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## **DOCTOR OF PHILOSOPHY**

A study of communication support for children with Down's syndrome and English as an additional language

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# **A study of communication support for children with Down's syndrome and English as an additional language**

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**2016**

**This dissertation is submitted in fulfilment of the requirement for the  
degree of PhD of Bangor University**

# **Abstract**

## **Abstract**

Young children with Down's syndrome (DS) and English as an additional language (EAL) require a high level of communication support, but there is no guidance for practitioners in the Early Years Foundation Stage (EYFS) about how to meet these needs. This thesis explores early years' practice in mainstream and specialist provision through case studies of two city boroughs with different demographics. The crosscutting themes of experience, training, multi-agency working and policy were identified in the literature and found to be inter-linked in how they influenced the teaching strategies reported in the study.

All practitioners working with children with DS and EAL were found to be using a wide range of teaching strategies. These matched the statutory guidance for the EYFS curriculum, suggestions given in early years' texts and practitioner guidance, and available research evidence relating to the communication of children with DS, with EAL, and with other special educational needs (SEN), although participants did not recognise this. Teachers' practice was also influenced by the SEN Code of Practice which was current at that time. A vital role was played by the speech and language therapy service in providing training and evidence-based interventions; however, support from this service was reported to be decreasing within mainstream settings. The exchange of information about children's communication between agencies and settings at times of transition was poor, and SEN coordinators had a challenging role in managing services around the child. The availability of support for children's home languages differed greatly between the boroughs, with better provision for children in settings where there were high numbers of children with EAL. Children with DS who were international new arrivals are identified in the study as being particularly vulnerable, with delayed access to services and agencies.

The need for equity in the communication support available for children with DS and EAL is an important feature of this study's findings. Addressing this issue has implications for teacher training, joined-up working for EYFS settings and services, the role played by the speech and language therapy service, and the availability of home language support and assessment.

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## **Declaration**

I hereby declare that this thesis is the results of my own investigations, except where otherwise stated. All other sources are acknowledged by bibliographic references. This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree unless, as agreed by the University, for approved dual awards.

Yr wyf drwy hyn yn datgan mai canlyniad fy ymchwil fy hun yw'r thesis hwn, ac eithrio lle nodir yn wahanol. Caiff ffynonellau eraill eu cydnabod gan droednodiadau yn rhoi cyfeiriadau eglur. Nid yw sylwedd y gwaith hwn wedi cael ei dderbyn o'r blaen ar gyfer unrhyw radd, ac nid yw'n cael ei gyflwyno ar yr un pryd mewn ymgeisiaeth am unrhyw radd oni bai ei fod, fel y cytunwyd gan y Brifysgol, am gymwysterau deuol cymeradwy.

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## **List of Abbreviations**

|        |  |
|--------|--|
| AAC    | Alternative and Augmentative Communication                     |
| BSL    | British Sign Language  |
| CAF    | Common Assessment Framework                                    |
| CAMHS  | Child and Adolescent Mental Health Service team                |
| CHD    | Congenital Heart Disease                                       |
| CLL    | Communication, Language and Literacy                           |
| CPD    | Continuing Professional Development                            |
| CS1    | Case Study 1   |
| CS2    | Case Study 2   |
| DCSF   | Department for Children, Schools and Families                  |
| DfE    | Department for Education                                       |
| DfES   | Department for Education and Skills                            |
| DS     | Down's Syndrome  |
| DSA    | Down's Syndrome Association                                    |
| EAL    | English as an Additional Language                              |
| ECAT   | Every Child a Talker   |
| ELIAS  | Early Language and Intercultural Acquisition Studies           |
| EMA    | Ethnic Minority Achievement                                    |
| EYFS   | Early Years Foundation Stage                                   |
| IEP    | Individual Education Plan                                      |
| ITT    | Initial Teacher Training                                       |
| LEA    | Local Education Authority                                      |
| LEAP   | Language Enrichment Programme                                  |
| LSA    | Learning Support Assistant                                     |
| NALDIC | National Association of Language Development in the Curriculum |
| NQT    | Newly Qualified Teacher  |
| NVC    | Non Verbal Communication                                       |
| OME    | Otitis Media with Effusion                                     |
| PECS   | Picture Exchange Communication System                          |
| POPS   | Plenty of Potential  |
| PPS    | Parent Partnership Scheme                                      |
| PRU    | Pupil Referral Unit  |

|       |   |
|-------|---|
| PVCS  | Pre-Verbal Communication Schedule                 |
| QTS   | Qualified Teacher Status                          |
| RCSLT | Royal College of Speech and Language Therapists   |
| SaLT  | Speech and Language Therapist                     |
| SASEN | Statutory Assessment of Special Educational Needs |
| SEN   | Special Educational Needs                         |
| SENCO | Special Educational Needs Coordinator             |
| SEND  | Special Educational Needs and Disabilities        |
| SLCN  | Speech, Language and Communication Needs          |
| SLD   | Severe Learning Difficulty                        |
| TA    | Teaching Assistant                                |
| VI    | Visual Impairment                                 |
| WAL   | Welsh as an Additional Language                   |

# Chapter 1 - Introduction

“The challenge in a civilised society is to support those for whom communication is more difficult.” The Bercow Report (2008, p.3)

## *1.1 Context of the study*

This is a practitioner based enquiry about how the communication skills of children with Down’s syndrome (DS) who also have English as an additional language (EAL) are supported during the Early Years Foundation Stage (EYFS), which comprises the age range from birth to 5 years. It developed from a need to find appropriate strategies to teach children with DS and EAL who attended the inclusive nursery setting where I worked as an SEN teacher. This context was by no means unique in England at that time, with growing numbers of children with SEN and EAL attending mainstream EYFS settings. Fifteen years before this study took place, The Code of Practice for SEN (DfE, 1994) suggested that the needs of most children with SEN could be met in mainstream schools and, by 1999, Hornby’s review of literature on inclusion concluded that the movement towards all children with SEN attending mainstream schools had accelerated. This trend was also reflected in children with DS, who, during the same period, became increasingly likely to attend and stay in mainstream education (Cuckle, 1999). By the time of this study, the Down’s Syndrome Association (DSA) were recommending that all children with DS should attend their local school and that local authorities should respond positively to parental requests for a mainstream placement (Black et al., 2011).

Although the proportion of pupils in England with a Statement of SEN had remained stable between 2008 and 2012 (DfE, 2012), there had been a steady increase in learners with EAL over that period of time and, as a result, the numbers of children with SEN and EAL had increased also. It was not un-common, therefore, for schools and settings to be considering strategies for teaching children with both SEN and EAL. Frederickson and Cline (2015) comment that the population of learners with SEN continues to become increasingly diverse across Europe, and variations in linguistic, ethnic and social backgrounds all have implications for the practitioners working with them.

In 2010, the Department for Education (DfE) reported the results of the EYFS profiles of children using a score based classification of learners with EAL and with SEN as separate

categories. The findings showed that both groups of learners had poor outcomes, with only 19% of children identified as having any SEN and 5% of those with a Statement of SEN categorised as reaching ‘a good level of development’. Only 47% of children with EAL compared to 58% of their peers whose first language was English reached this desirable level. Although there is an obvious distinction between children with SEN and those with EAL, and clear concerns about the outcomes for both groups, there was little literature dealing with the issue of learners with both sets of needs, despite an increase in their numbers.

## ***1.2 Aims and purposes of the study***

The purpose of the study is to contribute to this identified gap in the literature about learners with both SEN and EAL in the EYFS, focussing on the communication of children with DS and EAL. The study is needed to inform practitioners who work with children with DS and EAL in early years’ settings.

The study aims to find out what strategies are used by practitioners to support the communication of children with DS and EAL in the EYFS in order to:

1. Find out to what extent the teaching strategies practitioners use are influenced by evidence-based research, practitioner guidance documents and policies for working with children with DS and EAL in the EYFS
2. Analyse if the teaching strategies and resources used by practitioners are influenced by their:
  - Experience of working with children with DS and EAL
  - Training in the communication needs of children with DS and EAL
  - Working with practitioners from other agencies
  - Knowledge and use of policies related to DS and EAL
3. To identify if children with DS and EAL are receiving the same support for their communication regardless of provision type or location.

## ***1.3 Focus of the study***

The literature reviewed includes some broad terminology about supporting the communication of young children with DS and their English language learning. This section

aims to clarify the focus of the study and give more detail about the key terms in order to identify its boundaries.

The practical guidance and resources for working with children with DS in educational settings produced by the DSA focus on communication development as a common feature and these include supporting strategies. However, they do not reference the needs of children with DS and EAL. Fidler and Nadal (2007) in their review of literature of the neurological characteristics of DS which are relevant to educators, highlight the importance of maximising successful communication experiences. Although their review does not refer to children with DS and EAL, the concept of teaching communication skills to empower children has relevance to all types of young learners, regardless of language. This study, therefore, focuses on practical communication strategies for children with DS who need additional support with both their comprehension and expression and, in addition, are learning English as an additional language. This includes how practitioners might use and teach the use of non-verbal, visual and verbal strategies to develop communication skills that are appropriate to children's learning difficulties and their EAL needs. I was well positioned to carry out a study of this kind having previously evaluated a communication intervention for children with DS in the EYFS for a Master's dissertation, and having experience of working with children with DS and with EAL in the EYFS.

#### ***1.4 Definitions of key terms***

The literature studied shows that, despite difficulties in language and communication development, children with DS can be bilingual, a term that refers to children who have access to one or more languages at home and school, without implying fluency in either or all languages (DfES, 2006). Although research shows positive results regarding second language acquisition on the communication of children with DS (Kay-Raining Bird et al., 2005; Cleave et al., 2014), it does not include practical strategies to support the communication of children with DS and EAL which may be beneficial for early years' practitioners. There is, however, a great deal of literature about supporting the communication of young children with DS and with EAL as separate entities. Both these areas are included in the review of literature, and this research and practitioner guidance documents have been influential in the development of this study.

Within educational settings 'English as an additional language' is a commonly used term defined by the DfES (2006) to show recognition that many children already know one or more other languages and are learning English in addition to these. The definition of EAL which

applies to this study includes a range of learners from international new arrivals with no experience of English through to those born in Britain but with little or only incidental experiences of English. Crosse (2007 p.2) describes this second group as “British born and not starting to learn English until they start in an early years setting”. This suggests that informal encounters with English may have taken place (for example through English children’s television programmes), but that the language or languages of the home are predominantly other than English. These children, therefore, may have had a diverse range of language experiences before starting in the EYFS, despite all being categorised as British born EAL learners.

As with the literature for those working with children with DS in the EYFS, guidance for practitioners working with children with EAL focusses on practical strategies for supporting communication (DCSF, 2007, for example) but there was no guidance found about working with children with EAL and DS and little guidance about working with children with both EAL and SEN. The majority of this last category of literature reiterates that a child learning EAL should not be equated with having learning difficulties (historically a misconception), and is in-line with the SEN Code of Practice (DfES, 2001) that care in assessment must be taken to fully understand any additional learning needs of children whose home language is other than English. The impact of their language experiences may be more difficult to assess because of the delayed communication profile associated with having DS.

Although the causes of these two types of communication difficulties are very different, the separate literature reviewed on developing the communication skills of young children with DS and those with EAL show some commonalities in their recommendations for practitioners, particularly in relation to the use of visual strategies. Strategies which the literature finds to be effective for both have been recognised in the study with implications for how EAL strategies may need to be differentiated for children with DS.

### ***1.5 The structure of the study***

The review of the literature in Chapter 2 focuses on the wider area which surrounds the issue, namely the communication of children with DS and of children with EAL in the early years, bilingualism in children with DS, and opportunities for inclusion and communication development in the EYFS. The literature reinforces that children with DS and EAL have a wide range of communication needs and that there is a need for research in this area.

In Chapter 3 the methodology explains the processes which led to a case study approach being adopted. This was to allow for comparisons in findings to be made between the two demographically different boroughs where the study was undertaken. It describes the process of recruitment; data collection through semi-structured interviews, which took place in two phases, and the rationale for the use of thematic analysis and documentary analysis. Interviews enabled the practitioners to talk in detail about their experiences of working with young children with DS and EAL, and by inviting the ‘practitioner voice’ to be heard, the analysis of this data offers a different perspective from the studies which already exist on the communication needs of this group of children. The ethical considerations of the study are also included in this chapter.

The study findings and discussion are presented in Chapters 4, 5, 6, 7 and 8. In Chapter 4 the teaching strategies are described and then analysed against research literature, practitioner guidance and policy to see if the practice reported was evidence based. This detailed evaluation provides insight into the similarities and differences in communication strategies recommended for children with DS and for children with EAL in the early years.

The pre-determined themes which were examined in the interview data are participants’ experience, training, multi-agency working and policy, and these provide the structure for the remainder of this thesis. Each theme is presented in the same manner in individual chapters which consist of:

- Findings for that theme
- How the findings relate to the research questions
- A discussion on the influence of the theme on teaching strategies
- The equity of provision - the impact of the theme on communication support available for children with DS and EAL in each case study

Additional themes which arose from the data analysis included assessment and working with families. These areas emerged as being central to early years’ practitioners’ every day practice.

The conclusions and implications are presented in Chapter 9, which looks at inter-relationships between the themes and the final, complex picture of the influences on participants’ choice of teaching strategies that have been evidenced in this study. The

evaluation of the themes enables implications to be drawn, and discussion of these deepens the analysis.

The structure, presenting one theme at a time with the findings and discussion contained within one chapter allows for individual analysis of themes leading to a synthesis of key findings in the conclusions and implications.

All participants in the study appeared to be committed to putting children at the heart of their work and in order to reflect this, the discussions of the equity of provision at the end of Chapters 4 - 8 are presented from a child's point of view. These coloured figures show a simplified overview of the similarities and differences in provision based on each theme. They offer an alternative perspective on the study's findings, which show that where there is difference in provision, there is an impact on the child. This child-centred view matches my ethos as a practitioner.

## Chapter 2 - Review of the Literature

### *2.1 Selecting the Literature*

Literature about the communication of bilingual children with Down's syndrome was identified as part of a review of English language studies about bilingual learners with intellectual disabilities (Ware, Lye and Kyffin, 2015). Seventeen education, psychology and communication databases were searched using common terms for intellectual disability (see table below) and the generic term 'special education'. These results were then searched for the term 'bilingual'.

**Table 2-1: Databases and key terms used to select the literature (from Ware, Lye and Kyffin, 2015: 222)**

| Databases  | Key Terms  |
|--|--|
| Applied Social Sciences Index and Abstracts (ASSIA)<br>Association for Experiential Education<br>British Education Index<br>Current Education and Children's Services Research (CERUK)<br>Cumulative Index to Nursing and Allied Health Literature (CINAHL)<br>Education Resources Information Center (ERIC)<br>Harvard Graduate School of Education<br>Jorum<br>JSTOR Archives<br>Linguistics and Language Behavior Abstracts<br>PsycARTICLES<br>PsycINFO<br>Sociology of Education Abstracts<br>Symposium Journals<br>Symposium Open Access Journals<br>The Campbell Collaboration<br>Web of Science | intellectual disability<br>learning difficulties<br>mental retardation<br>developmental delay<br>exceptionality<br>developmental disability<br>special education |

This search, which was shared between the authors in April 2012, identified 659 articles of which eight were about language / communication development of bilingual learners with intellectual disabilities. Three studies were of children with DS (Feltmate & Kay-Raining Bird, 2008; Kay-Raining Bird et al., 2005; Woll & Grove, 1996) and all showed that children with DS were able to learn more than one language, although with varying degrees of fluency.

Feltmate and Kay-Raining Bird (2008), the most recent study identified, acknowledge the very small number of studies about bilingualism in children with DS. Although the purpose of their study differs from this, focussing on language acquisition rather than communication, this was one of the most relevant pieces available at the time of the initial literature search. The references cited in their study reflect the lack of specific research in this area as they focus mainly on three broader areas: language acquisition and communication development of children with DS, bilingualism and second language learning and assessment. This model influenced the approach used to search for further literature for this study, broadening the areas of research to the communication of young children with DS, the communication of young children with EAL and communication support in the EYFS.

This second phase of literature searching used the key term “communication” with the terms “Down’s syndrome” and “Down syndrome”, “English as an additional language” and “English as a second language” and “Early Years Foundation Stage” in the database ERIC. In addition, the on-line library resources in the School of Education at Bangor University were searched for texts on teacher guidance and education policy that included these key terms.

The review of literature is presented accordingly in three sections:

- Supporting the communication of children with DS during the EYFS
- Supporting the communication of children with EAL during the EYFS
- Supporting communication during the EYFS

## **2.2 Supporting the Communication of Children with Down’s Syndrome during the Early Years Foundation Stage**

### *2.2.1 The Communication Profile of Children with Down’s Syndrome*

Children with DS, although linked by a diagnosis, are unique individuals, and their family, school and community environments play an influential role in all areas of their development, just as with any child. However, there is an uneven communication profile associated with DS, typically a pattern of strengths and weaknesses that needs to be considered (Black et al., 2011). These characteristics result in children’s cognition developing to a higher level than their language production, and this mismatch continues throughout life (Laws and Hall, 2014). Consequently, speech and language therapy is recommended for children, adolescents and young adults in both expressive language and comprehension skills (Chapman et al., 1998). Children with DS have slower development

in these skills but their basic pattern of language development does not appear to differ a great deal from typical development patterns (Rondal and Rasore Quartino, 2007); for example early words are acquired from the same semantic categories as typically developing children (Polišenká and Kapalková, 2014). Interventions to support communication tend to follow a familiar progression, with the exception that children with DS are likely to be in the pre-linguistic stage of language acquisition until the age of two years, rather than 12 months, and words usually appear between two and six years old (Montagut, 2008). Typically, they will learn to use signs before they learn to speak, and signing is likely to have been introduced before a child starts school (Black et al., 2011). Children with DS may need additional prompting, reinforcement and support through error correction to help them to generalise and transfer language skills from one environment to another (Bauer et al., 2014), which is crucial for a child to be able to communicate when transitioning to an EYFS setting. The frequency and type of intervention received, particularly during the early years, may also influence children's vocabulary development (Yoder et al., 2015). Children with DS have a poor phonological loop capacity that affects their ability to learn new vocabulary (Jarrold and Baddeley, 2001). Abbeduto et al. (2007) suggest that repetitive exposure to new vocabulary is necessary for the meanings of words to be understood, and revisiting vocabulary in different contexts is a strategy that EYFS practitioners can use to help support semantic development.

There are a number of factors that, in addition to having an intellectual disability and related difficulties with working memory, affect the development of communication for many children with DS. These will be discussed in the next section and are linked to how they might affect communication development in the EYFS.

### *2.2.2 Sensory Impairment*

The impact of sensory impairment on children's communication and intellectual development has long been recognised (Berger and Cunningham, 1983; Sonksen, 1997; Rondal and Rasore Quartino, 2007), and both visual and hearing impairment are common in children with DS. This can compound their learning difficulties and in the EYFS can limit their access to social and exploratory play and make them more reliant on others to structure their learning experiences and to help them make sense of the world (McLinden and McCall, 2011).

### 2.2.2.1 Hearing Impairment

Adequate hearing is important for language learning, and young children with DS are more likely than their peer group to experience either conductive or sensorineural hearing loss or both (Byrne et al., 1988). Hearing loss affects two thirds of this population (Roizen et al., 1993) and is related to difficulties with speech intelligibility, vocabulary production and length of utterance (Roberts et al., 2007).

Hearing impairment may affect children with DS from early infancy. Lotfi and Pourakbari (2015, citing Schacter et al., 2011) in their review of literature on children's language acquisition, note that there are differences in when hearing and deaf babies start to babble; hearing babies begin to babble at around six months, whereas for deaf babies it is around eleven months, and they also babble less often. Babies with DS with a more severe hearing loss may follow this pattern of communication development.

Both hearing and deaf babies start to babble in the same way, suggesting that babbling is part of the normal process of language development rather than simply a result of babies imitating sounds. However, Lynch et al. (1995) report a less consistent pattern in babies with DS. The *Developmental Journal for Babies and Children with Down's Syndrome* (DfES, 2006) includes babbling in Step 3 of "Foundations of Communication", and recommends that at this stage babies should be encouraged to imitate sounds. The guidelines for the onset of canonical babbling in this document for parents and carers is 4–7 months for typically developing babies and approximately 10–18 months for babies with DS, which is in-line with the findings of Schacter et al. (2011). Advice to parents and carers suggests that babies with DS are able to hear well enough to be able to respond to speech sounds:

Encourage your child by copying their babble sounds back and then introducing new ones for them to try – for example, copy your baby's "ba-ba" and then try "da-da". It's particularly important to encourage babies with Down syndrome to listen to and copy speech sounds, as this helps them to develop clearer speech later on. (DfES, 2006, p.35)

It is unclear from this advice how much of the delay in canonical babbling relates to the level of hearing impairment and how much to the developmental delay caused by intellectual disability. Another factor for the late onset of babbling may be due to poor oral motor skills due to low muscle tone (Chu and Barlow, 2016), and Stoel-Gammon (2001) suggests that a delay may reflect that there are more general motor delays or oral structural problems.

One of the main motivators for both babies with DS and for babies with a hearing impairment is the payoff of communication, i.e. they begin to realise that intentional communication can bring about rewards, particularly from parents. In the example above, adults' responses not only encourage imitation, but also reward a child by allowing them to initiate a 'conversation' and receive attention in return. This payoff encourages children to communicate more and to try out new aspects of language (Muma and Perigoe, 2010). This type of intervention could be differentiated to develop the communication of children with DS throughout the EYFS, whatever their level of hearing impairment.

Even a mild undiagnosed hearing impairment may affect the development of speech, and in turn the academic achievement of children with DS (Rondal and Rasore Quartino, 2007). Regular screening of children with DS is advised to ensure that hearing loss can be monitored and if necessary appropriate interventions or strategies put into place to support speech, language and academic development (McPherson et al., 2010). An accurate assessment of a child's hearing across the frequency range is important in order to know which speech sounds can be heard clearly and which cannot. This information should be communicated to a child's school or EYFS setting so that early literacy skills, such as phonic awareness, can be supported appropriately. However, young children with DS often find it difficult to know how to respond when having a hearing test, which can make the results unreliable (NDCS, 2010). This suggests that EYFS settings may need to be flexible in their response to these assessment results and that classroom observations may be useful in providing information about what a child can and cannot hear in a noisy EYFS environment.

#### *2.2.2.1.1 Impact of Otitis Media with Effusion on Communication*

Otitis media with effusion (OME), commonly referred to as glue ear, is recognised as the main cause of conductive hearing loss in young children, and is much more prevalent in children with DS than sensorineural hearing loss (Phelan et al., 2016). OME is due to the narrow eustachian tube in the ear, an anatomical characteristic of the syndrome, becoming blocked and resulting in fluid filling the middle ear. As it becomes harder for sound to pass through to the inner ear sounds become more muffled (NDCS, 2010). This, sinusitis and chronic fluid build-up in the ears increasing the likelihood of inner ear infections, all contribute to the difficulties in hearing experienced by many young children with DS (Schermerhorn, 2004). Grommets or T-tubes inserted to help air circulate and prevent the further build-up of fluid can be a successful short-term intervention once the ear canal is wide enough for the procedure to take place. As grommet surgery results in scar tissue on

the ear drum, the preference of some medics and audiologists is to recommend hearing aids as a treatment for OME. Consequently, many children with DS in the EYFS wear hearing aids which need to be monitored and maintained by teaching and support staff. This can be challenging in a busy early years' environment, particularly when they are first fitted, as they can be easily damaged or lost. However, the advantages are that children do not need to experience the trauma of a surgical procedure and can avoid having interrupted time from their EYFS setting whilst they recover (NDCS, 2010).

The effect of OME on a child's speech development and self-esteem is significant (Bluestone and Klein, 2007), and children may show signs of frustrated behaviour at not being able to communicate their needs when their expressive language is delayed. This can precipitate behavioural difficulties in young children who may have avoided the 'terrible twos', only to reach this developmental milestone in nursery or reception. Some children in these later stages of the EYFS may benefit from small group and one-to-one work with an adult to help reduce this frustration and moderate their behaviour (Grigg, 2010).

Hearing impairment may be overlooked, especially if it fluctuates, as in the case of OME, and may be misconstrued as being part of a child's intellectual disability (Wishart, 2008). EYFS practitioners need to be aware that children with DS may be able to hear better at some times than at others, and to take this into consideration in how they communicate with a child. Parents of children with DS are likely to assume a certain level of learning difficulty, of which language is a key component, and as a result there may be a delay in the recognition and diagnosis of a hearing loss. The transition period into an EYFS setting, with unfamiliar adults and a higher level of noise than the home environment, could be a time when indications of previously unnoticed hearing loss become apparent. Communication between parents and settings about any differences in how a child appears to respond at home and in their new environment could be useful in recognising any hearing loss.

Fluctuating hearing loss caused by OME can lead to difficulties in learning to listen, which in turn leads to difficulties in listening (Palmer, 2003), required for accessing the EYFS curriculum. This can be an issue in early years' settings when there are expectations that children can sit and listen in a large group and then respond to information. Practitioners may need to consider providing information individually, more simply, and supporting it with visual strategies. Listening skills are also vital in developing the imitative and echoing skills necessary for accurate word production (Kumin, 2006). Being able to say a word

involves accurately perceiving how it is said, and then being able to reproduce what is heard; neither process is straightforward (Foster, 1990). One approach to early reading is to target phonics, which requires listening and auditory memory skills. Although there is some evidence that this can be a useful strategy for children with DS when learning to read (Burgoyne et al., 2013), it is a more difficult skill to achieve than the whole word approach that is more traditionally used with children with relatively strong visual memories. Weak short-term auditory skills, together with working memory skills and difficulties with concentration and comprehension, also feature in the communication profile of children with DS (Couzens and Cuskelly, 2014). Combined with fluctuating hearing loss due to OME, this makes supporting communication and early literacy skills a multi-faceted issue, which EYFS practitioners need to address.

#### *2.2.2.2 Visual Impairment*

Children with DS have a higher prevalence of ocular disorders than their typically developing peers (Pueschel and Gieswein, 1993) and this increases in frequency with age; approximately 38% of children under the age of twelve months and 80% of those aged five to twelve years have ocular conditions that need monitoring or intervention (Roizen and Patterson, 2003).

This suggests that the vision of children with DS may change during their time in the EYFS, and this may affect how they access the curriculum and their environment. Regular observations of a child may be useful in monitoring whether additional strategies or interventions need to be put in place.

All young children rely on visual information to help them to make sense of the world around them. For those with DS, eye contact develops later in infancy than for typically developing children (Berger and Cunningham, 1983), and consequently communicative information based on facial expression and associated early imitative behaviours is delayed. As well as 'looking behaviours' developing later, gaze duration is longer than in infants of the same age (Berger, 1980). The effect of this means that practitioners in EYFS settings who are communicating with babies and young children with DS with a visual impairment (VI) are likely to see them stilling or waiting as they process visual information. This could be inaccurately perceived as them not showing an interest, and misinterpreted communication may lead to an inappropriate response. This delay in response is compounded by children with DS experiencing difficulties with their working memory that affects the processing and acquisition of language (Chapman and Hesketh,

2001). It can be difficult for infants to know how to behave in order to get what they want, and this can lead to frustration for both them and those around them (Knight, 2010). Practitioners in the EYFS need to be mindful of this and to allow time for babies and children to respond fully to visual resources and experiences.

Children with DS and a VI may have difficulties in engaging others in shared activities. Berger and Cunningham (1983) noticed that young children with DS have unusual reciprocal eye contact and may engage in it over intensively or inadequately, unlike their typically developing peers. Being able to initiate joint attention skills is essential to acquiring social communication, and there is commonly a delay in this despite children with DS generally displaying social interest (Abbeduto et al., 2007). Practitioners in the EYFS may need to help scaffold interactions between infants with DS and their peers in order to help them to engage in joint attention.

In a study of 58 babies with a VI, including those with intellectual disabilities, those receiving an intervention to promote visual development made significantly more progress than the control group (Sonksen et al., 1991). The study concluded that an early introduction to encouraging looking behaviours can help develop the visual nervous system and higher quality vision. Although the babies in the study had a severe VI, the importance of using all available vision optimally is valid in the overall development of children with DS. Babies and young children with DS with a severe level of VI are likely to receive support from a peripatetic teacher who can inform EYFS practitioners about appropriate activities to promote looking behaviours. Access to a range of early years' toys with movement, lights and sounds may support these types of activities.

Poor vision constrains most areas of development, and because advance in one area is often necessary for an advance in others, secondary delays are likely to occur in other areas, including communication (Sonksen, 1997). Explorative play, which promotes engagement for learning, is likely to be attempted more cautiously by a child with a VI and is likely to be limited to the safe confines of a child's immediate body space and surroundings, unless there is intervention from an adult. It may be useful for practitioners to consider a staggered transition into an EYFS setting for children with DS who have a severe VI so that they can become familiar with their environment, resources and key people.

#### *2.2.2.3 Impact of Visuospatial Memory and Visual Acuity on Communication*

Many studies recognise that children with DS have relative strengths in their visual processing skills and recommend that parents and educators provide visual learning

materials to support comprehension (Freeman and Hodapp, 2000). The reasoning behind this is that children with DS typically have a better visuospatial than verbal working memory (Carretti et al., 2013), although there are strengths and weaknesses within it. Research by Jarrold and Baddeley (1997) on visuospatial working memory, found that individuals with DS obtained the same scores as typically developing children when matched for mental age, and were able to successfully create and manipulate mental images and store them in their short-term memory. However, visuospatial working memory is dependent on visual perception (Pisella, in press) which is the ability to use visual information to create meaning out of what is seen. Visual acuity is a necessary receptive function of visual perception, and this is an area which is impaired in children with DS. Therefore, a VI has a negative effect on the visuospatial working memory, and this may hinder the receptive communication development of children with DS who rely heavily on visual prompts for their comprehension. It is difficult for these children to process images if their vision is unclear and to then retain and recall that information from their working memory.

The visual acuity of most babies with DS is known to be within the normal range, but from about two years old it is thought to deteriorate (Ramruttun and Jenkins, 1998). Children with DS may have difficulties with visual acuity before they enter or whilst attending an EYFS setting, and as stated earlier, this can have an impact on their ability to learn and communicate. Visual acuity refers to the acuteness or clarity of vision, which is dependent upon the sharpness of the retinal focus and the sensitivity of the interpretative faculty of the brain. For children with DS, the most likely cause of poor visual acuity is congenital nystagmus (Felix et al., 2013), with other factors including cortical abnormalities, residual refractive error and cognitive limitations. Nystagmus presents as constant eye movement that cannot be controlled, although improving the clarity of vision by wearing glasses can slow down eye movement and reduce the strain on the eyes. Protocol set in place by the UK Down's Syndrome Medical Interest Group in 1995 includes a neonatal eye examination, which is a comprehensive ophthalmological examination by the age of three years and a preschool follow up. Stephen et al. (2007) found that within the Grampian region of Scotland, this has led to the earlier prescription of glasses for refractive errors (mean age 5.6 years before the guidelines, 3.6 years after) and anticipate that this will improve the developmental and functional outcomes in children with DS. It is important for practitioners to encourage children with DS to wear their glasses if they have them, but

as with hearing aids, this can present challenges in a busy EYFS environment where they can easily be damaged or mislaid.

Normal visual acuity is important for developing early literacy skills, such as interpreting symbols and reading text. This is particularly relevant for children with DS who may be using symbols to support their communication in the form of timelines and choice boards. It also affects the use of vision in fine motor skills, such as accurate posting and threading, and in gross motor skills, such as avoiding obstacles and changes in surface height. This can delay children in self-help skills, such as getting dressed and in moving independently around new environments, and may also affect social behaviour, as children find it difficult to recognise faces at a distance. These difficulties in visual exploration require consideration in the practical delivery of the EYFS curriculum.

### *2.2.3 Additional Physical Factors that Affect the Communication of Children with Down's Syndrome*

Children with DS have poor oral motor skills that commonly result from differences in their oral structure that affect speech production; typically they have a smaller than usual oral cavity, an arched narrow palate, and an irregular teeth pattern, while some individuals may have additional or absent facial muscles and a more posterior tongue position (StoelGammon, 2001). Generalised hypotonia can also have an influence on speech production, especially if the larynx, velopharynx, and the oral articulators are effected (Kent and Vorperian, 2013). The irregular distribution of nerves to the face can lead to difficulties in eating and drinking, as well as giving poor sensory feedback which is required when learning to speak (Kumin, 2015). The affect this has appears to differ between individuals, and there appears to be no link between clarity of speech and cognitive ability (Cleland et al., 2010).

Chu and Barlow (2016) suggest that although this is an area that is widely recognised by parents and SaLTs, there has been little systematic research into the biomechanical aspects of the orofacial mechanism and its relation to speech production, and further clinical research may enable better outcomes in developing clear speech for children with DS. Clarity of speech is important socially and emotionally, and teenagers with DS report that people not understanding them is a common cause of bullying (Schermerhorn, 2004).

Congenital heart disease (CHD) is diagnosed in around 50% of new born babies with DS, and those affected have recurrent respiratory infections, making it an effort to regulate the

breathing needed to produce speech effectively (Rondal and Rasore Quartino, 2007). Visootsak et al. (2013) found that levels of communication differed between toddlers with DS and CHD compared to those without CHD, with the children with CHD exhibiting lower levels of receptive and expressive language vocabulary. Although recognised as a small study with 29 participants, the findings mirror larger studies of typically developing children with CHD, who were found to have poorer vocabulary than their peers without CHD, and Bellinger et al. (1999) and Mahl and Wernovsky (2001) have cited comparative results.

#### *2.2.4 Language Acquisition of Bilingual Children with Down's Syndrome*

DS is the most common chromosome alteration irrespective of race, culture or geography (Schapira et al., 2007), and children with DS are born into monolingual, bilingual and multilingual families and communities all over the world. Research into the language development of bilingual children with DS has only developed in the past 20 years, with the majority undertaken since Kay-Raining Bird et al. published "The language abilities of bilingual children with Down syndrome" in 2005. This, and subsequent studies of bilingual English / French speaking children with DS in Canada, have been influential in starting to develop a better understanding of this area which can help to guide the practice of speech therapists and educators.

The language background and experiences of bilingual children with DS are as varied as for typically developing children. Some families have chosen (or been encouraged by professionals) to raise their children with DS within one language (Buckley, 2002), despite there being the possibility of alienating children from their home community and culture. There are some cautions around children with DS becoming bilingual or multilingual (Rondal, 2007), which appear to relate to the belief that being bilingual could alleviate cognitive difficulties. In contrast, there is evidence to show that bilingualism does not have a negative impact on language learning. Anecdotal evidence shows that children associate languages with different members of their families (Stevenson, 2004), with Wilken (2003) reporting many variances in context and language competence from anecdotes across Europe. Woll and Grove's study (1996) confirms this, as the twin girls they studied used their two languages (BSL and English) selectively in appropriate contexts.

Parents are now encouraged to be good home-language models for their bilingual children, speaking and reading to them in their first language at home, whilst having a positive attitude to their child starting to learn a new language at pre-school (Kersten et al., 2008).

Traditionally, only the majority language was used in a child's school or setting, but the languages used today are more diverse, and bilingual children with intellectual disability attending bilingual specialist provision are expected to experience the same personal, social and emotional benefits of a dual language education as their typically developing peers (Baker, 1995).

Bilingual children with DS experience a delay in both languages but the dominant language does not appear to be affected by learning a second (Cleave et al., 2014). However, there is a great deal of variation between individuals as to how they develop in each language, although if input levels are consistently high then progress can be made in both (Cleave et al., 2014). Consequently, children should be able to access SaLTs in both languages (Kay-Raining Bird et al., 2005), although a lack of bilingual therapists means that it may often be difficult to implement this recommendation (Pert and Letts, 2003).

The small amount of research available in this area suggests that children with DS are able to learn a second language, although the support needed for them to be successful in doing so may have implications for practitioners receiving children with DS who have EAL into EYFS settings.

## **2.3 Supporting the Communication of Children with English as an Additional Language in the EYFS**

The languages that surround a child from birth are from their family, school, community, friendship groups and the media; how these languages are understood and used will depend on the individual (Mackey, 2000), and will help define their cultural identity (Conteh, 2015). Extensive research into the language and cognitive development of children who grow up bilingually as a result of diverse linguistic influences, shows that this has positive effects, including flexibility in thinking and a deeper understanding of language (Cummins, 2003), in addition it improves the chance for success in subsequent language learning (Knowles, 2011). Statistics reported by the Department for Education (DfE, 2013) show that children in England have increasingly diverse experiences regarding the languages they hear around them. The number of languages spoken is growing, with 240 reported in the 2008 school census report (DfE, 2008) and over 300 reported in 2012 (DfE, 2012). The number of children speaking languages other than English is also rising, with the percentage of primary school children with EAL rising from 14.4% in 2008 to 18.1% in 2013 (DfE, 2013). Practitioners in EYFS settings can therefore expect to work with

children who need additional support with their language skills because they are English language learners.

### *2.3.1 Defining Learners with English as an Additional Language*

There are many definitions and distinctions of bilingualism relating to an individual's language ability and use (Baker, 2001). As children's language experiences differ from each other and change over time, so too do the definitions of 'being bilingual' and of 'how bilingual' individuals are. Opening sections of texts and journal articles about bilingualism commonly start with a definition, and this appears to be necessary because of the complexity and breadth of the subject. This study focuses on one aspect of bilingualism, which is children learning EAL and this term also requires definition. A child with EAL is generally characterised as a pupil whose first language is known to be (or thought to be) other than

English and their 'first language' is defined as the language they were born into and continue to be exposed to (DfE, 2013). In this case the focus is on children who start the EYFS with little or no experience of the English language.

A child learning EAL in the EYFS may come from a variety of home language backgrounds; they may be British born but not start to learn English until they attend nursery at the age of three, and a sequential or successive bilingual is a child who has already made progress in the acquisition of one language before acquiring another (Paradis et al., 2011). Other children who are sequential bilinguals are international new arrivals who make the transition into the EYFS at any time before the age of five. This group includes the children of families who move to Britain to work or study and those who are refugees or seeking asylum; they may also be from a traveller community, either transitory or settled. Arnot et al. (2014) suggest that the definition of EAL is limiting, as these different groups of learners are not identified individually within the category of EAL used in official documentation. This has relevance to this study as EAL is broadly defined, but the literature refers to children from a range of backgrounds and with different experiences of language.

In addition, the focus of this study is children with EAL who have DS, which also impacts on the development of language acquisition and communication skills regardless of home language or bilingual environment. This complicates some of the definitions of EAL further.

For example Crosse (2007, p.2) uses the following descriptions of English language learners:

- Children born in Britain but who do not start to learn English until they start at an early years setting or formal schooling
- Children who are brought up bilingually and are learning English as well as their first or home language
- Children who are newly arrived in England and are fluent in their home or first language and may have a knowledge of English as a foreign language
- Children who are new arrivals and are fluent in their home or first language and have a little knowledge of some everyday English
- Children who are new arrivals and have no previous experience of English and have very basic language and literacy skills in their home or first language

These are useful and concise definitions for most children but the word “fluent” does not describe the language ability of some children with an intellectual disability. For children with DS who are pre-verbal for an extended period and have difficulties with speech production, this would not be an accurate description. This example is cited here, not because it is inaccurate, but rather as an illustration to highlight that literature about working with children with EAL does not usually include those who also have SEN. As a result, the terminology in EAL literature, although celebrating cultural and linguistic diversity, rarely extends to intellectual diversity. This may reflect the ethos that places a divide between EAL and SEN literature to ensure that learners of EAL are not seen as having a deficit, which was a misconception in the past (Conteh, 2015). An exception to this is Grassi and Bulmahn Barker (2010), who refer to learners, who in this study are described as having SEN and EAL, as being culturally and linguistically diverse exceptional students. An advantage of this is that it provides this group with a clearer identity which may enable practitioners to discuss their communication, language and literacy needs more fully and honestly. In the preface to their book the authors discuss that when students are labelled as needing either linguistically diverse education or special education then this affects the way practitioners treat them, what services they can access, and what types of assessment are considered appropriate. Their discussion about the interface of what is usually defined as two separate educational approaches has much in common with the subject of this study.

Ware et al. (2015) in a review of the literature which explored this interface between the education of learners with an intellectual disability and bilingualism, found it to be an area which would benefit from further research. Internationally, disproportionate numbers of children with EAL are in special education, despite improvements in assessment to ascertain the causes of language and learning delay. This suggests that some children with

EAL are underachieving and do not have access to the support they need to develop skills in both their languages. The area of assessment is important and is the subject of extensive research in the arena of the communication of children with EAL because of difficulties in ascertaining if a child's language delay is due to learning a new language or because of an additional speech, language and communication need (SLCN). Some of the advances in the identification and assessment of communication stem from the increasing linguistic diversity within the UK. Letts and Sinka (2013) in their overview of research and practice in working with children with EAL who have SLCN, suggest that this is leading to more innovative and dynamic types of assessment being developed. Pert and Letts (2003) responded to this challenge through their expressive language assessment for children with a Pakistani heritage background, as did Gathercole and Thomas (2007) with their *Prawf Geirfa Cymraeg* for children in Wales.

### *2.3.2 Supporting the Communication of Children Learning English as an*

#### *Additional Language in the EYFS*

Young children with EAL understand more English than they can speak (Griffin, 2008), and they require a bridge between even the most basic knowledge and understanding in their home language and developing vocabulary and concepts in English (Baker, 2001). Burgoyne et al. (2009) found that developing the vocabulary of English language learners is also an important component for ensuring comprehension when learning to read. Although reading is a skill introduced later in the EYFS for most children, a study by Burgoyne et al. (2014) into developing reading skills in children with DS highlights the importance of the comprehension of a reading vocabulary from an early age. It is important to consider the relationship between learning to speak and learning to read, and this means it may be appropriate for children with DS and EAL to have a multi-modal approach to learning vocabulary, for example through scaffolded play activities and more formal early reading activities.

