



SPEECH AND LANGUAGE DIFFICULTIES

An assessment of the parents experiences who have children with speech and language difficulties and services provided in northern part Finland.

Kilpeläinen Faith

Bachelor thesis in the degree program of social services
Work with families, youth and children
Bachelor of Social Services
Bachelor Thesis

KEMI 2012

ACKNOWLEDGMENT

I would like to express my appreciations first to the Kemi-Tornio University of applied sciences for giving me a chance to be part of them and learn in a very supportive environment.

Secondly to my class supervisors for this research Vinkki Kaisu and Leppälä Sari for their great support during of this process, they showed me a lot of patience and challenged me to think out of the box. Their guidance gave me focus without which this research could not be realized.

Thirdly to my class teachers throughout this 3.5years Rauno Pietiläinen, Leena Seppälä, Laura Jokela, Eliisa Kursula, Raimo Vähänikkilä, Paul Nijbakker, Santa Saarela Helena, Salonen Niina, Hjulberg Merja, Sari Kähkönen and all the supportive staff working in offices to ensure smooth learning.

Finally to my dear family members in Kenya Nathan Gitimbu, Rosemary Kanuu Gitimbu, and Nancy Kanyiri who have given me unending support to ensure that I cope studying so many miles away from them and to my husband Erno Kilpeläinen for the comfort, encouragement and IT advises during this whole process. To you all I looked upon and got the strength and inspiration to work harder and accomplish this.

TIIVISTELMÄ

KEMI-TORNION AMMATTIKORKEAKOULU,

Koulutusohjelma:	Sosionomi
Opinnäytetyön tekijä:	Kilpeläinen Faith
Opinnäytetyön nimi:	Puheen ja kielen ongelmat
Sivuja:	56
Päiväys:	05.10.2012
Opinnäytetyön ohjaajat:	Leppälä Sari ja Vinkki Kaisu
<p>Opinnäytetyön kuvaus Tämä tutkimus kuvaa niiden vanhempien kokemuksia, joiden lapsilla on puhe- ja kieliongelmia. Tutkimuksessa kuvataan myös sitä, miten lapsia on tuettu Suomessa.</p> <p>Teoreettinen ja käsitteellinen esittely. Tutkimus yhdistää vanhemmat ja varhaiskasvatustyöntekijät kasvatuskumppanuusperiaatteita noudattaen. Teoreettinen osio sisältää myös kuvauksen lasten puhe- ja kielihäiriöstä. Tässä osiossa tarjotaan perusteet ymmärtää erilaisia vaikeuksia, joita lapset voivat kokea.</p> <p>Tutkimuksessa etsitään vastauksia seuraaviin tutkimusaiheisiin: Millaisia kokemuksia vanhemmilla on, kun lapselle kehittyy puhe- ja kielihäiriö? Miten tällaisia lapsia ja heidän vanhempiaan tuetaan Suomessa?</p> <p>Metodologinen esittely. Qualityivisen tutkimuksen menetelmänä käytettiin haastatteluja. Sekä vanhempien että lastentarhanopettajien haastattelut äänitettiin ja kirjoitettiin myöhemmin tekstiksi. Tiedot analysoitiin ja esitettiin content-menetelmällä.</p> <p>Tärkeimmät tutkimustulokset. Tämän tutkimuksen tärkeimmät tulokset olivat vanhempien kokemukset tunnistamisprosessissa, hoitokumppanuudessa ja tuen saamisessa. Näillä perheillä on mahdollisuus saada laadukkaita tukipalveluja, muun muassa puheterapeutteja, lasten neurologeja, psykologeja, lasten lääkäreitä, hoitajia, sosiaalityöntekijöitä, erikoislastentarhanopettajia sekä lastentarhanopettajia.</p>	
Asiasanat: varhaiskasvatus, puhe, kieli, erityistarpeet	

ABSTRACT

KEMI-TORNIO UNIVERSITY OF APPLIED SCIENCES

Degree Program:	Bachelor of social services
Author	Faith Kilpeläinen
Thesis title:	Speech and language difficulties
Pages	56
Date:	05.10.12
Thesis instructor(s):	Leppälä Sari & Vinkki Kaisu
<p>Thesis Description. This research is intended to access the experiences encountered by parents who have children with speech and language difficulties, and how such children and parents are supported in Finland.</p> <p>Theoretical summary. This research brings the parents and early childhood educators together, through the concept of care partnership. Theoretical part includes also a description of children speech and language disorders, This chapter serves as a basis of understanding the various difficulties children may experience. The research questions for this research are what the experiences of parents are when children develop language difficulties and how such children are and parent supported in early childhood and care partnership in Finland.</p> <p>Research Method. The method of this research is qualitative and interviews were conducted face to face with parents and special kindergarten teacher. The interviews were recorded and later translated and coded in handwritten. I used content data analysis method to interpret and present the findings.</p> <p>Main Results. The main results for this research are:, parent experiences of identification process, they have to join in care partnership and getting special needs support. There is quality services provided for these families which includes speech therapist, children neurologists, psychologists, children doctors, healthcare nurses, social workers, special kindergarten teachers and kindergarten teachers.</p>	
KEYWORDS speech, language, early childhood, special needs.	

TABLE OF CONTENT

TIIVISTELMÄ	3
ABSTRACT	4
1 INTRODUCTION	7
2 CHILDREN SPEECH AND LANGUAGE.....	10
2.1. Speech and Language Disorders	10
2.2. Identifying Speech and Language Problems	11
2.3. Nature of the Language Problems Children Experience	12
Delayed or disorder	12
The Sub-components of Language related.....	13
Auditory Processing Problems.....	16
Phonological Problems	16
Vocabulary Problems	16
Grammatical Problems.....	17
Pragmatics Problems	17
2.4. Sub groups of Children with Language Difficulties.....	18
3 EARLY CHILDHOOD.....	19
3.1. Early Childhood Education and Care.....	19
3.2. Cooperation and Partnership in ECEC.....	21
4 RESEARCH IMPLEMENTATION	24
4.1. Purpose	24
4.2. Research Process	24
4.3. Qualitative Method.....	26
4.4. Data Collection.....	27
4.5. Semi Structured Interview	28
4.6. Data Analysis	29

5 FINDINGS 35

5.1. Results Finding..... 35

5.2. Identification 35

5.3. Care Partnership 37

5.4. Special Needs Support..... 39

5.5. Municipality Services..... 40

6 Discussions and summary 42

6.1. Ethical Issues and Worthiness of Research 42

6.2. Discussions of Findings..... 45

7 REFERENCES 50

8 ATTACHMENTS 53

1 INTRODUCTION

Infants are, from the moment of birth, an important topic of communication between and among their family. They affect adults by cries, gaze, movements and facial expressions. During the few months of life adults and infants are getting to know one another and becoming enmeshed in a reasonably predictable pattern of social interaction which is structured around their capabilities. There has been suggestion that the experience of early interaction sets up rhythms and patterns of social behavior which are utilized in later verbal conversations, these early interactions can be said to contribute to later communication processes, however there is no certainty that the absence of early experiences would prevent the later development of communicative abilities. The process of such a growth sometimes may go the unexpected way due to many factors and this is true of children communication and language skills. Some encounter difficulties which could be temporary or permanent and the cause varies a lot.

I came to hear speech and language difficulties here in Finland when in our class we visited the family counseling center and the psychologist who was in charge there mentioned that there is more increase to children speech and language difficulties, the reason thought to contribute to this was that parents are getting busier and busier and some have little interactions with their children and don't talk to their children as much, the computer games and internet is more available to children. From this point I got interested with this topic. I thought if there is was an increase of such difficulties I thought it is an opportunity for me to get familiar with some aspects of this topic, since it is concerns my future work after school since I had decided my specialization will be work with the children. This is how I came to this topic.

In this thesis I seek to know the experiences of parent when their children encounter such difficulties and what services are available for such children and parent to support them in a daycare center in northern Finland. I look at the problems of spoken language and no other form of language like sign language in this work. This thesis work is brings early childhood education and care partnership together and provides a platform where special education and support is implemented.

In order to understand more the speech and language difficulties encountered by children, I begin in chapter two by giving a brief explanation of speech and language disorders in children and how they are identified in their nature and the sub groups. This topic was complex and here i just gave brief explanations for my main focus was not the speech and language explanations but the experiences of parents and support given when a child is identified to have any speech and language difficulties.

In chapter Three I discuss the early childhood education in Finland, and my aim is to describe how care of children is provided in Finland, in relation to fostering child development not only in language but holistically. Main issues highlighted in this chapter includes the legislation in which the guidelines of early childhood education and care partnership is based on, also the values and principles of early childhood and care partnership which ensures a client oriented approach and ethical approach. .The chapter includes also care partnership in Finland which is a central place for children, parent and educators in care and upbringing of their children in Finland.

In chapter Four I proceed to discuss the research implementation which focus on the purpose of study, process, research method, data collection, interview, and data analysis, followed by a discuss of the results of this research , bibliography and attachment.

In chapter five is about the findings of this research, and this give the answer to the research questions. The experiences of the parents when have children with speech and language difficulties includes Identification which begin by parent noticing the abnormalities of child speaking and understanding, this was aided by doctors diagnosis but still parents experience a moment of seeking to know more and identify more the child difficulties.

Care partnership was the second experience of the parents this came about as an intervention and once the child is identified to have these difficulties, then the parents are advised to take the child to daycare in case the child is cared in other form of care like home. When the parent Join to the daycare centers with their child they then enter into a care agreement when the parent, child and care givers are in equal position to plan and implement the care of the child and upbringing, the parents are no longer alone in

the care of their child but also daycare workers, daily discussions is important, meetings, evaluations and planning.

Special needs support was the other experience of the parents, when the child is identified with such difficulties a lot of testing and assessment are done by doctors, psychologists and child neurologist to get all vital information to help in care planning. The care needed for some children is a specialized care which means the parents have to take part in special needs support application, planning and implementations, the parents takes the child to doctors, nurses, speech therapists, and all places they are to go for intervention.

