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What is This?

Exploring early years professionals' knowledge about speech and language and development and impairment

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Abstract

This paper reports findings of a questionnaire study that was carried out in the North East of England. It reports early years professionals' need for training, levels of confidence, and the accuracy of their judgements regarding children's speech and language. Variations in confidence and accuracy of judgement are analysed to explore the effects of different professional training and the kinds of setting in which early years practitioners work. Findings are discussed in the context of increasing demands on early years staff both to identify language difficulties and to work more closely with other professionals to support children with special needs.

Introduction

The term 'early years professional' can be used to apply to anyone working in a professional capacity with young children under five years of age. It is a useful umbrella term, which covers teachers, nursery nurses, playgroup staff, and others in schools, day nurseries, crèches, and other settings. The role of such professionals in relation to children's special educational needs has been developing and changing over the last decade. The DfEE's (1994) Code of Practice drew the early years sector '*into the overall staged framework*' (Wolfendale, 2000, p. 2) and in its revised form (2001) it has a separate section for early years professionals and reflects the changes in provision and responsibility by requiring *all* under fives providers and the Early Years Development and Childcare Partnerships to plan for the education and care

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of children with special needs. In particular, there is the expectation that individual settings will have the knowledge and expertise to

> decide the exact procedures they should adopt, and the nature and content of the special educational provision...a graduated response [which]...recognises that there is a continuum of special educational needs and, where necessary, brings increasing specialist expertise to bear on the difficulties a child may be experiencing. (DfES, 2001, p. 33)

The Qualifications and Curriculum Authority (QCA) also place great emphasis on professionals' vital role in identification and support of children with special needs, and with regard to communication, language, and literacy they recommend

> early identification of and response to any particular difficulties in children's language development. (QCA, 2000, p. 44).

Currently, however, the main referral route for preschool children with language development problems to speech and language therapy (SLT) is through the health visitor. Anderson and Van der Gaag (2000) found that health visitors were the main source of referral (80%) in six UK sites surveyed. In all, 5% were referred by the child's GP, and 15% by 'other' (not broken down further). Of parents, 59% were reported to have first discussed their child's difficulties with their health visitor, and only 2% discussed the child with nursery staff at that initial stage. (Most SLT departments also operate an open referral system that allows parents to refer children directly. Anecdotal evidence however suggests that parents are often not aware of this possibility.) How the new requirements for early years professionals should dovetail with this NHS provision is unclear, as is the point at which specialist expertise should be sought and the arrangements under which such expertise should be delivered. It is currently possible for young children to be referred for help with speech and language development by their health visitor and to receive this help from a therapist working within a health clinic setting, with only minimal liaison between health professionals and the child's educational or childcare setting. In 2000 a report written jointly by the DfEE and the Department of Health (DfEE, 2000) called for better collaboration between SLT services and Education. Although stressing the importance of early identification, this report was aimed mainly at provision for school-age children. In 2001, the charity ICAN (2001) published the *Joint professional development framework*, the outcome of a collaborative project involving the DfEE, Department of Health, Royal College of Speech and Language

Therapists (RCSLT), and Teacher Training Agency. This gives a framework for joint continuing professional development (CPD) training for teachers and SLTs. There have also been many initiatives at local level. For example, Chotai and Habgood (2000) and Beech and Mistry (2000) report on collaborative work between speech and language therapists (SLTs) and staff in social services nurseries, while Doyle and O'Brien (2000) report on similar work with school nursery staff. Sure Start projects (DfEE/Sure Start, 2001) have also provided the opportunity for new approaches to working with young preschool children (see for example, Wheeler, 2001). However, there is currently no overall policy regarding SLT management of young children in response to the changing roles of early years practitioners.

The designers of the 90 accredited Baseline Assessment schemes no doubt intended to aid professionals in the process of identifying young children with potential language development problems. However, there is considerable variation between schemes, both in terms of what is assessed and how it is assessed (Hall *et al.*, 1998) and at present there may therefore be significant geographical differences in the kinds of assessment and the levels of identification taking place in reception classes. The picture is further complicated by the consideration that day nurseries, playgroups, and other early years settings carry out a variety of assessments depending on the age of the children and the professional culture of the setting.

