

a) The importance of early intervention for a child with speech and language delay.

Under the Rights of Children and Young Persons (Wales) Measure 2011, the Welsh Government made it a legal requirement that they work under the principles of the United Nations Convention on the Rights of the Child (UNCRC), and consider the rights of children in everything that they do. Three main themes can be seen in the UNCRC articles, Participation, Provision and Protection, and though they apply to all persons under the age of 18 (Article 1), these themes have particular pertinence when related to those with Additional Learning Needs ALN, as they may face additional barriers in achieving equitable access to opportunities, both social and educational. Both article 23 of the UNCRC and article 7 of the United Nations Convention on the Rights of Disabled Persons UNCRDP relate to the requirement for disabled children to enjoy the same opportunities as all other children, and for any barriers to this to be removed by Government policy.

Speech and language delay is a symptom associated with a number of conditions, including but not limited to Autism Spectrum Disorder ASD, Hearing impairment, Down's Syndrome and Global Developmental Delay GDD, when it is known as secondary speech and language delay. It may also be a stand-alone delay, with no other obvious signs of developmental issue and is then known as primary speech and language delay (Zengin-Akkus et al. 2017; Marshall and Lewis, 2014; Lawrence and Bateman, 2013), or it could be a Specific Language Impairment SLI (I CAN and Afasic, 2012). In the case of young children, and particularly with primary language delay, there is often no diagnosis in place when they first attend a setting, with staff at these settings potentially being the first to recognise the delay. However, delays are difficult to assess at an early age due to the wide variation in developmental rates (Wooles et al. 2018). Therefore, children who may benefit from additional support may not receive it as parents and practitioners may delay referral believing a child will catch up (Zengin-Akkus, 2017).

Speech and language delay is of relatively high prevalence, occurring in approximately 6% of the population (Wooles et al. 2018; Marshall and Lewis, 2014), though some research puts this higher at over 10% (I CAN and Royal College of Speech and Language Therapists, 2018). Pockets of the UK see 50% of children entering school with some sort of language and communication need (Welsh Government, 2020).

Reasons behind this are multi-factorial, but delay risk factors include familial history of language conditions, male gender and socioeconomic disadvantage, which is related to experiencing a poor literacy environment in the home (Zambrana et al. 2013). A substantial body of evidence indicates that poor speech and language skills in the early years are linked to poorer academic achievement when in school (McLeod et al, 2018; Janus et al, 2017; Fricke et al, 2013). Article 28 of the UNCRC states that every child has the right to an education, but crucially article 29 states that the aims of education are for the child receive an education which helps them fully develop their talents and abilities, something which is only possible if their speech and language skills are developed to their fullest potential. Similarly, the new Curriculum for Wales 2022, refers to children being able to express ideas and explaining concepts, but these too require competence in communication.

Academic success in turn impacts upon the employability of an individual and future economic stability (I CAN, 2009), in line with the current social shift towards white collar jobs which demand strong communication skills (Law et al, 2013). This understanding of the wider reaching implications of poor language and communication skills has led to a change in Government strategy and the way that interventions to promote speech and language development are delivered. Communication is central to the idea of inclusion (Brodin and Renblad, 2018), as good communication is key to being able to participate fully in activities, to expressing needs and desires and to building relationships with carers and peers, which is the basis of article 2 of the UNCRC, and it is the right of a child to express their views and have their voice heard in line with Article 12 and 13 of the UNCRC. Similarly, communication is also regarded as a vital part of child development by practitioners (Brodin and Renblad, 2018) and policy makers (Welsh Government, 2020). Thus, early intervention has become a priority in Welsh Government policies related to early years education and care (Feinstein, 2015).

The shift from a clinical approach to a population approach has seen speech and language being adopted as an integral part of the Sure Start programme in England and the Flying Start initiative in Wales (Law et al, 2013). Flying Start, as a Welsh Government initiative designed to mitigate the effects of living in poverty and deprivation, includes support for early speech, language and communication development as one of the four core entitlements (Welsh Government, 2017).