And lastly in findings, it was clear that municipality provided a number of services to such parents and children they include, child doctors, psychologists, child neurologist doctors, nurses, family social worker, speech therapist, special kindergarten teacher. These services are given in daycare centers, schools, city hospitals, health care center or in private companies depending on how the city arranges them. It is worth to note that there are great variations on how such services are arranged by different cities in Finland.

In chapter Six I discuss the issues in research and give a summary of findings, here the main focus is ethics and worthiness of research I highlights issues like confidentiality, informed consent, deception and disclosure, coercion and deformed consent, moral ambiguity and risk.

This chapter ends with a conclusion of the research, where I assess each aspect of this research and give a conclusions and way forward.

In chapter seven I give the references, this includes all the materials I used in this research both books and internet pages.

2 CHILDREN SPEECH AND LANGUAGE

2.1. Speech and Language Disorders

This topic is the background of my thesis work, it is a very complex topic and lots of different studies have been done about it, I discuss here in brief the main general disorders since I did not specialize on one specific difficulties. This thesis was on general difficulties and defining them was not the focus. In the questionnaire I asked the parent questions to find out the types of challenges the child experienced. I did not ask what the names of the difficulties or categories are; this was intentionally done so as to focus on the experiences of the parents.

As I read more about this topic it was certain that majority of children acquire language in an effortless ways, they progress smoothly from babbling in their first year to the complex use of grammatical utterances by the time they enter school. However to some few others language acquisition process needs more efforts and even additional specialized help. The difficulties mainly occur in both acquiring language and using the language system to communicate.

A language difficult is identified when a child has problems in the acquisition and development of oral language. Language and communication difficulties occur for a variety of reasons, for example physical disabilities like hearing loss, early language experiences, or as part of general difficulty in learning and cognitive functions.

This area of children and their difficulties have been described in a variety of ways, and the confusion is reflected in the variety of terms that has been used to describe

As stated by Dockrel & Messer (2010, 40.) These terms includes developmental aphasia, specific language impairment, and developmental disorders of language, specific grammatical language impairment or words-finding difficulties. Unfortunately little consensus exist about the appropriate terminology in this area .In this work I use speech and language difficulties to describe the children with basic primary speech and language difficulties. (Dockrel & Messer 2010, 40.)

And when interviewing the parents I focused to ask them for example describes the signs they realized in their children and how they were behaving. It was very clear the complexity of the terms especially when I was interviewing the kindergarten teacher and special kindergarten teachers who understood more the categories.

2.2. Identifying Speech and Language Problems

Identification is very vital part whenever a child has some form of speech and language difficulties for its sets the beginning of an intervention process. I consider it important to highlights some of the methods and means used to diagnose these problems. These methods are used of course after something unusual has been noticed, and they help the professionals find out the specific difficulties and what could be the causes and what intervention could be helpful.

Parents notice some changes in their children as they develop, it is sometimes not obvious that they take action unless the situations become very worrying, or other people like nurses, doctor and teacher inform them something is unusual.

According to Dockrel & Messer (2010, 41) the identification of language difficulties is problematic. Conventional classification system used by doctors and psychiatric s' includes categories related to specific language problems. The international Classification of diseases and disorders (ICD10) by World health Organization 1990 describes the categories of specific development disorder of speech and language, while the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American psychiatric Association 1994) uses the term developmental language disorders. However all these test in their criteria to make the diagnosis they focus on the three main issues which include, performance on language test below the child chronological age, a discrepancy between the child's language skills and their non-verbal abilities, and finally the language abilities that cannot be attributed to any other causes. (Dockrel & Messer 2010, 41.)

These tests are the universal standards tests meaning they are used by most countries including Finland.

2.3. Nature of the Language Problems Children Experience

In this part I aim to make it clearer to the reader of this thesis, some of the difficulties that could be among the children termed as having speech and language difficulties. Even in my thesis I used the general term speech and language difficulties, each of these case of such difficulties is studied carefully by doctors and other professional working with such child to ascertain clearly where the problem origin is, in other words the nature of the speech and language problems. The following are the nature of speech and language problems in children; delayed or disorder, sub component of language related.

Delayed or disorder

When I choose this topic, I was faced with a decision to make especially on this issue of delayed speech and language or a disordered condition. I began my discussions with the kindergarten teacher about this issue, it was clear that some children have a delayed speech and language which eventually gets to the level of their peers without problems but some others what could be thought as delayed is discovered to be a much more problem that needs some intervention. I asked in my interview the parents to tell what kind of difficulties their children has, and tell more how it was noticed and dealt with afterward.

There has been much work done by different researcher on this delayed or disordered language the distinction between a delayed or deviant language system has been drawn by clinicians for a number of years, a delayed language suggest that a child is acquiring language in a normal way but at slower pace than their age-matched peers, thus there exist a gap between child skills compared to children of a similar age, in contrast a disordered language implies a qualitatively different pattern of development, one that differ in terms of the way in which language processing occur and or the order in which the language is acquired. Dockrel and Messer (2010, 38) argue that on the surface this seems like a straight forward distinction but it is not easy to determine whether a child's

language is qualitatively different or not. To do this a detailed account of the normal patterns of development is needed. (Dockrel and Messer 2010, 38)

The Sub-components of Language related

Sub components of language entails problems that arise from auditory problems, phonological problems, vocabulary problems, grammatical problems, pragmatics problems processing problems. Each of these problems has different effect on the child and so the focus of intervention is different. I got more clear explanations when interviewing the kindergarten special teacher as she answered to the questions of what services they offer such children. There is different test and practices what they do with children and all depends what nature of difficult the child has.

As stated by Dockrel & Messer (2010, 48) Explanation of language problems are presented in two different ways, this includes explanations that are language specific and often focus on the sub components and explanations that are offered on more general level which reflect the way the cognitive system works(Dockrel & Messer 2010, 48.)

It is unlikely that there is a single cause for the language difficulties, but most important step is to first provide a an accurate description of the difficulties that a child is experiencing then give a possible explanation of why the difficulties and this give interventions a more clear focus.

The figure 1.1 below shows how the key components in the language system can relate to each other from Dockrel and McShane (Dockrel &Messer 2010, 48).

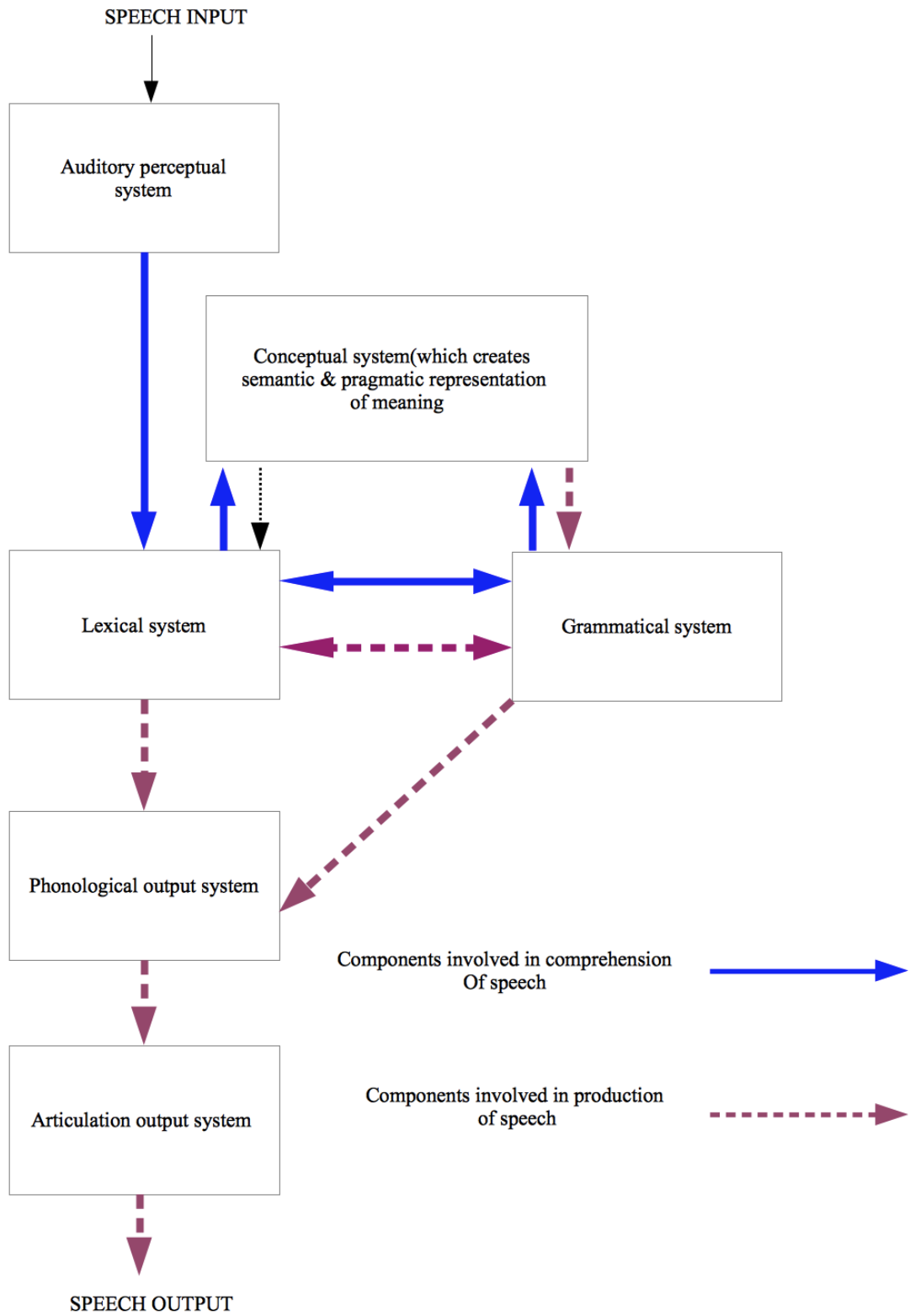


Fig 1. Key Components in Language System

This figure explains what factors affecting speech input and output in a child and how these effects affect child speech and language developments. The blue color connector shows the components which are involved with comprehension of speech while pink color connector show components which are involved with production of speech.

