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

Introduction

An independent report on the English Early Years Foundation Stage (EYFS) (Tickell, 2011: 5-6) argued that early identification of need followed by appropriate intervention was most effective to help children overcome specific obstacles to learning. A progress check between the ages of two and three was recommended in order to provide a summary of children's development in prime areas of social and emotional development, communication and language and physical development that were regarded as 'essential foundations for children's life, learning and success'. A new EYFS statutory framework setting out standards for learning, development and care from birth to five and focusing on the three prime areas of learning was introduced in September 2012. This placed strong emphasis on the role of early years (EY) practitioners in the important role of early intervention (EI).

The study to be reported here concerns the policy-to-practice context to delays and difficulties in acquisition of speech, language and communication (SLC) in the first five years. It was carried out during the period of 2011-2014, at the end of a decade that had seen a gathering consensus on the importance of EY services. A landmark government-commissioned review of services for children and young people with speech, language and communication needs (SLCN) (Bercow, 2008) signalled the centrality of SLC in early development, learning and later academic and life-long success. It reported a national prevalence of SLCN of 7 percent of all children in England, 1 per cent having severe or complex SLCN needing long-term specialist provision, with a further 50 per cent of five-year-olds living in the most disadvantaged areas having SLC significantly below those of their peers.

The effectiveness of EI was a key theme of the Bercow Report (2008) and other subsequent reviews, related to health inequalities (Marmot, 2010), poverty (Field, 2010), parenting (Allen, 2011), child protection (Munro,

2011) and the EYFS (Tickell, 2011). They carried a shared aim of setting out successive governments' reform plans, to ensure that those working with young children and families could collaborate effectively to provide support at the earliest opportunity in order to reduce the likelihood of poor outcomes.

Bercow (2008) was confident that the majority of difficulties and delays in the acquisition of SLC could be identified as early as the second year of life and emphasised the role of EY practitioners in this regard. He distinguished children with primary SLCN and those whose SLCN was secondary to other special educational needs or disability (SEND), such as autism. Significantly, the extent and depth of discussion and analysis relating to cultural and linguistic diversity in the report was minimal and provided no specific recommendations beyond emphasising the need to value cultural diversity and recognise that children with EAL had needs that were separate from those with SEND. This was a serious omission given the reported association between EAL, SLCN and disadvantage from recent research evidence such as Snowling *et al.* (2011), especially since the number of children with EAL in England is reported to have more than doubled from 7.6 per cent in 1997 to 16 per cent (just over a million children) by 2013 (Strand, Malmberg and Hall, 2015). This compares to 21 percent in the United States and (Skinner *et al.,* 2010) and 24.3 per cent in Australia (Victoria) (Department of Education and Early Childhood Development, 2012).

Research aim and questions

The aim of this study was to describe and analyse the policy-to-practice context to delays and difficulties in the acquisition of SLC for children in the EYFS in one local authority (LA) in England. It utilised Bronfenbrenner's (1979; 1993; 2001; 2005) bio-ecological model as a tool to analyse and structure the study and a mixed-method case-study approach was selected to examine the relationships between macro-, meso-, exo- and micro-contexts. The study addressed the following questions:

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

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

- How do EY practitioners implement policy relating to early identification, assessment and intervention for children with SLCN?

- How do young children respond to this practice?

Background literature

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

In a significant study conducted in the north of England with 829 EY practitioners, Mroz and Hall, (2003: 128) found that practitioners were not equipped with appropriate tools or training to identify SLC delays in the youngest children under three. This adversely affected practitioners' confidence.

Determining the difference between a delay and early signs of SEND related to SLC has proved far from easy. For example, Law *et al.* (1998) who noted that the term 'delay' presupposed that it was possible to characterise children with delays along a single axis when, in fact, speech and language comprised the complex interaction of many functions. Consequently, children may present with different levels of delay and with qualitative differences in the problems that they experience. Some children may have expressive speech affected alone; others may have expressive language and verbal comprehension difficulties. Whilst there may be a strong correlation between comprehension and production of language, approximately 10 per cent of children may have significantly higher levels of comprehension than production, particularly those described as 'late talkers' (Hulme and Snowling, 2009: 142). Although many children described as late talkers at two years, catch up with peers by five, they may experience later problems with reading and writing tasks (Hulme and Snowling, 2009). It may not be easy for EY practitioners to assess whether aspects of SLC are delayed, deviant and/or a sign of SEND, without specialist knowledge. As illustrated by Law *et al.* (1998) a substantial proportion of difficulties experienced by children identified by specialists on the basis of expressive language delay alone were likely to be resolved spontaneously in the pre-school period. Yet as noted by Dale *et al.* (2003) children with expressive and receptive delay were less likely to experience a spontaneous recovery though nearly two-thirds of 'late talkers move into the normal range before pre-school, making it difficult to distinguish between transient and persistent delays.