However, there is concern that Flying Start is somewhat a postcode lottery, which could leave children not living in eligible areas at risk of missing these vital early interventions (BBC, 2020), though the parameters of the scheme have been extended through its outreach programme (Welsh Government, 2014). Flying Start services work on the principles of Bronfenbrenner's Ecological Systems Theory, where the child is at the centre, and there are multiple influences upon outcomes for them, through from Government Policy, local policy, community, settings and family (Aubrey and Riley, 2019).

Flying Start services are available to children 4 and under, showing recognition at policy level of the importance of intervention before commencement in compulsory education. However, there is some debate over the benefits of taking a 'wait and see' approach, where children may catch up (Mulrairie and Kollia, 2015; Zengin-Akkus et al. 2017). Morgan et al. (2019) calls such an approach "futile", as in waiting for improvement, the best opportunity to bolster development may be lost. Some research states a need for early intervention, particularly around oracy skills, necessary before a child begins reading instruction (Janus et al. 2017; Snowling et al. 2015). However, Wake et al. (2012) state that very early intervention for speech and language delay may be inefficient due to the tendency for many early communication problems to resolve spontaneously. Additionally, they state that interventions put into place post commencement in compulsory education may also have a questionable success rate, though there is a paucity of long-term research to back this up. This would give a short window of opportunity for greatest benefit. In contrast, the work of Snowling et al (2016) suggests that any intervention before formal reading instruction begins is likely to lead to a positive outcome, as oracy skills are key to later literacy.

For those not living in a Flying Start area, or unable to access their outreach scheme, the routes to diagnosis and support differ. Referral from a Health Visitor or Doctor to Speech and Language therapists may happen following a detailed consultation, and may be dependent on them ruling out that the delay is secondary in origin (Lawrence and Bateman, 2013). However, a nationwide shortage of Health Visitors in the UK, means that appointments can be rare and brief (Topping, 2020). Assessment of language skills may happen in an early-years setting, with Wellcomm used as a tool in many Cylchoedd/ Playgroups who provide early years education as a method for assessing need for early intervention. However, this form of assessment is based on

the premise that certain outcomes will be reached within a specified age range, and may not take in to account the wide variations referred to by Wooles et al. (2018). It is also left to practitioners to decide which language the assessment will be carried out in. Although multilingualism is not believed to impact upon prevalence of speech delay (McCleod et al. 2016), this could impact upon the outcome of the assessment if proficiency across languages is not taken into account, as assessments and assessors may also have linguistic bias (Leaders Project, 2013).

The outcomes of the assessment can accompany a practitioner referral to access support such as an additional member of staff through the cynllun cyfeirio/ referral service (Ceredigion County Council, 2021; Mudiad Meithrin, no date), or lead to further assessment by speech and language therapists who work for the local health board, relating to article 24 of the UNCRC which states the right of children to the best available health care. In regard to any referral or intervention, parents must provide informed written consent and all communications are treated with confidentiality in line with GDPR (Information Commissioners Office, 2018) and UNCRC Article 16. However, it is difficult to ascertain whether a child is giving consent, as practitioners may not be aware of indications that a child can give as to whether they are willing and happy to take part in assessment procedures or in activities/ further visits which constitute early intervention. However, there is a duty to ensure that the voice of the child is heard, whichever way it is expressed in line with UNCRC Article 12. The issue of consent also links with UNCRC Article 3, adults should take into consideration what impact their decisions will have on each child. To be fully implemented, practitioners need to be rights aware and working within a rights-based pedagogy (Dunphy, 2012).

A primary rationale for early intervention, is that it may reduce the need for further interventions later on (Mulrine and Kollia, 2015). Additionally, there is consensus amongst many researchers that speech and language development is integral to the holistic development of a child (Brodin and Renblad, 2018), and early interventions can help to promote their global development (Snowling et al. 2016; Wake et al. 2012) and improve 'school readiness' (Roessingh and Bence, 2018). A major premise of the New ALN code for Wales (Welsh Government, 2021b) is that the specialist provision will be in place through from 0 to 25 years of age, it aims to provide seamless transitions, and a system where the child's individual development plan (IDP) is a working document which follows the individual through their educational and

developmental journey. However, once at compulsory school age, the New ALN Code is only relevant for persons who are deemed to have an additional learning need ALN, which warrants additional learning provision ALP (Lewis, 2021), and many children with speech and language delay may not be viewed as reaching the threshold to have this additional provision in place.

