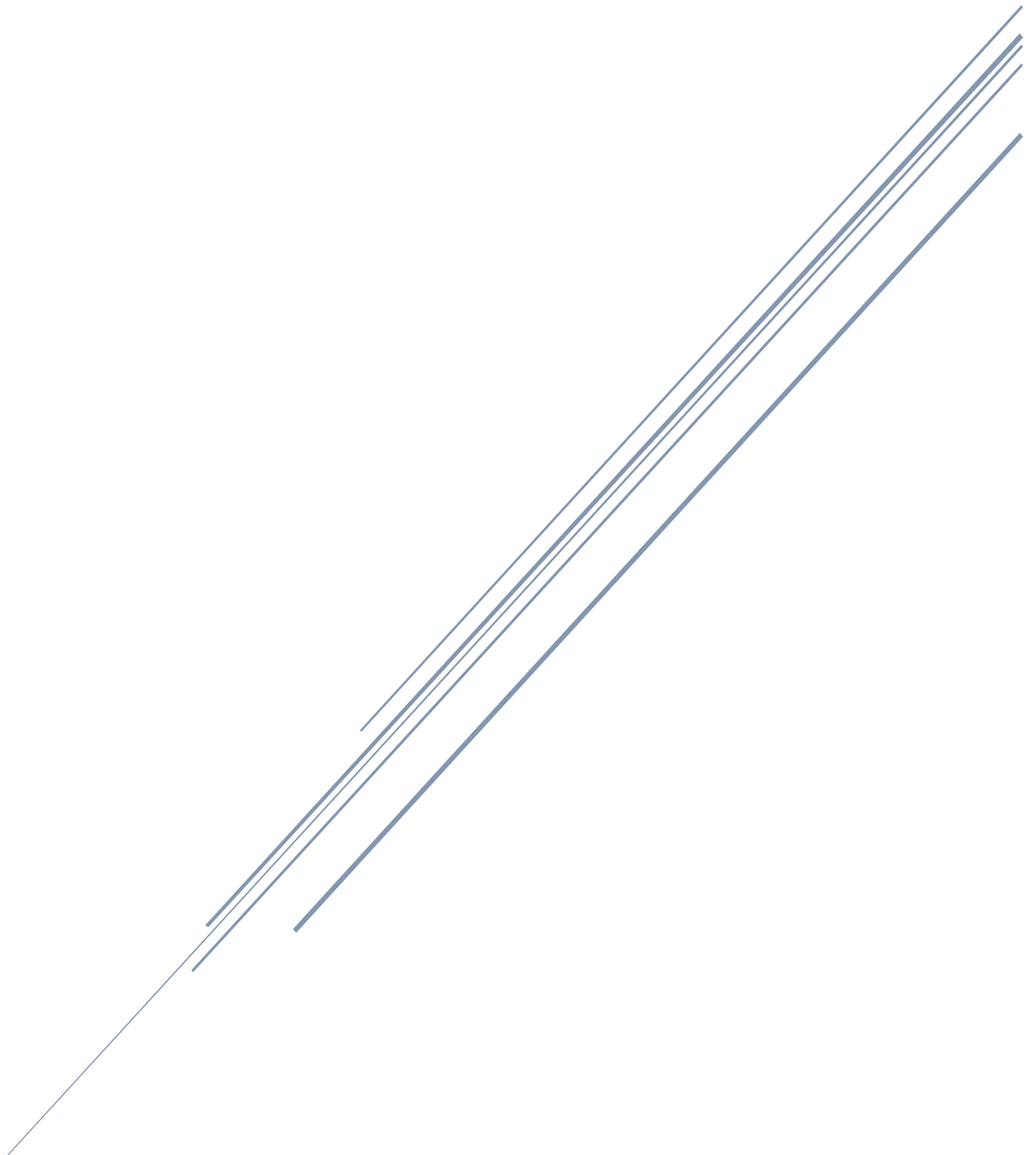


EAEE6002

Children with Additional Needs: Inclusion, Advocacy and
Equity



UWTSD
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Speech, Language and Communication Needs (SLCN)

1. The Importance of Early Intervention for Children with Speech, Language and Communication Needs

Speech, language and communication skills are recognised as essential foundation elements for children's learning and development (Law et al., 2017). Here in the UK, speech, language and communication needs (SLCN) are the most prevalent additional learning need with an increasing number of children experiencing difficulty when acquiring language skills (Save the Children, 2015; Department of Education, 2015; Law et al., 2017). Ten percent of children will have a lifelong, persistent SLCN (Bishop, 2014). For those children living in areas of multiple deprivation this figure will rise to upwards of 50 percent and is associated with social disadvantage. These children have impoverished language skills which potentially may advance to the same level of their peers (APPSLD, 2013; RCSLT, 2016; Law et al., 2017). Nevertheless, UNESCO (2008) state that children whose SLCN remain unidentified and unaddressed will face barriers to inclusion and participation in education and learning. Subsequently this can impact upon a child's learning and development so affecting their educational and life outcomes (Lindsay and Dockrell, 2012; The Communication Trust, 2013).