When 'late talking' does not resolve itself, a diagnosis of specific language impairment (SLI) may result, particularly when there is no other obvious reason for delay. Depending on circumstances, hearing loss, physical disability, emotional disturbance, parental neglect or brain injury need to be ruled out when a diagnosis is being made (Bishop, 2008). Snowling and Hulme (2008) indicated that children with SLI may produce their first words six months later than typically-developing peers, with word combinations appearing significantly later. Such children more commonly have difficulties with expressive language or production of words than receptive language or comprehension. Hulme and Snowling (2009) noted that if patterns of development resemble those seen in typically-developing but younger children, then any observed difference in a child's SLC development may be more accurately described as a delay. A deviant or disordered SLC may be observed in the rate of particular skills in particular areas such as thought-processing, social communication or forming particular sounds. In sum, expressive language skills of SLI children may be weaker than expected by comparison with their reasoning and conceptualising. Others may well have been able to communicate effectively despite expressive language difficulties.

Determining prevalence seems to be as problematic as establishing patterns or consistency in SLCN. Lindsay *et al.* (2008) advised caution when discussing prevalence, given the wide range of SLCN reported, their overlap and co-existence. Lindsay *et al.,* (2010) suggested that diagnostic categories may not serve to indicate the level of need or the type of intervention required. Law *et al.* (2000) suggested that the range of prevalence could be attributed to methodological differences across studies and the intrusion of confounding factors related to sex, socio-economic status (SES) and bilingualism. They found an estimated prevalence of 5.95 per cent of either speech or language delay for this group, with a slightly higher prevalence amongst males than females. Dockrell *et al.* (2012) found boys over-represented relative to girls, 2.5:1 for primary SLCN. For school-aged children, there was a correlation between SLCN and birth season, social gradient (measured in terms of receipt of free school meals, living in deprived neighbourhoods and having EAL). Children born in the summer months were 1.65 times more likely to have SLCN identified than autumn-born children.

Dockrell *et al.* (2012) suggested that SLCN was strongly associated with EAL, even though EAL was not regarded as an acceptable reason for being designated as having SEND. EAL was acknowledged however to be highly related to SES disadvantage and circumstances of poverty. They concluded that the most significant social risk factors for SLCN were social disadvantage and having EAL. Children whose SLCN was secondary to other SEND were less well-reported, with the primary SEND most often highlighted. A 72 per cent rise in rates

of identification of all SLCN and an 83 per cent increase in identification rates for autism had occurred between 2005 and 2011and were attributed to an expansion of diagnostic criteria, improved awareness and development of services for both autism and SLCN.

Given the complexity of terminology and related prevalence rates for sub-groups of SLCN that themselves could be problematic in diagnosis, a broad SLCN definition from Bercow (2008: 13) was adopted for the current study as:

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

An investigation of views, understandings and reported practices of stakeholders with a shared interest in young children's SLCN was deemed appropriate.

Theoretical framework

Given the indications that children's early SLC experience is interactive and bi-directional, and their development dependent upon the environments they inhabit, Bronfenbrenner's (2005) bio-ecological model was adopted, It provided a suitable conceptual and operational system of five socially-organised sub-systems to account for the early processes and conditions of development, in this case SLC and was in alignment with his later work that emphasised the role of the social context in shaping educational policy . These systems ranged from the *microsystems* that refer to the developing child and the immediate environment of home and pre-school; their linkages in the *mesosystems*, or indirect influences in the immediate setting, for instance with the local authority (LA), or intermediate *exosystems;* through to the *macrosystem* of society, comprising patterns of value, culture, political, economic and legal organisation.

The model was compatible with Vygotskian theory that places society as central to human development with human capacities changed by historical and technical development, and beginning with interaction between the child and another person. Humans developed psychological tools or cultural sign systems, for example speech and language concepts in continuous interaction with the social world. Mental functions may be said to derive from culture and to begin with interaction, first shared between the child and adult (social) and then internalised or 'reconstructed' within the child (psychological). Hence, the important role of teaching and learning in the microsystems of home and pre-school, the social nature of development and the important influence of the wider cultural context on development.

