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# Interview stories: Early years practitioners' experiences with children with speech, language and communication needs

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## Abstract

*Interviews were conducted with 50 early years practitioners, exploring their experiences with children with speech, language and communication needs (SLCN). A narrative approach was taken to elicit information on the children they were working with who had these needs. This included characteristics of the children's behaviour, how they were identified and strategies used to help them. Participants identified children to discuss, many of whom had complex needs. There was large variation in how the children were identified and who the participants liaised with. Responsibilities taken on by participants when working with and devising strategies for the children did not relate to seniority of post held, or to level of relevant training.*

**Keywords:** children with speech, language and communication needs; early years practitioners

## Introduction

Little research has been published in the UK that investigates early years practitioners' in-depth understandings of speech and language development. Related research into Year 3 (children 7–8 years old) primary school teacher knowledge of speech, language and communication needs (SLCN) by Dockrell and Lindsay (2001) showed a wide range of views, with 40% unable to provide any information about speech and language. Teachers also commented that they

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did not feel comfortable with the extent of their knowledge in this area. Dockrell and Lindsay (2001: 376) concluded that the 'patchy nature of teachers' knowledge is of significance when the wider ramifications of such difficulties are considered'. Research with early years practitioners (Mroz and Hall, 2003) suggests that general levels of training in language development are low; over 70% of questionnaire respondents reported that they had received no information on language delay or disorder in initial training, and nearly two-thirds had no post-qualification training in any aspect of speech and language.

In the current health, education and social services contexts a number of factors impact on early years practitioners and their responsibilities to children with SLCN. It is in the light of these changes that it is timely to consider the knowledge base of these practitioners. Within health, formal screening for SLCN of young children is no longer recommended (Hall and Elliman, 2003). Health visitors in England and Wales, who have traditionally made large numbers of referrals to speech and language therapy during the pre-school years (Anderson and Van der Gaag, 2000), are no longer required to see children after the age of 8 weeks; families and health visitors are recommended by Hall and Elliman (2003) to negotiate further visits if required or perceived to be necessary. The implication of this is that early years practitioners are expected to be proactive in identifying children with SLCN and determining the point at which specialist intervention becomes necessary. Speech and language therapists, for example, will thus be reliant on a greater range of practitioners being aware of, and referring, children who may have speech, language and communication difficulties.

Within education there is an important trend for a continuing expansion of early childhood provision, which raises at least two important issues: providing appropriate general training for a rapidly expanding workforce and a need for specialist input to provide a service in inclusive settings to all young children who may have SLCN (DfES/QCA, 2001; DfEE/DOH, 2000).

Finally, as a result of new legislation in England and Wales enshrined in the recommendations of the report *Every Child Matters* (DfES, 2003), the role of early years practitioners will increasingly carry the expectation for successful inter-professional working.

The above factors mean that it is important for all professionals who work with young children to work together to ensure that their SLCN are met. This involves awareness of early years practitioners' current levels of knowledge and of the strategies used by them when working with these children. Speech and language therapists will then be able to contribute to the knowledge base so that the early years practitioners might best be supported; the practitioners will be in a position to influence a child's inclusion in an educational setting

and ultimately their success within that environment. This article therefore explores the following issues:

- What types of SLCN are found in children attending early years settings?
- Who identifies children in their early years with SLCN needs, and what is the process behind this identification?
- What strategies do early years practitioners use to support these children, and how are these strategies generated?

### **Narrative as a research tool**

In order to explore the issues described we decided to use a narrative approach as part of a semi-structured interview schedule. A narrative interview approach is a relatively common tool in aspects of social science research. Disciplines such as nursing, education and social work frequently use narrative studies to describe and understand the complexity of processes where people work with others (see, for example, Scott, 1989; Sandelowski, 1991; Mishler, 1995). Carter (1993) suggests that a narrative approach is suitable for teacher research (for this we include a variety of practitioners) because stories fit the complexity of teachers' work and the richness of teaching experiences. Narrative interviews have several key characteristics that promote a better mutual construction of understanding between interviewer and interviewee; for example: the ceding of some control to the interviewee and the naturalistic quality of storytelling, both in terms of replicating a 'normal' social encounter and in terms of structuring experience in a meaningful way. From the interviewer's point of view, the advantage lies in the forced deferment of explicit analytical themes, that is the areas to be explored from the narrative interviews arise from the interviews themselves and are not fully predetermined. Thus, in our question

Think of an individual child that you know well who has had a speech and/language difficulty and, starting when you first met the child 'tell the story' of your personal experience of working with the child

the narrator was able to introduce issues that were relevant to his or her story and to dictate particular emphases within the storytelling.