To address this gap, separate to the new ALN Code, Welsh Government (2020) has a cross-cutting strategy called 'Talk With Me' and a Speech, Language and Communication (SLC) Delivery Plan, which aims to provide a clear pathway from identification, through intervention and, if needed, transition to specialised services for children with delay from 0 – 4 years 11 months. In practice, if children are not being assessed by Health Visitors due to a staffing crisis (Topping, 2020), and do not benefit from Flying Start provision because of where they live (BBC, 2020), their only opportunity for early identification may be a setting such as Cylch Meithrin. However, these settings charge fees, which may be prohibitive for some families, particularly those living in socioeconomic deprivation, who it is known are more likely to experience delays in speech, language and communication (Welsh Government, 2017a).

b) A critical analysis of the impact of speech and language delay on a child in terms of relationships with practitioners and peers.

Research literature links poor speech and language skills with both externalised and internalised problematic behaviours (Curtis et al. 2018; Thurm, et al. 2018). This can include being viewed as oppositional and uncooperative due to a lack of understanding, anxiety and shyness caused by poor expressive language, and problems with emotional regulation caused by being unable to label their own or others feelings (Royal College of Speech and Language Therapists, 2019). Research by Manning et al (2019) found that late talkers were reported to have double the number of temper tantrums to those with normal speech and language development. Contrastingly, Henrichs et al (2013) found evidence of the correlation between speech and language delay and behavioural problems to be inconsistent in preschool children, but did however note evidence of such a correlation after commencement in school.

It is accepted that the medical model of disability, which states that the disability is what prevents people from taking part and accessing services (Foundation for People with Learning Disabilities, 2021), is no longer the basis of provision in the UK in the context of care and education settings. The social model requires adaptations to be made in order to enable equity of opportunity for all, which in terms of an environment that promotes good communication, includes the physical environment, supportive adults and quality learning and communication opportunities (Beard, 2017). A move towards the social model has seen settings adapt, introducing visual supports, such as now and next timetables and pictures to label resources. It could therefore be concluded that a number of the physical and environmental barriers which impact upon those with speech and language delay have been removed. Harder to monitor may be the role of the adult, McGregor (2020) states that laypeople do not understand the importance of spoken language development, and that there is a need for teachers to understand the close links between communication and behavioural issues. This call for greater awareness is echoed by Janus (2017).

Speech and language delay is a hidden disability (McGregor, 2020), and the manifestation of problem behaviours, particularly externalised ones, does not enable others to see the cause of the issue. They may be viewed as uncooperative or disobedient, when the root of the problem may be a receptive language delay,

meaning that they do not understand what is expected. This may be true for those with Specific Language Impairment SLI or with delayed language development DLD (I CAN and Afasic, 2012; Ceredigion Cuntý Council, No date a). There is also a link between speech, language and communication need with memory and concentration (Royal College of Speech and Language Therapists, 2019). This risks the practitioner viewing the child's ability through a "deficit lens", where the ability of lower academically achieving children is perceived to be fixed and based on inherent capabilities, rather than malleable and unlimited (Parekh, 2017).

This practitioner view of ability links with a study by van Balkom et al. (2010) which looked at the conversational behaviours of those working with children with developmental language delay. When compared with a control group, there was found to be more adult control of the conversation and topics, which led to increased non-compliance by the children, which then became cyclical. Practitioners were also reported to be more likely to ignore the verbal contributions of the children with delayed language, which could impact upon self-esteem. However, this would seem to go directly against the advice that practitioners are provided in various toolkits (Ceredigion County Council, No date a; Northamptonshire Healthcare NHS Foundation Trust, No date) and in training such as Elklan courses (Elklan Training Ltd, 2021).

Support has extended to target the social and emotional problems that many additional needs, including speech and language delay can exacerbate (Ceredigion County Council, No date b). This includes delivery of ELSA strategies by Educational Psychologists or trained practitioners, sometimes as a stand-alone post in larger settings. This intervention helps children validate and understand their emotions to promote self-regulation (ELSA Network, 2017). However, not every setting will have funding or additional staffing to access to such training, particularly in the non-maintained and private sector who care for children under compulsory school age. Early Years settings are more likely to use general strategies for emotional literacy support, such as the use of emotion boards i.e. Today I am feeling happy/sad/angry/scared and games such as Hopla (Ceredigion County Council, No date b). The more targeted interventions are likely to be around speech and language itself and may include tasks set by the speech and language therapists, or tasks from

Elklan Language Builders (Elks and McLachlan, 2006) if the practitioner has achieved the Elklan accreditation.

