were decontextualized and skills intensively practised with the expectation of automaticity over time such as the example of child-4 described above. This was most evident for child-4 and child-9, whereas child-6 and child-8 experienced more balance between skills training and everyday play activities as demonstrated in the two examples above. This could be a reflection of the nature of children's SLCN and the differences between children in mainstream and specialist settings in that children in mainstream were already able to engage in communicative interactions using speech and were motivated to do so. However, the question is raised of how any new skills in SLC learned in this manner could be generalised to other contexts, such as the home environment.

The target-child observation analysis showed that children spent moderately more time in solitary play in mainstream than specialist settings but considerably less time in complex forms of social groups in specialist settings. Fewer peer interactions were observed in structured activities than unstructured in all settings as there were more opportunities for them to occur during unstructured activities. The number of child initiations was generally higher in mainstream than specialist settings in both structured and unstructured activities, possibly due to children's attainment in SLC being at a later developmental stage in mainstream than specialist settings.

Adult initiations were also higher in structured activities in mainstream settings, but not noticeably different between mainstream and specialist settings for unstructured activities. The number of adult initiations did not appear to relate to the adult-child ratio in settings or

children's age. This appeared to relate to the difference in the nature of activities between mainstream and specialist as well as adults allowing more time for children's responses in specialist settings before they initiated another interaction. In mainstream settings, the focus was on providing a language-rich environment which aimed to promote all aspects of SLC. In specialist settings, activities were closely targeted to children's IEPs with a focus on particular aspects of SLC such as intention to communication, social interaction, vocabulary, speech sounds or grammar. Furthermore in specialist settings, there appeared to be a need for practitioners to be mind-minded (Meins and Fernyhough, 2006) in interpreting children's vocalisations, which was not observed to be the case in mainstream settings, with the exception of child-5 (who babbled frequently) and child-6 (who sometimes stood by the door if he needed to visit the toilets, rather than using speech to articulate his needs).

It was noted by Vygotsky (1978) that children used private speech (or talking aloud to oneself) to help make meaning from language heard from adult speech. Vygotsky argued that the use of private speech was beneficial in helping children to self-regulate their emotions, keep track of their thoughts and formed a bridge between social speech and inner speech. Children were observed to use speech in this way more often during unstructured activities than structured and child-6 talked aloud to himself more often in his mainstream setting than his specialist setting. For example child-6 was observed to repeat paraphrases to himself such as "Oh no!" and "That's terrible!" usually at transition times when he was engrossed in solitary play and was being asked to do something different. Child-2 appeared to enjoy small-world play, particularly farms and soft toys and had ongoing conversations with them often, repeating particular phrases such as "The mummy lamb is holding the baby lamb." whilst holding a soft lamb.

Child-6 also demonstrated more complex forms of play than other children in his specialist setting, but less in his mainstream setting. For example, in his specialist setting, he spent nineteen minutes out of 120 engaged in parallel play, twelve minutes engaged in parallel-aware play and another ten engaged in simple social play, whereas in his mainstream setting he spent seventeen minutes in parallel play, six in parallel-aware-play and three in simple social play. This appeared to be related to a reported friendship with one other child in his specialist setting, which was not observed or reported in his mainstream setting. Also of interest was child-3 who spent a significant amount of time in adult-led of activities, during which he initiated few interactions.

A closer examination of the type of interactions experienced by child-3 and child-6 between peers, adults and their environments will be undertaken in the following two chapters.

8.5 Conclusion

Children's communicative interactions have been shown to vary according to multiple interactive influences from the physical and social structures inherent in the microcontext of early years settings in which they participated. A closer examination of how this related to their prior experiences within the microcontext of the home environment was needed and this will be explored in the following two chapters as two children will be focused on.

CHAPTER 9 CHILD-3

9.0 Introduction

The previous chapter discussed findings gathered from observations of nine children in eleven early years settings in order to analyse and describe adult-child and child-child communicative interactions.

This chapter and the next focus on two contrasting children discussed in the previous chapter (child-3 and child-6).

9.1 Aims

The aim of focusing on two specific children (one with SLCN, the other with EAL) was to examine social interactions with their peers and adults in more depth in the microcontexts of the specific early years settings they attended, as well as the mesocontext of relationships between the home environment and early education and care. Furthermore, the interaction in two contrasting settings of one child with SLCN was of particular interest. The experiences that children brought with them from the microcontext of the home environment, also needed to be taken into account. This chapter aimed to contribute to the following research questions:

- How do early years practitioners implement policy relating to early identification, assessment and intervention for young children's SLCN?

- How do young children respond to this practice?

9.2 Method

9.2.1 Participants

Two children were selected for inclusion for an in-depth case investigation in chapters nine and ten; both were boys. Child-3 was three years and five months old and attended a mainstream pre-school. Family information for the child-3 is provided in Table 9.1. A more detailed description of his early development can be found in Appendix I.

Table 9.1 Family information of child-3

Child	Type of Setting	Family Background	Home Language	Health Background
Child-3 Aged 3 years, 5 months	Pre-school	Lived at home with mum (aged 39 and a nurse), dad (aged 39 and a technician), brother aged seven, sister aged 18 months and a student lodger. Older brother had delayed SLC in early childhood, but is now proficient in English and is learning Ilocano and Tagalog.	Ilocano, Tagalog, English.	Normal pregnancy and labour. Minor health problems in infancy. He was rushed to hospital on one occasion apparently choking with milk and vomiting. Persistent allergies and eczema.

9.2.2 Material

Data from analysis of practitioner interviews (chapter six), parent interviews (chapter seven) and target-child observations (chapter eight) have been selected for inclusion in this chapter in order to contribute multiple perspectives to the case in-hand. As explained in chapter eight, a sample of 120-minutes of structured observations was selected for analysis of social group participation for children. Within this, a fifteen minute structured adult-led activity and a fifteen minute child-initiated free-play activity were selected for analysis of communication codes. For all children, the unstructured activity was outside play and the structured activity for child-3 was a craft activity, which was coded as "art and music" (AM) within the target

child observation codes (Sylva *et al.,* 1980) and could be further coded as "manipulation of materials and objects" (MAN) when multi-coding was implemented.

9.2.3 Procedure

Empirical evidence from previous chapters (five, six, seven and eight) was brought together to examine the influence of environments at the microcontext of early years settings on social interactions between children, adults and peers. Quantitative data from structured observations in early years settings has been selected in order to show children's participation in social groups and communicative interactions with adults and peers. The interactions between adults and children have been analysed in order to determine their nature and content. The types of adult-child interactions that occurred in adult-led structured activities were analysed to determine whether adults were giving instructions, inviting children to participate, asking open or closed questions, issuing safety instructions, for example. Common themes have been identified from qualitative data such as field notes and parent and practitioner interviews to increase illumination of the case.

9.3 Results

9.3.1 Background and context

As can be seen from Table 9.1 above, child-3 had two home languages (Ilocano and Tagalog) and EAL, although practitioners in the setting were only aware of two of his home languages (English and Tagalog). All of the practitioners in the setting were monolingual English speakers.

In interview, parents acknowledged that his SLC was "a little bit late". They reported that when he started talking he started babbling with sounds such as "booboo", "dada", then at 18 months, he started to pronounce words more accurately. Their recall of his language development was a little uncertain however. They reported that he regressed and started mixing his three languages up after the age of 18 months. Parents noticed that his language took "a step back", so they decided to concentrate on just one language which was English. However, they also said that he did not speak any words in their two native languages, he just ignored them when they tried to teach him their mother-tongues. They decided to focus on English. They stressed that since he had commenced pre-school his vocabulary had widened and he spoke many words now. Previously he could say only a few words, but now he could talk in sentences, although they felt it necessary to slow him down when he was talking so that they could understand him. He had been assessed by a SLT and had attended clinic on three occasions for SLT. Parents reported that they had been provided with some guidance in relation to his SLC which included focusing on English in order to avoid confusion. They were concerned that he might experience difficulty when starting formal education if his SLC did not improve further.

The setting SENCO reported that child-3 had delayed language development and initially used single words and babble, pointing and gesture to communicate. His vocabulary was limited to familiar nouns but he could now count to nine and knew number names and quantities out of sequence. He could say some letter names but not the sounds. She noted that the language which was emerging in the setting for the child was English.

She stated that he was beginning to follow some simple instructions within nursery routine which had been learned over time, but struggled with new concepts. However, he was

beginning to "concentrate better in adult-led craft activities." He would play alongside peers but did not interact with them and would play at length alone with small world toys.

The SLT had advised the setting to encourage him to use two-word sentences and provided them with a book of activities to help with this.

9.3.2 Observation findings

9.3.2 a) Social group analysis

Analysis of the social group category of the target-child observations (Sylva *et al.,* 1980) revealed that from a sample of 120 minutes, child-3 spent the majority of his time in adult-led activities, mainly large group (LG) activities.

Table 9.2 Social group analysis for child-3

Social Group	Time Sample: 120 Minutes
T (1:1) adult-child activity	10 (8.3%)
SG (3-5 children)	25 (20.8%)
LG (more than 5 children)	45 (37.5%)
Total adult-led activities	**80 (66.7%)**
SOL (playing alone)	10 (8.3%)
SOL (A) (playing alone with an adult nearby)	2 (1.7%)
PP (parallel play)	9 (7.6%)
PAP (parallel-aware play)	11 (9.2%)
SSP (simple social play)	4 (3.3%)
CRP (complementary and reciprocal play)	4 (3.3%)
CSP (co-operative social pretend play)	-
Total free-play activities	**40 (33.3%)**
Total time	**120**

Table 9.2 reveals that child-3 spent 37.5% or 45 minutes of his time engaged in LG activities and another 20.8% or 25 minutes engaged in small group (SG) activities. Included in this were registration (LG: 20 minutes), a recital (but not practice) of the fire drill (LG: 10 minutes), story and song time (LG: 20 minutes), snack time (SG: 15 minutes) and adult-led craft activities (SG: 15 minutes).

When he was able to participate in free-play activities, however, he spent more time playing alongside his peers in parallel play (7.6% or 9 minutes of 120 minutes), parallel-aware play (9.2% or 11 minutes of 120 minutes), simple social play (4 minutes or 3.3%) or complex reciprocal play (4 minutes 3.3%) than entirely on his own in accordance with practitioner reports, as shown in Table 9.2. In total, then he spent 28 minutes (23.3%) of 120 minutes) playing alongside or with peers and only 12 minutes (10%) playing alone. This led to a need for a more detailed examination of the nature of interactions that occurred within structured (adult-led) and unstructured (child-initiated, free-play) activities including verbal and gestural communication.

9.3.2 b) Communication analysis

Table 9.3 below shows that during observation of an adult-led structured activity and a child-initiated free-play activity, both of 15 minutes in duration, child-3 initiated more interactions during unstructured activities than structured, especially with other children, whereas in structured activities, there was a significant emphasis on adult-child interactions. Indeed, child-3 did not initiate any interactions during the structured activity and did not initiate any interactions with adults during structured or unstructured activities.

Table 9.3 Communication analysis for child-3

	Structured Activity	**Unstructured Activity**
	15 minute observation	15 minute observation
Who initiated the interaction	Target Child-3 (Boy)	Target Child-3 (Boy)
	Frequency	Frequency
TC - A	-	-
TC - C	-	5
TC- Self	-	7
C - TC	-	-
Child initiations	**-**	**12**
A - TC	26	4
A–TC+CH	2	5
A - C	2	2
Adult initiations	**30**	**11**

A closer examination of the nature of the structured activities was useful in order to scrutinise adult-child and child-child interactions more thoroughly.

Structured activity

The structured activity that child-3 participated in was a craft activity that involved making a puzzle. Twenty three children and five adults were present in the room which had been organised that day with:

- dressing-up clothes in the home corner;

- 'play dough' and cutters on one table;

- a variety of puzzles on another;

- the computer in a corner;

- a craft table;

- a book corner;

- small world-play on the floor, including trains, train-track and cars.

The equipment used for the craft activity included:

- strips of card;

- pre-cut 'bunny' shapes;

- a selection of coloured crayons;

- scissors and adhesive.

Table 9.4 shows the nature of adult-child interactions during the activity including verbal and non-verbal communication, such as pointing, and a detailed description of the interactions including the child's responses is provided below.

Table 9.4 Adult-child interactions: structured activity

Interaction code	Example	Frequency
Explaining the task	"Glue the bunny on the card"	8
Clarifying the task/adding gesture for child-3	"Glue the bunny on the card" (Pointing to the glue or holding it up/ pointing to the bunny)	6
Asking closed questions	"Which colour would you like, orange or pink?"	5
Repeating/re-phrasing closed questions/adding gesture	"Orange or pink?" (pointing to an orange and pink crayon or holding them up)	4
Praising	"Well done"	4
Safety instructions	"Be careful with the scissors, L"	3
Total		**30**

Child-3 was summoned to the craft table by the supervising adult with a request to "come and do" his bunny puzzle with which he complied. The adult sat beside him, placed a piece of card in front of him on the table and informed him that she wanted him to colour the card with "lots of lovely bright colours, just like A" (another child seated at the table). She did not

point or gesture to the child in question and there were four other children seated at the table. She placed a tray of crayons close to him. With some prompting, child-3 chose a yellow crayon and proceeded to colour the card in front of him. The adult commented on his colouring and at the same time informed him what he was going to do next by saying "lovely colouring L, next you're going to *choose* (with emphasis) one of these bunnies (pointing at the bunny shapes) to stick on". Child-3 glanced at the adult and continued colouring until the adult asked him to choose a bunny shape to colour whilst at the same time moving his strip of card to one side. Child-3 complied and after moving the bunny shapes in the tray to look at them individually, he chose one to colour.

The adult asked him to colour the ears first (holding up a bunny that had been coloured by an adult) saying "child-3, can you colour the ears like this" (pointing to the ears). Child-3 looked at the bunny but appeared not to understand her request and looked at her face as if seeking clarification. She clarified by asking him "what colour?" He replied "colour". She repeated her question and pointed again at the ears, he repeated his answer. Eventually she said "pink", he replied "pink" and she held up the pink crayon for him to use. He took the pink crayon from her and awaited further instruction. She clarified that she wanted him to colour the ears pink by pointing to the ears and repeating her request. She then asked him step-by-step to colour the rabbits feet pink, the body brown and to cut the rabbit shape out with scissors (which required adult assistance as his ability to control and manipulate the scissors was limited) and to glue his bunny shape to the card. He was then asked to cut the bunny into four pieces to make a puzzle and assemble the pieces to re-make the picture.

Each step required a similar level of adult request, clarification and assistance to that described above. When the puzzle was completed, she praised his efforts by saying "well done, child-3, you've made Raffles", to which TC responded "Raffles". He waited for her to

263

tell him he could go and "play" whilst she placed his puzzle in an envelope for him to take home. On two occasions the adult spoke to another child on the table to explain the task to them briefly and on two occasions, the adult attempted to explain a step in the task to child-3 and another child at the same time.

Unstructured activity

The unstructured activity for child-3 occurred outside in the small play area where there was sufficient space for children to play with scooters and bikes as well as a sandpit and an easel with a chalkboard with chalks on one side and magnetic letters and numbers on the other. A set of skittles was also available. Child-3 spent four minutes lining up magnetic letters "a", "b", "c", "d", "a" (facing backwards) and "d" from left to right, followed by using both hands to mark-make vertical lines using chalk on the chalkboard. This was followed by seven minutes playing with the bikes and scooters and four minutes playing with the skittles. Occasionally during this time there were brief interactions with other children, but they were not sustained for longer than two or three minutes as will be shown later.

During this time his interactions with peers have been recorded as discussed below.

On two occasions child-3 invited two other boys to follow him along the path by saying "let's go" to which they responded positively by following him along the path. On two occasions child-3 crashed his scooter into another child. The other child responded by frowning at him and moving away from him, on the first occasion, and seeking adult intervention on the second. On one occasion child-3 was observed pointing to the magnetic board on the easel and saying to another child (who was watching two other children place numbers on the

board) "five" whilst looking at the number 5. The peer's response was to glance at child-3 and walk away. There were no initiations from other children to child-3.

Comments made by child-3 to himself included instructions, issued during outside play such as saying "quick" to himself with no one else within hearing distance, when he wanted to catch up with other boys on their scooters. He also practised words in new contexts on his own. For example, a practitioner had explained to child-3 and two of his peers that the traffic sign they were playing with during outside play meant *"stop!"* (with emphasis and using gesture). Five minutes later he was observed holding the stop sign, holding his hand in the same gesture and saying "stop!" to no-one in particular (no other children were within hearing distance). Sometimes his self-talk was unintelligible babble.

9.3.3 Themes from observations and qualitative data

A number of themes emerged from qualitative analysis of field notes and quantitative analysis structured observations in relation to the environment and activities available activities to child-3 that emerged from analysis provided taking into account findings from practitioner interviews (chapter five) and parent interviews (chapter six).

9.3.3 a) Opportunities

From an analysis of structured target-child observations (Sylva *et al*., 1980) it emerged that child-3 had few opportunities to engage in free-play activities as he spent 66.7% or 80 minutes of his time (from 120 minute sample analysed) engaged in adult-led activities and over half of this (37.5% or 40 minutes of 120 minutes) involved in LG activities. In addition,

the activities available for child-3 were planned for monolingual English-speaking children between the ages of two and five years-old. The main method of communication used by adults within the setting was verbal with some use of modelling and gesture to augment speech. There was no use of signs or symbols other than a visual timetable which was very briefly referred to during registration to illustrate to children what they would be doing throughout the day.

During structured activities child-3 did not initiate interactions with adults or other children. During unstructured activities in terms of child-child interactions child-3 initiated interactions though no other children initiated interactions towards child-3. For adult-child initiations during unstructured activities, child-3 experienced a balance between affirmative, neutral and prohibitive comments on his activity.

9.3.3 b) Constraints

Physical constraints included the size and structure of the setting. For example, the pre-school in which child-3 participated was located in one room in a large church hall with all children aged two to five years-old participating in the same activities. The SENCO commented in interview that this made it difficult to provide age-appropriate activities for all children and could result in two-year-olds being inappropriately compared with four-year-olds when assessing children's learning and development. This also made it difficult for practitioners to organise SG work or provide distraction-free areas to work with individual children.

9.3.3 c) Appropriateness of setting to child

The social and physical resources of the pre-school appeared to be ill-matched to the needs of child-3. For example, there were no artefacts that represented any other cultures than English and there was no attempt by adults to use signs and symbols to make the meaning of their instructions and requests easier for him or any of the other children with EAL to understand. However, practitioners did utilise gesture, such as pointing, in order to clarify their instructions if children appeared not to understand them. Although there were other children with EAL within the setting, none of them appeared to use the same languages as child-3. He was therefore an isolated language learner and a passive participant when engaged in structured adult-led activities and interactions in which he spent 66.6% of his time. These involved, predominantly, instructions, directions and closed questioning focused on the activity in hand.

9.4 Discussion

At the microcontext of the home environment, there was evidence of sensitive caregiving from parent reports, as they recognised their child's need to learn English. Furthermore parents had sought and followed advice from professionals such as SLT to secure optimum outcomes for their child.

At the microcontext of the early years setting, there was evidence that child-3 was learning EAL and the setting was receiving appropriate guidelines from SLT in order to promote this at the exocontext. Moreover, there was evidence that child-3 was participating in social

interaction with peers during free-play and was provided with opportunities to do so, as a third of his time was spent in self-chosen activities.

Whilst child-3 spent some of his time in engaged in solitary play (10 out of 120-minutes), he spent 28 out of 120-minute sample playing alongside or with his peers. Porter (2002) noted that temporary delays in SLC could result if children's exposure to a second language occurs before some mastery of skill in the first has been. It was noted by Tabors (1997) and Drury (2007) that children with EAL sometimes underwent a quiet or silent period on entering a new environment such as an early years setting if they were exposed to a new language at the same time. This was especially true if their home language was not yet established or their home language was not used in the new environment. In this context, child-3's SLC development appeared to be within expectations and to some extent exceed them, as he successfully interacted with peers on occasion.

However, the high level of adult-led activities that child-3 participated in (80 out of 120-minutes) suggested that the most effective pedagogy noted by Siraj-Blatchford *et al*., (2002) of providing a balance between adult-led and child-initiated activities was not employed by practitioners in the setting. Furthermore, a high number of closed questions were observed to be used by practitioners during structured activities and none of the adult-child interactions involved open questions to stimulate more elaborated responses.

The EYFS (DfE, 2012: 6) noted that for children whose home language was not English, practitioners might take reasonable steps to provide opportunities for children to develop and use their home language in play and learning, supporting their language development at home. This was not observed to be the case for child-3 as the focus for parents and practitioners was on children learning to understand and use English. This was entirely consistent with parents' wishes. Whilst a high level of adult structure was observed in

activities, which limited opportunities for individual child-response, it could be argued that this was appropriate for a child with EAL.

The parent reports that their child was speaking in sentences differed from practitioner reports that he was using single words and SLT targets for him to use two-word sentences. This demonstrated both the different ways in which children behave in different contexts such as home and early years setting, as well as different perspectives on and understanding of children's SLC.

Nevertheless, his parents also reported that his SLC had progressed since he had commenced pre-school and he was using language to interact with his peers within the setting.

9.5 Conclusion

This chapter has illuminated the ways in which child-3 interacted within his environment and highlighted a difference in perception between parents and practitioners. It has also shown that despite the constraints reported by the SENCO in terms of limited possibility to plan targeted interventions and activities for children with SLCN and EAL, and the high number of adult-led activities planned for him, child-3 was learning EAL with some delay in the rate of acquisition, which is consistent with reported literature.

CHAPTER 10 CHILD-6

10.0 Introduction

The previous chapter discussed in detail one child with EAL in order to examine development of his SLC skills and, specifically, his social interaction with peers and adults in the microcontext of his early years setting. This chapter will provide an in-depth examination of child-6 who attended a mainstream and specialist setting in order to consider the contribution of two different early years settings to the child's SLC.

10.1 Aims

The aim of focusing on this specific child was to investigate in greater detail the social context and interactions in the microcontext of two contrasting early years settings, taking into consideration the impact, if any, on the child concerned. The in-depth analysis of the two settings child-6 attended was of particular interest. This chapter aimed to contribute further to the following research questions:

- How do early years practitioners implement policy relating to early identification, assessment and intervention for young children's SLCN?

- How do young children respond to this practice?

10.2 Method

10.2.1 Participants

Child-6 was four years and four months old and participated in a mainstream nursery and a specialist outreach nursery assessment setting as described in chapter eight. He was supported under the CAF (DCSF, 2006) that required multi-agency review and monitoring meetings, and included practitioners from the two early years settings. Family information for child-6 is provided in Table 10.1. A more detailed description of his early development can be found in Appendix I.

Table 10.1 Family information of child-6

Child	Type of Setting	Family Background	Home Language	Health Background
Child-6 Aged 4 years, 4 months	1. Private day nursery. 2. Specialist outreach nursery assessment centre. (combined placement)	Lived with mum (aged 41 and an optician), dad (aged 40 and a development consultant) and sister aged seven. Sister had social and emotional difficulties and had extra support at school to support this.	English	Normal pregnancy, long labour. He was sick from birth, placed in a neonatal unit due to a heart murmur. Suffered from frequent and persistent ear infections from birth. Grommets were fitted at the age of two. Sleep was disrupted until he was 18 months old. Diagnosed with autism at four years and four months, Fragile X Syndrome has also been suggested by the GP.