The reasons behind the need for better identification of children with difficulties in speech, language, and communication difficulties are very clear. It has long been recognized that children who commence formal schooling at age 5 years with such difficulties will be disadvantaged both socially and educationally (Lees and Urwin, 1997). The link between oral language ability and literacy development is emphasised by Corden (2000), while those working with children with phonologically based speech disorders have long been aware of the link between deficits in phonological processing and reading/spelling difficulties (see, for example, Stackhouse and Wells (1997) and Dodd (2000) for comprehensive accounts). Meanwhile the thrust to improve educational standards and especially literacy has had an impact on educators at every level (Barber, 1997). There is evidence that children who display speech and language difficulties in the early years have lower performance than their peers on English SATs tests at age 7 years (Ley *et al.*, in preparation), and that children with current language impairments are disadvantaged in SATs test procedures (Letchford and Knox, 2001). Furthermore, a recent longitudinal study following language-impaired individuals up to their teenage years shows significantly lower performance in all academic subject areas, in addition to poor language skills, in children who had

significant language difficulties at age 5.5 years (Stothard *et al.*, 1998). Such disadvantage will ultimately lead to diminished employment and career opportunities and continuing social difficulty.

At the same time there is evidence that early intervention can be helpful, at least in cases of phonological difficulties and expressive language delays (Law *et al.*, 2000). There is also a belief that language development can be enriched for all young children, including those thought to be at risk for language problems, as evidenced in schemes such as Sure Start. For children whose language difficulties are not resolved by the end of the preschool years, there is still a requirement for careful proactive planning to meet their educational and social needs. Early years practitioners are therefore required to create environments in which language skills generally are promoted and also where children with potential problems can be identified and dealt with appropriately. The aim of the questionnaire study was to explore the extent to which the training of early years practitioners enables them to do this and their confidence in dealing with children with speech, language, and communication problems in the contexts in which they work.

Method

The questionnaire was designed with two main purposes.

1. To collect information about early years professionals: their age, experience, training routes, the numbers and ages of the children they work with, and the nature of the communities that they serve.

2. To connect early years professionals' knowledge of children's speech and language development with:

   (a) their initial and postqualification training;
   (b) their expressed need for training in different areas of language;
   (c) their confidence in assessing and recognizing different aspects of language development;
   (d) the strategies they use;
   (e) their experience of working with children experiencing disorder or delay.

The researchers hypothesized that such links would exist. While keeping an open mind on the need for training it was also felt that such a need might well exist and that the findings of the survey could feed into future training provision.

The questionnaire consisted of a variety of closed and open demographic questions, followed by Lickert scale questions eliciting information about six key areas of speech and language development:

- comprehension;
- attention and listening skills;
- the relationship between play and language development;
- speech sound development;
- expressive language;
- use of language in social contexts.

Respondents were asked how well these areas were covered in their initial training, how confident they felt in relation to these areas, and whether they felt they needed training. They could also indicate if they were not familiar with the terminology used. The remainder of the questionnaire focussed on postqualification training in speech and language, experience of working with children with speech and language delays or disorder (in terms of numbers of such children in their setting), and the strategies used by professionals to assess children's language. The final section of the questionnaire consisted of a series of 'cases', where the vocabulary, expressive language, and comprehension of individual children aged 2.5, 3.5, and 4.5 years were described. Respondents were asked to imagine that the child had recently joined the setting and that these observations had been made over a period of a few weeks. They were then given two options: to refer for assessment by a speech and language therapist or not to refer, because the child is developing normally.

The questionnaire was developed by a team of researchers from backgrounds both in education and in speech and language therapy. It was piloted on a group of working early years professionals who were studying on an ADE/BPhil Early Childhood programme at the University of Newcastle. The final version, incorporating the suggestions of the pilot volunteers, was sent to all registered day nurseries, playgroups, crèches, and schools with nursery or reception classes in six regional authorities in the North East of England. A copy of the full questionnaire can be found in the Appendix.