The National Strategies document *Supporting children learning English as an additional language* (DCSF, 2007) upholds the importance of play in helping children to make these connections. Brock and Rankin (2008) highlight the role that adults play in scaffolding language during play activities, which enables children to see how to communicate as well as becoming familiar with key words and phrases and engaging in shared meaning. Whitehead (2010) explains that as children learning EAL become more confident and playful, they will experiment in moving from their first language to English by adding new

words into the grammatical pattern of their secure language. This is most successful when it is linked to activities that are meaningful to a child. Practical and sensory play experiences using culturally appropriate resources, such as bilingual stories, songs, and rhymes, role-play, dolls and puppets, are recommended in EYFS settings in order to enable children with EAL to consolidate their comprehension whilst learning new vocabulary (Smidt, 2008; Rodgers and Wilmot, 2011).

Positive social experiences where children are encouraged to join in, such as parachute games, cooking activities or going to the local park, can also help to develop the communication and language skills of children with EAL, as well as broadening their learning (Knowles, 2011). Having a good understanding of how to support the communication of children with EAL is therefore of paramount importance even during social and leisure time, and this may be challenging to newly qualified teachers (NQTs) with elementary training and little experience. Grigg (2010, p.285) recommends that trainee teachers who want to develop their practice could make the following reflections, and these may offer a useful overview for all practitioners:

- How do I value children's own cultural and linguistic experiences outside school?
- How do I support pupils for whom English is an additional language?
- When was the last time I gave positive messages about ethnic minority groups?
- Does my choice of resources reflect multicultural Britain?

There is a wealth of resources to help support the communication of children with EAL in the EYFS. Some educational booksellers (Letterbox Library, for example) specialise in multicultural and inclusive books suitable for early years' settings, and these have positive depictions of all children, as well as global traditional and modern stories. Access to images of familiar people, places and objects help to support a child's sense of identity and a better understanding of themselves and others (Harper and Trostle Brand, 2012), and this includes the languages they speak and understand. Illustrations in children's picture books often tell another story alongside the one that is read, and Whitehead (2007) believes that young children who have had access to television, film and digital technology are particularly sophisticated at 'reading' pictures, symbols and icons, whatever their home language. This suggests that book illustrations, artwork, photographs and other visual images may all be positive ways to promote the deciphering process that children with EAL need to go through to engage with their new language.

Whitehead (2007) also recognises that while there are great improvements in the number of quality books that have central characters that children from different cultures can relate to, the same is not true in the representation of characters with disabilities or with low socioeconomic status. This suggests that the more a child is perceived as having disadvantages, the less likely they are to see themselves depicted as positive characters within children's literature. Siraj-Blatchford and Clarke (2000) express concern that early years' educators find it difficult to know how to respond if children make comments that seem racist as they become aware of differences between themselves and others. They suggest that practitioners may worry that providing multi-cultural literature and resources will enhance the likelihood of this occurring in settings where the majority of children are white English speakers. This has implications for the training of EYFS practitioners who need to be able to provide, use and respond to children sharing multi-cultural resources in order to help develop a child's confidence and ability as a communicator.

Brinson (2012, p.30) expresses the importance of young children hearing stories to expose them to their own and different cultures and languages, referring to 'mirror' books as those which extend the culture of the child being read to, and 'window' books as those that introduce a different culture. A range of multi-cultural literature that includes repetitious phrases and rhyming words can be particularly engaging for children learning EAL and help to support their language development. As they become familiar with stories and songs, it is common for children to internalise chunks of language and they may not initially hear individual words (DfES, 2007); this is similar to the stage in home language acquisition where a young child understands the phrase "all gone" as if it were one word. As children develop in familiarity and confidence with their new language, the words and their meaning become clearer. Practitioners can support this process by adding actions to songs and rhymes, and visual props and practical activities to stories, or encouraging children to do so in order to develop their own representations and internalise concepts (Bruce, 2011).

This type of approach is formalised in the intervention 'talking partners@primary' (formerly 'Talking Partners'), designed to help children learning EAL from the age of four to practise using new vocabulary in a structured and meaningful way. Brown et al. (2008) found that children with EAL do not gain meaning from new vocabulary incidentally when listening to stories in English, so reinforcing meaning through structured play activities is essential for comprehension. Practitioners in the EYFS therefore need to extend shared stories by transferring the vocabulary into other curriculum areas.

Some children with EAL will go through a silent period which can mask the true level of their language ability (Hall, 2001 cited in Fumoto et al., 2007), but this does not mean that they are being passive or are unable to communicate. Practitioners are recommended to respond positively and encouragingly to children's non-verbal communication (DCSF, 2007), as well as using facial expressions and gestures such as pointing for clarification (Griffin, 2008). Modelling, scaffolding, repeating, adapting and rephrasing language are all strategies endorsed for bilingual pre-schoolers (Kersten et al., 2008) and need to be adopted by early years' practitioners.

### *2.3.3 Home Language Support for Children with English as an Additional Language*

Practitioners need to create an EYFS environment in which children with EAL can see their home language and culture reflected throughout the setting. If a child's home language is not seen to be valued within the school community, it is difficult for them to develop positive self-esteem (Rutter, 2003). In order for this not to appear tokenistic, Whitehead (2007) believes it should extend to the EYFS' specific areas of learning, such as numeracy and literacy, as this gives the language a high status. Learning to count, sing songs and say greetings correctly in different languages would be an appropriate starting point, help to provide a respectful context for language support, and should be manageable for all practitioners.

Within this environment it is essential that a child has opportunities to use their home language and that the pace of learning English is manageable. Preventing children from using their first language can lead to 'gaps' in understanding and schematic behaviours (Smidt, 2008) and affect their confidence. Children with EAL benefit from experiencing taught activities in both languages, as this enables them to generalise and reinforce concepts (Knowles, 2011). It also has social and emotional advantages, as maintaining and promoting a child's home language helps build self-esteem and can minimise behaviour difficulties caused by frustration (Fahim and Nedwick, 2013). The DCSF (2007, p.6) suggest that for a child with EAL, having opportunities to use their home language at school can be like "turning on a light in a dark room".

EYFS settings in culturally diverse areas are more likely to have access to EMA teams than those in predominantly English speaking settings. However, asylum seekers are often settled in white English first language speaking areas where schools have little experience of teaching children with EAL (Rutter, 2003) and these would need to make their own provision. Moore (2011) suggests that in order to ensure that home language support is

available for children learning EAL school leadership must apportion enough money from the school budget to provide what is needed. Forward planning to finance this additional support would be crucial in areas where there is an increase in numbers in the black and minority ethnic community.

Local Education Authorities (LEAs) and individual schools organise their EAL support in a variety of ways. Children may be given support within the classroom or withdrawn for individual or small group lessons each week. Teaching assistants (TAs) in their school or setting, who may happen to be bilingual or bilingual TAs who specialise in working with bilingual children, most commonly support children learning EAL. Parents, volunteers, interpreters, teachers, EMA teachers and learning mentors also commonly support children (Haslam et al., 2005). However, although being supported by bilingual practitioners helps children keep in touch with their world and can help ease the trauma of starting in an EYFS setting (Smidt, 2008), sharing a language with a child does not by itself qualify someone to be the most appropriate person to support them (DCSF, 2007). Support for children learning EAL can also be contributed to by practitioners who understand how children learn a first language and utilise the same or similar strategies (Griffin, 2008). Rutter (2003) believes that one of the advantages of EMA specialists working collaboratively with classroom practitioners is that they can pass on their skills in English language support to classroom teachers.

A small-scale study was undertaken by Wardman (2013) to examine differences between the types of language support offered to children with EAL during withdrawal sessions by specialist teachers and by TAs; none of the participants used a child's home language during the support sessions. The study found that specialist teachers were better at personalising learning, encouraging higher order thinking skills and using a greater mix of questions to scaffold understanding than the TAs. These findings raise two points: the first confirms Griffin's theory (2008) that support for children with EAL can be successful if carried out by trained practitioners who do not speak the child's home language; and the second relates to the role of the TAs in supporting children. A study by Blatchford et al. (2009) found that the presence of support staff had a positive effect in increasing the individual attention of children; however, in a later study of over 8000 pupils, Blatchford et al. (2010) found that children with the greatest amount of support from support staff (not teachers) made the least academic progress. Children with DS and EAL are likely to have a high level of support staff input due to the complexity of their language and learning needs,

and consideration needs to be given to who provides this with respect to their training and EAL expertise, as well as the languages spoken.

Families of children learning EAL need to be able to communicate with practitioners so that they can inform them of their child's care, learning needs and achievements, and to find out about the aims and values of the setting (DCSF, 2007). If bilingual practitioners are not available then interpreter and translation services will need to be used and funded by individual settings (Moore, 2011). Being able to provide this service show that the setting has a positive and welcoming ethos, which is crucial for forging successful relationships with families (DCSF, 2007).

A nursery class may be the first time a child has had contact with the English language, so it is essential that there is good communication between parents and practitioners and that language strategies can be put into place (Rutter, 2003). Parents can inform practitioners of their child's interests and this may help engage them in communication within the setting (Griffin, 2008). It is also important that practitioners know what languages the family speaks and to have an awareness of the characteristics of their alphabet and script. Smidt (2008) suggests that this will enable practitioners to recognise attempts at these within a child's spoken language and emergent writing. It may also be useful to know if a child has any additional home language support within the community in complementary schools or religious settings. This information will support a baseline assessment, and further narratives from home and observations from the EYFS setting will help build up a picture of a child's communication development (Palaiologou, 2016). The team of EYFS practitioners working with the family can then move forward to support a child's communication.

Kersten et al. (2008) in their evidence based *Guidelines for Language Use in Bilingual Preschools* have created 'Golden Rules' for parents in order to ensure a successful experience in second language immersion for young children. These include being a good model for the child in their home language, speaking and reading to them in their home language at home, and having a positive attitude to the child learning a second language in their preschool. This approach underpins the importance of having a positive family influence in supporting the learning of a new language. This document is analysed further in the discussion section of chapter 4 in relation to the teaching strategies' findings from this study.

## 2.4 Supporting Communication in the EYFS

The EYFS (DfES, 2007) was designed to be an appropriate and inclusive single framework for care, learning and development, supporting all children from birth to five years old. At the time of data collection for this study it contained the standards for practitioners working with this age group. The EYFS framework reflects changes in social policy following the publication of the Green Paper *Every Child Matters* (DCSF, 2003), which responded to the Victoria Climbié Inquiry (Laming, 2003). ‘Joined-up working’ between professionals was recommended in the report and was aimed at encouraging better communication between those working with children and families in education, police, youth, health and social services. The collaboration of services for children, young people and families at this point brought the education and welfare of young children together ‘under one roof’ within Sure Start and Children’s Centres, with the aim to move towards providing early intervention through multi-agency working with pre-school children and their families. Williams (2004) suggests that one of the strengths of *Every Child Matters* was in educational achievement and that it was a progressive move to bring early-intervention agencies together in this way. The role that multi-agency working between education, health and social services plays in supporting the communication of children with DS and EAL is explored in this study.

### 2.4.1 Inclusion in the EYFS

The EYFS aims to help all young children achieve the five *Every Child Matters* outcomes of staying safe, being healthy, enjoying and achieving, making a positive contribution, and achieving economic well-being, by:

Providing for equality of opportunity and anti-discriminatory practice and ensuring that every child is included and not disadvantaged because of ethnicity, culture or religion, home language, family background, learning difficulties or disabilities, gender or ability. (EYFS Statutory Framework, DfES, 2007, p.7)

The right of all children to this practice is highlighted in the Equality Act 2010 and Schools document (DfE, 2014, p.9):

It is unlawful for a school to discriminate against a pupil or prospective pupil by treating them less favourably because of their:

- sex
- race
- disability
- religion or belief
- sexual orientation

- gender reassignment
- pregnancy or maternity

Children with SEN and children with EAL are included within these protected characteristics, which were already recognised as features of young children whose development was considered most at risk. In the 2005 DfES publication *Key Elements of Effective Practice*

(KEEP), aimed at government funded early education settings, this ‘at risk’ group is identified as:

Children who are disabled and those with special educational needs; those from socially excluded families, such as the homeless or those who live with a parent who is disabled or has a mental illness; children from traveller communities, refugees or asylum seekers and those from diverse linguistic backgrounds. (DfES, 2005, card 1.2 Inclusive Practice)

This study focuses on children with DS and EAL who have two of the protected characteristics. The Audit Commission (2002) whose review of provision for children with SEN preceded *Every Child Matters* and the EYFS also recognised the vulnerability of these children. Factors including ethnicity were cited in the review as an issue both in the quality of the education provided and as a barrier to learning.

*Every Child Matters: Change for Children in Schools* (DfES, 2004) identified a link between pupils’ performance and their overall well-being. This suggests that children in the ‘at risk’ groups are less likely to get their educational and emotional needs met, which compounds their level of disadvantage. The *Every Child Matters* document recognised that the educator’s role should include being the child’s facilitator, advocate and supporter, as well as their teacher in order to meet the diversity of their needs. Cheminais (2006) concurs that this multi-role approach could be effective in implementing personalised learning, inclusion and equality. This study includes exploring the roles that practitioners play in supporting the communication of children with DS and EAL, and examines equity in provision for this group of children.

#### 2.4.2 Training for the EYFS

The policies that feed into the EYFS make it clear that practitioners are required to teach children from different cultures and language backgrounds who may also have additional learning needs. Children with DS and EAL fit into this category of learners and their education should be able to take place alongside their peers within the EYFS. Rodgers and Wilmot (2011) consider that practitioners taking a holistic approach to early years’ education through the provision of an inclusive EYFS environment would allow the four

themes of the EYFS framework, “A Unique Child”, “Positive Relationships”, “Enabling Environments” and “Learning and Development”, to be developed for all children. This suggests that as well as practitioners needing to become familiar with the new EYFS curriculum, they were also required to adopt pedagogies that could meet the needs of an increasingly diverse population.

In the introduction to *Removing Barriers to Achievement: The Government’s Strategy for SEN* (DfES, 2004), which built on the proposals for reform of children’s services in *Every Child Matters*, it states:

All children have the right to a good education and the opportunity to fulfil their potential. All teachers should expect to teach children with special educational needs and all schools should play their part in educating children from their local community, whatever their background or ability.

This document was published seven years before data collection commenced for this study and there was clearly an expectation that children with SEN from a diverse range of backgrounds would be accessing both mainstream and specialist schools at that time. The introduction of the EYFS may have been influential in moving forward concepts of inclusive education in the early years but, in practice, training was needed to carry this out. Two years after the EYFS became statutory, the House of Commons’ Children, Schools and Families committee report *Training of Teachers* (2009) included recommendations from Training, Advancement and Co-operation in Teaching Young Children (TACTYC) that early years’ teacher training should incorporate working with birth to three year olds, play-based pedagogies, and planning for individual needs to enable practitioners to effectively implement an inclusive EYFS for all children from birth to five. These were among the same recommendations made three years later in the *Nutbrown Review* (DfE, 2012), which reviewed early education and childcare qualifications. This suggests that the knowledge and skills necessary to include the youngest children with diverse educational needs were still not being fully addressed in initial teacher training (ITT) seven years after *Removing Barriers to Achievement* was published. TACTYC (section 4.1.1) also recommended continuous professional development (CPD) for teachers that addressed areas highlighted by *Every Child Matters* and the *Special Educational Needs: Code of Practice* (DfES, 2001), including developing partnerships with parents, knowledge of SEN, and working with multidisciplinary professionals, in addition to knowledge and understanding of all aspects of the EYFS areas of learning. These recommendations highlighted that training for teachers working in the EYFS needed to be on-going in order to ensure that a broader remit of education and safeguarding for all children and families

could be addressed in early years' settings. The ITT and CPD training experiences of participants are discussed in Chapter 6.

#### *2.4.3 Communication, Language and Literacy Development in the EYFS*

Communication is considered to be at the heart of human relationships (Bunning, 2009), helping us to form our identities and engage socially with those around us. Those with complex learning difficulties are particularly dependent on the sensitive responses of adults to help them become communicators (Goldbart and Ware, 2015), consequently the role of practitioners supporting communication skills in an inclusive EYFS is an important one. Children with DS and EAL require high levels of support with their communication, although this is likely to be challenging for practitioners who may lack confidence in their ability to meet these needs (de Boer, Pijl and Minnaert, 2011) and require additional training.

An inclusive EYFS environment could provide an appropriate context in which to develop the communication skills of children with DS and EAL. Early years' settings provide opportunities for copying peers' language and interactive play behaviours, which help support the communication and social interaction of children with DS (Valdivia Lucisano et al., 2013) and of young bilinguals (Whitehead, 2007). However, access to a stimulating language environment is not on its own enough to develop communication. Children with SEN require skilled practitioners to help them to have interactive experiences with their environment and the people within it (Davis, 2001; Ware, 2003). There is a recognised shortfall of home language expertise and speakers of languages other than English in services for children with SEN (EADSNE, 2009), and this may make it more difficult to fully engage with children with SEN and EAL and to help them to interact with their environment. This is particularly relevant to SaLTs regarding the support they give to children with DS and EAL.

"Communication, language and literacy" (CLL) is one of the six areas covered by the early learning goals and educational programmes within the statutory framework of the EYFS. Although it is an area of learning in its own right, it also transfers through all learning areas and should be seen as a major focus for EYFS work with children from birth (Tassoni, 2012).

The Practice Guidance for the EYFS (DfES, 2007) divides CLL into six disciplines:

- Language for communication
- Language for thinking

- Linking sounds and letters
- Reading
- Writing
- Handwriting

Within each discipline the guidance provides examples of effective practice, planning and resourcing linked to stages of child development from birth to 5 years. However, the guidance given for supporting the communication of children with EAL is much more explicit and detailed than for children with SEN. For example, in “Language for communication” in the “effective practice” for children aged 22-36 months (DfES, 2007, p.43) the following guidance is given:

For children learning English as an additional language, value non-verbal communications and those offered in home languages. Respond by adding to words, gestures, objects and other visual cues to support two-way understanding.

For children aged 30-50 months, the practice guidance is much vaguer, and the inclusion of sign suggests that practitioners are working with children with SLCN:

Support children in using a variety of communication strategies, including sign where appropriate.

Although this is just one example, it is representative of the manner in which guidance is given throughout the discipline, and it is unclear why it should provide detailed guidance for working with children with EAL and little for those with SEN; in addition, there are no references about how to support the CLL of children with SEN and EAL.

Other practice guidance was available within National Strategies’ documentation that linked to the EYFS, including EYFS practitioner guidance for working with children with EAL (DCSF, 2007) and with children with SLCN (DCSF, 2008). Both documents, although generalised for all children, contain some information appropriate to supporting the communication of a child with DS and EAL. Although the areas of EAL and SEN are presented separately, there is an acknowledgement that children with EAL are as likely to have additional communication needs as their monolingual peers:

Children learning English as an additional language should not be confused with those having special educational needs, and most of them learn English without the need for any specialist help. However, bilingual children are no less likely than monolingual children to have speech, language and communication needs, in their first and any subsequent languages. Check with parents and carers that they are happy with the child’s development of

the first language. If not, a referral to SLT should be considered, but it will be important to make use of the interpreter services available in your LA. (DCSF, 2008, p.33)

There is a need for further research in the area of educating bilingual learners with an intellectual disability (Ware et al., 2015) but there is no definitive work that addresses the subject. Frederickson and Cline (2015) reiterate the importance that learning EAL is not a special educational need; however, the language difficulties and diversities among children with SEN learning EAL are noted in their text *Special Educational Needs, Inclusion and Diversity*. The importance of examining bilingual language proficiency, evaluating the language proficiency of children with EAL, and explaining language difficulties among children learning EAL are included in this text. It is rare that the communication of children with SEN and EAL is explored together within evidence-based literature that is accessible to practitioners, even though children with SEN and EAL attend mainstream schools across the country. It is a missing element of the EYFS and its inclusion would provide a more honest and representative view of young children's communication and how practitioners could develop it.

One exception was found in training materials for NQTs working with learners with EAL and SEN created by The National Association of Language Development in the Curriculum (NALDIC) and published by the DfES in 2006 as a part of a self-study toolkit for CPD. This focuses on stages of language acquisition and the assessment of children learning EAL. This document, although useful generally, is not as relevant for those working with children with DS and EAL, due to the typically early assessment and diagnosis of DS.

This brief overview of the practitioner guidance documents available illustrates that information for supporting the communication of children with EAL and with SEN was available within and alongside the EYFS statutory and non-statutory guidance, but rarely SEN and EAL together. Practitioners would need to make links about the similarities and differences in teaching strategies for EAL support and SLCN support and then need to differentiate the strategies to ensure their suitability for individual children with DS and EAL.

#### *2.4.4 Impact of the EYFS on Early Years' Practitioner Guidance*

Communication development was high on the Labour government's agenda with the National Strategies *Every Child a Talker* (ECAT) guidelines linking directly with the EYFS (DCSF, 2008) and the creation of early language lead practitioners within ECAT

settings. The ECAT strategy aimed to raise awareness of the importance of communication, to monitor young children's language development, and provide early intervention where needed. SaLTs, who had traditionally worked in isolation from early years' settings, became more integrated and able to provide advice and training for practitioners, and this may have contributed to a decrease in language delay in children monitored between 2009 and 2010 (DfE, 2011).

The charity "The Communication Trust" was also set up in 2008 to support practitioners working with children and young people with SLCN by creating resources for use across education, health and youth justice. This illustrates that supporting communication was seen at that time as being necessary across services, not just within the education sector.

Independent communication training was available for early years' practitioners working with children with SLCN (for example, through ELKLAN where SaLTs trained early years' practitioners), as well as enhanced support in settings from SaLTs. Communication was recognised as a critical factor affecting all of children's outcomes, and following the introduction of the EYFS a wide range of "principles into practice" type documents aimed at early years' practitioners were published. These addressed the new EYFS areas of learning, including CLL, and added to the wealth of literature that already placed communication and language development at the heart of early years' education.

The increase in cultural and linguistic diversity within British schools was reflected in the content of early years' publications around the time the EYFS was implemented. These 'teacher guidance' publications aim to develop practical skills for teachers and are often, but not always, underpinned by accessibly presented theory and research. Although authors writing for practitioners had commonly included chapters on supporting bilingual or multilingual children's language and literacy learning before the EYFS, it developed further as a result. Examples of this can be seen in Riley (2007, pp.202-220), Whitehead (2007, pp.15-29, 2010, pp.36-41), Browne (2009, pp.159-181), and Neaum (2012, pp.80-89). Children with EAL had long been recognised as needing a differentiated approach to language learning and their teachers seen as needing additional information about supporting this group of children, but this was now included in literature for those working with children from birth to five.

There is less emphasis in this literature on developing the CLL of children with SEN, and the focus most often rests on specific speech, language and communication needs. In texts that include Key Stage 1 and beyond, literacy difficulties are commonly targeted,

particularly dyslexia. This may be because the communication needs of children with SEN are more diverse and individualised by necessity than those of children with EAL. However, Brock and Rankin (2008) and Bruce and Spratt (2011) take different approaches, addressing both EAL and SEN within “diversity and identity” in the first case and by taking a whole-child approach in the second. The concept of “The Unique Child” as an EYFS theme lends itself to this approach, and may encourage practitioners to focus on the communication needs of an individual child rather than on a diagnosis. Unfortunately, there appears to be an imbalance between the amount of practitioner guidance available for SEN and EAL, despite children with SEN being included in EYFS settings.

#### *2.4.5 Influence of the Literature and Aims of the Study in Shaping the Research Questions*

The first two sections of the literature review focus on the communication support of children with DS and children with EAL in the early years. The literature provides evidence that these two groups of learners face very different challenges when developing their communication skills; however, having supported access to an EYFS setting is a recommendation for both. Both groups of learners are shown in the literature to benefit from support by practitioners with knowledge of their specific communication needs, and parental / family involvement is a recognised factor for support. Children with DS need support for their communication that takes into consideration their cognitive and physical disabilities and multi-sensory impairment, and children with EAL require that their home language, cultural, social and emotional needs are prioritised. This suggests that many elements need to be considered when planning teaching strategies to develop communication for a child with both DS and EAL.

The third section of literature provides the EYFS context, giving evidence of a curriculum with the potential to be inclusive, where communication, language and literacy is a core area that transfers through all the learning areas. Children with SEN and children with EAL are recognised as groups of learners in the EYFS, but not children who need communication support for both reasons. The literature acknowledges that access to a stimulating language and learning environment is not enough on its own to develop the communication skills of either children with DS or EAL and points to more specific interventions that provide support.

The aims of the study (see chapter 1) necessitate that the types of strategies that practitioners use to support the communication of children with DS and EAL is explored in detail. The literature suggests that the strategies will be EYFS curriculum based and wide-ranging, in order to meet the identified breadth of needs of the children. Revisiting the aims in the light of

the literature makes it clear that, if the strategies are likely to be varied and come from both disciplines of DS and EAL, then the influences behind the strategies are also likely to be diverse, and may differ between locations. The research questions, therefore, reflect the need to explore the strategies practitioners use, what influenced them to do so and if the same strategies are used across locations.

The literature around the development of the EYFS identified some key areas that influence early years' practice including teacher training, multi-agency working, and educational policy and these provide a focus for the research sub-questions.

### *Research Questions*

1. How do practitioners support the communication of children with Down's syndrome and English as an additional language in the Early Years Foundation Stage?
  - What strategies do they use?
2. Why do practitioners use the strategies they report; what influences them?

Are the strategies influenced by:

  - practitioners' experience?
  - training?
  - agencies and services they work with?
  - policy?
3. Are the same strategies used to provide communication support for children with Down's syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?

The first two research questions were used to develop a structure for the interview questions for the study participants (see Appendix 2) and provide a basis for the main themes of the study, which are presented and analysed in Chapters 4-8. The third research question will be answered through analysis of data from the other questions. The next chapter discusses the study design and the research methods.

## **Chapter 3 - Methodology**

### **3.1 Choosing a Research Strategy**

The overarching aim of this study is to determine how practitioners support the communication of young children with DS and EAL and to understand what is influencing them, in light of the lack of specific literature to guide them. The decision of which research strategy to use for this study was influenced by the pragmatic advice of Denscombe (2010) of identifying a strategy that is fit for purpose, leading to the aims of the research being met. Denscombe suggests that three key questions are considered, and provides checklists of factors to be considered for the choice of research strategy, asking for each strategy

“Is it suitable

Is it feasible?

Is it ethical?” (Denscombe, 2010, p.4)

The initial idea for the study had been formulated while I was teaching, with a view to improving my practice through gaining a better understanding of the subject area. This is a distinguishing feature of action research (Robson, 2011) which is a popular method used by teachers undertaking research in their place of work (Cohen et al., 2011). This approach would have been suitable as a way of developing awareness across the school about EAL teaching strategies that were appropriate to support the growing cohort with SEN and EAL in the school where I worked before becoming a fulltime PhD student. Armstrong and Moore (2004) suggest that action research can help to further inclusive practice within a school by taking a collaborative approach to making and evaluating change. It can also provide in-house training for support staff who may not have the same opportunities for training as teachers (Sorsby, 2004), and were the main workforce in the school in where I worked. This approach would have been appropriate to the ethos of the study and positively answered Denscombe’s three key questions.

However, the literature suggests that this approach is less suitable to be undertaken by an ‘outsider’, with little opportunity to ensure that the research findings feed directly into practice or to ensure that they would become part of a continuous cycle of development. (Cohen et al., 2011; Newby, 2010). A collaborative approach is less feasible when the researcher is not a member of the institution where the research is carried out, and this makes

it difficult to achieve the shared continuous learning process by which Koshy (2009) defines the action research approach. Providing guidelines for the school as an ‘outsider’ may also threaten the autonomy of the remaining teachers’ judgement, which Stenhouse (1984) cited in Hopkins (2014) suggests is necessary for good practice.

On the other hand, my change in role allowed me to step outside the boundaries of facilitating change in just one school and this change of perspective opened up other possibilities. Rather than considering practice in one school, it became possible to study it within a cluster of schools within the same or different local education authorities (LEAs). An advantage of extending the study beyond one school is that it is easier to identify generalisations in practice, rather than analysing what Armstrong and Moore (2004) refer to as idiosyncratic characteristics that develop in a workplace due to individual variables. As the intention of the study was to start a process of inquiry leading to guidelines for teachers working with children with DS and EAL in the EYFS, taking a broader overview was a positive consideration. Therefore, a more appropriate approach than action research needed to be found which would be able to represent the views and strategies used by participants working with these children in a wider range of contexts. Yin (2011 p. 8) suggests that “capturing their [the participants’] perspectives may be the major purpose of a qualitative study” and a case study approach which could “capture” these views and enable analysis of participants’ practice in relation to evidence based literature was considered as an alternative approach to action research.

### **3.2 The Case Study Approach**

The purpose of a case study is to understand why what happened actually happened.

Newby (2010, p.618)

The case study approach lends itself to exploring issues like these within educational settings (Cohen et. al., 2011), presenting ‘real-life’ results and offering insight into the processes which lead to the outcomes (Denscombe, 2010). Hyett et al. (2014), in a critical review of qualitative case study reports, offer positive and negative views on the case study as an approach used by qualitative researchers, and suggest that in order for this approach to be credible, it needs to include enough detail for the reader to fully understand the study design. The following section aims to explain why a case study approach was chosen for this study.

A case study approach in an educational context enables a qualitative analysis of the data to provide a series of ‘snapshots’ of practice, which when brought together reveal patterns and

themes which can then be analysed. Findings are not intended to be generalised as the information is relevant to a study's particular context, and this lack of rigor has been criticised (Yin, 1984). Flyvbjerg (2006) argues that it is a misunderstanding that generalisations cannot be made from single case studies, as it depends on the case and how it is chosen. In response, Duddon (2006) suggests that if a case study exists only to increase the understanding of one researcher in one particular area, then sharing findings through publication would not be so common. The popularity of the approach in education research may be because the combined findings and analyses, which are characteristic of a case study format (Hitchcock and Hughes, 1995), makes the research more accessible to teachers. Using a case study approach can highlight commonalities between participants' experiences and the experiences of those reading about a study or engaged in similar research, although Cohen and Manion (1981) warn about subjective bias when trying to make these links. This process of sharing experiences, particularly in a little researched area such as the communication of young children with DS and EAL, may begin a process of discussion rather than generalisation, although Stake (1995) suggests that the case study should be seen less about its possibilities for generalisation and more for the benefits of its uniqueness. Yin (1984, p.21) concludes that although they are not generalisable to populations, they are to theory, and the researcher's goal is to 'expand and generalise theories'.

The place of the case study in education, social sciences and health research has been discussed a great deal over four decades. Thomas (2011) believes this is because it is difficult to define, citing Simons' (2009) suggestion that it would be better defined as a design frame, with different methods used to study the case, rather than as a method. With Simon's definition in mind, this qualitative enquiry has an intentionally straightforward design: to study two cases using interviews as the method to collect data. An exploratory case study was considered an appropriate design for this study and, as there is little literature about this small cohort of children's communication, the depth of a qualitative approach was considered necessary to achieve a holistic view of the data. The method used is a dual-case design, enabling comparisons to be made between two educational and language contexts in different boroughs of a city. As the case study design was planned to be comparative, it was desirable that the cases were very different from one another. Denscombe (2010) suggests that cases which are chosen to represent extreme rather than typical instances can be useful in highlighting differences. Creating cases that have two distinctions (provision type and home language) were hypothesised to be effective in enabling variations in practice to be recognised. Silman and Monk (2011) used similar extreme instances (SEN and home language) effectively in the two cases in their longitudinal study of active learning in

mainstream primary schools. This study utilises this approach to help identify if communication support provision for children with DS and EAL is equitable.

- Case Study 1: Practitioners work in specialist provision where the children's home language is predominantly English
- Case Study 2: Practitioners work in mainstream provision where the majority of the children are learning EAL.

The case studies also had certain features in common; both were EYFS based and had support from similar services and agencies.

Although there are limitations due to the small size of the participant group (n=38), the case study approach allows for some rich descriptions of early years' practitioners' experiences to be analysed, looking at common themes and examining them against the literature available.

### **3.3 Documentary Analysis**

Documentary analysis and interviews were used together in the study and are recognised as being complementary methods for strengthening qualitative analysis (Bowen, 2009).

In addition to using a case study approach to reveal patterns and themes for analysis, statutory documents relating to the early years' curriculum and special educational needs policy that were current when the data was collected were also analysed. This aimed to ensure that the data was analysed in the most accurate context of the education system in England at that time. Although the reliability of documentary evidence can raise problems in educational research by providing more of a top-down than a classroom based view (Cohen et al., 2011), these documents were chosen as they reflect accurately the documents that SENCOs and other early years practitioners were working with from day to day. Bowen (2009) suggests that one function of analysing documents in research is to provide the context in which the participants' responses are embedded. Having this clear context provides continuity for this study where, it was anticipated, that participants would have a wide range of experiences of working with children with DS and EAL.

The main function of using the statutory documents was to analyse if they had influenced the teaching strategies reported by participants. As referenced in Chapter 2, the EYFS curriculum (DfES, 2007) was designed as a framework for care, learning and development for children age 5 and under and championed a pedagogy that could meet the learning and pastoral needs of an increasingly diverse population. The Statutory Framework for the Early Years

Foundation Stage document (DfES, 2007) is used in the discussion section of Chapter 4 to analyse if the four themes of the EYFS (A Unique Child, Learning and Development, Enabling Environments and Positive Relationships) had influenced the contextual strategies defined in the study. Owen (2014) confirms that document reading can be beneficial as part of the process of designing an interview based study and previous knowledge of this document and the literature and policy behind it (in Chapter 2) was also important in the influencing the shape of the study. It was instrumental in identifying the key areas of practice guidance, training, multi-agency working and policy that were used to structure the interview questions.

In the discussion section on the influence of policy on teaching strategies in Chapter 8, the SEN Code of Practice (DfES, 2001) and Special Educational Needs Toolkit (DfES, 2001) are reviewed to examine if there are links between their guidelines and the teaching strategies reported in this study. At the time of data collection, it had been policy for 10 years, suggesting that it would have been a familiar document and embedded in participants' practice. However, concurrently with the study came the publication of the Green Paper *Support and Aspiration: a new approach to SEN and disability* (DfE, 2011), which although not yet in practice, highlights that one of the limitations of document analysis is that the documents used can quickly become historical (Cohen et al, 2011).

### **3.4 Location of the Study: Neighbourhood Statistics**

The study was located in the borough in which I had worked, and in a neighbouring borough. This was in order for it to be as relevant as possible to its background influences. The case studies, therefore, were conducted in two adjacent boroughs of a city in the north of England; however, there were variations in the way that the neighbourhood statistics were reported in the 2011 census, which makes statistical comparison difficult. The brief summaries below aim to show that both boroughs were experiencing growth in the number of residents who reported their ethnic group as being other than 'White: British'. Over 60 languages were spoken in each borough, so it was anticipated that there was also an increase in the number of people with EAL.

#### *Case Study 1 (CS1)*

The first case study was conducted in a borough with a population of approximately 285,000 (Office for National Statistics, 2013). Neighbourhood statistics from the 2011 census show that 96% of households had English as their main language, and the two most commonly spoken languages other than English were Urdu and Polish. In 2001, 96% of residents

described themselves as being ‘White: British’ which decreased to 93% in 2009 (Office for National Statistics, 2011), showing a small change in the ethnicity of the resident groups.

#### *Case Study 2 (CS2)*

The second case study was conducted in the largest borough in the city with a population, according to the 2011 census (Office for National Statistics, 2013) of approximately 500,000. Neighbourhood statistics from the 2011 census show that 83% of households had English as their main language, with the next most common languages being Urdu and Punjabi. There were much greater changes apparent in the ethnicity of the borough over time, with 74% of residents describing themselves as ‘White: British’ in 2001 but this figure had decreased to 59% in 2011.

### **3.5 Participants**

Practitioners were identified who worked in a professional capacity to support the communication of children with DS and EAL in the EYFS. The main group identified were education professionals working in the EYFS in specialist and mainstream nurseries and primary schools, and in early intervention support services for children with SEN. The second smaller group were SaLTs who were supporting the communication and language of babies and children with DS and EAL through therapeutic interventions.

#### *Case Study 1*

Children with DS usually attend specialist EYFS provision in CS1, as a recommendation of the LEA, so these schools and settings were prioritised for recruitment. In addition, a range of therapy, assessment and advice services were contacted with 11/21 agreeing to participate. The schools and services invited to take part in the study and those which accepted are summarised in table 3.1.

**Table 3-1: Type of provision available in CS1**

| <b>Type of provision</b>                          | <b>Total<br/>number<br/>contacted</b> | <b>Total<br/>number<br/>accepted</b> |
|---|---------------------------------------|--------------------------------------|
| Resourced Primary School                          | 5                                     | 1                                    |
| Resourced Nursery School                          | 4                                     | 4                                    |
| Speech and Language Therapy Service               | 3                                     | 2                                    |
| Primary School with Unit                          | 2                                     | 0                                    |
| Pre-school SEN Service                            | 1                                     | 1                                    |
| SEN Outreach Service                              | 1                                     | 1                                    |
| Special Primary School                            | 1                                     | 1                                    |
| Ethnic Minority Achievement (EMA) Team            | 1                                     | 1                                    |
| Educational Service for Sensory Impairment (ESSI) | 1                                     | 0                                    |
| Educational Psychology Service                    | 1                                     | 0                                    |
| Disability Assessment Service                     | 1                                     | 0                                    |
| <b>Total</b>                                      | <b>21</b>                             | <b>11</b>                            |

*Case Study 2 (CS2)*

Data was collected for CS1 before schools and services in CS2 were contacted to ensure a wide range of experienced participants were recruited overall for the study. Following an initial evaluation of the CS1 data, it was apparent that practitioners working in mainstream schools where a high number of pupils had EAL needed to be recruited, to provide a clear group for comparison for the second case study. The aim of this purposive sampling in the second phase of data collection was to ensure that the cases had the identifiable features and defined characteristics necessary for a case study approach.

In CS2 the majority of children with DS in the EYFS attended their local mainstream nursery class attached to a primary school, and this was in line with the LEA policy. Ofsted reports were examined to identify schools described as having a higher than average number of pupils with EAL and with SEN. Mainstream schools which met these criteria were contacted and invited to take part in the study. The speech and language therapy service, pre-school SEN service and SEN outreach service, which had all participated in CS1, were also included in recruiting for CS2. In CS2 11/41 schools and services agreed to take part, and are summarised in table 3.2.

**Table 3-2: Type of provision available in CS2**

| <b>Type of provision</b>            | <b>Total<br/>number<br/>contacted</b> | <b>Total<br/>number<br/>accepted</b> |
|-------------------------------------|---------------------------------------|--------------------------------------|
| Mainstream Primary School           | 32                                    | 7                                    |
| SEN Outreach Service                | 5                                     | 2                                    |
| Speech and Language Therapy Service | 3                                     | 1                                    |
| Pre-school SEN Service              | 1                                     | 1                                    |
| <b>Total</b>                        | <b>41</b>                             | <b>11</b>                            |

### 3.6 Recruitment Process

Schools and services were initially contacted by email with information about the study and this was followed by a phone call within a few days. Reasons given by the schools that declined were linked to an already high staff workload (autumn and spring term), Ofsted inspections, a school merger, winter festivals (autumn term) and prior commitments.

A much lower percentage agreed to take part in CS2 than in CS1, and this was particularly true of the mainstream primary schools, with only 7/32 accepting. This disparity may be due to the time of year when recruitment occurred, as this appears to link to peaks in teachers' workload. In CS1 schools and settings were contacted in May and the majority of interviews took place in July before the schools broke for summer holidays. In contrast, CS2 recruitment commenced in October and continued into the spring term, with all interviews completed by April. Three schools recruited in November asked to arrange interview dates for January, and this suggests an expected high work load in December, which is likely related to winter festival activities in schools.

Another consideration which is likely to have affected recruitment was that I had previously worked with some of the participants (and had connections with others) in CS1, but not in CS2. I therefore contacted individual practitioners when recruiting, rather than school administrators. Consequently, the response rate was much higher in CS1 with 11/21 agreeing to participate. After a slow start to recruiting for CS2, school websites were used to find the names of SENCOs and I asked for them by name when phoning schools. This was a more successful strategy for contacting practitioners directly than speaking to administrators who were gatekeeping access to staff. This accelerated the process, but may not have affected the overall recruitment numbers in CS2.

Phone calls were helpful in recruitment as they enabled practitioners to recommend other schools and services who might be interested in participating. This process enabled a

‘targeted’ sample of participants to be recruited; a term used by Cohen et al. (2011) to describe when respondents identify others for the researcher to contact. This is one element of a snowball sampling method, which can help extend a sample group which may be difficult to identify, such as this one (Newby, 2010). This method was helpful as it is based on the assumption that participants will know others with similar experience, and this was found to be true in this study, as it helped identify an area within the CS2 borough with a particularly high number of families with EAL, and these schools were targeted.

In total (CS1 and CS2) 22 schools and services agreed to take part, and interviews took place at the participants’ place of work. The majority of interviews were one-to one; however, in three settings there were groups of participants, and in one event two interviews in the same setting, which had not been planned in advance. Therefore, the number of interviews exceeded the number of settings: 23 interviews (CS1: n=11, CS2: n=12) in 22 settings. The number of participants also exceeded the number of settings (CS1: n=17, CS2: n=21), with a total of 38. Table 3.3 shows how many participants were interviewed from each type of provision.