### **The current study**

The data for this article are drawn from the second phase of a Nuffield Foundation-funded project, 'Children's speech and language development: an investigation of the knowledge, skills and understanding of early years professionals' (Mroz *et al.*, 2002), which was carried out across six regional

authorities in the North East of England. The project's principal research question was:

How robust is the knowledge, pedagogical understanding and confidence of early years professionals in the area of young children's speech and language development?

From this question the following related questions were derived:

- 1) How has the initial language training received by early years professionals affected their knowledge, understanding and confidence?
- 2) How does their setting and professional role impact upon this?
- 3) How has their post-qualification experience affected their knowledge, understanding and confidence?
- 4) How do the professionals perceive their training needs in the area of children's language development?
- 5) How do early years professionals perceive their role and responsibilities in identifying children with impaired language development and in supporting the normal development of spoken language?
- 6) How does the population (i.e. the mother tongue, gender and socio-economic status of children) within a setting impact upon professionals' expectations of the children?

Results from the first, questionnaire phase are discussed in Letts and Hall (2003). Fifty interviews were conducted with a representative sample of questionnaire respondents, these interviews forming the second phase of the research. The main focus of the interview and of this article is on each professional's experience of working with one child who has had SLCN and addresses question 5 above.

## **Method**

Fifty interviewees were selected from a cohort of 181 volunteers who had indicated willingness to be interviewed during the questionnaire phase of the project (Mroz *et al.*, 2002). This constituted 27.6% of the total number of questionnaire respondents. The 181 volunteers were, as a subset, slightly different from the full cohort of questionnaire respondents. Practitioners from day nurseries, playgroups and other settings were more likely to volunteer than school-based staff. In addition to setting, the volunteer group was structured according to their confidence profile. This was based on their response to the question, 'How has your training (initial and post qualification) made you feel

in assessing the following areas of children's speech and language development?' Respondents could choose from 'confident', 'quite confident', 'not at all confident' to 'I am not familiar with this term', for six areas of speech and language, including, for example, 'speech sound development' and 'comprehension'. The range of scores possible extended from 0 (not familiar with any of these terms) to 18 (very confident in all areas). There had been some speculation that practitioners with low confidence might not volunteer; in fact the proportion of low confidence volunteers was very close to the proportion of those with low confidence in the questionnaire sample. Practitioners of medium confidence were less likely to volunteer, while high confidence practitioners were over-represented in the volunteer cohort.

The interview sample was constructed in such a way as to represent the questionnaire respondents as a whole, rather than the quite different profile of those who volunteered. The primary selection parameters were individuals' type of setting, followed by their confidence levels. The type of setting was considered to be the most important factor by the research team because of the differences in training routes, professional cultures and the age of children cared for. Confidence levels of practitioners were found to be a key element in the questionnaire phase of the study, linking closely with quality of training, the need for further training, use of strategies to assess for SLCN, and the ability to detect early problems (Letts and Hall, 2003). At secondary levels, we sought to obtain a representative balance in terms of the job descriptions of respondents and between the six regional authorities in the project. The criteria for selection for the interview sample were, in order:

- type of setting;
- the level of confidence (low/medium/high);
- the role or job title of the respondent;
- the regional authority in which the respondent was based.

Attempts were made to balance the numbers of teachers, nursery nurses and other practitioners, although a strategic decision was taken to exclude managerial staff from the interview sample if they were not directly working with children on a day-to-day basis. The rationale for stratifying the sample was to get a representative sample from the original questionnaire respondents. In the current study we do not attempt to link analysis of interview responses with specific categories of setting, confidence or professional role.