Auditory Processing Problems

To learn a language a child must be able to detect when sounds occur and also discriminate between and categorize sounds. Problems with early stages of auditory processing are particularly significant for language acquisition. As it is stated by Dockrel (2010, 50) if a child is unable to detect difference between certain speech sounds, such as like t and c or detect pitch changes, there will be less opportunity to develop accurate speech representation. (Dockrel and Messer 2010, 50.)

There is strong evidence to support a processing deficit explanation, even it doesn't explain all the problems children have with language system nor does it predict the different patterns of phonological difficulties child have. Example it has been established that children with phonological deficit demonstrate auditory processing problems.

Phonological Problems

Children with disordered phonological development are said to continue facing difficulties in producing sounds long after their peers have mastered the sound system. In this category there are cases that are solely located in the production side, in planning and executing movements involved in producing sound and the cases that result from a child having an inadequate or deviant phonological system, this is known as phonemic difficulties. Children in this group for example may produce a sound correctly in one word yet may use that sound as a substitute for another sound in another word, thus they are able to produce the sound but they do not produce it in the appropriate contexts.

If the child's difficulty is only on the output side, there may be problems with articulations of particular sounds that have implications for syntax such inflections being absent like s and ed or words maybe combined in an unusual fashion.

Vocabulary Problems

Difficulties in language and speech are related with difficulties in learning new words and producing known words. This group includes a group of children with words-find-

ing difficulties. It assumed that the word is in their receptive vocabulary but there are significant difficulties in retrieving the word when they need it.

Dockrel (2010, 53) adds that since there are a number of factors involved in specifying the meaning of a word, difficulties maybe caused by more than one determinant which includes poor phonological short term memory: being unable to remember what has just been said . Under-specific phonological representations: the sound pattern of the word is not stored fully in memory. A failure to implement word-learning strategies: failing to use a process to limit the possible options when a new word is encountered". (Dockrel and Messer 2010, 53).

Poorly established semantic representations: words are not grouped together with other similar words to form concepts.

Grammatical Problems

Difficulties with the formal aspects of language manifest themselves in a number of ways. This includes among others simplified in speech output, omissions of function of words and short utterances. The production of articles like a, they are omitted, prepositions like in, on, under and pronouns like he or she are omitted and also endings of verbs. The explanations given for these difficulties include perception deficits, inability to compute syntactic relations and failure of innate syntactic abilities to mature. Heather van Der Lely and her colleagues (1990, 1997) have shown that children with grammatical language difficulties have problems extracting information from sentences that are in a non-standard word order or have complex dependent elements.

Pragmatics Problems

There are several different types of difficulties children experience in producing and understanding language in social situations. Pragmatic difficulties occur when children have problems in engaging in communication for example taking turns in conversation, using language appropriately or observing the principles of co-operative conversation

There has been evidence that children with specific language impairment have difficulties drawing inferences. To make sense of much communication is necessary to go beyond the information in the words and grammar and draw inferences

Dorothy Bishop (1997) as quoted by Dockrel and Messer (2010, 55) provides a clear and incisive review of the area; she identifies three possible explanations for these problems which are as follows: impairment of information processing, inadequate opportunity for social learning and impairment of social cognition. She recognizes the uniqueness of every child's case .it is important to realize that these children may form a special sub-group of children with speech and language disorders, some authors have argued that semantic pragmatic disorders are part of the autistic spectrum. (Dockrel and Messer 2010, 55).

2.4. Sub groups of Children with Language Difficulties.

This topic has been researched for decades and still it continues to be researched bringing out the reality of the multiplicity of the difficulties that experience, and this has allowed the differentiation of a range of subgroups. Professionals have tried work out the diversity of these groups of children by coming up with subgroups below are some of the groups

“Sub-group description verbal auditory agnosia problems with comprehension verbal dyspraxia, child has limited speech and impaired production of sounds. Phonological programing deficit syndrome, child has fluent speech but hard to understand speech. Phonological-syntactic deficit syndrome child has mispronouncing and dsyfluences Lexical-syntactic syndrome child has words-finding problems and immature syntax. Semantic-pragmatic deficit syndrome child has understanding and using language problems” (Dockrel and Messer 2010, 56).

3 EARLY CHILDHOOD

3.1. Early Childhood Education and Care

Early childhood education and care are a form of services delivered to children especially from 0-6 years old children under the compulsory school age.

In the National curriculum guidelines on early childhood education and care in Finland is defined as

”Educational interaction taking place in young children different living environments aimed at promoting their balanced growth, developments and learning”. (National curriculum guidelines on early childhood education and care in Finland 2004, 12).

The close cooperation between child's parents and educators is also known as ECEC partnership. It is core for establishing a meaningful entity from the child perspectives with efforts from both family and educators.

“ECEC is a systematic and goal oriented interaction and collaboration where child's spontaneous play is of key importance “(National curriculum guideline of early childhood education Finland 2004, 12).

ECEC in which pre-school education is included and basic education together build an integrated entity ensuring consistency and continuity in child development.

The national guidelines aim at equality in early childhood education and care throughout the country and also guiding the content and quality of the activities.

The values of early childhood education and care in Finland are based on the national legislation's and the international convention of the right of the child which states that the child's human dignity is the core value.

“This core value is related to the four overall principles of the convention which include, non-discrimination and equal treatment, the child's best interest, the child right to life and full development and giving due weight to views of the child” (National curriculum guidelines on early childhood education and care in Finland (2004, 13)

Also other ECEC principles based on Finnish basic rights regulations, other legal regulations and policy documents includes, warm personal relationships, secure growth, development and learning, secure healthy environments that allow play and wide range of activities, receive understanding of the situations and voicing their opinion, receive special support they need, and freedom of cultural diversity including religion.

In the Finnish early education system there are children who belong to the minority cultural groups, in ECEC such children are for example the Sami children, children using sign language and the immigrants. In ECEC each child is appreciated as an individual and therefore the child own culture and customs respected by staff.

ECEC has great emphasis on value of childhood, fostering childhood and to help child development as human being and to fulfill these emphasis the following three broad educational goals are followed.

First, every child's' individuality should be respected to promote personal wellbeing.

Secondly reinforcement of consideration behavior and action towards others aims at children learning to think of and care about other people.

Last but not least

”Gradual build-up of autonomy aims to help children grow up into adults who are able to take care of themselves and their close people and make decisions and choices concerning their own life”. (National Guidelines on early childhood education and care Finland 2004, 14)

3.2. Cooperation and Partnership in ECEC

The early childhood education and care in Finland brings together three many components, namely the parents, the caregivers and the children. These stand points supplement each other.

“Quality in early childhood education is seen in the interactions between child surroundings known as environment and how such surrounding support children’s experiences which in turn support a child's well-being, growth and development” (Kronqvist & Jokimies 2008, 11–12.)

Parents and professional educators should work together to ensure this quality is achieved and maintained.

Kirsti Karila (2006, 91–92) defines the care partnership as

“Care partnership is an interactive and equal relationship between parents and daycare professionals.” (Karila 2006, 91-92).

The interaction is a link which connects a child’s two different growth environments and micro world’s home and daycare. Pedagogical partnership enhances the formation of a harmonious growth environment. An early childhood setting can consist of the both type of potentialities: the strengths of parenthood and the variation of services daycare can provide and inform about. Families can also make friends with each other in daycare settings and make ties to the community.

Karila (2006, 99) reckons that parents should probably have enough experiences of being heard in daily contexts before they become encouraged to participate in deeper partnerships.

“The formation of a satisfactory partnership provides time and opportunities to meet and talk.” (Karila 2006, 99)

In practice daycare workers can be very busy taking care of the groups, and it can also be challenging to find time with the parent who is rushing to bring or fetch the child.

“Officially, information is exchanged and aims documented and followed within the 'Education and development' -meetings which usually take place once or twice a year. In other words, the child's individual ECEC plan is monitored and assessed regularly among the staff and with the parents “. (Stakes 2004, 29.)

Parents and workers can have an opportunity to schedule extra time for discussions. Also the maintenance of pedagogical partnership is important when the family or child needs extra help support. For many parents using daycare services is not always a choice but an indispensable need from the family's perspective which meets in reality some of the family's requirements. Issues which bring out the vulnerability of a child and/or family are sensitive issues to handle for both parties.

Maarit Alasuutari (2006, 89) remarks that families usually want the discussions to be based on the child. Wrong interpretations about the family can hurt the integrity of the family.

Trust is an important aspect of creating a relationship where parents are more likely to raise sensitive issues about the family. Family workers and specialists can visit kindergartens and join meetings and make additional plans together with the family and daycare workers. Thus pedagogical partnership can be supportive also specialized into multi-professional teams. According to Kaskela and Kekkonen (2006, 32) pedagogical partnership can be depicted and explained by four key principles these include hearing, respect, trust and dialogue. (Kaskela and Kekkonen 2006, 32).

To be heard is a whole experience which takes place in a safe and positive atmosphere. For information to be exchanged, all parties must be present and willing to

listen to each other. To become accepted and respected without conditions is a universal need.

“To build a respectful relationship can be a challenge when confronting something different from own experiences: a different family cultures and/or different values. Depicts cultural norms and values to be deep-seated in people and that these norms and values change slowly. However, by hearing, acting and talking from a positive standpoint openly and honestly one can show respect to others” (Giddens 2001, 23)

Trust is built from the principles of hearing and respect. A key aim for pedagogical partnership is to create a confidential atmosphere for all kind of dialogue between workers and parents

“Both children and adults need different amounts of time in order to trust each other’s. Small and big steps are taken to build a satisfying relationship. Good beginnings and possibilities for pedagogical partnerships are established when families sense that they are welcomed to daycare services.”(Kaskela & Kekkonen 2006, 36.)

Dialogue is meaningful when two parties are visible environment and discuss equally. In constructive dialogue one can disagree, be frank and honest because the dialogue is based on hearing and respect among the parties involved. Kaskela & Kekkonen link the concepts of hearing, respect, trust and dialogue together: so that respect needs hearing, trust requires hearing and respect and finally dialogue requires all three first mentioned concepts. (Kaskela & Kekkonen 2006, 39.)