Methodology

A mixed-method case study approach offered the best approach to address the research questions and facilitated the collection of a "richer and stronger array of evidence" than may be accomplished by any single-method alone (Yin, 2009: 63). It also provided the necessary flexibility of methods to produce a fuller exploration of constructions and interpretations of SLCN, as well as actions and interactions with others in the social environment. The combination of qualitative and quantitative aspects of data-gathering, planned sequentially from survey, through interviews to observation, allowed one phase to build on the next, to benefit from the strengths of each and offered an opportunity for methodological triangulation of data to increase validity and credibility (Creswell, 2011). By allowing "multiple ways of seeing and hearing" (Greene, 2007: 20), the design selected was compatible with the social constructivist assumptions being made about SLCN specifically and, more generally, the nature of social reality. The position adopted was not intended to deny an external material reality but to acknowledge the complex mix of social actions and interactions in which study participants continuously reconstructed and co-constructed their notions of SLCN and their pedagogical practices within the local context of EY settings within one LA.

The task was to represent not the social world but a specific case of SLCN in one LA. Specifically, a child in the social world as a unit in the case as a working combination of physiological, psychological, cultural, aesthetic and other forces (Stake, 2000: 436). Locating the study within one LA allowed consideration of the policy-to-practice context within a manageable location that comprised both rural and urban areas, with pockets of high-level deprivation. Nine case study sites were selected from those who volunteered participation through an initial survey, with two additional settings being approached to allow observation of target children in both a mainstream and specialist setting, thus boosting the sample and helping to achieve maximum variation.

Place Table 1 here

A minimum of two days was spent in each setting for the researcher to familiarise herself with the daily routine of the setting and the way in which adults supported children before any structured observations took place. Children were observed in as wide a range of early learning, play and social interaction contexts as possible, including indoor and outdoor play, large- and small-group activity, adult-led and child-initiated. The researcher sat close enough to children to observe their interactions but attempted not to interfere with their play or interactions with peers and adults.

Data-collection methods

Case study researchers should aim for low-intrusion methods of data-collection so that they can do justice to the story the case is telling (Edwards, 2010:167). Yin (2009: 102) described six sources of evidence commonly used in case studies: documentation, archival records, interviews, participant and non-participant observation and physical artefacts. He noted that a good case will want to use "multiple sources of evidence". In order to investigate the macro- to micro- influences on young children's SSLCN, the research questions were addressed through:

- literature search in order to understand both the policy context and current knowledge-base to SLCN;
- survey of practitioners to ascertain their constructions and related practices in regard to SLCN and to recruit volunteers for more detailed case investigation;
- interviews with practitioners in case settings to gain a deeper understanding of their views, understandings and reported practices with respect to SLCN;
- non-participant observation of target children with SLCN in mainstream and specialist settings.

i)   Survey

The survey was employed to gather initial data related to reported prevalence and nature of SLCN of young children in EY settings. It also sought to establish EY practitioners' experiences of identifying, organising and teaching children with SLCN. The LA distributed the questionnaire with their EY practitioner newsletter that both promoted the study and stipulated a three-week return and cut-off date to encourage a prompt response. It included open and closed questions. Advice on the nature and content was sought at the design stage from relevant professionals in the LA and efforts made to ensure that it was short enough to be completed within half an hour. This was sent to all maintained, private, voluntary and independent settings within the LA.

ii)   Interviews

Open-ended interview questions were employed as the research questions required an exploration of case-site EY practitioners' perceptions of the central phenomena (SLCN), their experiences as well as reflections on policy, LA support and their own training for the important role of identifying, assessing and supporting children with SLCN. Questions were piloted with three EY practitioners for intelligibility, comprehensiveness

and time taken for completion. Individual interviews were audio-recorded and then transcribed verbatim for analysis.

      iii)   Non-participant observation

Narrative observation, with detailed notes as a 'running record' against a timeline, were produced in order to construct 'thick' descriptions of individual children in context. Time-sampled observations were also employed to record target children at specified intervals of time (every two minutes). In order to ensure systematic data collection, a structured observation developed by Sylva *et al.* (1980) was selected as it had been used widely in EY research (for example, Siraj-Blatchford *et al.* 2002; Sylva *et al.* 2004). Codes were designed to denote:

- Task in which the target child was engaged (activity);

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

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

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

Analysis

The initial survey generated quantitative and qualitative analysis. Closed questions produced simple frequencies to be described and analysed. Similarly non-participant time-sampled observations produced frequencies of types of adult-child/child-child interactions in different social contexts.