Results

Table 1 shows the response rate to the questionnaire. The response rate was close to 40%, considered good for a survey of this kind because the questionnaires were not addressed to individuals and no financial inducement was offered for their return [see, for example, Roberts *et al.* (2000)]. The range

Table 1   Responses to the questionnaire

	Number	Percentage
Centres in sample	772	100
Centre response	307	39.77
Individual responses	829	–[a]
Responses from day nurseries	42	48.84
Responses from day centres/family centres	10	55.56
Responses from crèches	13	31.71
Responses from playgroups	61	30.81
Responses from schools	177	41.26

[a]Accurate, up-to-date information about numbers of staff employed by each centre was not available from every authority or for all types of setting within authorities. For this reason, an accurate percentage response rate for individual respondents cannot be calculated.

of settings (Table 2) serve a predominantly urban and working class catchment area. Children with English as an additional language are clustered in certain settings in this sample; less than 4% of settings have more than five children with EAL and 65% of settings have none. This reflects the tendency in the North East for minority ethnic and refugee communities to cluster geographically.

Within these settings, there are a considerable number of different professional identities sheltering under the umbrella of 'early years professional'. Overall, the sample is dominated by nursery nurses (31%, working in day nurseries and in schools), and teachers (35.4%). Many respondents had more than one qualification. Where possible, we distinguished the first qualification, so as to look at the route into the profession and to obtain a meaningful measure of length of career, although years of experience did not prove, on analysis, to be a significant factor. In total, 46.7% of respondents have taken a nursery nursing or equivalent route, while 36.3% have a teaching qualification as the basis for their career path (Table 3) [see QCA (2001) for a detailed discussion of the different training routes in early years].

Table 2   Type of setting

	Number	Percentage
Nursery class	175	21.1
Nursery school	28	3.4
Reception class	210	25.3
Local authority day nursery	45	5.4
Private day nursery	143	17.2
Playgroup	113	13.6
Other (crèches, family centres)	115	13.9
Total	829	100

Table 3 Respondents' qualifications

	Number	Percent	Valid percent
Nursery nurse qualifications			
NNEB	219	26.4	26.8
BTEC	100	12.1	12.2
GNVQ/NVQ	63	7.6	7.7
Teaching qualifications			
Cert. Ed	135	16.3	16.5
BEd	104	12.5	12.7
PGCE	58	7.0	7.1
Diploma in preschool practice (playgroup)	27	3.3	3.3
Specialist teaching assistant	5	0.6	0.6
Other	73	8.8	8.9
None	33	4.0	4.0
Total	817	98.6	100
Missing	12	1.4	
Total	829	100	

In terms of practical experience of working with children who have a speech, language, or communication delay or disorder, almost a quarter of respondents have no children in their setting identified as having a language delay or disorder. Almost 20% have more than five children (Figure 1). There are more than twice as many boys as girls formally identified. In addition, around one-third of settings reported having one or two children who were causing concern, although not yet diagnosed, another third had no children causing concern, and just over a quarter had concerns about more than three children.
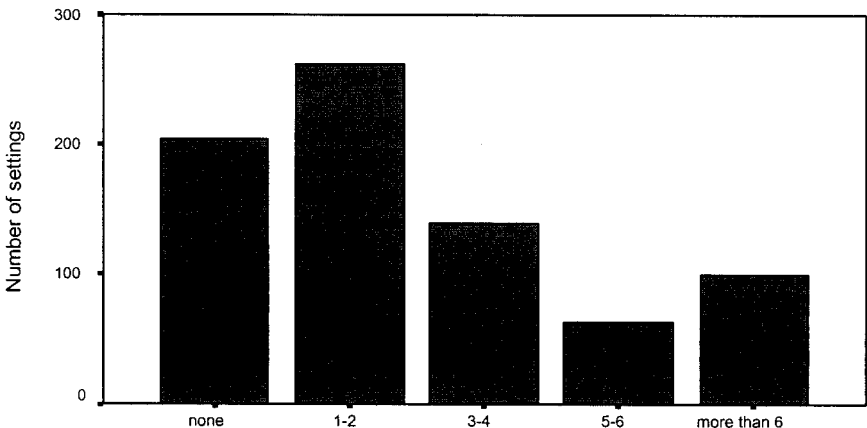
Figure 1 Numbers of children formally indentified with delay or disorder

There are some clear messages from the questionnaire data, which have been broken down in terms of the key research questions:

How much knowledge have early years professionals gained about speech and language development and disorders from their initial and subsequent (in-service) training?