Through profound and most meaningful dialogue new perspectives are gained from others the child learning processes is supported and pedagogical partnership become genuine and empathetic interaction.

4 RESEARCH IMPLEMENTATION

4.1. Purpose

This research is intended to find out the experiences encountered by parent who have children with speech and language difficulties, and what support they get from the municipality to help them cope with such difficulties in Finland. This research brings the parents and early childhood educators together since the care of children is in cooperation between the early childhood education and care professionals and parents the concept of partnership is accessed and aspect of children speech and language difficulties briefly explained with the main focus being identification nature and subgroups of speech and language problems.

The study seeks answers to the following research questions. What are the experiences of parent when children develop language difficulties? What services are provided for such children and parents in Finland?

4.2. Research Process

My research process begun in spring 2011, I got some ideas after visiting the family counseling center. I began by choosing the topic speech problems in children, it was not easy to narrow down my thoughts on this topic and come up with a realistic topic so this took couple of months of jumping from one topic to another. After this I came up with two ideas of which I was not sure if any would make a sensible thesis topic but anyhow this became a start point for my thesis topic discussions with my research teacher.

After some discussions with my teacher then I settled on this topic which is related to early childhood education and care partnership since it is my specialization. And this is how I came to this topic about the experiences of parent who have children suffering from speech and language difficulties in early years. The terms to use in this topic was a bit confusing, I thought I would take a specific difficulty but then I realized that would narrow the area of my research and maybe I could not get enough interviewees, so I decided to use the general term speech and language difficulties no matter the nature and categories of these difficulties. Then I went ahead and read a bit about this topic to

just get more clear on this issues and gather the materials this took some long time , I was not in any hurry it took over six months, at the same time I went for my training in daycare and my issue got more clear, while I was at this practical placement I discussed a lot my topic with my supervisor about my thesis topic and they supported me a lot to get to the parents and children who I could interview for my research.

When I knew it was possible to get the interviews then I concentrated to get the questionnaires that I could use for my thesis and I had then one meeting with my thesis teachers and we discussed my questions and I made correction to them. I went back to my practical place and start to make arrangement for the interviews and I got two parents who accepted to come for interview, I meet them as they come pick their children and introduced myself. I sent the questions to them before the due date so they could think through them; I thought this would help my interviewee get more at ease. I had my questions written in English but I translated them to Finnish through the help of the preschool teacher.

In order to break the communication barrier I opted to carry out the interview in Finnish and since my skills for Finnish language was not good at the moment I discussed with the preschool teacher if she can be the interpreter. The preschool teacher was the contact person between me and parents so there was not problems for parent to have her in interview, so we arranged that she interpreted both English and Finnish to me and to the parent and I recorded all the interviews with the consent of the interviewees.

The interview questions were divided into three categories, each category had main subject and several questions under that subject this was so that information could be gathered more clearly according to these categories, the questions were as follows,-

The first set of questions were focused to the child, to know the situation of this child as regard to their difficulties these were the questions in this category,

What are the difficulties of your child? , Where did you get the information about your child speech difficulties, How was it noticed? , Who noticed it first? What were the signs? At what age was it noticed?, How was it dealt with?

The second category of questions focused to find out what the services are available and provided to this parents and children in the municipality following were the questions What kind of support the child gets? What kind of support you get as parent, from where you get these supports? How do you feel of these supports?

And the last category was about the parent and it was intended to find out their experiences in general about parenting such a child. The questions were as follows, - How does your child speech difficulties affect family's everyday life? Have you received peer support from other parents? What is the role you think peer support is for you?, Where else will you get the resources for parenting?.

The last category was about the child life after preschool joining school and I wanted to find out how parent felt about the progress of their children and starting school. The questions were as follows, - What school is your child going? What kind of support you wish your child to receive from school? What kind of thoughts and emotions of your child school start you have? How do you think as parent can support your child?

4.3. Qualitative Method

The research carried out is a qualitative research in which extensive interviews were conducted among two parents and special kindergarten teacher. Qualitative research is the type of research that attempts to discover new phenomena within a specific research subject by researching individual agents that are relevant to the subject.

According to David Silverman (2006, 114) if you are concerned with exploring people's life histories or everyday behavior accessing an individual's attitudes and values, things that cannot necessarily be observed in a questionnaire, then qualitative methods are favored.

Qualitative researcher wants to know where, when, how and under what circumstances behavior comes into being, the historical and movements part of it.

“Each act, gesture is significant in the eyes of qualitative researchers “. (Bogdan & Knopp 1982, 1).

The same idea is expressed by Hirsijärvi and Hurme. The aim of qualitative research method is to understanding the context, to interpret what is going on and to understand the active agents at hand (Hirsijärvi and Hurme 2008, 22).

Qualitative research provides a unique way to inspect a single phenomenon and its processes in a way that helps the people researching to understand as much as possible from an in-depth approach.

There is a difference between qualitative research method and quantitative research methods.

“While qualitative research method is person centered, the quantitative method on the other hand is variable centered”. (Kananen 2008, 25.)

Qualitative research seeks to stress on the meanings and questions why things are supposed to be in a particular way although it is the reality. While quantitative research uses statics to get its results. Qualitative researcher’s uses questionnaires, observation and interviews to collect data.

4.4. Data Collection

The process of data collection is a core part of every research since is the part used to describe the process of preparation and data collection.

“The reason for data collection is to acquire information, to make important decisions in support of a theme or ideas of a research. To maximize data collected, it is very important to be opening minded and flexible.”(Moule & Goodman 2009, 288.)

The data collection method used in this research is the semi-structured interview. As explained by Padgett Deborah in her book "Qualitative Methods in social work research",

An interview helps to bring more information from the interviewee as a result of the face to face contact. They might also be the use of body language which could shed more light in the interview". (Padgett 2008, 3.)

Having had face to face interviews with the participants, it helped me to see from their appearance their age group and race. Tape recorders were used to record the interviews. The form of questions was the same to all the interviewees but I could modify the order of the questions or could change some questions in a different way. There was no ready answer options; everyone answers was in their own words. This method is good in finding out intact knowledge and controversial details, which might not come up in a traditional interview.

I preferred interviews in carrying out this research because when conducting an interview, the interviewee may bring out many ideas and themes within a short period of time as compared to using questionnaires which may lead to very short answers.

As Hirsijärvi and Hurme states that there might not be enough space and time to fill in the questionnaires. The questions might also be very straight that needs very straight answers but with interviews it gives opportunity to ask open ended questions which responses could lead to more probing to get more information. (Hirsijärvi & Hurme 2008, 23.)

4.5. Semi Structured Interview

This is a form of interviewing according to Punch (1998, 172) that use open ended questions and give an in-depth understanding and could also be called

“Ethnographic interviews”. (Punch 1998, 172).

This type of interview helps the interviewer to understand the behaviors of people that are revealed through the interview period without the interviewer having any prior knowledge about the themes that might arise during the interviews.

According to Fontana and Frey Punch Keith (1998; 172), unstructured interviews have seven aspects in which it could help the researcher to collect data during interview. (Punch 1998, 172.)

In this study I had the interviews in a setting that was accessible by the participants and me. With some interviewee I used only English language though we had to discuss with the individual about their ability to use the language, and with others I had to use the help of a translator since the interviewee felt not very comfortable to use English even they could understand the English word but they felt they could speak wrong or not get the words they want to say. My understanding skills of Finnish was not to the level of fully understanding also in order to minimize errors it was necessary to use a translator. I had a good understanding of the interviewee culture since I have been in this culture for a while now and this is an important aspect in this method of data collection. Questions were open ended questions in one page and were divided into three categories:- the child difficulties, the family\parent experience and the Services and support given.

4.6. Data Analysis

Analysis of any research refers to the data interpretations. It is where the basis of developing different theories is postulated. It is the building block upon which new ideas are developed. I used content data analysis because it would help to easily come out with the different themes that I got from the data.

“This method of analysis is said to be a research analysis method that systematically describes and quantify research phenomena”. (Moule & Goodman 2009, 343.)

This method is known also to be the most common way of analyzing qualitative in the field of social sciences.

When the data was collected I had to listen over and over to the tape and tried to get familiar with what the respondent had said. And later on transcribed and wrote down all the various responses that the participants had responded from the different questions. I had to listen for example question one from every respondent and write down on my notes different issues that came up and direct sentences then tried to compare all the five different result to the same questions. All the answers for the similar questions were put under the same table as raw data.

Content analysis involves reducing data exploration and data processing. Data processing includes coding which basically involves organizing data into categories, for example, meaning unit, condensed meaning unit, codes, categories, and themes. Content analysis is a tool used to determine the presence of certain words within a text.

“Researchers analyze and quantify the presence, meaning and the relationship these words and ideas and then make logical scientific inference about the message carried within the text in line with that they research” (Moule & Goodman 2009, 343).

I used the same process, group same ideas and pick key words to form subcategories and then came up with main ideas to represent those ideas what formed the findings. The following topics were the main results which came up and are later discussed in the findings, identification, care partnership; special needs support and municipality services.

In the figures 2, 3, 4, and 5 below I show how I analyzed the data I got from the interviews I noted down the related answers what the parents gave, all related issues I grouped then noting directly the words they used and this forms the raw date. And from this raw date I got key words and these key words forms subcategory and lastly from the subcategories I chose one word that can represent all of them all. This is what I show in the figures below.