The benefit of whole group or whole setting strategies is that the child is not being removed from their peers, isolated and made to seem different. There is also evidence that some strategies benefit all children, such as the use of movement and gesture when singing or reading, because sensorimotor, cognitive and linguistic development are known to be linked (Roessingh and Bence, 2018). Use of simple forms of sign language, such as Makaton have also been adopted wholesale in some settings, which recognises these links. Much of the literature emphasises the benefit of a community approach to improving speech, language and communication, reflecting how widespread the issue is (Law et al. 2013). This would agree with theories of social constructivist learning, such as that of Vgotsky and Bruner (Aubrey and Riley, 2019).

Preschool education is viewed as having a compensatory role for those children whose home experience does not offer rich developmental and learning opportunities (Brodin and Renblad, 2018). Therefore, a combined approach could be of most benefit. Law et al. (2008) cited in Zhang (2020) referred to didactic methods, which are therapist lead interventions; naturalistic methods, which encompasses the language environment, including people and responses, or a hybrid method which uses both. This hybrid method is what is currently being aimed for in early years provision in Wales, where focused activities in Foundation Phase settings will include emotion games and vocabulary instruction for all children, with separate interventions for those who have provision under the referral scheme (Welsh Government, 2015). This expected to continue under the new Curriculum for Wales 2022, and the new ALN Code for children in preschool settings (Ceredigion County Council, No date a; Lewis, 2021).

However, this approach may still be limited by the perceptions and attitudes of practitioners. There is still a tendency to group children based on their perceived ability, something which may be influenced by perceptions of gender, cultural background, socioeconomic background or behaviour and compliance (Parekh, 2017). This approach may also remove the opportunity for peer learning, and research by Ribeiro et al (2017) suggested that a skilled peer group could promote more equal language development, and compensate for educational differences. With much of

the available literature pointing to long-term detrimental impacts of poor language skills including future academic attainment and the resultant economic disadvantage, along with poorer mental health and wellbeing (van Balkom, 2009; McGregor, 2020), there are societal and economic benefits to improving speech and language skills generally.

Poor language skills are linked with increased frustration, the inability to reason and as a result poorer behaviour (Peterson et al. 2013). Spoken language is estimated to account for only approximately 7% of communication (Beard, 2017), and there has been research highlighting the increased use of body-language including hand gestures and repetition used by those with a language delay to compensate for their lack of language proficiency (van Balkom, 2009). However, there is a comorbidity between language and attention disorders and the expectation that poorer language leads to poorer social skills (Peterson et al. 2013). Those with poor speech and language skills have problems with the rules of conversations, and repairing conversations which begin to break down, this could result in them struggling to build and maintain good relationships with their peers (Royal College of Speech and Language Therapists, 2019). Curtis et al (2018) state that those with language disorders experience poor peer relationships, are more likely to be bullied and exhibit more problematic behaviours over time. Similarly, Henrichs et al (2013) point to the increasing importance of peer relationships as children age, and difficulties those with language delay may experience related to this.

One method which could offer an alternative approach, and potential benefits for children with speech, language and communication issues is the Montessori method. The fixed routines, combined with the expectation for the child to use their own initiative could be beneficial for those with receptive language issues. As well as offering simple environments with few sensory distractions, which would count as a positive environment for speech and language development, children are grouped in wider age groups than the Welsh system, 0-3, 3-6 and 6-12 years, where they can learn from the social interactions of older peers around them (Isaacs, 2013). Positive effects upon language skills development through peer influences were found by Ribeiro et al. (2017).