Since the research questions guided the study, the first level of qualitative data analysis for open questions in the survey, interviews, and field notes, was *a priori*. It allowed content analysis to organise, condense and categorise data. This was followed, at the second level, by an inductive process that allowed initial codes or sub-categories that described SLCN, to emerge. After initial codes had been identified in the first transcripts, subsequent ones could be compared and contrasted for similarities and differences in categories. Categories stayed close to the original expressions or records. Some were changed through abstraction and through combining of sub-categories during the analytical process (Charmaz, 2000). Transcripts and initial coding were discussed with practitioners in order to validate and confirm interpretation.

Ethics

BERA (2011) and BPS (2010) guidelines provided ethical principles. Beyond informed consent and assurance of confidentiality of data that was stored securely and password-guarded, gaining access to children was multi-staged. It involved negotiation with EY-setting leaders and parents and provision of simple explanations to children themselves that an adult would be watching them because she was interested in the way they talked and played. The notion of assent was considered appropriate since very young children were unable to provide informed consent.

Results

    i)   Survey

Sixty-four responses to the survey were received from EY practitioners working in a wide range of settings, as shown in Table 2, which was a very low response rate of 7 per cent. It cannot be assumed that this was a representative sample of EY settings however it represented a maximum variation sample of settings in the LA. A sufficient number of practitioners from diverse types of setting across the LA provided an identity and contact details with permission to be contacted to discuss their involvement in a subsequent interview and observation.

Place Table 2 here

Not all 64 participants answered all the questions and for some questions it was possible to make more than one response.

In terms of prevalence of SLCN, some stated that they were supporting children with reported SLCN as young as 12 months though, as might be expected, prevalence rose with age from seven (2.9 %) for the 12 to 24 month age-range through to 188 (14.4%) for 24 to 48 month age-range, as it became more easily identifiable that a problem might exist. (See Table 3)

Place Table 3 here

Fifty-four EY practitioners completed a question relating to types of SLCN they were supporting and ten stated that none of the children in their care had SLCN. Whilst some could accurately describe children's difficulties, others made rather general and nonspecific responses. Fifty-one participants reported primary expressive SLCN, whilst only 24 practitioners reported receptive SLCN difficulties. (See Figures 1 and 2)

Ten practitioners reported that they were supporting children whose SLCN were secondary to or associated with conditions such as autism, Down's syndrome and global developmental delay.

Place Figure 1 and 2 here

Fifty-nine out of sixty-four practitioners commented on receiving short post-experience training related to young children's SLC. This was typically of one to two days' duration, although nine practitioners had attended longer courses of up to six days and, in one case, a one-year part-time post-graduate diploma in special and inclusive education.

Breaking training down into categories, 32 practitioners reported attending general speech and language training; 21 had received training in specific programmes such as *Letters and Sounds* (Department of Education and Skills, 2007); 15 had received augmentative and assistive communication (AAC) training, comprising sign and symbol support such as *Makaton*; 8 SEN co-ordinator (SENCO) training; and 8 other short courses such as *Portage* or other in-house speech and language-therapy training.

Practitioners suggested using a number of teaching strategies that most commonly reported use of alternative communication, sign and symbol systems (by 32 practitioners) . Fifty-three practitioners also reported a broad range of health, education and social-care professional involvement. Most commonly reported (by 37 practitioners) was the area SENCO.

Although eighteen practitioners reported supporting children with EAL, no mention was made of training to support such needs. Few additional strategies were suggested to support children with EAL beyond practitioners' learning key words in the home language, use of interpreters and bi-cultural teachers, and involving parents with activities within the setting. The use of visual material (signs and symbols) was a commonly-cited strategy for children with SLCN and EAL, though the range of resources reported for children with SLCN did not appear to be utilised for children with EAL.

    ii)   Practitioner interviews

Eleven practitioners were interviewed holding the job roles of class teachers, SENCOs and managers. All reported being experienced and mature practitioners over 40 years who had worked in EY settings (7 from mainstream and 4 from specialist units) for a number of years. Qualifications ranged from undergraduate and

postgraduate education degrees, through EY Professional Status to National Vocational Qualifications. One mainstream teacher was also a qualified speech and language therapist (SLT) and one specialist practitioner was an advanced-skills teacher who supported others settings with outreach work relating to SLCN and SEND. Themes related to training, identification and assessment; the impact of SLCN in the short- and long-term; and the impact of local and national policy.