**Table 3-3: Number of participants from different provisions**

| Type of provision         | Number of participants |           | Total     |
|---------------------------|------------------------|-----------|-----------|
|                           | CS1                    | CS2       |           |
| Mainstream Primary School | 0                      | 14        | 14        |
| Pre-school SEN Service    | 5                      | 2         | 7         |
| SEN Outreach Service      | 3                      | 4         | 7         |
| Resourced Nursery Class   | 4                      | 0         | 4         |
| SaLT Service              | 2                      | 1         | 3         |
| Resourced Primary School  | 1                      | 0         | 1         |
| Special Primary School    | 1                      | 0         | 1         |
| EMA Service               | 1                      | 0         | 1         |
| <b>Total</b>              | <b>17</b>              | <b>21</b> | <b>38</b> |

Individual settings chose participants who they thought would be interested in contributing; consequently a range of professions with different roles were recruited (Table 3-4: Professions and roles of participants).

**Table 3-4: Professions and roles of participants**

| Type of provision                   | Profession/Role of Participants |   |
|-------------------------------------|---------------------------------|---|
|                                     | CS1                             | CS2   |
| Mainstream Primary School           | N/A                             | SENCO (n=6)<br>Teacher (n=3)<br>Learning Support Assistant (LSA) (n=3)<br>EMA teacher (n=2) |
| Pre-school SEN Service              | Teacher (n=5)                   | Teacher (n=2)   |
| SEN Outreach Service                | Teacher (n=3)                   | Teacher (n=2)<br>SENCO (n=1)<br>LSA (n=1)   |
| Resourced Nursery Class             | SENCO (n=4)                     | N/A   |
| Speech and Language Therapy Service | SaLT (n=2)                      | SaLT (n=1)  |
| Resourced Primary School            | SENCO (n=1)                     | N/A   |
| Special Primary School              | Head teacher (n=1)              | N/A   |
| EMA Service                         | EMA teacher (n=1)               | N/A   |
| <b>Total</b>                        | <b>17</b>                       | <b>21</b>   |

Table 3-5: Numbers of participants in each professional role, shows that teachers made up the majority of participants and this profession was represented by a number of roles; head teacher, class teacher, teachers in SEN roles (SENCOs, outreach and pre-school services) and EMA teachers. In total, 31/38 participants were teachers, with four learning support assistants (LSAs) also in education, and three SaLTs with specific speech, language and communication expertise.

**Table 3-5: Numbers of participants in each professional role**

| Profession / role | CS1       | CS2       | Total     |
|-------------------|-----------|-----------|-----------|
| Teacher           | 8         | 7         | 15        |
| SENCO             | 5         | 7         | 12        |
| LSA               | 0         | 4         | 4         |
| SaLT              | 2         | 1         | 3         |
| EMA Teacher       | 1         | 2         | 3         |
| Head teacher      | 1         | 0         | 1         |
| <b>Total</b>      | <b>17</b> | <b>21</b> | <b>38</b> |

### 3.7 Ethical Considerations

Ethics Committee approval was given in line with the College of Arts and Humanities ethics guidelines from Bangor University before participants were contacted. The guidelines (now incorporated into the College of Business, Law, Education and Social Sciences) can be accessed at <https://www.bangor.ac.uk/planning/ResEthics.php.en>

Schools and settings received information by email about the study so that they could decide whether or not they wished to participate. All the participants recruited were adults and able to provide written informed consent. Consent forms were signed, counter signed and dated in duplicate before the interviews took place. A copy of the consent form is included in Appendix 1. Participants were also asked for consent for their interviews to be audio-taped, and 8/38 participants chose to have field notes taken at the time of the interview rather than be recorded; one participant asked to see the script taken from the field notes once they were completed so that accuracy could be ensured, and this process was completed to their satisfaction.

Participants were advised that they did not have to answer all the interview questions if they preferred not to, and could choose to leave the study at any time without consequence. The anonymity of participants was ensured and all written materials were considered confidential and held in a locked filing cabinet in a secure office at Bangor University. Audio-taped materials were copied onto a password protected computer and the original material deleted from the recording device. In line with the ethics procedures for all researchers collecting data in educational settings when children are present in that setting, an enhanced DBS check of the researcher was organised through Bangor University. This was in place before the interviews commenced.

There were additional minor ethical considerations linked to my recent experience as a teacher and how this might influence the research. 'The teacher as a researcher' is not a new topic, as over 20 years ago Hitchcock and Hughes (1995) argued that all teachers should carry out research to inform their own practice, and how to engage teachers with increasing workloads in action research remains a dilemma (McNiff, 2016). There are differing opinions about what a practitioner/researcher can bring to educational research. Conteh and Toyoshima (2005) note that teachers involved in educational research do not necessarily make the research more authentic simply because they have attributes in common with those they are interviewing. However, Denscombe (2010) suggests that the closer the comparison between occupational status, gender, age group and ethnicity of an interviewer and interviewee, the increased likelihood of an open and honest response. My experience as an early years and SEN teacher was a good 'match' with the majority of the participants, as was my gender (36/38 participants were female). However, participants were mixed in age and ethnicity, and there were more similarities with some participants than with others. This may have led to small differences in interviewing style and rapport.

Conteh and Toyoshima (2005) also highlight the benefits of having empathy with participants' stories because of shared identities. Although theirs was a small study which analysed the relationship between interviewee and interviewer in two cases, their awareness of issues around the change of perspective from practitioner to researcher has relevance to my approach to data collection. Cohen et al. (2011) warn that bias can occur within case studies if the researcher has any pre-conceived ideas on the subject, and that this is difficult for a teacher to avoid in any educational research enquiry. This study was undertaken with these challenges in mind, and I was aware that my hypothetical answers to the interview questions could influence both my responses to the participants, and my perspective on the data collected.

In addition, I had worked with three participants prior to this study commencing; their decision to take part in the study was given freely and they were in no way coerced. However, I was aware that interviewing them would be a different experience to the other interviews, although I could not anticipate how they would respond to the questions.

### **3.8 The Interview**

Interviews were used to find out about the participants' practice, and the interview process was planned to be flexible and to encourage spontaneity in the participants' responses (Cohen et al., 2011; Newby, 2010), which would allow detailed data to be collected for qualitative analysis. The style, structure and content of the interviews were planned, not just to gather the necessary data, but to suit the participants as far as possible. Minimising inconvenience was a priority, so interviews were scheduled to be held at participants' place of work at a time of their choice. It was anticipated that conducting interviews in a familiar environment may give participants a feeling of ease, and this would help establish a comfortable interview style (DiCicco-Bloom and Crabtree, 2006).

#### *3.8.1 Interview Structure*

Semi-structured interviews were chosen as the method of data collection, as these aim to give participants freedom to develop their personal responses (Robson, 2011) and are conducive to asking the same questions to participants from different professions who might offer a range of perspectives. Yin (2011), in his study of qualitative research, refers to these as qualitative interviews, and some of the features he highlights are particularly appropriate to this study. The flexible structure of this style of interview allowed language to be 'tweaked' where needed, to make the questions appropriate for teachers, LSAs and SaLTs working in different

demographic areas, could be adapted to allow for questions to be answered in any order, for questions to be re-phrased, and examples or prompts to be given if needed. Although Yin (2011) suggests that questions do not need to be scripted, they were in this study. This was to allow participants a chance to see the questions before the interview. However, during the interview there was a great deal of flexibility planned to allow for a more desirable conversational and relational approach. Some participants by nature were more formal or confident than others, but by using a qualitative interview approach all could be put at their ease and a ‘social relationship of sorts’ (Yin, 2011, p.134) pitched appropriately. A disadvantage of adopting this conversational style of interviewing could be in ensuring that all the questions have been answered (Cohen et al., 2011) and care was taken to make certain that participants responded to all questions.

### *3.8.2 Interview Design*

The interview was designed to focus on five areas that were identified in the review of literature as being particularly relevant to the EYFS, children with DS, and children with EAL:

1. Participants’ experience of working with children with DS and EAL
2. Teaching strategies and resources used to support children’s communication
3. Training
4. Information gathering and multi-agency working
5. Policy

Questions were piloted with three known practitioners with experience of working with children with SEN and EAL, or SEN and Welsh as an additional language (WAL). These practitioners were chosen to represent some of the targeted professions; a SEN teacher, SaLT and head teacher. Discussions led to the rewording some questions so that they sounded more like natural speech and one question required restructuring into two separate questions. Some anticipated prompt questions were suggested to encourage participants to expand their answers, and the use of probes was also investigated as a strategy to encourage elaboration, including the use of encouraging body language and utterances, echoing responses and allowing short silences for reflection. Judging when to use these would require intuition and prudence (Edwards and Holland, 2013). The majority of the questions (9/13) were designed to be open in order to encourage the participants to expand on each area, and 4/13 required a closed yes/no answer initially, but then were extended as appropriate (see Appendix 2).

Following this process, the questions were combined into an interview schedule and the interview was piloted with one practitioner to ensure there were enough questions to gain the information needed without the interview taking more than an hour. This was considered to be the maximum time that could be asked of participants during or after their working day; the pilot interview lasted 40 minutes.

Participants were sent the questions in advance of their interview to allow time for them to provide the policies requested, although this only happened on two occasions. Another consideration was that participants could take the opportunity to consult with colleagues in their school or service before the interview, which may have prompted some settings to bring groups of practitioners together for the interviews. In one case there was evidence that a participant had also searched for material about working with children with DS and EAL before the interview. It is not possible to know if there were any other benefits for participants to have seen the questions before the interview.

### **3.9 Data Analysis**

Nowell et al. (2017) describe thematic analysis as a widely used qualitative research method for identifying and organising themes within data and argue that the process of analysis needs to be rigorous in order for the results to be credible and trustworthy. The data was analysed using a system similar to Braun and Clarke's (2008) Phases of Thematic Analysis (see Table 3.6) in order to ensure that the analysis was carried out in a thorough manner. Braun and Clarke's six phases are also used by Nowell et al. (2017, p 4) as a structure on which to map descriptors of researcher activities which are a means to establishing trustworthiness of the thematic analysis process. The process by which the data was analysed will be reflected upon in relation to these two documents in order to show that it is credible. However, as thematic analysis can be used flexibly for a wide range of qualitative research methods, and the context of a PhD study with a single researcher differs from a large group study, there are variations from their descriptions of the process that will be explained.

**Table 3-6 Phases of thematic analysis (Braun and Clarke, 2008 p.87), including Nowell et al. (2017, p.4) means to establishing trustworthiness (in italics)**

| Phases of Thematic Analysis              | Description of the process (Braun and Clarke, 2008)<br><br><i>Means to establish trustworthiness (Nowell et al., 2017)</i>   |
|--|--|
| 1.Familiarizing yourself with your data: | <p>Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.</p> <ul style="list-style-type: none"> <li>• <i>Prolong engagement with data</i></li> <li>• <i>Triangulate different data collection modes</i></li> <li>• <i>Document theoretical and reflective thoughts</i></li> <li>• <i>Document thoughts about potential codes/themes</i></li> <li>• <i>Store raw data in well-organized archives</i></li> <li>• <i>Keep records of all data field notes, transcripts, and reflexive journals</i></li> </ul> |
| 2. Generating initial codes:             | <p>Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.</p> <ul style="list-style-type: none"> <li>• <i>Peer debriefing</i></li> <li>• <i>Researcher triangulation</i></li> <li>• <i>Reflexive journaling</i></li> <li>• <i>Use of a coding framework</i></li> <li>• <i>Audit trail of code generation</i></li> <li>• <i>Documentation of all team meeting and peer debriefings</i></li> </ul>  |
| 3.Searching for themes:                  | <p>Collating codes into potential themes, gathering all data relevant to each potential theme.</p> <ul style="list-style-type: none"> <li>• <i>Researcher triangulation</i></li> <li>• <i>Diagramming to make sense of theme connections</i></li> <li>• <i>Keep detailed notes about development and hierarchies of concepts and themes</i></li> </ul>   |

|                               |   |
|-------------------------------|---|
| 4.Reviewing themes:           | <p>Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis.</p> <ul style="list-style-type: none"> <li>• <i>Researcher triangulation</i></li> <li>• <i>Themes and subthemes vetted by team members</i></li> <li>• <i>Test for referential adequacy by returning to raw data</i></li> </ul>   |
| 5.Defining and naming themes: | <p>Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.</p> <ul style="list-style-type: none"> <li>• <i>Researcher triangulation</i></li> <li>• <i>Peer debriefing</i></li> <li>• <i>Team consensus on themes</i></li> <li>• <i>Documentation of team meetings regarding themes</i></li> <li>• <i>Documentation of theme naming</i></li> </ul>  |
| 6. Producing the report:      | <p>The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.</p> <ul style="list-style-type: none"> <li>• <i>Member checking</i></li> <li>• <i>Peer debriefing</i></li> <li>• <i>Describing process of coding and analysis in sufficient details</i></li> <li>• <i>Thick descriptions of context</i></li> <li>• <i>Description of the audit trail</i></li> <li>• <i>Report on reasons for theoretical, methodological, and analytical choices throughout the entire study</i></li> </ul> |

### *3.9.1 Phase 1: Familiarizing yourself with the data*

The interviews in Case Study 1 (CS1) were completed in July and those in Case Study 2 (CS2) did not commence until October, so there was time to read and re-read the CS1 data and to make notes on it. In addition, brief notes had been made immediately following each interview, and these were re-read to add to the context. The same process was carried out with the CS2 interviews in the spring of the following year. The data was uploaded into Nvivo qualitative software (QSR International) to organise the data for analysis, and initially notes were made on the program. However, this system was found to be difficult to scroll back through to look at previous notes, so a notebook was subsequently used as a research journal. Initial notes on CS1, where practitioners were working in a borough where the children's home language was predominantly English, focussed on teachers' limited experience of working with children with EAL. This reinforced the need for data from CS2 where practitioners were working in mixed language settings. It was also noted that one interview with a Speech and Language Therapist (SaLT) was considerably more detailed than the others, which led to reflection on the different roles of practitioners in supporting the communication of children with DS and EAL in the EYFS. One interview with a teacher that had initially felt like it was off-topic with questions unanswered was, once re-read, seen to give many interesting examples of the difficulties of multi-agency working. Familiarity with the data at this early point in the process, therefore helped to establish some links between the interview content, the documents and literature reviewed and help develop ideas about coding data into themes. In relation to Braun and Clarke (2008) and Nowell et al. (2017)'s criteria, this first phase of thematic analysis was quite thoroughly undertaken.

### *3.9.2 Phase 2: Generating initial codes*

Castleberry and Nolan (article in press) in their study "Thematic analysis of qualitative research data: Is it as easy as it sounds?" point out the difficulties in knowing what to code for in the early stages of analysis in order to develop the themes. In this case, the process was uncomplicated as the coding process was used initially to organise all the data into five pre-determined themes related to the interview questions, developed from the EYFS literature (DfES, 2007). Coding in this more 'theory-driven' way is commonly used if the data is approached with specific questions in mind (Braun and Clarke, 2006), although it may have limitations by setting boundaries for coding that might blinker analysis (King, 2004). King also points out that starting with too sparse a set of codes can lead to being overwhelmed by the data. All data was included in this coding process and was cut and pasted into the themes one interview at a time. It was also necessary to know about the participants' experiences of

working with children with DS and EAL to provide a real-life context to the data collected. This was the fifth of the pre-determined themes, but was not linked directly to the EYFS literature (Table 3-7: Links between EYFS literature and the pre-determined themes). The advantage of this categorisation was to get an early overview of how interview questions had been answered in both case studies.

**Table 3-7: Links between EYFS literature and the pre-determined themes**

| <b>Key areas from EYFS review of literature</b>                          | <b>Pre-determined themes</b>      |
|--|-----------------------------------|
| Developing a curriculum and practice guidance for all children 0-5 years | Teaching strategies and Resources |
| Training for EYFS practitioners  | Training                          |
| Multi-agency working between EYFS settings and other services            | Multi-agency working              |
| How policy influences how practitioners work                             | Policy                            |
|  | Participant experience            |

The systematic process of initially coding all the interviews in this way made it apparent that the participants’ answers to the interview questions occurred across the themes which required parallel coding and this was noted in the research journal. For example, when asked about training, participants’ answers also included data that could be coded under ‘teaching strategies and resources’ and ‘participant experience’. Sections of data, therefore, were categorised under more than one initial theme, which suggests that, as well as patterns emerging within themes, the themes are also linked. As this is a single researcher piece of work, some of Nowell et al.’s “means to establish trustworthiness”, do not apply in this (or consequent) phases. For example, “peer debriefing” and “documentation of all team meeting and peer briefings” are non-applicable. However, regular meetings with the dissertation supervisor did allow for the coding process and identification of themes to be discussed in detail.

### *3.9.3 Phase 3: Searching for themes*

Once the data had been organised under the five general thematic headings, they were disassembled one at a time. As there was a large amount of data, this was a more manageable way of analysing it in detail. This differs from Braun and Clarke’s approach, where all the coding takes place before any themes are established; instead the coding took place within the predetermined themes. Mind-map diagrams were created to show connections between the data within each theme, and were labelled to show which information had come from CS1, CS2 or from both case studies. Following on from reflections in phase 1, the role of the

practitioner was also added to the diagram. This process identified where information was duplicated that might suggest sub-themes within the predetermined themes. It also highlighted any idiosyncratic or thought provoking information. The mind- map strategy is suggested as one type of visual representation for coding by Braun and Clarke, and, as an early years' practitioner used to cross-curricular planning in this way, it was a natural and effective choice to start with. Using diagrams to make sense of theme connections is also a means to establish trustworthiness, according to Nowell et al. (2017). However, due to the amount of data, working in this way became unmanageable, and dividing the themed 'tree nodes' on NVivo into 'child nodes' enabled this disassembled data to be categorised in a more methodical way.

At this point in the process, some differences between practices in case studies became apparent and further diagrams were created in a table format to see what these were. At a later stage, when equity of provision was explored, these were revisited and used to create the "Equity of Provision" figures at the end of each chapter of results. These emerging differences in the teaching strategies between the case studies, when related back to the literature, started to indicate that participants in CS2 were following more EAL strategies than those in CS1. Although Braun and Clarke make no reference to using literature in this third phase of thematic analysis, Nowell et al. suggest that the triangulation of data is a means to establish trustworthiness in thematic analysis, as well as offering "verification" and "completeness" (Tobin and Begley, 2004 pp. 392-393). By the end of this phase, the predetermined themes had been established and some sub-themes within them had been identified. The total number of references to each theme was noted on NVivo, with teaching strategies being the most referenced. Within this type of analysis, it is usual to focus on descriptions of the data rather than on how often a theme is referenced (Wilkinson and Birmingham, 2003). However, in this case it may give some insight into which of the pre-determined themes participants were most engaged with.

**Table 3-8: The pre-determined themes of the study and sub-themes within them**

| <b>Theme</b>  | <b>Number of references<br/>(CS1 and CS2)</b> |
|---|---|
| Teaching Strategies   | 163   |
| <ul style="list-style-type: none"> <li>• DS and EAL</li> <li>• SEN and EAL</li> <li>• SEN general</li> <li>• DS only</li> <li>• EAL only</li> </ul> |   |
| Training  | 101   |
| Multi-agency working  | 95  |
| <ul style="list-style-type: none"> <li>• SaLT service</li> <li>• Interpreting and Translation service</li> <li>• SEN Outreach service</li> </ul>    |   |
| Resources   | 87  |
| Participant experience  | 74  |
| Policy  | 38  |

### *3.9.4 Phase 4: Reviewing themes*

Braun and Clarke break this phase down into two levels. The first involves checking that the themes work in relation to the coded extracts, and the second involves checking the themes again in relation to the whole dataset. Both levels were carried out and re-reading each theme on NVivo allowed for a different perspective on the data and led to four secondary themes being identified (see table 3.9). These themes were created as tree nodes on NVivo and following subsequent re-reading, sub-themes were created as child nodes.

**Table 3-9: Secondary themes of the study**

| <b>Theme</b>   | <b>Number of<br/>sources<br/>(CS1 and CS2)</b> | <b>Number of<br/>references<br/>(CS1 and CS2)</b> |
|--|--|---|
| Transition   | 22   | 101   |
| Families   |  |   |
| <ul style="list-style-type: none"> <li>• Support for families</li> <li>• Culture of families</li> <li>• Communication with families</li> </ul> | 23   | 88  |
| Assessment   | 20   | 73  |
| EAL support  |  |   |
| <ul style="list-style-type: none"> <li>• Support for international new arrivals</li> </ul>   | 19   | 61  |

These further themes, although generated by the interviews, were not directly linked to the interview questions but they were related, in most cases, to the literature reviewed, which reinforced their validity. They appear to represent the wider context of participants' experience and influences that could contribute to a more detailed analysis. The high number of sources (out of 23) and references show that these themes were important to the majority of participants. Braun and Clarke (2017, p. 92) suggest that when potential new themes arise following further coding, it is important not to continue coding for the sake of it, suggesting "when your refinements are not adding anything substantial, stop!" In discussion with the dissertation supervisor, this was the point at which this seemed relevant. The thematic map that Braun and Clarke refer to in this phase was in place on NVivo supported by diagrams and notes which helped to illustrate the process. Nowell et al. recommend that, at this point in the thematic analysis process, team members vet themes and sub-themes as a means to establish trustworthiness. Castleberry and Nolan (in press) also recommend this, suggesting that using analysis software to do so facilitates the process. Once this phase was complete, a research student with recent experience of using NVivo to analyse interviews, performed a validation check. The validation sample was one complete interview from CS2 lasting 45 minutes. The validator was asked to categorise the data into the themes and sub-themes already identified; how the validator categorised the interview and how it had initially been carried out were compared, and the minimal differences resolved through discussion. The processes described here shows many similarities to Braun and Clarke (2008) and Nowell et al. (2017)'s criteria, suggesting this phase of thematic analysis was carried out comprehensively.

### *3.9.5 Phase 5: Defining and naming themes*

The on-going analysis in this phase is to define and refine the specifics of each theme. Braun and Clarke's process of thematic analysis involves creating a detailed narrative in order to analyse the data within each theme, and considering how it fits into the broader picture that aims to answer the research questions. The starting point for this was to develop a better understanding of the teaching strategies' theme. This theme is central to the first two aims of the study and influences the findings of the third:

1. Find out to what extent the teaching strategies practitioners use are influenced by evidence-based research, practitioner guidance documents and policies for working with children with DS and EAL in the EYFS

2. Analyse if the teaching strategies and resources used by practitioners are influenced by their:

- Experience of working with children with DS and EAL
- Training in the communication needs of children with DS and EAL
- Working with practitioners from other agencies
- Knowledge and use of policies related to DS and EAL

3. To identify if children with DS and EAL are receiving the same support for their communication regardless of provision type or location.

The aim of refining this theme was to draw some conclusions about the types of strategies participants in different roles were using and if this differed in the two locations. However, although a narrative was useful in confirming the accuracy of the sub-themes identified, further analysis was necessary at this point. This differs from the classic thematic analysis approach by taking a step back into Phase 4. However, instead of using NVivo to categorise the data, it was coded in tables. The 102 teaching strategies were coded again according to the type of strategy they were (e.g. visual strategies, verbal strategies etc.). This was achieved by colour coding the strategies in a table then cutting and pasting them into columns. This was successful in calculating the numbers of different types of teaching strategy for each case study, which were used in Chapter 4. Another step in the analysis involved creating a table with the strategies listed under each of the participants' roles (e.g. teacher, speech and language therapist etc.) to see if there were differences in the types of teaching strategies used. This was successful in identifying some similarities and differences and, perhaps more importantly, highlighted the strategies used by speech and language therapists (SaLTs), which is discussed in detail in Chapter 7. Further analysis looked at whether the types of teaching strategies used by teachers and SaLTs could be categorised as universal or unique pedagogies (Lewis and Norwich, 2008), but this was found to be inconclusive. There were elements in how these types of analysis were carried out that had much in common with Ritchie and Spencer's example of "plotting associations" in their framework analysis (1994, p.190) and in template analysis (King, 2004), both of which contribute to the structured approach to handling the data. This information contributed to the overall "story" that the theme told (Braun and Clarke, 2008). This enabled a more detailed definition of this complex theme to be confirmed, in line with Braun and Clarke's descriptor of this phase.

### *3.9.6 Phase 6: Producing the report*

The themes that were confirmed and identified through the processes above were used in the final analysis and writing up of the study. Extracts from the interviews support the analysis throughout the results' chapters. The extracts not only allow for comparisons to be clearly illustrated but, wherever possible, reveal the ideas and feelings expressed by participants in order to provide a rich context. Nowell et al. (2017) state that providing thick descriptions of context is one way of meeting the trustworthiness criteria in thematic analysis. Creswell and Miller (2000) also support this view, suggesting that credibility is enhanced by writing in a way that the reader sees the evidence brought to life. Some of the advantages of using a thematic approach, according to Braun and Clarke (2006, p.97), were considered in the production of the report. It was useful for identifying the key themes in the data and these were used to structure the report, with the analysis of each theme in the subsequent discussion. In addition, it allowed for a thick description of the data that allowed for similarities and differences to be highlighted, which was necessary for looking at equity in provision. It also made the results accessible to a range of readers. This was important when considering how the findings and any recommendations could be disseminated back into schools and services.

## **3.10 Rationale for the organisation and presentation of findings**

The results are divided into five chapters (Chapters 4 - 8) and report the findings of the study.

The presentation of data in a table format allows the findings from each substantial piece of narrative to be easily discussed and compared and a level of general analysis is purposely integrated throughout these chapters.

Each chapter of results concludes with a discussion, which, by linking the data with the related literature, analyses what influences the teaching strategies practitioners use to support the communication of this group of children, and how this is validated by research literature, texts for teacher guidance and educational policy. The key literature is listed later in this section.

Chapter 9 draws together the main findings of the study and the implications will be discussed as to how practitioners working to develop the communication of children with DS and EAL might move towards ensuring all aspects of need are met in the context of the EYFS. As there is a modicum of literature in the area of supporting bilingual learners with SEN (Ware et al.,

2015), it is anticipated that these implications may be of interest to early years' practitioners working with children with DS and EAL.

The research questions ask:

1. How do practitioners support the communication of children with Down's syndrome and English as an additional language in the Early Years Foundation Stage?
  - What strategies do they use?
2. Why do practitioners use the strategies they report; what influences them?

Are the strategies influenced by:

  - practitioners' experience?
  - training?
  - agencies and services they work with?
  - policy?
3. Are the same strategies used to provide communication support for children with Down's syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?

In line with the first and second research questions, the data is organised into five chapters, which will be presented in the following order:

- Teaching strategies (including resources) – Chapter 4
- Participants' experience – Chapter 5
- Participants' training needs – Chapter 6
- Multi agency working: information gathering and sharing with others - Chapter 7
- Participants' awareness of policy – Chapter 8

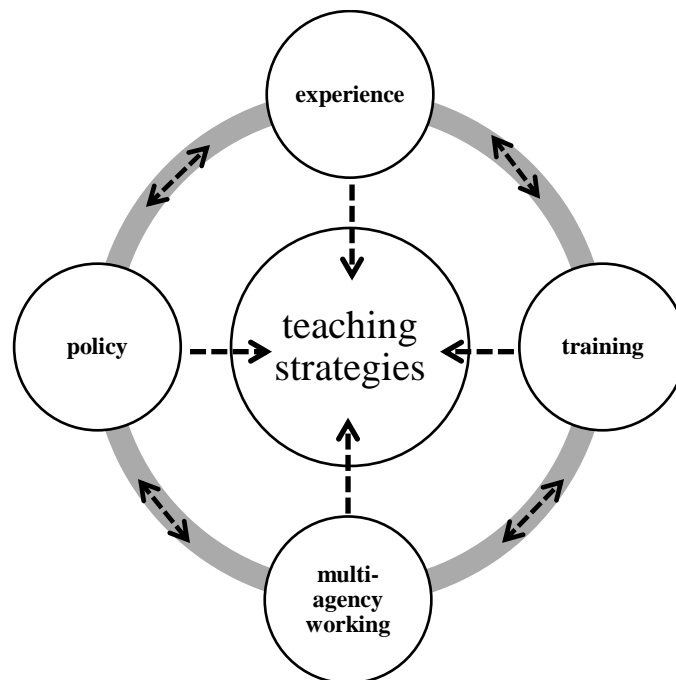
At the end of each chapter, a comparison will be made between the provision available in the two case studies to answer the third research question. The ethos of this study is equity of provision for all children and, in keeping with the aims of educational research, to explore current practice and seek to improve it (Newby, 2010).

### 3.11 Organisation of themes

Teaching strategies are commonly included in guidance and textbooks for practitioners working with children with SEN and EAL (Manchester City Council Children's Services and Manchester Primary Care Trust, 2010), children with DS (Black et al., 2011) and children with EAL (Haslam et al., 2005). 'Teaching strategies' was hypothesised as an important theme for practitioners working in education, as it relates directly to school provision and daily classroom practice. This relevance is confirmed by 'teaching strategies' presenting the most information of all the themes (102 strategies). These results are, therefore, considered to be central to the discussion.

The theme of teaching strategies seems a logical point from which to examine the relationship between the different findings from the study. By putting it at the heart of the discussion, it may be possible that relationships between this theme and others can be recognised. A discussion of these findings, alongside the literature, aims to achieve a better understanding about what influences practitioners to use particular teaching strategies e.g. experience, training, other agencies and policy. It is hypothesised that there may be inter-relationships between experience, multi-agency working, training and policy resulting in a more complex picture of the influences on participants' choice of teaching strategies.

**Figure 3-1: Hypothetical relationship between teaching strategies and other themes**



The discussion of the results within each theme, therefore, will aim to answer the research questions:

1. How do practitioners support the communication of children with Down's syndrome and English as an additional language in the Early Years Foundation Stage?

- What strategies do they use?

2. Why do practitioners use the strategies they report; what influences them?

Are the strategies influenced by:

- practitioners' experience?
- training?
- agencies and services they work with?
- policy?

3. Are the same strategies used to provide communication support for children with Down's syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?

The following gives an overview of the five areas of discussion in chapters 4 -8 and the highlights the key literature used for documentary analysis.

#### **Chapter 4: Discussion of Teaching Strategies**

The discussion analyses the influence of different documents (research literature and practitioner guidance) on the teaching strategies used. The documents discussed are relevant to the early years, DS and EAL at the time of data collection:

- Statutory Framework for the Early Years Foundation Stage (DfES, 2007)
- Education Support Pack for pupils with Down's syndrome: Primary (DSA, 2011)
- Including pupils with Down's syndrome: information for Teachers and Support Staff – Early Years. (DSA, 2006)
- "Supporting children learning English as an additional language" Primary National Strategy (DCSF, 2007)
- Guidelines for Language Use in Bilingual Preschools (Kersten et al., 2008):

## **Chapter 5: Discussion of Practitioners' Experience?**

The discussion analyses if the experiences of working in specialist provision in a predominantly English speaking borough or working in mainstream provision in a predominantly EAL borough influences the types of strategies reported for supporting the communication of children with DS and EAL.

Categories from the Pre-Verbal Communication Schedule (Kiernan and Reid, 1987) are used to classify the teaching strategies and evaluate the balance of strategies reported from each case study.

## **Chapter 6: Discussion of Practitioners' Training**

The discussion considers the training reported by the teachers who participated in the study. It refers to any training that provided strategies that could support the communication of children with DS and EAL. The content of training at ITT and CPD level are discussed.

The concept of training teachers to support the communication of children with DS and EAL using an inclusive pedagogy is considered. The key influences for this discussion come from "Special Teaching for Special Children?" by Lewis and Norwich (eds.) (2004).

## **Chapter 7: Discussion of Multi-agency working**

The discussion analyses the influence of the Speech and Language Therapy Service on the teaching strategies reported. Participants in the study reported this service most frequently. It compares the strategies reported by SaLTs with the recent research areas in language development identified by Kaiser and Roberts (2011)

## **Chapter 8: Discussion of Policy**

The discussion analyses the influence of the SEN Code of Practice (DfES, 2001) and SEN Toolkit (DfES, 2001) on the strategies reported in the study.

## **Chapter 4 - Teaching Strategies to Support the Communication Needs of Children with Down's Syndrome and English as an Additional Language**

This chapter is devoted to the teaching strategies reported by participants in both case studies. It is the largest of the results chapters and includes the content around which the other themes will be discussed. The process of classifying the teaching strategies opens the section and this is discussed in relation to the themes within the statutory framework of the EYFS. Each category and sub-category within teaching strategies is explored and comparisons between the case studies are made.

The absence of guidance for practitioners working specifically with children with DS and EAL in the early years was apparent in the review of literature. Therefore the discussion will focus on a comparison of the strategies reported in this study with recommendations from a range of teacher guidance documents for supporting the communication of children with DS and with EAL in the EYFS.

The term 'strategy' is used in a very general sense to mean an approach or style of teaching which aims to address children's learning needs, and is a term commonly used in guidelines and textbooks for practitioners. The Down's Syndrome Association (DSA) includes *Strategies to Promote Language* within their primary education pack (Black et al., 2011). Examples of recommended strategies for supporting communication within this publication range from classroom management strategies, such as ensuring a child has the teacher's attention by using their name, through to language support strategies, such as using signs to support the comprehension of speech. In addition, specific activities, such as playing 'Kim's game' to develop memory skills are also cited as strategies to promote language learning.

The National Association for Language Development in the Curriculum (NALDIC) also uses the term 'strategy' in reference to teaching approaches and activities to support the communication development of children with EAL in the EYFS. NALDIC recommends *Strategies for the Non-verbal or Silent Period* (citing Clarke, 1992), which also includes a wide range of approaches. These again vary from classroom management strategies, such as including a child in small groups, to language support strategies, such as accepting non-verbal responses. Specific activities, such as using role play to practise the use of language are also described as strategies.

In order to determine what strategies were being used, participants in both case studies were asked:

If you had a child in your class / group who had DS and EAL, what teaching strategies would you consider using to support their communication?

The term ‘teaching strategies’ was used within the question as it was hypothesised that the term would be broad enough, within the context of a semi-structured interview, for participants to contribute a range of approaches. It was anticipated that this might include strategies related to classroom management, general language support, and specific activities.

## **4.1 Categorisation of Teaching Strategies**

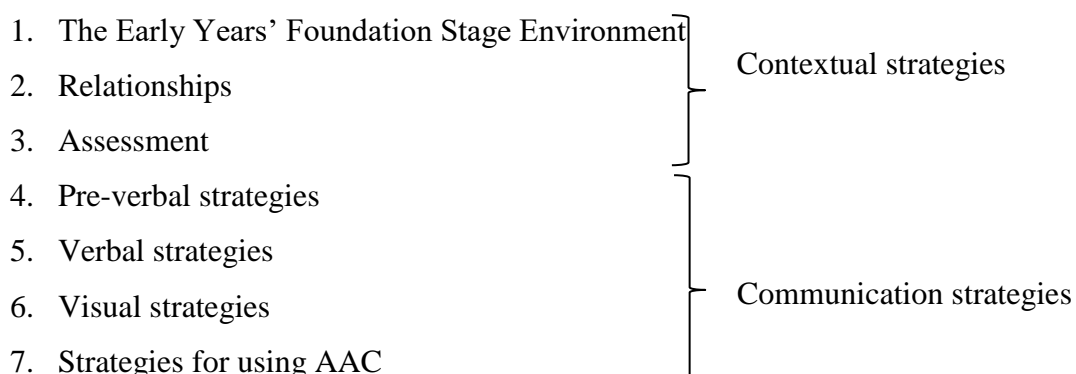
A total of 102 strategies were reported across the two case studies, and the categorisation process started with the isolation of interview information coded under the NVivo node ‘Teaching Strategies for children with DS and EAL’ for both case studies. These strategies were then re-coded into seven categories in order to provide a broad overview of the types of strategies cited:

1. The EYFS Environment
2. Relationships
3. Assessment
4. Pre-verbal strategies
5. Verbal strategies
6. Visual strategies
7. Strategies for using Alternative and Augmentative Communication (AAC)

These seven categories contained contributions from both case studies, which suggests at this first point of classification that there is a likelihood of similarities in the teaching strategies employed. This reflects the findings in the literature of common threads in the types of teaching strategies recommended to support the communication of children who are English language learners and children with DS. Examples of this include the strategy of using visual timelines in the classroom which can help create a feeling of security for a child with EAL (Crosse, 2007) and support the memory skills of a child with DS (Guthrie Medlen, 2005). Although within the literature the rationale given for using this strategy differs depending on the needs of a child, it seems reasonable to suggest that a strategy which reinforces communication, memory skills and confidence could benefit a wide range of children in the EYFS, including those with DS and EAL. It could be hypothesised that other teaching

strategies reported in this study may also be inclusive beyond the communication needs of children with DS and EAL. The finding that common strategies are used for children with a range of needs in both mainstream and specialist settings suggests that participants are providing some inclusive strategies, as endorsed by Arthur et al. (2006). However, it is unclear to what extent participants perceived their strategies to be specific to a child with DS and EAL or inclusive to a wide range of different learners.

The participants' responses in both case studies referred to a wide interpretation of the term 'teaching strategies' as had been hypothesised. The participants invited to take part in the study were experienced in working with children with DS/SEN and EAL, and this awareness of a broad learning context could perhaps be expected. The seven original categories were then organised into two groups to represent this comprehensive interpretation, with categories 1-3 describing 'contextual strategies' in which the 'communication strategies' in categories 4-7 could take place.



The next stage within the categorisation process was to take the data sets within each of the seven broad categories and to look for recurring themes and anomalies between the two case studies. This would allow the data to be further organised into sub-categories and make it possible to see any common practices or differences between the strategies used by practitioners working in specialist and mainstream provision. The teaching strategies could be broadly generalised into seven categories at the first point of classification, and at the point of sub-categorisation there was only a small difference between the case studies in the number of types of strategies cited in table 4.1.

**Table 4-1: Categories and sub-categories of teaching strategies in the two case studies**

|   | <b>Case Study 1</b> | <b>Case Study 2</b> |
|---|---------------------|---------------------|
| Number of categories of teaching strategy     | 7                   | 7                   |
| Number of sub-categories of teaching strategy | 25                  | 28                  |

Examples of the specific teaching strategies cited within the interviews by participants are described and given as quotations within this chapter. These aim to provide evidence in the analysis of the sub-categories within contextual strategies and communication strategies.

#### *4.1.1 Sub-Categories within Teaching Strategies*

The sub-categories within teaching strategies are listed for Case Study 1 in Tables 4.2 and 4.3 and show which were duplicated between the case studies and which were unique. The sub-categories unique to each case study are highlighted in Tables 4.2, 4.3, 4.4, 4.5, 4.6, 4.7 and 4.12. The number of interviews in which the unique sub-categories were reported is indicated within the highlighted boxes.

**Table 4-2: Sub-categories within teaching strategies in case study 1**

| Category              |   | Sub-categories                                  |                                      |  |                     |
|-----------------------|---|---|--------------------------------------|--|---------------------|
| EYFS Environment      | → | Provide a quality learning environment          | Teach a practical curriculum         | Develop language learning through a child-led approach (n= 7/11) |                     |
| Relationships         | → | Build a relationship with the child             | Use the child's peers as role models | Involve the child's parents or carers                            |                     |
| Assessment            | → | Assessment through observation                  | Assessment information by SaLTs      | Assessment information from parents                              |                     |
| Pre-verbal Strategies | → | Use a multi-sensory approach                    | Non-verbal communication             | Repetition   | Model communication |
| Verbal Strategies     | → | Support the child's home language               | Rhymes and songs                     | Implement speech and language support programmes                 | Adapt language      |
| Visual Strategies     | → | Objects   | Photographs                          | Symbols  | The written word    |
| AAC Strategies        | → | Signing: Makaton (n=10/11; all but EMA teacher) | Switches                             | Timelines  | Choice boards       |

**Table 4-3: Sub-categories within teaching strategies in Case Study 2**

| Category              |   | Sub-categories   |                                      |   |  |   |
|-----------------------|---|--|--------------------------------------|---|--|---|
| EYFS Environment      | → | Provide a quality learning environment                             | Teach a practical curriculum         | Use withdrawal groups for language learning (n= 8/12) |  |   |
| Relationships         | → | Build a relationship with the child                                | Use the child's peers as role models | Involve the child's parents or carers                 | Provide home language pastoral support (n= 9/12)       |   |
| Assessment            | → | Assessment through observation                                     | Assessment information by SaLTs      | Assessment information from parents                   | Assessment information from outreach schools (n= 9/12) |   |
| Pre-verbal Strategies | → | Use a multi-sensory approach                                       | Non-verbal communication             | Repetition  | Model communication                                    | Develop social communication and attention skills (n= 6/12) |
| Verbal Strategies     | → | Support the child's home language                                  | Rhymes and songs                     | Implement speech and language support programmes      | Adapt language   |   |
| Visual Strategies     | → | Objects  | Photographs                          | Symbols   | The written word                                       |   |
| AAC Strategies        | → | Signing: British Sign Language (n= 11/12: all but one EMA teacher) | Switches                             | Timelines   | Choice boards  |   |

The tables above show that the majority of sub-categories are duplicated between the case studies, but within the contextual strategies there are four differences:

- Develop language learning through a child-led approach (CS1 only)
- Use withdrawal groups for language learning (CS2 only)
- Provide home language pastoral support (CS2 only)
- Assessment information from outreach schools (CS2 only)

Within communication strategies there are three differences:

- Signing: Makaton (CS1 only)
- Signing: British sign language (BSL) (CS2 only)
- Develop social communication and attention skills (CS2 only)

These inconsistencies will be analysed within each of the sub-categories.