The United Nations Conventions on the Rights of the Child (UNCRC), Rights of Persons with Disabilities (UNCRPD) and General Comment Number 7 – Implementing Child Rights in Early Childhood set out the human rights for all children and young people, including those who have learning difficulties or disabilities (UNCRC, 1989; UNCRPD, 2006; UNICEF, 2006). They convey and affirm that children who face further challenges as a result of additional learning needs or disabilities are entitled to additional rights, specifically advocating early intervention from birth and throughout childhood for these individuals (Unicef, 2006; Brown and Guralnick, 2012; Pellicano et al., 2014).

The Centre for Excellence and Outcomes (C4EO) defines early intervention as:

Intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Early intervention may occur at any point in a child or young person's life.

(C4EO, 2010: 4)

For children and young people, it is widely understood that prompt, timely and effective intervention is beneficial and preferable as it reduces the opportunity for difficulties escalating, or becoming so acute that immediate action is required as a means of damage limitation (C4EO, 2010; Brown and Guralnick, 2012). It is advantageous not only for children and young people, but their families, communities and the country in which they live as it minimises an individual's distress and maximises opportunities for them to fulfil their potential, reducing anti-social behaviour, the expense for corrective measures and the financial loss to the economy (C4EO, 2010; Lee and Pring, 2015; I CAN, 2018). C4EO (2010) and Law et al. (2017) assert that an important area of early intervention for children and young people, one where the greatest impact can be made, is that of early years language and communication skills.

Early intervention is imperative for those children with SLCN as one of the most common consequence is that of literacy difficulties (Conti-Ramsden et al, 2009; Dockrell et al., 2011). Whilst acting as a barrier to learning and education, it also creates a barrier to interaction with others which then presents another barrier to the future development of their language skills (The Communication Trust, 2011; Duff and Tomblin, 2018). Subsequently a further barrier in learning to read and write is experienced as a child with SLCN lacks phonological awareness, word recognition and has issues with pronunciation (Duff and Tomblin, 2018). With respect to the right of the child to have a voice under Article 12 of the UNCRC (1989), a child with SLCN will clearly experience barriers when they come to making their views, wishes and feelings known and having them taken seriously and considered when it comes to matters that affect them (UNCRC, 1989).

Upon their first day at school a child with SLCN here in Wales will experience barriers as the Foundation Phase Framework advocates that children access learning through play (Welsh Government, 2015). Welsh Government (2015) promote that a child should utilise play to experiment, problem solve, effect decisions on their own, or within

groups in order to practice, reinforce and consolidate their learning. Given the evidence in the previous paragraph children with SLCN will experience barriers to fulfilling their rights in respect of Article 31 and 28 of the UNCRC (1989). Their lack of language and social interaction skills will impact on Article 31 which states that every child has the right to play and have the opportunity to participate in a wide variety and range of experiences. This will then directly impact upon Article 28 which states that every child has the right to an education (UNCRC, 1989).

Having commenced their educational journey if a child with SLCN is not identified as having an additional learning need then consequentially they will be unable to access the inclusive education that will fully develop their personality, talents and abilities as should be afforded to every child irrespective of their ability or disability under Article 29 of the UNCRC (1989) and Article 24 of the UNCRPD (2006) (The Communication Trust, 2011; Brown and Guralnick, 2012). In accordance with the rights of those children with a disability, Article 23 of the UNCRC (1989) is further expanded upon in General Comment 7 paragraph 36(d) of the Committee on the Rights of the Child (UNICEF, 2006: 71) which states that 'it is a priority to ensure that they have equal opportunities to participate fully in education and community life, including by the removal of barriers which impede the realisation of their rights'.

Without early intervention children with SLCN are prone to a reduced quality of life as it impacts upon their behaviour, social, emotional and mental well-being (Lindsay and Dockrell, 2012; Save the Children, 2015). Lindsay and Dockrell (2012) found that over 60 percent of young offenders had SLCN. A further implication of their SLCN was that it acted as a barrier to them engaging in the preventative measure of talking therapy to minimise their risk of re-offending (Bryan et al., 2010). These resulting consequences of not intervening early in a child with SLCN life can be viewed as a contravention to their right Article 6 of the UNCRC (1989), that is, every child has an innate right to life; all must be done by those in authority to ensure that they survive and develop to their fullest. However, the Communication Trust (2011) maintain that not all those children with SLCN will suffer adverse consequences to their education and life outcomes.