### **The interview schedule**

The interview schedule was developed in response to key themes that arose from the questionnaires (for the full interview schedule, see Appendix A).

**Table 1** Sampling frame for interviews

	Low confidence	Medium confidence	High confidence	Totals
<i>Nursery class:</i>				
Volunteers	5	18	14	37
Selected	2	4	6	12
<i>Reception class:</i>				
Volunteers	6	17	20	43
Selected	3	7	3	13
<i>Local authority day nursery:</i>				
Volunteers	0	3	9	12
Selected	0	2	1	3
<i>Private day nursery:</i>				
Volunteers	1	9	24	34
Selected	1	3	4	8
<i>Playgroup:</i>				
Volunteers	2	7	14	23
Selected	2	3	3	8
<i>Crèche/family centre/ other setting:</i>				
Volunteers	1	12	19	32
Selected	0	3	3	6
Total selected				181
				50

*Note:* This table represents the final interview sample. Some volunteers from the original sample had changed posts or taken maternity or sick leave while others could not find time to be interviewed. In all, 10 replacements were made.

It was piloted with two early years practitioners in the Department of Education, University of Newcastle to check for clarity and accessibility of the questions. The structure of the interview was designed to encourage interviewees to describe their day-to-day work in the setting and to define their roles and responsibilities towards the children in a general way, before focusing directly on speech and language issues. The opening section of the interview allowed practitioners to explain the context of their work and to relax by describing their routines while providing the research team with important contextual information. Issues of past and future training were also covered (see Mroz and Hall, 2003; Mroz, 2006). The principal focus of the subsequent narrative question was, however, on what practitioners were doing in their settings with individual children who were experiencing difficulties with speech and language.

The question was introduced in the following way:

We're interested in your experiences of working with an individual child with a speech and/or language difficulty. Think of an individual child that

you know well who has had a speech and/or language difficulty and, starting when you first met the child ‘tell the story’ of your personal experience of working with the child.

The ‘child story’ section was always intended to be the primary focus of the interview, to take the most time and to be the least structured by researcher interference. The structure of this question with its focus on a single child and an absence of closed and direct questions would, we envisaged, elicit the important details and depth of knowledge about identification, strategies for support and accessing help for the child and the reality of inter-professional working.

### **Managing the interview phase**

All volunteers from the first sample frame were contacted by one of the four members of the research team by telephone and their consent to be interviewed was confirmed. Questions were shared with interviewees prior to meeting and interviewees chose whether to be interviewed at home, at the university or at work; the majority took place at the interviewees’ workplace, with one conducted over the telephone. The interviews were all audio-taped and 48 were transcribed by an experienced secretary. Two tapes were corrupted and were re-constructed by the interviewers by using written notes taken during and immediately after the interviews.

### **Analysing the interviews**

The categories for analysing the data from the 50 interviews were generated by the team in a reflexive process which drew initially and primarily from the research questions and which responded to emerging themes raised by interviewees. Our research methodology was thus embedded in grounded theory (developed by Glaser and Strauss, 1967), a general methodology for developing theory that is grounded in data systematically gathered and analysed (Strauss and Corbin, 1994). Theory develops and evolves during the research process due to the interplay between data collection and analysis phases. It is important to note that the result of a grounded theory study is the generation of a theory, consisting of a set of plausible relationships proposed among concepts and sets of concepts.

NUD\*IST software (Non-numerical Unstructured Data \* Indexing, Searching and Theorizing; Richards and Richards, 1993) was used to carry out the analysis as it allows researchers to store and classify data and then to search and reveal patterns quickly and effectively. Use of NUD\*IST enabled the team to continue to explore and revise coding during the process so, for example,

new questions about the relationship between key factors such as training and strategies for children with problems were explored through the NUD\*IST database as they were raised by members of the research team. The advantage of using NUD\*IST in addition to manual coding was that it allowed us to count how many responses fell into certain categories; it also allowed us to explore new categories easily.