4.2 Contextual Strategies

The role played by the three categories, the EYFS environment, relationships and assessment, provided the context in which the more specific communication teaching strategies could take place. Each category contained recurring themes and these were classified into sub-categories using the process previously described. Table 4-2: Sub-categories within teaching strategies in case study 1 and Table 4-3: Sub-categories within teaching strategies in Case Study 2 show the contextual strategies reported in the case studies; eight sub-categories are duplicated, with nine reported in total in CS1 and eleven in CS2. This high number of duplications suggests that practitioners in both case studies were providing similar but not identical contexts for learning. The following section compares the case studies to analyse the similarities and differences between the contextual strategies reported.

4.2.1 EYFS Environment

The teaching strategies within this first category were divided into four sub-categories, shown in Table 4-4: Sub-categories within category the EYFS environment, with arrows highlighting similarities between the case studies.

Table 4-4: Sub-categories within category the EYFS environment

| Case Study 1   |   | Case Study 2                                |
|--|---|---|
| Provide a quality learning environment                 | → | Provide a quality learning environment      |
| Teach a practical curriculum                           | → | Teach a practical curriculum                |
| Develop language learning through a child-led approach |   | Use withdrawal groups for language learning |

Participants from both case studies considered that attending a good quality early years’ learning environment would be beneficial for developing the communication of children with DS and EAL. This was generally defined as being a play-based environment with opportunities for hands-on experiences and activities in the classroom, outdoors, and in the local community. In addition, making time for children to become familiar with the learning

environment over an extended transition period was considered an effective strategy for all children with SEN when starting at a new setting. The highlighted sub-categories in Table 4-4: Sub-categories within category the EYFS environment suggest that, rather than using only inclusive strategies in the EYFS environment, participants may also have been considering specific language learning perspectives within their settings. This may indicate that they would differentiate their practice to meet children's communication needs when creating an appropriate environment.

Participants in both case studies agreed that literacy and language resources in the EYFS environment should be both diverse and culturally rich. A setting including these types of resources was perceived as being a quality learning environment for supporting the home language and respecting the culture of a child with DS and EAL. The following examples illustrate this in terms of written script and spoken languages.

*"In terms of a classroom environment for somebody with Down's and EAL, obviously in terms of the labelling of the environment, lots of photographs and labelling and then labelled in the dual languages as well, if you were going to support with the written word alongside the picture." (Outreach teacher, CS1)*

*"Within the Foundation Stage, there are three people, depending on what day it is, two or three people who speak other languages and one speaks several...we make sure that children with special needs have access to someone who speaks their home language...The majority culture in our school is a Pakistani culture, so what is actually a challenge for us is to make sure that the six children who are Sikhs, that their culture is valued as well, so we do make sure that, you know, their culture is celebrated." (SENCO, mainstream primary school, CS2)*

Ensuring a practical curriculum was cited by participants in both case studies as enabling them to develop a child's communication in a meaningful way:

*"Our curriculum is very practical with lots of opportunities to do practical and familiar activities such as going to the supermarket to do the shopping for a cooking activity. The children see familiar objects and are able to come back to school and communicate, in whichever way they do, what they have bought and what they are going to do in a meaningful way." (Head teacher, special primary school, CS1)*

*"Then we'll go out, because I want them to feel, so they'll feel the tree trunk, they'll feel the leaf. And then, we'll just show the word again, that's what it is...And then we'll point to the house and say, 'I live in the house, you live in the house but the bird lives in the tree'. And then we come back and we have the pictures ready and they'll match the words to the things." (EMA teacher, mainstream primary school, CS2)*

These quotes demonstrate that providing a hands-on curriculum was considered appropriate for children with DS and EAL. Teacher guidance and the research literature both recommend these types of practical strategies to support children with DS and children with EAL, suggesting commonalities in approach. For example, stories supported by props, puppets,

songs and games are suggested as effective teaching resources for sequential bilinguals learning language in the EYFS (Smidt, 2008), while similar recommendations are made to support early language and reading skills for children with DS (Burgoyne et al. cited in Faragher and Clarke (eds.), 2014).

The examples given above illustrate some of the similarities in the teaching strategies used between the case studies in the sub-categories of ‘providing a quality learning environment’ and ‘teach a practical curriculum’. However, there were also differences in the strategies used related to the context in which children with DS and EAL could be supported in developing language within the EYFS environment. In CS1 the focus was most commonly on language input being child-led, with the practitioners’ role being to provide labels for objects and experiences which interest a child in their environment. The following examples show evidence of this from practitioners in different professions but both working in specialist provision:

*“Observe their play and their interaction themselves with the environment and label what seems to be meaningful to them.” (Outreach teacher, CS1)*

*“If practitioners can follow their lead and when a child stops and shows interest in a bit of the nursery environment, that most useful label is given to the child.” (SaLT, resourced nursery school, CS1)*

In CS2, practitioners in six schools reported a different style of working; they use LSAs to take withdrawal groups to teach children with SEN for part of each day. The reason for this different approach may be related to available staffing levels. Another consideration may be restrictions related to space and noise in the mainstream teaching environment, where class sizes are typically larger than in specialist provision. Participants in CS2 also reported working one-to-one with a child outside the mainstream classroom, and this teaching approach may reflect the type of communication strategy being carried out, such as an individual speech and language therapy programme. This approach became more common as a child aged and appeared to be more widely used in reception classes than in nursery in CS2. Practitioners working in specialist provision did not report using withdrawal sessions as a teaching strategy for supporting communication and this may be because it was perceived that children’s needs could be met within the classroom.

Participants in both case studies recommended a good quality, inclusive learning environment with a practical curriculum which could meet children’s language and cultural needs in order to support communication. However, the variation in the way in which language learning was

supported suggests that children with DS and EAL may experience different contextual strategies in the EYFS environment, depending on:

- Whether they attend specialist or mainstream provision
- The cultural and linguistic diversity of their locality
- The age/developmental stage of a child
- The availability or deployment of support staff

This seems to apply to two elements of communication support:

- The context in which the support takes place
- The language through which support is given

4.2.2 Relationships

This category was divided into four sub-categories, shown in Table 4-5: Sub-categories within the category relationships with arrows highlighting similarities between the case studies.

Table 4-5: Sub-categories within the category relationships

| Case Study 1                         |   | Case Study 2                           |
|--------------------------------------|---|--|
| Build a relationship with the child  | → | Build a relationship with the child    |
| Use the child’s peers as role models | → | Use the child’s peers as role models   |
| Involve the child’s parents / carers | → | Involve the child’s parents / carers   |
|                                      |   | Provide home language pastoral support |

The headings of these sub-categories reveal the participants’ awareness of the range of relationships which could influence and support a child’s communication:

- between a child and practitioner
- between a child and their peers
- through a child’s parents and the practitioner working together to support the child

As participants in both case studies reported these combinations of relationships, it seems likely that this was an important contextual strategy for supporting the communication of the child with DS and EAL.

Participants from both case studies stated the importance of building a relationship with a child as a preface and as an integral strategy for developing communication skills:

*“I feel that for the children that we’re working with in Nursery or if somebody were to come in [to nursery] in September, we’d be using the resources that we’ve currently got in Nursery; support it with Makaton, support it with visual signs. You’ve got to create a very safe and secure relationship before you can actually start to [participant pauses] it starts from that point.” (SENCO, resourced nursery school, CS1)*

Specific strategies to enable a relationship to be built between the practitioner and a child with DS and EAL were cited by participants in mainstream primary schools in CS2. These were appropriate to a child's developmental stage, including spending time one-to-one with a child and inviting a child to respond to simple turn-taking activities.

Having continuity of support for a child was a recommended strategy, particularly if the support worker knew a child over a period of time and had training to understand their developing communication needs.

*"She [the child] gets additional time outside the classroom working on that [speech and language therapy] programme with a specialised LSA who has had all the Down's syndrome training and followed her through nursery right up to year three, where she is now." (SENCO, mainstream primary school, CS2)*

The continuity of a support worker between settings was seen as being beneficial by parents and also by the support worker, who changed jobs in order to continue to work with a child:

*"So, I was really pleased because I thought it would be continuity because [child's name] main language at home was Urdu to mum and dad, and mum had actually asked Speech and Language [therapy service] if I would be able to just go with her and they explained to her that it's not easy, you can't just follow a child from pre-school to mainstream and when I did actually get the post, she was really happy." (LSA, mainstream primary school, CS2)*

Continuity of support from a bilingual LSA was reported as providing reassurance for parents at the time of transition. In this example, the participant had experience of supporting a child with SEN and EAL from the EYFS, throughout their primary education and into secondary school.

*"And a parent says to me, 'because I know you're there, we are sleeping in peace'." (Bilingual LSA, outreach service, CS2)*

It is unclear from this example if their ability to communicate with a child in their home language added to the family's feeling of reassurance, but it appears that an on-going relationship between a child and the practitioner is perceived as being beneficial by the parent.

Communication based strategies were reported which could develop a relationship between practitioners and a child. These included using repeated attempts at visual joint referencing (SaLT, CS1), using a total communication approach to get to know a child (outreach teacher, CS2) and using the strategies within a child's communication passport to develop a bond (outreach teacher, CS2). These examples highlight the link between some participants' knowledge of using communication strategies and the need to develop relationships in order to make such strategies meaningful.

The second sub-category, ‘use a child’s peers as role models’, comprised of strategies from both case studies recommending that a child with DS and EAL should have access to good models of communication from their peer group in the EYFS. Having positive communication models was considered an important strategy to allow for imitation, but how this was achieved differed between the case studies. Within CS1, participants referred only to peer models who were of high ability:

*“She [child with DS and EAL] was alongside a very, very good strong peer group. We always kept her in the top ability [group].” (Outreach teacher, CS1)*

However in CS2, participants considered that there were communication and social benefits for a child with DS and EAL if they worked with peers of different abilities who spoke their home language. This was cited as a strategy for boosting a child’s confidence in communicating with their peers.

*“We actually like the children to help each other. So, even if somebody is speaking Urdu, for example, the SEN child who speaks, we’ll try and pair them up so they can talk them in their own language.” (EMA teacher, mainstream primary school, CS2)*

The perception of what makes a good peer role model for developing the communication of children with DS and EAL appears to differ between case studies, with an English language model in CS1 and a home language model in CS2. The difference in these strategies may reflect the lack of opportunity for children with DS and EAL to have home language role models in CS1; however, participants in CS2 seemed to prioritise the home language model over the English language model in this case. This could reflect differing aims by participants; it could suggest that the CS1 participants were promoting the acquisition of English language by using it exclusively as a model, whereas in CS2 encouraging communication skills through a familiar medium was the main concern. Both of these strategies were perceived as helpful to supporting the development of children’s communication.

The third sub-category relates to the participants involving parents or carers in the development of their child’s communication in the EYFS setting. With the exception of information gathering for assessment, all the strategies in CS1 were linked to the parents’ role as translators of vocabulary to use with a child in the setting.

*“We would put the correct language on that [a visual time line] to make sure that’s print rich anyway, so it’s not always English on there. We work with homes to make sure we’ve got the correct the language on.” (SENCO, resourced primary school, CS1)*

In CS2 interactions with families were more likely to take place in their home language as it was common for participants or other staff members within the participants’ schools to speak

a range of languages. The need for parents as translators was usually unnecessary, as the following example from a mainstream primary school in CS2 suggests:

*EMA teacher: "Within the team we've got an Arabic speaker, Albanian speaker, Punjabi speaker, and then within school we can usually find odd speakers of other languages. We've got Bengali as well. Predominantly the languages spoken in school are Urdu and Punjabi and Arabic. We nearly always have found somebody to provide that service."*

*Interviewer: "So you can have a proper conversation with parents?"*

*EMA teacher: "Absolutely, yeah."*

Perhaps, because of this greater ease in communication, participants in CS2 seemed to involve parents in a more varied range of communication activities within the setting:

*"All of the children [with SEN] will tend to have a visual timetable, but for the children in the Foundation Stage it would be at a very, very simple level so that they're going in and they've got two choices and they're choosing what they want to do...Parents always come in in the mornings with their child and we train the parents to use those as well." (SENCO, mainstream primary school, CS2)*

In both case studies, participants cited the need for the continuity of communication strategies between the home environment and the EYFS setting, although participants in CS1 appeared to be less pro-active in enabling this. In addition to participants in CS1 settings being unable to communicate directly with families in their home language, they may also have lacked experience of involving families with EAL within their setting. The difference in the experience of participants between case studies was notable, so this is likely to be a strong consideration:

*"This year we've only got one child on our special needs register where English is not the first language in the home, Punjabi is...That's one out of twenty." (SENCO, resourced nursery school, CS1)*

*"At our school, what percentage of children has got EAL? I would say it's probably about 97, 98, and approximately 23 per cent have got special needs. So in fact, yes, we've got a lot of experience." (SENCO, mainstream primary school, CS2).*

The difference in participants' experiences of working with families with EAL was also highlighted through training needs in CS1. There was evidence that participants recognised that they were working in a demographically changing borough and there was a need for professional development in this area. The pre-school SEN team in CS1 reported that finding out about strategies for communicating with parents or carers who speak little or no English would be useful, as this was an issue they were encountering more frequently. The head teacher of a special school in CS1 suggested that practitioners should access training about different cultures and families' expectations, so that staff would have a good understanding of a child's home environment. It may be that the less experienced participants in CS1 would

feel more confident if they had better knowledge of other languages and cultures. This could enhance relationships between home and settings and may allow for a more pro-active approach to involving parents in shared communication strategies.

The last of the sub-categories, 'provide home language pastoral care', relates directly to participants in CS2 recommending that a child's home language should be used to support children emotionally in the EYFS. These strategies were reported only by participants in CS2 and reflected the communication needs of the children they were supporting.

Participants recommended that the pastoral care of children who were international new arrivals or who had returned to school following extended periods of time abroad visiting family (which was a common occurrence) should be carried out in a child's home language.

*"They're feeling like somebody's speaking from home, somebody who knows them more, somebody who is like them" (Bilingual LSA, outreach service, CS2)*

The use of siblings to comfort and help support children in their home language was also reported as a strategy to develop relationships:

*"With the school where I govern they had a little boy who was Polish speaking in the nursery and his sister was in year 6 and they...at times where they were really, really struggling, she just supported him there. She left, but by then they've got to know him, you know." (SENCO, outreach support from special secondary school, CS2)*

The contextual category of 'relationships' contains data which provides evidence that there are both similarities and differences between the case studies in the strategies participants considered would support the communication of children with DS and EAL in the EYFS. The predominant parallel strategies were, as the sub-category headings suggest, concerned with establishing a good relationship between a child and practitioner, between a child and their peers, and in practitioners working with parents; the differing factor was the language in which many of the relationships were conducted.

#### *4.2.3 Assessment*

The teaching strategies within this category were divided into four sub-categories, shown in Table 4-6: Sub-categories within the category assessment strategies, with arrows highlighting the similarities between the case studies.

**Table 4-6: Sub-categories within the category assessment strategies**

| <b>Case Study 1</b>                 |   | <b>Case Study 2</b>                           |
|-------------------------------------|---|---|
| Assessment through observation      | → | Assessment through observation                |
| Assessment information from SaLTs   | → | Assessment information from SaLTs             |
| Assessment information from parents | → | Assessment information from parents           |
|                                     |   | Assessment information from outreach services |

Assessment of a child with DS and EAL was considered to be a necessary contextual strategy by participants in both case studies, as it provided a baseline on which to build appropriate communication strategies.

*“I think that assessment would then tell you what types of strategies you would need to use.”  
(SaLT, resourced nursery school, CS1)*

*“It [assessment] was just about establishing and getting clear in our heads what the exact needs were of those children [with SEN and EAL] and to make sure that we’re prioritising in the right way.” (SENCO, mainstream primary school, CS2)*

The sub-category headings in Table 4-6: Sub-categories within the category assessment strategies suggest that the assessment strategies came from both in-house and external sources of information. Those from external sources were informed by people, parents, SaLTs and outreach teachers, as opposed to assessment policy or guidelines. This suggests that the participants may have primarily seen assessment as being an interactive process, rather than being influenced by documentation. The influence of statutory assessment in the SEN Code of Practice (DfES, 2001) on the types of assessment strategies reported by participants is discussed in Chapter 8. The findings show that although participants did not refer explicitly to the policy guidelines, some strategies in their practice appeared to be in keeping with it.

Participants used information based on their own observations to develop strategies, as well as information from parents and from supporting services. The most commonly cited strategies were related to observations of a child, with the majority of these (10/12) cited by participants in CS1. Observations of a child which informed strategies took place both in the home environment during home visits and in the EYFS setting. These observations related primarily to a child’s non-verbal communication and included:

- A child’s interaction with their environment
- Which toys a child was drawn to
- A child’s ability to tune into speech
- The level of a child’s play skills independently and with an adult
- The pace of a child’s interactions

This suggests that the expectations of these participants (SENCOs, SEN outreach teachers, pre-school SEN teachers and SaLTs) were that a child with DS and EAL at the age of entry into a nursery setting in the EYFS would be communicating predominantly at a pre-verbal level. There was recognition that when observing the child:

- Each child is a unique person with individual needs
- The communication needs of a child with DS may be complex
- A range of cognitive ability would be expected
- Practitioners should respond with appropriate strategies

*“You need to see where they’re functioning and then make use of this and have a broad band, almost a tool bag of things that you can dip into...and I think you can see a child with Down’s syndrome and make an assumption about a route that they should be following. You have to come back to seeing each individual with the whole bag of their needs and then make the choices.” (SENCO, resourced nursery school, CS1)*

*“We may need to introduce some toys that perhaps wouldn’t be around at that stage in that classroom; that are appropriate, say, if a child has a cause and effect level of play then you need to meet that level.” (SENCO, resourced nursery school, CS1)*

These observations could be interpreted as being universal to the assessment process of a child with DS, regardless of their home language background. There was evidence that an assessment carried out by participants in CS1 was also observant of the impact of EAL on the child’s communication development and of the influence of a child’s linguistic environment and experiences in the home:

*“I think it’s vital for teachers planning a curriculum to understand the impact of English as an additional language on a child’s learning and access to the curriculum. If you’ve then got that compounded by a learning difficulty, by Down’s syndrome, that needs to be understood and explored.” (SENCO, resourced nursery school, CS1)*

*“So I guess, in that early stage you’d be really trying to tease out what are the linguistic environments the child is in and get some sort of map in your own head and probably on paper as well of where different languages were spoken, by whom and also what exposure the child had, so they might have lots of exposure to English telly but even then you’d want to know if that was CBeebies or you know the, what’s that ITV morning chat show programme, Jeremy Kyle type things?” (SaLT, resourced nursery school, CS1)*

Although the majority of the observational strategies were cited by participants in CS1, assessment strategies based on information from external services (SaLTs and outreach services) were predominantly reported by participants in CS2. This may suggest a difference between specialist and mainstream provision; higher staffing levels in resourced and special schools may allow for more in-house observations to take place. Another consideration may be that teachers in mainstream provision rely more heavily on external services to assess children with SEN.

Both case studies cited the SaLTs as a major source of information about communication at the time of transfer into the EYFS and during a child's time in the EYFS setting. It could be predicted that the assessment of a child by a SaLT would impact on the types of strategies participants would use to support communication. The role of this service in influencing the communication strategies used by educators of children with DS and EAL in the early years is explored in more depth in Chapter 7.

Participants from both case studies stated that assessment in a child's home language was beneficial to a full understanding of a child's level of communication. In CS1, working with a bilingual co-worker to enable comparative assessment was suggested, although this service could only be accessed by SaLTs. Undertaking a speech and language therapy assessment in a child's home language follows the clinical guidelines of the Royal College of Speech and Language Therapists (RCSLT, 2005):

*"You could do a play assessment with a bilingual co-worker if you've got one, and then you could use that information when you're looking at a child working with another member of staff who doesn't speak their language. You can use them comparatively just to see if there's anything majorly obvious standing out that might be affecting their communication." (SaLT, resourced nursery school, CS1)*

In CS2, translators were also used for assessment and they had received appropriate training for this. However, if the parents were bilingual, they might be asked to translate simple vocabulary for their child as part of an observational assessment.

Along with the SaLTs, parents were also cited in both case studies as a source of information about their child's communication at the point of transfer into the EYFS. Working in partnership with parents is a theme running through both informal and statutory assessments, and is discussed in more depth in Chapter 8. Participants in CS2 reported that they discussed children's needs with their families through their home language, and this influenced the strategies they used; however in CS1, the assessment strategies informed by parental input tended to be more formal. Participants referred to using the common assessment framework (CAF) and *The Pragmatics Profile of Everyday Communication Skills in Pre-School Children* (Dewart and Summers, 1995) as assessment tools with parents. The CAF (2nd revision, 2006) covers a range of general assessments, including a child's communication skills and home language. The Pragmatics Profile is specifically designed as an aid for planning communication intervention for a wide range of people, including children with disabilities and children with EAL and aims to inform the practitioner of:

- the child's communicative functions

- their response to communication
- their interaction and conversation
- any contextual variation in their communication

This is a thorough approach to collecting information about communication to inform strategies, but because of its diagnostic nature, it might appear to be administered more clinically than through the more informal home language strategies used by participants in CS2.

This contrast in methods for collecting information may impact on the types of strategies used to support children's communication. The advantages of the approach used in CS1 may be a more detailed account of a child's communication on which to base strategies than in CS2. The advantages of approach employed in CS2 may be better continuity between strategies used at home and in school due to the common languages spoken and a wider range of support from external services.

Outreach teachers from local special schools were cited by participants from six of the seven mainstream primary schools as undertaking assessment to inform strategies to support the communication of a child with DS and EAL. Outreach teachers in CS1 were based at the Pupil Referral Unit (PRU) and reported by two participants as also providing this service. It seems likely that outreach teachers, as well as SaLTs play an influential role in the assessment process and subsequent development of strategies in CS2 but played less of an advisory role in CS1, which could be due to there being more specialist settings in CS1.

### **4.3 Summary of the Contextual Strategies Findings**

An examination of the contextual strategies reveals many similarities between the two case studies in terms of provision. The areas analysed (the EYFS environment, relationships and assessment) are all perceived as playing a key role in supporting communication; however, differences are seen once the sub-categories are scrutinised, which are predominantly linked to the way in which a child's home language was used. There is no exact parallel between the two case studies in how children with DS and EAL experience language during their time in the EYFS, so it would be unrealistic to expect the strategies related to home language use to be identical. However, in terms of the analysis of the contextual strategies in this study, the difference in how children's home language is used between the case studies is a common thread running through all three areas.

Differences in home language support between the two case studies are perhaps most apparent in the area of relationships. The areas identified were relationships between a child and practitioner, a child and their peers and between parents and practitioners working together to support a child. The way home language was used appears to influence the types of strategies reported by participants. It is perhaps more accurate to suggest that it is having access to practitioners and other children who speak the same home languages as a child with DS and EAL which influences the types of strategies used. This was not available in CS1, even though participants recognised it may be beneficial, but was widely used in CS2. Practitioners in CS1 may have been disadvantaged by not being able to access bilingual support assistants to work with children with SEN, although the EMA service was used to support other children in one of the resourced nursery settings.

Although the EYFS curriculum was taught in the case study schools through the medium of English, there is clear evidence that participants in CS2 believed that home language use with children with DS and EAL was beneficial in supporting their communication. They were using strategies within the context of the environment, within relationships and as part of the assessment process which reflected this. In CS1 there is some evidence that use of a child's home language was seen as being beneficial to developing communication but was far less prevalent. In CS2, a child's home language was used as a strategy to enable a child to develop socially and emotionally, as well as cognitively, whereas in CS1 it was used predominantly in the environment, in the written form as single words on timelines and displays. It was only used in the spoken form as a greeting by a practitioner unless there was a translator present at meetings or during assessment, not as part of natural classroom conversation. A child with DS and EAL in CS1 is therefore likely to experience the EYFS with the majority of the children and adults around them speaking English all the time, whereas in CS2 there is evidence to suggest that they will experience hearing many languages being spoken, including their home language and English.

Participants predominantly, but not exclusively, used a model of English language immersion in CS1, whereas in CS2 all participants chose to use a bilingual model of communication. This seems to be related to EAL resources available in their borough rather than by choice.

#### **4.4 Communication Strategies**

Specific teaching strategies were embedded within the contextual strategies, and these were grouped together under the general heading of communication strategies:

- Pre-verbal strategies
  - Verbal strategies
  - Visual strategies
  - Strategies for using AAC
- }
Communication Strategies

As the category headings suggest, there was a wide range of strategies which reflected the variance in the range of communication a child with DS and EAL might have during their time in the EYFS. They also reflect the range of knowledge about the development of communication by the participants in both case studies. Care has been taken to organise the communication strategies into appropriate sub-categories so that the findings are presented as clearly and logically as possible.

#### 4.4.1 Pre-verbal Strategies

The spoken word does not develop at the start of language and communication (Whitehead, 2007), and this is reflected in the category ‘pre-verbal strategies’. Analysis of the contextual strategy ‘assessment’ suggested that participants expected some children with DS and EAL to be entering the EYFS setting at a pre-verbal level of communication, so it was anticipated that there would be teaching strategies to reflect this. Strategies recommended for developing the communication of children at a pre-verbal level were divided into five sub-categories, shown in Table 4-7: Sub-categories within the category pre-verbal strategies with arrows indicating the similarities between the case studies.

**Table 4-7: Sub-categories within the category pre-verbal strategies**

| Case Study 1                 |   | Case Study 2                                      |
|------------------------------|---|---|
| Use a multi-sensory approach | → | Use a multi-sensory approach                      |
| Non-verbal communication     | → | Non-verbal communication                          |
| Repetition                   | → | Repetition  |
| Model communication          | → | Model communication                               |
|                              |   | Develop social communication and attention skills |

##### 4.4.1.1 Using a Multi-Sensory Approach

Within this category of strategies, participants referred to a range of activities and ideas. In CS1 this tended to be cited from a wide perspective, and multi-sensory experiences were described as part of a general approach:

*“Support that [what the child can do] possibly with objects of reference to symbolise key parts of the day, signing, [and] lots and lots of multi-sensory experiences.” (Outreach teacher, CS1)*

The strategies recommended by participants in CS2 were more directly related to the structured use of particular resources which could stimulate a child's senses. These included using early years' toys or objects that could provide sensory experiences and contribute to the medium of story for children who were verbal as well as pre-verbal:

*"We [SENCO and SaLT] talked about assorted resources which would interest him and get his attention and it was all sensory stimulating resources...musical stuff...a little frog jumping out...basic building blocks." (SENCO, mainstream primary school, CS2)*

*"Last year we did 'Handa's Surprise' and I made puppets for all of them. I got all the fruit... we tasted it; we made a smoothie out of it, and then, you know. After that, when the kids acted the story, everything was there." (LSA, mainstream primary school, CS2)*

Strategies also included basing sensory experiences around topic work. which in this example used a tasting activity to develop the vocabulary of verbal children as part of a multi-sensory approach to learning about India:

*"We're doing a topic about India and every classroom they go in, it is Indian music... it is Indian food...and everybody tasted [the food] ...It's a sweet and somebody said 'like doughnut?' you know. And somebody said, "No, it is gulab jamun in our language." And so it's lovely that the way the communication is coming out. It's like linking each culture and the language." (Bilingual LSA, outreach service, CS2)*

These examples show a range of teaching strategies illustrating why a multi-sensory approach could be beneficial to developing communication. The use of early years' toys to gain a child's attention and to provoke a response lies at one end of the communication spectrum; using story sack activities with props and games to enhance understanding is a development on this. Planning topic work around sensory experiences to encourage children to contribute verbally and to develop a multi-lingual vocabulary is clearly aimed at children with more advanced communication skills. These differences show that a multi-sensory approach can be differentiated to meet the needs of children with DS and EAL as they develop their communication. This seemed to be the case in CS2, but because of a lack of explicit examples of strategies in CS1 it is not possible to verify if this also applied to specialist provision in the same way. Referring back to examples in the contextual strategies within CS1 where participants cited the need for having a 'toolbox' of strategies to support a child and to providing a practical, hands-on curriculum, it seems likely that these practices would lend themselves to this approach. It is possible that participants in CS1 were less explicit about strategies within a multi-sensory approach as they perceived it more as a contextual strategy rather than as a specific communication strategy. This would seem appropriate for a specialist setting where the provision of a multi-sensory environment would be likely to be common practice. There is evidence to suggest that participants in both case studies were using a

differentiated multi-sensory approach to developing communication by analysing the types of sensory resources they reported.

**Table 4-8: Sensory resources used to support the communication of children with DS and EAL**

| Case study 1                    | Case study 2                     |
|---------------------------------|----------------------------------|
| Generic early years' toys (n=9) | Generic early years' toys (n=10) |
| Switch toys (n=6)               | Switch toys (n=3)                |
| Touch screen computers (n=3)    | Touch screen computers (n=1)     |
| Talking photo albums (n=1)      |                                  |

The most frequently mentioned category of resources in both case studies was that of generic early years' toys, including bubbles, musical and noisy toys, toys that light up, and toys that move. These can all be described as having a sensory element in that they are designed to stimulate one or more of a child's senses and would be appropriate to resource a multi-sensory environment in the EYFS. Participants in both case studies were in agreement that there was no need for specialist toys in order to develop or encourage the communication of children with DS and EAL, but the differentiated way they were used by practitioners was important:

*"[We have] just general toys but being used in a schooled way by the staff that are using them to really sort of help children to develop their understanding of the world and their place in it really." (Head teacher, special primary school, CS1)*

*"Posting toys could be used to develop communication in some way, particularly for encouraging a child to make a request for 'more'. Bubbles have always been a favourite with this age group for encouraging eye pointing and other ways of requesting." (Teacher, Pre-school SEN Service, CS1)*

In CS2, the LSA supporting a child with DS and EAL who needed encouragement to use her voice introduced a toy microphone to encourage her to vocalise:

*"I have microphones because [child's name] loves to sing, so she will have a little microphone."*

Many of the early years' toys reported were designed to elicit cause and effect, where a child's action leads to an immediate response, e.g. pressing a button causes lights to flash. This same concept is present in the other resources mentioned; novelty toys which have been adapted by adding a switch for a child to press, touch screen computers, interactive whiteboards, and books which allow a personalised message to be recorded next to a picture or photograph. In terms of developing communication, these resources may, when used by a skilled practitioner, encourage a child to attend, request or make a choice. The use of sensory resources in this way illustrates that participants in CS1 were using a differentiated multi-

sensory approach, even though they were not explicit in how they achieved this through the teaching strategies they reported. The influence of practitioner guidance on the use of multi-sensory teaching strategies with children with DS and children with EAL are examined later.

#### *4.4.1.2 Non-verbal Communication*

The following strategies refer to participants' awareness of using non-verbal communication (NVC) with children with DS and EAL to enhance their comprehension of spoken language. This strategy was reported by a range of participants in both case studies; SENCOs, SaLTs and outreach teachers. In the following example a SENCO describes how the parent of a child with DS and EAL who was due to start in nursery had already started to establish NVC strategies:

*"She's already with the facial expressions, the way she's teaching him or working with him...he will already be geared up on the sign language and how to express himself [when he starts nursery]." (SENCO, mainstream primary school, CS2)*

Body language was used as part of a total communication approach, and when asked about strategies to support the communication of a child with DS and EAL, the participant responded:

*"That would be total communication, again, would be the verbal communication, body language, the key fobs that we use; very, very clear and visual work." (Outreach teacher, CS2)*

The uses of gesture and of exaggerated or dramatic responses were cited as strategies to support comprehension in an unfamiliar language environment:

*"I think within that English speaking environment they're going to possibly pick up some English words, and that's what we'd be hoping, and start to understand some English words... so I would be encouraging signs, you know, or perhaps not signs, let me take that back, natural gesture and pantomime to make it clear what the referent was." (SaLT, resourced nursery school, CS1)*

The use of NVC was cited in both case studies as a strategy to support the comprehension of a child with DS and EAL. As the examples show, NVC seems to be recommended as a strategy to be used in conjunction with other strategies, such as signing, verbal communication and symbols (on key fobs). The use of NVC could be seen as an integral part of an overall visual or total communication approach but not as a stand-alone strategy.

The use of NVC as a teaching strategy is also recommended as part of a second language teaching for those in the early stages of language acquisition. Children with learning disabilities go through the same stages of language development when learning a second

language (Hoover et al., 2008), which suggests that this strategy may be particularly appropriate for children with DS and EAL.

#### *4.4.1.3 Repetition*

Using repetition as a strategy to develop a child's communication was recommended by participants in both case studies. Engaging in repetitious activities generally related to promoting a younger child's level of anticipation and their ability to predict a familiar action or word. Examples of encouraging this were through playing games described as *"Ready, steady...go"* (Teacher, Pre-school SEN Service, CS1) and *"Peek-a-boo"* (SENCO, mainstream primary school, CS2):

*"I would want lots of repetition, so playing games with lots of hiding and pulling something out from behind your back and saying the same word, lots of single words, but again things that are going to be really functional, things that the child can almost predict are going to be said."* (SaLT, resourced nursery school, CS1)

The frequent mention of this type of strategy suggests that participants were anticipating that a child with DS and EAL starting in the EYFS would have social communication behaviours equivalent to a typically developing nine to 12 month old child (Sharma and Cockerill, 2014). It could therefore be hypothesised that repetition of nursery rhymes and songs would be an appropriate strategy for a child at this developmental stage, which was implied in CS1 in the context of familiarising a child with the repetitious pattern of language:

*"If you think about the sorts of nursery rhymes we do with our tiny children, none of the words mean anything. It's the most ridiculous, useless set of language but they give us a rhythm and a context and an intimacy that then allows us to have a platform from which we can learn other things."* (SaLT, resourced nursery school, CS1)

Participants cited the importance of repetition and the need to persevere to meet a child's pace of learning:

*"I mean take [teacher's name] who teaches here... every day, she would wave to [name of child with DS and EAL] and she said it took about six months to get any kind of, you know. And you've just got to pursue it. So, I think with something like sign language, even a symbol, it could take you six weeks, it could take three months, you know."* (Nursery teacher, mainstream primary school, CS2)

There was recognition that areas of learning may need repeating in order to be consolidated, even when a child seemed to have achieved the skill. This example relates to a child with DS and EAL who was learning to read:

*"She gets to a certain point where you think she is getting it, she is getting it, and that was three words together and I was so excited and I went around and I was telling everybody in Speech and Language [therapy service]. It's really good and then we will get to that point and then she*

*will go off again. So, if you just need to do it again, you just have to do it again.” (LSA, mainstream primary school, CS2)*

Using repetition as a teaching strategy was recognised as being necessary for working with children with DS and EAL by participants in both case studies. However, there was recognition that the pace of learning, regardless of how much repetition is offered, has to be dictated by the child’s level of learning ability. Moving within the EYFS from nursery to reception was considered a challenge as the pace of learning increased:

*“It was such a fast pace and in pre-school, I still work very...not slowly, but...I can’t move until I know that the child has got the kind of thing going, but that’s my skill that I have with Down’s children and EAL children, but that’s...with time, we’re good now.” (LSA, mainstream primary school, CS2)*

This contrasts with the following recommendations which refer to teaching typically developing young children with EAL:

*“The pace of learning is fast and needs to be challenging so that children do not become bored; this could reduce their confidence and undermine their learning. Repetition and rephrasing of language are strategies that support language learning.” (Teacher, EMA service, CS1)*

This suggests that participants who worked in schools with a high percentage of languages other than English could differentiate their use of repetition as an EAL learning strategy in order to make it appropriate for a child with DS and EAL by considerably decreasing the pace of learning.

#### *4.4.1.4 Modelling Communication*

The strategies related to modelling communication appear to fit closely within the contextual strategy of ‘relationships’ in the sub-category ‘build a relationship with a child’. Relational strategies are likely to require an adult partner to be working closely and intensively with a child, encouraging a child to listen and imitate. Three SENCOs in CS2 suggested that full time LSA support was necessary to provide a good communication model.

*“The other little girl [with DS and EAL], I mean she knows more core signs and she’s beginning to verbally communicate, just limited, but we recently increased the support that we’ve given her because we’ve applied for funding and I’m just waiting for it to come through. I’ve managed to get some extra support down there [in Nursery]. And just with the extra support, she’s basically got full time support, and the language has increased so much. And she’s imitating a lot of words. That’s the key worker, if you think, it’s so fabulous and that’s been just, you know, since September. She’s only been with us about seven weeks.” (SENCO, mainstream primary school, CS2)*

If an intensive level of adult interaction is necessary to provide a model of communication, there may be implications for the need for high staffing ratios in the EYFS setting. Additional funding to staff resourced nursery classes in CS1 enabled this model, however in mainstream

settings it was more likely that an LSA would be employed to work one-to-one with a named individual. It is unclear in this study if there were more benefits from one model than the other.

There is further evidence that participants recognised the importance of practitioners when considering the types of resources they reported; 27/39 participants cited an adult skilled in developing communication as a resource they would use. This was the resource most frequently mentioned overall by the two case studies, which highlights its importance to the practitioners participating in the study.

In terms of relating this teaching strategy to the development of communication, participants in both case studies illustrated that modelling could be used at different stages in a child's language development from the pre-verbal stage onwards. At the earliest stage reported in the study, the adult models an action for a child and labels the action by adding a single word without expectation of the child repeating the word back (Teacher, Pre-school SEN Service, CS1), while a parallel strategy cited was that the adult gives a one word label to anything a child shows an interest in (SaLT, resourced nursery school, CS1). At a later stage the adult could model generic noises that a child might know, such as animals or vehicles, with the expectation that a child will imitate the noise (SaLT, resourced nursery school, CS1) and then this is developed further to a child imitating a word that has been modelled (SENCO, mainstream primary school, CS2). This suggests that modelling communication is a strategy which supports the transition from pre-verbal to verbal communication skills.

#### *4.4.1.5 Developing Social Communication and Attention Skills*

Strategies to develop social communication skills were mentioned by six schools in CS2; in three of the schools children attended small group sessions where they were explicitly taught skills related to social communication. In this example an LSA in a mainstream primary school describes the 'social group' they run, attended by a child with DS and EAL:

*Participant: "One of the hardest things is getting the children to look at the person they are talking to rather than looking at me. But, [child's name] has got that down to a T; she'll just move her whole body around and [demonstrates action]. I say 'Oh, that's really good' and she is so excited. It's only a group of five and it's twice a week."*

*Interviewer: "But, you have to teach children to do it? It doesn't come naturally to the children?"*

*Participant: "Exactly. No, it doesn't...In the review, I said I didn't realise, you know, how you just take it for granted that, you know, when you look at the person you are talking to but a lot of...and again, I think it was [name] who said, well it's the reassurance that they want from you so they think, 'oh well, I have got to look at the teacher. I have to look at the teacher.'"*

This type of group-based learning was not reported in CS1, which is in keeping with the findings that children attending mainstream primary schools in CS2 were more likely to experience communication activities in withdrawal groups than children in specialist provision, where it was more likely to be offered through a child-led approach within the classroom. There appear to be advantages for developing communication via both approaches; one advantage with the child-led approach may be that a child's attention is already 'caught' and appropriate communication strategies implemented at that point may be particularly relevant and meaningful:

*"It's things the child thinks it's worth giving half a minute of their time to, because otherwise it takes such a lot of their cognitive effort to recruit what you are wanting them to be interested in that they've got no cognitive capacity left [laughs] for doing the learning bit of the language, so I absolutely would go with what they were interested in." (SaLT, resourced nursery school, CS1)*

An advantage of the group-based learning is the introduction of specific social-communication skills to enable peer interactions to take place in a structured way. However, less formal, semi-structured activities opportunities where social communication skills could be developed were also reported:

*"We have a gardening group in year six with some of our ASD children, so she [child with DS and EAL] might go and do gardening where they spend a lot of time talking about what they're going to do and they have a social part where they aerate the soil and they just have a nice conversation...the teacher has with her the brilliant TA that went on the Down's course and a bank of activities that she can use with [child's name]. But we do try and get the teaching in there, on a one-to-one personal level." (SENCO, mainstream primary school, CS2)*

There appears to be some flexibility for child-led interactions in this second scenario, although the other children in the gardening group are older than the child described and have social communication difficulties. This may mean that children when withdrawn from the mainstream class to focus on social communication skills are not always experiencing strong peer models and rely on the adult to teach specific skills. Unfortunately, in this study there were no examples to illustrate if children were able to transfer the social communication skills they learned in a withdrawal group to communicating with their peers in the classroom, nor if they imitated their typically developing peers' social communication skills.

## **4.5 Verbal Strategies**

Verbal strategies relate to communication strategies reported by participants in the study where the use of spoken language was referenced as a means for developing the communication of the child. There is an overlap between some of the strategies cited within

‘pre-verbal strategies’, and strategies which are detailed in verbal strategies because of the continuum of a child’s development of communication skills. This is perhaps most evident within the sub-category ‘modelling communication’, where the communication strategies included modelling both NVC and verbal communication. However, the findings reported within ‘verbal strategies’ relate to more specific use of spoken language.

The teaching strategies within this category were divided into four sub-categories, shown in Table 4-9: Sub-categories within the category verbal strategies, with the arrows indicating similarities between the case studies.

**Table 4-9: Sub-categories within the category verbal strategies**

| <b>Case Study 1</b>                              |    | <b>Case Study 2</b>                              |
|--|----|--|
| Support the child’s home language                | —> | Support the child’s home language                |
| Rhymes and songs                                 | —> | Rhymes and songs                                 |
| Implement speech and language support programmes | —> | Implement speech and language support programmes |
| Adapt language                                   | —> | Adapt language                                   |

*4.5.1 Supporting a Child’s Home Language*

Difference in home language use between the two case studies was a common thread seen in the three categories of contextual strategies; the EYFS environment, relationships and assessment. In terms of communication strategies related to home language support it is of interest to consider what type of support participants in each case study believed to be beneficial, and if there are any similarities or differences between them.