In terms of initial training, SLCN was not reported to have been a significant element for 7 practitioners, although 4 reported that typical development was covered. Supporting children with EAL was not a feature of initial training for any, nor was identifying and supporting children with EAL and additional needs. All had undertaken subsequent short-course training related to SLCN in the EYFS and the most highly valued was training delivered by the SLT. One mainstream teacher had undertaken short-course training related to EAL. Nine practitioners from mainstream and specialist settings reported that they did not feel that their initial training prepared them to support children's SLCN. An emerging theme was the concern of the four specialist practitioners over the lack of training, skills and knowledge perceived by them to inhere in mainstream practice.

In terms of identification of SLCN, all practitioners noted the importance of on-going monitoring and observation of children's development and early identification of SLCN, especially expressive SLC. Seven practitioners (3 from mainstream and all 4 from specialist units) noted unusual characteristics in behaviour, in particular social behaviour. It was agreed that early onset signs of SLCN were variable though practitioners were confident in their ability to identify problems with SLC early. A variety of assessment tools was reported to be used, ranging from EYFS profile monitoring (DfE, 2012) through LA material to commercial tools. All four specialist practitioners had the benefit of SLT input and access to a range of specialist assessment tools, such as *Reynell SLT Scales* (Edwards *et al.* 2011). A similar range of strategies to support SLCN was reported in interviews as in the survey.

A theme emerging from interview data was the distinction to be made between long- and short-term implications of SLCN. Short-term impact focused on children's play and social interaction with peers and likely long-term impact on children's learning, education and later employment opportunities was indicated.

Reported influences of local and national policy and practice focused on SEND and statementing procedures in a context of a reported reduction in LA budgets and specialist staff, and changing statutory requirements of EYFS.

iii) Observation

A number of common themes emerged from field notes, organised in line with Bronfenbrenner's proposal that physical structures and roles and relationships interacted with their characteristics in determining how children interpreted their environments.

In terms of physical structures, settings varied from purpose-built with multiple rooms for teaching and learning to adapted buildings with limited space.

In respect of organisation of groups, high adult-to-child ratios in specialist units contrasted with lower ratios in mainstream settings. This meant that specialist-setting activities were organised mainly as a small-group or one-to-one. In mainstream settings, activities were planned mainly for the large group with some small-group activities for all ages.

Observation of use of space and equipment indicated that access to outside areas with a range of play apparatus was restricted to some parts of the day in most settings. Technology communication aids were freely available in specialist units but in mainstream settings there was limited use.

A wide range of activities to encourage different types of play, social interaction, learning and development was available in all settings. On average, children spent more time in adult-led activities in specialist than mainstream settings. In mainstream settings, adult-led activities included story and song time and craft. In specialist settings adult-led activity was predominantly language- focused.

In terms of social structures (roles and relationships), mainstream practitioners generally planned activities jointly as a team. In specialist settings, individual teachers planned and evaluated the learning and progress of each child, supported by teaching assistants.

Mainstream practitioners had less access to outside professionals, such as SLTs or educational psychologists and consultations were usually held off-site with individual families, limiting contact with EY settings. Specialist settings had regular contact with outside professionals on-site and input to target-setting and individual educational programmes.

With respect to social interaction, children were allowed to choose their own social group when not participating in adult-led activities. In mainstream settings, verbal communication with some gesture predominated in adult-child and child-child exchanges. In specialist settings, verbal communication was accompanied with signing, gesture, symbols and communication aids to support child-child and adult-child interaction.

Target-child time-sampled fifteen-minute observations allowed a more fine-grained analysis of communication patterns in structured adult-led and unstructured freely-chosen activity in mainstream and specialist settings. Initiation of the interaction, whether adult (A), target child (TC) or another child (C) was indicated.