Interviewers coded their own transcripts manually and inter-coder reliability was ensured first of all by meetings at which transcripts were coded collaboratively at the beginning of the coding period, and then by the coding being entered into NUD\*IST by one member of the team, who re-coded some sections to ensure coherence. A third level of checks occurred at the next stage of the analysis when each member of the team looked at the coding of a specific interview question for internal consistency as part of exploring the patterns of response. A final level of validation was provided by the interviewees, who received draft copies of the research report (Mroz *et al.*, 2002) and were invited to comment.

Mishler (1995) identifies three main models of narrative analysis:

- models that emphasize reference and temporal order: the ‘telling’ and the ‘told’;
- models that focus on textual coherence and structure;
- models where the interest lies in ‘narrative functions: contexts and consequences’.

For the purposes of our interview the focus was very much within Model 1 as the importance of, for example, order-of-mention of a child’s difficulty was a central theme for analysis, as was the importance of the temporal order for the unravelling of the child’s story, i.e. how identification took place, initial response to referral, support offered, leading finally to the last known information about the child. The following key themes were explored as part of the narrative question:

- 1) The identification of the problem: who raised concerns and what the problem was (the latter point gave an indication of early years practitioners’ understanding of speech, language and communication development and needs).
- 2) How the interviewee knew there was a problem: for example, probing for use of assessment protocols, specialized knowledge or comparison with peers.
- 3) What strategies were developed to help the child and who developed them.
- 4) The progress of the child’s speech and language over the time period.
- 5) Relationships with speech and language therapists, other professionals and parents.

For this article the major focus is on points 1, 2 and 3; a discussion of relationships with speech and language therapists can be found in Hall (2004). In practice, themes 1 and 2 became merged; for the narrative question, interviewees did not tend to go into details of how they arrived at the decision that there was a problem, other than to describe the sorts of behaviours the children were displaying. They volunteered rather more information on support and information gathered from colleagues and parents that helped them to arrive at identification.

## **Results**

In reporting results here, the terms ‘difficulties’ and ‘problems’ are used in addition to ‘needs’ when referring to the children described by the interviewees. The specific nature of the children’s speech, language and communication needs had not always been identified at the early stages of the interviewees’ narratives, and these terms are used here in the sense that the situation posed problems or difficulties for interviewees in their work context. The results support findings in three main areas. First, information is presented about characteristics of the described children and especially the types of communication difficulties they had, followed by information on who identified the problem. Finally, strategies used by the interviewees and their colleagues to work with the children is presented.

Before the interviews were carried out there was concern among the research team that some interviewees would not have experienced working with any children with speech, language or communication needs. The questionnaire phase of the project revealed that a quarter of respondents had no children in their setting who had been formally identified as having a language delay or disorder at the time of the questionnaire survey. An alternative narrative question focusing on working with a typically-developing child was therefore devised to use if this issue arose. In fact, all of the 50 interviewees were able to remember and talk at length about a child with SLCN whom they had worked with at some point. There are a number of reasons why this might have been the case. First, they were able to think back over their whole experience of working in the early years sector, so some talked about children who had since moved on to other settings. Second, there was no requirement that the children discussed should have been formally identified by an ‘expert’ such as a speech and language therapist (SLT) or an educational psychologist and, in fact, a number of the children discussed had not been identified in this way. Finally, as the practitioners were self-selected, they were probably more likely to volunteer if they had some direct experience of children with SLCN.

**An overview of the children discussed in the ‘child story’**

The majority of children identified were over three years of age at the time of identification within the early years setting (64%;  $n = 32$ ), half of whom were in the 4–5-year age group, and half were aged 3–4). Of the remainder, 24% ( $n = 12$ ) were in the 2–3-year age group and 12% ( $n = 6$ ) were identified before 2 years of age. Half of the interviewees were working in nursery schools, nursery classes and reception classes, which would tend to deal only with the over-threes. It seems likely then that a majority of children in these early years settings were identified after the age of three years. Boys selected for discussion outnumbered girls by 4:1 and this ratio is greater than the ratio of boys to girls reported in the questionnaire survey (reported as just over 2:1).