Raw Data

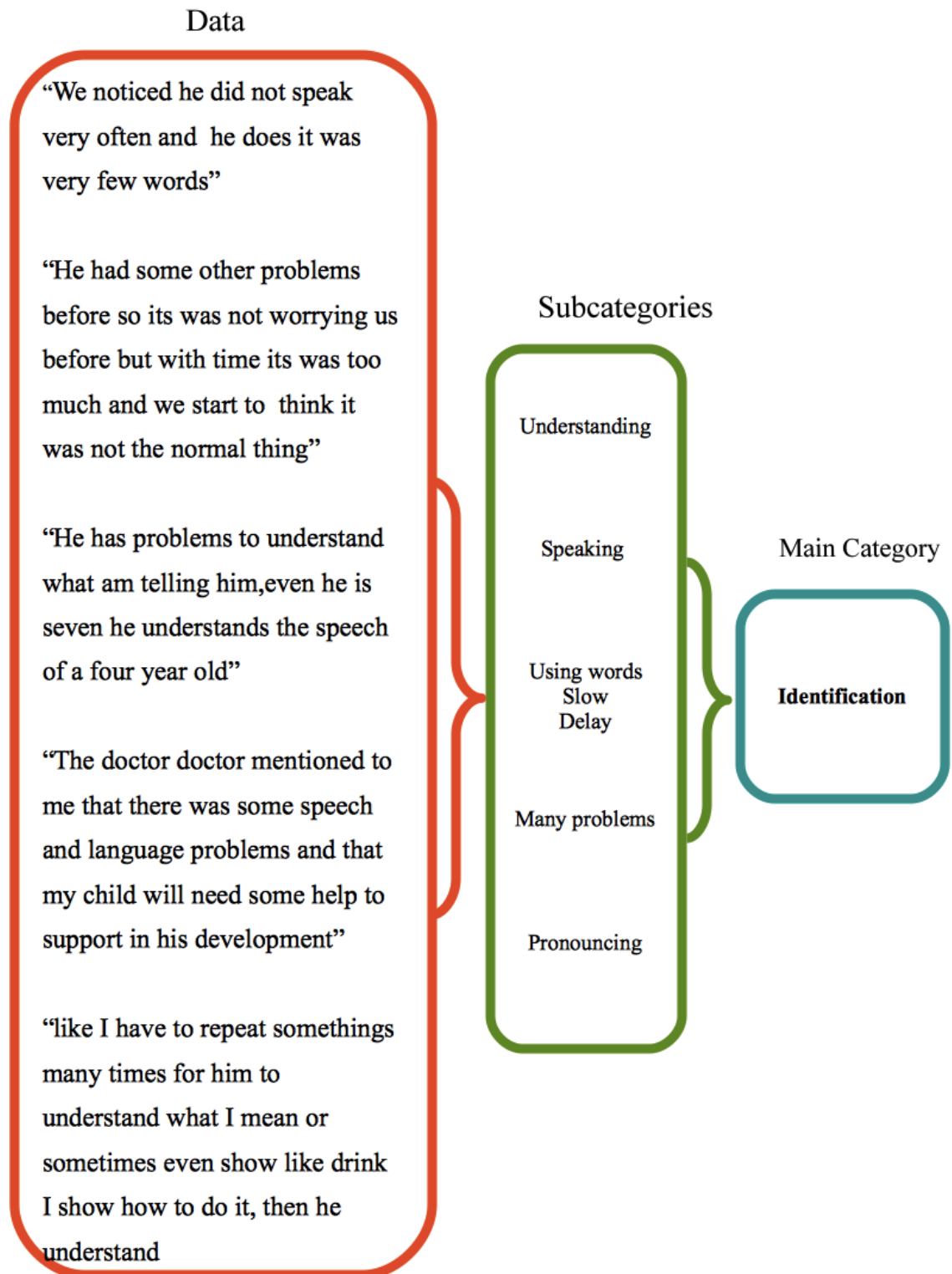


Figure 2 Identification

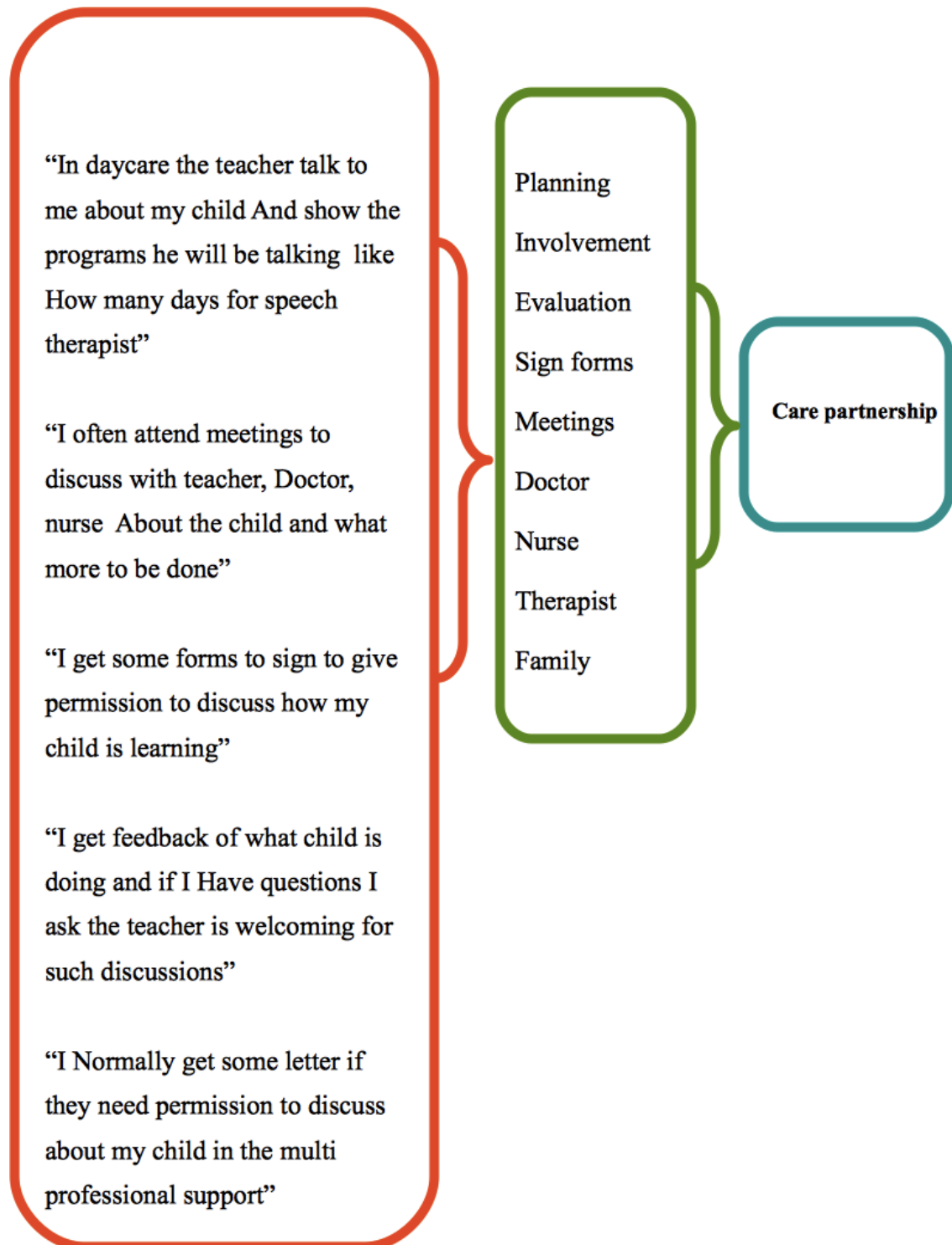


Figure 3 Care Partnerships.

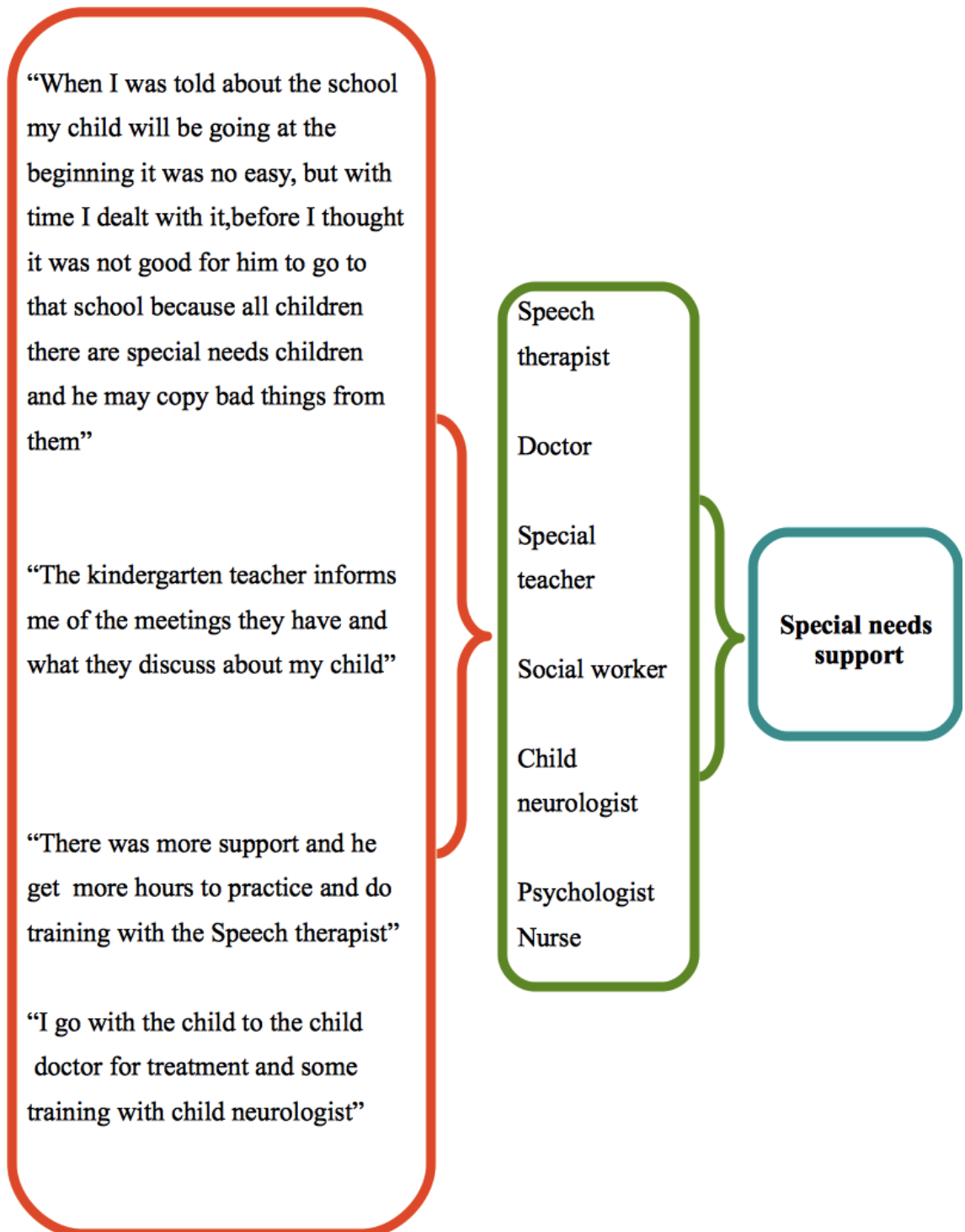


Figure 4 Special Needs Support.