Nonetheless, Bercow (2008), Afasic Cymru (2017) and I CAN (2018) indicate that with early intervention and targeted support those children with delayed language disorder

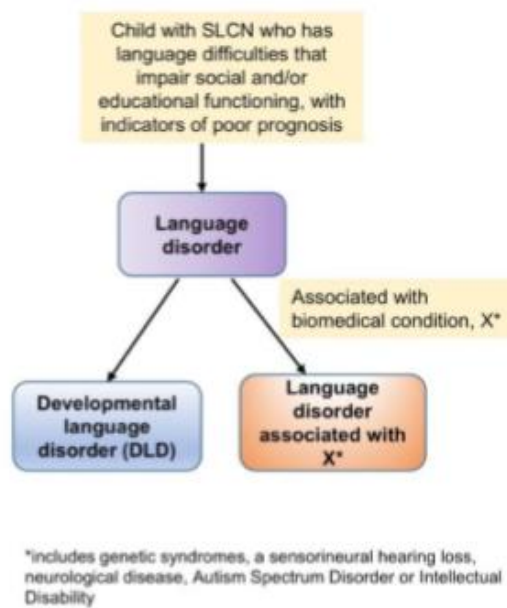
can advance to the same level as their peers. Indeed, if resolution can be gained by the time a child reaches five and half years of age then Bishop et al. (1990) and Snowling et al. (2001) claim that their educational achievements and life outcomes return to a level that is comparable to those who children who have not had a history of SCLN. In this respect, should those in authority adhere to, and deliver the rights outlined in the UNCRC (1989), UNCRPD (2006) and General Comment 7, the basis upon which all policy documents in relation to children and young people are written here in Wales, then those children and young people with SCLN would be afforded the early intervention that they so require enabling them to actualise their rights, educational potential and improved life outcomes.

2. Diagnosis and The Barrier It Poses to Children Speech, Language and Communication Needs

Children's speech and language needs are jointly addressed by education and speech and language therapists (SLTs) (Pring et al., 2012; RCSLT, 2017). However, due to inconsistent diagnostic terminology, a lack and difference in understanding of children with SLCN and a shortage of trained educational practitioners, many children in educational settings are experiencing an unnecessary barrier when it comes to having their SLCN recognised, diagnosed, and met (Bishop, 2014, RCSLT, 2017; Dockrell et al., 2017). Whilst there are those who disagree with the use of diagnostic labels the current confusion is detrimental to those children with SLCN as it acts as a barrier to gaining and accessing the appropriate support required to meet their needs and fulfil their developmental potential.(Bishop, 2013; RCSLT, 2017; Dockrell et al., 2017).

Different professionals use and define the term speech, language and communication needs (SLCN) in multiple ways (The Communication Trust, 2013; Bishop, 2014). The cause of some children's SLCN is clear and resultant of another condition, such as hearing impairment or autistic spectrum disorder (ASD). In others it may be linked with social deprivation or on occasion there is no clear cause and it can be short-lived and mild rather than life-long and severe (Talking Point, no date; The Communication Trust, 2011; RCSLT, 2016). This has led to confusion and until relatively recently there was no agreed terminology with The Bercow Review (2008) assigning the term SLCN to cover all children and young people with SLCN (Bercow, 2008; Bishop 2014).

Consequently, in 2016, a group of experts from the field of language disorders decided to clarify the terminology and principles for evaluating children's SLCN. This response was prompted as the American term specific language disorder (SLI) was becoming increasingly prevalent. However, it's improper use was acting as a diagnostic barrier and giving rise to incommensurate and inequitable access to services for those with SLCN (RCSLT, 2017). Being mindful of the confusion, the primary aim of the experts was to identify those children whose SLCN would ameliorate should intervention from speech and language services be made available (Bishop et al., 2016; RCSLT, 2017).



al. (2016)

Source: Bishop et al. (2016)

Figure 1 sets out the new evaluation principles and terminology. As highlighted above language disorder is the term now to be used when the outcome for children with SLCN is poor to the extent that it is acting as a barrier to a child's social interaction and educational achievement. Language disorder will also be used as the overarching term for developmental language disorder and language disorder (Bishop et al. 2016). Developmental language disorder will now describe those children with considerable language difficulties which will result in life long SLCN but have no link with a known genetic disorder. Whilst language disorder associated with X will be applied to those with conditions such as autism and Down Syndrome, that is there are neuro-developmental factors in existence. Where there is uncertainty surrounding the diagnosis and outlook of pre-school children then the term of SLCN is recommended (Bishop et al., 2016; RCSLT, 2017).