In total, 47.3% of respondents had received input on normal speech and language development of more than eight hours, as part of their initial training programme. However, this training was for the most part delivered by nonspecialist tutors. Table 4 gives figures for who delivered the training. Of the respondents, 9.7% received less than one hour of input on speech and language development, while a further 16.9% did not answer the question, often indicating that they could not remember.

Respondents' reports of coverage of different aspects of speech/language development reveal important differences in amounts of time devoted to each. In response to options of specifying 'not at all', 'briefly', or 'in depth', respondents indicated that speech sound development and expressive language had lowest levels of input, while the most time was devoted to play-related language and attention and listening skills (Figure 2). In addition, 72.3% of respondents reported no input during their initial training on speech and language delay or disorders.

As regards subsequent training, two-thirds of respondents reported no post qualification training in speech and language development. A minority had access to specialist language-related courses, but only 10% of respondents had input on disorder (Table 5). Just under a third (31.5%) reported using professional magazines, friends or relatives with specialist knowledge, or experience with their own children as additional sources of information.

Table 4 Delivery of training in normal speech and language development

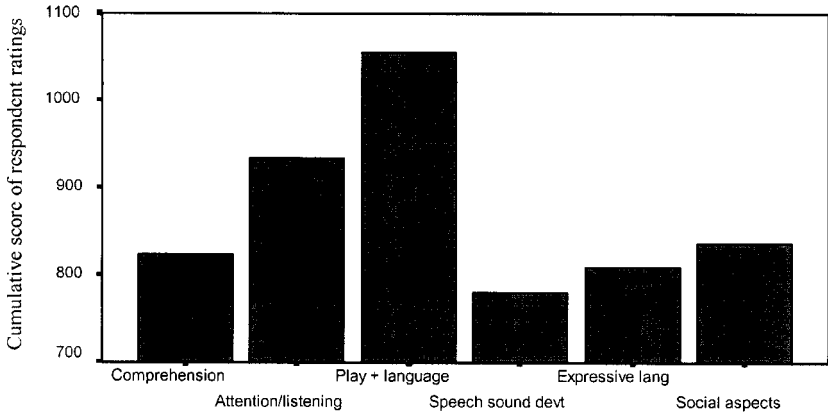| Course delivered by	Percentage
General course tutor	78.9
Special needs specialist	13.1
Speech and language therapist	10.1
Visiting early years practitioner	7.4
Educational psychologist	6.2
Don't know	4.0
Other	3.1

Figure 2 Coverage of aspects of speech and language development

Do early years professionals feel a need for further training in this area?

As a measure of current training needs, respondents were asked to indicate all areas in which they needed training (from a prespecified list, including an 'other' category), and to also tick the two most important. Identifying disorder scored highly as a training need, as did speech sound development. Figure 3 shows degree of need, with a majority of early years professionals expressing some training needs. In fact, just over a quarter of the sample ticked most or all the boxes, indicating a significant pool of unmet need. Figure 4 shows the areas in which training was felt to be needed.