**Constructions of speech, language and communication difficulties**

Consistent with avoiding the imposition of categories or a pre-decided structure to the narrative, the interviewers avoided asking direct questions about specific difficulties, or using diagnostic terms, as in ‘So do you think he had dyspraxia?’ However, the interviewers anticipated a number of categories of speech, language and communication needs that might arise from the interviews and that related to different levels of language. These included speech sounds, expressive language, language comprehension and pragmatics. It was also anticipated that interviewees would talk about problems that often co-occur with SLCN, such as attention or behaviour problems. This ‘other’ category included diagnoses or suspected diagnoses that have implications for speech, language and communication development, such as hearing loss or general learning disability.

At times the interviewees appropriately used the terms mentioned above when describing the children. Commonly, though, the interviewers had to use the information provided by the interviewee, such as examples of behaviour, to determine the types of difficulty a child was experiencing. Speech sound problems were identified either in terms of difficulty understanding what the child was saying, or from specific examples of mispronounced sounds or words. For expressive language problems, the children were described as: not talking; mumbling, or making unintelligible noises only; having no language or only using single-word utterances; or immature language plus limited naming vocabulary. Comprehension and pragmatic problems were never described in isolation, but always as co-occurring with expressive difficulties. If the term comprehension was not actually used, language comprehension difficulties were usually mentioned by referring to the child not responding to instructions, not appearing to understand what was going on during group activities, or smiling and responding ‘yes’ to all questions, regardless of whether this was

appropriate or not. Pragmatic problems were usually described in terms of the child not interacting normally with adults and peers and, less frequently, in terms of odd use of words or expressions.

There were 20 instances in which only one type of problem was identified for the target child (see Table 2); nine of these were speech sound problems, eight were expressive language problems, and there were three cases where the children were described solely in terms of their 'other' problems; these latter cases were one child with behaviour problems, one with environmental or neglect issues and a third described as using 'old-fashioned language', along with precocious language development, whom we did not feel could confidently be placed in any of speech, language and communication categories. No other difficulties were described as occurring in isolation. Over half (30/50) of the children described had problems in more than one area; the term 'complex' is used here to describe the needs of these individuals. The combinations of problems directly affecting communication are discussed below. However, two areas – attention and most aspects mentioned in the 'other' grouping – do, in fact, have implications

**Table 2** Range of problems identified

Problem identified	Number
just speech sound	9
just expressive language	8
just other problem	3
speech sound + attention	2
speech sound + comprehension	1
speech sound + expressive language	2
speech sound + pragmatics	2
attention + expressive language	1
expressive language + comprehension	2
expressive language + pragmatics	1
expressive language + other problem	1
speech sound + attention + expressive language	1
speech sound + attention + expressive language + other	1
speech sound + attention + other	1
speech sound + expressive language + pragmatics	1
speech sound + expressive language + other	2
attention + expressive language + other	1
comprehension + expressive language + pragmatic	1
expressive language + pragmatic + other	3
comprehension + pragmatic + other	1
speech sound + attention + pragmatics + other problem	1
speech sound + comprehension + pragmatics + other problem	1
attention + comprehension + expressive language + other problem	1
attention + expressive language + pragmatic + other problem	1
comprehension + expressive language + pragmatic + other problem	1
speech sound + comprehension + expressive language + pragmatics + other problem	1

for speech, language and communication needs rather than constituting these problems in themselves (see above). Perhaps because of this, attention problems were only mentioned in the context of other speech, language and communication problems (six cases in all). Other problems were mentioned in 18 cases, 3 of which as already indicated above, occurred in isolation.

Twelve children were described as having problems under two headings. Seven of these had speech sounds as one heading (two each with attention, expressive language and pragmatic problems respectively, and one with comprehension difficulties); seven had expressive language as one heading (co-occurring with speech sounds in the two cases already mentioned, with comprehension problems in two cases, and one each with attention, pragmatic and other problems). Twelve children are described who had problems under three headings; of these, speech sound problems occur in six instances, expressive language problems in nine instances, pragmatic problems in seven instances, attention difficulties in two cases, comprehension problems in two cases and 'other' problems in eight cases. Finally, there were five children described who had problems in four areas, and one with problems in five. These results are summarized in Table 2. If number of different types of problems mentioned can be considered an indication of complexity, then it can be argued that a considerable number of interviewees had encountered children with complex difficulties.

