

The significance of relational pedagogy to young children's speech, language and communication in early years settings

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**Introduction and background**

This research briefing paper presents summary findings from my PhD study which was concerned with the policy-to-practice context to the delays and difficulties in the acquisition of speech, language and communication [SLC] in the first five years.

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

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

The study has highlighted the difficult and subjective nature of early identification and assessment and the wide variation in children's early experiences, social interaction, speech, language and

communication, socio-economic and socio-cultural environments. The benefits for children with speech, language and communication needs [SLCN] attending combined early years placements are exemplified. Practitioners from both mainstream and specialist settings would have liked to have more guidance on early identification and assessment in their initial training and would also like more training on ways to work with other professionals and to support children with English as an Additional Language.

### **Policy context**

Building on a growing policy focus on early years and children's early socio-emotional and language development, especially in the first three years of life, a landmark government commissioned review of Services for Children and Young People with SLCN (Bercow Report, 2008) signalled the centrality of SLC in children's development, learning and later academic and life-long success. It further stimulated increased attention and interest in SLC from government and led to a significant government-funded research programme (*Better Communication Research Programme, 2012*) and a 'Year of Communication' (2011) that aimed to raise awareness of the needs of children with SLCN. Furthermore, this established a national prevalence of SLCN of 7 % of all children in England, 1% of children having severe or complex SLCN needing long-term specialist provision, and a further 50% of five-year-old children living in the most disadvantaged areas of England having speech and language skills that were significantly lower than those of their peers. The effectiveness of Early Intervention [EI] was a key theme resulting from the Bercow Report (2008) and subsequent independent reviews (for example Field, 2010; Marmot, 2010; Munro, 2011, Allen, 2011; Tickell, 2011). Most significantly for this study, Bercow (2008) was confident that the majority of difficulties and delays in the acquisition of SLC could be identified as early as the second year of life and emphasised the role of early years practitioners in the early identification, assessment and support of young children's SLCN. The requirement for practitioners to provide parents with a report on

children's development at the age of two in collaboration with Health Visitors further stresses practitioners' role to identify and assess problems with children's development.

Nutbrown (2012: 19-20) noted that for early years practitioners a "key part of understanding how and when children typically developed was being able to notice signs of slower, or different development and whether or not an apparent delay in development was an indication of other SEND". She was particularly concerned that early years practitioners should be equipped with the knowledge about:

- what to look for in this regard;
- how to respond to it;
- how to interact with parents and the multi-agency professionals who may play a part in supporting a child with SEND, with EI.

Although Bercow (2008) established a national prevalence of SLCN, he included children with mild and transient SLCN and those with severe and complex SLCN associated with overall global delay and neurodevelopmental disorders. On reviewing the academic literature, I found it to be problematic when attempting to determine the difference between SLC delay and SLC disorder, as was determining prevalence for particular aspects of SLCN, even when broad terms such as expressive delay or receptive delay were used. This suggested that it might not be easy for early years practitioners to know when children merely needed more exposure to language-rich environments or referral to specialist intervention services such as speech and language therapists [SLTs] or indeed know how to support the range of SLCN suggested by Bercow without specialist training. My research therefore examined the policy-to-practice context to the delays and difficulties in the acquisition of SLC in the first five years.

### **Theoretical and methodological framework**

Bronfenbrenner's bioecological model was used as a framework and tool of analysis to consider the nested social contexts that influence children's development such as the microcontexts of home and early years settings, the macrocontext of government policy, the LA influence at the exo level and relations between contexts at the meso level (Bronfenbrenner, 1979; 1993).

The theoretical framework is informed by a socio-constructivist interactionist perspective on children's learning and development that regards children as active constructors of their own knowledge but stresses the role of cultural sign systems (see Bronfenbrenner, 1979; Vygotsky, 1978; Bruner, 1983). These perspectives do not deny the importance of the child's own spontaneous investigation and everyday experience, especially in the first two years of life, but regard concepts, language, voluntary attention and memory as mental functions derived from culture and beginning with interaction between the child and another person. Moreover, each of these functions appears twice in the child's development: first as shared between adult and child (or social) but secondly within the child (or psychological). Put another way, the process of development involves 'internalising' social interactions. What starts as a social function becomes internalised within the child. This, Vygotsky saw as the process by which the development of all higher mental processes occurred to the extent that language and thought were inseparable:

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

Language is therefore central to children's learning and development as noted by Bercow (2008) and Tickell (2011) and the child has a 'zone of proximal development' [ZPD] which he or she could achieve only with the assistance of an adult`.