10.2.2 Material

Material used was described in chapter 9.

10.2.3 Procedure

The procedure used was also described in chapter 9.

10.3 Results

10.3.1 Background and context

Child-6 attended a private day nursery for three sessions per week and a specialist outreach nursery assessment centre for two mornings per week. The settings communicated with each other and were co-ordinated through CAF meetings and shared SLT targets. As can be seen from Table 10.1, his home language was English.

In interview, child-6's mother acknowledged that although she knew his SLC was "not where it's supposed to be", it had improved considerably over the previous 18 months since he had joined nursery. She reported that, although he still demonstrated upset or frustrated behaviour when he could not express himself, she could have a conversation with him and he could verbalise his needs. For example, that morning he had actually said "I want an apple" followed by "thank you," then "mummy, can I have toast", whereas prior to starting nursery, he had more limited verbal skills. She hoped that he would be able to attend the local mainstream primary school where his older sister also attended.

The manager of the mainstream setting explained that his SLC difficulties had been identified "quite late" and she felt he had "slipped through the net". He was three-years-old by the time he was referred to the nursery assessment centre and his mainstream setting at the same time as well as specialist home-based EI services such as *Portage* and specialist play services.

The manager of his mainstream setting also stated that although he had no verbal communication skills on joining the nursery at the age of three and would mainly cry to indicate a response, his main communication strategy now was verbal communication, with occasional use of gesture. For example, he would sometimes lead an adult by the hand to an object that he wanted. He was also reported to use photographs occasionally to show adults

something that he wanted. He would interact with familiar adults and was content to play alongside peers. Practitioners in the setting had received training to use signing, however, the manager explained that they needed time to embed the training into practice.

In contrast, his specialist setting reported that child-6 used a number of strategies to communicate, including signing, symbols and photographs [PECS] and gesture, as well as speech as the setting used a "total communication" approach. The practitioner noted that he was quite "chatty" and talkative when he was happy and mentioned his friendship with another child who was diagnosed with autism, which she reported as rare as "children with autism tended to be rather solitary."

The statement of SEN of child-6 indicated that he had significant and complex speech, language and communication difficulties. The statement reported that he could understand and follow basic instructions and would occasionally engage with incidental conversation. Although he used some full sentences, they were learned by rote rather than constructed by him, and he was extremely difficult to understand unless a familiar adult was available to interpret his meaning. He was reported to use single words to converse, although he was beginning to construct two-word sentences such as "want puzzle". His play was reported to be mostly solitary with some interactive play occurring with one particular child in his specialist setting.

10.3.2 Observation data

Analysis of target-child observations using the Sylva *et al*., (1980) structured observation schedule discussed in chapter eight showed that child-6 behaved differently in the two early years settings. He participated in terms of his preferred activities during free-play and in

terms of the type of social interactions that he initiated and correspondingly in the number of adult and child-initiated interactions directed towards him.

10.3.2 a) Social group analysis

Analysis of social group codes showed that from a 120-minute sample, child-6 participated in adult-led activities and free-play activities for similar amounts of time in the two settings (40.8% or 49 minutes in mainstream and 46.7% or 56 minutes in specialist setting) as shown in Table 10.2 below. Whereas in mainstream settings this mainly involved in LG activities (25% or 30 minutes) or one-to-one work (12.5% or 15 minutes), in his specialist settings, a significant amount of time was spent in SG activities (43.4% or 52 minutes) with an adult.

Table 10.2 Comparison of participation in social groups between mainstream and specialist setting for child-6

Setting	Private Day Nursery Time Sample: 120 Minutes	Nursery Assessment Centre Time Sample: 120 minutes
Social Group	Duration minutes	Duration minutes
T (1:1) adult-child activity	15 (12.5%)	4 (3.3%)
SG (3-5 children)	4 (3.3%)	52 (43.4%)
LG (more than 5 children)	30 (25.0%)	-
Total adult-led activities	**49 (40.8%)**	**56 (46.7%)**
SOL (playing alone)	10 (8.3%)	2 (1.7%)
SOL (A) (playing alone with an adult nearby)	35 (29.2%)	21 (17.5%)
PP (parallel play)	17 (14.2%)	19 (15.8%)
PAP (parallel-aware play)	6 (5%)	12 (10%)
SSP (simple social play)	3 (2.5%	10 (8.3%)
CRP (complementary and reciprocal play)	-	-
CSP (co-operative social pretend play)	-	-
Total free-play activities	**71 (59.2%)**	**64 (53.3%)**
Total time	**120**	**120**

When engaged in free-play activities, he was likely to be playing alongside or in association with his peers (in PP, PAP, SSP, CRP or CSP) in his specialist setting (34.1% of his time) that was more than in his mainstream setting (21.7% of his time). In his mainstream setting, during free-play time he spent 29.2% of his time interacting with an adult (SOL A) compared to 17.5% of his time in his specialist setting. In his mainstream setting he spent 8.3% of his time playing alone (SOL), whereas in his specialist setting only 1.7% of his time was spent in solitary play.

10.3.2 b) Communication analysis

From analysis of the communication code of the target child observation (Sylva *et al.,* 1980) for a 15-minute structured and unstructured activity sample, it was evident that child-6 initiated the highest number of interactions with adults during unstructured activities in his specialist setting as shown in table 10.3 below. The highest number of initiations to child-6 from adults occurred during structured activities in his mainstream setting and from other children during unstructured activities in his specialist setting. Interestingly, child-6 initiated the same number of interactions to other children during unstructured activities in both settings. Overall the highest number of adult and child initiations occurred in the mainstream setting.

He talked aloud during solitary play to himself most during unstructured activities in his mainstream setting and least during structured activities in his specialist setting.

Table 10.3 Comparison of communicative interactions in mainstream and specialist setting for child-6

Setting/activity	Private day nursery (structured activity)	Private day nursery (unstructured activity)	Nursery Assessment Centre (structured activity)	Nursery Assessment Centre (unstructured activity)
	15 minute observation	15 minute observation	15 minute observation	15 minute observation
Who initiated the interaction	Target Child-6 (Boy)	Target Child-6 (Boy)	Target Child-6 (Boy)	Target Child-6 (Boy)
	Frequency	Frequency	Frequency	Frequency
TC - A	2	2	3	6
TC - C	-	6	2	6
TC- Self	6	15	-	2
C - TC	-	1	2	3
Child initiations	**8**	**24**	**7**	**17**
A - TC	40	6	14	8
A–TC+CH	-	2	-	3
A - C	8	3	-	3
Adult initiations	**48**	**11**	**14**	**14**

It was interesting to examine the nature of the environment and activities that he participated in more closely in order to determine whether any particular influences could be identified that might account for the differences discussed above.

Structured activity in mainstream setting

The activity took place in a small room where children could choose from:

- mark-making with paints, felt-pens or crayons;

- puzzles or sensory play (foam and accessories in a water tray);

- books;

- construction toys such as "popoids" and small-word play.

The structured activity observed for child-6 in his mainstream setting was a painting activity (an activity he was reported to enjoy by his KW). The equipment used included:

- A3 sheets of sugar-paper:

- a selection of felt pens:

- paints and paintbrushes;

- an apron.

There were eight children and three adults present. The nature of adult-child interactions including verbal and non-verbal communication is shown in Table 10.4 below with a detailed description of interactions including the child's responses below.

Table 10.4 Adult-child interactions: structured activity in mainstream setting for child-6

Interaction code	Example	Frequency
Giving an instruction	"Apron"	2
Repeating an instruction	"Apron"	2
Asking closed questions	"What colour is that T?"	10
Repeating/re-phrasing closed questions	"What colour is it? Green or blue?"	6
Commenting	"That's blue paint, isn't it?"	10
Praising	"Yes, blue", "wow"	10
Encouraging turn-taking	"My turn", "T's turn"	8
Total		**48**

Child-6 was guided to the painting activity by his KW. Although he appeared reluctant at first, he eventually agreed to participate. His KW encouraged him to mark-make by offering him a pen which he initially examined before making marks on the paper. Once he had made a mark on the paper, his KW questioned him about the colour he had used. Since he appeared preoccupied with his examination of the end of the pen she repeated her question. He responded by pointing the end of the pen and saying "that". She repeated her question, asking "what colour?" He responded by saying "colour" and replacing the felt pen in the tub of pens. He then proceeded to examine some of the pens by removing the lids, looking at and

feeling the end of the pen (nib) and placing them back in the tub. The adult then had to remove them one by one to replace the lids, whilst at the same time asking him about the colours of individual pens. Next the KW asked child-6 if he would like to paint, pointing to a plate containing some paint and a paintbrush. He responded by saying "paint" and picking up the paintbrush. She then guided him in obtaining and putting on an apron and he was given a choice of paints (green, blue, red, orange and yellow) and a similar pattern of questioning was observed as for the felt pens. The KW encouraged child-6 to paint her hand and she then showed him how to make hand prints on his paper, encouraging him to copy with his own hand. A pattern of turn-taking was then observed, where he painted her hand, followed by his own and adult and child made hand prints on the paper. This continued to the end of the activity.

Twice during the activity, the child paused in his selection of colours to show the KW his choice and comment on the colour without prompting or questioning. She responded positively by repeating the colour he had stated to confirm his accuracy. Six times during the activity, he made comments to himself about the marks that the pens and paint were making on his hands, saying "messy" or commenting on the colour of the pen or paint when the KW was pre-occupied with another child saying "blue".

Unstructured activity in mainstream setting

The unstructured activity occurred during a fifteen-minute play episode in the outside area of the nursery which comprised a climbing frame with slide, a pergola with seating, a sand-pit and path leading to a tarmacked area where children could ride bikes and scooters. Child-6 spent three minutes standing next to or under the pergola with a toy hammer in solitary play,

278

two minutes riding a three-wheeled scooter, four minutes turn-taking with an adult on the slide and three minutes attempting to retrieve a scooter from another child that he had been playing with before he was engaged with an adult on the slide. There were seven children and two supervising adults.

Adult-child and child-child interactions during this time were recorded. Interactions with peers occurred whilst child-6 was attempting to retrieve a three-wheeled scooter from another child. He twice attempted to take the scooter when the child paused for a rest and twice he crashed his scooter into another child's scooter. He apologised saying "sorry H". His KW on hearing him questioned him by saying "Sorry H?" Child-6 corrected himself saying "Sorry B", then rode off saying to himself "Sorry H, oh no, babble". On one occasion he attempted unsuccessfully to draw another child's attention to an object in the distance, and on a further occasion another child pushed child-6 aside in order to descend the slide. He made fifteen comments to himself which occurred whilst pretending to hammer the pergola with a toy hammer. He made comments such as "oops, oh dear", "there's going to be trouble", "oh no". Although he was aware of peers and could attempt to initiate interactions with him, they appeared to be disinterested.

Interactions with adults occurred during a turn-taking episode on the slide. The adult took the opportunity to comment on whose turn it was during this time by asking child-6 whose turn it was, pointing at herself when it was her turn, inviting child-6 to do the same when it was his. Also observed were adult-child questions such as "Whose turn is it now?" and "yes it's your turn T", and adult-child interventions such as when child-6 was attempting to retrieve a scooter from another child. An adult reminded him that he needed to share and it was not his turn.

Structured activity in specialist setting

The structured activity for child-6 in his specialist setting involved a story called "My Presents" The equipment used was:

- a lift-the-flap book about a child's birthday party and the presents he receives;

- a bag of presents and surprises;

- paints and paper.

There were three children and three adults in the room. The other children were engaged in puzzles and small-word play. The nature of adult-child interactions during the activity is shown in Table 10.5 below including verbal and non-verbal communication and a detailed description of the activity is provided below.

Table 10.5 Adult-child interactions: structured activity in specialist setting for child-6

Interaction code	Example	Frequency
Giving an invitation to participate	"Do you know how to open this flap?" (pointing to the flap and engaging in eye contact with child-6)	6
Asking an open question	"What do you think is inside?" (using animated, raised intonation and gaining eye contact with child-6)	4
Asking closed questions	"Shall I get some paint and paper so that you can paint a picture?" (gaining eye contact and pointing to a picture of paints with a brush and signing paint)	2
Encouraging turn-taking	"T's turn, T open the flap" (using an animated voice)	2
Total		**14**

Child-6 was playing with cars and a garage (small-world play) on the floor with a peer when the adult approached him. She said "story first, then cars", whilst at the same time showing

him a "now and next" task board with pictures of a story book and cars placed next to each other.

Child-6 followed the adult to the table where she sat directly opposite to him. The adult held the book in front of child-6 and read the cover to him. She then asked him to turn the page and he complied. She read the first page saying "Susan gave me a .." pausing to allow child-6 to complete the sentence and pointing to the picture on the page, he replied "present". The adult asked child-6 to turn the page and he complied. She then read "John gave me a present" and asked child-6 "How does this flap open?" Child-6 opened the flap and asked the adult "What is it?" looking at a picture of a present on the page. The adult took a parcel out of her bag of presents and gave it to child-6. He opened it and said "oh a big present". The adult replied, "Yes it's paint, shall we find you some paint and paper and you can paint a picture? (pointing to a picture of paints with paintbrush on the table and signing "paint") " Child-6 replied "paint". The adult placed paper and paint in front of child-6 and he made circular marks on the page with the paint using his right hand to hold the brush.

Following this, the story continued with child-6 being asked to turn pages, lift flaps and being given presents to open.

Twice during the activity, a peer (who was playing on the floor nearby) asked child-6 "What are you doing child-6?" and twice child-6 turned to show the same peer his presents, saying "Look, it's a present." On three occasions child-6 initiated a conversation either when the adult was looking in her bag of presents by saying "Is it a present?" or invited her to open a flap by saying "Is it your turn?" after she had asked him to open the flap.

The unstructured activity occurred in the small outside area where there was a climbing frame. One adult and two children participated and the children played a game of "peek-a-boo" followed by "chase", both of which were initiated and mediated by the adult. She did this by asking them whose turn it was to chase or asking questions such as "where is child-6? can you see him?" as one child attempted to hide from the other behind the slide. On five occasions child-6 asked the adult to remind him whose turn it was, by asking "whose turn is it?" On another occasion he invited the adult to chase him. On three occasions, child-6 invited his peer to catch him or find him. On two occasions, he argued with his peer about whose turn it was to go down the slide next and on another occasion, his peer initiated a similar argument. On one occasion child-6 showed his peer the picture on his T-shirt, by pointing at it and commenting on it to his peer, his comment was unintelligible. On two occasions he commented to himself about nothing observable saying "Oh dear" whilst climbing the steps to the slide. His peer made similar invitations to join in with play on two occasions and on one occasion pushed him out of the way as he ran to get the slide first.

Adult-child initiations were also recorded and are discussed below.

Adult interactions were related to the games that children were playing and included comments of encouragement such as "whose turn is it", "can you find T?" Adult intervention was observed when the children were arguing about whose turn it was to descend the slide. On one occasion the adult commented on the weather to both children.

10.3.3 Themes from observations and qualitative data

A number of themes emerged from qualitative analysis of field notes and quantitative analysis structured observations in relation to the environment and activities available to child-6 in the two settings taking into account data of practitioner interviews (chapter six) and parent interviews (chapter seven).

10.3.3 a) Opportunities

From analysis of structured target-child observations (Sylva *et al*., 1980) it emerged that there were commonalities and differences in the opportunities offered to child-6 between the mainstream and specialist setting. For example, child-6 spent 40.8% of his time in his mainstream setting and a similar amount of time (46.7%) in his specialist setting engaged in adult-led activities. Child-6 spent 25% of his total time engaged in adult-led LG activities in his mainstream setting whilst the adult-led activities in his specialist setting involved either SG (43.4%) or one-to-one child-teacher (3.3%) activities. However, child-6 had activities that were planned for his stage of development in both of his settings, with very closely matched activities available in his specialist setting. For child-6, all activities in his specialist setting involved the use of signs and symbols to augment verbal communication.

In relation to social structures, Child-6 had intervention and mediation from adults in both of his settings in both adult-led and child-initiated free-play activities. A wider repertoire of SLC strategies was used by adults to communicate with child-6 in his specialist setting, such as gesture and signing as well as pictures and symbols. He was also noted to have a friend in his specialist setting which was evident from observation. Child-6 and his friend sought each out during both structured and unstructured activities to share news and ideas with. For

example he was observed during a sensory-play session encouraging his friend into a tent to play and during a one-to-one story activity calling out to his friend (who was playing on the carpet nearby) that he had a present.

During structured activities, child-6 initiated interactions with adults in both of his settings and in his specialist setting he initiated interactions with other children also. In addition, child-6 initiated interactions with adults during unstructured activities in both settings.

In his mainstream setting, the majority of target-child initiations during unstructured activities were made to himself, whilst in his specialist setting they were predominantly directed at others. In terms of interactions initiated by other children towards child-6, he experienced fewer in his mainstream setting than his specialist setting. Adult-child interactions were balanced during unstructured activities between affirmative and neutral in both settings with few prohibitive adult comments in either setting.

10.3.3 b) Constraints

The private day nursery was located in large house which comprised five separate rooms and children were organised into developmentally appropriate groups which meant that child-6 was with between nine and thirteen other children aged approximately three and four years-old for most of the time. The specialist assessment centre was situated in a purpose built-location with a small teaching room, a sensory room and a larger play room. Due to the space constraints of the teaching room in the specialist setting, only four children could be accommodated, they were between the ages of three and five and they all have SLCN,

making it easier to match activities to children's individual needs as well as include all children in SG activities.

10.3.3 c) Appropriateness of setting to child

For child-6, the two settings in which he participated offered different types of opportunities as can be seen from the structured observation evidence. The mainstream setting offered opportunities to interact with typically developing peers and to spend time in solitary play where he appeared from observations to use language to self-regulate. His specialist setting offered a more structured and intensive interactional style with adults and peers utilising a variety of communicative aids.

The practitioner from the specialist setting noted the effect of different environments on child-6. For example, she had observed child-6 in his mainstream setting and found that although other children might show an interest in him when he was engaged with particular toys, as soon as they realised they did not "get anything back from him" they would quickly lose interest and walk away. In his specialist setting, one of his targets was to join in with group time and action rhymes, however, in his mainstream setting he was already reported to have achieved that. Therefore she concluded that he might 'do something in one environment that he does not do in another'.

10.4 Discussion

Although it was reported by the mainstream practitioner that child-6's speech delays and difficulties had been identified "quite late", specialist EI services such as *Portage,* play

services and a specialist early years setting had been offered to parents. Parents were satisfied that he had made progress and it was now their hope that he would attend a mainstream primary school, although his mother had concerns that the delayed insertion of grommets had contributed to his delayed SLC skills. This seemed to exemplify the benefits of EI even though identification had not occurred within the second year of life as suggested by Bercow (2008). Identification of difficulties, therefore, was a process of ongoing monitoring and assessment rather than a single event.

Reports from parents for child-6 (chapter seven) and the practitioners in his settings varied (chapter six). Whilst parents and the mainstream setting reported that he used mainly verbal means to communicate, a much wider range of communication strategies was reported to be used by and indeed observed in the specialist setting.

The differences in practice between mainstream and specialist settings were inevitably a reflection of the opportunities and constraints already discussed of space available, adult-to-child-ratios, practitioner training, values, perceptions and beliefs about appropriate intervention strategies and the characteristics of child-6 and his peers in both settings as suggested by Bronfenbrenner (1979; 1993). For example, although at the mesocontext IEP targets were shared between the settings and discussed at CAF meetings, the manner in which they were implemented differed in both settings according to the above characteristics and the way child-6 behaved in each setting.

Although Thomas (2004) noted that it was difficult to identify where the influence of one microsystem ended and another began, participating in both settings appeared to provide child-6 with a balance between self-chosen activities and directed and mediated interaction with others. His parents were satisfied that their child was receiving specialist intervention in

his specialist setting, whilst experiencing inclusive care and education with more typically developing peers that might enable him attend a mainstream primary school.

10.5 Conclusion

This chapter has illuminated the ways in which one child has interacted with two different environments and shown that the role of an adult as mediator of communication or communication partner with children who have difficulties with SLC can significantly influence one child's interactions with adults and other children.

The two settings in which child-6 participated in were complementary and co-ordinated intervention provided through the CAF (DCSF, 2006). There was more intensive interactive adult input in his specialist setting with more 'normally developing' peer social interactional opportunities in his mainstream setting. Whilst the specialist setting provided intensive 'skill and drill' intervention, his mainstream setting providing opportunities to practise SLC skills and generalise them from one environment to another through social interaction with typically developing peers and other adults.

CHAPTER 11 DISCUSSION AND CONCLUSIONS CHAPTER

11.0 Introduction

The focus of this thesis has been the current policy-to-practice or macro-to-micro contexts to the delays and difficulties in the acquisition of SLC in the first five years. This investigation was located within one LA in England using a mixed-methods yet broadly interpretive case study approach and the bioecological framework of Bronfenbrenner (1979; 1993) introduced in chapter two as a framework and tool of analysis. In this final chapter, the findings will be drawn together and discussed, in order to revisit and address the research questions. Limitations of the study will be outlined, implications examined and final conclusions drawn.

11.1 Research questions

The research questions were as follows:

1. What is the policy-to-practice context to the delays and difficulties in the acquisition of speech language and communication in the first five years?

2. What are the views, understandings and reported practices of a range of stakeholders with respect to SLCN in the EYFS?

3. How do early years practitioners implement policy relating to early identification, assessment and intervention for young children's SLCN?

4. How do young children respond to this practice?

Each question will be interrogated in turn in terms of the literature and empirical findings.

11.2 What is the policy-to-practice context to the delays and difficulties in SLC in the first five years?

11.2.1 Policy or macrocontext

The macrocontext was examined first within this thesis. The period of policy under investigation was between 1997 and 2014. This period covered three terms of New Labour Government from 1997 to 2010 which was followed by four years of the Coalition Government. During this time child and family services in England have undergone radical changes underpinned by:

- a raft of evidence relating to the risk that poverty posed to children's wellbeing and development;

- the effectiveness of early identification and EI;

- the centrality of language in children's learning, development and later academic success;

- the importance of professionals working with parents;

- joined-up working between professional disciplines such as education and health;

- the perceived need by government for the professionalisation and regulation of the early years workforce in order to ensure that all parents had access to good quality childcare and education provision.

This resulted in an intensively interventionist approach by New Labour towards early years and radical changes to child and family services (Henricson, 2012). Included in this was an offer of universal early education and care services for all children aged three and four years combined with targeted and specialist services for children with SEND (Baldock *et al.*, 2013).

At the core of these initiatives was a drive to eradicate child poverty and the intergenerational influence of poverty on poor child outcomes including cognition, socio-emotional and language, within two decades (Blair, 1999: 7). This was because social disadvantage has been noted to result in poor SLC outcomes for children (Bercow, 2008; Hart and Risley, 1976, 2003; NESS, 2005; Roulstone *et al.,* 2010; Dockrell *et al.,* 2012). Linked to this was an aim of reducing the number of children identified with SEND entering compulsory education by focusing on early development and the potential of and opportunity for targeted and specialist intervention.

