

# **The Diverse Communication Needs of Young Children in the Foundation Stage**

## **Reflecting on Policy to Practice Issues**

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### **Introduction**

My study explores the diverse communication needs of young children in the foundation stage. An observed tension between policy to practice aspects of early years practitioner training raises questions about the appropriateness of expectations of early years settings (and the professionals who work in them) in relation to young children's language development. The views and perspectives of other readers interested in young children's learning and development would be welcome.

### **Early language development**

It is now acknowledged that delay in language development is the most common childhood disability (Law *et al.*, 2000) and that language skills play an important part in all later learning (Barnes & Todd, 1995). In particular the importance of *early* language development has long been recognised (Nutbrown, 1997; Goswami & Bryant, 1990) and the effects of early language problems are known to be instrumental in disadvantaging children educationally, socially and emotionally (Lees & Urwin, 1997; Stothard *et al.*, 1998). Smith *et al* 2008 point to a 'critical or sensitive' period in learning for language development drawing on research by Kegl *et al* 1999 and Curtiss 1977. Although they do not specify a particular age for these critical or sensitive periods, early childhood is implied. Communication, therefore, is an important part of overall development and early childhood (0 – 5) is a significant period in childhood in which to optimise development.

Children's communication skills are acquired and actively shaped through the intervention of other persons as mediators between the child and a social-cultural environment (see Vygotsky, 1962; Bruner, 1983). Speech, language and communication needs (SLCN), therefore, can be associated with a range of factors that include social and environmental, neuro-developmental and sensory disability (Bercow, 2008). Human communication is conveyed not solely through language (Roberts and Harpley, 2006), an appreciation of the different ways in which children choose to or are able to communicate should also be identified. Cross-cultural studies have

highlighted communication strategies, such as the use of visual-spatial memory to note and re-create patterns in Aboriginal children as an effective mode of expression (Kearins, 1986). In many early years settings, children come from varied backgrounds that incorporate many different traditions and values (Ang, 2010: 43). Children entering early years settings with English as an additional language (EAL). The ability to communicate using gesture, touch, eye gaze, pointing, drawing and other methods of creative non-verbal expression have all been recorded in pre-school children's repertoire of strategies (see Flewitt, 1985; Nadel, 1993; Trevarthen, 1995; McTear, 2008 ).

### **Policy context**

English government policy places increasing emphasis on the assessment and diagnostic roles of early years practitioners (Mroz and Hall, 2003) in meeting the individual needs of young children in the Foundation Stage (for birth to five years). The Early Years Foundation Stage (EYFS), Department of Children, Schools and Families (DCSF), 2008 has a stated aim of improving outcomes and reducing inequalities for young children. The EYFS practice guidance reinforces an ethos of early identification and response to young children's needs which may, if not addressed effectively, lead to later learning difficulties. Tickell (2011), in her review of the EYFS, has highlighted the importance of early identification of needs, communication and language being one of the key areas for practitioners to monitor, in order to identify special educational needs early. Also stressed by her was the importance of sharing information with parents and working with other professionals and the inter-relationship between early years and health.

Early identification and assessment, and the importance of addressing communication/and or interaction needs are highlighted by the Special Educational Needs Code of Practice Department of Education and Skills (DfES), 2001 and the proposed revision to the Code of Practice, Department for Education Department for Education (DfE), 2011. Moreover the early identification of children with major difficulties in language or communication was reported as a potential benefit of government-initiated Sure Start local programmes, see National Evaluation of Sure Start (NESS), Belsky, Barnes & Melhuish (2007); Department for Education, (2010) and NESS, where practitioners worked alongside speech and language therapists in order to identify and assess needs. However, not all children attend Sure Start children's centres as they may attend a variety of early years settings, according to parental choice and convenience.

The benefits to children, families and society of early intervention are well documented (see Allen, 2011; Allen and Duncan Smith, 2008). Early detection and intervention of children's individual needs can 'alter the learning trajectories for children with consequent benefits' as:

Early capability makes later learning more efficient and enhancing early capability at the outset of learning also increases the complexity of what can be learned (Goswami, 2008: 8).