The concept of pedagogy as providing scaffolding for learning has been important for informing instruction in out-of-home early years settings (Siraj-Blatchford *et al.*, 2002). The crucial aspect is that the assistance, where it is required, must be appropriate to the needs of the learner. The

pedagogical framing that practitioners provide in relation to the organisation of staff, activities and grouping of children interacts with the instructional strategies they provide as well as the balance between opportunities for adult-led and child-initiated activities. Such pedagogy requires practitioners to be sensitive, mind-minded (Meins and Fernyhough, 2006) caregivers who are attuned and responsive to young children's verbal and non-verbal signals. This relies on the relationships practitioners forge with children, families, other practitioners and professionals and the communities they share with children, emphasising the significance of relational pedagogy to young children's development (Papatheodorou and Moyles, 2009). These relationships, however, are continually changing and in a state of flux making the concept of relational pedagogy difficult to define. Furthermore, as noted by Bronfenbrenner (1979; 1993) it is difficult to determine where the influence of one relationship (on children's development) ends and another begins, especially in light of Bronfenbrenner's suggestion that children's interactions with the objects, persons and symbols in their environments are both reciprocal and increasingly complex over time.

### **Methods of data collection**

Following an analysis of relevant policy and academic literature, I conducted an initial survey of early years practitioners within one LA in England. From survey responses (n 64), nine early years settings were identified who were prepared to participate in an interview and allow observations of their interactions with children in their setting. The practitioners who participated in interviews identified a child in their setting about whom there were concerns in relation to SLC, and requested permission from parents for the child to be observed and for parents to participate in an interview. Practitioners therefore acted as overall gatekeepers for children and parents. Ethical considerations related to power relationships between the researcher and participants and for observations, consideration to children's wellbeing and comfort levels demanded attention. Therefore a process of ongoing consent and assent was necessary of adults monitoring children's verbal and non-verbal signals for any signs of distress or discomfort.

## **Participants**

Two of the children identified by practitioners were attending combined placements of specialist and mainstream early years education, therefore eleven early years practitioners were interviewed, nine parents were interviewed and nine children observed.

The early years settings consisted of seven mainstream and four specialist early years settings from rural, semi-rural and urban areas of the LA. The children came varied home backgrounds and ranged in age from two years, three months to five years, one month. The children had SLCN that ranged from mild and transient to severe and complex associated with broader global delay and neurodevelopmental conditions such as autism and cerebral palsy as suggested by Bercow. Two children had English as an additional language (EAL).

## **Findings: policy-to-practice**

Government policy over the period examined has focused on the early years in order to reduce the number of vulnerable children and address wider issues of social inequality. The association between impoverished environments and SLCN has been demonstrated in policy reports and independent reviews, as have the benefits of language-rich environments and early social interaction for children's socio-emotional and SLC development. The children who participated in this study had extremely varied home backgrounds, early health, social interaction and learning and development experiences.

At the microcontext of the home environment, parents appeared to be supportive, were realistic in their expectations for children and sought professional help for their children when needed. However, it had been easier for some parents to secure professional help than others. Parents were content that their child had made progress in SLC in their early years setting and appreciated the benefit for their child of attending early care and education settings.

At the microcontext of early years settings, early years practitioners were observed to be fulfilling their role of assessing, monitoring and identifying problems with children SLC competently. However, the majority of children identified with SLCN from survey responses were aged twenty-four to sixty months with few in the twelve to twenty-four month age band suggested by Bercow (2008). Specialist settings were using a wider range of tools for assessment and monitoring than mainstream settings which helped them to monitor progress in finer detail. The majority of practitioners reported that their initial training had not equipped them adequately to identify problems with SLC, work with parents and other professionals or support children with EAL. Whilst all practitioners had attended post-experience training related to SLCN and SEND, only one had attended training related to supporting children with EAL.