As seen in the findings for the contextual categories, participants in both case studies believed that children with DS and EAL should be able to express themselves in their home language at school, although in CS1 there were no opportunities reported for children with EAL to communicate in languages other than English in their setting. Communication support for children with EAL was perceived as requiring a different type of provision for children with SEN in CS1; children with SEN were not eligible for EAL support from the EMA service:

*“The specialism of the Bilingual Teaching Assistants is about developing communication. They are not trained in dealing with children who have serious learning difficulties or need support with their behaviour. If a Bilingual Teaching Assistant were to support a child who already has a Learning Support Assistant for their special needs there may be frustration between the two members of staff, as they might be trying to teach different things in different ways.” (Teacher, EMA service CS1)*

In CS2 home language support was available to children attending special primary and secondary schools, with bilingual LSAs teaching children with SEN:

*“We have a lady, [name], and she works with the children who have EAL... who comes a day a week. We would look and ask the teachers what children we think will benefit from that time and then spend her time accordingly. Yes, and then that’s accounted for in planning and then she might do individual work with the children and small group work or whole group work supporting the child.” (Outreach teacher, CS2)*

*“As a specialist setting...the classes are very, very geared to the needs of the children within the classes. So, already from the organisation of the school, we’ve got a very good support system in place anyway for all the children. We do call on the services of [bilingual LSA’s name] to support if we need any additional support around the [home] language.” (Outreach teacher, CS2)*

Children with DS and EAL in mainstream schools in CS2 also had access to bilingual staff (teachers and assistants) in school that could provide home language support. This illustrates that the children with DS and EAL referred to in this study have different access to home language support services depending in which borough they go to school. However, although a lack of equity in provision between case studies is a point of interest and possible concern, there was little evidence to show whether or not participants believed that children with DS and EAL were at an advantage by having access to a bilingual assistant. The only direct reference came from a SaLT working with children with DS and EAL in a community clinic in CS2:

*Interviewer: “Do you think there would an advantage if the child, let’s say, a child with Down’s syndrome goes into nursery or into a reception class and they get one-to-one support? Would they be at an advantage, do you think, if they had somebody who spoke their home language?”*

*Participant: “Probably, yeah. We had a Polish, young Polish girl that moved into the area, and she should’ve been year four at school. Struggled a little bit, really, and put her into reception for a while, and we’d assisted but, obviously, that settled down and she got to stay in the class, but then her behaviour changed. And they ended up, fortunately, they had managed to get a TA that spoke Polish, and soon as she got a TA that spoke Polish, the behaviour settled down...Would there be an advantage? Probably, in that they’ve got their home language and lots of visuals going in as well but, I don’t know.”*

In this example the participant cites a child with DS and EAL who experienced a positive change in behaviour which appears to be linked to receiving home language support at school. However, the participant seems uncertain as to whether or not home language support, as a communication strategy on its own, is perceived here as benefitting the child’s communication, or if it is seen only as being beneficial in conjunction with other strategies.

From the limited evidence in this study it may be that children with DS and EAL in CS2 have an advantage in terms of communication strategies available over their peer group in CS1 who are unable to access home language support. There may also be some advantages in supporting a child’s personal, social and emotional development, as well as their communication.

#### 4.5.2 Rhymes and Songs

Participants in both case studies reported that they used verbal strategies related to rhymes and songs in order to support the communication of children with DS and EAL. It had been anticipated that as the study was based within the EYFS, this type of strategy would be referenced frequently, but this was not the case. In total, 5/39 participants referred to using rhymes and songs, with four of these occurring in CS2. In one of the examples cited the reasons behind using nursery rhymes and songs as a communication strategy was because the child was motivated by music. This strategy aimed to develop an awareness of symbols through the use of pictures related to favourite songs:

*Participant 1 ( teacher): “We were given a song bag, weren’t we?”*

*Participant 2 (teacher): “It’s what she likes, and she does respond to that.”*

*Participant 1: “So taking out like a star.”*

*Participant 2: “Yes, she [child with DS and EAL] can show what the picture prompts. She wants to sing. They [speech and language therapist] saw the ones that she likes, like ‘The Wheels on the Bus’, ‘Twinkle-Twinkle’, ‘Incy Wincy Spider’, so, that was really a good one.”*  
*(Mainstream primary school, CS2)*

In another example it was suggested that activities in a music club encouraged some children to use their voices more:

*“We had a couple of children who hardly used to speak. I always commented that, ‘Oh, she’s not speaking after the holidays’ and just the music, they just don’t keep quiet now... even though they can’t speak the whole song, the music is there, the whole song...they sing.”* *(Outreach teacher, CS2)*

The reason for there being few references to rhymes and songs in EYFS settings is unclear. It may be that, as with the analysis of the sub-category ‘using a multi-sensory approach’ within ‘pre-verbal strategies’, most participants considered the inclusion of rhymes and songs to be more of a contextual strategy for all children within the EYFS environment rather than a specific communication strategy they would use to develop the communication of a child with DS and EAL. This reasoning might cause participants to omit this as a communication strategy.

Analysis of the resources mentioned by the participants which related directly to rhymes and songs found three examples; the song bag referred to in the first example above, songs from children’s television programmes, and a toy microphone to sing into (all mainstream primary schools, CS2).

### 4.5.3 Implementing Speech and Language Support Programmes

Reference has previously been made in the study to children accessing additional language or communication support usually implemented by LSAs. In terms of further support related to developing verbal communication, participants reported using and adapting language materials developed outside the borough in which they worked. In this example, a SENCO (mainstream primary school, CS2) refers to how the EAL materials from the Inner London borough of Tower Hamlets were used to scaffold the language of a verbal child with DS and EAL.

*Interviewer: “The Tower Hamlets’ material, can that be differentiated enough to be able to work with a child with Down’s syndrome?”*

*Participant: “It would give you...it gives you the kind of strategy. I think you’d have to adapt it more, but it kind of gives that...you have to say give them part of the sentence and then they can fill in the gaps. And that’s very much with [child’s name], where we’re at. We’re sort of trying to build up her speech. So she might start sentences with, ‘I can... I can...’ and that very much follows the Tower Hamlets’ [materials].”*

As well as using differentiated strategies from established EAL materials, participants in CS2 also reported using approaches from the structured oral language programme [talkingpartners@primary](mailto:talkingpartners@primary) (formerly known as Talking Partners). This 10 week intervention supports children from four years old who need additional help with speaking and listening skills and is delivered by a trained TA or LSA. It has been developed to be suitable for both children with EAL and children with SEN ([www.educationworks.org.uk](http://www.educationworks.org.uk))

*“Last week I did the ‘Shoemaker and the Elves’. So we’ve read the story... the first time they didn’t get the story at all, but we repeated it a couple of times, then after that we got all the stuff and made shoes. And that’s with Talking Partners because we just talk. We make things and we talk about them...And, you know, she’s [child with DS and EAL] starting now using her sign language, and, yeah, using colours as well and things like that, yeah. When we were making the shoes, she was usually, she was the first there. And, you know, I tell you, another session today she was asking about, ‘scissors, paper, paper’. I said, ‘can you repeat after me: can I have the pink paper, please?’ And she said it.” (Bilingual LSA, mainstream primary school, CS2)*

The type of activities described here provide further examples of the strategies of repetition and of modelling communication previously reported by participants within non-verbal strategies. In addition, the child is described as using sign language, a strategy which is explored in strategies for using AAC.

There are indications of the differentiation of mainstream practice when considering the language programmes used by participants in CS1. One SENCO (CS1) reported the use of three different structured speech and language programmes to support communication throughout the nursery. The nursery school cohort at the time of data collection included

children with SEN and EAL but the use of language programmes had been introduced to develop the communication skills of all children who were recognised as needing additional support:

*“I mean, we’re quite fortunate here. We have teachers who are very good on the speech and language with the ECAT [Every Child a Talker] and the ELKLAN [a speech and language training programme] and we also have staff that are LEAP [Language Enrichment Activity Programme] trained as well... a lot of the concepts early on in the LEAP, the pre-linguistic things, are very useful for children with English as an additional language because they’re kind of sound-based activities and it gets them tuned in to sounds and if you can enrich the child with lots of English then they tend to pick it up anyway because they’re quite young.” (SENCO, resourced nursery school, CS1)*

By analysing how these participants reported they implemented speech and language programmes, it can be seen how some practitioners supporting the communication of children with DS and EAL have been able to move beyond using just the EYFS practice guidelines and individualised programmes set by a child’s SaLT. The EAL and oral language support programmes referenced in this study appear to provide verbal strategies which some participants have been able to differentiate with the aim of meeting the communication needs of children with the complex combination of DS and EAL. The Every Child a Talker (ECAT), ELKLAN, Language Enrichment Activity Programme (LEAP) and talkingpartners@primary programmes all require practitioners to undergo specific speech and language training in order to be able to implement the strategies and undertake assessments. It would seem likely that those participants who had undergone training of this type could have the skills which would enable them to match the most appropriate strategies to the communication needs of children, and this is seen in the examples given. If this is the case, then it may imply that this additional training in language support programmes could be beneficial to practitioners working with children with DS and EAL in the EYFS.

Within this study there is no evidence to suggest that the speech and language support programmes were carried out in languages other than English. It could have been anticipated that due to the resources available for home language support in CS2, there may have been bilingual teaching reported, but this was not noted. This contrasts with the findings within the study where CS2 participants reported that children should have access to bilingual teaching. It perhaps reflects the content of the programmes and the need for practitioners to model the English language as a necessary part of their implementation. Alternatively, practitioners may not have thought to report that they provide support bilingually as this strategy appeared to be inherent within the multi-lingual context of some of the schools.

#### 4.5.4 Adapting Language

Participants in both case studies recognised the need for the adult practitioner to be mindful of the complexity of language used when communicating with children with DS and EAL. In CS1 the use of labelling, offering just a single word or short phrase alongside a child's play, was considered an effective strategy for helping them develop their comprehension skills and a functional English vocabulary:

*"I'd start with words that are related to words that are important, so it makes sense. So the ones that they typically learn are 'biscuit', 'drink', you know and then using photographs perhaps to do 'mum' and 'dad', 'brother', 'sister' that sort of developmental [level]."*  
(Outreach teacher, CS1)

This strategy was replicated by participants working in both mainstream settings and in specialist services (pre-school SEN service, outreach SEN service and SaLTs) in CS2, suggesting that children with DS and EAL entering the EYFS may be requiring this level of language adaptation. In addition, participants in CS2 suggested that labels could also be offered in a child's home language:

*"We also use the child's home language for simple words, for example 'drink', 'cup', 'doll', 'sit down', 'good' etcetera."* (Teacher, Pre-school SEN service, CS2)

Using generic labels was also suggested as a strategy for introducing new vocabulary:

*"So, if you're talking about parrots or owls, you won't say 'owl' or 'parrot'. We'll say 'bird'. So, it becomes the universal kind of thing."* (EMA teacher, mainstream primary school, CS2)

Ensuring that children were familiar with new vocabulary before using it in an activity was also a consideration:

*"You really break it [the activity] down into small steps. Pre-teach them the vocabulary as well beforehand, things like that, really."* (SENCO, mainstream primary school, CS2)

Similar strategies for adapting language were reported in both case studies by participants from a range of schools and services. It appears that adapting language to the level of a key word or phrase is a strategy which practitioners thought appropriate for supporting the communication of the child with DS or EAL, as well as a child with DS and EAL.

## 4.6 Visual Strategies

A wide range of visual strategies was mentioned by participants that related to developing symbolic communication. This refers to the use of strategies reported which might encourage a child to communicate without relying on speech, but at a higher level of development than the strategies listed in 'pre-verbal communication'. These strategies are presented in **Table**

4-10: Sub-categories within the category visual strategies, in the chronological order in which such visual skills are most likely to be learned; response to objects, then photographs, then symbols, then the written word. Visual strategies were mentioned more frequently than any other strategy, and this high frequency may reflect that participants were aware that many children with DS are considered to have relatively strong visual skills and that there is some evidence that vision provides them with an easier route into learning language than the use of auditory skills (Wishart, 2005).

**Table 4-10: Sub-categories within the category visual strategies**

| Case Study 1           | Case Study 2              | Total frequency of references |
|------------------------|---------------------------|-------------------------------|
| Objects (n=13)         | → Objects (n=13)          | n=26                          |
| Photographs (n=15)     | → Photographs (n=12)      | n=27                          |
| Symbols (n=13)         | → Symbols (n=22)          | n=35                          |
| The written word (n=2) | → The written word (n=10) | n=12                          |

Although the strategies are presented here as part of a continuum of visual skills, participants frequently referred to them as being used together:

*“The vein running through, though, although it’s dangerous to make stereotypes, is that you’re always going to be supporting everything with a visual, with an object of reference, your sign, your symbol.” (Outreach teacher, CS1)*

This may suggest that using a combination of visual strategies to develop symbolic communication was perceived as being beneficial. However, in order for a thorough analysis to take place, each of the sub-categories will be explored individually in the order in which they occur.

Visual strategies were perceived as being beneficial for any young child learning EAL:

*“There are some tweaks around, you know, working with children with Down syndrome on a general level but on the whole, I think what we promote in training, fits all. If they [the child] did, you know, have EAL and they didn’t have Down syndrome, it fits all, because it’s all the visual [strategies].” (SaLT, paediatric community clinic, CS2)*

There was also recognition that the use of visual strategies to develop communication was commonly used in the EYFS setting:

*“I suppose good early years’ practice does involve lots of pictures and lots of visual things ...so, you’re doing that anyway.” (Nursery class teacher, mainstream primary school, CS2)*

The participants’ responses seem likely to be incorporating their knowledge and experience of working with children with DS, with children with EAL, and with children in the EYFS. The strategies they reported may be as a result of a broader spectrum of experiences and not just

from their practice with children with DS and EAL in the EYFS. Participants recognised that there was an overlap in the types of strategies they reported using.

In addition, reference was made for the need for practitioners to be mindful of the cultural appropriateness of the visual strategies they use when working with children with DS and EAL. Using pictures which relate to a child's real life and not stereotyped images of it were recognised as being an important strategy:

*"I would look at, particularly with children with Down's syndrome; I would use visual strategies, helping them to learn. Culturally appropriate visual strategies as well, especially with them being EAL, thinking about different cultural impacts of using visual aids because I think that with English speaking children there are certain 'set pictures' that we can culturally use that we know are OK but when they've got EAL, those pictures don't necessarily apply, and I think we need to think about that." (SaLT, resourced nursery school, CS1)*

This may be relevant in the work of the SaLT when carrying out a standardised assessment with materials that were designed for English home language speakers in a white, western culture. It would also be good practice when accommodating children with a range of languages and cultures in the early years and beyond (Haslam et al., 2005).

#### *4.6.1 Objects*

Participants in both case studies referred to the use of objects as a strategy they would use to support the communication of a child with DS and EAL in the EYFS, and they were reported with equal frequency in each; however, there was a range of ways in which objects were perceived as being beneficial. The simplest of the strategies saw the practitioner offering a child an object, usually a toy, or recognising a child's interest in an object and then labelling it with a single word or a word supported with a sign. Participants also referred to using objects in order to support a child's understanding when telling a story:

*"Books, for example; if I need a story for them I make them familiar with the story, then I get all the things that there are in the story, kind of bring the story to life." (Bilingual LSA, mainstream primary school, CS2)*

Objects used in role play which accurately reflected a child's home life were considered to be valuable for promoting a child's use of language by developing a relevant vocabulary:

*"Culturally appropriate resources help make children more confident. For example, the home corner would benefit from the addition of appropriate kitchen resources such as a chapatti pan to make the environment right." (Teacher, EMA service, CS1)*

Participants referred to objects being used to symbolise activities for a child to make choices:

*"We use choice boards. [Child's name] is not ready yet, but when he is we'll start with objects." (Head teacher, special primary school, CS1)*

In CS1 there was also reference to the phrase ‘objects of reference’ by three participants, but this was not used at all in CS2. In one example the term ‘objects of reference’ was linked with the concept of objects reflecting points in the school day:

*“Support that [what the child can do] possibly with objects of reference to symbolise key parts of the day.” (Outreach teacher, CS1)*

However, it was not possible to tell from the data if all the participants who referred to using objects as a strategy to develop communication were using objects to reinforce vocabulary or were truly using objects of reference as part of what Miller and Hodges (2005, p.47) suggest is a ‘coherent approach... [to] enable the child to exert control and to make real choices.’

#### *4.6.2 Photographs*

Participants in both case studies cited using photographs as a visual strategy to support communication, and again, it was mentioned with similar frequency by each. The use of photographs and objects overall were reported with a similar total frequency, suggesting that these were commonly used in the EYFS in both mainstream and specialist settings.

Predominantly, photographs were used as a visual strategy to symbolise an activity, a place or a person. Photograph albums of a child and their families were reported as a useful resource, in this case with a spoken label providing the language input in either English or a child’s home language:

*“We use a Tomy talking photo album where a label can be recorded onto a picture or photo. Families can put in their own photos and record a phrase to describe what is happening.” (Teacher, Pre-school SEN support service, CS1)*

Photographs of the nursery environment, activities and key members of staff which could be shared with the family were reported as helpful in supporting continuity between school and home. Photographs were commonly used in this way at the point of transition to label new staff and new environments:

*“We’ve found it really useful when children were ready to respond to photographs to have a photograph book which helped the child to link where they were at in nursery and how they relate to home, so photographs of familiar people, photographs of objects that they recognised.” (SENCO, resourced nursery school, CS1)*

Photographs were also considered beneficial in order to create a sequence of events representing a new routine:

*“There’s a child who’s just started... she’s just starting to stay for lunch, so we’ve got photographs of her doing the things she does... it’s a timetable...it’s quite a long thing, but it only represents about 20 minutes of time showing her what she’s going to do.” (SENCO, mainstream primary school, CS2)*

A child taking their own photographs was reported as helping to engage them in language and literacy activities:

*“She [child with DS and EAL] likes photographs. She takes her own photographs as well, you know, chops heads off [laughs], but that’s my way of getting her involved in things.” (LSA, mainstream primary school, CS2)*

At a later stage of development, photographs of a child involved in an engaging activity were used to encourage the child to recall what they had done and attempt to write about it:

*“Last year we had snow...we had a boy who doesn’t want to write at all. He refused. So we went out, all of them [in the SEN group], for a while, made a snowman with them, and then came back. I inserted the pictures in the computer, so they had to log in by themselves and write down whatever they did outside, even one word...lots of simple, simple things. So gradually, they’ll talk and then when they go back to classroom, it gives them more confidence.” (LSA, mainstream primary school, CS2)*

These examples show that participants appeared to consider that using photographs as a resource could be useful for implementing a range of teaching strategies at different levels of communication. Using photographs at an earlier level of communication development, for example to give a visual context to a single word or short phrase label, was more commonly reported by the participants in CS1 working in specialist provision, while more participants in CS2 made reference to linking the use of photographs as a resource for stimulating literacy, as well as language activities. Participants in mainstream schools seemed to be more likely to reflect on what strategies might be appropriate for a child in a reception class in a way that participants in nurseries not attached to primary schools did not. This could provide an explanation for why some CS2 participants referred to skills associated with a later stage of language and literacy development than might be expected of children with DS in the EYFS, for example learning synthetic phonics:

*“With our phonics, we are doing ‘a’ and ‘ay’, but it’s quite a lot. It’s tricky for her.” (LSA, mainstream primary school, CS2)*

The range of strategies reported might also reflect that there are differences in the learning and language ability of children with DS.

#### *4.6.3 Symbols*

The sub-category of using symbols as a visual strategy to support communication was the second largest in the study, with 13 references in CS1 and 22 in CS2, making a total of 35. It is not clear why there were many more references in CS2 than in CS1, other than there were five more participants in CS2. The use of symbols was referenced in every interview, although not by every participant. Without exception, participants interpreted ‘symbols’ as meaning a

standardised image created by using a design program and representing an object, activity, place or person. The most commonly mentioned symbol program was Boardmaker, produced by Mayer-Johnson, although other meaning based symbols were also referenced, including Bliss symbols (Blissymbol Communication UK) and Writing with Symbols (Widgit). Boardmaker symbols were used in both case studies, Bliss symbols in CS1 by one SaLT, and Writing with Symbols by one outreach teacher in a primary school in CS2. Overall, there appeared to be continuity in the types of symbols used between the two adjoining boroughs where the case studies were set. This may be of particular relevance for children who access health, respite services or leisure and play activities in the adjacent borough to where they are educated. If this is the case then it seems that other professionals are likely to be using the same symbol program to support communication, which could be advantageous for the children. Participants generally used the word ‘symbol’, although ‘image’ and ‘picture symbol’ were also used occasionally as terminology in the study; however, there appeared to be mostly continuity in the language used between the two case studies.

Some participants reported using programs to create symbols themselves, but the majority received symbols from a child’s SaLT. In both cases, regardless of the source of the symbols, they did not appear to be used as a strategy on their own, as participants reported using symbols alongside objects, photographs, adapted language and signing:

*“I think that you need to have a lot of real objects and you need to have those real objects in a photograph form, in a Boardmaker image form, and I think as a staff you need to be well established in being able to use sign as well so you’ve got a multi-faceted approach to meeting the child’s needs.” (SENCO, resourced nursery school, CS1)*

Symbols were reported to be used in a range of structured strategies and participants used them to create choice making activities:

*Participant: “So, things like choice cards ...so that they [the children] are going in [to the classroom] and they’ve got two choices and they’re choosing what they want to do”.*

*Interviewer: “Do you use photographs or pictures or...?”*

*Participant: “We use...it depends. We’ve got the, what’s that program called that prints off the pictures?”*

*Interviewer: “Boardmaker?”*

*Participant: “Boardmaker. We’ve got Boardmaker; I like it and it works, I think it works for some children”. (SENCO, mainstream primary school, CS2)*

Symbol cards were also used for children to make simple requests; one participant suggested using them to implement the Picture Exchange Communication System (Bondy and Frost 2001), again as one of a number of visual strategies:

*“We’re talking about using visual support, wherever that might be necessary. Strategies like PECS, signing if that’s appropriate and just generally trying to modify what it is we’re asking of children and giving them strategies to help them; help us to know what their choices are, really.” (Head teacher, special primary school, CS1)*

Symbols which represented commonly used words or phrases were cited as reinforcement to spoken language. In this example the participant refers to the Writing with Symbols representations on the fob worn by all staff at the school:

*“It’s ‘Writing with Symbols’. We started off some years ago; I think we had 10 or 12 [symbols on the fob]... so that’s ‘good work’ [shows symbol], they are the ones that we think we would use most of the time. That’s ‘finished’ [shows symbol].” (Outreach teacher, CS2)*

Using symbols taking the form of ‘emotion faces’ was cited as one of the strategies used to support the emotional and behavioural difficulties a child with DS was experiencing in a school where all of the children were reported to have EAL:

*“We asked [the SEN outreach team] for a pupil intervention programme to be set up for one child with Downs’ syndrome due to the violent and unmanageable behaviour that she was expressing.” (SENCO, mainstream primary school, CS2)*

The use of these symbols was implemented in order to help children communicate what emotions they were feeling, with the aim of changing their behaviour. Symbols were also reported to be used to support a child’s routine through the creation of timelines and examples of this were given by participants.

The examples given within this sub-category appear to illustrate the relationship between using symbols and other visual strategies. It seems likely that participants may be aiming to teach children with DS and EAL a varied repertoire of skills in order to support their communication, and that the use of symbols is not perceived as a stand-alone strategy for achieving this.

#### *4.6.4 The Written Word*

Using the written word as a visual strategy to support communication was reported mainly in CS2, with 12/14 participants contributing to this sub-category. The weighting towards the use of literacy strategies by participants in CS2 was observed earlier in the sub-category ‘photographs’. The wide range of communication strategies reported may reflect the variation in ability and age of children with DS and EAL in the EYFS.

It was acknowledged that the use of the written word as a strategy for children with DS would be introduced at an earlier stage of development than with their typically developing peers:

*“I think, with our children with Down’s, we use many, many more pictures and many, many more things with a written word than you would necessarily with your typically developing child at the same age.” (SaLT, paediatric community clinic, CS2)*

The strategies cited in CS1 related to questioning the languages in which the text should be written, and this query also formed a large part of the strategies mentioned in CS2. There were differences in opinion both within and between the case studies as to how text should be presented to children with DS and EAL, although in all cases participants referred to using single words in the form of written labels.

**Table 4-11: Languages used on written labels by participants in both case studies**

| Case Study 1                                     | Case Study 2                          |
|--|---------------------------------------|
| Use only English language on labels              | → Use only English language on labels |
| Use bilingual labels (home language and English) | Use home language labels              |

This incongruity in practice could suggest that some participants who would advocate the use of the written word with children with DS may be unclear if and how this strategy could be adapted to make it suitable for English language learners. This lack of clarity is seen in both case studies, and it is possible that this reflects the paucity of training materials on supporting the communication of children with both SEN and EAL. These findings are discussed Chapter 6.

Within CS2 participants made reference to using phonic strategies to support early literacy practice. Three practitioners reported they would encourage the child to try to identify the initial sound of words alongside whole word learning, whilst recognising that this could be a difficult skill:

*“I think that’s something we found across the school that if you’re struggling with phonics there’s not really that much merit in pursuing it other than just getting initial sounds. It’s got to be that sight language and that’s what we’ve been pursuing across the school.” (SENCO, mainstream primary school, CS2)*

This example highlights that some strategies are also appropriate for other children who need support with their literacy, and are not exclusively for children with DS and EAL. Another participant reported using a more generalised strategy to learn letter names, sounds and sequence, again not only with children with DS and EAL but also with children with SEN (other than DS), and with children with EAL learning a new alphabet:

*“Well, we get wooden letters and we put them in an arc. So, we teach them, the ‘a’; ‘a’ is the first letter of the alphabet. The ‘z’ is the last one and the ‘m’ and the ‘n’ are in the middle, because that helps; later, he knows, you know where they are. And they’re always put in an arc every single time. But this can go on; you can do that for a year. And then they learn, because*

*wood is more tactile, you know, plain wood. So, it's warm to the touch; it's a nice feeling. So they touch each of them and they go round and they go backwards and then we play games: 'now close your eyes, take a letter away, what's missing?'.’* (EMA teacher, mainstream primary school, CS2)

This example illustrates that some visual strategies may be appropriate, when differentiated, for children with DS (or another SEN), as well as typically developing children with EAL. This supports the argument that children with DS and EAL may not need strategies which are specific to that combination of needs, but that some SEN and some EAL teaching strategies may also, in some contexts, be appropriate.

This overlap in strategies might also reflect participants' different areas of teaching expertise. The EMA teacher's experience is likely to be coming predominantly from an EAL perspective; however, the sensory and repetitive nature of the alphabet activity mirrors some of the strategies within 'pre-verbal strategies' which were reported as being particularly appropriate for children with DS. The SENCO in the first example, although being specific about the needs of a child with DS and EAL, recognises that a whole word approach to developing a sight vocabulary will also benefit other early readers. It is possible that some participants within the study may have reported using visual strategies which reflect their different educational perspectives, and strategies from both these perspectives may be appropriate to support the communication of a child with DS and EAL. The use of visual strategies appears to bridge the gap between the communication needs of children with DS and children with EAL, and they seem to be of particular relevance in meeting the needs of children with DS and EAL.

In terms of the resources participants used which supported the use of visual strategies, books were the most frequently noted, making up more than half of the total resources in this category (n = 16/29). In CS1 the most popular of these was a dual language book, which perhaps surprisingly was mentioned only once as a resource in CS2 where there were many more learners with EAL. Although participants cited dual language books as a visual resource they would use, what was available was not always suitable for younger children in the EYFS:

*“So we're still at a point of trying to get dual language books into nursery; quality dual language books because most dual language books are geared to Key Stage 1. So it's finding something that's accessible for early years and then actually finding something that's accessible for the needs of children with their special needs. So, for Down's syndrome children, something that they can access, so it really needs to be very...at the right level.”* (SENCO, resourced nursery class, CS1)

Participants in CS1 also reported using books which included positive images of children with disabilities, particularly of children with DS. Three participants mentioned the Plenty of Potential (POPS) special needs reading programme, which features a character with DS and is designed to work to the strengths of visual learners with SEN:

*“That’s been a fantastic thing from [child with DS] coming in actually because [the outreach teacher] recommended those [books] highly, so we got the first set of those. All our resourced children just fly. They love the POPS books; they are fantastic!” (SENCO, resourced primary school, CS1)*

In CS2, four participants said they used generic early years’ picture books to support children’s communication. When specific books were mentioned, it was in the context of non-fiction publications, and these may have been aimed at introducing global citizenship as part of personal, social and emotional development in the EYFS:

*“And we have lots of very special books that are kept separately. Children’s books for example that are linked to the rights of people and equal rights and we have some books linked to global communities.” (Outreach teacher, CS2)*

Fiction and non-fiction texts provided as a classroom resource by participants to support language and literacy were reported as being mostly in English; however, from the previous evidence of home language use in CS2, it seems likely that picture books may be shared bilingually by participants with children in the EYFS, although no specific examples were given of this. The use of books appears to complement the more structured visual strategies of using the written word on labels to develop a sight vocabulary.

#### **4.7 Strategies for Using Alternative and Augmentative Communication**

The final category of communication strategies explores the different ways in which participants used AAC to support the communication of children with DS and EAL in the EYFS. The majority of AAC interventions are unaided (e.g. signing) or use low-technology devices, such as communication symbols and switches. High-technology devices now overlap with many commonly used mainstream technologies, including interactive whiteboards, smart phones and tablets, and a wide range of apps and computer programs which can support communication are available (Baldassarri et al., 2014). This suggests that the medium through which high-technology AAC can be accessed is taking a more inclusive format, with many typically developing children also developing their language and literacy skills using portable personal computing devices in their first years at school (Lynch and Redpath, 2014). However, the sub-categories shown in Table 4-12: Sub-categories within the category alternative and augmentative communication illustrate that unaided and low-technology strategies were

predominantly used by participants in this study when supporting the communication of children with DS and EAL in the EYFS.

**Table 4-12: Sub-categories within the category alternative and augmentative communication**

| Case Study 1             |    | Case Study 2                           | Total frequency<br>of references |
|--------------------------|----|--|----------------------------------|
| Signing (Makaton) (n=21) |    | Signing (British Sign Language) (n=22) | n=43                             |
| Switches (n=8)           | —> | Switches (n=3)                         | n=11                             |
| Timelines (n=4)          | —> | Timelines (n=6)                        | n=10                             |
| Choice boards (n=2)      | —> | Choice boards (n=2)                    | n=4                              |

Using AAC devices as a strategy seemed to be generally accepted as part of practice in supporting communication, with references made in both case studies to commonly used low-technology devices. However, one participant put forward an argument highlighting some of the pros and cons of using AAC:

*“If we’re thinking about children without physical difficulties, I think it’s a real balance between the drawbacks that those things [low-technology AAC devices] have, because children move about and don’t have it with them; it’s that real thing. Whereas if you’ve got a child who’s quite immobile and can have those things around them then you can sort of get somewhere, but once those children are up and moving it’s unlikely that they’ve got the bit of kit they need with them...and I think at that level, in terms of developing their comprehension in cause and effect, that’s great, but I wouldn’t be particularly looking at an AAC system in its systematic-ness. Again I think it would be very individual, and for some children something that gives a consistent response and allows them to literally go away and play with it and start to hear that bit of language again and again is great, but you are risking losing the context of it...I think by sometimes labelling things as an AAC system, using AAC, it can actually act as a barrier because it’s another thing for practitioners to think about instead of looking at what the child needs and responding.” (SaLT, resourced nursery school, CSI)*

This participant’s viewpoint highlights the need for children to be assessed individually and for the practitioner to be prioritising and implementing strategies and resources which are best for developing a young child’s communication. These points reinforce the findings in the contextual strategies, and appear to underpin many of the participants’ philosophies of teaching. This suggests that AAC strategies should be tailored to a child’s particular needs, rather than being considered for the sake of using AAC, as they may be less appropriate than another strategy.

It is perhaps of interest that the only query comes from a SaLT, who because of their occupation, is likely to be skilled in using AAC. Further examination of the relationship between SaLTs and schools in the discussion section of Chapter 7 suggests that in both case studies the communication strategies used with a child with DS and EAL were most likely to be recommended by a child’s SaLT; participants who are teachers or TAs are likely to be

working to their allocated SaLT's advice. It may be for this reason that no other queries were raised, as teaching practitioners appear to be following SaLTs' guidance about using AAC.

#### 4.7.1 Signing

This was overall the largest of the sub-categories, with 21 references in CS1 and 22 references in CS2. Participants in all occupations and roles within the study reported that signing would be a strategy they would use; signing was cited as a strategy in 10/11 interviews in CS1 and 11/12 interviews in CS2. The distinction between the case studies was that participants in CS1 used Makaton signing as a strategy and in CS2 BSL signs were used. Some participants referred to more than one type of signing in their interviews. The reason why two adjoining boroughs would be using different signing systems is unclear, other than the remit came from SaLTs who were operating out of two different NHS Foundation Trusts, so it is likely this reflects their policy rather than that of the schools.

The use of BSL for supporting the communication of a child with DS and EAL was queried by one participant in CS2:

*Participant 1: "I just want to ask a question really about the, and I've kind of always wondered but never thought to ask it, about signing. Because signing, if you use British Sign Language, you have to have an understanding of language. And if you have, you know, if you were Down's syndrome or you have autism, really what is the point?... But there is the other sign language that is much more... it's not as complex, is it? And it's more kind of instantly gratifying, I think. So, on one level, I don't think [child with DS and EAL] is going to respond to sign language."*

*Participant 2: "I know she did at the [previous] nursery. So, back then they were teaching Makaton not British Sign Language. It was the speech therapist who said 'go with British Sign Language rather than confusing her with both'." (Nursery class teachers, mainstream primary school, CS2)*

Signs were being introduced only at a one key word level and were used to support the spoken language, therefore the grammatical aspect of BSL would probably not be an issue at this stage. Other participants in CS2 referred to the 'core signs' which make up the established vocabulary of BSL:

*"We've also had the speech and language therapist who is involved with the two children [with DS and EAL] before they came to us. She's come and she's given us training in [British] sign language and core signs." (SENCO, mainstream primary school, CS2)*

The use of BSL core signs as a strategy could imply that children with DS and EAL would develop and use speech before they would need to learn the grammatical structure of BSL, which differs from English language. However, as levels of language learning ability vary in children with DS this may not apply to everyone:

*“Some children are always going to need a signing environment.” (Head teacher, special primary school, CS1)*

For those children with DS and EAL who rely more heavily on sign to communicate and for a longer period of time, it may be that particular consideration could be given to the most appropriate type of sign for their individual need, rather than there being any restriction because of the borough in which they are educated. Within this study there was only one reference made to a child that this might apply to:

*“One child who has DS and EAL also has a specific language difficulty. I don’t know how or when he was assessed as it was before he came to us.” (Head teacher, special primary school CS1)*

At the time of the study this child was in Year 6 and communicated through the use of Makaton signing. The Makaton signing programme has been suggested as an appropriate strategy for supporting the language development of children learning EAL (Mistry and Barnes, 2013), as well as for those with difficulties with communication skills. It seems likely that for this individual with DS and EAL, Makaton was an appropriate form of signing as it could support both English and his home language without the need for learning BSL as an additional language.

Participants in both case studies reported that Makaton or BSL signing could support a child’s home language, as well as English. Examples were given that included greetings and simple instructions:

*“I think when we’re trying to promote signing with parents, I do, you know, offer that as it’s the consistent language, so regardless of the language that they can hear, there is still the same sign. So if Mum’s saying...I don’t know, ‘Get your coat on’ in Urdu but signing ‘coat’; and I say, ‘Get your coat on’ in English and sign ‘coat’, then the message has still got through, I think.” (SaLT, community paediatric clinic, CS2)*

The most frequently reported use of signing was ‘attaching’ a sign to commonly used words or phrases in the EYFS setting, and this included signing when using greetings in English and in a child’s home language. The following is an extract from a discussion between three members of the same outreach team in CS1:

*Participant 2: “I wonder what you’d do though. Do you then focus on an agreed core vocabulary that they’re saying and signing at home and you’re saying and signing at school?”*

*Participant 1: “I think that’s always useful.”*

*Participant 3: “For your ‘please’, for your ‘hello’, ‘goodbye’ [signs these words].”*

*Participant 2: “Then you’ve got that two way support.”*

Including a child’s peer group in learning to sign was also a consideration for participants in both case studies:

*“I mean Makaton would be your absolute starting point, assuming that wasn’t established already, and Makaton shared with the peer group so they’re able to communicate as well.” (Outreach teacher, CS1)*

*“We’ve had signing with all the children. All the other children seemed to pick it up, but [child with DS and EAL] at that time didn’t pick it up” (Nursery class teacher, mainstream primary school, CS2)*

It seems likely from the cohorts described in the case studies, that the peer groups would include other children with SEN and others with EAL, as well as typically developing children with English as their home language. If this is the case then these examples suggest that some participants perceived using signing in the EYFS as an inclusive strategy to support all children’s communication, and this applied to the use of both Makaton and of BSL signs.

#### *4.7.2 Switches*

In order for switches to be appropriate as a communication device a level of contingency awareness, where cause and effect activities could be introduced, needs to have been achieved. Contingency awareness is an important factor in allowing children to access a range of other learning, particularly through exploratory play (Ware and Thorpe, 2007). As the majority of children with DS will have achieved this concept at 12 to 22 months (DfES, 2006) it would seem that the use of switches would be an appropriate strategy to support communication. Introducing switches as a device to enable a child to control their environment was reported, and this included adding them to lights, moving toys, fans and food processors so that a child could switch them on and off (Teacher, pre-school SEN service, CS1). The use of this strategy by participants appears to be linked to a child’s intention of producing a reaction at the relevant time. This is illustrated by the following description of a child with DS and EAL (at an early stage of development) learning how to use a switch in response to their name in a reception class:

*“We have BIGmacks. [Child] uses one when we say ‘good morning’ so he can join in. He is starting to know when it’s his turn but sometimes needs hand-over-hand help.” (Head teacher, special primary school, CS1)*

The use of switches as a low-technology AAC device were reported in both case studies but more frequently in CS1 (n=8) than in CS2 (n=3). It is possible that this is because the specialist provision in CS1 were more likely to have switch based devices as part of their school resources due to working with a higher number of non-verbal children with SEN than in CS2. In CS1, half the switch references were related to using a BIGmack communicator, a device which when pressed, plays back recorded speech, music or sound. Participants also

reported investigating a number of other types of switches to find ones most appropriate for the child using them:

*“We have a wide range of switches now. Whereas we used to just have the BIGmack switches, now we have ones that are very flat because sometimes when you press and get the click noise that interferes with the interaction, whereas these are quite smooth and flat ones. So we’ve used, again, creative practitioners that have expertise in switch technology. You know, we’ve got one now that you can use with your elbow and we’ve also got switches that have got a bouncy rebound” (Outreach teacher, CS2)*

Switches which were recording devices were reported as supporting a child in joining in activities, and recording a child’s home language on them was seen as a possibility if appropriate:

*“You can use switches and button pressing for very simple things like taking part in the register, but then again for me, as a therapist, I wouldn’t have any problem with the child with EAL answering in their own language if that’s what they were doing. So, I think it really depends on the child really...if you’ve got a child who has English as a second language and has a specific difficulty and maybe they’re non-verbal you could use switches, but I would make sure that that switch was in the language that they were most comfortable with hearing and they’re most familiar with and that wouldn’t necessarily be the same language as everyone else is using.” (SaLT, resourced nursery school, CS1)*

This provides another example of using a child’s home language to support their communication. Switches with recordable options used with pictures or words on them were also reported as being used as a communication device to reinforce new vocabulary, both spoken and written:

*“You’ve got pictures on different themes depending on what that child might be learning at nursery at that time, so that’s quite good because you associate a kind of sound with the picture and then you can adapt it for children who are learning to read. You can put the words on there then you can support them by then giving them the verbal reinforcement, so it’s a kind of a multi-sensory approach to supporting their language.” (SaLT, resourced nursery school, CS1)*

This approach combines both visual and verbal strategies and can be differentiated for children at a number of stages in their communication development. In addition, the use of recordable devices, it was suggested, could be used as another strategy to support home language development, again reinforcing that the SaLTs in this study saw this as being beneficial to children’s overall communication.

#### *4.7.3 Timelines*

Timelines were used as a communication strategy in both case studies to visually represent a sequence of events over a period of time. This ranged from the structure of a lesson or an

activity through to showing the consecutive elements which made up the routine of a full nursery session or whole school day:

*“We always have a visual timeline anyway within nursery and that’s a moveable timeline, so wherever we go we take the timeline with us. For example, for carpet time, and we actually remove the symbols so that it doesn’t remain static so the children can see exactly where they are up to. We use... so that’s Boardmaker signs on there. We would put the correct language on that to make sure that print is there anyway, so it’s not always English on there. We work with homes to make sure we’ve got the correct language on.” (SENCO, resourced nursery class, CS1)*

There appeared to be no consistency in the way that timelines were used either within each case study or between the two case studies. Some timelines were described as a permanent display within a classroom, while others were able to be moved. The majority of participants reported using Boardmaker symbols to create a timeline, but photographs were also used. As with the example above, the timeline was reduced as each part of the activity finished, however in other settings the timetable remained in its original form throughout the day. Participants reported using English and languages other than English to label images on the timeline.