Table 5 Training courses

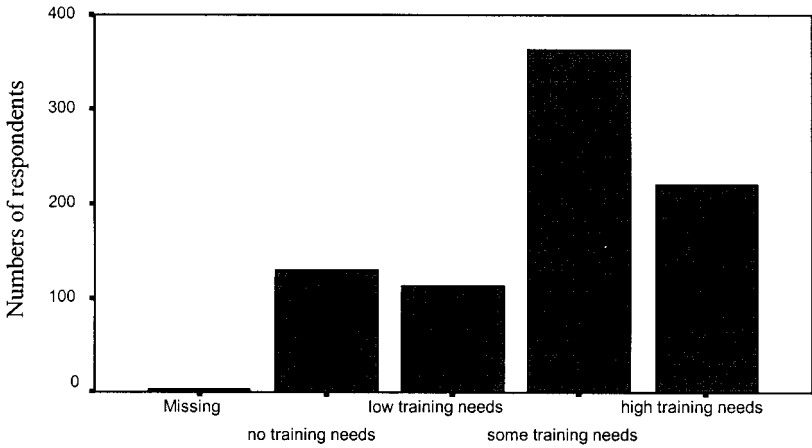|	Yes (%)	No (%)	Missing (%)
CPD: Language development	22.8	76.7	0.5
Other	12.8	86.7	0.5
Makaton	11.8	87.7	0.5
CPD: Language disorder	10.3	89.2	0.5
Portage	9.3	90.2	0.5
Derbyshire	5.4	94.0	0.6
Hanen	2.2	97.3	0.5
Teaching talking	1.4	98.1	0.5
Living language	1.1	98.4	0.5
No postqualification training	62.8	36.7	0.5

Figure 3 Professionals' level of training need

How confident are early years professionals about speech and language development and what contextual information do we have about the basis of their confidence?

Overall levels of confidence were relatively high (Figure 5), with most respondents describing themselves as 'quite confident' or 'confident' about most of the categories. There were some differences in confidence levels concerning specific areas of language development, however, with levels of confidence highest with respect to attention and listening skills and lowest in terms of speech sound development (Figure 6).
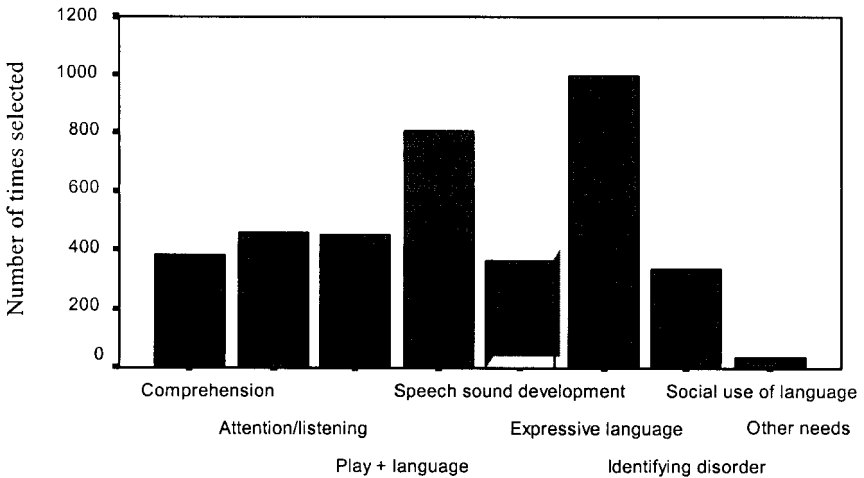

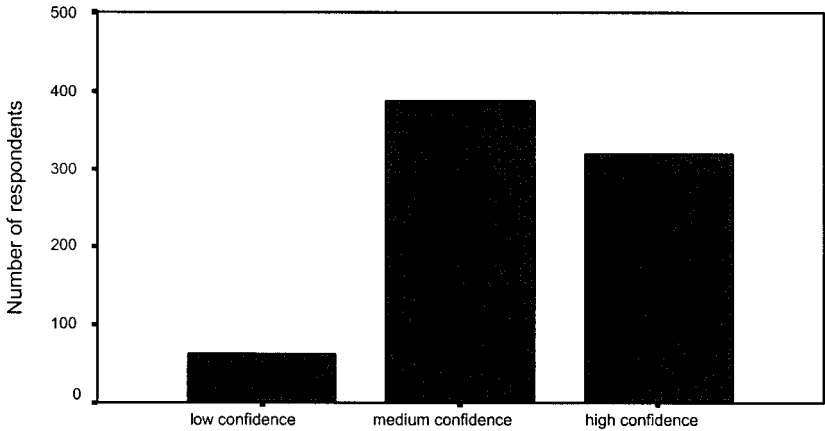**Figure 4** Professionals' expressions of training need

Figure 5 Professionals' level of confidence

The terminology used for areas in which respondents might express confidence or not was the same as that used to elicit information on previous training, with the exception of the relationship between play and language, which was replaced by symbolic play. This resulted in an interesting contradiction in the frequency of the response 'I am not familiar with this term', compared with the responses to the question about how well the subject was covered in initial training. The role of play in language development was by far the most 'well-covered' aspect of speech and language development and yet symbolic play was the most unfamiliar term (Table 6).