Where the child had more than one problem, order-of-mention was also considered. Problems with speech sounds and with expressive language tended to be mentioned first, and were also the most frequent overall.

### **Who identifies these children?**

Fifteen of the 50 children discussed were identified solely by the interviewee. In these cases there was no particular pattern regarding the seniority/responsibility of the interviewee; eight of them reported having received some training in speech, language and communication. Where children were identified solely by a person other than the interviewee, eight were identified by a parent, five had been identified by a colleague of the interviewee and five by another professional. Where the identifier was the parent, it was not possible to distinguish whether the parent had voiced initial concerns to the interviewee, or was reporting a 'diagnosis' resulting from investigations that took place outside of the setting. Where an external professional was involved, it must be assumed that the child either came into the early years setting with a diagnosis, or that staff in the setting were informed of the identification of difficulty subsequently. No pattern emerged that linked the type of centre or post held by the interviewee to the way in which the child was identified.

The remaining cases (17/50) had been identified through collaboration, by some combination of interviewee plus parent, workplace colleague and/or other professional. Ten of these interviewees had received some training in speech, language and communication. Where colleagues were involved this appeared in many cases to be the result of a good working relationship, rather than based on notions of 'expertise' or seniority. Frequent use of the pronoun 'we' in interviews suggested close collaboration. For example, one teacher said:

[with] a child like that the nursery nurse and I tend to sort of bat it between us for a while and the consensus is that if we are both concerned there is a problem. We sometimes tend to even each other out. The nursery nurse has had quite a wealth of experience as well with special needs.

The development of this sort of relationship is of course dependent on colleagues working largely within the same environment.

### Use of strategies with the children

Table 3 shows the different types of strategies reported. It was possible to identify some recurring themes in relation to the strategies generated to help the children. A total of 31 interviewees mentioned working on a one-to-one basis with the child, although it was not always clear what was actually done during this one-to-one activity. Twenty-one of these practitioners were working with children who had complex SLCN. In many instances, interviewees spoke more specifically about things they did with the children. Modelling was mentioned in 16 cases and use of peers was another favoured strategy, mentioned by 15 interviewees, as was use of particular games to help the target child (14). Five interviewees talked of using 'correcting' as a strategy. Three of these worked in collaboration with a SLT and it was clear that at least two were using correcting or reminding strategies for forms of speech the child had already

**Table 3** Strategies used

Strategy Type	Number
No strategy	3
One-to-one	31
Modelling	16
Use of peers	15
Games	14
Correcting	5
Homework	4
Single strategy	15
Two strategies	15
Multiple strategies	12

worked on and was expected to have nearly mastered. Three interviewees did not refer to any strategies being used with the child they described.

Information was also noted on who generated these strategies. Of the 47 interviewees who referred to strategies, 22 generated them entirely by themselves. Twenty-five respondents consulted with others, with eight of these taking on approaches already formulated by parents, SLTs and other colleagues such as educational psychologists. The remainder collaborated to devise strategies either with SLTs ( $n = 12$ ), colleagues ( $n = 4$ ), other professionals ( $n = 5$ ) or parents ( $n = 3$ ). In five of these instances strategies were devised with the collaboration of three or more individuals.

Interviewees received help from colleagues in six cases of complex problems, sometimes with others (parent, SLT, other professional) involved as well. There was no link between seniority of staff, training received or the complexity of a child's problem and whether or not strategies were individually generated ( $n = 22$ ) or arrived at in collaboration ( $n = 25$ ). There was SLT involvement in 15 of the 50 cases described. The communication and contact with speech and language therapists by early years practitioners as a key theme within the child story is discussed in detail in Hall (2004).