The Early Language Development Programme (ELDP) (ICAN, 2011) aims to boost the language skills of all children aged 0-5, particularly those at risk of language delay with a particular focus on 0 – 2 year olds in England's most disadvantaged areas. The newly announced three year programme will give parents and practitioners the skills and knowledge to support the development of speech, language and communication in the early years by helping settings to build capacity and skills in communication and language. It is proposed that 450 'hubs' of early language expertise will be created in areas serving some of the most disadvantaged children and families. Lead practitioners from children's centres will be supported to cascade a comprehensive package of high-quality training, resources and support to other local practitioners, working closely with local authorities, health visitors and speech and language therapists. ELDP's overall aim is to ensure more young children develop the language skills they need to be 'school ready' and to improve their life chances (ICAN, 2011). Thus policy requirements place responsibility on practitioners to make children 'ready for school' and reflect an overarching aim to 'control the diversity of states in which children appear through the school doors' (Whitebread and Bingham, 2011: 2).

### **Policy to practice**

My mixed-method case study aimed to describe and analyse the diverse communication needs of young children aged 0 – 5 in early years settings using questionnaire, interview and observations. Initial findings from survey and interview have highlighted the following:

*Survey (64 questionnaires were received from a range of settings, mostly pre-schools and nurseries) revealed:*

Practitioners are supporting children as young as 12 months old with SLCN and as might be expected the number of children with identified SLCN rises as children mature<sup>7</sup> (2.9%) out of a total of 239 children for the 12-24 month age range through to 188 (13.3%) out of a total of

1,406 for the 24-48 month age range, as it became more easily identifiable that a delay existed.

Practitioners report that more children have expressive SLCN than receptive SLCN (51 participants reported that they were supporting children who needed help with expressive language compared to 24 practitioners who mentioned expressive language needs). This may suggest that children's SLCN are not being identified until verbal expression is established and could mean that the earliest signs of language delay are being missed (including eye contact, smiling, babbling, joint attention sharing, pointing). This may indicate that those who work with the youngest of children (or those who are developmentally younger than their chronological age would suggest) might benefit from additional training, concurring with previous research (Mroz and Hall, 2003).

Many different terms and descriptions were used by practitioners to express the ways in which children's SLCN were being identified. This makes it difficult to assess whether in fact practitioners are describing the same phenomena when describing differences in children. It also raises the questions of how they are referring these delays, deviances and differences, their prevalence and severity to other professionals such as speech and language therapists without the support of common terms and understanding to support them.

Fifty-nine practitioners reported receiving training relating to communication development and SLCN. They offered suggestions for planning, teaching and organisational strategies to support children's SLCN, but not all practitioners had received the same training and it wasn't always evident that the training had been put into practice.

*Interviews (10 practitioners including qualified teachers and those with national vocational qualifications at levels three and four for child care and development from a range of settings) revealed:*

Communication, speech and language development or delay and deviance was not reported to be a significant part of initial training for any practitioners, although for four practitioners it was covered as part of a child study or a 2 week module on special educational needs. Supporting children with English as an additional language/children who are bilingual was not a part of the initial training for any of the practitioners.

The majority (six out of ten) of practitioners interviewed said they would find it hard to identify if a child with English as an additional language also had a SLCN which might affect the child's home language(s).

Seven practitioners felt that SLCN affects all areas of development and all curriculum areas. The difficulty in assessing progress in other areas of learning was noted. Nine practitioners are concerned about the long term implications of children's SLCN particularly in relation to school achievement, social inclusion and employment. However all practitioners see their role as communicative partners and facilitators of communication development in order for young children to build positive relationships with others. This role is seen as a platform for positive social, emotional and cognitive development rather than readiness for school.

Practitioners did not report that they needed additional training in relation to SLCN. They all felt confident in identifying, assessing and supporting children's SLCN, but with reservation about children with EAL and SLCN.

In conclusion practitioners in early years settings may be trained and skilled to identify and assess the individual needs of young children using the EYFS framework across all areas of learning, development and care. There is a need to press for more clarity about children's speech and language development so that fewer children 'slip through the net' (Mroz and Hall, 2003; Locke, *et al.* 2002: 14)

Nursery staff need guidance on realistic expectations for all children's (speech and language) development from the earliest stages of non-verbal communication to the level expected when children start school.

### **Questions for reflection**

- 1 Is it appropriate that increasing responsibility is placed on the role of early years practitioners to identify and assess the communication delays and disorders of young children?
- 2 In what ways are early years practitioners equipped for this task? Do they need additional training and, if so, what kind of training is needed? Is the training for the benefit of children, families, practitioners or policy makers?
- 3 Are generalist early years practitioners being asked increasingly to adopt the role of

specialist professionals such as speech and language therapists and health visitors? At what point are specialist services required?

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