There is no statistically significant linear relationship between overall confidence in terms of speech and language development and the score on
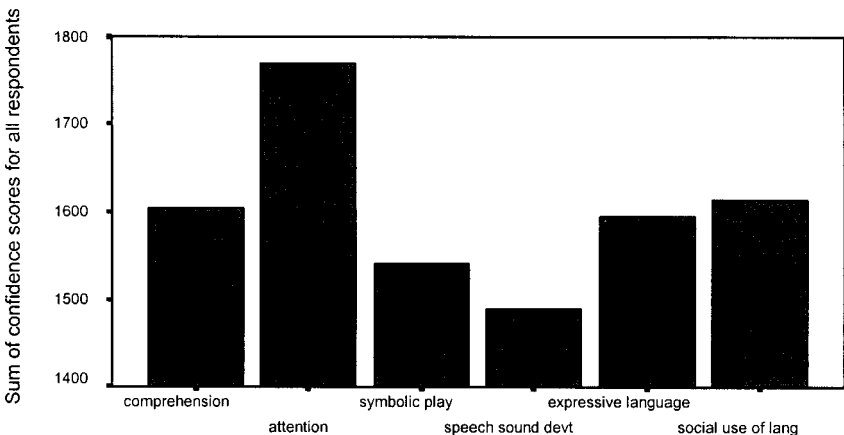

Figure 6 Confidence about aspects of speech and language

Table 6 Unfamiliar terms

I am not familiar with	Number	Percent
Comprehension	16	1.9
Attention and listening skills	3	0.4
Symbolic play	39	4.7
Speech sound development	15	1.8
Expressive language	11	1.3
Use of language in social contexts	13	1.6

the case studies at the end of the questionnaire, that is, high confidence does not predict a high score *or* a low score. However, the Pearson correlation between confidence related to comprehension and case study scores does achieve significance (correlation of 0.51, $p < 0.5$); respondents who are more confident about comprehension are more likely to score highly on the referral tests than could happen by chance. Confidence is also negatively related to actual experience with children diagnosed as having speech and language delay or disorder. Low confidence respondents are over-represented in settings where between three and six children have been identified, respondents with medium confidence levels cluster in settings where 1–2 children have been identified, while high confidence respondents are over-represented in settings where no children have been formally identified.

Confidence levels are significantly related to levels of need for training: individuals with low confidence are much more likely to have high training needs, while high confidence respondents more rarely ticked all the boxes, and as a group tend to have low or some training needs, although there are more than expected high confidence respondents with no training needs. Interestingly, medium confidence respondents (the largest group, 46.7%) are very likely to have high training needs. There is a link between training needs and the number of children identified as having speech and language problems, in particular, that professionals in settings with no children identified are likely to report that they have no training needs.

How well can early years professionals identify delay in speech and language and what are the contextual factors supporting or undermining their ability?

The three case studies used to assess professionals' identification skills were (1) a child aged 2.5 years using only a small number of single word utterances, (2) a child aged 3.5 years with normal language development, and (3) a child aged 4.5 years with receptive and expressive language problems. The cases

Table 7 Case study scores

	Correct (%)	Incorrect (%)	Missing (%)
Child 1	33.2	58.1	8.7
Child 2	84.4	7.5	8.1
Child 3	80.6	11.6	8.2

were presented in the form of brief descriptions of their communicative behaviour: some examples of child (1)'s utterances were given; for child (2), examples of age-appropriate sentence structures and phonological immaturities were given; and child (3) was described in terms of his lack of ability to respond to verbal instructions. The majority of respondents made the 'correct' decision for Child 2 and Child 3, but nearly 60% incorrectly thought that Child 1 did not need to be referred (Table 7).

Only a quarter of those who completed the case study section got all three children right. The pattern of response was that those respondents who correctly identified Child 1 were much more likely to get all three correct, implying that their knowledge of language development was broader.