Using a bioecological model as person-process-context-time model to understand the phenomenon of early identification, assessment and support of SLCN revealed that the processes and structures within early years settings such as the size of settings, age ranges of children, grouping of children, activities provided for them and adult pedagogical interactions impacted on children's communicative interactions with others, adults and peers. For example, children initiated more interactions with both adults and peers during unstructured free-play, however, some children spent the majority of their time in pre-school engaged in adult-led large-group activities.

Specialist and mainstream placements were found to complement one another, although the wide variation in adult-led/child-initiated play within and across groups was surprising since this was found to have a strong influence on the amount and quality of adult and child-initiated talk. This served to reinforce the view that children with delays and deviance need time in a social context to rehearse speech as well as to observe, listen to and imitate known figures in familiar contexts.

Specialist settings were able to plan very intensive and closely matched tasks that can become de-contextualised and thus become skill-and-drill in nature. Mainstream settings were able to build on incidental activities and familiar social contexts providing contextualised SLC and behavioural

models. Language learning for young children is not a skill but a culturally learned behaviour created through patterns of action and interaction in a specific social context. Talking to young children, about the things that the caregiver and child do together with objects (to create joint attention), simplifying sequences of actions that can be talked about and later repeated by the child is a foundational step in language development.

Mainstream practitioners would benefit from gaining a more detailed knowledge of normal or typical patterns of language development, especially the early stages related to attunement, relationship-building and turn-taking which have been shown to be fundamental to SLC development. Specialist practitioners might benefit from considering building and developing a social contextual dimension into planned intensive one-to-one SLC activities so children have the opportunity not only practise new skills, but also to apply them in a socially appropriate situation with the benefit of adult scaffolding. Children learn language through incidental rather than didactic learning opportunities.

Both specialist and mainstream practitioners would benefit from developing a wider range of strategies and support resources for EAL, especially with regard to Assistive and Augmentative Communication (for example signs and widgets), for parents and children. These could profitably be used more extensively in mainstream settings.

At the exo level of LA influence, the study suggests that whilst children with severe and complex SLCN received specialist early years provision and considerable support from SLTs, this was not the case for children with mild to moderate and therefore less easily recognisable SLCN. Although children with mild to moderate SLCN and EAL had some access to specialist services, it was not comparable to that offered to children with severe and complex SLCN. Although this seemed appropriate, it raised the question of how those children at risk from developing SEND might have their developmental trajectory optimised given the importance of development in the first three years of life stressed by Government policy reports such as the Bercow Review (2008).

SLCN as observed in this study varied in nature, intensity and onset. Most children had been identified by professionals or parents as having a difficulty by the age of two years, six months. This suggests that the education and health check required to take place at approximately two to two years six months is appropriate. The *Children and Families Act* will serve to strengthen support for children with more severe difficulties. However, the reduction in LA services following austerity measures (reported by practitioners in interview) may threaten the prescribed and important extra support by Area SENCOS, Educational Psychologists and SLTs for mainstream practitioners who support children with mild to moderate SLCN.

## **Conclusion**

This study has highlighted the difficult and subjective nature of early identification and assessment and the wide variation in children's early experiences, social interaction, SLC, socio-economic and socio-cultural environments.

The appropriateness of requiring generalist practitioners to undertake specialist roles with reported reductions in support from other professionals due to austerity measures remains an overarching challenge for policy makers to address. However, if problems are not identified early then later problems with communication, language and literacy skills and other areas of the curriculum, accompanied by poor self-esteem and motivation to learn were anticipated by practitioners in this study and other research (for example, Bercow Report, 2008).

Early identification of problems requires observation over time with children with milder delays being identified later than the second year of life suggested by Bercow Report (2008). Children can make satisfactory progress when provided with the right specialist support and resources in mainstream early care and education alongside their typically developing peers. All children could benefit from:

... an unbreakable determination to seize the opportunity that this review offers to help some of our most vulnerable children and young people. (Bercow Report, 2008: 64)

Agreement as to how to achieve the aims established within the Bercow Report (2008) to ensure effective EI for all children needs to be fully understood and acted upon.

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