## Discussion

Our experience of using a narrative approach to the interviews provided rich data and, in contrast, to more closed interview techniques, the voice of the interviewee (the narrator) was central. Furthermore, interviewees, having been given the interview questions in advance, all thought very carefully about the child they were going to describe, with several having prepared written notes to refer to. Whilst each story was highly individual there was a form of homogeneity based on the coherence of the narrative form and its temporal structure of identification, description, development of supporting strategies and the summary of the child's progress to date.

As noted earlier, early years practitioners with 'medium' confidence levels were less likely to volunteer for the interview phase. A possible explanation for this is that extremes of confidence are both motivating factors; individuals with low confidence feel in need of help and information, while those with high confidence feel they have something to offer the project. It is important to bear in mind, however, that the interviewees were selected to be representative of the original questionnaire sample and that the views expressed are based on the whole range of confidence and training in relation to interviewees' knowledge of speech, language and communication needs.

### **Characteristics of the children**

The ratio of boys to girls talked about (4:1) was greater than both commonly quoted proportions of boys and girls with SLCN, and the proportions that emerged from the questionnaire study. In a standard text book on specific language impairment (SLI), for example, Leonard (1998) suggests a ratio of 2.8:1, looking across a number of studies. The questionnaire figures suggested just over 2:1 for children formally identified in the settings. Leonard notes however that this ratio of 2.8:1 can rise to as high as 4.8:1 in select settings such as residential schools, as reported by Haynes (1992). Conti-Ramsden and Botting (1999) report that 23.1% of their randomized sample of seven-year-old children attending language units in England were girls. Specialized residential schools and language units are likely to include children with severe and/or complex needs and the suggestion is that even more boys than girls are found with such needs. As already noted, a substantial number (30/50) of the interviewees opted to talk about children with complex needs, and this may be why the ratio went up during this phase of the current study.

The fact that so many of the interviewees were able to report on children with complex SLCN is a cause for concern. This may indicate that early years practitioners come across such a child at least once every two to three years. By tending to talk about speech and expressive language characteristics first when describing children with complex needs, the interviewees appeared to adhere to a 'story' approach by beginning with the most salient aspects of the child's problem.

### **Identification of children**

Out of the 50 children described, no common pattern emerged as to whether the child was identified inside or outside of the setting, or regarding who actually did the identifying. Within early years settings, those identifying children were not necessarily the more senior members of staff or those who had received relevant training. In some settings, staff had clearly worked out very beneficial ways of discussing their concerns together and collaborating to arrive at the decision that the child may have SLCN needs. Fifteen children, however, were identified by the interviewee acting alone. This strongly suggests that accurate identification of children's needs at this stage is dependent on someone being available who is concerned and/or knowledgeable enough to draw attention to the child's difficulties. There seems to be no guarantee that all children with SLCN needs would be picked up in this way in early years settings.

### **Strategies used to help the children**

The strategies put into place to help the children seemed appropriate (with the possible exception in one or two cases of 'correcting') and interviewees on

the whole found them to work well. Interestingly, nearly half were generated by one individual working alone, with the remaining half working in collaboration with others. As with identification, there was no relationship between seniority and/or level of relevant training and which individuals had to develop strategies alone.

### **General comments**

The overwhelming picture that comes from these narratives is the diversity of approaches, both for identification and for management of children with SLCN within early years settings. No pattern emerged regarding who is identifying children with these needs and what is considered best practice in terms of dealing with them in the setting. There is similar variation in the degree of access to and support from external professionals (see Hall, 2004). Early years practitioners are highly motivated to help the children and will, it appears, use whatever form of help that they can access at the time. They are adept at recruiting expertise as best they can from any available source, in the absence of clear, accessible guidance as to how they should do this in a strategic manner. This finding is reiterated by Dockrell and Lindsay's work (2001), who describe teachers of older children with communication difficulties struggling to know how to intervene successfully and being aware of their lack of expertise, which leads to the children's need not being met. The scenario we describe must, inevitably, lead to inequalities of provision for pre-school children with SLCN, many of whom will enter school at a considerable disadvantage. Of particular concern are the (fortunately small) number of early years practitioners who are coping alone with challenges posed by having children with SLCN in their care and who have not had any relevant specialized training.