A *National Childcare Strategy* (DfEE, 1988) was launched with an aim of expanding childcare and education provision in order to optimise choice for all parents. LAs were required to ensure coherence across a growing childcare sector and a regulation system was established under the *Care Standards Act* (2000). Guidance and regulation for early years practitioners working with children aged three to five years were provided (QCA, 2000) and advice for practitioners working with children aged birth to three (DfES, 2002) followed. Revised guidance and inclusion of children aged birth to five in statutory frameworks (DfES, 2007a) was published, which was later simplified and rationalised (DfE, 2012), and recently updated to reflect changes in regulations concerning children's safeguarding and welfare (DfE, 2014). Universal entitlement to 15 hours of funding for childcare was provided for children aged three and four years, followed by funding for children aged two-years-old who were socially disadvantaged.

The most significant change to child and family services emerged with the introduction of *Every Child Matters* (DfES, 2004b) following the Laming Report into child abuse and child protection (Laming, 2003). The monumental investment in neighbourhood nurseries, early years excellence centres and children's centres introduced during this period was described as a 'catalogue of social change' (Henricson, 2012: 10). There was an emphasis on local

projects and joined-up interagency working towards a CAF (DCSF, 2006) led by a LP to identify children and families who needed early help. The aim was to improve children's outcomes in social and emotional, SLC and cognitive development.

For children with SEND, policy development was influenced by international human rights agendas such as the UNCRC (1989) and the Salamanca Statement on Special Education Needs (UNESCO, 1994) and underpinned by the need to reduce the social cost of failing to provide sufficient support to children with SEND early enough to improve their future success and life chances.

Therefore, *Together from the Start* (DfES/DH, 2003) and the *Early Support Programme* (DfES, 2004b) focused on co-ordinated services for children under the age of three, who were at high risk for or had SEND. Co-ordinated services could be accessed by families through children's centres which integrated early care and education with specialist services such as SLT.

Focusing on SLC, a landmark review of SLCN (Bercow, 2008) identified a national prevalence of SLCN of 6-8% and led to an extensive research programme related to SLCN. The review emphasised the importance of EI which could be administered as early as the second year of life when the majority of SLCN could be identified by early years practitioners working together with parents and HVs. The subsequent independent reviews from Marmot (2010), Field (2010), Allen (2011) and Munro (2011) emphasised the effectiveness of EI and the role of early years practitioners working with parents and other professionals to identify any problems with children's SLC development as early as possible, as did the Tickell Review (2011) and the Nutbrown Review (2012). The effectiveness of EI in improving children's educational achievements, employment prospects and long-term outcomes was emphasised bearing in mind the findings of Snowling *et al*., (2011) that the

best predictors of educational success were language, communication and literacy at five-years-old. This reinforced Tickell's (2011) conclusions that communication and language were one of the prime areas of learning noted to be essential for children's preparation for formal learning in school, as enabling them to access the curriculum, especially literacy.

11.2.2 LA practice or exocontext

The involvement of the LA as a gatekeeper and facilitator was important within the study. LA reported practice was accessed through participants in the survey and interviews. The involvement of health professionals proved impossible due to the difficulty for them in gaining parental permission to share children's details.

The austerity measures introduced by the current Coalition Government and their likely effect on the provision of EI services at the exo level were noted in chapter two. The reduction in support from LA professionals as a result of austerity measures was noted by two mainstream practitioners in interview to be of some concern, especially for children with SEND as suggested by Henricson (2012). Practitioners in PVI settings were concerned about the loss of support from Area SENCOs following changes in LA roles and structures, and wondered how they would undertake the assessment requirements for children's statements of SEN without the help of specialist support.

11.2.3 Practice or microcontext

At the microcontext, policy objectives did not always achieve their aims. For example, families living in disadvantaged areas were noted by Dickens *et al.,* (2013) to be reluctant to

use childcare provision, especially childminding settings, who were expected to provide a substantial portion of the increased provision needed to meet the rising demands resulting from childcare funding. Furthermore, OFSTED (2012) reported that settings in disadvantaged areas were not meeting the required quality standards.

The finding from NESS (2005; 2010; 2012) that SSLPs had not resulted in improved cognitive or language development for children was disappointing. Furthermore, practitioners were concerned that two-year-olds from disadvantaged areas would need higher adult-to-child ratios and additional support, particularly where SEND was involved. Most significantly given the focus of targeted provision and the original aim of neighbourhood nurseries and SSLPs to reduce or eradicate child poverty, the latest predictions for child poverty levels were for an increase by 300,000 children by 2014 (Brewer and Joyce, 2010) and by 400,000 children by 2015-2016 (Brewer, Browne and Royce, 2011) which suggested that policy aims to eradicate child poverty have failed. It has been stressed that recent Coalition austerity measures have contributed to these increases (Henricson, 2012). Since poverty has been associated with poor social and emotional and SLC outcomes (Hart and Risley, 1995, 2003; Sylva *et al.,* 2004; Roulstone *et al.,* 2010) this suggested that the number of children with SLCN might rise.

Already a reported rise in prevalence of SLCN has been noted by DfE (2011) to be 58% between 2005 and 2010 and by Dockrell *et al*., (2012) to be 72% between 2005 and 2011, despite the difficulties described by Lindsay *et al*., (2008, 2010) in identifying prevalence and the complex nature of determining delay from disorder reported by Law *et al*., (1988). In addition, where children were acquiring more than one language simultaneously, there was a reported conflation of characteristics between SLCN and EAL (Dockrell *et al.,* 2012) which made early identification even more difficult.

From interviews with practitioners (chapter six) and parents (chapter seven) in this study, all practitioners and the majority of parents in interview mentioned the benefits of EI for children's problems with SLC. Despite this, half of the parents and two practitioners reported that HVs dismissed parents' concerns about children's early problems with SLC. Parents reported that HVs seemed to prefer to leave intervention until children were at least three years-old:

> We saw the health visitor quite regularly but when I asked why he wasn't talking, I received the standard answer of "well he's a boy and boys are a little slower than girls". The HV said she knew children who didn't talk until they're three, so she advised me not to worry about it, or get too hung up on it. (parent interview: child-6)

The wide variability in practitioner qualifications, knowledge and understanding was reported by Nutbrown (2012) and was highlighted from practitioner survey and interview evidence in this study. Survey findings from this study revealed that practitioners had attended a broad range of post-experience training programmes related to SLCN and this was reflected in the wealth of teaching strategies suggested by them. A range of LA and health professionals were also reported to be consulted to help with EI. However, despite Bercow's (2008) assertion that the majority of SLCN could be identified as early as the second year of life, the majority of SLCN reported by practitioners in survey responses were in the twenty-four to sixty month age band, with very few in the twelve to twenty-four month age band. This could be a reflection of the suggestion that identifying problems early was complex (Law *et al.,* 1998; Dockrell *et al.,* 2012). As noted by a practitioner working in a private early years centre:

> It's difficult to detect problems in children under the age of two, when they're [children are] only just beginning to communicate verbally.

This was illuminated by survey findings from this study that more practitioners reported problems with expressive SLC than receptive SLC for children, further suggesting that it was

easier for practitioners to identify when children were not expressing themselves well, than whether or not they understood others, although comprehension generally preceded expression (Buckley, 2003). Hulme and Snowling (2009: 142) found that 10% of children understood more than they verbalised, but also acknowledged that some children experienced difficulty with expression alone, whilst for others receptive and expressive language could be affected.

Furthermore, the wide range of descriptions used by practitioners in this study to describe children's SLCN in survey responses raised a question about the precise nature of difficulties they were supporting and how successfully they were referring to SLT, without the benefit of a common language to describe children's difficulties or discuss them with parents. This was further evidence of the difficulty of making professional judgements about children's SLCN, as was the finding from parent interviews that no clear patterns of social and emotional or SLC acquisition emerged that would help with this. This was not surprising when we consider that Lindsay *et al.,* (2008) highlighted the wide range of needs, overlap and co-existence of different needs and variations in terms used by professional researchers to describe sub-groups of SLCN.

The Bercow Report (2008) established prevalence of SLCN to be 6 - 8% with 1% of children experiencing severe or complex SLCN, rising to 50% of children in the most disadvantaged areas of England experiencing delays in comprehension. In this study, prevalence was reported to be 12.5% (287 out of 2,299) from survey findings (mostly from mainstream settings) and 13.5% (42 out of 311) from mainstream practitioner interviews. Inevitably the prevalence in specialist settings reported from interview was 100%. Whilst the findings from survey and interview could not be said to provide a representative sample, they raised further concern over the issue of determining which children had SLCN requiring EI and which had delays within a normal variation simply requiring more exposure to language-rich

environments such that over time would spontaneously recover as suggested by Law *et al*., (1988).

From parent interviews, the majority had sought and successfully accessed specialist help to support their child's SLCN, although this was easier for some than others as suggested by DCSF (2009b). However, for children with mild to moderate SLCN, SLT assessment and support took place in clinics remote from the child's natural environment. In contrast, for children with more severe or complex SLCN, SLT was delivered within the child's early years setting and therefore was delivered within a natural environment. The exception to this was child-7 whose SLT was co-ordinated through her early years setting and mainly delivered by her teacher.

Most interestingly, despite the gathering consensus and emphasis on EI in government policy which changed over time with successive governments, mainstream and specialist early years practitioners were utilising the EYFS summative pathway profile (DfE, 2012, 2014) provided by the LA together with the SEN CoP (DfES, 2001) to identify and monitor children's SLCN. These were combined to varying degrees with more specialist tools by all specialist and some mainstream practitioners, as will be explained later. This indicated that practitioners at the microcontext level were guided by the values and beliefs internalised by them over sustained periods of time and shared through common practices.

11.3 What are the views, understandings and reported practices of a range of stakeholders with respect to SLCN in the EYFS?

Themes identified for discussion in order to address this question included:

- parent and practitioner views about the centrality of language;

- practitioner reported practice in relation to early identification, assessment and support;

- practitioner initial and post-experience training;

- supporting children with EAL;

- working with other agencies;

- working with parents;

- parents' perspectives.

The range of SLCN reported on within the study ranged from children with mild to moderate, possibly transient delays and difficulties to those with more severe and complex SLCN that were secondary to central nervous system damage and consequent neurodevelopmental disorders such as autism or CP, which in one case occurred postnatally after initial normal development. Of those children whose SLCN was mild to moderate and primary, one child had delayed speech with associated behavioural problems, three children had word finding and initial-sound problems, two had unexplained anomalous delayed language and one had EAL. Of children whose SLCN was severe and secondary, one had CP and two had autism, one of whom also had EAL.

Children with mild to moderate and primary SLCN were attending mainstream settings and children with severe and complex secondary SLCN were attending specialist settings as suggested by the Bercow Report (2008). However, one child with mild primary SLCN was also attending a specialist setting (child-4) in a combined placement and one child with severe and complex secondary SLCN was also attending a combined placement with specialist and mainstream settings communicating through a CAF (DCSF, 2006). The range of mainstream settings included:

- two pre-schools;

- a childminder;

- a children's centre childcare provision;

- a private day nursery;

- a private early years centre;

- LA maintained nursery class.

The range of specialist settings included:

- an *ICAN* language centre;

- a specialist communication and interaction (CI) school;

- a specialist physical and sensory (PS) school;

- a specialist outreach nursery assessment unit.

The range of qualifications and experience held by practitioners was extremely varied and broad from NVQ Level 3 through to post-graduate qualifications and QTS. The range of post-experience training accessed by practitioners was also varied but it was difficult to determine which worked effectively and how well. The influence of the LA in programmes attended however was noticeable especially in mainstream PVI settings.

11.3.1 Views about the centrality of language

In interview, all practitioners concurred that SLC was central to children's learning, development and future academic success and impacted on other areas of learning and development:

> Children have to be able to communicate. It is the simplest thing in life. Infants and babies communicate (by crying) when they are cold, when they are wet, when they need someone to feed them. Communication is really important. (teacher in a specialist PS school)

> So much relies on the ability to communicate. Yes we learn visually but most of the time there is an auditory channel to go with it. So if you are not processing that, it is like watching your TV on mute. So it makes a huge difference, if you have not got the vocabulary to describe things or understand them, it affects mathematical development because you won't have the concept vocabulary. It (communication) affects social development for obvious reasons. (teacher in a maintained nursery)

Eight out of nine parents were concerned to monitor their children's SLC development and sought help from professionals when their child's health or development appeared different from siblings or peers of the same age.

11.3.2 Reported practice in relation to early identification, assessment and support

From practitioner interview findings it emerged that in mainstream settings three times as many boys had SLCN than girls, whilst in specialist settings, all children who attended had SLCN and there were almost five times as many boys as girls. For mainstream settings, findings in relation to gender influences were similar to those suggested by Dockrell *et al.,* (2012) who found that boys were overrepresented relative to girls with a ratio of 2.5:1 for primary SLCN. The vast majority of children in specialist settings had SLCN that were secondary to neurodevelopmental disorders such as autism or CP.

Whilst in specialist settings, children's SLCN were already identified, mainstream practitioners supported children along a continuum of early identification, assessment and support, ranging from identifying the earliest signs of problems with SLC to attendance at

CAF meetings, when children had identified problems and were undergoing formal assessment.

In specialist settings, practitioners utilised a wider range of specialist tools to support them in their ongoing assessment of children's SLCN than practitioners in mainstream settings used for identification, assessment and support. However, the severity of needs in specialist settings was generally higher and this appeared to be appropriate. When children were attending more than one setting, for example child-6, practitioners from both settings communicated through a CAF and assessment and support was a shared process in accordance with policy guidelines (DfES, 2001; DCSF, 2006). For children with less severe SLCN who were attending two settings, for example child-4, strategies and targets were also shared between settings, however the process was less formalised. The wide range of identification and assessment tools reported in this study contrasted with findings from Mroz and Hall (2003) that suggested practitioners lacked the tools to identify children's delays and difficulties in the acquisition of SLC and relied on peer comparison. Practitioners interviewed in this study reported caution in the use of peer comparison, and highlighted the problems with over-reliance on this when they had a wide age-range in their setting and diverse SLCN to support.

A number of mainstream and specialist practitioners reported a lack of confidence in supporting children with EAL which appeared to relate to lack of experience in this regard, as the number of children with EAL was low in mainstream and specialist settings. This was an area where practitioners would have liked more training.

11.3.3 Practitioner initial and post-experience training

From practitioner interviews, it emerged that they would have liked their initial training to include more information about children with SLCN, SEND and EAL, as noted by one specialist practitioner:

> I think for saying we're trying to be an all-inclusive society, training for SEND is quite poor. (teacher in an outreach nursery assessment centre)

From survey evidence, practitioners had attended a broad range of post-experience training programmes. However, it was difficult to determine which programmes were being used in settings and which were effective to support SLCN.

Although the Bercow Report (2008) was concerned about the training provided for all professionals involved in early identification (including HVs, TAs, teachers and early years practitioners), the practitioner interview data suggested that there was a knowledge and skills divide between mainstream and specialist early years practitioners, perceived by specialist practitioners in this study. Specialist practitioners suggested that mainstream colleagues did not have the knowledge to identify, assess and support children with SLCN and SEND without further specialist training. Despite this, practitioners from both mainstream and specialist settings were diligently undertaking ongoing monitoring, assessment and recording of children's SLC and involving both parents and other professionals as appropriate where necessary.

11.3.4 Children with EAL

From practitioner survey evidence, it was revealed that practitioners identified fewer teaching strategies to support children with EAL than were reported to support children with SLCN.

From practitioner interviews, it was reported that practitioners lacked the same degree of confidence in supporting children with EAL that they appeared to have in supporting SLCN and SEND. This appeared to relate to both initial and post-experience training as well as to lack of experience in supporting children with EAL. From survey evidence, few children in either mainstream or specialist settings were reported to have EAL. AAC was not as widely reported in survey or interview to be used for children with EAL as those with SLCN and was not observed to be used for children with EAL (child-3), unless they also had severe or complex SLCN such as child-9.

11.3.5 Working with other agencies

The importance of joined-up working between agencies and in particular between practitioners in early years settings and HVs to support children and families was emphasised in government policy, especially for children with SEND (Bercow Report, 2008; DCSF, 2006, 2004b, 2004c, 2004d, DfES, 2001, DfES/DOH, 2003; DCSF/DOH, 2008). Bronfenbrenner (1979) noted the influence of relationships between the nested contexts that children inhabited at the meso level and Dockrell and Mcshane (1992) suggested that interventions such as SLT were more effective when the relationships between the environments that a child inhabited collaborated so that learning occurring within one context could be generalised or shared with others.

In relation to working with other agencies, whilst all practitioners reported in interview that they appreciated the support they received from them and acknowledged their specialist knowledge, they had received little formal training or guidance in relation to working with other professionals such as SLTs. Three practitioners suggested that it would have been

useful to know which professionals to contact, how to contact them and how other professionals such as SLTs could support children with SLCN in mainstream settings.

The nature of relationships with SLTs appeared to be more proximal for specialist practitioners than mainstream. In addition, whilst mainstream practitioners liaised closely with the LA Area SENCO, specialist practitioners liaised with a broad range of education, health care and social welfare professionals to support children's SLCN and associated difficulties.

Where children were attending two settings in a combined placement, for example, child-4 and child-6, practitioners were communicating either through the CAF (DCSF, 2006) process (child-6) or through less formal strategies and targets shared (child-4) as suggested by Dockrell and McShane (1992).

11.3.6 Working with parents

Both mainstream and specialist practitioners mentioned the importance of effective communication with parents, signposting to other professionals such as SLTs (by mainstream practitioners) and sharing strategies from setting to home.

From practitioner interview findings, it was reported that they were working closely with parents as suggested by policy guidelines such as the EYFS (DfE, 2012, 2014) and strategies were shared between setting and home and between settings where children attended more than one. This was the case for child-4 and child-6.

11.3.7 Parents' perspectives

From parent interviews, a complex pattern of factors relating to children's SLCN made it difficult to discern many commonalities. There was wide variability in the severity of needs reported by parents, developmental patterns and stage of development reached for children. Not surprisingly therefore, perceptions and views from parents varied widely in relation to children's early experiences, learning and development.

Five parents would have liked more support from their HV when their child was younger, and one would have liked the HV to have more specialist knowledge about severe and complex SEND. However all parents appreciated and valued the support their child had received from their early years setting and reported the progress their child had made since attending. Parents generally held realistic expectations for their child.

From two parents for whom English was an additional language, they valued the English culture and expressed their desire for their child to be 'English' in order to fit in with the community and culture they lived in, demonstrating sensitivity to children's need to gain peer and societal acceptance.

All parents reported that their child enjoyed participating in a wide range of play and learning activities within the home ranging from the enjoyment of books to engaging with technology.

11.4. How do early years practitioners implement policy relating to early identification, assessment and intervention for young children's SLCN?

Discussion relates to the practical implementation of policy by practitioners in settings and is organised by emerging themes of:

- assessment and monitoring;

- the organisation of staff;

- grouping of children;

- activities planned for children;

- instructional strategies.

These emerging themes bear similarity to the pedagogical framing and instructional aspects identified by Siraj-Blatchford *et al*., (2002).

11.4.1 Assessment and monitoring

The practitioner interview chapter identified that in addition to cautious use of peer comparison to identify children's delays and difficulties in SLC, the range of tools used by practitioners to monitor children's progress was wider in specialist than mainstream settings. The EYFS (DfE, 2012, 2014) was found to be less effective for identifying, assessing or supporting children's needs if they were severe or complex. Nevertheless, the EYFS (DfE, 2012, 2014) was the only tool used in five out of seven mainstream settings. Four practitioners also used learning journeys aligned with the EYFS (DfE, 2012, 2014) to monitor children's progress, whilst in two others specialist materials such as *Derbyshire* SLT assessment (Knowles and Masidlover, 1982) and *Language Link* (Speech Multimedia Ltd and Cambridge University, 2004) and the *Early Support* materials (DfES, 2004c) were utilised.

In specialist settings, a wide range of tools was used including the LA EYFS pathway profile (WCC, n.d.) for three practitioners and an early years language unit profile developed by one employed by (*ICAN*). Additional standardised norm-referenced specialist tools and assessment tests were mentioned by specialist practitioners in interview, included *Derbyshire* (Knowles and Masidlover, 1982) and *Reynell SLT Scales* (Edwards, Letts and Sinka, 2011), *P Scales* (QCA, 2001) and *B-Squared* (B-Squared, n.d.), *British Picture Vocabulary Scale* (GL

Assessment, n.d.) and *Language Link* (Speech Multimedia Ltd and Cambridge University, 2004). Specialist practitioners stressed that these additional tools allowed a more detailed and fine-grained assessment to be made of children's learning and progress than the EYFS (DfE, 2012, 2014) allowed.

Given the difference in the nature and severity of SLCN between mainstream and specialist settings, this appeared to be appropriate. Whilst mainstream practitioners were able to utilise the ELGs to monitor children's progress over time successfully, specialist practitioners required tools that segmented development into small steps, so that small improvements in progress consistent with severe and complex SEND could be recorded:

> It's expected that children typically follow one step after another, they might miss a step out but then they'll come back to it. For our children, it's [developmentally] more lateral. They'll hit a plateau and stay there for a long time. They're still making progress within their range of capabilities, but you can't record that because it's not easy to show on mainstream assessment records. (teacher in a specialist PS special school)

11.4.2 Organisation of staff

Adult-to-child ratios in settings were guided by the EYFS (DfE, 2012, 2014) as noted by practitioners in interview. Therefore settings with the youngest children (for example, child-1) had more adults available to interact with children. In specialist settings as would be expected, there were more adults to support individual children and in some cases (child-8 and child-9) to support children's higher levels of need for personal care and hygiene. This meant that the youngest children and those with the most severe and complex SLCN had more adults available to interact with and spend time in activity periods with joint-attention as suggested by Siraj-Blatchford *et al*., (2002) and Trevarthen (2001; 2004) to be necessary for social and emotional and SLC development.

For older children with mild to moderate SLCN, there were fewer adults to interact with, however, there were high levels of peer interaction dependent on the particular activities children engaged in.

11.4.3 Grouping of children

LG activities were most likely to be planned for children in mainstream settings. For two children in particular (child-3 and child-5), over a third of their time (45 and 43 minutes respectively out of a 120-minute sample) was occupied with LG activities, 25 and 6 minutes respectively in SG activities, and 10 and 9 minutes in one-to-one activities with an adult. For other children in mainstream settings, the balance between LG and SG activities was more even, although child-1 and child-2 did not spend any time engaged in one-to-one activities with adults. Whilst LG activities such as story-time provided opportunities for children to develop listening skills and hear adults using language, opportunities for children to use language were greater in SG activities, therefore a balance between the two seemed more beneficial for the promotion of SLC.

This contrasted with specialist settings where children were most likely to spend their time engaged in SG activities or in one-to-one activities with an adult. The exception to this was child-4 whose time spent in SG and LG activities was more evenly balanced. The higher number of adults available in specialist settings and small class sizes facilitated SG opportunities which were, on the whole, more closely matched to children's developmental stage.