Whilst the new terminology and evaluation principles proposed by the professional experts are likely to generate a period of confusion they have been welcomed by the The Royal College of Speech and Language Therapists who believe that the evidence led changes which are based upon the latest research will provide parity for evaluation principles and the terminology used in Australia, New Zealand and Republic of Ireland (IASLT, 2017; RCSLT, 2017). The World Health Organisation has suggested that

upon its review of International Classification of Diseases (ICD-11) it shall also adopt Developmental Language Disorder. However, the United States of America will continue to use the term SLI and Canada has yet to indicate its position and so for the foreseeable future the global inconsistency and confusion surrounding SCLN is likely to continue (SAC, 2017, RCLST, 2017).

To conclude, for children with language disorder and SLCN there can be both positive and negative outcomes to diagnostic labels (Bishop et al., 2014). The Communication Trust (2011) support the social model of disability as it avoids the application of a diagnostic label. They assert that gaining an understanding of a child's needs is of greater benefit and importance to a child. However, although this circumvents stigmatization it can in times of economic constraint prevent additional educational support with governments and local authorities refusing to acknowledge the child's needs (The Communication Trust, 2013; Bishop et al., 2014). Utilisation of the medical model and a diagnostic label is often viewed as helpful as it not only assists a child and their family to gain an awareness and understanding of their needs but also development of knowledge and communication between professionals. Nevertheless, it can lead to stigmatization and exclusion. However, most importantly to the child it can facilitate access to resources and target interventions which will remove barriers so enabling the child to fulfil their academic and life outcomes (Lindsay and Dockrell; 2014 Bishop et al., 2014).

3. Nuffield Early Language Intervention Programme

With developmental language disorder being known to impact upon a child's development and future ability to access learning across the curriculum it is essential that early identification and effective intervention measures are put in place (Bercow, 2008; Lee and Pring, 2015; Law et al., 2017,). For socially disadvantaged children this is of the upmost importance as Law et al. (2017) and I CAN (2018) indicate that they are more than 50 percent more likely to enter nursery with poor language skills.

With many interventions being available, identification of a suitable, cost effective, intervention which will deliver improvement outcomes can be problematic and confusing (Education Endowment Fund (EEF), 2018). However, the Nuffield Early Language Intervention (NELI) is a beneficial intervention as it is grounded upon evidence-based research that demonstrates its effectiveness in improving language skills (Fricke et al. 2017; Firth, 2017). In a randomised controlled trial with 394 nursery and reception class children it was found to improve their oral language skills by up to four months of additional progress (Fricke et al., 2017 and EEF, 2019a). The All Party Parliamentary Group on Speech and Language Difficulties (APPGSLD) (2013) recommend the selection of an intervention which is reinforced by evidence of its efficacy.

Developed by a team of academics working in conjunction with teachers and speech and language therapists, the NELI utilises a framework of curricular linked topic based, multi-sensory techniques to teach children. Trained and supported teaching assistants (TAs) are used to deliver the intervention (Fricke et al., 2017). Although concerns have been raised regarding the lower attainment of interventions when delivered by TAs, EEF (2018) maintain that when working in structured early years settings with high quality training and support, they can deliver high quality interventions which positively improve children's attainment outcomes. Delivered through small group and individual, multiple weekly sessions across a 20- or 30-week time frame, the 20 week intervention was taught in the first and second term of reception with the 30 week intervention commencing in the final term of nursery and then continuing throughout the first and second terms of reception (Nuffield Foundation, 2016).

Evidence from the trial found that the language skills of those children receiving the more expensive 30-week NELI gained up to four months improved progress. In comparison to the two months of progress found in those participating in the 20-week NELI (Fricke et al., 2017). However, the TAs who participated in the trial reported that they experienced considerable time constraints and had to enlist the support of senior staff in order to deliver the intervention as directed (EEF, 2019b). Nonetheless, the trial results demonstrated an overall benefit. Setting staff verifying the positive outcomes on children's oral language skills and self-esteem, and when the standardised oral language tests were repeated six months later the improvements were found to have been sustained and, in those children, who participated in the 30 week intervention a slightly higher level of improvement was found (Fricke et al., 2017 and EEF, 2019b).

The positive impact of the NELI on children's language skills has been considered of such a benefit that a second larger scale effectiveness study is now underway. It aims to discover if an extensible approach would deliver comparable results (EEF, 2019b). However, whilst the intervention has been proven beneficial in areas of social disadvantage the involvement of parents is also considered to be advantageous. Nonetheless it has also been found that parents in such areas do not engage with interventions (Gibbard and Smith, 2016). Should this be the case then the NELI could be made available to early years settings so supporting those children in socially disadvantaged areas to improve their language skills and be better equipped to access learning and the curriculum in a more equitable way to their peers from non-disadvantaged areas.

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