It is unclear why participants used timelines in a variety of ways, and the inconsistency in use could possibly reveal the differences in training between participants. This suggestion is considered in the light of findings that there were some differences reported in strategies recommended by SaLTs between the case studies, which was evident in the case of signing with Makaton in CS1 and BSL in CS2. One participant reported that they were given different ways of working when there was a change of therapist, but this was an exceptional case in this study:

*“There have been quite a lot of Speech and Language ladies. They are lovely, but they all have their own kind of niche and I’m thinking, ‘All right. I have worked that way, but now I work that way’.” (LSA, mainstream primary school, CS2)*

Alternatively, it may be that the timeline is a flexible strategy that can be modified to suit the communication of an individual child or to meet the more general needs of a class of young children of different abilities and home languages. Another consideration may be that some practitioners provide a timeline as a general classroom resource, but do not actively engage the children with it.

The use of timelines, as reported by participants in this study, reinforces the findings related to promoting visual strategies in order to support the communication of a child with DS and EAL in the EYFS. It also suggests that communication can be supported by introducing more

than one strategy at a time; in the case of timelines using symbolic images with the written word in a sequence to consolidate comprehension.

#### 4.7.4 Choice Boards

Two participants in each case study made reference to strategies which would enable non-verbal children with DS and EAL to make choices. Although this is a small number of references, the examples illustrate strategies which may be relevant to supporting communication. Activities chosen by the child were perceived as being motivating:

*“I do think there’s a whole area about empowering individual children to make choices, so I do think that a range of choice boards, ‘Go Talk’, switches, they’re almost just a development of an initial opportunity to say ‘yes’ or ‘no’ to something; to have a like or a dislike. I think having something that children can sometimes reach for and take things off is really useful so we have multiple uses for Velcro!” (SENCO, resourced nursery school, CS1)*

A range of low-technology AAC devices for supporting choice making is reported in this example and speech can be recorded on the ‘Go Talk Communicator’. The board demonstrated at the time of the interview had six location buttons with Boardmaker symbols representing four different activities in the nursery and two to represent ‘yes’ and ‘no’. Switches are also reported here as another medium for choice making, with two switches used to indicate a preference. The last reference relates to a small board with 4×4 cm laminated Boardmaker symbols attached using Velcro. In this example the child could choose from five symbols representing food and drink choices at snack time (milk, water, banana, apple and biscuit) and could communicate their preference by removing a card and giving it to a facilitator, as with a picture exchange communication system (PECS) approach (Bondy and Frost, 2001).

The way in which the choices were presented to a child appeared to be differentiated to suit either a child’s visual preference or their ability to link a symbol to a meaningful representation:

*“We use choice boards. [Child] is not ready yet but when he is we’ll start with objects. Then we would progress to photos. [Another child] was using symbols on his but he can sign what he wants now.” (Head Teacher, special primary school, CS1)*

The order of presentation here mirrors the chronological order in which visual skills are most likely to be learned; response to objects, then photographs, then symbols. It is suggested that the second child referenced in the example above had developed his communication skills beyond the need for a choice board, with the reason given that he is now able to sign. This implies that for this particular child, Makaton has superseded the need for objects,

photographs and symbols as communication strategies. It has already been noted that participants in the study were concurrently using more than one communication strategy with children with DS and EAL (e.g. an object, plus a sign, plus the spoken word) and this example may show how having had a ‘toolbox’ of strategies at his disposal, signing has become the primary form of communication. This reinforces the idea that children with DS and EAL benefit from having a range of communication strategies taught to them from an early age but that one type of strategy may start to dominate in the EYFS.

Although there were the same number of references made to choice boards in each case study, participants appeared to have different ways of using them. The examples given suggest that some participants in CS1 had experience of a range of choice boards and how they could be used to support communication and be differentiated to meet particular needs. In CS2, the references made to choice-making were through the use of cards with Boardmaker symbols to choose between two activities at the start of the school day, or to choose a nursery rhyme or song from a selection. The differences between the two case studies could reflect the training and experience of participants in working with non-verbal children.

It was suggested earlier in relation to the use of literacy strategies, that participants in CS2 may have been referencing their experience with more able children with DS at the end of the EYFS. This could also be the case here, as they report using only symbols, rather than objects or photographs, on choice boards. In addition, some participants in CS2 with experience and training in working with children with EAL, were familiar with using symbols to support English language learners as well as children with SEN:

*“We use kind of cue cards and visual timetables and things like that and those things are good for children who are learning English as well as children with special needs...They [the children] make their needs shown in other ways, by showing a card and things like that. You know, there’s a card for the toilet and there’s a card for different things.” (SENCO, mainstream primary school, CS2)*

This could suggest that symbols used in the context of making choices seem to be a common strategy for the communication needs of children with DS and those with EAL. Using symbols on choice boards could be of particular relevance in supporting the communication of children with DS and EAL in the EYFS once a child is confident at using symbols.

## **4.8 Summary of Communication Strategies**

The categorisation of communication strategies (pre-verbal, verbal, visual and AAC) illustrates that a wide range of strategies were reported by participants. These categories

encompass a broad spectrum of communication development, which suggests that participants may have had varied experiences of working with children with these needs.

For practitioners working predominantly with children from birth to three (SaLT and Pre-school SEN services) a wide range of strategies would be expected, yet even within the two years of nursery and reception, children with DS and EAL seem to need access to a wide variety of strategies and resources to support communication. One reason appears to be that children enter school at different levels of communication development and this is most likely due to reflect differences in individual's learning disability. However, it is also possible that children with DS who have not received any type of initial communication intervention may also enter school at an earlier level of communication. This might apply to international new arrivals that may not have had access to therapeutic services, or to home nationals who have been unaware of, or chosen not to access, early SEN support. EYFS practitioners, therefore, need to be able to support the communication of children with DS and EAL at different levels and have access to a wide range of strategies.

As there were no specific guidelines available about how to work with children with DS and EAL at the time of data collection, an exploration of how closely the teaching strategies reported are linked to teaching guidance for practitioners supporting children with DS or with EAL in the EYFS will be carried out in the next section. This will help to evaluate if there are any differences between the case studies in relation to the guidance and how it is carried out.

## **4.9 Discussion of Teaching Strategies**

This section considers the types of contextual and communication strategies reported in the study in relation to some of the widely available education guidelines for EYFS practitioners at the time of data collection and to the research literature. They will be discussed in relation to educational policy later in the study (Chapter 8). The findings revealed many overlapping strategies used by SEN and EMA teachers to support the communication needs of children with DS and EAL. This discussion aims to explore these commonalities by linking the sub-categories of strategies identified in the previous sections to the practitioner guidelines and research literature which recommend teaching strategies related to communication. In the absence of specific guidance for developing the communication of young children with DS and EAL, the strategies reported will be compared against three sets of guidance for early years, DS, and EAL. These documents were current and relevant to practitioners at the time of data collection.

### 1. Early years' strategies:

- *Statutory Framework for the Early Years Foundation Stage* (DfES, 2007)

The EYFS guidelines are included to set the context for the early years' school or setting and as the use of this document was statutory at the time of data collection, it could be expected that it would be reflected in the strategies reported and be common to the settings in the study. It is of interest that despite it being statutory guidance, no participants in the study mentioned this document. The contextual strategies reported in the findings are discussed in relation to the four principles of the EYFS.

### 2. DS strategies:

- *Education Support Pack for pupils with Down's syndrome: Primary* (Black et al., 2011)
- *Including pupils with Down's syndrome: information for Teachers and Support Staff: Early Years* (DSA, 2006)

The DSA guidelines are considered appropriate documents as participants from both case studies reported having undertaken training from the DSA, and these were their most relevant publications at the time of the study. Both the primary and early years' documents are included in order to span the age range 0-5 years.

### 3. EAL strategies:

- *Supporting children learning English as an additional language: Primary National Strategy* (DCSF, 2007)
- The results of *Guidelines for Language Use in Bilingual Preschools*. Early Language and Intercultural Acquisition Studies (ELIAS) produced by Kersten et al., (2008)

This process aims to clarify which strategies reported appear to be most suitable for children with DS and children with EAL in the early years. Where strategies overlap, it is hypothesised they may be particularly appropriate for supporting the communication of this group of children.

The DCSF (2007) publication *Supporting children learning English as an additional language* makes up part of the EYFS documentation complementing practice guidance for the EYFS (DfES, 2007). This section focuses on the sub-categories of communication strategies identified and discusses how well they match the education guidelines.

The ELIAS guidelines (Kersten et al., 2008) are research based guidelines for teachers of bilingual pre-schoolers and these are discussed at the end of the section in order to consider how the findings within the teaching guidelines compare with their evidence based findings. Although this research based study took place in Germany not England, its focus on which strategies effectively support communication of bilingual pre-school children make it relevant to discuss in relation to this study. It is not a teacher guidance document in the same way as *Supporting children learning English as an additional language: Primary National Strategy* (DCSF, 2007) as it is explicitly linked to research findings and a wealth of literature, and this provides a contrasting approach to analysis.

4.9.1 Contextual Strategies and How They Link to the Principles of the EYFS

At the time of data collection this document set the standards for learning, development and the care of children from birth to five. The EYFS principles, designed to guide the work of early years’ practitioners, are shown alongside the contextual strategies reported in the results in Table 4-13: Comparison of contextual strategies and EYFS principles and the similarities between them are evident and are further discussed below.

**Table 4-13: Comparison of contextual strategies and EYFS principles**

| Contextual Strategies | EYFS Principles          |
|-----------------------|--------------------------|
| The EYFS Environment  | Enabling Environments    |
| Relationships         | Positive Relationships   |
| Assessment            | Learning and Development |
|                       | A Unique Child           |

The EYFS principles are described as being ‘distinct but complementary’ (DfES, 2007, p.8), suggesting that there may be overlaps between them and these will be discussed in the next two sections.

4.9.1.1 Enabling Environments and Positive Relationships

These principles are defined as:

- Enabling environments explains that the environment plays a key role in supporting and extending children’s development and learning. The commitments are focused around observation, assessment and planning; support for every child; the learning environment; and the wider context – transitions, continuity, and multi-agency working.
- Positive relationships describes how children learn to be strong and independent from a base of loving and secure relationships with parents and/or a key person. The commitments are focused around respect; partnerships with parents; supporting learning; and the role of the key person. (DfES, 2007, p.9)

There are some clear parallels between these descriptions and the categories and sub-categories of contextual strategies cited by participants in this study. In addition, ‘enabling environments’ includes one of the main themes of this study, multi-agency working. Partnerships with parents (within ‘positive relationships’) and assessment (within ‘enabling environments’) will also be discussed later in Chapter 8 in relation to the SEN Code of Practice (DfES, 2001). From a general perspective there appear to be many similarities, and the sub-categories which occur in both case studies and appear to be the most relevant are shown in Table 4-14: Links between the EYFS themes enabling environments and positive relationships and sub-categories within contextual strategies.

**Table 4-14: Links between the EYFS themes enabling environments and positive relationships and sub-categories within contextual strategies**

| <b>EYFS Themes</b>     | <b>Contextual Strategies within the study</b>               | <b>Sub-categories of contextual strategies relevant to EYFS themes</b>  |
|------------------------|---|---|
| Enabling Environments  | The Early Years’ Foundation Stage Environment<br>Assessment | <ul style="list-style-type: none"> <li>• Provide a quality learning environment</li> <li>• Assessment through observation</li> </ul>    |
| Positive Relationships | Relationships   | <ul style="list-style-type: none"> <li>• Build a relationship with the child</li> <li>• Involve the child’s parents / carers</li> </ul> |

The presence of similarities suggests that participants were using the current statutory guidelines in their practice and that these two EYFS themes may be sufficiently inclusive to meet some of the needs of a child with DS and EAL in the EYFS in both specialist and mainstream provision. Another possible but opposing explanation may be that participants were limited by only referring to the guidelines of the EYFS framework and the contextual strategies they reported reflect this.

The EYFS themes are revisited within the *Practice Guidance for the Early Years Foundation Stage* (DfES, 2007) in relation to the six areas of learning and development. This is non-statutory guidance providing advice for practitioners in all areas of learning. Within ‘communication, language and literacy’(CLL), the area of learning most relevant to this study, practitioners are required to pay attention to particular areas within ‘positive relationships’ and ‘enabling environments’. These include the need for a sensitive response to the communication needs of children with atypical language development (within ‘positive relationships’) and to children who have a home language other than English (within ‘enabling environments’). Participants referred to contextual strategies reflected within these principles of the statutory framework, which suggests that their practice may have been influenced by these documents.

#### *4.9.1.2 Learning and Development and A Unique Child*

These principles are defined as:

Learning and Development recognises that children develop and learn in different ways and at different rates, and that all areas of learning and development are equally important and interconnected.

A Unique Child recognises that every child is a competent learner from birth who can be resilient, capable, confident and self-assured. The commitments are focussed around development; inclusion; safety; and health and well-being. (DfES, 2007, p.9)

These definitions are less straightforward than the previous two principles when applied to children with complex needs. Although the EYFS can be generally linked with the contextual strategies there are elements within the definitions which may not be applicable to children with DS and EAL. Within 'learning and development' it may be that not all areas would be perceived as being equally important by a child's family and/or educators and therapists. For example, within an early years' setting a child's individual education plan (IEP) identifies specific learning targets which may not cover all six areas of learning and development. In addition, there may be separate goals set by therapists which prioritise skill development most relevant to a child at a given time. Fidler and Nadal (2007) highlight language development, reading skills, and the support of social, emotional and behavioural functioning, as areas of particular educational relevance for children with DS. Other research focuses on understanding the mathematical profile of children with DS (Porter, 1999; Faragher and Clarke, 2014) so that appropriate strategies to target mathematical skills can be developed. These examples suggest that the EYFS aim that all areas of learning and development are equally important and interconnected may be an over-simplified statement when related to children with DS, despite some clear links being apparent as shown in Table 4-15: Links between EYFS themes learning and development and a unique child and sub-categories within contextual strategies.

**Table 4-15: Links between EYFS themes learning and development and a unique child and sub-categories within contextual strategies**

| <b>EYFS Themes</b>       | <b>Contextual Strategies within the study</b> | <b>Sub-categories of contextual strategies relevant to EYFS themes</b>  |
|--------------------------|---|---|
| Learning and Development | The Early Years' Foundation Stage Environment | <ul style="list-style-type: none"> <li>• Provide a quality learning environment</li> <li>• Teach a practical curriculum</li> <li>• Develop language learning through a child-led approach</li> </ul>  |
|                          | Assessment                                    | <ul style="list-style-type: none"> <li>• Assessment through observation</li> <li>• Assessment information from the SaLT service</li> <li>• Assessment information from parents or carers</li> <li>• Assessment information from outreach schools</li> </ul> |
| A Unique Child           | Relationships                                 | <ul style="list-style-type: none"> <li>• Build a relationship with the child</li> <li>• Use the child's peers as role models</li> <li>• Involve the child's parents / carers</li> <li>• Provide home language pastoral support</li> </ul>                   |

One aim of the EYFS is to provide for equality of opportunity and anti-discriminatory practice:

Ensuring that every child is included and not disadvantaged because of ethnicity, culture or religion, home language, family background, learning difficulties or disabilities, gender or ability. (DfES, 2007, p.7)

Despite this aim, the EYFS in a later format has been described as not being fully inclusive by Rix and Parry (cited in Moyles et al., 2014), and some of their reservations could also be perceived as being relevant to the 2007 document. An example of this is that within the non-statutory practice guidance, age-band indicators (e.g. 30-50 months) are used as developmental descriptors. By taking this approach the communication, language and literacy area of learning represents the communication skills of typically developing children. The document differs in this way from assessment schedules specifically designed for learners with SEN, such as Routes for Learning (WAG, 2006) and P scales (DfE, 2014), which do not use age related indicators to recognise children's progress. It could be argued that this would be a more appropriate format for the EYFS, if it were to be used as an inclusive document.

Although the themes of 'positive relationships' and 'enabling environments' fit well with the contextual strategies in this study, and 'learning and development' to a lesser extent, the description of the theme 'a unique child', has perhaps the most discrepancies in its description.

All children are unique individuals; however, having a learning disability does exclude children with DS (and other SEN) from being 'competent learners' in the same way as a typically developing child, although they are, of course, learners from birth. The wide range

of teaching strategies reported by participants in this study supports this, as do examples that include children's communication progress. The phrase 'a competent learner' will always exclude some children in the EYFS, and therefore appears to contradict the full commitment to inclusion. In addition, developing resilience, capability, confidence and self-assurance would be better recognised as long-term, potential achievements for children, as those with SEN are known to be at a high risk of having both poor psychological and social outcomes at school (Humphrey et al., 2013). This would affect their ability to develop all these qualities of being 'a unique child' in the EYFS.

The links between the categories of contextual teaching strategies in this study and the principles discussed here suggest that participants' practice appears to be generally similar to or influenced by the statutory framework for the EYFS. However, some areas do not fully reflect the needs of children with DS and EAL, or of other young children with a complex learning profile.

#### *4.9.2 Communication Strategies and How They Link to Guidance for Practitioners Working with Young Children with Down's Syndrome*

In order to see if there was a relationship between communication strategies reported in the study and some of the guidelines available for teachers of young children with DS, advice from two of the DS guidelines were linked to the sub-category headings as shown in Table 4.16.

**Table 4-16: Links between the sub-categories of communication strategies and guidelines for teachers for children with DS in the EYFS**

Key to shading: blue, pre-verbal strategies; red, verbal strategies; green, visual strategies; purple, AAC strategies.

| <b>Communication Strategies</b>                   |  | <b>1. Education Support Pack for pupils with Down's syndrome: Primary (DSA, 2011)</b><br><b>2. Including pupils with Down's syndrome: information for Teachers and Support Staff – Early Years (DSA, 2006)</b> |
|---|--|--|
| Use a multi-sensory approach                      | Non-verbal communication                   | <i>No reference made</i>   |
| Repetition  |  | Maintain eye contact and use visual cues such as ...exaggerated facial expressions to support speech. [1.p.30]   |
| Model communication                               |  | Provide extra time and opportunities for additional repetition and reinforcement. [2. p.10]  |
|   |  | Because many children [with DS] have a strong tendency to copy or mimic others, they learn well from mixing with [TD] peers. These act as good role models in terms of speech and language. [1.p.6]            |
| Develop social communication and attention skills | Support the child's home language          | Through play and social interaction in school, they can acquire the social skills required to interact appropriately with others and make and sustain relationships. [1. p.11]                                 |
| Rhymes and songs                                  |  | <i>No reference made</i>   |
| Implement speech and language support             |  | Consult a speech and language therapist about activities that can be incorporated into the child's learning programme. [1.p.31]  |
| Adapt language                                    |  | Simplify your language whenever you can. [1.p.31]  |
| Objects   | Photographs<br>Symbols<br>The written word | When teaching new vocabulary, use concrete objects or photographs of real objects, not drawings. [2.p.9]   |
|   |  | Reinforce spoken instructions with print, pictures, diagrams, symbols, and concrete materials. [2.p.9]   |
|   |  | Support verbal input in visual form using keywords on flashcards. [1. p.30]  |
|   |  |  |
| Signing (Makaton/BSL)                             | Switches<br>Timelines<br>Choice boards     | Ideally signing systems such as Makaton or Signalong should be introduced before the child starts school. [1.p.32]   |
| Switches  |  | <i>No reference made</i>   |
| Timelines   |  | Provide visual timetables with pictures of the activity or photos of the child taking part. [2.p.3]  |
| Choice boards                                     |  | <i>No reference made</i>   |

The same process was carried out using the sub-categories of communication strategies and teacher guidelines for supporting the communication of children with EAL in the EYFS, as shown in Table 4.17.

**Table 4-17: Links between sub-categories of communication strategies and guidelines for teachers for children with EAL in the EYFS.**

Key to shading: blue, pre-verbal strategies; red, verbal strategies; green, visual strategies; purple, AAC strategies.

| <b>Communication Strategy (sub-category headings)</b> | <b><i>Supporting children learning English as an additional language: Primary National Strategy (DCSF, 2007)</i></b>   |
|---|--|
| Use a multi-sensory approach                          | <i>No reference made</i>   |
| Non-verbal communication                              | Speech should not be exaggerated or amplified but delivered clearly and not too fast, <b>with appropriate gesture and expression</b> . [p.15]  |
| Repetition  | Repetition is important, not only in stories, songs and finger plays etc. but repeating and confirming children's own attempts at speech. [p.15]   |
| Model communication                                   | Modelling is important for introducing children to new language structures and vocabulary. [p.15]  |
| Develop social communication and attention skills     | Don't be tempted to place children with very little English with younger children as they are less likely to make friendships and develop age-appropriate social skills. [p.16]  |
| Support the child's home language                     | For a child who has limited understanding of English, opportunities to use their home language can be like turning on a light in a dark room; the setting and all its possibilities are opened up. [p.6]   |
| Rhymes and songs                                      | Simple songs, rhymes and refrains chanted in a rhythmic way are often the vehicle for children's first attempts to articulate an additional language. [p.17]   |
| Implement speech and language support                 | The Phase One guidance of the Letters and Sounds programme offers practitioners a wealth of ideas for planned adult-led and child-initiated small group activities which will encourage and support children learning EAL.[p.17]   |
| Adapt language  | Careful enunciation of words and phrases is important. [p.15]  |
| Objects   | Visual support, artefacts and props should be used. Story sacks are a wonderful resource. [p.18]<br>Illustrated sequences, photographs, puppetry and wordless picture sequences give children the opportunity to formulate ideas in their home language which can then be translated into English with appropriate support. [p.17] |
| Photographs   |  |
| Symbols   |  |
| The written word                                      | Reflect the children's cultural and linguistic identity and experiences ; for example books, posters, labels...displaying a variety of scripts to support language awareness. [p.13]   |
| Signing (Makaton/BSL)                                 | <i>No reference made</i>   |
| Switches  | <i>No reference made</i>   |
| Timelines   | Illustrated time lines of daily routines and sequences of everyday activities can be used very effectively to support language learning alongside concept development. [p.16]  |
| Choice boards   | <i>No reference made</i>   |

A comparison of the tables confirms that there are many similarities between sub-categories of strategies reported by participants and those recommended for children with DS and

children with EAL in the teacher guidance. However, in three cases there are differences between the guidance strategies:

- Support a child's home language (in EAL but not DS teacher guidance)
- Rhymes and songs (in EAL but not DS teacher guidance)
- Signing: Makaton/BSL (in DS but not EAL teacher guidance)

There are three examples of strategies reported by participants that were not found in any of these three documents:

- Use a multi-sensory approach
- Switches
- Choice boards

The high level of similarities between strategies reported in the study and both documents suggests that there are some comparable strategies to support the communication of children with DS and those with EAL, respectively. This is particularly relevant in the visual strategies category, where all four sub-categories were represented in both sets of guidance. This would be expected as relative strengths in visual processing are widely considered a characteristic in the learning style of children with DS (Jones et al., 2014). For children with EAL, visual strategies can provide a bridge between knowledge and understanding in their home language and developing vocabulary and concepts in English (Baker, 2001). The category of visual strategies was the most frequently referenced by participants in both case studies, but it is unclear how much of their practice was influenced by guidelines such as these, or whether they were more directly influenced by experience, training courses, information from other agencies or policy. It would seem that, regardless of influence, both SEN and EAL practitioners reported generally using similar visual strategies to support the communication of children with DS and EAL. These strategies are validated in both sets of teacher guidelines, suggesting that they are likely to be effective for this group of children. This overlap of strategies may help to provide some general guidelines for practitioners working with children with DS and EAL in the EYFS.

However, this may be an oversimplification of defining guidance provision, as despite similarities, the theories behind why these strategies are recommended differs between the DS approach and the EAL approach. Participants' answers did not explicitly reveal if the strategies they used were linked to any theoretical background, so beyond hypothesising that the SEN teachers may have been using more of a DS approach and mainstream teachers more of an EAL approach, it is difficult to know where their underlying principles lay. Further clarification of why they were using these strategies would be useful in order to understand

the theory behind the practice, and this may become more apparent when considering participants' training (Chapter 6). Any guidance for practitioners would need to be explicit concerning why particular communication strategies were advised.

#### *4.9.3 Differentiation of Down' Syndrome and English as an Additional Language Strategies*

Within the pre-verbal sub-categories there are also similarities in the teacher guidance which support the strategies reported. As before, this would have been expected as it has been long recognised that children with EAL understand more than they can say (Griffin, 2008) and that children with DS have more advanced receptive than expressive language (Chapman et al., 1991). Although the recommendation is similar, for a strategy such as 'repetition', there is a lack of detail in the teacher guidance to recommend the level of repetition necessary. This may reflect the wide level of ability and language experience of different children, but any teaching guidelines would benefit from providing some level of expectation for practitioners so that they were able to differentiate their practice accordingly. A clear example of this is that a typically developing child with EAL is likely to need less repetition to develop new vocabulary than a child with DS who has working memory difficulties. What may need to be addressed within teacher guidance is the extent to which one language condition compounds the other; a child with DS and EAL may need more repetition, or more of other strategies, than a child with DS whose home language is English. There is inconsistency in the rate at which children with DS learn new skills (Valdívía Lucisano et al., 2013) and children with EAL have different rates of development that depend on the individual learner (Graf, 2011). Consequently, it is not possible to estimate the extent to which the combination of DS and EAL on language learning might affect strategies for children's communication development. Despite the similarities in strategies, the level of differentiation within each one is likely to be broad, and practitioners need the skills and resources to manage this.

#### *4.9.4 Differences between Down' Syndrome and English as an Additional Language Strategies*

The three strategies that were included in only one set of guidelines were generally specific to the group of children highlighted. The advocating of support for a child's home language dominated throughout the EAL guidelines, but not in the DSA publication. As DS is the most common chromosome alteration irrespective of race, culture or geography (Schapira et al., 2007), the lack of guidance for teaching children with DS who are sequential or simultaneous bilinguals seems surprising. This is not unique to this particular document, but highlights that

despite some growth in research in this area, for example Kay-Raining Bird et al. (2005, 2008, 2009) and Cleave et al. (2014); research findings had not influenced teaching guidance at the time of this study. Participants in both case studies reported that home language strategies should be used, even if individual practitioners were not in a position to fully access resources or services to support them in doing so.

Signing was a strategy that was unique to the DSA publication, which might be expected as it is established as an effective pre-cursor to spoken language by guidelines and the research literature (Chapman et al., 1991; DfES, 2006; Black et al., 2011; Faragher and Clarke, 2014). A study of twins with DS who were bilingual in English and BSL, (Woll and Grove, 1996), found that some children with DS could achieve learning a sign language. Signing is not commonly associated with English language learners, although the importance of non-verbal communication is. However, since the publication of *The use of Makaton for supporting talk, through play, for pupils who have English as an Additional Language in the Foundation Stage* by Mistry and Barnes (2013), this strategy appears to also be relevant to young children with EAL. Further research into using sign supported English to develop the vocabulary of children with EAL in reception classes in Outer London found no benefits from this approach (Marshall and Hobsbaum, 2015) but concluded that using unfamiliar BSL signs during the study may have inhibited practitioners' effective and natural use of gesture. More studies would be beneficial to establish whether sign supported English may be recommended in EAL teacher guidance. These findings post-date the data collection for this study, and although references to using Makaton with children with EAL appears as a topic on social media forums, there does not seem to have been a breakthrough into practice. It is not, for example, a strategy included in NALDIC guidelines (2005), which are influential in supporting the EYFS, and National Curriculum for English Language Learners. This is likely to be because it currently has conflicting research findings.

Signing was the most frequently reported of all the sub-categories in both case studies with 43 references from 39 participants. Although it seems likely that this was a strategy that was considered suitable for children with DS, there was no question in the study that it might be unsuitable because they had EAL. The role of signing as a strategy to support the communication of children with DS and EAL seems positive, and the recommendations from Mistry and Barnes (2013) suggest that Makaton might be more effective than BSL signs for this particular group of children.

The third strategy that was recommended in the EAL publication but not by the DSA was using rhymes and songs to support language development. These publications are both aimed

at practitioners working in the early years, so the omission of this type of strategy in one warrants discussion. There also seems to be a contradiction between these guidelines and other literature which advocates supporting language and early literacy of young children with DS through language games (Baylis and Snowling, 2012; Faragher and Clarke, 2014).

One possibility is that this may reflect the difference in teaching style illustrated in the two case studies. In CS1 child-led approaches were favoured and in CS2 children with DS and EAL were often, but not exclusively, taught individually or in small groups outside the mainstream classroom. The style of teaching in CS2 replicates a more formal ‘therapy’ model in line with carrying out individual children’s speech and language therapy programmes of matching words and pictures, as recommended in the DS guidelines. This style differs from a more inclusive early years’ environment which would be likely to include rhymes and songs, a recommended strategy in the EYFS (DfES, 2007). It is also in-line with a more ‘social’ model of learning language as described in the Primary National Strategy document (DCSF, 2007), which endorses that all language learning should take place in an inclusive classroom environment. It would be expected that children would learn English more quickly when socialising with a fluent peer group (OFSTED, 2008) and an interactive classroom should also act as a scaffold for language learning (Leung and Creese, 2010). The ‘therapy’ model seen in CS2, endorsed here by the DSA, seems to challenge this socio-cultural method of learning. It seems that this particular document may be instructing practitioners to teach children with DS using this model, which may be limiting for both teacher and pupil.

However, it does seem likely that rhymes and songs were being used as part of daily activities in these EYFS settings. This is referenced as an appropriate activity for developing communication, language and literacy in the *Practice Guidance for the Early Years Foundation Stage* (DfES, 2007), and there is evidence throughout the contextual strategies part of the study that participants’ practice was generally in line with this guidance. It may be possible though that some of the participants taking part in the study did not recognise rhymes and songs as, or did not categorise them as, a communication strategy, although they were actually using them. In addition, some participants may have considered that English language rhymes and songs were not appropriate or effective for developing the communication of children with EAL, and this may have been another reason to omit them. Having the opportunity to memorise and say simple songs and rhymes is considered beneficial for children learning EAL in order to build up fluency in their new language (Smidt, 2008). As the majority of participants in CS1 had not undergone training in working with children with EAL (explored later in Chapter 6), a lack of knowledge in this area may

possibly be a consideration for explaining why rhymes and songs were only cited as a strategy to support the communication of children with DS and EAL by a small number of participants in the study.

#### *4.9.5 Strategies Omitted from Down' Syndrome and English as an Additional Language Teacher Guidance*

Two strategies excluded from both the DS and EAL teacher guidance were the use of switches and choice boards to support communication. It might be expected that these would not be common strategies for children with EAL, although making choices using symbol cards was reported as an activity for families with EAL to do together on arrival at one mainstream nursery in CS2. Both strategies support the pre-verbal child, and could apply to both children with DS and those with EAL who are pre-verbal in English. These low technology AAC devices are likely to be provided by SaLTs for children with DS who may not have established signing as a form of communication, so it is of interest that there is no reference to them in the DSA publication. They could be considered as part of the 'therapy model' described earlier, but used within the context of an inclusive environment a switch is a simple cause and effect toy, and a choice board might also support shy or anxious children in making choices as part of daily routines, at snack time for example.

If children with DS and EAL are not speaking when they enter the EYFS it may be less clear if and when they experience a silent period in their development of English because of the delay in their home language. The silent period can mask the true level of a child's language ability (Hall, 2001 cited in Fumoto et al., 2007) but this does not mean that a child is unable to communicate. By providing a pre-verbal child with additional ways to make preferences with choice boards or to experience phrases being modelled using BIGmacks, frustration caused by poor communication may be reduced. In addition, the more effectively a child with EAL is able to communicate, the more likely they are to form secure relationships with adults in the EYFS setting (Fumoto et al., 2007). This in turn may support their learning as more intimate, relational activities are more likely to increase the number and quality of child-teacher interactions (Bradley and Reinking, 2011). Therefore, extended opportunities to communicate, by whatever means, is likely to be beneficial to a child with DS and EAL.

Another variation between pre-verbal strategies reported by participants but not reinforced by the teacher guidance is 'use a multi-sensory approach'. There was no reference to this type of approach in any of the documents, despite them being EYFS based. There is reference

however, within the EYFS non-statutory guidance under ‘communication, language and literacy’:

All children learn best through activities that engage all the senses. (DfES, 2007, p.39)

It is also recommended within ‘language for thinking’ under ‘planning and resourcing’:

Create an environment which invites responses from babies and adults, for example, touching, smiling, smelling, feeling, listening, exploring, describing and sharing. (DfES, 2007, p.47)

It may be that participants were reporting this as an inclusive approach, not specific to the needs of children with either DS or EAL, but still as an important consideration. It does appear incongruous that it is not a feature of either of the teacher guidance and this may show the limitations for practitioners if they only use these types of documentation to guide their practice.

Using a multi-sensory approach to support the learning of children with DS across the curriculum has been well-documented as an effective teaching strategy (Baylis and Snowling, 2012). It is also considered to be a valuable approach for children learning EAL (Kersten et al., 2008). It seems likely that despite being omitted from both sets of guidelines, it may be an appropriate and useful strategy for supporting the communication of young children with DS and EAL.

#### **4.10 Comparison of the Strategies with the ELIAS Study**

Kersten et al. (2008) found there are many strategies which can support language learning but they are inter-connected and mutually influence each other. The same model is apparent in this study, with communication strategies from DS, EAL and the EYFS being inter-related. ELIAS reports the results of a two year study of nine immersion bilingual pre-schools in Germany, and provides guidelines for teachers by highlighting the importance of good input for language learning for bilingual pre-schoolers. In order to discover any differences between the strategies in their findings and those of this study, which aims to provide guidelines for teachers working with bilingual children with DS, strategies from the ELIAS study are reported alongside the sub-category headings in Table 4-18: Comparison of strategies between ELIAS and as reported in this study. In addition, sub-category headings from the contextual strategies (the EYFS environment, relationships and assessment) have been included in italics to provide a more thorough comparison.

**Table 4-18: Comparison of strategies between ELIAS and as reported in this study**

| <b>Guidelines for Language Use in Bilingual Preschools (Kersten et al., 2008): Guideline headings</b> | <b>Strategies from Kersten et al. (2008)</b>  | <b>Strategies reported by participants: sub-category headings</b>  |
|---|---|--|
| The teacher uses the L2 in a way that the children receive rich and varied L2 input                   | <ul style="list-style-type: none"> <li>• Repetition</li> <li>• Paraphrase /restatement</li> <li>• Slow speech at times</li> <li>• Model and expand language</li> </ul>  | <ul style="list-style-type: none"> <li>• Repetition</li> <li>• Model communication</li> </ul>  |
| The teacher needs to contextualise the L2   | <ul style="list-style-type: none"> <li>• Objects and other hands-on materials</li> <li>• Pictures and picture stories</li> <li>• CD and videos</li> <li>• Body language: pointing, gestures, facial expressions, pantomime</li> </ul>   | <ul style="list-style-type: none"> <li>• Objects</li> <li>• Photographs</li> <li>• The written word</li> <li>• Non-verbal communication</li> </ul>   |
| The teacher adapts speech patterns for the benefit of the child's understanding                       | <ul style="list-style-type: none"> <li>• Adapt speed of speech</li> <li>• Adapt intonation</li> <li>• Stronger stress on single words</li> <li>• Higher voice pitch</li> <li>• Use of 'motherese' with infants</li> </ul>   | <ul style="list-style-type: none"> <li>• Adapt language</li> </ul>   |
| The teacher creates an environment which promotes multi-sensory learning                              | <ul style="list-style-type: none"> <li>• Visual, auditory and kinaesthetic modalities</li> <li>• Genuine context and authentic materials</li> <li>• Hands-on activities</li> <li>• Partially / fully child directed</li> </ul>  | <ul style="list-style-type: none"> <li>• Use a multi-sensory approach</li> <li>• <i>Provide a quality learning environment</i></li> <li>• <i>Teach a practical curriculum</i></li> <li>• <i>Develop language through a child-led approach</i></li> </ul> |
| The teacher provides scaffolds to support the children's learning                                     | <ul style="list-style-type: none"> <li>• Verbal, content and organisational scaffolding</li> <li>• Repetition</li> <li>• Time to respond</li> <li>• Allow code-switching and discussion in home language</li> <li>• Refer back to previous knowledge</li> <li>• Recurring routines e.g. morning circle, tidy up time</li> <li>• Reinforcing props for routines e.g. bells, pictures, symbols</li> <li>• Same utterances for routines</li> <li>• Rhymes and songs</li> </ul> | <ul style="list-style-type: none"> <li>• Repetition</li> <li>• Support the child's home language</li> <li>• Symbols</li> <li>• Timelines</li> <li>• Rhymes and songs</li> </ul>  |
| 'Golden Rules' for parents, which allow children a successful early immersion experience              | <ul style="list-style-type: none"> <li>• Positive attitude to L2 learning</li> <li>• To be a good L1 model</li> <li>• Speak and read to child in L1 at home</li> </ul>  | <ul style="list-style-type: none"> <li>• <i>Involve the child's parents or carers</i></li> <li>• <i>Provide home language pastoral support</i></li> <li>• <i>Assessment information from parents or carers</i></li> </ul>                                |

**Guidelines for  
Language Use  
in Bilingual Preschools  
(Kersten et al., 2008):  
Guideline headings**

**Strategies from Kersten et al. (2008)**

**Strategies reported by  
participants: sub-category  
headings**

- The written word

There are many general similarities between the strategies reported in both studies. More specific details are given about adapting language in the ELIAS findings, with for example, an emphasis on differentiating speech patterns and not just simplifying vocabulary as in this study. The ‘Golden Rules’ provide expectations for parents’ language involvement, which differs in perspective from the role of the parent as a provider of information about a child as reported in the two case studies. This is likely to be because the emphasis is about quickly and effectively learning a second language, whereas for children with both DS and EAL the impact of their level of learning difficulty also needs to be taken into account. This can clearly be seen in the communication and contextual strategies from this study, which were not replicated in the ELIAS study:

- |   |                       |  |
|---|-----------------------|--|
| <ul style="list-style-type: none"> <li>• Develop social communication and attention skills</li> <li>• Implement speech and language support</li> <li>• Signing (Makaton /BSL)</li> <li>• Switches</li> <li>• Choice boards</li> </ul>   | }<br>}<br>}<br>}<br>} | communication strategies<br>(not replicated) |
| <ul style="list-style-type: none"> <li>• Build a relationship with the child</li> <li>• Use the child’s peers as role models</li> <li>• Assessment through observation</li> <li>• Assessment information from SaLTs</li> <li>• Use withdrawal groups for language learning</li> </ul> | }<br>}<br>}<br>}<br>} | contextual strategies<br>(not replicated)    |

The communication strategies seem to be the ‘additional’ extras that a child with DS and EAL is likely to need on top of the ‘good input for language learning’, which Kersten et al. reported for their typically developing language learners. Within all the strategies, elements of differentiation for an individual child’s needs are going to be necessary, and in the contextual strategies the importance of knowing what a child’s needs are through relationships and assessment is apparent. As the ELIAS study involved an immersion model for second

language learners, peer role models and withdrawal groups would not have been a consideration as they were for participants in this study.

The comparison of the ELIAS study with this study suggests that there are evidence based EAL strategies which could be adapted to support the communication of children with DS and EAL in the EYFS.

#### **4.11 Relating the findings of Chapter 4 to the research questions**

This chapter aims to answer the first research question, and set the context for the second. In addition, it considers the third question; whether there is equity in the teaching strategies reported between the two cases.

1. How do practitioners support the communication of children with Down's syndrome and English as an additional language in the Early Years Foundation Stage?
  - What strategies do they use?
2. Why do practitioners use the strategies they report; what influences them?  
Are the strategies influenced by:
  - practitioners' experience?
  - training?
  - agencies and services they work with?
  - policy?
3. Are the same strategies used to provide communication support for children with Down's syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?

Extensive analysis of the interviews revealed that practitioners in both boroughs reported a wide range of teaching strategies for supporting the communication of children with DS and EAL in the EYFS. These included more general or contextual strategies and specific teaching strategies related to communication. The analysis of the strategies reported in the study, using statutory guidelines, documents for teacher guidance and relevant research, show that the practice reported was largely supported by the literature available about supporting the communication of children with DS and of those with EAL in the early years. This is despite

participants not referring to any of the above sources in their interviews. The reason behind this is not clear from the results. It may be because the teaching practitioners assumed that I would be familiar with the EYFS curriculum documentation and early years' guidance because I had stated my background was in early years' education. This may explain why participants felt it unnecessary to explicitly make these links to me during the interview process, even though they would have been referring to the statutory guidance in their everyday planning and assessment.

Another reason may be that the teachers interviewed were unaware that many of the strategies they used were based on research evidence. Stahmer et al. (2015) suggest that even when teachers have had training about using evidence-based strategies, it can be difficult for implementation fidelity to be maintained as strategies get modified for a range of reasons. These reasons could include classroom-based changes such as access to resources or having a variety of support staff, but could also be due to children with the same diagnosis having different needs due to age, ability or personal interests. These could all lead to strategies being modified slightly. Although Stahmer et al.'s study relates to evidence-based teaching strategies for children with autism, this concept of strategies moving away from their original format could also be relevant in this context. It may be that teachers are using variations of evidence-based strategies, and are unaware of the original source. It may explain why participants did not link their practice directly to its underlying research.

The following quote from an interview with a speech and language therapist in CS1 with experience of working in early years' settings suggests that teachers' knowledge of evidence-based practice may quickly be out-dated or there may be some unwillingness to change practice if it has been successful previously:

*“Participant: So I think in general, practitioners’ confidence and comfort in understanding how language develops in children who, in **any** children, whether they’ve got learning difficulties or not, how children cope with more than one language varies dramatically. (Pause) And often it’s not based on current research evidence, I would say.*

*Interviewer: What do you think it is based on?*

*Participant: I think it’s individual children and that practitioner’s response to them. So if you have a practitioner perhaps who’s had experience of other children [with DS], there’s a transferring of that knowledge, and, you know, practitioners are really busy just getting through the nursery day, and offering activities and so... it’s quick routes. And there’s a huge oral tradition, which I’m not decrying in any way, but can lead to quite out of date information. So, it may be that if somebody went on a course five years ago, and what we knew was “X”, that gets passed on even if information,*

*probably we've got a more sophisticated understanding. So I think things get ossified, you know, at a small community level if you've got somebody who's come back and communicated something well, or read something and communicated it well, because I think we're much better at remembering what people have said to us than synthesising information that's not been particularly attractively presented that we've read."*

This suggests that, as teaching strategies are shared between practitioners within settings over time, teachers may not be aware of their evidence-based origin. This could explain why they did not refer to literature supporting practice in their interviews. In addition, there is also the suggestion that within schools there is more of a culture of established practice rather than of continuous training, so that practitioners are more likely to report what they do, rather than why they do it.