11.4.4 Activities planned for children

The EYFS (DfE, 2012: 6) advised that each area of learning and development should be implemented through planned, purposeful play and through a mix of adult-led and child-initiated activity, and that the balance should move towards more adult-led activities as children matured in readiness for school.

Observational findings revealed a wide range of activities offered to children in the mainstream and specialist settings to support different types of play, social interaction, learning and development. In addition there was a balance between adult-led and child-initiated free-play activities in four out of seven mainstream settings and one out of four specialist settings.

The balance between adult-led and free-play activities was in some cases associated with children's ages, for example child-1 and child-2 (the two youngest children) spent 105 and 86 minutes respectively out of 120-minute sample engaged in free-play activities. However, for other children it was not. For example, child-3 who was the third youngest child spent 80 out of a 120-minute sample in adult-led activities, over half of which were LG activities. The SENCO from the setting commented in interview on the difficulty of planning SG activities or activities that were more closely matched to children's age or stage of development, as the setting was located in a large community hall with only one room to accommodate all children aged two to five years. Observational findings confirmed that child-3 participated passively in LG activities and appeared to need additional visual and gestural cues to augment verbal instructions and requests.

Moreover, for children in specialist settings the balance between adult-led and child-initiated activities was more varied and there appeared to be no association with children's age, as the eldest child (child-9) spent 88 out of 120-minute sample engaged in free-play activities,

whereas in contrast to this, child-8 who was of a similar age to child-9 spent 98 out of a 120-minute sample engaged in adult-led activities. Therefore it appeared that the balance between adult-led and free-play activities available for children was related to practitioners' own values, perceptions and beliefs about children's SLCN, the most effective way to support them in the particular context, and with the resources available. Furthermore, adult-led activities could be 'playful' in nature as practitioners who supported child-8 were observed to utilise 'playful' and animated voices and props such as colourful wigs to engage children's interest and motivation to communicate. This suggested that practitioners' individual pedagogical interactional styles needed to be considered as well as the type of activities planned for children. As noted by Evangelou *et al*., (2009: 4) the best supportive contexts for early learning and development focus on play interaction and relationships, "especially the ways it can be enriched by guiding, planning and resourcing on the part of the staff in the settings."

The type of adult-led activities organised and planned for children varied between mainstream and specialist settings. In most mainstream settings, activities were available for the whole session (with the exception of the private day nursery and the maintained nursery). These involved a range of teaching aims and goals. In specialist settings, activities were of short duration, frequently changed, were targeted at promoting particular aspects of SLC or social and emotional development and involved an intensively interactionist role for the adult. They were also more closely matched to children's stage of development, though not necessarily contextualised. They could also be skills focussed and unrelated to the child's current interests and concerns. In mainstream settings tasks were aligned with the EYFS ELGs predominantly focused on language, social-emotional and motor activities (the prime areas of learning), whilst in specialist settings tasks were as closely as possible to children's

individual SLCN. At the same time, practitioners were mindful of the impact of SLCN on socio-emotional development, as indicated in their interview responses.

In specialist settings, there appeared to be a concentrated focus on SLC, whilst in mainstream settings activities were planned for the broader development in all areas of learning which included SLC. Whilst children with less severe and complex SLCN attending mainstream settings enjoyed considerable freedom, choice and the opportunity to engage in social interaction with peers, for some children it meant long periods of time engaged in solitary play, such as child-2 who spent 47 minutes out of a 120-minute sample playing alone.

This highlighted the difficulty for practitioners in planning an appropriate balance between adult-led and free-play activities to meet the needs of all children in their care, when some children would be developing within a normal variation of expected outcomes and others would be experiencing delays and difficulties in SLC along a continuum from mild to severe and complex that required more intensive adult support.

11.4.5 Instructional strategies

Strategies reported in interview to be used in mainstream and specialist settings included the use of AAC, adult modelling, attunement to the individual child's level of understanding, one-to-one support (mainstream and specialist practitioners) and 'intensive interaction' (specialist practitioners). In addition, the skills that children in specialist settings were learning included some pre-linguistic skills such as motivating to communicate, taking turns and expressing needs, whereas for children in mainstream settings, with the exception of child-6, these skills were already established to varying degrees of competency.

From observation, the use of AAC was employed extensively by all specialist settings and minimally in one mainstream setting (the maintained nursery). The use of one-to-one support for SLCN was observed in two mainstream settings (child-6 and child-7) and all specialist settings. Adult modelling was observed to varying degrees in all settings but was much more intensively used in specialist settings and minimally in mainstream settings, for example child-3 and child-7. There was some use of 'intensive interaction' (Hewitt and Nind, 2003), as child-8 and child-9 were observed to participate in withdrawal sessions on trampolines which provided an enjoyable yet sustained interactional sequence between the interactional partner and young learner. This context was enabling as it allowed for contingent responses to children's action that were attuned to the individual child.

Interestingly, AAC was not observed to be used for child-3 to support EAL, even though a number of children in the setting were reported to have EAL. Whilst a visual timetable was observed to be used at the beginning of one session to indicate to children what they would be doing, it was subsequently put away so the children were not able to refer to it throughout the session. However, there was a high degree of adult demonstration and modelling during structured activities beneficial to a child with EAL.

There was, therefore, some consistency between practitioner reports and observed practice in the use of AAC and one-to-one support in specialist settings, the use of adult modelling and some evidence of 'intensive interaction.' There was also some discrepancy between reported and observed practice. This included the reported use of AAC in mainstream settings, which was not observed to be utilised even though it might have been effective for some children such as child-1, child-2 and child-3 to aid their comprehension of instructions and requests and to enable them to respond when their speech and language competency was still at the early stage of development.

Observation revealed that in three specialist settings (for child-4, child-6 and child-9) and to some extent for child-8, there was a focus on a skills-based teaching approach where children were expected to learn particular skills through intensive adult teaching and drilling that lacked intrinsic meaning to the child. This could also be observed for child-7 in the mainstream maintained nursery. In contrast, most mainstream practitioners appeared to rely mainly on everyday incidental occurrences and peer-peer interaction to promote SLC in context. The skill lay in responding to individual needs and recognising language learning is not a skill that is taught but culturally learned in a social context.

11.5 How do young children respond to this practice?

The wide variation in the organisation of staff, grouping of children, activities planned for them, together with a range of practitioner instructional strategies impacted on the type of communicative interactions that occurred between adults and children and children and their peers.

Adult-led structured activities resulted in fewer child-initiated interactions and conversely free-play activities resulted in an increased number of child-initiated interactions for the majority of children, with the exception of child-8 who initiated more interactions with adults and peers during structured than unstructured activities.

Two children in particular in mainstream settings (child-1 and child-3) responded passively to adult-led activities during which child-1 initiated only two interactions and child-3 none at all. In contrast, during free-play child-1 initiated 9 interactions and child-3 initiated 12. A similar interactional pattern was observed in specialist settings for child-4 and child-9 who

initiated only 2 interactions each during structured activities in comparison to 11 (child-4) and 7 (child-9) for unstructured tasks.

Furthermore, when engaged in free-play activities, children had opportunities to interact in the context of everyday activities that interested and were chosen by them, such as the natural world and domestic animals.

Children in combined placements responded differently in each setting according to the distinctive characteristics of those settings. Therefore, whilst child-4 and child-6 initiated a similar number of interactions in their mainstream setting during structured activities as their specialist setting, during unstructured activities they both initiated more interactions in their mainstream setting than in the specialist context. Furthermore, child-6 in particular was observed to utilise AAC to express hygiene needs and respond to adult questions related to food choices in his specialist setting, providing him with a wider repertoire of communication strategies than was observed to be available to him in his mainstream setting.

However, the nature of the verbal interactions also needed to be considered. As noted above Child-6, for example, made more comments during unstructured activities in his mainstream setting than his specialist setting (24 in mainstream; 17 in specialist), in his specialist setting two of these being 'self-talk' comments made to himself. By contrast, in his mainstream setting 15 comments were made to himself in the observation episode. The benefit of children talking aloud to themselves, or using private speech, has been by noted Vygotsky (1978) as a means for children to self-regulate their emotions, internalise speech heard from adults, promote thought processes and rehearse social speech. This study has highlighted the particular benefits to children with SLCN.

Participating in two settings therefore appeared to provide a balanced experience for children with SLCN (such as child-6). It allowed them to benefit from intense adult-interactive pedagogical instruction matched to language needs and form friendships in specialist settings, whilst also providing opportunities to interact with normally developing peers and use private speech (Vygotsky, 1978) in mainstream settings.

Private speech was observed to be used by other children in both mainstream and specialist settings, particularly during unstructured activities. Child-8 was the exception by not being observed to utilise private speech, probably due to his overall limited use of speech. In all observed cases, private speech was used in a social context as target children played alongside but not collaboratively with other children. Children's self-comments were attended to only by themselves, as if they were rehearsing phrases for later use with others. The similarity between this and the silent period referred to by Tabors (1997) and Drury (2007), where children with EAL spend time in silent rehearsal or self-commentary, was interesting to note. Children learn from practising what they know and through turning their experience, in this case pre-school experience, into personal meaning.

From the parents' perspective, in interview, parents reported that their children's SLC had progressed since they had started at their early years setting providing some evidence that practitioners' instructional strategies were effective and development advanced. Children's early delays were marked by slow yet continued progression in most cases, that contrasted with an earlier period of regression at around fifteen months where most children would experience a 'language explosion' (Bates *et al.,* 2003) reported by four parents (child-2, child-3, child-5 and child-9). The likely implications for children of these early delays and difficulties in relation to their progress in language and literacy as they approached formal education demanded consideration. Findings of Snowling *et al*., (2011) indicated that

language and literacy at the age of five-years-old were influential in children's later scholastic success. For children who experienced persistent hearing loss (for example, child-6), the likely long-term effect on their phonemic awareness and sound discrimination, as identified by Goswami *et al.,* (2002) also bears attention. For the children in this study, their slow development of language skills, their vocabulary and phonological awareness would be likely to influence their later development of reading (Hart and Risley, 2995; Goswami, 2001).

11.6 Review of the research design

11.6.1. The Bioecological model

The bioecological model (Bronfenbrenner, 1979; 1993) was used as a theoretical lens and tool to structure this thesis which allowed an examination of the policy-to-practice context of early SLC through the nested social and cultural contexts or 'life spaces' that children inhabited. This ensured consideration of the way in which policy intentions and requirements at the macrosystem level through the LA level (or exosystem) where policy is reinterpreted, to the influence of the contexts where young children spend most of their time at the micro level such as the home environment and early years setting. The linkages or interactions between microcontexts such as home and early years settings or between two early years settings at the mesosystem level were also considered as well as changes over time at the chronocontext.

Most interesting was Bronfenbrenner's (1992) acknowledgement that the evaluations of a child's competence by members of that child's culture, which were inevitably judged from their own perspective, was a key element for understanding the developmental status

achieved by particular children or groups of children. Therefore, in this study practitioners' constructions and evaluations of young children's developing SLC were influenced by their own professional values, knowledge and experience. This in turn was influenced by their constructed meanings and reconstructions of local and national policy text and consensual understanding reached through discussion with other professionals and parents.

Bronfenbrenner (1992) further argued that both contextual and acontextual assessment (such as SLTs assessments undertaken in clinics) were important in the scientific understanding of development as the interaction between the two illuminated the different meanings that people in different social roles and contexts gave weight in different aspects of development within different cultural contexts. For example, parents might want their child to learn to interact socially with siblings and family members, whilst educators might want children to learn to become successful communicators as a foundation upon which to build later literacy skills.

Bronfenbrenner (1992) stressed that the interpretation of developmental studies must give consideration to the environmental contexts, that is the cultures and subcultures that a child both grew up and lived in, which might be different. For example, a child might attend a school where their language was a minority language, whereas in their local neighbourhood community it might be the only or majority language, as was the case for child-3 in this study. Although he did not define these terms prescriptively, Bronfenbrenner included them within the macrosystem social structures of an environment such as nationality, ethnicity, class and religion, region as well as community and neighbourhood. In other words, children's social behaviour was not constant across time and different social spaces, but a function of different contexts, both proximal and remote.

If a child grew up in a minority immigrant family, s/he would experience more than one subculture, for example, the subculture of the majority culture in which s/he was being raised

and that of their own cultural heritage in which they lived. Children learn the language and culture of their community. Across language groups, they use language to link them to people, values and practices of the culture concerned.

Furthermore the assessment and interpretation of children's social behaviour and SLC needed to take account of perspectives from different 'actors' involved, who differed in their relationship towards the child. This would allow a systematic comparison of different narratives such as those from parents, educators and special educators. Studies that acknowledged this, he argued, were only just emerging in the field of bioecological theory (Bronfenbrenner, 1992) making this study distinctive in its incorporating of macro to micro levels of analyses or policy-to-practice observations of children's interactions and responses to adult behaviour in different microsystems.

The researcher's position as an early years practitioner provided, to a degree, an insider perspective as well as an outsider observing the processes of and participating in the social experiences of the distinctive socio-cultural contexts of individual early years settings that took part in the study.

The strengths and limitations of utilising the bioecological model to design research were discussed in chapter three. Whilst the model had the potential to represent the real worlds of children's lives by exploring their interactions within the microcontext of their natural environments such as the home environment and early years settings, Murray Thomas (2004) noted that it was difficult to determine where the influence of one environment ended and another began. Hence, this study attempted to penetrate the real words of early years settings, their interactions, activities and social groupings.

Bronfenbenner (1979) argued for policy and research in relation to children's learning and development to inform each other. However, although he acknowledged that the process of development was affected by the larger (or macro) contexts in which the microcontexts were

317

embedded, he mapped out in more detail the influence of microcontexts in his model (Lerner, 2005). For this study, the re-interpretation by practitioners of national and LA policy in enacting their pedagogical roles to identify, assess and support children's SLCN as early as possible required an intense focus on children's experiences and communicative interactions at the microcontext within the varying contexts of early years settings. At the same time the influence of government policy at the macro level as well as LA initiatives at the exo level led to multiple constructed realities at the local or microsystem level that it was attempted to access through the reported views of practitioners surveyed and interviewed.

Finally, Bronfenbrenner (1993) acknowledged the significance of the chronocontext that constituted developmental changes over the children's life course uncovered from parental interviews as well as changes in early years and SEND policy over time examined in chapter two. Employing Bronfenbrenner's framework enabled a distinctive model of bioecology for SLCN for birth to five years in the exosystem context of one LA in England to be conceptualised as shown in figure 11.1.

However, utilising the model has provided challenges as well as opportunities. The model was acknowledged by Bronfenbrenner (1993) to rely on the discipline of psychology to interpret research findings and understand human behaviour and social interactions. Whilst this study lies at the intersection of the interrelated disciplines of psychology, education, psycho-and socio-linguistics and crosses the professional boundaries of health, care and education, it is nevertheless an early years care and education study that relied on the collective constructions and reconstructions of early years practitioners working with children, parents and LA personnel. The model has proved more useful as a tool to examine the social interactions and understandings, meanings and reconstructions of participants at the microsystem level, the interactions between them at the mesocontext level and the LA influence at the exo level than at the wider level of beliefs, cultural values and required

practices that are inherent within the broader macrosystem context as well as its relationship

to the micro, meso and exosystem levels.
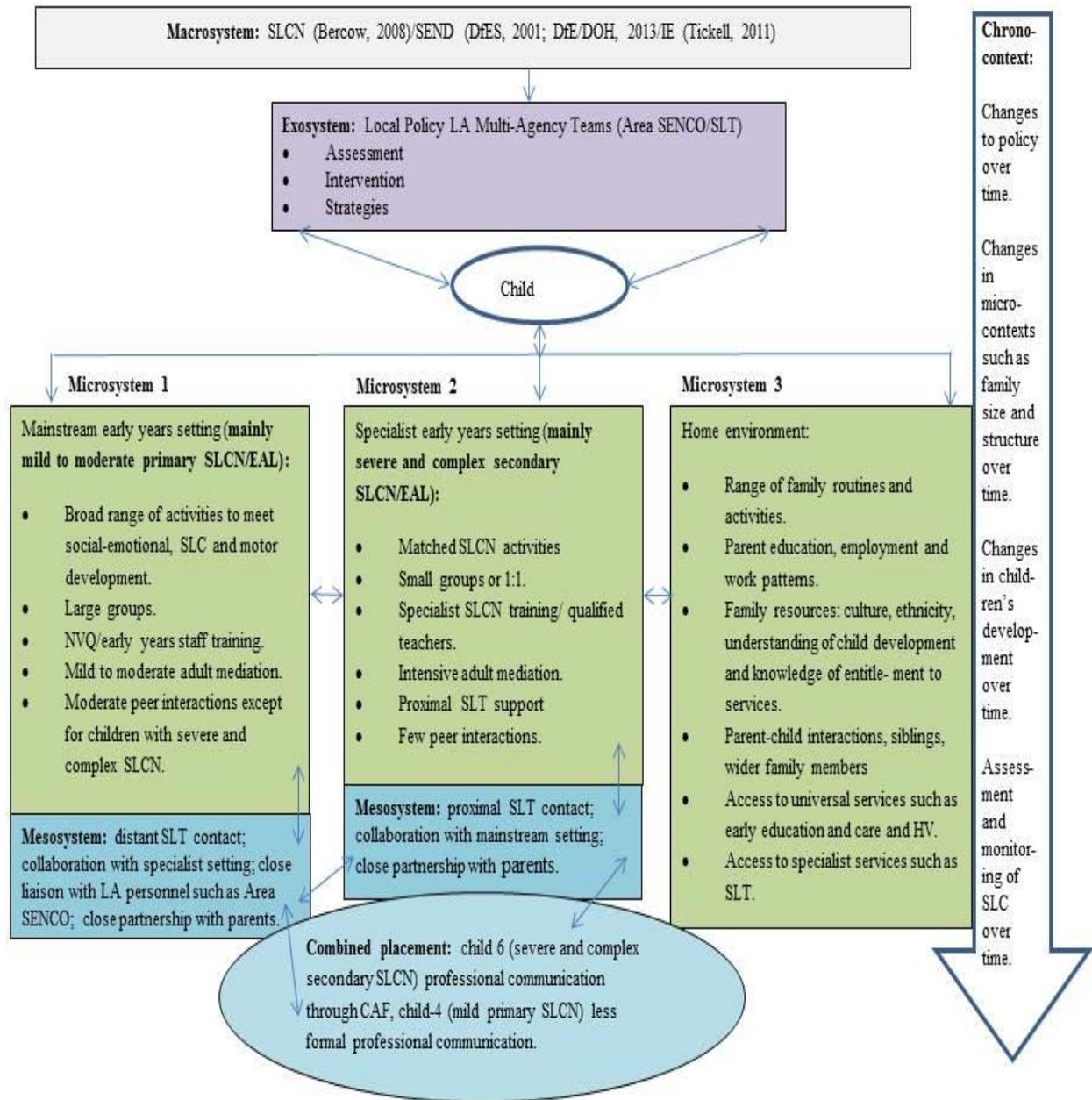
Figure 11.1 Bioecology of SLCN for birth to five years

Nevertheless, the dimensions that Bronfenbrenner (1979; 1993) described within the microsystems to be influential in children's development such as people's roles, relationships, resources and children's interaction with semiotic symbols were shown in this study to have implications for children's communicative exchanges, especially where children attended two different early years settings such as child-6. The chronocontext was shown to be important in relation to the ongoing monitoring and assessment of children's progress by practitioners over time to identify delays and difficulties in the acquisition of SLC at the micro level, as well as change and development at policy at the macro level.

11.6.2 Research approach

This study was an investigation of a contemporary phenomenon within its real-life national policy and LA context (Yin, 2009). A case study design with largely interpretive mixed-methods approach allowed the researcher to capture the views and perceptions of the related 'actors' involved in the policy-to-practice context of SLCN, such as early years practitioners, parents, other professionals and the LA, as well as the formal and informal communication between them.

11.6.3 Reliability, validity and trustworthiness

Chapter four described the mixed methods of data collection to be utilised within this interpretive case study that relied on surveying, interviewing, observation and analysis of existing policy texts. To address the reliability, validity and trustworthiness of data collection, analysis and reporting, triangulation of data sources (among survey, interview, observation and its policy document analysis) was therefore an important aspect of the research design and trustworthiness (Denscombe, 2007).

11.6.2 a) Reliability and validity

To improve survey reliability participants involved in the survey were provided with a definition of SLCN to increase the likelihood of a common response as shown in Appendix A. In addition survey responses could be completed anonymously. The questionnaire and interview questions were piloted to allow ambiguities to be identified as suggested by Stake (1995). Where questions were ambiguous or overlapped, they were re-phrased or removed. This increased reliability of the questionnaire and interview schedules used.

The structured observation schedule has been utilised within significant previous early years studies, providing reliability and the researcher trialled its use in two early years settings in order to ensure that it effectively administered and captured social and communicative interactions as appropriate to the study (Sylva *et al*., 2004; Siraj-Blatchford *et al.,* 2002).

Research participants were provided the opportunity to validate transcripts of interviews in order to ensure accuracy and early findings were shared with practitioners to check that they were an accurate reflection of their experiences. Central to this study was intersubjective agreement so it was important to ensure this was reached through sharing with them the constructed conversations that emerged.

Research questions were used as a guide for analysis and data were examined and assigned to appropriate *a priori* categories accordingly. Common and consensual themes were identified and categories further sub-divided exposing discrepant themes which were also reported. This reduced bias and ensured that all data were treated consistently. Once research questions had been addressed data were further examined to identify additional emergent themes, issues and surprises.

11.6.2 b) Trustworthiness

Guba and Lincoln (2005) posit that trustworthiness of a study is important to evaluating its worth. Trustworthiness involved establishing:

- Credibility - confidence in the 'truth' of the findings;

- Transferability - showing that the findings have applicability in other contexts;

- Dependability - showing that the findings are consistent and could be repeated;

- Confirmability - a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest.

To address these criteria in this study, an audit trail provided a transparent description of the research steps taken from the start of the study to the development and reporting of findings including the raw data; data reduction and analysis, data reconstruction and synthesis; process notes relating to methodology and trustworthiness; materials relating to intentions and dispositions such as the researcher's reflexive diary and the inquiry proposal and instrument development information such as pilot questionnaires and interview schedules (Guba and Lincoln, 2005).

Trustworthiness was further ensured by the researcher's prolonged presence in each of the early years settings to ensure that she was familiar with the context of the setting and roles, routines and interpersonal relationships within them. A total of 121 hours of observations was undertaken across eleven early years settings over a period of one year. This not only allowed the researcher to gain competence and proficiency in utilising the observation tool and become familiar with the settings and participants, but also provided observation samples from a wide variety of activities and contexts such as indoor and outdoor play, therapy sessions and adult-direct and child-initiated activities. The distribution of hours was not even across the eleven sites. This was due to the constraints of individual settings and children's

participation in them. For example, child-4 attended her specialist settings for two hours per week and the setting was small in size which made the researcher's presence intrusive. Therefore an agreement was reached that the researcher would only attend for observation purposes twice. Visits were therefore spaced and time-limited. In her mainstream setting only one visit was made for observation purposes as child-4 appeared to be more conscious of the researchers presence, possibly due to the majority of her experience of being closely observed having taken place in her specialist setting where it was common for practitioners from other settings to observe practice in order to transfer knowledge about appropriate strategies. A similar situation occurred for child-6 in his specialist setting; therefore the researcher's presence was limited to two visits of two hours duration each, whilst in his mainstream setting the researcher was able to visit on three occasions of three hours each.