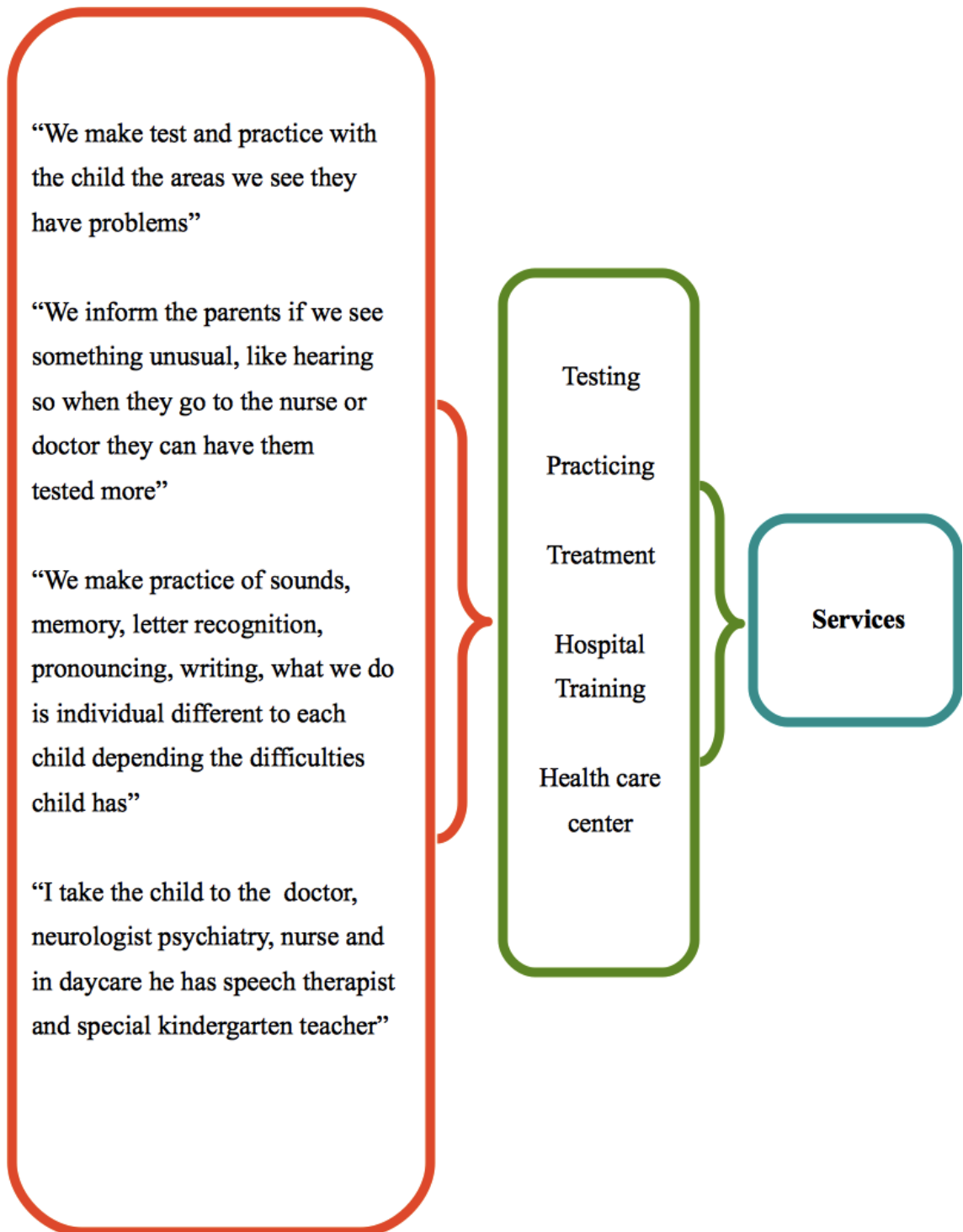


Figure 5 Services.

5 FINDINGS

5.1. Results Finding

This section explains the findings and the results that were collected through interviews. The reason for carrying out this research was to find out the experiences of parents when they have children with language difficulties and to find out what types of services are available for such children and families.

There were a total of five interviewees which included 2 parents, two teachers and one special kindergarten teacher.

The parents were interviewed in order to find what their experiences are and these parents had children with some language difficulties while the teachers were interviewed to find out the services that these children and families get.

These findings have been linked to the theories children speech and language disorders, early childhood education and pedagogical partnership. The data that were transcribed was divided into four different themes in accordance to their different ideas.

5.2. Identification

The term identification means the process of noting a problem. A language difficult is identified when a child has problems in the acquisition and development of oral language.

For the parents with such children are not spared from going through this road and finding out and understanding what is really going on with their children.

Parents start to struggle with the identification of what is wrong with their child when the child do not talk or seem to understand them or talk in different ways.

"I was start to notice he speak little just few words, he preferred to point something than open his mouth and say what he want" Case A

"He had difficulties to understand what i say to him, I keep repeating the same things to him, the doctor said he has some language difficulties"

Case B

"He understands the speech of a four year old even he is 7years, he cannot understand long orders or talk long sentences" *Case B*

The health care workers also like nurses and doctors may play a major role in identification, even their focus is to more get into the deep understanding the problem, the origin and nature and complications it may come with. The interviewees expressed that it is one thing to diagnosis but understand what that means takes some time, and since the explanations and causes are so complex.

As it was told in by Dockrel & Messer(2010) Language and communication difficulties occur for a variety of reasons, including causes physical disabilities like hearing loss, early language experiences, or as part of general difficulty in learning and cognitive functions. This area of children and their difficulties have been described in a variety of ways, and the confusion is reflected in the variety of terms that has been used to describe. (Dockrel & Messer 2010, 48)

"The doctors language was big medical words I went sometimes to the nurse and ask her to tell me more what it means, but at some point i realized what matters is to know there is a problem with his talking and going to for some practices with speech therapist was to help and that what was important. Why he has these difficulties and their categories is well understood by doctors" *Case B*

Once the problem was identified it was easy to start to adjust to the new situations. Parents tried seeking more information on how to support their children's as best as they can.

"For example I started say something in short sentences, so he can understand" Case A

"If he said something wrong way..i ask him do you mean this in that way he learn how better to say it because i say it right way" Case B

The process of identification begins when the parents and the other personnel's like neuvola nurses, child doctor start to notice some signs that are not normal, like when a child is not able to talk as required according to their age, or understand same way. And this experience makes parents want to have the answers and some of them are so complex to understand but what is important is to have a way of dealing with it and supporting the child. Some of the problems are short term and others will be long term .There is no better way to be prepared for these difficulties so parents learn to be at easy with as time goes by.

5.3. Care Partnership

Care partnership is an interactive and equal relationship between parents and daycare professionals. The interaction is a link which connects a child's two different growth environments and micro worlds: home and daycare.

The parents whose children have language difficulties with language or any other children developmental difficulties are advised to have their children join daycare center, in cases where these children were being cared for at home.

According to the National Curriculum Guidelines on Early Childhood Education and Care in Finland (2004, 15) staff has the primary responsibility for employing the partnership approach from the beginning of the child's early education and care, taking into considering the needs of each family.

"When my child was have these problems, and doctor got a diagnosis of it , I was then a home mother .My child was being raised at home. I was advised by the doctor that I have to take him to daycare so he can have

wide experiences there and develop or try to interact more with other children in daycare, there is also special teacher and speech therapist.”

Case B

”There was more discussions with the daycare staff and they inform me all the time if my child has made progress, and speech therapist could write in his book what he did and it was helping to keep track of those activities since they were so helpful. “Case A

The parents explained that there are a lot of discussions, meetings, planning what they do with daycare workers and doctors and nurses since the child is getting all the services that they should have once they have such difficulties. The interactions and involvement is very important and core in daycare.

”I freely tell about my child to the teacher and i can express my opinions in meetings”

”I get more advises there, how to do things with my child and continue what he do in school” Case A

The parents are involved in a more multi-professional care partnership once their child join the daycare, they become member of the bigger group what is working together to meet the needs of the child in holistic way. The parents sign forms to give permission for their child. There is equality and professional ethics observed and confidentiality is well kept.

”The daycare workers, nurses and doctors know the problems with my child and we have sometimes meetings together to say the progress and decide the next step” Case B

”I need to sign many forms about my children to give permission to daycare workers on behalf of him” Case A

Parent involvement in care and education planning and implementation is so important in daycare center, parents felt that it is done very well and the child is given all the necessary support they need there. Parent can also get more advice from there and follow the progress of their child. Working with multi-professional professional team was a plus and parent feel that it is a good thing because each is working to meet one common goal and child with such difficulties need different professional.

5.4. Special Needs Support

Special needs supports refers to the additional educational, medical/health and social/environmental support beyond that required by children in general to enhance or improve their health, development, learning, quality of life, participation and community inclusion.

This support in Finland is usually provided in the municipal day-care homes. Children with special needs are integrated with other children insuring at the same time that the child receives the necessary services and that the personnel have sufficient training.