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## **Appendix A: Interview schedule: Nuffield speech project**

### **1 What does your job as a [nursery nurse] in a [daycare setting] involve?**

If just get routine of day, use the following probes:

- What sort of information do you collect on a child?
- What is your role in assessment and record keeping; do you do anything different with reference to record keeping and assessment when working with a child who has speech and or language difficulties? [or do you find that the record keeping system works well for all children?]
- What is your role when you are working with a child who is experiencing difficulties [in speech and language]?
- If not working with children with speech and language difficulties, what is your role when working with children – prompts do you work on structured activities; position yourself in the book corner; sit alongside a group of children?

[10 minutes]

### **2 Can you tell me about any training you've had in the last 3 years that has touched on speech and language?**

Prompts: If no training in the above in the last three years [or none relevant beyond this], then ask 'What training have you received in special educational needs, child development the last three years?' 'What training have you received about the Foundation Stage curriculum?'

Prompts

- How do you find out about training?
- Who decides what training you go on?
- Do you have any say?

- How happy are you with the training in terms of content and location and timing?
- If there was a course that you thought would be really beneficial to you and that was taking place during your working day, would you be able to get funding?

[10 minutes]

*We're interested in your experiences of working with an individual child with a speech and/language difficulty.*

**3a Think of an individual child that you know well who has had a speech and language difficulty and, starting when you first met the child 'tell the story' of your personal experience of working with the child**

Prompts

- How did you find out about the problems the child had?
- What could the child do when you first met him/her?
- What sort of things do they like to do?
- What sort of things do you do with Mary in a typical week e.g. how often would you work one-to-one; in a group, in a whole class setting, etc.?
- What advice were you given?
- Who helped you to work with this child?
- What did you have to do
- What can he/she do now?
- What do you think of Mary's language in comparison to other children of her age?
- What makes you think that X is not developing language normally?
- Over the course of a week who might you discuss the child with?
- What, if any record keeping would you carry out, etc.?

*What did you learn from this experience in terms of working with a child who has speech and language difficulties?*

Prompts

- How confident would you feel if you had to work with a speech and/language problem again?
- How did this experience help your professional development?
- What, if anything, would you like to happen differently next time?

*If you haven't had this experience then think about a child who you work closely with [or have worked with] who is developing language normally and*

*is typical of the children of this age in your setting [i.e. not a child who is unusually articulate, etc.]*

**3b Think of an individual child that you work closely with and starting when you first met the child ‘tell the story’ of your personal experience of working with the child.**

Prompts

- What could the child do when you first met him/ her?
- What sort of things do they like to do?
- What sort of things do you do with Mary in a typical week e.g. how often would you work one-to-one; in a group, in a whole class setting, etc.?
- What can he/she do now?
- What do you think of Mary’s language in comparison to other children of her age?
- What makes you think that X is developing language normally?
- Over the course of a week who might you discuss the child with?
- What, if any record keeping would you carry out, etc.?

*What did you learn from this experience in terms of working with a child who has normally developing language?*

- How confident do you feel about helping to develop children’s language?
- How has this experience affected your professional development?
- What, if anything, would you like to happen differently next time?

[20 minutes]

*Now this is an ideal world question, so:*

**4a If you wanted further training in speech and language can you think about the sort of things you would particularly like to know about?**

Prompts

- What sort of format for the training would you like e.g. workshops, portfolio of tasks, distance learning using email and the internet, one day conferences?
- Where would you like the training to take place?
- How would this training help you to work with an individual child/ children?
- How would this training help you with understanding the system for working with children with speech and language difficulties?
- How would it help you in your job?
- [If career is mentioned, then how would it help you in your career?]

**4b If you don't require any further training in speech and language what training, if any, are you particularly looking out for at the moment?**

- How would you like to be trained?
- Where would you like the training to take place?
- How would this training help you to work with an individual child?
- How would it help you in your job?
- [If mentioned how would it help you in your career?]

[5–10 minutes]