A further example of the importance given to trustworthiness was the opportunities sought for peer review. The study findings have been reviewed and published by:

- the Association for the Professional Development of Early Years Educators (TACTYC) (Blackburn, 2012);

- the National Association for Language Development in the Curriculum (NALDIC) (Blackburn and Aubrey, 2012).

The findings have also been presented at a number of educational research, early years and EAL conferences:

- the Association for the Professional Development of Early Years Educators (Blackburn and Aubrey, 2011);

- the National Association for Language Development in the Curriculum (Blackburn 2011; Blackburn, 2012);

- the British Early Childhood Research Association (Blackburn, 2013);

- the British Educational Research Association (Blackburn, 2013).

Participants had the opportunity to question the researcher about research design, methodology and findings. A research paper based on the study has now been presented at a major international congress on Early Childhood Intervention (Blackburn, 2014). There has been considerable interest in the research findings from audiences. Early years lecturers and practitioners alike have noted the difficulty of accurate early identification and assessment, particularly for children with EAL, without specialist help, for which there can be long waiting periods. Frequent and ongoing discussions with, and interrogation by the Director of Studies have provided further scrutiny of the findings.

11.6.4 Limitations of the study

This study was small-scale in nature with limited time and financial resources, employing a single researcher. Although the questionnaire was mailed to over 900 early years settings who were registered with the LA the low return rate of 7% from survey responses was disappointing, however, a wide range of early years settings were represented in the responses obtained. In addition to mailing the questionnaire to early years settings, the LA reminded them about the study via their routine communication with settings as suggested by Mroz and Hall (2003). The low response rate may have been a result of the high number of initiatives organised by the LA that involved early years settings (as reported by practitioners in this study) and practitioners' responsibilities to children and families that limit time available for involvement in research studies. However, the sample yielded a diversity of the population of families and early years settings within the LA and the sample was further boosted where necessary by purposely seeking two additional specialist settings to ensure maximal variation.

The case study sites therefore offered a maximal variation sample of early years settings including mainstream and specialist settings and children from diverse socio-economic and socio-cultural backgrounds. The researcher also endeavoured to include a maximal variation sample which included a range of areas within one LA (north, south, middle) which supported a diverse range of children and families. As the study included a small sample of case sites, the possibility of extrapolation or generalisation will be limited to naturalistic generalisation that is based on vicarious experience (Stake, 200). In other words, 'the final judgment in relation to the possibility of generalisation of the findings is "vested in the person seeking to make the transfer" (Lincoln and Guba, 1985:217). The greatest possibility of generalising the findings from this study is likely to occur where there is a high degree of similarity between the participants and contexts of future studies and this one.

The child participants involved in the study had diverse difficulties from mild to severe and complex, some of which were primary SLCN and others secondary to neurodevelopmental delays such as autism or CP in line with Bercow's Report (2008) definition. In addition one child had EAL and another had SLCN that was secondary to autism as well as EAL. The inclusion of children with EAL within the study was considered important due to the reported conflation of characteristics between EAL and SEND reported by Dockrell *et al.,* (2012). However, despite the associations between poverty and SLC (Hart and Risley (1976, 2003); Sylva *et al.,* 2004; Bercow, 2008; Field, 2010; Roulstone *et al.*, 2010; Dockrell *et al.,* 2012), only one child within the study (child-8) was reported to experience conditions of poverty and a chaotic home environment. Nevertheless, the study arguably included an optimum sample for exploration of possible causes of delays and difficulties in the acquisition of SLC.

At the LA or exo level, as the services of health professionals such as HVs and SLTs have been reported by practitioners and parents, it would have been beneficial to include the

perspectives of health professionals within the study. An attempt was made by the researcher to accomplish this, however, this proved to be prohibitive due to the lengthy and complex process of health practitioners obtaining ethical clearance to discuss individual children with the researcher.

Although the study related to the acquisition of SLC in the first five years, the age range of child participants was between two years three months and five years two months. Therefore the earliest social interactions between caregiver (that is practitioner) and child in the first two years of life were not observed within early years settings. However the developmental age of child participants was wide and varied and parents' life history reports about early social interactions were recorded.

11.7 Implications of the study

Policy documents are produced by government on the basis of production, contestation and compromise in manifestos, political ideologies and expert reports. Successful implementation relies on the skills and qualifications of early years practitioners to work with children, families and other professionals, as the quality of early years provision is integrated with the qualifications of practitioners (Sylva *et al*., 2004).

The study suggests that whilst children with severe and complex SLCN received specialist early years provision and considerable support from SLTs, this was not the case for children with mild to moderate and therefore less easily recognisable SLCN with the exception of child-4. Although children with mild to moderate SLCN and EAL had some access to specialist services, it was not comparable to that offered to children with severe and complex SLCN. Although this seemed appropriate, it raised the question of how those children at risk

from developing SEND might have their developmental trajectory optimised given the importance of development in the first three years of life stressed by Field (2010); Marmot (2010); and Allen (2011).

11.7.1 Using the bioecological model as a tool

Using the Bronfenbrenner model as person-process-context-time model to understand the phenomenon of early identification, assessment and support of SLCN revealed that the processes and structures within early years settings such as the size of settings, age ranges of children, grouping of children, activities provided for them and adult pedagogical interactions impacted on children's communicative interactions with others, adults and peers. However, the process of interpretation and re-construction of policy within settings was more difficult to identify, given the wide range of tools and programmes utilised by practitioners and the variable level of support of other professionals.

11.7.2 Government policy or macrosystem

Government policy over the period examined has focused on the early years in order to reduce the number of vulnerable children and address wider issues of social inequality. The association between impoverished environments and SLCN has been demonstrated in policy reports and independent reviews, as have the benefits of language-rich environments and early social interaction for children's socio-emotional and SLC development (Bercow, 2008; Field, 2010; Marmot, 2010; Munro, 2011; Allen, 2011; Roulstone *et al*., 2010; Dockrell *et al*., 2012).

11.7.3 LA or exosystem

SLCN as observed in this study varied in nature, intensity and onset. Most children had been identified by professionals or parents as having a difficulty by the age of two years six months. This suggests that the education and health check required to take place at approximately two to two years six months is appropriate. The *Children and Families Act* (*Children and Families Act* (DfE/Department for Business, Innovation and Skills/DWP/DOH and Ministry of Justice, 2014)) will serve to strengthen support for children with more severe difficulties. However, the reduction in LA services at the exo level may threaten the prescribed and important extra support by Area SENCOS, EPs and SLTs for mainstream practitioners who support children with mild to moderate SLCN.

11.7.4 Home and mainstream/specialist early years setting or microsystem

At the microcontext of the home environment, parents appeared to be supportive, were realistic in their expectations for children and sought professional help for their children when needed.

At the microcontext of early years practice, both specialist and mainstream practitioners would benefit from developing a wider range of strategies and support resources for EAL, especially with regard to AAC (for example signs and widgets), for parents and children. These could profitably be used more extensively in mainstream settings.

Mainstream practitioners would benefit from gaining a more detailed knowledge of normal or typical patterns of language development, especially the early stages related to attunement, relationship-building and turn-taking. Specialists practitioners might benefit from considering building and developing a social contextual dimension into planned intensive one-to-one SLC

activities so children have the opportunity not only practise new skills, but also to apply them in a socially appropriate situation with the benefit of adult scaffolding as described by Bruner (1983). Children learn language through incidental rather than didactic learning opportunities. Early years practitioners were observed to be fulfilling their role of assessing, monitoring and identifying problems with children SLC competently. Specialist and mainstream placements complement one another, although the wide variation in adult-led/child-initiated play within and across groups was surprising since this was found to have a strong influence on the amount and quality of adult and child-initiated talk. This served to reinforce the view that children with delays and deviance need time in a social context to rehearse speech as well as to observe, listen to and imitate known figures in familiar contexts (Vygotsky, 1978; Drury, 2007). Specialist settings were able to plan very intensive and closely matched tasks that can become de-contextualised and thus become skill-and-drill in nature. Mainstream settings were able to build on incidental activities and familiar social contexts providing contextualised SLC and behavioural models. Language learning for young children, as noted above, is not a skill but a culturally learned behaviour created through patterns of action and interaction in a specific social context (Bruner, 1983). Talking to young children, about the things that the caregiver and child do together with objects (to create joint attention), simplifying sequences of actions that can be talked about and later repeated by the child is a foundational step in language development (and development of intersubjectivity) (Bruner, 1983).

11.7.5 Policy-to-practice or macro-to-micro

The challenge remains as to the most effective manner in which a shared vision of EI strategies could be achieved between the interested stakeholders or 'actors' who play a

central role in the social construction of SLCN, including early years practitioners, SLTs, HVs and LA personnel, This calls for a clarification of roles/relationships, distinguishing responsibilities. Specific questions to address include:

- how is interdependence to be achieved of practitioners within mainstream and specialist settings?
- how is the sharing of relevant information/knowledge to be achieved?
- who is best placed to co-ordinate this process?

These questions can best be answered by considering a further set of associated and inter-related questions such as:

- who has knowledge about SLC and child development?
- who has pedagogic expertise to support SLCN?
- what support can be realistically invested from the LA in light of austerity measures and economic crises?
- how can a functioning multi-agency team for the purposes of knowledge advancement be achieved?

Boundary crossing between professions occurs within the CAF (DCSF, 2006) which enhances the capacity for sharing information and strategies. The *Children and Families Act* (DfE/Department for Business, Innovation and Skills/DWP/DOH and Ministry of Justice, 2014) and the Draft SEN CoP (DfE/DOH, 2013) have called for joint training and professional development which might improve consistency in professional responses to parents in relation to an appropriate age at which to intervene, as well as improving professional communication and shared meanings of SLCN.

Meanwhile, the EYFS (DfE, 2012, 2014) combined with the early years outcomes (DfE, 2013d) and, for children with or at risk for SEND, the CAF (DCSF, 2006) and *Early Support Materials* (DfES, 2004c) do provide a common language for all professionals involved in the care and education of young children aged birth to five.

11.8 Future Research

The questions above suggest that there is more research to be done in the field of early problems with SLCN. An identified limitation of the present study has been its small-scale nature. Yet, at the same time, given the heterogeneous nature of SLCN in the group of children concerned, large-scale research is not necessarily illuminative and for the purposes of analysis no assumptions of normality of the group whether large or small can be made. Some of the children in the study clearly had severe and long-term disability for which SLCN was only one manifestation of broader global delays in development. For this reason, future research might profitably focus on promoting learning and play activities for 'at risk' children with SLCN for whom EI has a significant role to play in affording a better start at school and reducing the risk of later SEND.

It was not possible in this study to judge the effectiveness of the case settings observed or say that one setting (special or mainstream) was better than another in terms of potential social or cognitive outcomes. It is likely, however, that there were variations in the quality of settings. Sylva *et al.,* (2004) for instance, demonstrated with pre-school children with SEN involved in the EPPE study, that the better the quality of early years provision the more likely children were to move out of the 'at risk' category.

Interestingly, variations in cognitive outcomes in the EPPE study were associated with quality in terms of positive relationships, adult-child interactions, higher qualifications of the setting manager and high staff-child ratios. Accordingly, future research might well focus on single-case design for individual children from the point of identification of SLCN. This would allow fine-grained mapping of progress over the pre-school years and into school against positive relationships and interactions. Already established by this study are key caregiver and child relationships and interactions, but the study also revealed the complex and diverse processes of relationships and interactions between peers as well as more solitary 'self' talk', the effects of which could be followed more systematically through the pre-school development of the individual child. Naturalistic observations in themselves cannot establish causation. Observations repeated over time, however, with different children in different conditions may be the next stage. This may lead in time to the identification of associations between children's SLC development and significant aspects of the everyday contexts in which they play, learn and talk, especially where observation of adult-child, chid-adult and child-child interactions is combined by repeated measures of progress in verbal skills over time . For children at the lower end of SLC attainment at entry to pre-school, high-quality provision may be the best EI to reduce risk of difficulty at school entry.

11.9 Conclusion

This chapter has drawn together the findings from the mixed-methods study in order to answer the research questions which it has done in the context of the macro-to-micro or policy-to-practice context. It has been carried out within a broadly constructivist approach to

development (Rogoff, 2003) and draws on an interactionist tradition that regards development as located in nested social contexts (Bronfenbrenner, 1979).

It has highlighted the difficult and subjective nature of early identification and assessment and the wide variation in children's early experiences, social interaction, SLC, socio-economic and socio-cultural environments.

The appropriateness of requiring generalist practitioners to undertake specialist roles with reported reductions in support from other professionals remains an overarching challenge for policy makers to address. However, if problems are not identified early then later problems with communication, language and literacy skills and other areas of the curriculum, accompanied by poor self-esteem and motivation to learn were anticipated by practitioners in this study and other research (for example, Bercow Report, 2008). Whilst the study has focused on learning and competence in SLC, it has been beyond its scope to extend to consideration of broader literacy development.

EI has been reported to be instrumental in reducing the likelihood of poor educational outcomes, psychological problems and mental ill-health and, in some cases, a descent into criminality in adolescence and adulthood. However, early identification of problems requires observation over time with children with milder delays being identified later than the second year of life suggested by Bercow Report (2008). Children can make satisfactory progress when provided with the right specialist support and resources in mainstream early care and education alongside their typically developing peers, as shown by the case of child-6. All children could benefit from:

> … an unbreakable determination to seize the opportunity that this review
> offers to help some of our most vulnerable children and young people.
> (Bercow Report, 2008: 64)

Agreement as to how to achieve the aims established within the Bercow Report (2008) to ensure effective EI for all children needs to be fully understood and acted upon. A shared understanding of early SLC development across professional groups is a necessary pre-requisite to achieving this.

References

Adebe, T. (2009) 'Multiple methods, complex dilemmas: negotiating socio-ethical spaces in participatory research with disadvantaged children', *Children's Geographies,* 7, 4: pp 451-465

Adelman, C., D. Jenkins, and S. Kemmis. (1980) Rethinking case study: notes from the second Cambridge conference. In H.Simons (Eds) *Towards a Science of the Singular*. Center for Applied Research in Education, University of East Anglia, pp 45-61

Ainsworth, M.D.S., Blehar, M.C., Waters, E. and Walls, S. (1978) *Patterns of Attachment: A psychological study of the strange situation.* Hillsdale, NJ: Erlbaum Associates

Alderson, P. and Morrow, V. (2011) *The Ethics of Research with Children and Young People:* A Practical Handbook London: Sage

Alderson, P. (2004) Ethics in Fraser, S., Lewis, V., Ding, S., Kellett, M. and Robinson, C. (Eds) *Doing Research with Children and Young People*. London: Sage Publications pp 97-112

All Party Parliamentary Group on Speech and Language Difficulties (2013) *The links between speech, language and communication needs and social disadvantage* [Online http://www.rcslt.org/governments/docs/all_party_parliamentary_group_on_slcn_inquiry_report accessed 21.01.2014]

Allen, G. (2013) *A foundation for change Children's Centre Leader Reader*. [Online http://content.yudu.com/Library/A2514k/CCLRMarch2013/resources/index.htm accessed 21.01.2014] Vol II, March 2013

Allen, G. (2011) *Early Intervention: Smart Investment, Massive Savings. The Second Independent Report to Her Majesty's Government* London: HM Government

Alvesson, M and Skoldberg, K. (2000) *Reflexive Methodology* London: Sage Publications

Aubrey, C., David, T., Godfrey, R. and Thompson, L. (2000) *Early Childhood Educational Research: Issues in methodology and Ethics.* Oxon: Routledge

Audit Commission (2002) *Statutory Assessment and Statements of SEN: In Need of Review?* London: TSO

Bailey, K.D. (1994) *Methods of Social Research* (fourth edition). New York: The Free Press

Baker, T.L. (1994) *Doing Social Research* (second edition). New York: McGraw Hill

Baldock, P., Fitzgerald, D., and Kay, J., (2013) *Understanding Early Years Policy*. (third edition) London: Sage Publications

Bandura, A. (1977) *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall

Bassey, M. (1999) *Case study research in educational settings.* Berkshire: Open University Press.

Bates, E., Thai, D., Finlay, B. and Clancy, B. (2003) Early Language and its Neural Correlates in I Rapin and S. Segalowitz (eds) *Handbook of Neuropsychology*, Vol 6, Child Neurology, (second edition). Amsterdam: Elsevier Vol. 8, Part II, pp. 525-592

Benner, S.M and Grim, J.C. (2013) *Assessment of Young Children with Special Needs – A Context Based Approach*. New York: Routledge

Berger, P. and Luckmann, T. (1991) *The social construction of reality*. London: Penguin Books

BERA (British Educational Research Association) (2011) *Revised Ethical Guidelines for Educational Research* [On-line http://www.bera.ac.uk/publications/pdfs.ETHICA1.PDF accessed 09.01.2012]

Bercow, J. (2008) *The Bercow Report. A Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs.* Nottingham: Department of Children, Schools and Families

Beresford, B. (1997). *Personal accounts involving disabled children in research.* London: HMSO.

Binger, C., & Light, J. (2007). The effect of aided AAC modeling on the expression of multi-symbol messages by preschoolers who use AAC. *Augmentative and Alternative Communication, 23, pp 30-43*

Bishop, D. (2008) *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century State-of-Science Review: SR-D1 Specific Language Impairment*. Government Office for Science

Blackburn, C. (2012) The diverse communication needs of young children in the foundation stage: reflecting on policy to practice issues *TACTYC reflections* [Online http://tactyc.org.uk/reflections/#2012 accessed 18.07.2014]

Blackburn, C. and Aubrey, C., (2012) More than words can say: The diverse communication needs of young children in the foundation stage *NALDIC Quarterly* 9.2, Winter 2011/12 pp 28-32

Blackburn, C.M., Spencer, N.J, Read, J.M. (2010) 'Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK'; in *BMC Pediatrics* 10 (21)

Blair, T. (1999) Beveridge revisited: a welfare state for the 21st century in R. Walker (Ed) *Ending Child Poverty,* Bristol: The Poverty Press, pp 7-18

Brewer, M. and Joyce, R., (2010) *Child and working age poverty 2010 to 2013,* IFS Briefing Note 115, London: Institute for Fiscal Studies

Brewer, M., Browne, J. and Royce, R. (2011) *Child and working-age poverty from 2010-2020.* London: Institute of Fiscal Studies

British Psychological Society (2010) *Code of Human Ethics* Leicester: BPS

Bronfenbrenner, U. (1974) Developmental research, public policy, and the ecology of childhood *Child Development, 45,* pp1-5

Bronfenbrenner, U. (1979) *The Ecology of Human Development*. Cambridge: Harvard University Press

Bronfenbrenner, U. (1989) Ecological Systems Theory. In R. Basta (Ed) *Six theories of child development: Revised formulations and current issues.* Greenwich, CT: JAI pp 185-246

Bronfenbrenner, U. (1992) Childcare in the Anglo-Saxon mode. In M.E. Lamb, K.J. Sternberg, C.P. Hwang, and A.G. Broberg (Eds) *Childcare in c*ontext. Hillsdale, NJ: Lawrence Erlbaum pp 281-191

Bronfenbrenner, U. (1993). The ecology of cognitive development: Research models and fugitive findings. In R. H. Wozniak & K.W. Fisher (Eds.), *Development in context: Acting and thinking in specific environments* Hillsdale, NJ: Erlbaum. pp 3-44

Bronfrenbrenner, U. (1998) Strengthening family systems. In E.F. Zigler and M.Frank (Eds), *The parental leave crises: Toward a national policy*. New Haven, CT: Yale University Press pp 143-160

Bronfenbrenner, U., (2001) The bioecology theory of human development. In N.J. Smelser and P.B. Baltes (Eds) *International encyclopedia of the social and behavioural sciences* 10 pp 6963-6970

Bromley, D.B. (1986) *The case-study method in psychology and related disciplines* New York: Wiley

Brooks, T. (2010). *Developing a learning environment which supports children with profound autistic spectrum disorders to engage as effective learners.* Unpublished PhD Thesis. Institute of Education, University of Worcester: Worcestershire.

Bruner, J. (1983) *Child's Talk Learning to Use Language.* Oxford: Oxford University Press

Buckley, B. (2003) *Children's Communication Skills From Birth to Five Years.* London: Routledge

Burman, E. (2008) *Deconstructuing Developmental Psychology* (second edition) London: Routledge

Bzoch, M. and League, R. (1991) *Receptive-Expressive Emergent Language* (2nd Edition) Austin: PRO-ED, Inc

Carpenter, B. (2005) Real Prospects for Early Childhood Intervention: Family Aspirations and Professional implications in Carpenter, B. and Egerton, J. (Eds) 2005) *Early Childhood Intervention: International Perspectives, National Initiatives and Regional Practice.* Coventry: West Midlands SEN Regional Partnership pp 13-38

Cassidy J (1999). The Nature of a Child's Ties in Cassidy J, Shaver PR. *Handbook of Attachment: Theory, Research and Clinical Applications*. New York: Guilford Press. pp. 3–20

Charmaz, K. (2000) Grounded theory: Objectivist and constructivist methods. In N. K. Charmaz, K. (2006) *Constructing Grounded Theory: A Practical Guide Through Qualitiative Study* London: Sage Publications

Denzin and Y.S. Lincoln (Ed) *Handbook of qualitative research* (second edition) Thousand Oaks, CA: Sage Publications, Inc. pp. 509-436

Chomsky, N. (1965) *Aspects of The Theory of Syntax* Cambridge, MA: MIT Press

Claussen, A. H. and Crittendon, P.M. (2000) Maternal Sensitivity in Crittendon, P. M. and Claussen, A.H. (Eds) (2000) *The Organisation of Attachment Relationships* New York: Cambridge University Press pp. 115-124

Clegg, N. (2011) *Parenting Speech*, 17 January (www.dpm.cabinetoffice.gov.uk/news/)

Cohen, L, Manion, L, and Morrison, K. (2007) *Research Methods in Education* Oxon: Routledge

Commission on Families and Wellbeing of Children (2005) *Families and the state: Two-way support and responsibility* Bristol: The Policy Press

Cooper, J., Moodley, M. and Reynell, J. (1978) *Helping Language Development* London: Edward Arnold Ltd

Corbin, J. and Strauss, A., (2008) *Basics of Qualitative Research.* Thousand Oaks, CA: Sage Publications Inc

Creswell, J. W. and Plano Clark, V. (2011) *Designing and conducting mixed methods research.* Sage: London.

Crittendon, P.M. (1988) *CARE-Index Manual* (third revision) Unpublished manuscript, Miami, FL

Cuthbert, C., Raynes, G. and Stanley, K. (2011) *All babies count: prevention and protection for vulnerable babies.* National Society for the Prevention of Cruelty to Children (NSPCC)

Daloiso, M. (2007) *Early Foreign Language Teaching* Venice: Guerra Edizioni

Davis, H., Day, C., Bidmead, C. (2002). *Working in partnership with parents: the parent advisor model*. London: Harcourt Assessment.