"My child due to his difficulties gets special support from daycare, he works with the daycare special education teacher and therapist" Case A

"We sign hoyks forms for him to get more support, like hours for speech therapist" Case B

"We go to Kemi hospital to child doctor neurologist and am given dates when to go there." Case B

Parents expressed that these services are well organized and they have chance to take part of them. Some of these services are in their region others are in different places where they need to travel to have them, like the child neurologist is based away from their region but it is no problems to travel there.

The special needs support committee also involves making decision on the future education plan for the child. In these both cases the decision is that the children will continue to different special needs schools for their elementary school.

”My child will be joining special school that focuses more on language development and its some distance from my home. If he was okay he could have continue schooling here” case A

”He goes to a special school, and joins a class in a small group, he will study all his elementary school there, I worry if he drop in his progress because he was improve a lot when he joined preschool in a mixed group, now he will join school with same problem children so he may copy to do things like them. “Case B

It was very clear that these parents and children get special needs support and it is planned individually depending on the needs of the child involved, even children have language difficulties every child is unique and treated individual since they could be with other multiple problems and all needs to deal with. It was clear also that these children will be joining special school to continue more specialized support in their elementary education, some parent felt a bit negative about this and had worries of bullying and dropping in learning if the child was surrounded by all special need children. It is important to talk those worries and expressed her concerns about it and it was what she felt when I was doing the interview I hope she had chance to talk those worries out.

5.5. Municipality Services

Support for children in day-care who have special needs is usually provided in the municipal day-care homes. Children with special needs are integrated with other children insuring at the same time that the child receives the necessary services and that the personnel have sufficient training.

The services that the parent said to have received are speech therapist services, doctors' services, neurologist services, psychiatry services, social worker service nurses.

"My child has speech therapist in daycare which are organized by our city and I go to see doctor and neurologist organized some distance from here in cooperation with another city" Case A

"We test and evaluate how the child is doing and if need we practice more, and in case we notice something unusual we send the child to the children doctor" T1

"The municipality makes sure we are trained well to handle children and we can notice when something is unusual" T2

"The children have special needs support and can attend to speech therapist and special teacher comes weekly to practice with them, the child neurologist also works with them plus children nurse , children doctor and family psychiatry" T1

Different municipalities organize these services in different ways according to their context. Some buy these services from private company like the speech therapist or have one working for the daycare.

Parents felt these services were well organized and they have no more wishes or complains.

6 DISCUSSIONS AND SUMMARY

6.1. Ethical Issues and Worthiness of Research

In any social research, ethical issues are very core because it involves people and getting information from them. It is for this reason that when carrying out qualitative research, the research is bound to take the ethical issues into consideration, due to the sensitive nature of some topics in qualitative researches.

“It’s the ethical issues that help the researcher to collect all the information needed in the study”. (Punch 1998, 194).

In this study, qualitative methods were used to collect data. The researcher observed those aspects of qualitative research that concern ethical issues and all helped to collect data for this research.

Deception and disclosure of the participants of this research is prohibited. The participants in this research were informed the topic and the reasons for the research, there was no deceiving. Participants were assured no harm will be caused to them if they participate in this research and place of interview was chosen by them so they can feel secure or at least the place they know.

The majority of qualitative research involves active, face to face engagement; informed consent is an ongoing and negotiated process. Before I conducted the interviews, I made sure that the participants were already aware about the topic of the research, the purpose of the study. The participants of this research were also made aware in advance on how long the interview will take, the procedures that the research will undergo and the questions to be asked. They were also told that they were free to discontinue the interview should in case they do not feel to continue. They were told about the materials

for example recorders to record the interviews and what will be done to the tape after the data has been collected. And I got their permission. After I finished transcribing the data, I had to destroy the recorded information by erasing all the information on the tape and returned the recorder to Kemi-Tornio University of Applied sciences. They were also informed about the school where I was studying and why I need to do a research as part of my bachelor thesis. No incentives were given to the participants in order to bribe them to participate in this study.

In qualitative research, it is the duty of the researcher to respect the confidentiality agreement that he/she signed before carrying out the research. In this case, the researcher should safeguard the identity of the participants, not writing their names and trying to expose the particular information that came out from them.

As expressed by Padgett 2008, 67. If the researcher wants to hand out the information to a third party, it is the duty of the researcher to seek permission from the participants and ask them if they would like the information to be passed to third parties. If they refused, the researcher has no right to give out the information without their knowledge. There should be no breach of confidentiality no matter the circumstances. (Padgett 2008, 67.)

In this research, the student tried to maintain the terms of the confidentiality agreement by not releasing the material to third parties. The names of the participants were not mentioned in the study. The information that came from each participant was not possible to easily identify the person who made the statement.

Coercion and deformed consent are another quality of a qualitative researcher. Padgett (2008, 65) stated that “the researcher should not carry out research with the people that he/she is familiar with. An example could be a case where a teacher may ask his students or coworkers to take part in his research. Due to familiarity, the participants might not give out the correct information that the researcher needed may be due to emotional reasons and also due to the sensitive nature of the topic”. (Padgett 2008, 65.)

In this research, the author did not know any of the participants that took part in the research. The participants were not selected by the researcher. They were selected by the manager of the daycare. This made it very impossible and difficult for the researcher to get used to the participants. This made the participant to give out the necessary information that the researcher needed.

Another ethical issue that was taken into consideration was moral ambiguity and risk. When carrying out qualitative research in the course of the interviews the participants might disclose some information that causes shock and emotional feelings. In this regard, it is for the researcher to make sure that there is enough trust between him and the participants. Without having trust, the participants may be unwilling to give out information. The researcher has no right to give out any information that the participant has given. Some information might be so touching that the researcher could breach the confidentiality agreement between him and the participants. They might involve the police in the study whereby that was not the intention of the participant to get the involvement of other authority. Such cases might be the abuse of child and domestic violence.

In this study, the researcher from the beginning had won the trust of the participants. They knew where the researcher was studying and the purpose of the research. The topic itself was not that sensitive and needed no immediate action. Social Research as an ethical value of a researcher.

“In qualitative research, it is the responsibility of the researcher to meet the participants as a social responsibility”. (Padgett Deborah 2008, 76).

In this study, the researcher went to meet the participants, the researcher meet the parents as they drop or pick their children and booked time with special teacher and went to meet here before carrying out the interviews.

6.2. Discussions of Findings

The study was carried out in order to find out the experiences of parents when their children develop speech and language difficulties and also find out the services provided to these children and parents in Finland.

Children as they develop face various challenges which their parents are not prepared for. Speech and language difficulties is one of such challenges that some parent and children face. And it is evident that these problems are experienced in children in daycare. When I introduced my topic to the daycare manager where I was doing my practical training at least in every group there was someone who has some challenges with language some being short time and others with adverse effects.

The reason associated with some of these speech and language problems is the minimum interactions they have with their parents or guardians in early years, although it cannot be fully concluded as the cause but at the same time this issue cannot be ruled out. The cause of these problems in children is complex and that is why it is important to study each individual case and get all the facts about it, then decide the intervention.

I was clear during that health care professionals work together with daycare and schools to organize the intervention for the needy child. The doctor for example work to diagnose the problems medically and nurses give nursing intervention when needed and social workers, speech therapists and teachers take their roles respectively in the intervention process involving the child and the parents in the planning.

According to the findings of this Bachelor's thesis, it could be said that the main experiences of the parents when their children has language difficulties is struggle with identification which begins when they notice something out of the ordinary. Secondly they get into care partnership with other professionals who begin when they have to take their children in the daycare and through the treatment process. Thirdly their children joins the special needs group and have additional planned support for them where they undergo more specialized support. Finally the municipality provides services to these children and parent who includes family psychiatrist, child

neurologists, family social workers, nurses, speech therapists and special kindergarten teachers.

The findings showed that there is effort to identify the problems as early as its possible and get an intervention plan. The parents continually seek more understanding of the situation, worry is one thing which came with this process and they not only worry what more will be diagnosed of their child but also how the future will become for them as they school and live their lives. They get involved at every level and they become part of the multi-professional group to support and intervene on behalf of the children. The terms used to describe the conditions of the child was not my concern here and for the parents also it was enough they know the child has some language and speech problems but to get into depth of the condition and explain how it came or what caused it was something complex for them and secondary issue. Planning and intervening for the child was the most important and what they understood very well. It was the same case to me when I started read about this topic that I found it confusing which terms to use and how to categories the difficulties, this has been an acknowledged challenge even by the scholars who are studying this are Since my focus was the parent challenge and support given irrespective of the speech and language difficulties categories and terms used.

Early childhood education and care partnership is the foundation for planning the intervention process. In Finland is among the first country in Scandinavia to offer day-care for children. Now, Finland has one of the best day-care systems and family systems in the world. Parents have plenty of options for their children's day-care as the law safeguards their rights. Parents can select between municipal day-care, private day-care, supervised day-care. In addition, there is preschool for six- years old. These services have an inclusive group meaning even children with some developmental challenges like speech and language difficulties are together in same groups. As the guidelines for early childhood states there is equality for all children no matter they have some difficulties in language and speech or not. Confidentiality is observed and that is why I had to ask permission and not mention any names in this research.

Early Childhood Education and Care in Finland talks about several methods to work with the parents. Partnership with parents appears to be the most important one. This partnership brings the daycare workers, parents and the child together in care and education planning. The children who development some challenges and are below school age years they are encouraged to join the daycare centers in case their care and upbringing was other than in daycare. Parent and teachers then get into this relationship where they all get involved and cooperate together for the best interest of the child. Trust is important for the co-operation between parents and day-care.

Parents feel they have their opinions taken into consideration and they appreciate when they get feedback from the daycare workers. Sometimes though they have not been so active in all activities but they try to take part.

In the caring and support given to their children they felt daycare gave more chances for their child to develop with other kids and they have seen great improvement, in daycare children have the special teacher to support them and speech therapist come as organized and this has got good results so far. They liked it also that the child is among the group and not separated and he is treated equally, and do same task as other. Parents were happy with the involvement and services given at daycare.