Another factor as to why participants did not report any curriculum or literature guidance may be due to the added complication of asking them in the interviews about strategies for children with both DS and EAL. It was established in the review of literature that there is very little literature specifically related to this group of children. Also, as detailed further in chapter 6, there is little training available about working with children with both SEN and EAL. This may also have made it difficult for participants to refer to evidence-based literature as the strategies reported may come from more than one source; either DS / SEN sources or EAL sources. It does not, however, explain why they did not refer to the EYFS curriculum or early years' language, literacy and communication teacher guidance.

Although it is a positive finding that practitioners use teaching strategies that are largely based on EYFS government guidance and research about DS/SEN and about EAL, whether they are aware of it or not, these teaching strategies may still require to be differentiated to support children with both DS and EAL. In the absence of specific literature about communication strategies for this group of young children, a 'best fit' approach using DS guidance and EAL guidance seems a reasonable compromise. However, it still becomes the responsibility of the practitioners to use their experience, training, agency support and policy to decide how to modify the guidance to make it work for individual children. This process is likely to have a wide range of variables and this may explain why there are some differences between provisions in this study.

## **4.12 Equity of Provision: Impact of Home Language use in Teaching Strategies with Children with Down's Syndrome and English as an Additional Language**

The third research question 'Are the same strategies used to provide communication support for children with Down's syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?' aims to find out if there are any differences in provision for children with DS and EAL depending on what type of school or setting they attend and where they live. The exploration of teaching strategies undertaken in this section suggests that there were many similarities across the two case studies between the types of DS and EAL communication strategies reported. As stated previously, the strategies generally related to teacher guidance and research for working with children with DS, to children with EAL, and to the EYFS statutory guidelines, even though the participants did not report this.

It is of interest that many of the common strategies reported by participants and given as examples of good practice in both statutory and non-statutory practitioner guidelines were replicated in guidance for:

- Children with DS
- Children with SEN other than DS
- Children with EAL
- Children in the EYFS

This clearly illustrates that the teaching strategies reported are not all exclusive to one 'type' of child but may be categorised by diagnosis, additional learning need, home language or age. This may suggest that there is no need for a distinct set of teaching strategies or a unique approach to support the communication of children with DS and EAL. The possibility of using an inclusive pedagogy with this group of children will be explored further in Chapter 6.

The practice of working from an inclusive 'toolbox' of teaching strategies in order to support the communication of children with DS and EAL is a pedagogical approach that appears favourable to practitioners in both case studies. This suggests that in this study the type of school (specialist or mainstream) a child with DS and EAL attends does not substantially affect the range of teaching strategies available to them. The role of SaLTs in providing this continuity of communication strategies across EYFS settings will be considered Chapter 7.

One important difference between the case studies relates to the use and support of a child's home language and these differences, to some extent, permeate throughout the other contextual and communication strategies. Practitioners in CS2 had many more resources and strategies for home language support than in CS1. Analysis of the results suggests that how a child's home language is supported appears to rely on a number of influences:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• The multi-lingual community in which a child lives</li> <li>• A multi-lingual school or setting environment</li> <li>• Practitioners being bilingual or multi-lingual</li> <li>• Practitioners using home languages with children and their families</li> <li>• Access to home language support provision for children with SEN</li> </ul> |  |
| <ul style="list-style-type: none"> <li>• An inclusive school ethos</li> <li>• A curriculum and resources which reflect different cultures and languages</li> </ul>  |  |

The ethnicity demographic of the community in which a child with DS and EAL goes to school does appear to influence the amount and type of home language support available, and consequently how communication strategies are delivered. EYFS settings, such as in CS2, with high levels of bilingual or multi-lingual practitioners are able to offer the same or similar teaching strategies to support communication as in CS1, but are often able to do so in a child's home language as well as in English. The advantage of this, as reported by bilingual participants in this study, is that a bilingual approach can help to underpin comprehension, allow practitioners to understand a child's early utterances, and support their pastoral care. In addition, it can facilitate communication with families.

Figure 4-1 illustrates the differences in home language provision between case studies from a child-centred perspective. It takes the examples of home language use reported and presents them using a child's 'voice'. Although this is a simplified version of the results and summarises what has been already been presented, it places the child at the centre of the discussion and aims to clarify that there may be important differences in what a child with DS and EAL experiences in the EYFS depending on where they attend EYFS provision. In addition, it shows how the parents' experience may differ by home languages being available in their child's school.

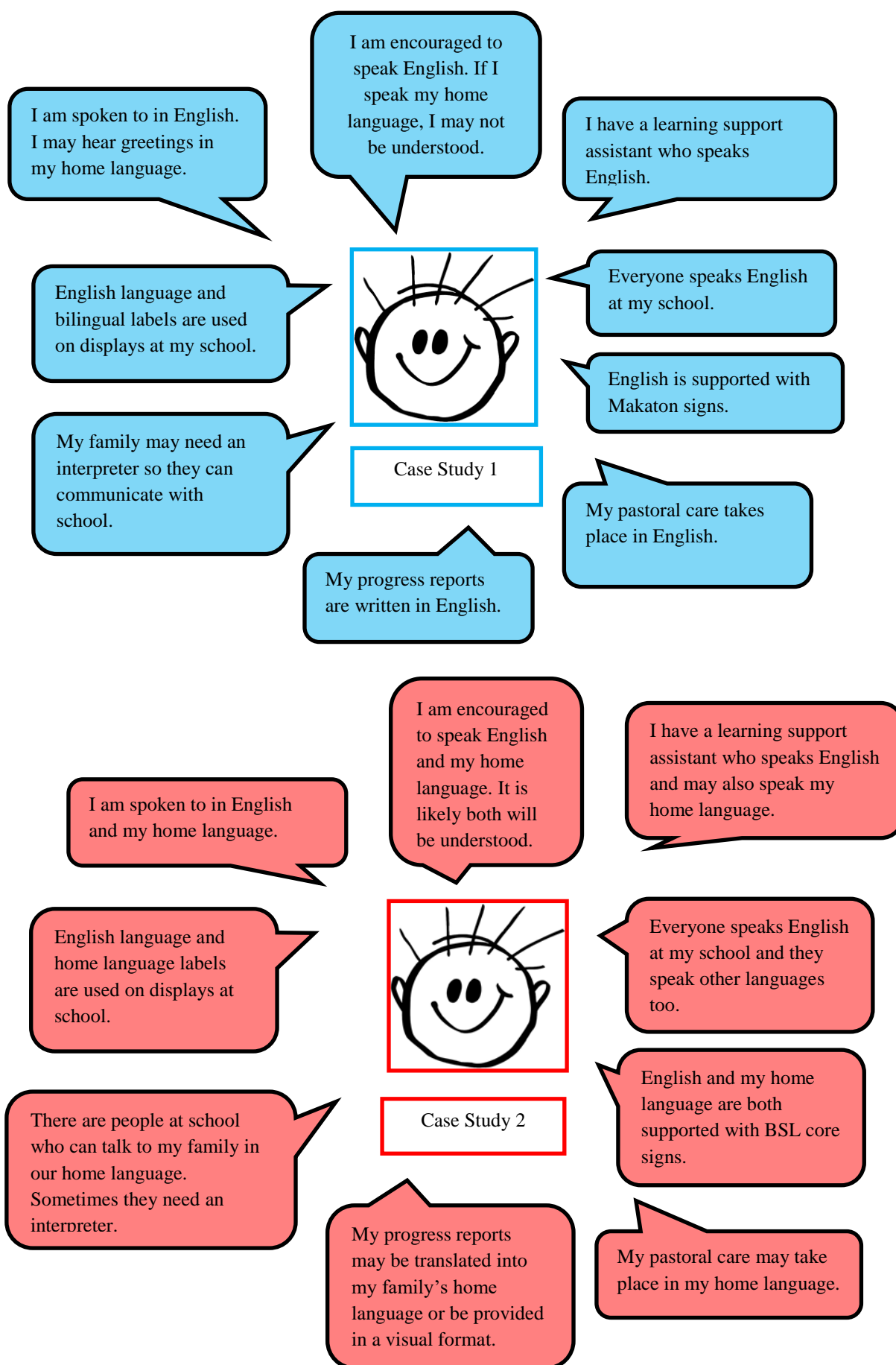


Figure 4-1: Equity of provision: home language use in teaching strategies

This preliminary re-visiting of the aims to consider equity of communication support for children with DS and EAL reveals that there are differences in provision. Some children with DS and EAL will have their teaching strategies delivered in English and others through bilingual or multi-lingual media and this is dependent on where they live.

These aims will be revisited at the end of each discussion section using a child-centred perspective in order to build up a picture of similarities and differences in communication provision for children with DS and EAL in the EYFS.

The next section of the study discusses the relationship between the teaching strategies and the remaining four themes:

- participants' experience
- participants' training and training needs
- multi agency working: information gathering and sharing with others
- participants' awareness of policy

## **Chapter 5 - Experience to Support the Communication Needs of Children with Down's Syndrome and English as an Additional Language**

Participants were asked what experience they had of working with children with DS and EAL. The aim of this was to determine if and how their experience helped them to support children's communication development in the EYFS.

### **5.1 Participants' Experience of Working with Children with Down's Syndrome and English as an additional language in the EYFS**

It had been hypothesised that participants in CS1 would be highly likely to have experience of working with children with DS and EAL as they were working in specialist provision in a borough with a growing number of residents whose home language was other than English; however, the findings contradict this. While 15/17 participants had experience of teaching children with DS and all had taught with children with EAL, it emerged that fewer than half had experience of working with children with both DS and EAL. In CS2, however, participants worked in mainstream provision where EAL was a predominant characteristic of the community and 18/21 participants had experience of working with children with DS and EAL.

SEN practitioners in CS1 had more experience of teaching children with DS who had English as their home language than those in CS2; conversely, practitioners in CS2 had more experience of working with children with DS and EAL. This confirms that there were some differences in participants' experience between the case studies. These findings suggest that the language diversity of the borough may be a stronger factor in determining whether or not practitioners have experience of working with children with DS and EAL than the type of provision they work in.

**Table 5-1: Participants’ experience of working with children with DS and EAL, and DS and English as a home language.**

| <b>Participants’ experience of working with children with DS and EAL</b> | <b>Case study 1<br/>(n=17)</b> | <b>Case study 2<br/>(n=21)</b> |
|--|--------------------------------|--------------------------------|
| Worked with children with DS and EAL                                     | 9 /17                          | 18/21                          |
| Worked with children with DS who have English as their home language     | 15/17                          | 5/21                           |

Two participants in CS1 had not worked with a child with DS. One was an EMA teacher who undertook home language assessments with children with SEN and EAL and supported typically developing children with EAL. They reported that the EMA service in CS1 did not provide home language support for children with SEN and EAL:

*“The [name of service] is a mainstream service. It [support available] would depend on the individual child and on the type of request made...The service is able to provide a home language assessment for a Statement of Special Educational Needs, for example. This would be recommended by the child’s Educational Psychologist or another specialist... The specialism of the Bilingual Teaching Assistants is about developing communication; they are not trained in dealing with children who have serious learning difficulties or need support with their behaviour.” (EMA teacher, CS1)*

Having practiced as an early years’ SENCO in a resourced nursery school for some time, a second participant expressed surprise at not having worked with a child with DS:

*“I’ve taught in nursery for six, seven years and I’ve never taught a child with Down’s syndrome, but you think that I would’ve done by now. Do you know what I mean? I’ve had like four or five children with autism.” (SENCO, resourced nursery school, CS1)*

This statement also suggests that this participant expected that children with DS would attend nursery classes in specialist provision.

### *5.1.1 Participants’ Experience of Working with Children with English as an Additional Language*

All participants in the study had experience of working with children with EAL. In CS2 there was one report of a school where 100% of the children were English language learners, but it was more commonly reported in the borough that there were some pupils in each school who had English as their home language, although they were in a minority:

*Participant: “The vast majority of the children in our school have English as an additional language, yeah.”*

*Interviewer: "Yeah, and what kind of languages?"*

*Participant: "Actually, it's a large number of languages, but most children, their home language is Urdu or Punjabi and then Romanian, Polish. It's, you know, small numbers of lots of other languages, but the majority...and then some Bengali speakers, but the vast majority, probably about 70% of the school is Urdu, Punjabi speaking at home, yeah." (SENCO, mainstream primary school, CS2)*

This contrasted with reports in CS1 where the majority of children spoke English at home, but numbers of children with EAL were increasing:

*Interviewer: "Are there more children with English as an additional language coming through or has it stayed fairly stable? Do you know?"*

*Participant: "More. Polish, Chinese and then we've had a little girl coming from Japan this month." (SENCO, resourced nursery class, CS1)*

The pre-school SEN support service in CS1 reported that they were supporting more children with EAL under three years old than in previous years:

*"We've seen a big increase in families with EAL. In 2007, 20% of our caseload had EAL and now [2011] it's increased to 35%." (Teacher, Pre-school SEN support service, CS1)*

This suggests that a further increase in numbers of children with SEN and EAL would start to filter through into nursery and reception classes, as this growing cohort of children transitioned from home into school. These changes would be likely to increase the experience of practitioners in CS1 in the future.

### *5.1.2 Rationale for Including Participants with Experience of Working with Children with other Special Educational Needs and English as an Additional Language*

Not all participants had worked with children with DS and EAL but all had experience of working with children with SEN and EAL. It was hypothesised that practitioners with experience of working with children with SEN (other than DS) and EAL would be able to contribute to this study, as many of their teaching strategies would be transferable to working with children with DS and EAL.

There is a recognised communication profile for children with DS with a pattern of strengths and difficulties; however, there are common characteristics between the types of strategies used to support children with DS and children with other intellectual disabilities. For example, children with DS typically have relatively strong visual skills (Fidler et al., 2005) but they are not the only group of children with SEN who benefit from a visual approach to learning (Brill, 2011). For example, recommendations for supporting the communication of children on the autistic spectrum include using structured visual resources (Ganz and Flores,

2007) and signing is one of the main AAC systems recommended for children with a developmental disability (Achmadi et al., 2014). These types of communication strategies are regularly used with children with DS, but are not exclusive to them.

This commonality of strategies is illustrated by the participant with no experience of working with children with DS but who had worked with children with autism and EAL. Their experience is used to consider appropriate strategies that could support a child with DS and EAL:

*“We’d probably use things like the Picture Exchange System and pictures to start off with. Definitely, to aid communication...we use Makaton quite a lot here. We are trying to train all the staff in Makaton... we have LCD screens that were just implemented which are very good for children with additional needs. I think as well, I think what we’d need to consider in the future will be the actual software that we put on just for, if we have children with EAL, we can consider the language and how we can support them using other software as well.”(SENCO, resourced nursery school, CS1)*

This illustrates how an experienced practitioner can recognise the transferability of strategies that support communication and apply them to working with a child with DS and EAL. Wishart (2008) suggests that practitioners may find similarities in the way that children with DS and children with SEN other than DS learn, and would expect the strategies they use to support communication to reflect this. Lewis and Norwich (2008) in their consideration of training and education for SEN practitioners, conclude in part that the skills needed to be a competent teacher should come from a much wider and more holistic base than a specific package for a child with a certain diagnosis. This concept is contested, however, in the publication by the Down’s Syndrome All Party Parliamentary Group (2012), who suggests that children with DS do require a unique package of educational support. The argument for an inclusive pedagogy will be discussed in Chapter 6, but as there is evidence for using inclusive strategies in the literature and in reports from participants, it seems appropriate that practitioners’ overall experience of working with children with SEN and EAL, not just DS and EAL, should be taken into account. Many of the strategies and resources practitioners use to develop the communication of visual learners with a severe learning disability are likely to be transferable to, and appropriate for, some of the cohort of children with DS and EAL. For these reasons the experience of participants who had worked with children with SEN and EAL was considered valid for inclusion in this study.

### *5.1.3 Participants’ Experience of Working with Children with SEN and EAL*

Table 5-2: Participants’ experience of working with children with SEN and EAL and SEN and English as a home language. provides a general overview of participants’ experience and

shows that, with the exception of the previously mentioned EMA teacher in CS1, all participants had worked with children with SEN who had English as a home language and all had worked with children with SEN and EAL.

**Table 5-2: Participants' experience of working with children with SEN and EAL and SEN and English as a home language.**

| <b>Participants' experience of working with children with SEN and EAL</b> | <b>Case study 1<br/>(n=17)</b> | <b>Case study 2<br/>(n=21)</b> |
|---|--------------------------------|--------------------------------|
| Worked with children with SEN and EAL                                     | 17/17                          | 21/21                          |
| Worked with children with SEN with English as home language               | 16/17                          | 21/21                          |

A limitation of this data is that it is not possible to ascertain how much experience individuals had in terms of either the number of children they had worked with or over how many years. Even with this information it would be difficult to quantify levels of experience accurately due to practitioners' different levels of involvement with children, depending on their role. However, although the findings clarify that all participants had experience of working with children with SEN and EAL, it seems likely that those in CS1 had experience of teaching more children with SEN as they worked in specialist provision. It is also probable that participants in CS2 had experience of working with more children with EAL because of the high numbers of English language learners reported in their locality. With these hypotheses in mind, the following discussion goes on to analyse if the type of experience participants had of working in either specialist (English home language) or mainstream (EAL) settings had any influence of the types of teaching strategies they reported using.

## **5.2 Discussion: The Influence of Participants' Experience on Teaching Strategies**

The findings from this study confirm that participants used a wide range of strategies to support communication. This is illustrated by the high number of strategies reported overall (n =102), and the wide range of contextual and communication strategies employed. More strategies were reported in CS2 (n=58) than in CS1 (n=44), but this may be due to there being more participants in that case study, although alternatively, as more participants in CS2 had experience of working with children with DS and EAL, they may have had a wider repertoire of strategies to draw upon. None of the participants had undertaken training that related specifically to working with children with DS and EAL, although other training reported,

particularly as part of CPD, included strategies that may have been transferable (see Chapter 6). Therefore, it seems relevant to analyse the strategies they employed in relation to whether they worked in specialist provision with children with DS whose home language was English, or if they worked in mainstream schools with children with DS and EAL.

### *5.2.1 Categorisation of Communication Strategies*

In order to analyse this, a way of categorising the strategies reported was sought which would show similarities and differences in the strategies used by practitioners in the two case studies. It was hypothesised that a model was needed where there were descriptors of communication to which the different strategies could be mapped. In addition, clarity about which strategies were reported from each case study, and which strategies were reported by both was necessary, so that it could be seen if the experience of working in different settings influenced the types of strategies used.

An assessment profile was chosen from the Pre-verbal Communication Schedule (PVCS, Kiernan and Reid, 1987). This model, designed to show children's communication progress, was considered sufficiently detailed to be able to map the range of strategies reported in this study onto its template. Despite being nearly 30 years old it was found to be the most suitable model for the findings of this study and had been designed for the age group of the children discussed. Communication assessments for people with severe and profound learning difficulties which start at a level of pre-intentional communication (e.g. *The Triple C: Checklist of Communication Competencies*, Bloomberg et al., 2009), rarely extend to assessing learners with more developed formal communication skills, such as using speech and symbols and having awareness of the written word, which was the range necessary for this study.

The three headings of the PVCS provided a starting point:

- Pre-communication behaviours
- Informal communication behaviours
- Formal communication behaviours

The interviews were revisited and strategies that supported these behaviours were mapped under each heading and then coded to show if they were from CS1, CS2 or both, for example 'communication through signs' (highlighted) is a heading under 'formal communication behaviours' in Table 5-3: Profile sub-headings of the PVCS.

**Table 5-3: Profile sub-headings of the PVCS**

(Kiernan and Reid, 1987)

| <b>Pre-communication behaviours</b>       | <b>Informal communication behaviours</b>   | <b>Formal communication behaviours</b> |
|---|--|--|
| Needs and preferences                     |  |  |
| Vision and looking                        | Communication through pictures or objects  | Communication through symbols          |
| Control of hands and arms                 | Communication through gestures   | Communication through signs            |
| Special interaction without communication | Communication through looking  |  |
| Hearing and listening                     | Communicative use of sounds<br>Understanding of vocalisation and speech<br>Understanding of non-verbal communication | Communication through speech           |
| Expression of emotion (non-communicative) | Expression of emotion (communicative)<br>Understanding of emotion<br>Manipulation of emotion                         |  |
| Music and listening                       |  |  |

Table 5-4: Mapping teaching strategies to the PVCS categories: strategies to support ‘communication through signs’ shows an example of the teaching strategies that were categorised under ‘communication through signs’. The same process was employed rigorously to categorise all the remaining strategies under the PVCS headings.

**Table 5-4: Mapping teaching strategies to the PVCS categories: strategies to support ‘communication through signs’**

| <b>Case Study 1 only</b> | <b>Case Study 2 only</b>          | <b>Both Case Studies 1 and 2</b>  |
|--------------------------|-----------------------------------|---|
| Use Makaton signs        | Use core BSL signs                | Use signs with the child’s home language  |
|                          | Use signs with singing activities | Use signs with the English language   |
|                          | Use signs with stories            | Use signing to provide continuity between the home language and English by using it at home and at school |
|                          | Use sign names for staff          | Have an agreed signing vocabulary with family and nursery/school  |
|                          |                                   | Teach the child’s peer group to sign  |

A validity sample of 20% of the strategies categorised under these headings was shared with an independent SaLT to ensure that the classification was accurate, and the result of this showed that four strategies in the sample could be categorised under more than one heading.

For example, the teaching strategy ‘make opportunities for the child to anticipate using ready, steady, go games, peek-a-boo and hide and seek’, could be categorised under both pre-communication and informal communication behaviours depending upon the practitioner’s intention and an individual child’s response. This finding reinforces that communication development is a continuum, and that some of the strategies reported when differentiated even slightly, can support children’s communication in more than one category.

A SaLT in a resourced nursery in CS1 illustrated this type of modification of strategies in order to get the ‘best fit’ for a child:

*“If we’re talking about three year olds and four year olds, we are the best facilitator of children’s language and I’ve absolutely no doubt about that, but I think if we’re doing that we’ll spot those children who need something extra and we’ll adapt, so if we’re struggling to recruit their attention we naturally add more gesture. If we’re still struggling to recruit it, we add more voice tune and if we’re still struggling to recruit it we bring in an object and poke it at them [laughs] until we get that response... it’s that kind of playing about to work out what they need from us; to scaffold what they want to learn next.”*

The exaggeration of speech and action plus the introduction of appropriate objects can be effective strategies to catch a child’s attention when they are concentrating elsewhere (Ware, 2003). However, as the way in which strategies are conducted requires flexibility to meet individuals’ communication needs, then categorising them under defined headings is likely to raise queries. To respond to this dilemma additional context for the anomalies was provided so that the validator could decide which category was most appropriate. Differences in opinion were resolved through discussion. All other strategies were then re-visited and the categorisation checked. After clarification, the number of strategies under each heading was recorded for each case study ( Table 5-5: Numbers of strategies to support communication behaviours in the PVCS categories ). The table shows the numbers of strategies recorded, including those that overlapped between case studies.

**Table 5-5: Numbers of strategies to support communication behaviours in the PVCS categories**

| <b>PVCS Categories</b>            | <b>Case Study 1</b> | <b>Case Study 2</b> | <b>Total</b> |
|-----------------------------------|---------------------|---------------------|--------------|
| Pre-communication behaviours      | n=17                | n=16                | <b>n= 33</b> |
| Informal communication behaviours | n=15                | n=19                | <b>n= 34</b> |
| Formal communication behaviours   | n=12                | n=23                | <b>n= 35</b> |
| <b>Total</b>                      | <b>n=44</b>         | <b>n=58</b>         | <b>n=102</b> |

### 5.3 Relating the findings of Chapter 5 to the research questions

This section aims to answer the first part of the second research question. In addition, it considers the third question; whether there is equity in the teaching strategies based on the impact of practitioners' experience. These areas are italicised within the research questions:

1. How do practitioners support the communication of children with Down's syndrome and English as an additional language in the Early Years Foundation Stage?
  - What strategies do they use?
2. *Why do practitioners use the strategies they report; what influences them?*  
*Are the strategies influenced by:*
  - *practitioners' experience?*
  - training?
  - agencies and services they work with?
  - policy?
3. *Are the same strategies used to provide communication support for children with Down's syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?*

Analysis of table 5.5 ("Numbers of strategies to support communication behaviours in the PVCS categories") shows an even distribution of teaching strategies reported across the three categories of communication behaviours. This suggests that children with DS and EAL in the EYFS could be at any of these levels of communication, and as the age range spans from birth to five years, a wide range of strategies would be expected. There were similar numbers of strategies in both case studies that would support pre-communication and informal communication behaviours, however nearly twice as many strategies were reported in CS2 as in CS1 that would support children with formal communication behaviours. This may be related to the experiences of working in different provisions.

One reason why participants in CS2 reported more high-level communication strategies may be that the early years' practitioners working in mainstream primary provision were mostly the school SENCOs and had experience of working with older children with DS and EAL in Key Stages 1 and 2, as well as with younger ones in the EYFS. Most practitioners in CS1 did

not have experience of working with children with DS and EAL over the age of five as they were in nursery settings not attached to schools, so although all participants were asked about strategies they used in the EYFS, those in different case studies are likely to have had a slightly different perspective. This does not make their contribution less valid as formal strategies (including signing, symbols and speech) are introduced in the EYFS before being developed over time. At the informal end of the continuum, where CS1 participants' focus lay, early strategies such as using non-verbal communication and multi-sensory approaches could be introduced from birth and may still be used with five-year-olds with DS and EAL. This pedagogy fits with the cognitive profile of children with DS, whose learning process typically involves the regression or loss of new skills (Fidler and Nadel, 2007). Frequent revisiting and the repetition of skills are needed to support reinforcement, so it would seem appropriate for EYFS practitioners to have a repertoire of teaching strategies that include some very early communication skills.

Having a wider overview of strategies may be an advantage for practitioners as the communication skills of this group of children are naturally varied, with a wide range of age, ability, languages and experiences all to be taken into account. A recommendation from the Nutbrown Review (2012) is that early years' student teachers need to have a broader overview of child development than the age group they will work with to enable them to better understand their context. This concept also seems advantageous for practitioners working with children with DS and EAL because of the complexity and diversity of their communication. If practitioners know what skills come before and what come after the level of communication they are working with, then they are better able to differentiate communication activities to support the child.

These findings show that there was a difference in the numbers of types of strategies reported and it appears that participants' experiences of working with different age groups within the EYFS and beyond it, may have had some influence on the teaching strategies reported in the study.

### *5.3.1 The Special Educational Needs/English as an Additional Language Specialism Hypothesis*

It had originally been hypothesised that there would be two defined models of teaching strategies based on the 'specialist' experience of participants in the different case studies, SEN in CS1 and EAL in CS2. Although both shared many of the contextual strategies that created a communication rich EYFS environment, practitioners in CS1 appeared, at the first

point of categorisation, to favour SEN strategies with little reference to EAL strategies, and this model seemed to be indicative of this case study's demographic and of its participants' experience. At the same time, mainstream practitioners in CS2 seemed to use overtly EAL strategies and then modify them for children with DS, again showing the impact of the environment on how children's communication was supported. This early hypothesis took place once the theme of teaching strategies had been created on NVivo and an amalgamation of the interview sections from each case study could be seen. However, analysis of the categories of strategies using the PVCS profile as a model, suggests that this initial hypothesis was over-simplified and that other aspects of experience may have been relevant in shaping the strategies reported. The subsequent sections look in more detail at the PVCS categories of strategies reported, in relation to the initial hypothesis and in relation to the influence of other experiences that may have been influential.

### *5.3.2 Influence of Special Educational Needs Experience on Teaching Strategies*

It had been hypothesised that participants in CS1 would report more strategies to support pre-communication behaviours than in CS2, because of their SEN specialism, but analysis using the PVCS model suggests this was not the case. Although the amount of strategies reported in CS1 was weighted towards the more informal end of the communication continuum, there were a comparable number of strategies to support pre-communication behaviours reported in CS2. This may be due to the borough's inclusion policy in CS2, the role of the pre-school SEN Service and the SaLT service's early intervention that may have guided all participants towards these earlier communication strategies. Strategies to support pre-communication behaviours were reported by all groups of practitioners in CS2, suggesting it was not uncommon to work with children with this level of communication in the early years in mainstream provision. By analysing the results using the PVCS model, the findings show that practitioners in both case studies were using similar strategies to support the earliest levels of communication. Teaching strategies at a pre-communication level, therefore, did not appear to be influenced by practitioners having experience of working in specialist provision.

### *5.3.3 Influence of English as an Additional Language Experience on Teaching Strategies*

There were more teaching strategies reported overall in CS2 than CS1 and previous analysis (see Chapter 4) showed that these additional strategies included those that support home language. This suggests that the experience of working in schools and settings with high numbers of children with EAL may influence the breadth of strategies available to children

with DS and EAL. The experience of working in a multi-lingual setting in CS2 was evident in many of the strategies reported and in how they were presented. Ways in which practitioners could support the home language was a common theme in both contextual and communication strategies. Some participants spoke two or more languages, and consequently a child's home language could more frequently be used to support both learning and pastoral care, benefitting their communication and social and emotional well-being (Fahim and Nedwick, 2014). Where the experience of working with children with EAL (CS2) appears to influence the teaching strategies reported, the language the strategies are delivered in (where it is the child's home language) and the multi-lingual school environment seem to be the contributing factors to practitioners offering a wider range of strategies.

Bilingual/multi-lingual communication was only superficially practiced in CS1 (e.g. for greetings), but participants did report that it would be a beneficial strategy for children with DS and EAL, so in this case their experience did not exactly reflect the strategies they would recommend.

Participants in CS1 reported using strategies to support informal communicative behaviours, such as non-verbal communication and the use of objects and pictures. Although these participants had less experience than those in CS2 of teaching children with EAL, they described many strategies in this category that are recommended in the literature for supporting English language learners as well as children with DS (see chapter 4). It is therefore difficult to ascertain to what extent their lesser experience of working with children with EAL may have affected the types or variety of this category of strategies used (other than actual use of home language), because of commonalities of strategies used in SEN provision.

#### *5.3.4 Influence of Additional Experiences on Teaching Strategies*

Gaining a full understanding of the effect of the participants' experience on the teaching strategies they would use to support communication is difficult to achieve. Other influences, such as training, input from parents and agencies and the availability of resources, also need to be taken into consideration. However, following analysis of the strategies reported using the PVCS model, it does appear that some elements of practitioners' experience did shape the types of strategies they reported using to support communication, but they were not wholly related to the SEN and EAL specialisms hypothesised.

Factors affecting strategies seem to be related to practitioners not only having experience of working with children with DS and EAL, but also having experience of working with a wider age group than 3-5 year olds in nursery and reception classes, including:

- Experience of working with babies and infants from birth to 3 years with parents at home or in clinic
- Experience of working with children age 6 to 11 years in schools where nursery/reception provision is attached to the primary school

Participants with some or all of this experience provided additional strategies to support the earlier and later stages of communication. This is illustrated in the balance of strategies seen in the categories to support ‘pre’, ‘informal’ and ‘formal’ communication behaviours in the PVCS model and illustrates the wide range of experience held collectively by participants in the study. Training and SaLT service support, which bridge the gaps in practitioners’ experience, may also be factors in why similar communication strategies were reported in both mainstream and specialist provision. These will be discussed in more detail in chapters 6 (Training) and 7 (Multi-agency working) respectively.

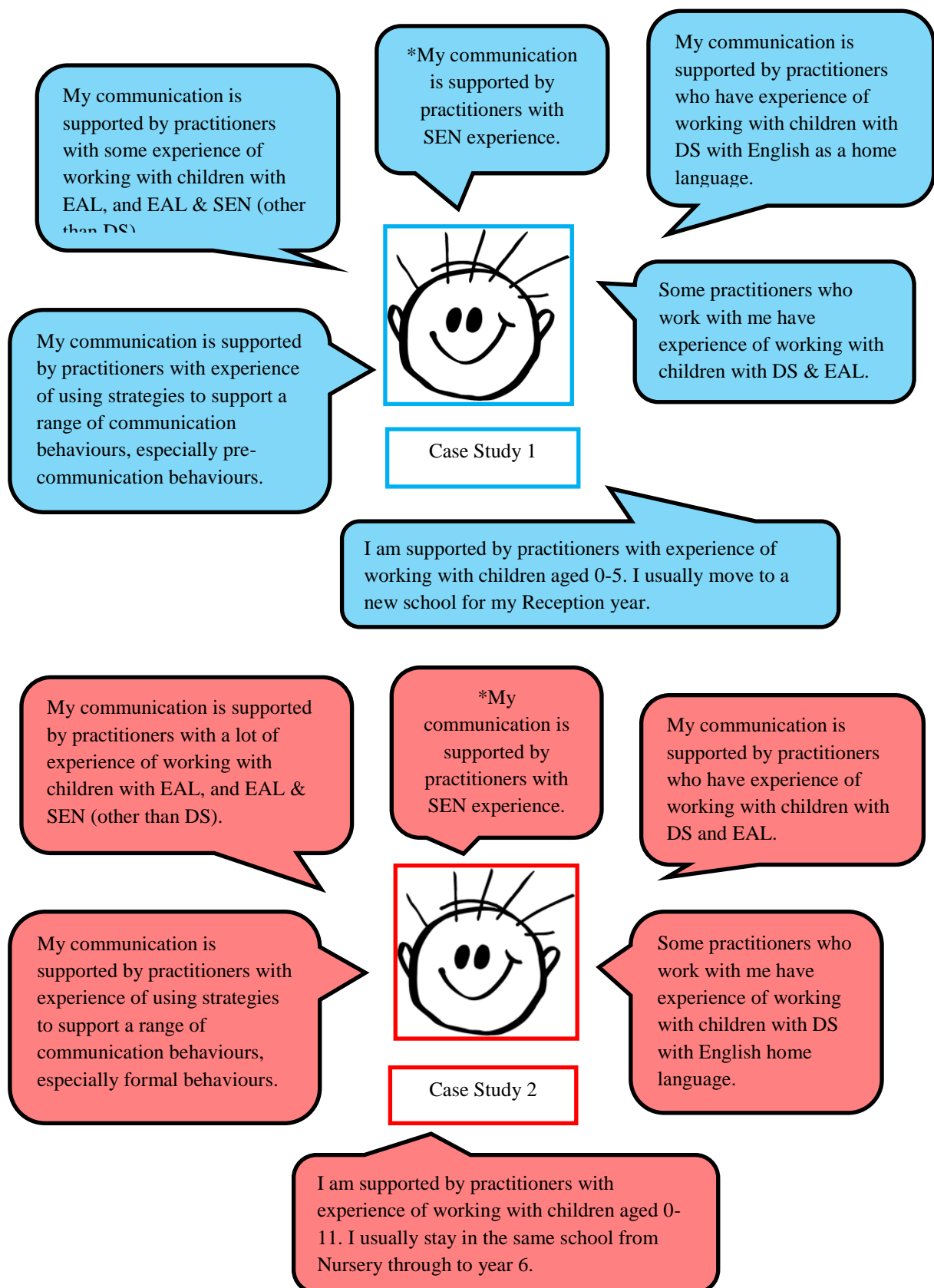
These findings suggest that an overview of the continuum of communication development for children with DS and EAL aged 0-11 years might be helpful for practitioners in EYFS settings. For example, extending training across this age range for nursery and reception class teachers and LSAs may support them in considering a wider range of strategies. Sharing information between practitioners with experience of working with this extended age group, particularly at points of transition in and out of the EYFS, could also play an important role in ensuring that a wide range of strategies is available to support communication.

#### **5.4 Equity of Provision: Impact of Practitioners’ Experience on the Communication Support for Children with Down’s Syndrome and English as an Additional Language**

The third research question ‘Are the same strategies used to provide communication support for children with Down’s syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?’ aims to find out if there are any differences in provision for children with DS and EAL, depending on what type of school or setting they attend and where they live. The findings suggest that practitioners’ experience differs between case studies and this may affect some elements of communication support children with DS and EAL receive. The main differences appear to be influenced by both the language diversity of their location and what age range their EYFS experience is embedded in; pre-nursery services (0-3 years), nursery schools or classes (3-5 years) or primary school settings (3-11 years).

The demographic of the EYFS setting is an important factor when considering equity of provision, as not only does it impact on the language(s) in which teaching strategies are delivered, but also influences how much day-to-day experience practitioners have of supporting the communication of children with EAL. This means that children with DS and EAL in CS2 appear to have the advantage of embedded EAL practice and of a learning environment which has been created with English language learners in mind. The impact of home language accessibility on teaching strategies was discussed previously. Although CS1 provides very similar communication strategies overall, it does not have the same access to home language support to deliver them.

Another factor demonstrating location influencing the experience of practitioners in CS2 was the borough's policy of including children with SEN in mainstream EYFS settings. This meant that it was common practice for early years' practitioners in CS2 to have experience of working with children with a range of SEN, including DS, who also had EAL. As a result, children with DS and EAL in CS2 were more likely to have their communication supported by a practitioner with experience of working with children with DS and EAL than were children in CS1. As the analysis using the PVCS showed, the majority of teaching strategies (other than home language strategies) were similar between the case studies. It is unclear, therefore, to what extent the amount of participants' experience of working with children with DS and EAL led to differences in provision. The SaLTs and pre-school SEN teachers in both case studies had experience of working with children from 0- 3 years. However, there were differences in the age groups supported by SENCOs, outreach teachers and EMA teachers between the case studies; in CS1 they had experience of working with children from 3-5 years, whereas in CS2 their experience ranged from 3-11 years. This difference in experience appears to influence the repertoire of teaching strategies available to support communication, with participants in CS2 reporting more strategies to support formal communication behaviours. Children in CS2 may have access to a wider range of teaching strategies to support their communication, and this may be advantageous in how they can access the EYFS curriculum. In addition, children in CS2 are more likely to remain in the same school from nursery through to Year 6 so there may be better continuity of teaching strategies across their primary school education. Figure 5-1: Equity of provision: impact of practitioners' experience illustrates the similarities and differences in provision for children with DS and EAL that appear to be influenced by participants' experience from the perspective of the learner.



**Figure 5-1: Equity of provision: impact of practitioners' experience**  
 Statements shared between the case studies are indicated by an asterisk.

## **Chapter 6 - Training to Support the Communication Needs of Children with Down's Syndrome and English as an Additional Language**

It is widely acknowledged that training has an impact on strategies used by teachers of children with SEN, particularly if they are drawn from evidence-based research (Mitchell, 2013). The next section considers what training participants had undertaken and what training they would like to have.

Participants in both case studies were asked about their experiences of training in relation to developing the communication of children with DS and EAL. There were three strands of answers in response to this enquiry:

- What training had participants received?
- Were participants aware of any training?
- What training would participants consider to be beneficial to practitioners?

An overview of both case studies revealed that none of the 39 practitioners had undergone training designed specifically to meet the communication needs of children with DS and EAL, nor were they aware of any. In one CS2 setting an outreach SEN teacher, who also provided training about DS within the borough, had researched this area through the SENCO network before participating in the interview, and expressed surprise at finding nothing. In a CS1 interview with outreach SEN teachers, participants had clearly anticipated that guidance would be available through one of the specialist DS training providers, the DSA:

*Participant 2: "Has the Down's [Syndrome] Association not developed anything?"*

*Interviewer: "No"*

*Participant 1: "That's interesting"*

*Participant 2: "No guidance at all? You'd think there might just have been..."*

When the enquiry was generalised to include training directed at supporting the communication of children with SEN and EAL the numbers reported were still very low, with just 3/39 participants having undergone training that included both areas. Two different providers, one in each case study, had delivered training. The three participants' comments below show that the types of training they had experienced differed from one another and their perceptions of how useful they found the training were also mixed:

*“And that year, yearly we hold training for this [SEN and EAL] and then we do have lots of people coming in and getting lots of training and kinds of workshops running around and a lot of people with bilingual storybooks come, and the resources, all those sorts of thing out there.” (Bilingual Learning Support Assistant, SEN outreach service, CS2)*

*“They [the training provider] came in and were giving us, the whole school, training around issues in relation to their service and the kind of help and support that they can give us and caused us to think about our practice in particular ways.” (Head Teacher, special primary school, CS1)*

*“There’s been lots of training...well, some training, limited training, let’s put it like that, to look at the link between EAL and SEN. I didn’t find the course particularly useful. It was more common sense than anything and I think everybody who went to it, which is lots of schools with similar contexts to ours [with high levels of children with EAL] walked away disappointed.” (SENCO, mainstream primary school, CS2)*

These examples provide some evidence that training in SEN and EAL includes a range of contexts and resources.