Dennett, D.C., (1987) Three Kinds of Intentional Psychology in Dennett, D.C., *The Intentional Stance*, Cambridge: MIT Press pp.43-68

Denscombe, M. (2007) *The good research guide: For small-scale social research projects.* London: Open University Press.

Denscombe, M., (2010) *The good research guide for small-scale social research projects*. Berkshire: Open University Press.

Department for Children Schools and Families (DCSF) (2006) *Common Assessment Framework* Nottingham: DSCF

Department for Children Schools and Families DCSF (2008a) *Better Communication: An action plan to improve services for children and young people with speech, language and communication needs* Nottingham: DSCF

Department for Children Schools and Families (DCSF) (2008b) *Every Child a Talker Guidance for Early Language Lead Practitioners.* Nottingham: DCSF

Department for Children Schools and Families (DCSF) (2008c) *EYFS Inclusion Development Programme Speech Language and Communication Needs.* Nottingham: DCSF

Department for Children Schools and Families (DSCF) (2009a) *Next Steps for Early Learning and Childcare, Building on the 10-Year Strategy* Nottingham: DCSF, 2009

Department for Children, Schools and Families (DCSF) (2009b). Parental experience of services for disabled children - Qualitative research (Phase 2). Exploring the findings from the national survey London: DCSF Publications.

Department for Children and Families (DCSF)/Department of Health (DOH) (2008) *The Child Health Promotion Programme Pregnancy and the First Five Years of Life.* London: Department of Health

Department for Education (DfE) (2011) *Support and Aspiration: A new approach to special educational needs and disability.* Norwich: The Stationary Office

Department for Education (DfE) (2012) *Statutory Framework for the Early Years Foundation Stage.* [Online http://www.foundationyears.org.uk/early-years-foundation-stage-2012/ accessed 23.05.2013]

Department for Education (DfE) (2013a) *Topic Note: Results of the Early Years Foundation Stage Profile (EYFSP) Pilot Research report* [Online https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190639/DFE-RR291.pdf accessed 02.05.2013]

Department for Education (DfE) (2013b) *Early Learning for Two-Year-Olds: Trials Learning and Case Studies* https://knowledgehub.local.gov.uk/web/achievingtwoyearolds accessed 07.10.2013]

Department for Education (DfE, 2013c) *More great childcare: raising quality and giving parents more choice* [Online https://www.gov.uk/government/publications/more-great-childcare-raising-quality-and-giving-parents-more-choice accessed 22.01.2014]

Department for Education (DfE, 2013d) *Early years outcomes A non-statutory guide for practitioners and inspectors to help inform understanding of child development through the early years* [Online https://www.gov.uk/government/publications/early-years-outcomes accessed 22.01.2014]

Department for Education (DfE) (2014) *Statutory Framework for the Early Years Foundation Stage* [Online http://www.foundationyears.org.uk/eyfs-2014/ accessed 16.04.2014]

Department for Education (DfE)/Department for Business, Innovation and Skills/Department for Work and Pensions (DWP)/Department of Health (DOH)/ Ministry of Justice (2014) *Children and Families Act* [Online http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted accessed 30.03.2014]

Department for Education (DfE)/Department of Health (DOH) (2011) *Supporting Families in the Foundation Years* (published on 18 July 2011)

Department for Education (DfE)/Department of Health (DOH) (2014) *Draft Special Educational Needs (SEN) Code of Practice: Statutory guidance for organisations who work with and support children and young people with SEN* [Online www.gov.uk/government/consultations accessed 28.10.2013]

Department for Education and Employment (DfEE) (1997) *Excellence for all Children: Meeting Special Educational Needs* London: HMSO

Department for Education and Skills (DfES) (2001) *Special Educational Needs Code of Practice.* Nottingham: DfES Publications

Department for Education and Skills (DfES) (2002) *Birth to Three Matters: A Framework to Support Children in their Earliest Years* London: DfES

Department for Education and Skills (DfES, 2004a) *Choice for parents, the best start for children; a ten year strategy for childcare.* Norwich: The Stationery Office

Department for Education and Skills (DfES, 2004b) *Every Child Matters Change for Children* Nottingham: DfES publications

Department for Education and Skills (DfES, 2004c) *Early Support Programe Family Pack and professional guidance* Nottingham: DfES publications

Department for Education and Skills (DfES) 2004d) *Removing Barriers to Achievement: The Government's Strategy for SEN.* Nottingham: DfES Publications

Department for Education and Skills (DfES) (2007a) *Statutory Framework for the Early Years Foundation Stage: Setting the Standards for Learning, Development and Care for children from birth to five.* Nottingham: DfES Publications

Department for Education and Skills (DfES) (2007b) *Letters and Sounds: Principles and Practice of High Quality Phonics.* Nottingham: DfES Publications

Department for Education and Skills (DfES)/Department of Health (DOH) (2003) *Together from the start: Practical guidance for professionals working with disabled children (birth to third birthday) and their families.* Nottingham: DfES Publications

Department for Work and Pensions (DWP)/ Department for Education (DfE) (2011) *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives* Norwich: The Stationery Office

Dickens, S., Woolney, I. and Ireland E. (2012) *Childcare Sufficiency and Sustainability in Disadvantaged Areas* National Centre for Social Research

Diener, E. and Crandall, R. (1978) *Ethics in Social and Behavioural Research.* Chicago, IL: University of Chicago Press

Dockrell, J. and McShane, J. (1992) *Children's Learning Difficulties: A Cognitive Approach* Oxford: Blackwell Publishers

Dockrell, J., Ricketts, J. and Lindsay, G. (2012) *Understanding speech, language and communication needs: Profiles of need and provision*. London: DfE

Donaldson, M. (1978) *Children's Minds*. London: Fontana

Drury, R. (2007) *Young Bilingual Learners at Home and School*. Stoke-on-Trent: Trentham

Edwards, A. (2001). Qualitative designs and analysis. *In*: Mac Naughton, G., Rolfe, S. A. and Siraj-Blatchford, I. eds. *Doing Early Childhood Research: International Perspectives on Theory and Practice*. Buckingham: Open University Press, pp 117-135.

Edwards, A. (2010) Qualitative designs and analysis in MacNaughton, G., Rolfe, S.A. and Siraj-Blatchford, I. (Eds) 2010 *Doing Early Childhood Research International Perspectives on Theory and Practice*. Berkshire: Open University Press. pp 155 -176

Edwards, S., Letts, C. and Sinka, I. (2011) *Reynell Developmental Language Scales* London: GL Assessment

Eisenstadt, N. (2012) *Sure Start can work – don't let it die* The Guardian, 12 July 2012

Emmerson, E. and Hatton, C. (2005) *The socio-Economic Circumstances of Families Supporting a Child oat Risk of Disability in Britain in 2002* Lancaster: University of Lancaster

Etherington, K. (2004) *Becoming a Reflexive Researcher* London: Jessica Kingsley

Evangelou, M., Sylva. K., Kyriacou, M., Wild, M. and Glenny, G. (2009) *Early Years Learning and Development Literature Review* Research Report DCSF-RR176 University of Oxford/Department for Children Schools and Families

Fernald, A. and Marchman, B. (2012) Individual Differences in Lexical Processing at 18 Months Predict Vocabulary Growth in Typically Developing and Late-Talking Toddlers *Child Development 83, 1,* pp 203–222

Fenson L., Marchman V.A., Thal D., Dale P. S., Reznick. J. S., and Bates, E. (2006) *MacArthur-Bates Communicative Development Inventories: User's Guide and Technical Manual*. (second edition) Baltimore, MD: Brookes Publishing Company

Field, F. (2010) *The Foundation Years: preventing poor children becoming poor adults. The report of the Independent Review on Poverty and Life Chances* [Online http://www.frankfield.com/campaigns/poverty-and-life-changes.aspx accessed 21.01.2014]

Fine, G.A. and Sandstrom, K.L. (1988) *Knowing Children: Participant Observation with Minors.* Qualitative Research Methods Series 15 Beverly Hill, CA: Sage

Frost, L. A., and Bondy, A. S. (2002). *PECS: The picture exchange communication system training manual* (second edition) Cherry Hill, New Jersey: Pyramid Educational Consultants, Inc.

Foucault, M. (1980), *Power/Knowledge: Selected Interviews and Other Writings 1972–1977*
London: Harvester Press

GL Assessment (n.d.) British Picture Vocabulary Scale *BPVS3* London: GL Assessment

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* Piscataway, NJ: Aldine Transaction.

Great Britain *Care Standards Act (2000)* London: The Stationery Office [Online http://www.legislation.gov.uk/ukpga/2000/14/contents accessed 29.04.2013]

Great Britain. *Children Act (2004)* Chapter 31. London: The Stationary Office [Online: http://www.legislation.gov.uk/ukpga/2004/31/contents accessed 2 April 2013]

Great Britain *Childcare Act (2006)* London: The Stationery Office [Online: http://www.legislation.gov.uk/ukpga/2006/21/contents accessed 29.04.2013]

Greene, J.C. (2007) *Mixed Methods in Social Inquiry* CA: Jossey-Bass

Grieshaber, S. (2010) Equity and research design in MacNaughton, G., Rolfe, S.A and Iram Siraj-Blatchford Eds (2010) *Doing Early Childhood Research International Perspectives on Theory and Practice.* Berkshire: Open University Press. pp 177-192

Goswami, U. (2001). Early phonological development and the acquisition of literacy In S. Neuman and D. Dickinson (Eds), *Handbook of Research in Early Literacy for the 21st Century,*. New York: The Guilford Press. pp 111-125

Gowsami, U, Jennifer Thomson, J., Ulla Richardson, U., Rhona Stainthorp, R., Diana Hughes, D., Stuart Rosen, S and. Scott, S.K. (2002) Amplitude envelope onsets and developmental dyslexia: A new hypothesis *Proceedings of the National Academy of Sciences of the United States of America* August 6, 2002 vol. 99 no. 16 pp 10911–10916

Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions, and emerging influences In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (third edition.) Thousand Oaks, CA: Sage. pp. 191-215

Hall, J. (2005) *Neuroscience and education: what can brain science contribute to teaching and learning?* Glasgow: SCRE

Hammersley, M. (1990). *Reading ethnographic research: A critical guide.* London: Longman

Harris,P. (2000). *The work of the imagination*. Oxford: Blackwell.

Hart, B. and Risley, T. (1995). Meaningful differences in the everyday experience of young American children. Baltimore: Paul H. Brookes Publishing (2004 printing)

Hart, B., M. and Risley, T.R. (2003) The Early Catastrophe: The 30 Million Word Gap By Age 3. *American Educator, 27*(1), pp 4–9

Hartas, D. (2012) Inequality and the home learning environment: predictions about seven year-olds' language and literacy. *British Educational Research Journal* Vol. 38, No. 5, October 2012, pp. 859–879

Henricson, C. (2012) *A Revolution in Family Policy: Where Should we Go from Here.* Bristol: The policy Press

Hepper, P.G. (1992) Fetal psychology: an embryonic science, in J.G. Nijhuis (ed.) *Fetal behaviour: Developmental and perinatal aspects*, Oxford: Oxford University Press, pp. 129-156

Hepper, P.G. and Shahidullah, S. (1994a) 'The development of fetal hearing', *Fetal and Maternal Medicine Review*, 6 pp 167-79.

Hepper, P.G. and Shahidullah, S. (1994b) 'Development of fetal hearing', *Archives of Disease in Childhood*, 71, F81-7

Her Majesty's Government (1998) *Human Rights Act.* London: Her Majesty's Stationery Office

Her Majesty's Government (2001) *Special Educational Needs and Disability Act* London: Her Majesty's Stationery Office

Her Majesty's Government (2010) *The Coalition: our programme of Government* London: Cabinet Office

Her Majesty's Treasury (2003) *Every Child Matters.* Green Paper. London: HMT

Her Majesty's Treasury (2010) *Spending review* (www.hm-treasury.gov.uk)

Hewett, D. and Nind, M. (2003) 'Severe Learning Difficulties: Intensive Interaction', in *Five to Eleven*, Vol 2, No. 10 pp 30-32

Hobart, C. and Frankel, J. (2004) *A Practical Guide to Child Observation and Assessment* (third edition) Cheltenham: Nelson Thornes

Hoff, E., Core, C., Place, S., Rumiche, R., Senor, M., and Parra, M. (2012) Dual language exposure and early bilingual development. *Journal of Child Language*, 39, pp 1-27

Home Office (1998) *Supporting Families: A consultation document.* London: The Stationery Office

Hobson, P. (2002) *The Cradle of Thought: Exploring the Origins of Thinking.* London: Pan Macmillan

Howes, C. and Matheson, C. C (1992) Sequences in the Development of Competent Play With Peers: Social and Social Pretend Play *Developmental Psychology* 1992, Vol. 28, No. 5, pp 961-974

Hulme, C. and Snowling, M.J. (2009) *Developmental Disorders of Language Learning and Cognition* West Sussex: Wiley-Blackwell

James, C. (2009) *Ten years of family policy: 1999-2009*. London: Family and Parenting Institute

Johnson, R. B., and Onwuegbuzie, A.J. (2004) Mixed methods research: A research paradigm whose time has come. *Educational Researcher, 33 (7),* pp 14-26

Jordan, E. and Thomas, P. (2010) *Joint Commissioning Services to Children and Young People with Speech, Language & Communication Needs SLCN Review: Needs Assessment & Service Mapping Report*, October 2010. NHS Worcestershire and Worcestershire County Council

Karmiloff-Smith (1995) The extraordinary cognitive journey from foetus through infancy. *Journal of Child Psychology and Psychiatry*, 36, pp 1293-1313

Kaye, K. (1977) Toward the origin of dialogue. In R. H. Shaffer (Ed) *Studies in Mother-Infant Interaction.* New York: Academic Press pp 89-119

Konaka, J. (2007) Sherborne @ Sunfield an adapted approach to support social engagement of young people with ASD through Sherborne Developmental Movement. In B. Carpenter & J. Egerton (Eds.), *New horizons in special education: Evidence-based practice in action* Worcester: Sunfield Publications pp. 37-58

Knowles, W and Masidlover, M (1982) *The Derbyshire Language Scheme*. Derby: Derbyshire County Council.

Laming, Lord H. (2003) *The Victoria Climbie Inquiry Report of an Inquiry by Lord Laming* London: HMSO

Law J., Boyle J., Harris F., Harkness A., and Nye, C. (1998) Screening for speech and language delay: a systematic review of the literature. *Health Technol Assessment 1998*; 2 (9).

Law, J., Boyle, J., Harris, F., Harkness, A. and Nye, C., (2000), Prevalence and natural history of primary speech and language delay: Findings from a systematic review of the literature. *International Journal of Language and Communication Disorders*, 35(2), pp 165–188.

Legerstee, M. (2001) Six-month-old infants rely on explanatory inference when relating communication to people and manipulatory actions to inanimate objects: Reply to Gergely. *Developmental Psychology*. 37 (5), pp 583-586.

Lenneberg, E.H, (1967) *Biological foundations of language.* New York: Wiley

Lerner, R.M. (2002) *Concepts and theories of human development* (third edition) Mahwah, NJ: Lawrence Erlbaum

Lerner, R.M. (2005) Foreword: Urie Bronfenbrenner: Career Contributions of the Consumate Developmental Scientist in Bronfenbrenner, U. (2005) (Ed) *Making Human Beings Human: Bioecological Perspectives on Human Development.* California: Sage Publications pp ix-xxvi

Lewis, S. (n.d.) *Mr Tongue* Worcester: BirdArt

Lincoln, Y and Guba, E (1985) *Naturalistic Enquiry*. Newbury Park, CA: Sage

Lindsay, G., Desforges, M., Dockrell, J., Law, J., Peacey, N. and Beecham, J., (2008) *Effective and Efficient Use of Resources in Services for Children and Young People with Speech, Language and Communication Needs.* RW053 (Nottingham: Department for Children, Schools and Families (DCSF))

Lindsay, G., Dockrell, J., Desforges, M., Law, J., and Peacey, N. (2010) Meeting the Needs of Children and Young People with Speech, Language and Communication Difficulties *International Journal of Language and Communication Disorders* Vol 45 pp 448-460

Locke, A., Ginsborg, J. & Peers, I. (2002) Development and disadvantage: implications for the early years and beyond, *International Journal of Language and Communication Disorders*, 37(41) pp. 3–15

Macrory, G. (2006): Bilingual language development: what do early years practitioners need to know? Early Years: *An International Journal of Research and Development*, 26:2, pp 159-169

MacNaughton, G. (2005) *Doing Foucault in Early Childhood Studies: Applying Post-Structural Ideas* London: Routledge

MacNaughton, G., Rolfe, S.A and Iram Siraj-Blatchford (2010) *Doing Early Childhood Research International Perspectives on Theory and Practice.* Berkshire: Open University Press.

Markus J., Mundy P., Morales M., Delgado C.E.F., and Yale M. (2000) Individual differences in infant skills as predictors of child-caregiver joint attention and language. *Social Development*. 2000:9 pp 302–315

Marmot, M. (2010) *Fair Society, Healthy Lives: The Marmot Review. Strategic Review of Health Inequalities in England post -2010* (published on 11 February 2010)

Mason, J. (2004) The Legal Context in Fraser, S., Lewis, V., Ding, S., Kellett, M. and Robinson, C. (Eds) *Doing Research with Children and Young People*. London: Sage Publications

McNiff, J. and Whitehead, J. (2011) *All you need to know about action research*. London: Sage

Meins, E. (1997). *Security of attachment and the social development of cognition.* Hove, UK: Psychology Press

Meins, E. and Fernyhough, C. (1999). Linguistic acquisitional style and mentalising development: The role of maternal mind-mindedness. *Cognitive Development*, 14, pp 363-380.

Meins, E. and Fernyhough, C. (2006). *Mind-mindedness coding manual*. Unpublished manuscript. Durham University, Durham, UK

Messer, D.J. (1994) *The Development of communication: From Social Interaction to Langauge* Chichester: John Wiley & Sons

Midgley, E.J., Dewey, C., Pryce, K. and Maw, A.R. (2000) The frequency of otitis media with effusion in British pre-school children: a guide for treatment *Clinical Otolaryngology & Allied Sciences* 25, 6, pp 485–491

Miles, M.B. and Huberman, A.M. (1994) *Qualitative data analysis* (second edition) Thousand Oaks, CA: Sage

Mroz, M. and Hall, E., (2003) Not Yet Identified: the knowledge, skills, and training needs of early years professionals in relation to children's speech and language development   *Early Years* Vol. 23, No. 2, September 2003 pp 117-130

Munro, E. (2011) *The Munro Review of Child Protection: Final Report A child-centred system* Department for Education London: The Stationery Office

Muter, V., Hulme, C., Snowling, M. J., and Stevenson, J. (2004). Phonemes, rimes, vocabulary, and grammatical skills as foundations of early reading development: Evidence from a longitudinal study. *Developmental Psychology*, 40(5), pp 665-680

National Audit Office (2004) *Early years: Progress in developing high quality childcare and early education accessible to all,* Report by the Comptroller and Auditor General., HC 268 Session 2003-04, London: The Stationery Office.

National Evaluation of Sure Start (NESS) (2005) *Speech and Language services in Sure Start Local Programmes Findings from Local Evaluations* /National Evaluation of Sure Start Institute for the Study of Children, Families & Social Issues, Birkbeck

National Evaluation of Sure Start (NESS) (2010) *The Impact of Sure Start Local Programmes on five year olds and their families.* Department for Education Research Report DFE-RR067

National Evaluation of Sure Start (NESS) (2012) *The Impact of Sure Start Local Programmes on seven year olds and their families.* Department for Education Research Report DFE-RR220

Northern and Downs (1991) Hearing in Children (4 edn) Baltimore: Williams and Wilkins

Nutbrown, C. (2012) *Review of Early Education and Childcare Qualifications: Final Report.* London: Department for Education

Nutbrown, C. (2013) Shaking the foundations of quality? *Why 'childcare' policy must not lead to poor quality early education and care'.* Sheffield: Sheffield University

O'Brien, N. (2011) "Special Education Needs" – or just badly behaved children? *The Telegraph,* 9 March

Ofsted (2012) *The report of Her Majesty's Chief Inspector of Education, Children's Services and Skills: Early Years*. Manchester: Ofsted

Owens, R.E. (2001). *Language Development: An Introduction*. (fifth edition) Needham Heights, MA: Simon and Schuster Co.

Paradis, J. (2010) The interface between bilingual development and specific language impairment *Applied Psycholinguistics31* (2010), 3–28

Paradis, J., Genesee, F. and Crago, M. B. (2011) (second edition) *Dual language development and disorders: A handbook on bilingualism and second language learning.* Baltimore: Brookes.

Patton, M.Q., (1980) *Qualitative Evaluation Methods* Beverly Hills, CA: Sage

Patton, M. Q. (2002) Qualitative Research and Evaluation Methods (2nd Edition) Thousand oaks, CA: Sage Publications.

Payler, J. and Scott, W. (2013) *Legislating for less great childcare* [Online: http://www.tactyc.org.uk/our-view.asp accessed 01 May 2013]

Piaget, J. (1962) *The Language and Thought of the Child* New York (third edition) London: Routledge and Kegan Paul Ltd

Porter, L (2002) *Educating Young Children with Special Needs* London: Paul Chapman Publishing

Power, E. (2011) Cuts threaten plans for special needs children, *The Guardian*, 9 March

Prior, L. (2003) *Using Documents in Social Research.* London: Sage

Prosser, J. (2000) The moral maze of image ethics in Simons, H. and Usher, R. (Eds) (2000) *Situated Ethics in Educational Research* London: Routledge Falmer p116-132

QCA (2000) *Curriculum Guidance for the Foundation Stage* London: QCA/DfEE

Reddy, V. (1999) Prelinguistic Communication. In M.Barrett (Ed.), *Language Development* Hove: Psychology Press pp. 25-50

Rice, M. (2011) *Worcestershire Demographic Report* Worcestershire 10th May 2011

Roberts, A. and Harpley, A (2006) *Helping Children to Be Skilful Communicators From Birth to Three*. David Fulton Publishers: London

Robson, C., (2002) *Real world research* (second edition): *A Resource for Social Scientists and Practitioner-Researchers.* Oxford: Blackwell

Rogoff, B. (2003) *The Cultural Nature of Human Development* Oxford: Oxford University Press

Rolfe, S. and Emmett, S. (2010) Direct observation in MacNaughton, G., Rolfe, S.A and Iram Siraj-Blatchford (2010) *Doing Early Childhood Research International Perspectives on Theory and Practice.* Berkshire: Open University Press pp 309-326

Roulstone, S, Law, J. Robert Rush, R. Clegg, J. and Peters, T. (2010) *Investigating the role of language in children's early educational outcomes* DfE Research Report DFE-RR134

Royal College of Speech and Language Therapists (2011) Early Years Policy Developments London: RCSLT

Royal College of Speech and Language Therapists (n.d.) *Policy Position Statement: SEN reform* [Online: http://www.rcslt.org/governments/policy_and_campaigns accessed 24.04.2013]

Saxton, M. (2010) *Child Language Acquisition and Development.* London: Sage Publications

Schaffer, H.R. (2003) *Introducing Child Psychology* Blackwell Publishing

Schroeder, A. (2001) *Time to Talk: A Programme to Develop Oral and Social Interaction Skills for Reception and KS1.* Cambridge: Learning Development Aids

Sellgren, K. (2013) *Nursery ratio climb down is confirmed* BBC News 11th June 2013

Simons, H. (1996) *The paradox of case study* Cambridge Journal of Education, 26 (2), pp 225 – 40

Simons, H. (2009) *Case Study Research in Practice* London: Sage Publications Ltd

Simons, H. and Usher, R. (Eds) (2000) *Situated Ethics in Educational Research*. London: Routledge Falmer

Siraj-Blatchford, I. (2010) Survey and questionnaires an evaluative case study in MacNaughton, G., Rolfe, S.A and Iram Siraj-Blatchford (2010) *Doing Early Childhood*

Research International Perspectives on Theory and Practice. Berkshire: Open University Press pp 223-238

Siraj-Blatchford, I., Sammons, P., Sylva, K., Melhuish, E and Taggart, B. (2006) *Educational Research and Evidence Based Policy: The Mixed Method Approach of the EPPE Project* Evaluation and Research in Education , vol. 19, no. 2, pp 63 – 82.