This is an important finding, since the chi-squares performed on the case study and setting data revealed that there were significant relationships ($p < 0.05$) between scores and the age of children respondents worked with, their type of setting, and their qualification. Just over 40% of respondents work directly with children under 3 years and 27.4% work with those over 4 years (Table 8).

The professionals who worked with children under 2 years of age were more likely to correctly refer Child 1. In contrast, respondents whose youngest children were between 2 and 3 years were more likely not to refer (nonreferral group $n = 98$). A large proportion of this group ($n = 77$) were playgroup staff. A similar pattern is apparent in terms of qualification: staff with GNVQs, BTECs, and NNEBs (typically nursery nurses) were more likely to be correct than those with DPPs and teaching qualifications (playgroup workers and teachers). However, this does not mean that nursery

Table 8 Youngest children in group

	Number	Percent
Under 2 years	175	21.1
Under 3 years	161	19.4
Under 4 years	264	31.8
4 years +	227	27.4
Total	827	99.8
Missing	2	0.2
Total	829	100

nurses and those who work with younger children are only expert in this age range: there is a strong implication that they have a broader developmental understanding, since they are the group that is most likely to identify successfully all three children.

Respondents who had had formal training in speech and language delay or disorder were much more likely to score highly. In addition, an expressed need for training in speech sound development was significantly linked to test scores: those who felt they did not need training in this area were over-represented in the lower scoring group, with those who felt they needed it, or that it was the most important area of need for them, being over-represented in the high scoring group.

The use of strategies to assess speech and language is also linked to case study scores. Nearly a third of respondents reported that they use no strategies – not even observation or comparison with peers – to assess children's speech, language, and communication in the setting. Of those who use strategies, 30% use only one, mostly comparison or observation, 39% use two or more strategies, but checklists are used by only 11%, and published schemes are used by around 6%. Low-scoring respondents are more likely not to use an assessment strategy. The use of a specific strategy is also significantly linked to high confidence levels.

Finally, there is an emerging pattern relating to working in settings with children identified as having speech and language delay or disorder. Respondents with low scores on the case studies are less likely to work in settings where there are more than four children identified and higher scoring respondents are more likely to work in these settings.

Discussion

Training background and needs
The questionnaire revealed limited time devoted to speech and language development and disorders in initial training programmes for early years professionals. Some had the opportunity to have further in-service training, but most expressed a need for more. Of particular interest is how training background and perceived needs relate to levels of confidence in evaluating speech and language development in the children in their care, and the knowledge they are able to bring to bear on this.

Confidence levels
Unsurprisingly there is a strong link between level of confidence and expressed training needs. However, practitioners with both low and medium

confidence had high training needs, suggesting that even moderately confident professionals feel that they are undertrained. In terms of specific aspects of speech and language development, respondents were least confident in their knowledge of speech sound development and this is mirrored in areas flagged up for training need. This does not appear to be symptomatic of a narrow view of language acquisition in terms of speech development alone, but rather that respondents felt this to be a gap in whatever training they had received and wanted to know more. This impression is borne out by the finding that correct identification of cases for referral was also correlated with an expressed need for speech–sound training.

Experience of children in the setting with speech and language problems does not increase confidence; in fact this seems to depress confidence, with lower confidence associated with higher numbers of such children. This suggests that exposure to speech and language problems opens up an awareness of their complexity and possible feelings of inadequacy. Interestingly, high confidence levels were over-represented in settings where no children with problems were identified. This could mean either that practitioners in these settings have no reason to feel underconfident because they genuinely have no experience of speech/language problems, or that overconfidence is leading to a situation where children with real problems are not being identified.

Confidence levels did not correlate with scores on the case studies, so there is no obvious relationship between confidence and actual knowledge (or ability to apply knowledge). The only significant correlation was between high confidence about comprehension and high scores. This could suggest that those with a broad awareness of language, encompassing comprehension, were best able to deal with the case studies.