Danner and Fowler (2015) carried out a comparison study of Montessori and Non-Montessori childhood teachers. They found that there were some similarities, in that

both groups had positive attitudes towards inclusion and were willing to adapt environments to suit individuals. Although Montessori practitioners had less specific instruction on working with children who have additional needs, and considered themselves less experienced, there are a number of reasons why the approach might be of benefit. As well as the opportunities for peer support, the materials used offer multi-modal forms of expression and learning, with multi-sensory hands-on experiences. This has also been identified as important by researchers who identify a connection between motor skills and language skills (Peterson et al. 2013; Roessingh and Bence, 2018). These things are all facilitated by practitioners, and can lead to improved interactions, which may in-turn lead to improved communication. The emphasis on practitioner observations, which is evident in Montessori practice, is also key to identifying additional learning needs and individualising provision (Lewis, 2021).

c) A critical evaluation of the use of a one-to-one assistant as a method of support given to a child with speech and language delay.

On commencement in a cylch meithrin/ playgroup parents may inform the setting that their child is already registered with speech and language therapists, following referral by themselves, a health visitor or GP. If not, speech delay may become apparent to practitioners during their work. Observations form a fundamental part of assessment in early years settings and throughout the Early Years Foundation Phase (Taylor et al. 2015). However, there is also the use of certain assessment tools, such as Wellcomm which practitioners can use to provide evidence that a child is not reaching expected milestones for speech and language development. This may accompany a referral form which the ALNCo/ SENCO or Cylch Leader will complete and send to cynllun cyfeirio/ referral service for consideration, though parents are also permitted to make a referral (Ceredigion County Council, 2021). A multi-agency panel will consider the referral and may provide funding for an additional member of staff to support the child and enable the setting to provide inclusive practice.

A typical job description for this role, which is referred to as a “Helping Hands” includes a range of responsibilities, including direct working with the child to ensure they receive high quality care and follow a programme of activities that allow the child to develop physically and emotionally, increasing their confidence and independence. The practitioner must also work well in a team, working closely with a range of other professionals and in partnership with parents/carers to ensure inclusion in the setting. Other requirements for the role are knowledge of the policies and procedures of the setting, the ability to work using the Welsh language and with an understanding of Welsh culture, and to attend any relevant training required (Mudiad Meithrin, No date b).

In reality, despite a long list of responsibilities and desirable skills in the person specification for such a role, there is no minimum qualification requirement or previous experience required and pay is at the national minimum wage (Mudiad Meithrin, No date b). These factors could cause concern for a number of reasons, not least, because there is no clear evidence as to whether interventions delivered by unqualified staff, or indeed family members, are as effective as those delivered by qualified speech and language therapists (Wake et al. 2012). Nutbrown et al. (2013)

state the need for those delivering early intervention programmes to be suitably qualified. Similarly, in 'An independent stocktake of the Foundation Phase in Wales' (2014) Siraj referred to it being an ineffective deployment of staff if the best qualified and most experienced practitioners are not the ones working with the children who are most in need.

This increased professionalisation of the workforce is linked to better outcomes for families (Trodd and Dickerson, 2019). In terms of speech, language and literacy development, research by Hu et al. (2019) linked the use of language types associated with better emergent literacy skills to practitioners who were university educated. Furthermore, skills and quality of teaching have been linked to better language development for children (Brodin and Renblad, 2019; Chaparro-Moreno, 2017). Beard (2017) believes that the workforce needs more training to deliver the language boost that children need to be school ready. However, the Elklan Speech and Language course (Elklan Training Ltd, 2021) has been an integral part of the training offered for staff in early years settings for a number of years. It is worth noting that the course is run over a minimum of 10 weeks term time only, with a potential wait for space on a course, which could mean two school terms before the staff are trained. Many children only attend a setting once they are entitled to the funded education element, which is for three terms before they start school. Therefore, a member of staff may only achieve the qualification one term before the child leaves the setting.

To summarise, there may be great variation in the quality of support offered by a one to one, dependent upon knowledge and experience, and the high expectations, poor job security and low pay of these posts may not encourage highly qualified practitioners to enter such roles. That is not to say that those with speech delay will not benefit from attending a setting, even if they do not have a highly trained support. They may benefit from positive interactions with staff, including opportunities for sustained interaction with practitioners (Taylor et al. 2015). They will be in a rich language environment, which is largely agreed to be vital for language development (Marshall and Lewis, 2014), and surrounded by peers who are trying to communicate with them and each other. In line with sociocultural learning theories, such as that of Vgotsky this gives opportunities for peer learning from others who can scaffold their attempts at speech (Aubrey and Riley, 2019).

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