Siraj-Blatchford, I., Sylva, K., Muttock S., Gilden, R. and Bell, D. (2002) *Researching Effective Pedagogy in the Early Years*, Department for Education and Skills Research Report 365

Skinner, B.F. (1957). *Verbal Learning*. New York: Appleton-Century-Crofts.

Smith, J and Heshusius, L. (1986) 'Closing Down the Conversation: The End of the Quantitative-Qualitative Debate Among Educational Researchers. *Educational Researcher,* vol. 15 no 4 pp 4-12

Smith, P, Cowie, H., and Blades, M. (2008) *Understanding Children's Development.* Oxford: Blackwell Publishing.

Smyth, M. and Williamson, E. (Eds) (2004) *Researchers and the 'Subjects': Ethics, Power and Consent.* Bristol: Policy Press

Snow, C. E. (2006). *What counts as literacy in early childhood?* Blackwell Handbook of Early Childhood Development, pp 274-294.

Snowling, M.J. and Hulme, C. (2008) Reading and other specific learning difficulties. In Rutter, M., Bishop, D., Pine, D., Scott, S., Stevenson, J., Taylor, E., & Thapar, T (Eds) *Rutter's Textbook of Child and Adolescent Psychiatry*. (fifth edition) Oxford: Blackwell pp 802-819

Snowling, M J., Hulme, C, Bailey, A.M., Stothard, S.E., and Lindsay, G. (2011) Better communication research programme: *Language and Literacy Attainment of Pupils during Early Years and through KS2: Does teacher assessment at five provide a valid measure of children's current and future educational attainments*? Department for Education Research Report Ref: DFE-RR172a

Sontag, L.W. and Wallace, R.I. (1936) Changes in the heart rate of the human fetal heart in response to vibratory stimuli. *American Journal of Diseases, 51,* pp 583-589

Stake, R. E., (1995) *The Art of Case Study Research.* London: Sage Publications.

Stake, R.E. (2000) Case Studies. In N. K. Denzin, Lincoln, Yvonna S. (Ed.), *Handbook of Qualitative Research second edition* CA: Thousand Oaks pp 134-164

Stake, R.E. (2003). Case Studies in Denzin, N.K. &Lincoln, Y. (Eds) (2003). *Strategies of Qualitative Inquiry* (second edition) London: Sage. pp 134-164

Strauss, A., & Corbin, J. (1997) *Grounded theory in practice*. Thousand Oaks, CA: Sage

Sylva, K., Melhuish, E., Siraj-Blatchford, I., Sammons, P. and Taggart, B. (2004) *Final Report of the Effective Provision of Pre-school Education project.* London: Institute of Education.

Sylva, K., Roy, C. and Painter, M. (1980) *Childwatching at Playgroup and Nursery School* London: Grant McIntyre

Tabors, P. (1997) *One Child, Two Languages, a guide for Preschool Educators of Children Learning English as a Second Language.* Baltimore: Paul Brooks Publishing

Tashakkori, A. and Teddlie, C. (1998) *Mixed methodology: Combining qualitative and quantitative approaches.* Thousand Oaks, CA: Sage

Teddlie, C. and Tashakkori, A. (2009) *Foundations of Mixed Methods Research: Integrating Quantitative and Qualitative Approaches in the Social and Behavioural Sciences.* Thousand Oaks, CA: Sage

Tickell, C. (2011) *The Early Years: Foundations for Life, Health and Learning. An Independent Report on the Early Years Foundation Stage to Her Majesty's Government* [Online https://www.gov.uk/government/collections/tickell-review-reports accessed 21.01.2014]

Thomas, M.R. (2004) *Comparing Theories of Child Development* Wadsworth

Tomasello, M. (1988) The role of joint attentional processes in early language development. *Language Sciences*. 10, pp 69-88

Trevarthen, C. (1994) Infant Semiosis. In W. Noth (Ed), *Origins of Semiosis: Sign Evolution in Nature and Culture* Berlin: Mouton de Gruyter pp 219-259

Trevarthen, C. (1998) The concept and foundations of infant intersubjectivity In S. Bråten (Ed) *Intersubjective Communication and Emotion in Early Ontogeny*. Cambridge:Cambridge University Press pp. 15-46

Trevarthen, C. (1999) Musicality and the Intrinsic Motive Pulse: Evidence from human psychobiology and infant communication. In Rhythms, musical narrative, and the origins of human communication. *Musicae Scientiae, Special Issue, 1999-2000*, Liège: European Society for the Cognitive Sciences of Music pp 157-213

Trevarthen, C. (2001) The neurobiology of early communication: intersubjective regulations in human brain development. In: *Handbook on Brain and Behavior in Human Development*, Kalverboer AF, Gramsbergen A, (Eds) Dordrecht: The Netherlands: Kluwer, pp 841-882

Trevarthen, C. (2004) Brain development. In, R. L. Gregory (Ed.) *Oxford Companion to the Mind (Second Edition).* Oxford, New York: Oxford University Press, pp 116-127

Trevarthen, C. (2010) What is it like to be a person who knows nothing? Defining the active intersubjective mind of a newborn human being *Infant and Child Development Special Issue the Intersubjective Newborn 20, 1,* p 119–135

Trevarthen, C. and Aitken, K. J. (2001). Infant intersubjectivity: Research, theory, and clinical applications. *Annual Research Review. The Journal of Child Psychology and Psychiatry and Allied Disciplines, 42(1)*, pp 3-48

Trevarthen, C. and Hubley, P.A. (1978) Secondary intersubjectivity: Confidence, confiding and acts of meaning in the first year. In A. Lock (Ed), Action, Gesture and Symbol. London, Academic Press pp 183-229

Trevarthen C., and Schögler B. (2007) Dancing Minds. In Braten S. (Ed). *Being Moved by Action-Perception, Music and Speech. Mirror neurons and the developmental bases of (pre)verbal intersubjectivity and clinical applications.* Cambridge University Press

United Nations (UN) General Assembly (1989) *Adoption of a Convention on the Rights of the Child (UN Doc.A/Res/44/25,* New York: UN General Assembly

United Nations Educational Scientific and Cultural Organization UNESCO (1994) *The Salamanca Statement and Framework for Action on Special Needs Education* Salamanca, Spain

van Rees, S., and de Leeuw, R. (1993). Born Too Early: The Kangaroo Method With Premature Babies. Video by Stichting Lichaamstaal., Scheyvenhofweg 12, 6093 PR,

Heythuysen, The Netherlands.von Tetzchner, S. & Martinsen, H., 1992, *An Introduction to Sign Teaching and the Use of Communication Aids* London: Whurr

Vasconcelos, T. (2010) Case study in MacNaughton, G., Rolfe, S.A. and Siraj-Blatchford, I. (Eds) 2010 *Doing Early Childhood Research International Perspectives on Theory and Practice.* Berkshire: Open University Press. pp 327-344

Vygotsky, L. (1978) Interaction between learning and development in *Mind and Society.* Cambridge, MA: Harvard University Press pp 79-91

Vygotsky (1986) *Thought and Language* Massachusetts Institute of Technology

Walkerdine, V. (1984) Developmental psychology and the child-centred pedagogy: the insertion of Piaget into early education In Henriques, J., Holloway, W., Urwin, C., Venn, C. and Walkerdine, V. (Eds) *Changing the Subject. Psychology, Social Regulation and Subjectivity* London: Methuen pp 153 - 202

Wall, K. (2011) *Special Needs in The Early Years: A Practitioner Guide* London: Sage

Warren, S. F. and Yoder, P. J. (1996). Enhancing communication and language development in young children with developmental delays and disorders. *Peabody Journal of Education*, 71, pp 118 - 132.

West Midlands Regional Observatory (2008) *West Midlands Regional Economic Assessment Worcestershire* Version 3.0 Birmingham

Whitebread, D. and Bingham, S. (2011) *School Readiness: a critical review of perspectives and evidence*. Occasional paper No: 2 Association for the Professional Development of Early Years Educators (TACTYC)/ University of Cambridge

Worcestershire Children's Trust (2011-2014) *Worcestershire Children and Young People's Plan 2011-2014.* Worcestershire

WHO World Health Organization's Commission on the Social Determinants of Health *Early Child Development : A Powerful Equalizer* Irwin, L.G. Siddiqi, A. amd Hertzman, A. June, 2007

Yeo, A. and Lovell, T. (2002). *Sociology and Social Policy for the Early Years*. London: Hodder Education.

Yin, R. K. (1994) *Case study research: design and methods,* Second Edition. London: Sage

Yin, R., K. (2009) *Case study research: design and methods,* Fourth Edition. London: Sage

APPENDIX A

SURVEY QUESTIONNAIRE FOR EARLY YEARS PRACTITIONERS

> Children with speech, language and communication needs (SLCN) may find it hard to:
> - Follow eye gaze, listen to and imitate others at a young age.
> - Understand what information is given to them using words, signs, symbols or gesture.
> - Babble at a young age/form words and construct sentences later on.
> - Express themselves through speech, gesture, facial expression and body language.
> - Establish baseline communication skills such as sitting still, looking at the person who is talking, listening to information and staying quiet.
> - Speak fluently (getting words stuck/stuttering).
> - Feel confident to talk in some situations and not others (selective mutes).
> - Understand rules for social interaction and conversation.
> - Produce sounds which make up words (speech difficulties).
> - Express themselves through creative arts, drama or play.
> - Communicate intentionally (rely on adults to read their needs).
>
> In addition, children may have sensory or physical needs for example hearing, which can contribute to a communication need.

Type of Setting:

- [ ] Sessional Pre-school/playgroup
- [ ] Private Day Nursery
- [ ] Childminder
- [ ] Children's Centre
- [ ] Independent School Nursery
- [ ] LA Nursery/Reception Class
- [ ] Other (please describe) _____

1. How many children attend your setting in total in the following age groups?

Aged 0 – 12 months _____   Aged 12 – 24 months _____

Aged 24 – 48 months _____   Aged 48 – 60 months _____

2. Using the above definition to guide you, how many children in your setting have communication needs?

Age Group	No of Children	Nature of difficulties
0 – 12 months		
12 –24 months		
24 –48 months		
48 –60 months		

3. What strategies are effective in supporting children's communications needs?

Nature of difficulty	Effective Strategies

4. Please list (by job title) other professionals who have supported you in meeting children's communication needs (e.g. Speech and Language Therapists, SENCos)

_____

_____

5. What training have you received (if any) to support you in meeting children's communication needs?

_____

_____

6. **What advice do you offer to parents when their child has communication needs?**

_____

_____

7. If you are supporting children with English as an Additional Language, please state the challenges for inclusion and how you overcome them.

Nature of difficulty	Effective Strategies

8. If you are you prepared take part in a discussion and allow the Researcher to observe a child in your setting please provide:

Name, and contact details:
_____ _____

_____

INTERVIEW SCHEDULE FOR EARLY YEARS PRACTITIONERS

MORE THAN WORDS CAN SAY:
THE DIVERSE COMMUNICATION NEEDS OF YOUNG CHILDREN IN THE FOUNDATION STAGE

A Practitioner details

1. What is your position in setting – Manager/Teacher or SENCO?

2. How old are you/how long have you been working in early years?

3. What was your initial training – i.e. Teacher, EY Diploma, EYPS, other – was speech language and communication development/delay/disorder a feature of this initial training ?

4. Have you attended any subsequent SLCN training, e.g. ECAT, Language for Learning (general SL and communication delay/disorder) and age range the training covered?

5. Have you attended any training to support working with parents and other professionals (as part of initial training/subsequent training)?

6. Have you attended any training to support children with EAL (as part of initial training/ subsequent training)?

7. Do you feel you have received enough training on SLCN and working with parents/other professionals

B ECP Perceptions relating to and confidence in supporting SLCN – Early Identification

1. What are the early signs of a SLC delay or disorder?

2. Do you feel that staff within the setting are confident in identifying delays and differences in children's SLC development

3. What identification and assessment tools are available to you in this setting for identifying and assessing SLCN?

4. Generally who identifies a SLCN for children in this setting?

C. Practitioner perceptions relating to and confidence in supporting SLCN– General

1. Do you feel that staff within the setting are confident in meeting the SLCN of children?

2. What factors contribute to the above (e.g. training, attitudes, their own/other professionals/parents)

3. What do feel is the adult role in children's communication SLC development?

4. What role does the key worker play in this?

5. What factors contribute to children's SLC development?

6. What is the ideal early years' environment to support children's SLC development?

7. How does children's SLC development interact with other areas of child development?

8. What (if any) do you think are the long term implications for children of delayed SLC development in the early years?

9. How do SLC difficulties impact on children's interaction with others (peers, adults)?

D Support in Meeting Children's Communication Needs

1. What are the sources of support available to you in meeting children's SLCN?

2. What are the three most prevalent SLC difficulties in your setting?

3. What are the three most effective approaches to supporting children's SLC development?

4. Is there any aspect of meeting children's SLCN needs in which you feel you need further training?

E Children with English as an Additional Language

1. What are the SLCN of children with EAL?

2. What are the sources of support available to you in meeting the SLCN of children with EAL and how useful are the sources/which are the most helpful?

3. Are staff confident in supporting children with EAL?

F. Working with Parents (SLCN and EAL)

1. How do you support parents in meeting their children's SLCN?

2. How confident do you feel about working with parents?

G Working with other Professionals (SLCN and EAL)

1. What other professionals do you work with in supporting children's SLCN?

2. How confident do you feel about working with other professionals?

3. How important is the role of other professionals in your work with children with SLCN?

I Background Information - Setting Details

Setting location: Rural/Urban/Semi-rural

Type of Setting: Sessional/Private Day Nursery/LA Nursery or Reception/Children's Centre/Private Early Years Centre/Special School/ICAN Provision/Childminder

How many staff does the setting employ?

How many children in the setting currently have SLCN? How many boys/girls?

How many children with EAL?

How many children with SLCN/EAL?

What is the catchment area for the setting?

What is the social status of the families attending the setting?

What age can children enter the setting?

How many children attend the setting in any one session/day?

How many children are currently registered at the setting?

What is the adult/child ratio?

Please describe a normal routine for the children in a typical session/day.

Thank you for taking part in the interview.

INFORMATION LEAFLET FOR EARLY YEARS PRACTITIONERS

**MORE THAN WORDS CAN SAY:
THE DIVERSE COMMUNICATION NEEDS OF YOUNG CHILDREN IN THE
FOUNDATION STAGE**

A PhD Research Project undertaken at Birmingham City University

February 2011 – February 2014

This leaflet gives some details about the project.

I have set out questions that you might want to ask, with answers, so that you can think about them before you decide if you would like to take part.

Please contact Carolyn Blackburn, if you would like more details

Why is the research being done?

Research tells us that delay in language development is the most common childhood disability, and that language is important for all later learning. Early language development is particularly important, and the effects of early language problems are known to affect children educationally, socially and emotionally. In addition children for whom English is an additional language may need communication support strategies to enable access to an early years setting.

Communication is more than spoken language, as young children express themselves in a number of different ways (gesture, behaviour, communication aids, signing, play, mark making). As a practitioner and researcher, I want to find out, through asking early years practitioners and parents and observing children, what kinds of communication needs young children (aged birth to five) are experiencing and how practitioners support them and their families.

What questions will the project ask?

- What is the relationship between policy and practice in early childhood Speech Language and Communication Needs (SLCN)?

- What are the views, understandings and reported practices of a range of stakeholders with respect to SLCN in the EYFS?

- What early identification, assessment and intervention requirements does policy place on practitioners in early years' settings?

- How do practitioners implement policy related to early identification, assessment and intervention requirements in their settings and how do young children respond?
- How does this differ across a range of settings in one local authority?

Who will be involved in the project?

Nine early years' settings in one local authority who are supporting children with a range of SLCN will participate.

Do I have to take part?

You decide if you want to take part or not. The purpose of this leaflet is to give you information so that you can decide whether you want to take part.

What will happen if I take part?

If you agree to take part, I will visit your setting to meet you and talk generally about the project at a date convenient to you. I will ask you to take part in an interview to answer some questions about children's communication, which I would like to record with a digital recorder. This is so that I can type up the notes from the interview so that we can both have a record of what has been said. After this I will visit the setting to carry out observations of a child with communication needs so that I can record his/her interactions with adults, peers and activities across a range of early years tasks and activities (including inside and outside play) over a number of days (approximately five to seven days in total). Where possible, it would be useful to talk to parents and other professionals who support the child.

Could there be any problems for me if I take part?

Sometimes talking to others about your work is beneficial, but sometimes it can highlight aspects of your work you had not thought about before and some people can get upset during interviews. The interview can be stopped at any point. All visits to the setting will be arranged to suit the staff commitments within the setting to ensure that the project does not interfere with normal daily routines.

Will doing the research help me?

I hope that ECPs will enjoy being part of the project, but the main aim is to write a report (thesis) which might help ECPs in their professional practice in the future.

Will the research help children?

One of the aims of the report is to help ECPs and policy makers understand the diverse range of communication needs experienced by young children, and the adult role in the process of communication development in early years' settings.

Who will know if I am in the research, or what I have talked about?

I will keep all notes and records from the research in a safe, lockable location and adults and children involved will not be named, in order to safeguard and protect identities.

Adults and children's names will not be used in any of the records or documents relating to the project.

Will I know about the research results?

I will send you a copy of the notes from any discussions we have so that you can check their accuracy.

I will share my findings with you before I write my report (called a thesis) to make sure that you agree with my interpretation of what you have said to me and what I have observed in your setting. You will have the opportunity to comment on and discuss the findings so that your views, perceptions and opinions are reflected in the final report.

Information from the settings will be analysed and interpreted both collectively (as a complete set of information about all nine settings) and individually, but no setting, child or parent will be named. This is to protect children's privacy and identity and comply with ethical guidelines.

Who is funding the research?

The research is funded by Birmingham City University.

Thank you for reading this leaflet: Carolyn Blackburn, August 2011

INTERVIEW SCHEDULE FOR PARENTS

> **MORE THAN WORDS CAN SAY:**
> **THE DIVERSE COMMUNICATION NEEDS OF YOUNG CHILDREN IN THE**
> **FOUNDATION STAGE**

A Background factors

1. Who is your child's main carer at home?

   Prompt: mother/father/grandparents/other?

2. What is your child's first language?

3. What other languages (if any) are spoken at home?

   Prompts if languages other than English are spoken ask about cultural heritage and aspects of cultural communities/practice relating to child/adult interactions which might impact on child development e.g. how childhood is viewed, perceptions about play and children's place in family life

4. Do you have other children? If so, what are their ages?

5. Who else lives in the home environment?

6. What are the jobs/ occupations of the adults in the home?

B Aspects of early learning and development

7. How would you describe your child's current level of speech, language and communication?

8. Can you tell me a bit about his/her early language development?

   Prompt for Q8/Q9: joint attention/eye contact/eye gaze/babbling/cooing/making different sounds; first words; getting attention and communicating needs/emotions; stringing words together in a way that you understood?

9. How would you say this compares with other older brothers or sisters, (if any) or other children of the same age?

10. Would you say it was – about average, bit higher or lower? Prompt: not sure one way or the other

11. How well does s/he communicate with other members of the family, would you say?

12. How well does s/he communicate with other adults, other children, would you say?

13. Have any professionals , for example, a health visitor, doctor, preschool teacher, nurse or speech therapist, ever expressed interest or concern about his/her speech and language and/or other areas development?

14. If yes, can you tell me more about this?

15. Prompt: when was this/ at what age?

16. What were your feelings about this?

17. Has any professional had regular contact with you since that time?

    Prompt: given further check-ups; provided professional advice/programmes; suggested meeting with other professionals?

18. Would you say your child met other milestones at the usual time?

    Prompt: for example, smiling, forming relationships attachments and friendships; playing with objects; sitting, crawling, walking, climbing, self-help, feeding, writing and drawing?

19. Have you ever had any concerns about your child's health at any time?

20. Has there ever been any identified hearing loss?

    Prompt: Have you ever noticed that s/he did not seem to attend/hear/answer questions/follow requests/instructions? Has this been associated with colds and snuffles?

    If so did you mention it anyone else, for example your GP/health visitor/pre-school staff?

21. Has your child had any difficulty with feeding, swallowing, sucking, chewing at any time?

22. What are your child's favourite play activities at home?

23. Which activities do you enjoy sharing with your child?

    Prompt: for example, looking at books and reading stories; learning songs and nursery rhymes; playing with letters and numbers; going to the library; playing simple board/card games; drawing/painting; arranging for other children to play in the home. Any other activities?

C Care and education outside the home

24. Can you describe any care and education your child receives outside the home?

    Prompt: childminder; staying with other family members; 'stay and play' or 'toddlers group'; any form of crèche, nursery or daycare facility?

25. If so, how many days (and hours) a week and how long has s/he been attending/what age did s/he enter that facility, does s/he attend more than one early year's setting, is it close to the home environment or close to parent's work environment?

26. Are you satisfied that this provision meets his/her learning and development needs well?

27. Would you say that your child enjoys this?

28. What would you say would be your ideal early years experience for your child?

    Prompt: can you say more about that?

29. When will your child start school?

    Prompt: do you know which school this will be? Can you say more about this?

30. Are there any other aspects of your child's learning and development that we have not mentioned and you would like to say more about?

Thank you for taking part in this interview

INFORMATION LEAFLET FOR PARENTS

**MORE THAN WORDS CAN SAY:
THE DIVERSE COMMUNICATION NEEDS OF YOUNG CHILDREN IN THE
FOUNDATION STAGE**

A PhD Research Project undertaken at Birmingham City University

February 2011 – February 2014

This leaflet gives some details about the project.

I have set out questions that you might want to ask, with answers, so that you can think about them before you decide if you would like your child to take part.

Please contact Carolyn Blackburn, if you would like more details

Why is the research being done?

Young children communicate in many different ways. Communication is more than spoken language, as young children express themselves in a number of different ways (gesture, behaviour, communication aids, signing, play, mark making). As an Early Years Practitioner and researcher, I want to find out, by asking practitioners and parents and observing children, how young children (aged birth – five) communicate and how practitioners support them and their families.

Who will be involved in the project?