The fact that a number of respondents were not familiar with the term *symbolic play*, despite 'the role of play in language development' being an item that was felt to receive high coverage in training, reflects potential pitfalls with terminology and differing professional cultures. When devising the question-naire, members of the team spent some time discussing the potential problem of different professionals having different understandings of technical terms. It was concluded that it was only possible to use the questionnaire to identify respondents' *perceptions* of what they knew and needed to know, rather than what they actually knew. This discrepancy appears to be a good example of this.

Ability to identify speech and language problems

A majority of respondents wrongly thought that case study (1), the 2.5-year old with significant language delay, should not be referred. Of those who

answered correctly, most worked with children under two years and were typically nursery nurses with GNVQ, BTEC, or NNEB qualifications. Working with children in the first two years of life appears to have given these respondents insight into the amount of language development that can normally be expected during these years and therefore a good source of comparison for looking at this case study. Interestingly, even those practitioners who worked with children in the 2–3 year age bracket (but no younger) were unlikely to refer, despite presumably seeing a majority of children of this age with considerably more advanced language skills than case (1). This implies that either lack of experience with children below two years, or training that is not designed to cover children's development from birth to five years, may lead professionals to an acceptance of a range of ability that is actually too broad.

These findings are confounded with type of training, however. It was noted that respondents who got case (1) right typically responded correctly for the other cases as well. It is suggested that these practitioners have a broader understanding of language acquisition, reflected in their ability to make good judgements about a range of ages, and that this may well be a function of the type of initial training they received. Those who responded incorrectly to case (1) were more likely to hold teaching or playgroup leader qualifications and it may be that their initial training focussed more narrowly on later stages of language development.

Unsurprisingly, respondents who had had training specifically in speech/lan-language delay or disorder were also likely to answer the case questions correctly. This was also the case for those who routinely used strategies to assess children's speech, language, and communication within their particular setting. Focussing specifically on these abilities as an assessment procedure would seem in itself to enhance an awareness of what is normal or problematical for any individual child. Opportunity to directly experience and reflect upon children's communicative behaviour is also provided in settings where a number of children have speech and language problems, and respondents from those settings also performed better on the case questions.

Finally, an expressed need for training in speech sound development was positively linked with test scores. This may mean that these practitioners had sufficient knowledge in areas other than speech sound development to cope well with the case questions.

Implications

Unsurprisingly, the additional requirements now made of early years professionals that they are proactive in identifying and working with children's

speech and language problems, have resulted in training needs in this area. Perhaps more unexpected is the fact that many expressed a need to know more about speech sound development, especially as there was no evidence that this represented a 'narrow' view of communication development as reflected in speech sound production alone. Many speech and language therapists would regard speech work as highly technical and very much the province of the SLT. It may be, however, that this approach has meant that almost no information about speech sound development is made available routinely to other professionals and that this may be detrimental.

As regards both confidence and ability in identifying children with problems, the questionnaire results strongly suggest that a broad and rounded background in speech and language development is required. Respondents who felt confident in their knowledge about language comprehension were better equipped to deal with the identification questions, as were those who had knowledge of language acquisition from the very earliest stages. It is also clear that training should involve opportunities for hands-on observation and work with children at different stages of acquisition; those who routinely used observation and monitoring procedures were also better able to answer the identification questions. Experience of children with speech and language problems is also important, but it should be noted that this appears to lead to a depression in confidence level. Early years professionals need support when working with such children, if they are not to feel overwhelmed by the scale of problems and their own perceived lack of knowledge and skills in this area. The second phase of this project, which involves in-depth interviews with a sample of early years professionals, also explores the degree to which they are helped by opportunities for ongoing collaboration with other professionals, including SLTs.

Conclusion

The questionnaire survey revealed that some early years professionals do have access to training in speech and language development and disorders, but relatively few feel that their needs in this area are being met fully. Even those who feel reasonably confident (medium level) about children's language have training needs. At the same time, direct experience with children who have speech and language problems depresses confidence. There is a clear need for early years professionals to be offered training packages that meet the pressures on them to identify problems with children's speech and language development and to work optimally to promote development. These packages

need to incorporate 'hands-on' work with the children in their care, and a clearly established support network for cases where speech and language problems are suspected or identified.

Acknowledgement

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