In structured, adult-led activities in mainstream settings, adult initiations predominated yet were extremely varied (from 7 in a 15-minute sample for child 4 to 48 for child 6). Child initiations were correspondingly lower. Child 5 however achieved a balance of 10 initiations to the adult's 17 initiations. (See Table 4)

Place Table 4 here

When involved in unstructured mainstream activities, children were more likely to initiate interactions with each other and with adults. Child initiations varied in a fifteen-minute sample from 9 to 21 and whilst adult initiations are correspondingly lower, there was a better balance, particularly for child 1, 3 and 6.

An interesting finding was the increase in episodes of children talking aloud to themselves during unstructured activities, especially child 2, 4, 5 and 6. (See Table 5)

Place Table 5 here

Fifteen-minute samples of observed structured adult-led activity in specialist settings showed a similar pattern of adult dominance of initiations though a better balance than in mainstream settings. (See Table 6)

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The unstructured 15-minute observations in the specialist units showed a better balance between adult and child initiations. For child 6 in the nursery assessment unit, there was no change in the number of adult initiations yet the child initiations were the highest observed. (See Table 7)

Place Table 7 about here

Themes emerging from field note analysis related to adult-child ratios, the ways in which adults worked together in settings, the types of activities and social groups children participated in, the availability of specialist professionals.

The types of activities available to children differed between mainstream and specialist settings. In most mainstream settings activities were available for children to choose throughout the session. In specialist setting activities were shorter, closely matched to children's developmental level, changed frequently and involved a rather more intensively interactive role for the adults. Moreover, a tendency to adopt a skills-training approach led to de-contextualised skills being intensively practised with an expectation of automaticity being achieved over time.

The balance between adult-led and child-initiated play was wide. This had an impact on the type of communication patterns that occurred between adults and children. In free-play activities adult-child interactions were related to children's interests rather than the educational activity being carried out, thus contextualised and encouraging discussion. Vygotsky (1978) noted that children used private speech (or talking aloud) to help make meaning from language heard in adult speech. He argued that use of private speech was beneficial in helping children to self-regulate emotions, keep track of thoughts and form a bridge between social and inner speech. Children were observed to use speech this way more often during unstructured activities than structured. This was characteristic of child 6 who was observed to repeat exclamations to himself such as "Oh, no!" and "That's terrible!" more often in his mainstream than specialist setting and in unstructured rather than structured activities.

Discussion

The findings will be drawn together and discussed in order to revisit and address the research questions posed. The first question posed was – what is the policy-to-practice context to delays and difficulties in the acquisition of SLC in the first five years?

The *macrosystem* was examined first within this study. In terms of policy, one strand of this concerned:

- effectiveness of early identification and EI;
- centrality of language in children's learning, development and later academic success;
- perceived need by government for the professionalisation and regulation of the EY workforce in order to ensure access to good quality childcare and education provision.

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At the core of these initiatives was a drive to eradicate child poverty and the intergenerational influence of poverty on child outcomes, including cognition, socio-emotional development and language. Linked to this was the aim of reducing the number of children identified with SEND entering compulsory education by focusing on early development and the potential of and opportunity for targeted and specialist intervention.

Focusing on SLC, a landmark review of SLCN (Bercow Report, 2008) identified a national prevalence of SLCN of 6-8 per cent and emphasised the importance of EI which could be administered as early as the second year of life, when the majority of SLCN could be identified by EY practitioners. Subsequent independent reviews emphasised the role of EY practitioners in EI for SLC development. The effectiveness of EI in improving children's educational achievement, employment prospects and long-term outcomes was emphasised, bearing in mind findings of Snowling *et al.* (2011) and Tickell's (2011) conclusions that communication and language was one of the prime areas of learning essential for children's preparation for school learning.

The involvement of the LA as *exosystem* served as gatekeeper and facilitator to the study though LA practice was accessed only indirectly through participants' voices in the survey and interview. Austerity measures introduced by the Coalition Government and their likely impact on provision of EI services through reduction of LA specialist professionals was noted by EY practitioners in interview to be of concern, especially for children with or at risk of SEND. Practitioners were concerned about the loss of support from area SENCOs, following changes in LA roles and structures, and wondered who would undertake the assessment requirements for children's statements of SEN without help from specialists.

At the *microsystem* context, a rise in SLCN prevalence was reported by Dockrell *et al.* (2012) to be 72 per cent between 2005 and 2011, despite difficulties described by Lindsay *et al*. (2008; 2010) in identifying prevalence and the complex task of distinguishing delay from disorder reported by Law *et al.* (1988). When children were acquiring more than one language simultaneously, there was a reported conflation of characteristics between SLCN and EAL (Dockrell *et al.* 2012) which made EI even more difficult. All practitioners in interview stressed the benefits of EI for children's problems with SLC.