Special needs support was organized after the evaluation of the multi-professional team which includes kindergarten teacher, speech therapist, social worker, doctor and nurses this team looks at every detail of the child and makes an informed decision about the child. Once the child is said to need more special support then the planning and implementation takes places in daycare, preschool or school. If the child needs a speech therapist then he/she comes to daycare and have a session with the specific child, this can be a worker of the municipality or a bought service from a private company. This can differ depending on the municipality. Parents take their children to the doctor, psychiatric according to the schedules given. After every year new decisions are made

and new care plan is done. Parents were involved in every step and they have free services for their children as far as the child needs them.

About the future education joining school there were worries from the parents since their children join special schools, they felt fear that they may be bullied, or drop down on their learning by starting to copy those around them, since now they will be in separated group. Both the parents I interviewed they expressed this feeling and its one of the thing they struggle with; hopefully they discuss more this issue and get comfortable with it.

The issue of bullying in schools also came up, it was the fear of one of the parent that the child could be bullied in school, and when I asked her to explain more she revealed that she had same experiences even she did not have any speech and language problems.

It came as surprise the findings I got, coming from a Kenyan background I was expect that parents will have lots of experiences both positive and negative and challenges faced but due to the social welfare system here it helps alleviate some of those struggles by providing social support and benefit, am sure if I conduct same study in Kenya the results will be varying a lot.

Throughout this research I feel I have acquired new understanding of this topic of speech and language difficulties, and as I prepare to work with children I have ideas how I could be of help to the parents and children. Among the challenges I encountered was the language, even I had a translator I felt it could have been a different thing if I was able to understand everything and speak same language. I also had some struggles to find English books on this topic and those I found were a bit old and some were in Finnish so I had to translate them and this took some extra time.

At the end of this work I had some thoughts that I could have used to better this research like if am to do same work again I will have more parents to interview. Have a comparison of the services from different cities in Finland, visit the speech therapist sessions with the children to see what they do there. And in the future study I could carry out a research to see how those services help the child in the future learning.

Nevertheless I was able to accomplish my task and got answers to my research questions. I hope the findings that came up could be of help in planning for parents and children support especially those that face such developmental difficulties.

7 REFERENCES

Bogdan, RC., & Biken, SK., 1982. *Qualitative Research for Education*.

Dockrell, J.& Messer,D.1999. *Children's Language and Communication Difficulties, Understanding, Identification and Intervention*. London Cassel

Giddens, A. 2001. *Sociology*. Cambridge: Polity Press.

Hirsjärvi, S. & Hurme, H. 2008. *Tutkimushaastattelu - teemahaastattelun teoria ja käytäntö*. Helsinki: Gaudeamus Helsinki University Press.

Hujala E, 2011. *Varhaiskasvatuksen käsikirja*. PS-kustannus. Jyväskylä 2011.

Kananen J, 2008. *Kvali: Kvalitatiivisen tutkimuksen teoria ja käytänteet*. Jyväskylän yliopistopaino, Jyväskylä.

Karila, K. 2006. *Kasvatuskumppanuus vuorovaikutussuhteena*. In H. Rasku-Puttonen (ed.) *Kasvatusvuorovaikutus*. Tampere: Vastapaino, 91–108.

Kaskela, M. & Kekkonen, M. 2006. *Kasvatuskumppanuus kannattelee lasta. - Opas varhaiskasvatuksen kehittämiseen*. Helsinki: Stakes.

Kronqvist, E-L. & Jokimies, J. 2008. *Vanhemmat varhaiskasvatuksen laadun arvioijina. Tuloksia Vaikutavanhempiselvityksestä*. Helsinki: Stakes.

Könönen, K. 2007. *Kumppanuus on tiiviimpää kuin yhteistyö. Maahanmuuttajataustaisten vanhempien näkemyksiä kasvatuskumppanuudesta ja varhaiskasvatuksesta*. Progradu -tutkielma. Helsingin yliopisto: Käyttäytymistieteellinen tiedekunta.

Lippo, Saana & Majala, Antti.2011. ECEC partnership between daycare and families with immigrant background. Kemi-Tornion ammattikorkeakoulu

Moule, P & Goodman, M 2009. Nursing Research an introduction. Sage Publications Ltd. London.

Padgett.K.Deborah.2008. Qualitative Methods in Social Work Research, Sage Publications, Inc

Punch.F.Keith 1998. Introduction to Social Research, Quantitative and Qualitative Approaches. Sage publications London.

Stakes 2004 National Curriculum Guidelines on Early Childhood Education and Care in Finland.

Tanyi, Sheila Arrah. 2011. Interaction between staff of a multicultural daycare and immigrant families. Laurea-ammattikorkeakoulu

Other sources

GOVERNMENT RESOLUTION CONCERNING THE NATIONAL POLICY
DEFINITION ON EARLY CHILDHOOD EDUCATION AND CARE

Last read: 4.3.2012

http://pre20031103.stm.fi/english/pao/publicat/child_education/child_education.htm

Hujala E, 2003. Last read 15.05.2012

www.uta.fi/~eeva.hujala/Perheartikkeli%20Jyv%E4skyl%E4n2.doc

<http://www.uta.fi/~eeva.hujala/Perheartikkeli%20Jyv%E4skyl%E4%E4n2.doc>

Laki lasten päivähoidosta 19.1.1973/36. read: 1.7.2012

<http://www.finlex.fi/fi/laki/ajantasa/1973/19730036>

Hujala E, Junkkari P & Mattila S. 2000. Esiopetuksen opetussuunnitelman perusteet. Opetushallitus 2000. Yliopistopaino Helsinki, 2000. Last read: 20.12.2011

<http://www02.oph.fi/ops/esiopetus/esiops.pdf>

Interviews

Personal interview with a Parent of the child with speech and language difficulties, case A12.5.2011 Lapland region

Personal interview with parent two with a Parent of the child with speech and language difficulties, case B7.6.2011.Lapland region

Interview with special kindergarten teacher working in municipality daycare center. T1 7.3.2012 . Lapland region

Interview with kindergarten teacher working in a municipality daycare center, T2 12.4.2012. Lapland region

8 ATTACHMENTS

Attachment 1 Questioners in English

Hallo Parents

My name is Faith Kilpeläinen; I am a studying social services degree at Kemi-Tornio University of applied sciences International program

I am writing my final thesis on experiences of parent and teachers when have children with speech difficulties and how such parents and children are supported in Finland.

My aim is to get the parents voice and experiences be heard and bring out the support available for such parent and children at their level. And see what is missing and what needs to be done or improved in the future.

The rules of confidentiality will be observed, and no names will be used in this research. I will handle the data collected alone. And after my Thesis is completed all materials will be destroyed.

I request your participation and support to do this work with you

Here are some of the questions we discuss during interview time.

The questions are divided as follows

The child difficulties

Family\parent experience

Services and support given

Future plans

The child difficulties

What are the difficulties of your child?

Where did you get the information about your child speech difficulties

How was it noticed?

Who noticed it first?

What were the signs?

At what age was it noticed

How was it dealt with?

Services and support given

What kind of support the child gets

What kind of support you get as parent

From where you get these support?

How do you feel of these supports?

Family\parent experiences

How do your child speech difficulties affect family's everyday life?

Have you received peer support from other parents?

What is the role you think peer support is for you?

Where else will you get the resources for parenting?

Starting school

What school is your child going?

What kind of support you wish your child to receive from school?

What kind of thoughts and emotions of your child school start you have?

How do you think as parent can support your child?

Regards

Faith Kilpeläinen.

Attachment 2 Questioners Finnish translation

Hyvät Vanhemmat!

Nimeni on Faith Kilpeläinen. Opiskelen sosionomin tutkintoa Kemi-Tornion ammattikorkeakoulussa (kansainvälinen ohjelma).

Kirjoitan päättötyötä puheen kehityshäiriöisten lasten vanhempien ja opettajien kokemuksista. Miten puheen kehityshäiriöisiä lapsia ja heidän vanhempia tuetaan Suomessa?

Tavoitteenani on saada vanhempien ääni ja kokemukset kuuluviin, sekä tuoda esiin lapsille ja vanhemmille käytettävissä olevia palvelu- ja tukimuotoja. Samalla tuon esiin puutteita ja mitä pitäisi tehdä tai parantaa tulevaisuudessa.

Nimiä ei käytetä tutkimuksessa, jotta tutkimuksen luotettavuus säilyy. Käsittelen kerättyjä tietoja yksin. Käsiteltyäni aineiston, kaikki kerätty materiaali hävitetään.

Pyydän teiltä osallistumista ja tukea tutkimukselleni.

Tässä muutamia kysymyksiä, joista keskustelemme haastattelun aikana.

Kysymykset on jaoteltu seuraavasti:

Lapsen puheen kehityksen häiriöt, Perheen/vanhempien kokemuksia, Palvelut ja tuki ja Tulevaisuuden suunnitelmat.

Lapsen puheen kehityshäiriöt

Millaisia puheen kehityshäiriöitä lapsellasi on?

Mistä saitte tietoa lapsenne puheen kehityshäiriöistä?

Miten puheen kehityshäiriö huomattiin?

Kuka huomasi puheen kehityshäiriön ensin?

Millaisia piirteitä esiintyi?

Minkä ikäisenä puheen kehityshäiriö huomattiin?

Miten asia käsiteltiin?

Palvelut ja tuki

Millaista tukea lapsenne saa?

Millaista tukea vanhemmille tarjotaan?

Mistä saatte näitä tukeja?

Mitä mieltä olet näistä tuista?

Perheen/vanhempien kokemuksia

Miten lapsesi puhevaikeudet vaikuttavat perheen jokapäiväiseen elämään?

Oletteko saanut vertaistukea muilta vanhemmilta?

Millainen rooli vertaistuellalla on sinulle/teille?

Mistä muualta saatte resursseja puhehäiriöisen lapsenne vanhemmuuteen?

Tulevaisuuden suunnitelmat?

Mihin kouluun on lapsenne menee?

Millaista tukea haluatte lapsellenne saada koulusta?

Millaisia ajatuksia ja tunteita lapsenne koulunkäynti herättää?

Miten luulette vanhempana voivanne tukea lastanne?

Terveisin

Faith Kilpeläinen