Nine different early years' settings in one local authority

Your child may indicate occasionally or regularly that they do not want to be observed. If this happens, their choice will be respected, and the researcher will not observe that day. The researcher has a full CRB certificate.

What if I do not want my child to take part?

You do not have to give your permission for your child to take part, and may withdraw your permission at any time during the project without prejudice.

What happens next if I agree for my child to take part?

If you agree to your child's participation, Carolyn will arrange a number of visits to your child's setting to:

- Read information about your child's communication and learning
- Talk to staff in this setting about your child's communication
- Talk to you about your child's communication
- Observe him or her at the setting
- Collect information related to your child's learning

What happens to the information about my child collected during the research project?

All information about your child collected by the researcher in the course of the research project will be confidential to the researcher and the setting. Nothing will be disclosed outside the setting in any way that will identify you or your child without permission. All information, whether electronic or physical, will be held securely. Copies of written and recorded information relating to you or your child will be available to you on request.

What happens at the end of the research study?

At the end of the research, the findings will be shared in a written report called a thesis. They will also be shared through articles and presentations with:
- Families and settings whose children have taken part
- Other professionals who work with children with and are interested in young children's communication

What if I have more questions or do not understand something?

You may contact your setting or the researcher using the information on the front of this leaflet at any time.

Who is funding the research?

The research is funded by Birmingham City University.

Thank you for reading this leaflet: Carolyn Blackburn, August 2011

APPENDIX F

CHILDREN'S EARLY HEALTH EXPERIENCES AND FAMILY BACKGROUND

CHILD'S AGE/ GENDER	FAMILY BACKGROUND	LANGUAGE	HEALTH EXPERIENCES
Male 2 years 3 months	Lived at home with mum (aged 28 and a PA) and dad (aged 32 and a tyre fitter/mechanic). Mum was now pregnant with second baby.	English	Born a week early following a long labour and normal delivery. Small in size and ill as a baby with gastroenteritis. Weaned at 14 weeks due to weight loss which was thought to be a result of lactose intolerance. Had a hernia at one year and an episode of excessive thirst and constant nappy changes. Concern over diabetes was disproved.
Male 3 years	Lived at home with mum (aged 39 and a full-time housewife) and dad (aged 43 and a machine maintenance engineer). Mum was partially sighted and had Bechets Syndrome (auto immune disorder) and took medication and steroids for this which continued through pregnancy. Dad had diabetes.	English	Normal pregnancy and labour. Born with an extra finger on each hand and has very slow growing toenails. Walked with feet turned out and has been referred to a podiatrist.
Male 3 years 5 months	Lived at home with mum (aged 39 and a nurse), dad (aged 39 and a technician), brother aged seven, sister aged 18 months and a student lodger.	English, Ilocano Tagalog	Normal pregnancy and labour. In infancy, he was rushed to hospital. choking with milk and vomiting. Milk brand was changed and difficulties ceased. However, eczema and allergies persisted.
Female 4 years 1 month	Lives at home with mum (aged 39 and a supermarket assistant, dad (aged 41 and an auditor) and brother aged seven. Brother also had SLCN as did dad and his sister.	English	Normal pregnancy and labour. No health issues.
Male 4 years, 2 months	Lived at home with mum (aged 40 and a full-time housewife), dad (aged 45 and a trainer/assessor), and brother aged five months. Oldest brother had SLCN, physical and social and emotional difficulties and was born seven weeks premature.	English	Normal pregnancy and labour. Persistent colds and mum was uncertain as to whether his hearing had been checked since infancy.
Male 4 years, 4 months	Lived with mum (aged 41 and an optician), dad (aged 40 and a development consultant) and sister aged seven. Sister had social and emotional difficulties and has extra support at school to support this.	English	Normal pregnancy and long labour. Suffered from frequent and persistent ear infections from birth. Grommets were fitted at two. Sleep was disrupted until 18 months old. He was sick from birth, placed in a neonatal due to a heart murmur. Diagnosed with autism at 4 years 4 months, Fragile X has also been suggested
Female 4 years 4 months	Lived with mum (aged 34 and a cleaner, mum's partner (aged 52 and a health care assistant), twin sister and older sister aged eleven (older sister had a different biological father to the twins.) Mum's partner also had twins who lived with their own mother.	English	Normal pregnancy, emergency caesarean section delivery due to foetal distress and umbilical cord being wrapped around baby's neck.
Male 5 years 1 month	Lived with his dad (aged 40 and a full-time carer for his son), brother, aged nineteen, and sister, aged thirteen. Another natural sibling aged three lived with his natural mother (aged 24 and a full-time housewife). Had two step siblings aged one and two who lived with their natural mother .Another step sibling aged 21 lived alone. Natural mother had Job Syndrome and mental health issues.	English	Normal pregnancy and labour. Childhood bronchiolitis at age four months with cardiac arrest. Diagnosed with cerebral palsy, microcephaly and global developmental delay.
Male 5 years 2 months	Lived with mum (aged 29 and full-time housewife) and dad (aged 31 and graphic designer. Mum had had eight miscarriages.	English Polish	Normal pregnancy and labour. Diagnosis of autism, severe language impairment and global developmental delay.

APPENDIX G

TARGET CHILD OBSERVATION SCHEDULE

Time	Activity/Record	Communication	Social	Task
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

<u>Task Codes:</u>

3Rs – three Rs activities – attempts at reading, writing or counting, including attentive looking at books.

ART – free expression creative activities such as painting, drawing, chalking, cutting, sticking

ADM – adult directed art and manipulation – the child is mastering and refining skills and techniques under adult direction and sometimes with an adult determined end product e.g. tracing directed collage

CR – cruise – movement from one thing to anther or purposeful looking around, when the child appears to be searching for something to do.

DA – domestic activity such as going to the toilet, hand washing, dressing, arrival and departure, rest, tidying up, milk, snack or meal.

DB – distress behaviour – seeking comfort or attention from adult or child – making a visible bid for comfort – crying, social withdrawal., destruction of toys.

EX – examination – careful examination of an object or materials, e.g. looking through a magnifying glass. It differs manipulation in that the looking smelling or tasting is more important than the handling.

IG – informal games – a play situation with or without language, where the child is playing an informal game with another child. These are spontaneously and loosely organised, e.g. following one another around while chanting, hiding in a corner and giggling, or holding hands and jumping.

GWR - games with rules – includes ball games, skittles, circle games including singing games and board games such as snakes and ladders, dominoes, noughts and crosses, etc.

LMM Large muscle movement – active movement of the child's body, requiring co-ordination of larger muscles such as running, climbing.

LSC Large scale construction – arranging and building dens, trains, etc with large crates, blocks etc.

MAN – manipulation – the mastering of refining of manual skills requiring coordination of the hand/arm and the senses, e.g. handling sand, dough, clay water, sewing, gardening, arranging and sorting objects.

MUS – music – listening to sounds, rhythms or music, playing instruments, singing solos and dancing.

PM – purposeful movement towards an object person or place, .e. g searching for an object, going outdoors, crossing the room to another activity.

PS – problem solving – the child solves a problem in a purposeful way using logical reasons, e.g. looking to see why something won't work and then repairing it.

PRE – pretend –the transformation of everyday objects, people or events so that their meaning takes precedence over reality.

SA/AWG – standing around aimless wander or gaze, not actively engaged or watching a specific event.

SINP – social interaction non play – social interaction with another child or adult, verbal or physical., but definitely not play with another child or adult (not whilst engaged in an activity).

SSC Small scale construction – using small constructional materials such as leg, meccano, hammering and nailing.

SM – structured materials – the use of materials with design constraints, e.g. jigsaw puzzles, peg boards, templates, picture or shape matching materials, counting boards, shape posting boxes, bead threading and sewing cards.

SVT – scale version toys – arranging miniature objects, e.g. dolls houses, farm and zoo sets, transport toys, toy forts. It does not include use of toys such as dolls and dishes. If miniature objects are used in pretend play, use previous category.

WA – watching other people or events. The child may watch a specific person or activity, or look around in general. Includes listening in to conversations without participating.

CONSENT FOR PARENTS

Dear parent/carer

More than words can say: the diverse communication needs of young children in the foundation stage

Our setting is involved in a research project being undertaken by a PhD student at Birmingham City University.

Carolyn Blackburn is an early years practitioner and educational researcher with an interest in child development. Carolyn wants to find out, by asking other early years practitioners (ECPs) and parents, as well as observing children, how young children aged birth to five communicate and how practitioners support them and their families.

We would like to ask for your permission for your child to be involved in this research. If you agree to his or her participation, Carolyn will:

- Read information about your child's needs and learning
- Talk to staff in this setting about your child's communication
- Talk to you about how your child's communication
- Observe him or her at the setting
- Collecting information related to your child's learning

Carolyn will at all times operate within setting policies and research ethical guidelines and has a current CRB Check.

Any data which identifies your child will be kept confidential to the project and setting, and only Carolyn will have access to it. The information collected may be used for articles and presentations. The data identifying your child will be anonymised and kept securely. You have the right to see any of the information relating to him or her.

With this letter, please find also an information sheet which describes the rights of you and your child if you agree to his or her participation in this research project. At the end of the project, the outcomes will be available in a project report called a thesis. Carolyn will let you know where you can obtain a copy.

To give your permission, please complete one copy of the form attached and return to the setting. Please keep the other form for your records.

More than words can say
Request for permission for your son/daughter to take part in a research project

PERMISSION

Once you have read the information, please complete the following form:

	Please tick to show your response:	**Yes**	**No**
1	I understand the aims of the research, and agree that my child can participate in the research project.		
2	I have received and understood the information explaining the research.		
3	I understand I may withdraw my child from the research at any time, without prejudice.		
4	I agree to take part in an interview, for the interview to be recorded and understand that I will receive a transcript of that interview to read and verify.		
5	I understand that everything which is recorded shall remain confidential to the project, and that nothing will be reported in any way that could identify me or my son/daughter in without my permission.		

If you would like to talk to someone further about the project, please tick here ☐

Child's name . . . .

Setting . . . .

I agree to my child taking part in the research project as described in this letter.

Signature . . . . Date . . . .

I am this child's parent/legal guardian . . . .(please sign)

Print name . . . .

More than words can say
PERMISSION FOR MY CHILD TO BE VIDEOD OR PHOTOGRAPHED

During the course of the project, I would like to collect still camera evidence to enable me to analyse the interactions between adults and children more closely. Any photographs I take of your child will be held securely in a locked cabinet or in a secure computer filing system.

It will be viewed only by the setting, the researcher and her PhD Supervisor. This is so that the supervisor can verify (validate) that interpretations of data have been carried out correctly. If, at a later date, I would like to use your child's photograph in a report, article or presentation, I will ask for your permission to do so first.

You may with draw your permission for your child to be photographed at any time without prejudice.

To give permission, please would you sign, date and return one copy of this form to the researcher through your child's setting.

. . . .

More than words can say Research Project

PERMISSION FOR MY CHILD TO BE VIDEOD OR PHOTOGRAPHED

I give/do not give (please delete unwanted words) my permission for the Carolyn to take still and camera pictures of my child in the course of the Research Project (February 2011 – February 2014).

I understand that:

- Any photographic material taken will be held securely.
- Only the setting, the researcher and her supervisor will have access to the material.
- I will be asked for my permission if the researcher wanted to show or print the video/still images outside this group.
- I can withdraw my permission without prejudice.

Child's name . . . . Setting: . . . .

Signature. . . . . Date. . . . .
I confirm that I am this child's legal guardian. . . . .
(Please sign)

Print name. . . . .

APPENDIX I

LIFE HISTORY FOR CHILD-3 AND CHILD-6

Child-3

Family position and health

Child-3 was aged three years and five months and lived with his parents, brother aged seven (who had also experienced SLC delay in early childhood) and sister aged 18 months, as well as a student lodger. Parents were both aged 39 and were employed as a nurse (mother) and a technician (father). The family originated from the Philippines and moved to England before their three children were born. They did not have any other family members living in England, but had developed friendships with other families from the same cultural heritage living in the same community. Three languages were spoken in the home. These included Ilocano, Tagalog and English.

Parents reported that after a normal pregnancy and delivery, child-3 experienced minor health problems in infancy including persistent vomiting. He was rushed to hospital on one occasion apparently choking with milk. After medical concerns from paediatricians that parents were over-feeding him, parents changed the milk brand they were using and the difficulties ceased although he had persistent allergies and eczema.

Parents' reports of child-3

Parents described their child's SLC as 'a bit late' but said that his early language development had been typical. He had started babbling with sounds such as "booboo", and "dada", although they could not recall the age at which this occurred. They did remember, however, that by the age of 18 months, he started to pronounce words more accurately in English, saying "daddy" instead of "dada". Despite this, at the age of approximately 18-20

months his SLC had regressed, for no apparent reason, to the extent that parents questioned whether using their home languages alongside English to communicate with their son was unwise. For example, his speech did not progress beyond the one-word level as he approached his second birthday and by his third birthday, he had only just begun to use two-word sentences such as "where drink" but would also occasionally revert to one word sentences such as "broken" to inform them that a toy was broken.

They also reported that their son did not speak any words in their two native languages, and that he ignored them when they attempted to teach him Ilocano or Tagalog, so they had decided to converse with him predominantly in English as they were concerned that he was "mixing-up" the three languages and his speech became difficult to understand

Parents revealed that their son had been assessed recently in English at the SLT clinic, following which he had attended some SLT sessions at clinic. They reported an improvement in his development resulting from this. Furthermore, SLTs had provided advice to parents about how to support their son, which included suggestions to 'keep repeating words' to their son, to encourage him to talk slowly and to encourage him to use speech rather than gesture such as pointing, though they had not specified how parents should achieve this.

Parents had been questioned by SLT as to whether they were attempting to teach their son any home languages and reported that they had been advised by SLTs to 'focus on English at home' because they [SLT services] felt that their son was confused by the use of three languages. This had confused them as they had read articles that suggested children who could speak more than one language 'fared better' than those who only spoke one. Interestingly, they seemed to perceive that culture and language were un-associated

> L is too young to be aware of his cultural background. We prefer that L takes on the English culture, because we are staying here, we only visit the Philippines occasionally. He would be an outsider, if we didn't let him embrace the English culture. It's nice if he learns the Philippi no culture and tradition, but he won't be living in that culture.

Although he had received three SLT sessions in clinic, they were hoping that he would have access to a regular SLT group in order to enhance his SLC skills as they were concerned that he would experience difficulties on entry to reception the following September. However, they also reported that since attending his pre-school, his SLC had improved from saying only a few words to speaking in sentences.

They felt that unlike his older brother, he was at least sociable and appeared to enjoy interaction with other children, although his SLC was considerable more delayed than his older brother's had been at a comparable age. His elder brother was reported to now speak 'good English' and parents were attempting to teach him some of their other home languages.

The HV had visited the setting to assess him, but had not reported her findings to parents and they were awaiting her report.

Practitioners' reports of child-3

However, practitioners reported that he had delayed language development and used single words and babble, pointing and gesture to communicate. His vocabulary was limited to familiar nouns but he could count to nine and knew number names out of sequence. He could say some alphabet sounds but not phonetically. They noted that the language which was emerging in the setting for the child was English with a lot of babbling. They also reported that the HV had informed them that parents 'should be hearing a lot more language at this age.'

He was beginning to follow some simple instructions within nursery routine which had been learned over time, but struggled with new concepts. He would play alongside peers but did not interact with them. He would play at length alone with small world toys and was beginning to concentrate better in adult-led craft activities.

Child-3 was the only child in the setting from the Philippines although there were a high number of children with EAL in the setting to the extent that practitioners reported they were 'drowning in EAL'.

The setting were aware that three languages were used at home since the HV had informed them of this, and that the family originated from the Philippines. They were aware that child-3's father spoke Tagalog, and that English was spoken within the home, but were unsure what the third home language was. They also reported that child-3's mother did not 'speak very good English' but that his older brother spoke English

In describing the strategies used within the setting to support SLC, practitioners mentioned the use of visual aids for following instructions, timetables, picture cards, lots of interaction with the children from adults generally, and adults joining in with play and modelling speech. They reported that SLT targets were for child-3 to use two word sentences and that they had a book of activities from her to work with him to help him to use two words together.

Child-6

Parents reports of child-6

Child-6 was aged four years and four months and lived with his parents and sister who was aged seven and had social and emotional difficulties which required additional support at school. Parents were aged 41 (mother) and 40 (father) and were employed in professional roles as an optician (mother) and a development consultant (father). Extended family lived in close proximity and maternal grandparents regularly accompanied child-6 to nursery and collected him at the end of his nursery session.

After a normal pregnancy and a long labour, child-6 experienced sickness throughout his first year and frequent and persistent ear infections from birth to two-years of age. Parents reported that they were repeatedly given medication for this (Puriton) and that medical professionals reassured them that the ear infections would eventually clear up. Grommets were fitted when he was two years-old and parents reported that, whereas before this he only mumbled, since they had been fitted, parents could see an immediate improvement

> He never really said mum or dad it was just a low mumbling noise. The afternoon of the operation, he started to make clear melodic noises and high humming noises. The minute the grommets were fitted, it was obvious that he could hear so much more.

On describing their son's early language development, parents reported that he had always been very pleasant, smiled a lot when he was little, when he was very young (under 10 months) he would always look at people under his eyebrows 'in a very cute way.' However, they elaborated by stated that was the only eye contact with people that he made as he rarely looked directly at people. Furthermore he was not a very loving little boy. For example, he did not want to be held or cuddled and when hurt himself did not express any distress either

verbally or non-verbally. Although parents thought this strange, and different from his sister, they attributed this to gender differences.

Parents also reported that repeated hearing tests showed that their son had hearing loss, but that medical professionals appeared to be hoping that at some point the fluid would move from behind his ear and release the ear drum, but this did not actually happen.

Parents reported frequent meetings with the HV during which they raised concern about their son's lack of speech and communication, as he did not even point or gesture. The response they received was "well he's a boy and boys are a little slower than girls". The HV reassured parents that it was not uncommon for children's speech to be delayed until the age of three.

Other professionals involved had included a *Portage* worker, a community paediatrician, and professionals that parents were aware of but had not met including the LA Area SENCO and a Psychiatrist. Parents were aware that their child was 'at pre-school forum'.

In describing their child's current SLC, they reported that 'he's not where he's supposed to be' but that since commencing at nursery 14 months previously, his development had improved significantly to the point that 'you can actually have a conversation with him, he can ask me for what he wants'. This was an improvement on his previous use of pointing to objects, using hand gestures or frustrated screams that provided adults with little indication of what he wanted or how to meet his needs. They had tried using pictures and photographs without success as he did not appear able to select the correct photograph resulting in parents having to resort to a process of elimination in order to determine his meaning. They stressed that his current SLC relied on imitation of others and mediation from adults. Without this he tended to be solitary. Although people who were familiar with his SLC could increasingly

understand his meaning, those who did not know him well required interpretation from familiar adults.

It was clear that parents felt that at least some of their son's difficulties with SLC, in particular his lack of motivation to initiate interaction with peers, were due to his early hearing loss and their perception of the lack of early identification and appropriate treatment

> In my head, he's already two years behind because he couldn't hear so therefore he wouldn't have gotten those skills [social interaction], because he couldn't join in. So I don't know, there's absolutely still a little bit of the fact that he's lost two years because of not being able to hear. I'm not saying that's all it is, that that's all that is the matter with him, but I definitely think it's got something to do with it.

Practitioner reports of child-6

Mainstream setting

Practitioner descriptions of child-6 were different. The manager of his mainstream setting stated that although he had no verbal communication skills on joining the nursery at the age of three and would mainly cry, his main communication strategy now was verbal communication, with occasional use of gesture. For example he would sometimes lead an adult by the hand to an object that he wanted. He was also reported to use photographs occasionally to show adults something that he wanted. He would interact with familiar adults and was content to play alongside peers. The manager of the setting explained that his difficulties had been identified 'quite late' and she felt he had 'slipped through the net'. He was three years-old by the time he was referred to the nursery assessment centre and his mainstream setting at the same time.

Strategies suggested by the mainstream setting to support SLC included the use of photographs and visual timetables, specific activities that were recommended by the SLT,

and adult-child interactions, clear modelling of language, for example using language that was appropriate for a child's understanding and extending their SLC development by modelling the next stage.

Specific strategies on child-6's IEP (as recommended by his specialist setting) were to broaden his understanding of single words (clothes, animals, body parts, food, household items), actively draw others into his social interaction and develop imaginative play sequences using role-play resources.

Specialist setting

The specialist setting attended by child-6 reported that he used a number of strategies to communicate, including signing, photographs (PECS) and gesture as well as speech as the setting used a 'total communication' approach. This had proved particularly effective in hygiene routines, as he would happily take a picture of the toilet to an adult when the need arose, which had eliminated earlier problems with soiling. The practitioner noted that he was quite 'chatty' and talkative when he was happy and mentioned his friendship with another child who also was diagnosed with autism, which she reported as rare as 'children with autism tended to be rather solitary'. She noted the effect of different environments on child-6. For example she had observed child-6 in his mainstream setting and found that although other children might show an interest in him when he was engaged with particular toys, as soon as they realised they did not 'get anything back from him' they would quickly lose interest and walk away. Another example was that in his specialist setting, one of his targets was to join in with group time and action rhymes, however, in his mainstream setting he was already reported to have achieved that. Therefore she concluded that he might 'do something in one environment that is not generalizable or transferable to others'.

The practitioner further observed that professionals needed to be attentive to parents' concerns, especially if they had another child and knew the stages of child development and that parents instincts about children's development and problems with it should be taken seriously.

Effective strategies reported in this setting included "intensive interaction" as well as objects of reference, photographs and symbols for children to understand what is happening now and next to them so they can start making choices and ask for things, and access to SLT.

Specific strategies for child-6 stated on his communication intervention plan were to respond to his name, follow an adult's lead for 3-5 minutes, sustain eye contact with a speaker, increase joint attention, develop verb understanding, learn and use key vocabulary – functional communication, allow for communication partner's turn, request desire, develop understanding at an appropriate level

Professional reports

Minutes from team around the child (TAC) meetings (held twice weekly) resulting from the *common assessment framework* (DCSF, 2006) recorded that a number of tasks had been recorded on the *Early Support* (DfES, 2004c) child development profile that child-6 had undertaken at home, but had not been observed in a group setting. The number of soiling accidents that occurred in the mainstream setting was reported as a concern by parents. In addition, the minutes recorded that he had a particular friend at his specialist setting but not at his mainstream setting. However, he had been observed by his keyworker playing with other children at his mainstream setting and inviting them to join him in with his play, although she did not indicate whether or how peers responded.

The targets on his individual education plan (IEP) were for him to broaden his understanding of single words, such as clothes, animals, body parts, food and household items and to actively draw others into his social interaction, as well as develop imaginative play sequences using role play resources.

His statement of special educational needs (SEN) stated that he had significant and complex speech, language and communication difficulties. The statement reported that he could understand and follow basic instruction and would occasionally engage with incidental conversation. He used some full sentences that were learned rather than constructed by him and he was extremely difficult to understand by those unfamiliar with his communication. He was reported to use single words to communicate, although he was beginning to construct two-word sentences such as 'want puzzle'. His play was reported to be mostly solitary with some interactive play occurring with one particular child.