The wide variability in practitioner qualifications, knowledge and understanding was reported by Nutbrown (2012) and was highlighted by practitioner survey and interview evidence in this study. A range of LA and health professionals were also reported to be consulted to help with EI. Despite Bercow's (2008) assertion that the majority of SLCN could be identified as early as the second year, the majority of SLCN reported by practitioners in survey responses were in the 24- to 60-month age-band, with very few in the 12 to 24 month

age-range. This could reflect the suggestion that EI was complex (Law *et al.* 1998; Dockrell *et al.* 2012). It was illuminated by survey findings with more practitioners reporting problems with expressive SLC than receptive SLC and reinforced the view that it was easier to identify SLCN later when children had normally acquired expressive language than to determine level of receptive language, bearing in mind that comprehension generally precedes expression (Buckley, 2003).

The wide range of descriptions used by practitioners in this study to describe children's SLCN raised questions about the precision in their observation and their lack of a common language to describe children's difficulties. This was unsurprising considering that Lindsay *et al.* (2008) highlighted the wide range, overlap and co-existence of different needs and the variation in terms used by professionals to describe sub-groups of SLCN. Findings from the survey and interviews raised questions about which children with SLCN required EI and which had delays within the normal distribution that simply needed more time and exposure to language-rich experiences.

The second question was – what are the views, understanding and reported practices of a range of stakeholders with respect to SLCN in the EYFS? Themes identified for discussion related to this question include:

- practitioners' views about the centrality of language;
- practitioners reported practice in relation to EI assessment and intervention;
- supporting children with EAL.

SLCN reported within the study ranged from children with mild to moderate, possibly transient delays and difficulties to those with more severe and complex SLCN that were secondary to central nervous system damage and consequent neuro-developmental disorders such as autism as well as children with EAL. Children with mild to moderate and primary SLCN were attending mainstream settings and children with severe and complex secondary SLCN were attending specialist settings as suggested by Bercow (2008). One child with mild primary SLCN however was also attending a specialist setting (child 4) in a combined placement and one child with severe and complex secondary SLCN was also attending a combined placement with specialist and mainstream access (child 6).

The range of qualifications and experience held by practitioners was extremely varied from NVQ level 3 through to post-graduate qualifications. Post-experience training accessed by practitioners was also varied but it

was not possible to determine which was effective or why. The influence of the LA in courses provided and tools for assessment was noticeable.

In interview, practitioners emphasised that SLC was central to children's learning, development and future academic success. Whilst in specialist settings, children's SLCN were already identified, mainstream practitioners supported children through a process of early identification, assessment and intervention, ranging from spotting the earliest signs of problems with SLC through to formal assessment.

In contrast to the findings of Mroz and Hall (2003) practitioners did not lack the tools to identify problems. For example, in specialist settings, practitioners utilised a broad range of specialist tools to support ongoing assessment of SLCN and where children attended more than one setting, assessment and support was a shared process. For children with less severe SLCN who were attending two settings, the process was less formalised.

A number of mainstream and specialist practitioners reported a lack of confidence in supporting children with EAL and would have liked more training. From practitioner interviews it emerged that they would have liked their initial training to have included more about children's SLCN, SEND and EAL. Practitioner survey and interview evidence revealed lack of confidence and fewer identified teaching strategies to support children with EAL than were reported to support SLCN.

Specialist practitioners interviewed emphasised a knowledge-gap between mainstream and specialist EY practitioners with respect to identification, assessment and support of children with SLCN and SEND. Despite this, both mainstream and specialist settings were diligently undertaking monitoring, assessment and recording of children's SLC and involving other professionals as they thought appropriate.

The third question was – how do EY practitioners implement policy relating to early identification, assessment and intervention for young children's SLCN? This related to:

- assessment and monitoring;
- organisation of staff;
- grouping of children;

- activities for children;

- instructional strategies.

Practitioner interviews revealed that the range of tools used to monitor children's progress was wider in specialist than mainstream settings and seemed appropriate. Whilst mainstream practitioners were able to utilise the EYFS early learning goals to monitor progress, specialist practitioners required tools that provided a more fine-grained analysis of small improvements.

In terms of organisation of staff, adult-to-child ratios in settings were guided by the EYFS (DfE, 2012) as noted by practitioners, with younger age-groups allocated more adults to interact with children. This was also the case for specialist settings catering for children with more severe SLCN. Ratios affected grouping strategies with mainstream settings organising more large-group activities than specialist settings who focused on small-group and one-to-one activities.

Observation revealed a wide range of activities offered to children in mainstream and specialist settings to support different types of play, social interaction, learning and development. The balance between adult-led and free-play varied in both mainstream and specialist settings. This was an interesting, given that children were found to interact more in less structured contexts.

The type of adult-led activities organised varied, with activities available to children throughout a session in mainstream settings, whilst in specialist settings activities were of shorter duration, targeted to particular language skills, with an intensive interactive role for the adult. Whilst this could be closely matched to SLCN, it ran the risk of becoming de-contextualised drill. Mainstream activities planned broadly around EYFS prime areas allowed children more freedom, choice and the opportunity to interact with both peers and adults. This highlighted the importance of planning an appropriate balance of adult- and child-initiated activity to meet the needs of all children.

Strategies reported in interview indicated a greater use of ACC, adult modelling, attunement to the individual chid and 'intensive interaction' by adults in the specialist settings. Observation confirmed this. The use of ACC was employed extensively by all specialist settings and minimally by one mainstream setting. This raises the question of whether a wider repertoire of strategies and greater use of alternative communications strategies could profitably be used by mainstream colleagues.

The final question was – how do young child respond to this practice? The wide variation in organisation of staff, grouping strategies, activities and instructional strategies impacted on communicative interactions that occurred. Adult-led educational activities resulted in fewer child-initiated interactions. Conversely, free-play activity was observed to encourage an increased number of child-initiated interactions that were both contextualised and related to interest. Children in combined placements responded differently in response to distinctive characteristics of the setting concerned. This was particularly marked for child 6 who made more comments during unstructured activities, in particular 'self-talk', and a greater number in his mainstream setting. This study highlighted the particular benefits of private speech as a means of rehearsal, internalisation and self-regulation (Vygotsky, 1978) to children with SLCN.

Conclusion

Use of Bronfenbrener's bio-ecological model ensured consideration of the way in which policy intentions and requirements at the macrosystem level, were reinterpreted at the LA or exosystem level, and influenced the contexts that children with SLCN inhabited. This study attempted to penetrate the real worlds of EY settings, mainstream and specialist, their interactions, activities and social groupings. Reinterpretation by practitioners of national and LA policy in enacting their pedagogical roles to identify, assess and support children's SLCN as early as possible required an intense focus on children's experiences and communicative interactions at the micro-context within the varying EY environments and led to multiply-constructed realities at local or microsystem level that were accessed through reported views of practitioners surveyed and interviewed.

This study was small-scale in nature with limited time and financial resources. The response rate to the questionnaire was disappointing but the case sites offered a maximum variation sample of mainstream and specialist settings and children from diverse socio-economic and cultural backgrounds, with ages from two to five years.

The study suggests that children with severe and complex SLCN receive specialist support and input from SLTs though for children with mild to moderate and thus less easily recognisable SLCN and children with EAL this may not be the case. Mainstream EY practitioners would befit from gaining a more detailed knowledge of typical and atypical development, particularly in the early stages and more use of AAC. Specialist practitioners might benefit from considering and building a social dimension into their planned intensive one-to-one SLC activities so children have more chance not just to practice but apply their new-found skills. Given the high and increasing number of children with EAL internationally reported in the literature, both mainstream and specialist

practitioners would benefit from developing a wider range of strategies and resources for EAL, especially with regard to ACC. The challenge remains as to how best to achieve EI for SLCN by all stakeholders who play a central role, including mainstream and specialist EY practitioners and LA personnel such as SLTs and SENCOs.

In view of the heterogeneous nature of SLCN, large-scale future research might not necessarily be illuminative. A focus on single-case design from the point of identification would allow fine-grained mapping of progress over the pre-school years and into school against activity, social relationships and interactions especially for children whose home language is not English when extra care is needed to avoid children being identified as having SEND unnecessarily. Whilst naturalistic observations cannot establish causation, repeated over time with different children in different conditions may lead in time to the identification of associations between children's SLC development and significant aspects of the everyday contexts in which they play, learn and talk.

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