## **6.1 Participants’ Perceptions of Training**

All the participants believed that training would be beneficial for practitioners who were working with children with DS and EAL, particularly those practitioners who were newly qualified. However, there were variations within each case study and between the two case studies as to the types of training participants thought would be most useful. It seems likely that this is linked to the distinctive elements of the two case studies, individual participants’ experience, and how any overlap between DS and EAL support is perceived. An example of this is one participant’s view that the communication needs of a child with DS and EAL should be met through using DS interventions, and this was reflected in the types of training they chose to recommend:

*Interviewer: “And what types of training...do you think would benefit staff, particularly in supporting communication?”*

*Participant: “Okay, well I mean to be honest with you I’m not going to look at EAL and DS. I think at the end of the day it’s Down’s syndrome, whether they’re EAL or not; I think you’re going to have the same issues.” (SENCO, mainstream primary school, CS2)*

This mainstream primary school had two children with DS and EAL in their nursery class at the time of data collection and the SENCO reported that staff had undergone external training in working with children with DS. In addition, a SaLT had been into school to train all staff in using BSL core signs to support communication and to provide specific training to the SENCO on working with the two individual children. The SENCO explained (in an interview that included the school’s EMA teacher) how they responded to the SaLT’s advice, and the extract below illustrates how one of the nursery children’s SEN appear to be prioritised over

their EAL needs. However, as the SENCO estimated that 98% of children attending the school had EAL, it seems likely that general strategies to support the diversity of children's home languages would have already been in place within the nursery environment:

*"We've got one little boy who's actually functioning sort of about 16, 17 months. So because his needs are so limited and he's making no sounds at all apart from, I think he can say 'bah bah'; that's it. So there's no actual spoken communication. We're just trying to improve his attention. I actually went out to Mothercare when you [addressed to the EMA teacher] were away. I went out to Mothercare and actually had a meeting with the speech therapist on the Friday and we talked about the sort of resources which would interest him and get his attention and it was all sensory stimulating resources. So I went out and just went mad with my SEN budget and we just got lots of, you know musical stuff and things that would give him a surprise, like a little frog jumping out of a box. And just basic building blocks, building blocks very, very early stages." (SENCO, mainstream primary school, CS2)*

The SENCO's perception of staff training needs (DS training rather than EAL training), may stem from a combination of their own experience and the environmental context. EAL strategies were likely to be firmly in place in the school as they had an EMA teacher, but this was the first time a child with DS has transferred into the EYFS. Additional training in that area and appropriate resources were consequently perceived as a priority.

There was evidence that participants' own philosophy of teaching could also influence their perception of training needs. In the following example, the participant offers their philosophy of the best training process for NQTs in order to prepare them for working with a child with DS and EAL:

*"...in terms of training, you have to train them to be the best class teacher that they can be. Starting with being a brilliant teacher then it's about accessing those things for different types of children." (Nursery class teacher, mainstream primary school, CS2)*

This perception of training suggests that having a thorough grounding in general teacher training should precede further training in DS and EAL in order that practitioners may transfer their knowledge effectively. Only two participants in the study reported that they had taught children with DS and EAL in their first year as teachers and this may suggest that, in practice, a child with DS and EAL would be more likely to be taught by an experienced teacher.

It seems likely from these particular examples that participants' perceptions about the type of training needed to support the communication of a child with DS and EAL in the EYFS may be influenced by:

- A participant's own experience of supporting the communication of children with
  - a) DS

b) EAL

- The diversity of the linguistic environment in which a participant teaches
- The participant's own philosophy of teaching, which may be influenced by their own training experiences
- Recommendations provided by SaLTs (and/or other external agencies) to a participant

## **6.2 Participants' Training 'Wish List'**

In order to encourage practitioners to think beyond their personal training experience, part of the interview included the suggestion of a wish list for training. Despite the two case studies having largely different cohorts of participants, there were some similarities in the training wish lists, with both including a range of general and specific training areas (Table 6.1)

The training needs reported reflected the characteristics of each case study; for example in CS1, training in culture and language was considered a need, whereas it appeared to be firmly established in practice in schools in CS2. Mainstream practitioners in CS2 requested training in working with children with severe learning difficulties (SLD) which was already a feature in the specialist provision contributing to CS1.

Practitioners in both case studies specified that training specific to working with children with DS was necessary, which suggests they may perceive children with DS as having a unique communication profile. This is reinforced in CS2 with SLD and DS cited as areas that need different types of training. Both case studies also referred to DS and EAL together, which reinforces the finding that they may also see training in the two areas combined as a necessary requirement. Conversely, training needs included Makaton signing (CS1) and managing challenging behaviour (CS2), neither of which is exclusive to working with children with DS; however, no reference was made to the transferability of training to working with children with other additional needs.

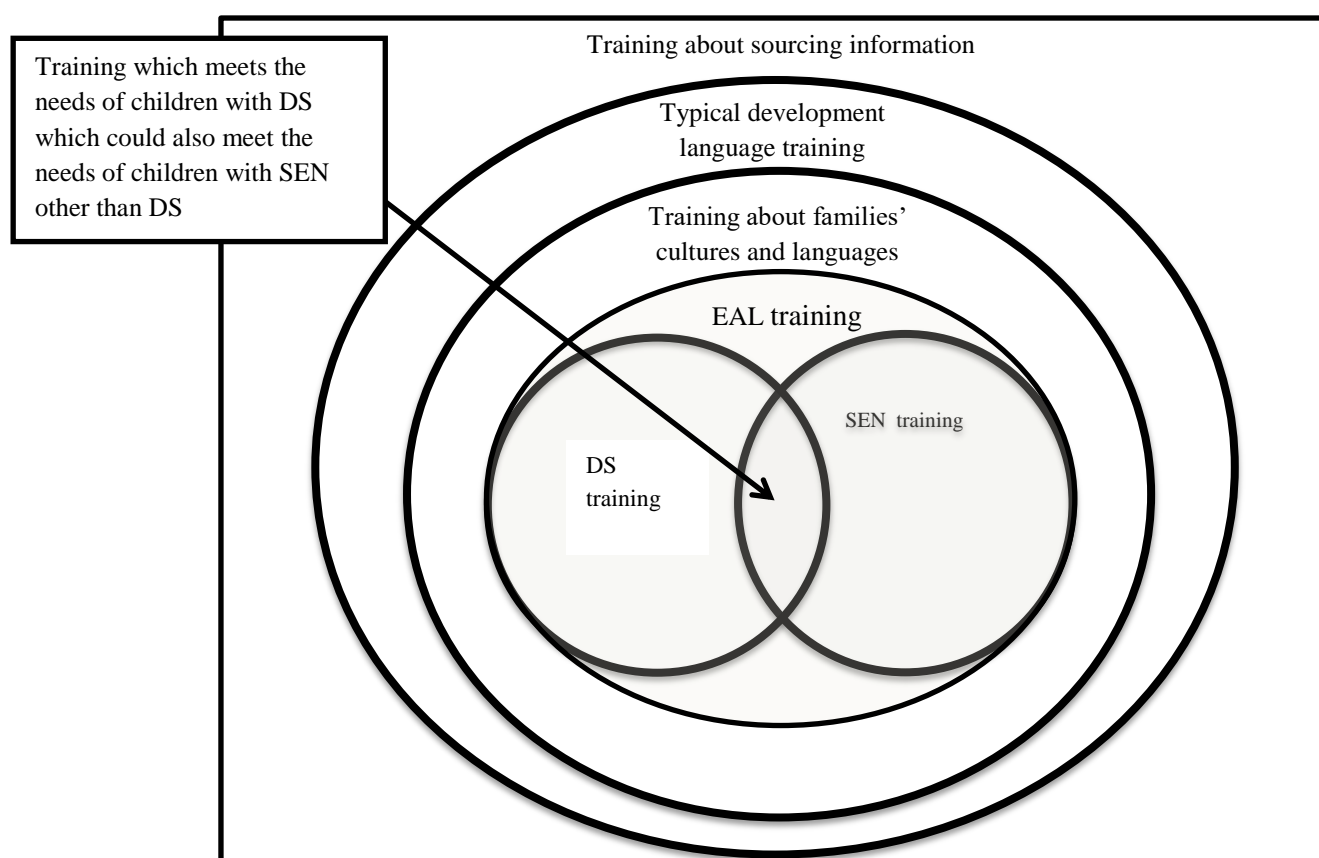
**Table 6-1: Training wish lists**

| <b>DS and EAL training</b>                           | <b>DS training</b>              | <b>SEN training</b>  | <b>EAL training</b>                 | <b>Other training</b>                 |
|--|---------------------------------|--|-------------------------------------|---------------------------------------|
| <b>Case study 1</b>                                  |                                 |  |                                     |                                       |
| Impact of the combination of DS and EAL on learning  | Impact of DS on communication   | Makaton signing  | Impact of EAL on communication      | Typical development of language       |
|  | Development of children with DS | AAC training<br>Supporting Behaviour<br>Intensive interaction<br>Setting up a visual learning environment    | EAL and ‘general SEN’               | Families’ cultures and languages      |
| <b>Case study 2</b>                                  |                                 |  |                                     |                                       |
| Teaching methods to support children with DS and EAL | Working with children with DS   | Alternative methods of communication<br><br>Working with children with SLD<br>Managing challenging behaviour | SEN assessment of children with EAL | Sourcing information (SEN and/or EAL) |

Both the DS and SEN training needs appear to lie within the context of participants wanting to understand the impact of EAL on children’s communication. An extension of this is their need for knowledge about families’ cultures and languages so that communication interventions are appropriate. These in turn lie within participants’ perception that a thorough understanding of typical language development is important. The need for participants to be able to source information as part of their continuous professional development appears to encompass all areas of training.

Presenting this information in the form of a diagram. Figure 6-1: A model of how areas of training on participants’ wish lists can be categorised and contextualised (CS1 and CS2) aims to organise this data more logically. These results do not reflect the quantity of responses for each training area but do show an emerging pattern in terms of their content. The model

shows movement from general training needs related to the research area on the outside of the model, towards the central point where the varied relationships between DS, SEN and EAL training lie. This shows the breadth of training needs referenced by participants. It would appear that the type of training needed to support the communication needs of children with DS and EAL was perceived as being more than ‘communication’, ‘DS’ and ‘EAL’, although these were most frequently mentioned as training needs. This model highlights practitioners’ awareness of the complexity of providing communication support for children with DS and EAL.



**Figure 6-1: A model of how areas of training on participants’ wish lists can be categorised and contextualised (CS1 and CS2)**

### 6.3 In-House Training

All schools and services in both case studies referred to training received or training that was available within their establishment, which could help support the communication of children with DS and EAL in some manner (Table 6-2: In-house training available in schools and services in both case studies). In-house training took place in a number of ways, and in both case studies, staff had undergone induction training that was tailored to the needs of the children in that school; in CS1 induction training in communication was related to working in

an environment with children with SEN and in CS2 to working in a multilingual environment. In both case studies, some staff members were trained to a high or tutor level in different relevant areas, e.g. Makaton signing (CS1) and IT for children with SEN (CS2), and this training was cascaded to other members of staff. In addition, teachers in CS2 described training as being part of their general practice and saw regular observations of experienced practitioners as a valuable training model. In-house observation was not a feature of training mentioned in CS1.

**Table 6-2: In-house training available in schools and services in both case studies**

| <b>Case study 1</b>               | <b>Case study 2</b>                          |
|-----------------------------------|--|
| Communication                     | Families’ cultures and languages             |
| Makaton signing                   | Working with children with DS                |
| Specialist EAL training for SaLTs | Learning disabilities                        |
|                                   | EAL  |
|                                   | Information technology for children with SEN |
|                                   | Therapeutic play                             |
|                                   | Carrying out individual education programmes |

Analysis of the information revealed that practitioners in each case study held information in-house that could meet at least some of the training needs identified in the wish list of the other case study. For example CS2 could offer training to CS1 on ‘families’ cultures and languages’ and ‘EAL’, while there were practitioners within CS1 who could provide training on ‘alternative methods of communication’ to CS2. Within each case study duplicates could also be seen, e.g. ‘Makaton signing’ was on CS1’s training wish list and was also reported within the borough as in-house training, and the same pattern occurred in CS2, with ‘working with children with DS’. This illustrates that, even within the small number of schools and services that represent the boroughs in the case studies, there are variations in practitioners’ training experience. Looking at this from a wider perspective there appear to be opportunities here for linking schools both within a borough and across boroughs to share experiences and for practitioners to provide CPD training for each other depending on their own specialist training area. The EMA service in CS1 had encouraged in-borough school links for child/community centred reasons. One participant reported this:

*“We’ve got close links with them [EMA service] this year and last year not through EAL, but through school-linking project. I don’t know whether you’ve come across that. That was a national initiative that has been interpreted locally. The idea of it was to put schools who were admitting people from quite different backgrounds from each other in contact with each other and it’s to do with promoting community cohesion. So we’ve been linked for the last two years with [name of school] in [name of town] which, by the criteria that the [name of service] were using, has quite a different pupil intake than the one we do. So, that’s been something where our*

*pupils have been coming together for school-linking activities each term for the last two years.”*  
(Head Teacher, special primary school, CS1)

It is possible that this type of model could be developed to link practitioners working with children from different backgrounds to share policy and practice to develop educational consistency in addition to community cohesion. This would be a complementary way of developing training in addition to schools buying in external providers, and could be implemented through an on-line skill-sharing platform or through school visits.

One of the training areas mentioned in the wish list for CS2 was ‘sourcing information’, and the need for this subject was made apparent when its in-house training repertoire was examined. This relates to the diversity and fluidity of the international community represented in this case study, and the need for practitioners to be continuously updating their information and acquiring new knowledge about new arrivals in their schools.

Participants were not directly asked about the types of training that could be provided in-house, but this information was gained through the introduction process and discussion about support for children with DS and EAL within their school or service. In CS2 the types of in-house training opportunities appeared to reflect the community’s population, and practitioners reported there were regular international new arrivals to schools and services from different countries, including refugees who may have experienced psychological stress. Some schools were able provide some appropriate in-house training, which included:

- Supporting international new arrivals
- Families’ cultures and languages
- EAL
- Therapeutic play

Some schools and services in CS2 were also able to provide in-house training related to some aspects of SEN that reflected a community where there were a substantial number of children with additional learning needs. These included:

- Working with children with DS
- Learning disabilities
- Information technology for children with SEN
- Carrying out IEPs

This mirrors the school demographics in the Ofsted reports which were used to identify schools for CS2 in the study’s methodology, as there is a higher than average number of children with EAL and a higher than average number of children with SEN. The content of in-

house training within this case study seems appropriate for meeting the needs of children with DS/other SEN and EAL.

Although there were fewer areas of in-house training mentioned in CS1, ‘communication’ was used as a term to describe a broad range of potential training areas (e.g. Makaton, PECS) which could be found in specialist provision:

*Interviewer: “Going back to, say, the newly qualified teachers, what types of training do you think they would benefit from?”*

*Participant: “I think they’d benefit from the general training that’s available here anyway because, as I’ve said at the beginning the, looking at children’s ability to communicate and helping them to develop, that is kind of central to what we do. So there’s a lot of expertise in the school around that area...in terms of an influx of children with particular or specific needs, then we would be looking at obviously having close links, I think, with the [name of EMA service] and indeed any other agency that we felt could give us help and advice.” (Head teacher, special primary school, CS1)*

Communication training in this context was not considered as being specific to children with DS and EAL, but as part of the general training applicable to children with a range of SEN who would attend specialist provision. This illustrates another theory of how practitioners perceive how staff having general SEN communication training in-house and then seeking external EAL input can support the communication of children with DS and EAL.

There appears to be a difference in perspectives between education and speech and language therapy services about the level of training that practitioners providing communication support for children with DS and EAL require. SaLTs saw working with children with DS and EAL as a specialist area:

*“I don’t think you would expect a student [SaLT] who’s newly qualified to take on a child who has Down’s syndrome and EAL... they’d definitely need some kind of training, in-house training from a specialist colleague.” (SaLT, resourced nursery school, CS1)*

*“[name of SaLT] has been brought in [to the University] as a consultant and done work in bilingualism and they always used to have a bilingual specialist, so a senior therapist who would be part of the induction for new members of staff.” (SaLT, resourced nursery school, CS1)*

Within the speech and language therapy service, a senior or specialist therapist would address the complexity of these children’s communication needs. During their initial training, SaLTs were reported as having undertaken a module in bilingualism, whereas NQTs may have had as little as one under-graduate lecture in EAL. There is no mention of SEN training for student teachers in this study, although it seems likely that some general information may have been given during their ITT. Newly qualified SaLTs would not be expected to work with a child with DS and EAL but NQTs would, despite having less training in both areas. Two

participants reported this experience, with one teaching two children with DS in their first class in a school where 100% of children had EAL. At the time of the interview, the participant had been in post for three years and now held the role of SENCO in the school. They were asked about their experience of training:

*Interviewer: “Have you had any training that relates to EAL and SEN?”*

*Participant: “Whilst in teaching no, but our school is an EAL hub school and I have had my training practically by working with the children. As a trainee [teacher] I attended a lecture in EAL learning and undertook my dissertation focussed on EAL learners and techniques that are effective for their learning. I am due to attend two SEN specific courses over the next two months. One regarding the new SEN paper that is due out and other is managing SEN using T.A.s, resources etcetera.”*

*Interviewer: “If you had a child with EAL and DS starting in your school, what types of training do you think would benefit staff, particularly in supporting communication?”*

*Participant: “Effective methods for teaching EAL and DS children. Where to gain practical support such as websites... reading. How to manage behaviour that may be caused by their inability to communicate wants and needs... methods of communicating; Sign Along etc. Links between home and school language to make the child feel familiar and comfortable in school by making home connections.” (SENCO, mainstream primary school, CS2)*

There is clearly a difference between this participant’s own training and the training they would recommend, which could suggest that they believe this training would also benefit or have benefitted them. It is of interest that they hold the SENCO role with a maximum of three years’ teaching experience and do not mention having had SENCO training, despite it being compulsory at the time of data collection. This illustrates another way of thinking about training; practitioners perceive that they are receiving training practically by working directly with children with DS and EAL. There is a link here with the findings in Chapter 5; that the experience of working in a school where EAL strategies are embedded in practice, whilst having support from the SaLT service and SEN outreach services, can provide mainstream SENCOs with teaching strategies to support the communication of children with DS and EAL in the EYFS.

**Table 6-3: Summary of training theories for supporting the communication of children with DS and EAL illustrated in the case studies**

| Case Study | Practitioner occupation | Provision type | Training theory (DS and EAL)  |
|------------|-------------------------|----------------|---|
| 1          | Head teacher            | Specialist     | General SEN communication training modified with EAL advice from EMA service  |
| 2          | SENCO                   | Mainstream     | Focus training on a child’s communication needs related to DS   |
| 2          | Nursery teacher         | Mainstream     | Excellent all round teacher training needed first then training for meeting any additional needs (communication, DS, EAL) |

## 6.4 External Training

The speech and language therapy service was the most used source of external training in both case studies (Table 6-4: Sources of external training). This corresponds directly with 7/12 training areas on CS1's wish list that might involve training from SaLTs:

- Impact of DS on communication
- Makaton signing
- AAC training
- Intensive interaction
- Impact of EAL on communication
- EAL and 'general' SEN
- Typical development of language

It also corresponds with 2/7 areas on CS2's wish list;

- Alternative methods of communication
- SEN/EAL assessment

External training sources mentioned were predominantly part of participants' CPD.

**Table 6-4: Sources of external training**

### Case Study 1

#### Under-graduate

University under-graduate module in bilingualism (SaLT training)

#### CPD

(in order of frequency)

Speech and language therapy service  
SEN outreach teams  
Down's Syndrome Association (DSA)  
EMA service  
SENCO course at University  
Early years' training centres

### Case Study 2

University under-graduate course lecture in EAL (teacher training)

Speech and language therapy service  
SEN outreach teams  
Independent training and intervention providers  
Down's Syndrome Association (DSA)  
SENCO network  
Child and Adolescent Mental Health Service team (CAMHS)  
Interpreting service  
Down Syndrome Education International  
Training materials from other boroughs  
Local DS support groups

There were other common features between the two case studies, with both using training from outreach teams and the DSA. External training provision for SENCOs was mentioned in both, although in different contexts. As with the comparison of internal training content, the diversity of external providers called upon reflects the needs of the children in the different case studies. For example, in CS2 where there was a higher than average number of families with EAL, participants had received training from the interpreting service.

The difference in structure of provision between the boroughs was also reflected by the sources of external training. For example in CS1, early years' training centres were used by practitioners who worked in nursery classes not attached to primary schools, but not in CS2, where the majority of the participants worked across the EYFS and key stages 1 and 2. The Child and Adolescent Mental Health Services (CAMHS) team in this region generally take referrals for children from the age of 5 years and so would not necessarily be accessible to participants working in nursery classes. This clarifies that participants used external training providers that were appropriate to the age group they worked with.

CS2's wish list included 'sourcing information', which reflects the diversity of the mainstream practitioners' pupil population. Their sources of external training also demonstrated this through their reference to using training materials from other boroughs and information from local DS support groups. This suggests that practitioners were sourcing information locally and from wider afield in order to meet the needs of a diverse demographic.

**Table 6-5: Content of external training**

| <b>Case Study 1</b>                                 | <b>Case Study 2</b>                          |
|---|--|
| <b>SEN</b>  |  |
| SENCO course  | Masters' degree in SEN                       |
| Carrying out speech and language therapy programmes | Bachelors' degree in SEN                     |
| Makaton signing                                     | BSL Core signs                               |
| DS and Communication                                | DS and Communication                         |
|   | Using SEN resources                          |
|   | Introduction to SEND Green paper             |
|   | Working with children with DS                |
|   | Working with children with SLD               |
|   | Picture Exchange Communication System (PECS) |
|   | Managing Teaching Assistants (TAs)           |
|   | Medical issues e.g. managing epilepsy        |

## **EAL**

|                                |                                    |
|--------------------------------|------------------------------------|
| EAL training                   | EAL training related to assessment |
| Working with children with EAL | Ethnic minority achievement        |
| Working with interpreters      | Working with interpreters          |
| Bilingual language development |                                    |

There were a number of similarities in the content of the external training. Within their SEN training, both case studies included participants who had attended the DSA's 'DS and Communication' course, and they had training in signing (CS1 Makaton signing, CS2 BSL Core signs). Three SENCOs in CS1 were enrolled in SENCO training at the time of the study, and whilst this training was not mentioned in CS2, one SENCO was completing a Masters' degree in SEN and another referred to having a Bachelors' degree in SEN. This suggests that different routes to accessing CPD in SEN existed between the two boroughs. The content of external SEN training shows more diversity in CS2 than CS1. This may be a reflection of the need for mainstream provision to buy in SEN training which might already be in place in the CS1 specialist provision, for example 'working with children with SLD'.

There were also similarities in the EAL training content. Both case studies reported they had external training in working with interpreters, although the source of training differed. In CS1 the participant was a SaLT and training took place as part of an under-graduate module, whereas in CS2 the participants were teachers, and training was provided by the borough's interpreting service. Other areas of external EAL training appear to show more general training areas in CS1. This is in contrast to the specifics of assessment and achievement in CS2. This may indicate, as with SEN in CS1 that CS2 already had the foundations of EAL training in place. To summarise, there was a combination of SEN and EAL content in both case studies. The balance generally reflects participants having an equal or greater amount of training from external providers in the areas in which they have less experience.

## **6.5 Discussion: The Influence of Training on Teaching Strategies**

When the data was analysed using Nvivo, 'training' emerged as the second largest theme after 'teaching strategies', with 101 references recorded relatively evenly between the two case studies (CS1 n=48, CS2 n=53). These references were in response to being asked about their experiences of training in relation to developing the communication of children with DS and EAL. Training was discussed in all 23 interviews and was mentioned on average four times in each interview, with a range of between 1 and 11 reports per interview across the study. There was no evidence to suggest why training was mentioned more often in some interviews than

in others, as there was no connection between participants' occupations, where they worked or how many participants took part in the interview. However, the number of times training was reported in the study suggests that generally it was an important factor for participants.

This discussion uses the findings to analyse the role that training has in providing teaching strategies for learners with DS and EAL at different times in teachers' careers. Teachers made up the largest group of participants in the study (32 teachers, 4 LSAs and 3 SaLTs), so were considered the most appropriate profession on which to focus in terms of training experiences. One of the most striking features of the results is that participants reported having undertaken very little training in either SEN or EAL during ITT. All training about working with children with DS and the majority of input in SEN and EAL were reported at the CPD level.

Children with DS constitute a large proportion of children with SLD in mainstream schools and there are increasing numbers of children with EAL in the education system. Therefore, it seems surprising that the ITT courses accessed by the participants did not include training to support children with these additional needs, although this might be related to when and where they undertook their training. The roles of ITT and CPD training in influencing strategies for supporting the communication of children with DS and EAL in the EYFS are analysed in the first two parts of this discussion.

In order to consider the ITT/CPD training discussion as part of a specific context, the third part of this discussion briefly highlights the debate concerning inclusive pedagogies as a strategy for working with children with SEN, and how the teaching of children with DS and EAL might respond to such an approach. A text that has been influential to this research, *Special Teaching for Special Children?* by Lewis and Norwich (eds.) (2004), is used to illustrate that the development of teaching strategies is a wider issue than the contextual strategies (EYFS environment, relationships, assessment) and communication strategies (pre-verbal, verbal, visual and AAC strategies) reported in Chapter 4. This perspective is intended to provide an example for the dilemma of what level of input and detail of DS and EAL might be appropriate for teachers in ITT and CPD.

There are some minor limitations to this analysis, as the focus of the interview questions was about the content of training undertaken or acknowledged, rather than when participants accessed it. However, information was offered within the format of the semi-structured interviews that allows for discussion. Participants were not asked in the interviews how long they had been qualified, therefore it is not possible to analyse exactly when they undertook ITT. However, one participant reported they were a NQT and another reported having been

teaching three years. The other teachers interviewed, with the exception of one nursery class teacher, all held senior roles (head teacher or deputy head teacher) or roles which suggest experience and / or CPD training in either SEN or EAL (outreach teacher, pre-school SEN support teacher, SENCO, EMA teacher). Consequently, it seems apparent that most of the teachers in the study were not NQTs and had been qualified at least two years. This time scale includes one year for PGCE training plus one year as an NQT as the minimum of their experience, although it is likely that many participants had undertaken ITT earlier than this. In addition participants were not asked what type of ITT course they had followed (e.g. PGCE, B.Ed.), so the length of ITT courses undertaken could not be used as a factor in the discussion. This information could have added to the breadth of the analysis.

#### *6.5.1 Teaching Strategies taught during Initial Teacher Training*

Participants in both case studies reported receiving little training in EAL during ITT and none in working with children with DS. Teacher training in England, at the time of data collection had become increasingly prescriptive (Robinson, 2006). For teachers in this study, therefore, it was likely that SEN had been a small part of their ITT curriculum, as the amount of time allocated to this area had been reduced since the 1990s in favour of National Strategies for Numeracy and Literacy (Hodkinson, 2009). Similarly, Cajkler and Hall (2009) point out that ITT courses have little time to include EAL in an already busy programme. This may explain why only limited training during ITT in SEN and EAL was reported. Teaching strategies that are SEN, DS or EAL based reported in the study (see Chapter 4) are therefore likely to have been developed by practitioners at a later point in their career.

Lawson et al. (2013) highlight that the quality of SEN training on ITT courses and the dissatisfaction of ITT students and NQTs about SEN training in ITT courses have been widely recognised. Although the Training and Development Agency (TDA) aimed to address this by publishing SEN resources to support both primary and secondary ITT (TDA, 2009), the results of the study by Lawson et al. report that some PGCE students believed they were still unprepared for teaching pupils with SEN whilst on teaching practice and this was confirmed by placement tutors. The short length of a one-year PGCE course is suggested as being a reason for this. The TDA initiatives which aim to address pre-service training in SEN in England are praised by Hodkinson (2009), however his review of pre-service teacher training and SEN from 1970-2008 concludes that ITT training still, at this time, did not match the escalating diversity of children's needs within the classroom. He recommends that trainees should have access to coordinated learning programmes so they can continuously develop their understanding and skills. Participants in this study believed that a wide range of general

SEN training would be a beneficial factor in meeting the diverse needs of children with DS and EAL. Table 6-6: General SEN training areas perceived by participants as being necessary for developing teaching strategies to support the communication of children with DS and EAL, shows the areas from the training wish lists that are not specific to DS or EAL.

**Table 6-6: General SEN training areas perceived by participants as being necessary for developing teaching strategies to support the communication of children with DS and EAL**

| Case Study 1                             | Case Study 2                         |
|--|--------------------------------------|
| Makaton signing                          | Alternative methods of communication |
| AAC training                             | Working with children with SLD       |
| Supporting behaviour                     | Managing challenging behaviour       |
| Intensive interaction                    |                                      |
| Setting up a visual learning environment |                                      |

A hypothetical application of these suggested training areas to Hodgkinson’s recommendation of developing SEN learning programmes during ITT highlights how vast the training area of SEN is and confirms the point made by Lawson et al. (2013) that a one-year PGCE course limits the amount of possible SEN input. The perceptions of participants, who all have experience of working with children with complex and diverse needs in the EYFS, seems to add to the evidence that more SEN training is needed at the ITT level which should be continued further during CPD.

Communication development, along with language and literacy, is unlike SEN or EAL, one of the six areas covered by the early learning goals and educational programmes in the EYFS (DfES, 2007) and a core curriculum area taught in ITT. Although teaching participants had been qualified for different lengths of time, it seems likely that this was an area that would have been studied during their ITT. It was reported in the training wish list of CS1 that teachers working with children with DS and EAL would benefit from comprehensive training in the communication of typically developing children, but there was no evidence to imply that the participants thought this was an area they needed CPD training in. This may suggest that the input they received during ITT was perceived as adequate for their practice with typically developing children and that specialist information was their current requirement for working with children with more complex communication needs. Macrory (2001) highlights the importance of early years’ practitioners having an understanding of typical language development but considers this to be insufficient for working with children who may have specific communication needs. What makes participants’ practice more ‘sufficient’ in this study seems to be the additional communication training received as CPD, such as using sign and symbols to support speech, which enables them to differentiate teaching strategies

accordingly. This may suggest that if NQTs could be trained to a high level in language development and have training in differentiation as part of ITT then they would have some teaching strategies which could support the communication of children with DS and EAL and others with complex communication needs.

Participants reported experiences of having trained predominantly in the communication of typically developing children as student teachers, with little input about additional communication needs. This concurs with Mroz and Hall (2003), whose study of over 800 early years' practitioners found that communication development, studied as part of ITT, was very limited in training students to work with children with speech and language difficulties. However, unlike Mroz and Hall (2003), whose practitioners had little CPD training in working with children with communication difficulties, participants from both case studies had accessed CPD to train to support the communication of children with DS, SEN and EAL and were active in improving their practice. In addition, they were able to identify areas of training which would extend their knowledge and this was appropriate to their work context. This may reflect that in the decade since Mroz and Hall's study there has been an increase in CPD available in this area, which may be as a result of a demand to meet the needs of a more diverse pupil population within schools.

These examples suggest that the participants' experiences of training during ITT may have more commonalities than their CPD training experiences. In this study, ITT training appeared to have been confined to areas within a more traditional curriculum, whereas CPD was more varied. The idea that specialist training should take place as CPD and not as part of ITT reflects one of the personal training theories expressed by a participant:

*"...in terms of training, you have to train them to be the best class teacher that they can be. Starting with being a brilliant teacher then it's about accessing those things for different types of children." (Nursery class teacher, mainstream primary school, CS2)*

Cajkler and Hall (2009) studied the training of 139 NQTs working with children with EAL against the standards set by the TDA in England. Although variations were found in their experiences, there was greater provision of EAL training at ITT level than reported by participants in this study, who received the majority of their training as CPD. The TDA (2009) also developed self-study training materials for PGCE trainees about working with children with EAL and SEN, but these publications may have post-dated participants' ITT and they were not referred to in the findings. These developments in EAL training in ITT may be indicative of the growing numbers of children with EAL in schools, which was the case in both boroughs where this study took place, and also as a response to subsequent changes in

EYFS statutory guidelines. More recent ITT training in EAL suggest that NQTs may be starting their careers with more EAL strategies than their colleagues did less than a decade earlier.

However, changes in government may also lead to changes being made in the content of ITT courses, which could have an impact on whether or not areas such as SEN and EAL are included and at what level. The first report of the independent review of teaching standards (DfE, 2011), which examined the UK Coalition's white paper 'The Importance of Teaching' (DfE, 2010), outlined a new set of criteria for judging what defines the qualified teacher status (QTS) in England. Marshall (2014, pp.275-276), who promotes the inclusion of educational theory in ITT, sees these criteria as being:

Narrowly practical and overly managerial [which has] neglected the developmental potential of powerful educational knowledge, which enables new teachers to develop commitment, understanding and creativity.

This suggests that the content of ITT may be changing and be less likely to include subject areas beyond the defined curriculum. Consequently, teachers within the same schools may have experienced different content in their ITT depending on when they trained, which means their CPD needs for developing strategies to work with children with DS and EAL may be varied. The wide variety of CPD reported in this study suggests this could be relevant in this case.

An independent review of early education and childcare qualifications (Nutbrown, 2012) recommends that an early years' specialist route to QTS be developed in order to better serve the needs of children aged 0-7 years. There is no evidence in this study that participants had undertaken any early years' specialism as part of their ITT, and Nutbrown notes that early years' educators need to continually update their training in order to improve their practice. This was in line with participants' experience, as they had accessed further training to prepare them for working with children with DS and EAL. The review highlights areas in which EYFS teachers require training, including the language development of typically developing children, SEN, SEN assessment, and cultural diversity, and these were reflected in the participants' training wish lists for training to work with children with DS and EAL. These similarities highlight some of the common threads between general EYFS training needs and those needed for teaching young children with DS and EAL. This suggests that the model illustrating how areas of training on participants' wish lists could be categorised and contextualised (Figure 6-1: A model of how areas of training on participants' wish lists can be

categorised and contextualised (CS1 and CS2)) could be revised to include EYFS training as part of desirable training for working with young children with DS and EAL.

### *6.5.2 Teaching Strategies taught during Continued Professional Development*

As the majority of participants' training took place as CPD, it is hypothesised that the teaching strategies reported in Chapter 4 were largely influenced by it. As well as training providing practical strategies for participants, it may also have influenced their attitudes towards teaching children with complex needs. de Boer, Pijl and Minnoert (2010) found that mainstream teachers who had undergone CPD training in SEN had more positive attitudes towards inclusive education for children with SEN. This appears to be the case for participants in mainstream provision, who had experienced a wide range of SEN training as CPD and were providing many inclusive experiences for children using differentiated learning environments and teaching strategies. As noted in Chapter 4, many of the strategies reported were supported by research evidence and teaching guidelines, and were appropriate for children with DS, EAL and typically developing children, albeit in differentiated formats. It could also be hypothesised that participants working in mainstream settings were particularly likely to have an interest in inclusive education because of the nature of their work. It seems likely that practitioners with both enhanced SEN skills through CPD and a pro-inclusion approach may be likely to have success in supporting children with DS and EAL, as they will endeavour to use appropriate teaching strategies within an inclusive learning environment.

Harris and Sass (2011) suggest that teacher productivity is more closely related to informal 'on-the-job' training than to CPD, and this was one of the personal theories suggested by a SENCO in CS2:

*Interviewer: "Have you had any training that relates to EAL and SEN?"*

*Participant: "Whilst in teaching no, but our school is an EAL hub school [model of good EAL practice] and I have had my training practically by working with the children."*

However, Beecher and Sweeny (2008) found that by focussing whole staff CPD on curriculum differentiation, children's attainment improved in both literacy and numeracy. This particularly benefitted children of families with low socio-economic status and with EAL. Children of Asian ethnicity attained results improved by 60%, and this indicates that CPD that focusses on school improvement can have a positive effect on children's learning. Whole school CPD was a feature of some participants' experience, particularly in communication (e.g. signing), when all school staff undertook in-service training to provide continuity of support for children. Whole school training in EAL in a special school was also

reported in CS1 as a factor that had led to developing practice in working with children with SEN and EAL. These examples illustrate some possible benefits of whole staff CPD when aiming to develop teaching strategies for children with DS and EAL.

Four participants reported that they were undertaking recognised post-graduate qualifications in SEN (one MA in SEN and three SENCO qualifications) but there was little evidence that this higher level of training had influenced the type of teaching strategies reported. The teacher studying for an MA reported that the areas of study did not consider EAL in the SEN context:

*“I’ve been attending loads of SEN courses through doing my Masters this year, but I don’t...very rarely we’ve related to or talked about EAL. I can’t actually think of one instance where they’ve actually explicitly looked into EAL.” (SENCO, mainstream primary school, CS2)*

The National Award for SENCO Qualification is intended to support the SENCO leadership role by:

Managing resources, directing staff and advocating for pupils with special educational needs - as well as pointing towards wider issues about inclusive practice which are part of a more theoretical debate. (Tissot, 2013, p.34)

Within these broad training themes, there appears to be some scope for developing teaching practice, but this is not explicit. It is unclear how effective this qualification is in directly influencing the teaching strategies reported to support children with DS and EAL. Confirming this, one participant undertaking SENCO training, reported only a brief input about working with children with SEN and EAL:

*“I seem to recall that there’s reference to it [SEN and EAL] but it’s almost like we don’t regard them because it muddies the waters. This is one issue; that is one issue. They don’t get the two things intertwined.” (SENCO, resourced primary school, CS1)*

It is difficult to know how influential the MA and SENCO training undertaken by the participants may have been in directly developing teaching strategies for children with DS and EAL because neither have addressed SEN and EAL issues together. However, it seems more likely that this level of CPD training could have an influence in supporting this group of children’s learning by providing training appropriate for managing SEN throughout a school, rather than through specific teaching strategies, although this study does not provide evidence for this.

Blackburn and Aubrey (2011), in a study of 64 practitioners working in early years’ settings in one local authority in England found, in data collected through questionnaires, that

participants believed they had received enough training in children's speech and language development to be able to identify children's communication needs. However, as with this study, participants were less confident about supporting the communication of bilingual children with additional needs. A recommendation by Blackburn and Aubrey is that CPD training for practitioners who support bilingual or multilingual children may be advisable, particularly in relation to the assessment of children with communication difficulties. This area of training was also recognised by participants in CS2 and appears on their EAL wish list. Assessing children with EAL was also one of the 'gaps' in ITT training found by Cajkler and Hall (2009), suggesting that CPD has a place in both developing strategies learned at the ITT level, and also in providing opportunities for training in new areas which arise as practitioners' knowledge and skills extend across their career.

A key facilitator identified by Muccio et al. (2014) in a study of Head Start programmes which provide inclusive services for pre-schoolers with disabilities in the USA, was that educators need on-going training in knowledge, skills and practices to ensure effective inclusive practice, and this finding was mirrored in Greece by Soulis (2009). This suggests that the provision of CPD for teachers working with young children with SEN is an international need and that educators in the UK could look to other countries for models of how this is achieved. On-going CPD was also evident in the findings from this study, and it may be that a continuing training model, where information is regularly re-visited and updated, is particularly relevant for practitioners working with children of this age group with complex learning needs in order to ensure that appropriate teaching strategies are in place.

## **6.6 Training to Support the Communication of Children with Down's Syndrome and English as an Additional Language using an Inclusive Pedagogy**

Ware et al. (2015) recognise the dearth of research internationally concerning the education of bilingual learners with SEN. This review of literature also confirms that, in the UK, sequential bilinguals include the children of immigrant families and that many children with a learning disability are educated through a language that differs from their home language. Therefore, it would seem appropriate to include teaching strategies that support the communication of children with EAL and SEN as part of ITT, as the majority of children with SEN are educated in mainstream schools. Participants reported little training in either SEN or EAL during their ITT, but with mainstream early years' settings becoming more diverse practitioners increasingly need access to information to enable them to teach in a more appropriate way.

This section aims to consider if adopting an inclusive pedagogy for developing communication might be an appropriate teaching model for early years' practitioners teaching children with EAL who have DS or other SEN, and how this strategy could be included in teachers' training.

The analysis of teaching strategies against teacher guidelines and research findings presented in Chapter 4 revealed that participants were using communication strategies for children with DS and EAL, many of which were not specific to children with DS or with EAL but appropriate for both, for children with other SEN or for typically developing children in the EYFS. The common threads between the strategies suggest that there are some elements in early years' teaching of communication skills that could be taught inclusively and would benefit many children. There are examples of this interchange between EAL and DS/SEN teaching strategies in the research literature. For example Liasidou (2013), when considering pedagogy in bilingual and SEN inclusive classrooms, reports that an established support strategy for second language teaching, the Total Physical Response (Asher, 1969), where language is presented kinaesthetically as well as orally, is now also used with children with SEN. Both Makaton signing (Mistry and Barnes, 2013) and BSL (Marshall and Hobsbaum, 2015) have also been investigated as possible communication strategies for children with EAL. This suggests that the transferability of teaching strategies between children with SEN and those with EAL is a consideration. There were elements of an inclusive approach to communication apparent in this study, where communication was recognised as the common element to learning and the importance of visual strategies was highlighted:

*"Well, obviously communication is probably the biggest single thing we do in here in school throughout the school day, really. Helping children to be better at communicating. So, we're talking about simplifying language. We're talking about using visual support, wherever that might be necessary." (Head Teacher, resourced nursery class, CS1)*

The concept of more inclusive approaches to teaching, which is providing a pedagogy that moves away from simply having a curriculum to meet the needs of children with learning difficulties, towards 'the intensification of common pedagogic strategies' (Lewis and Norwich, 2004, p.218) is complex. The idea of having an inclusive pedagogy for the education of children whose needs involve a type of 'double inclusion', in this case DS and EAL, moves away from the more traditional viewpoint reported by participants in this study of SEN and EAL pedagogies being addressed individually and in the literature related to the EYFS. However, with classrooms becoming increasingly diverse in terms of language and learning needs, it seems timely to be revisiting this idea. The findings of this study suggest

there may be aspects of supporting young children's communication that could be taught through an inclusive approach, but with differentiated strategies.

The following examples from Lewis and Norwich (2004) very briefly outline the research behind two possible inclusive pedagogies which relate closely to the subject of this study; for children with EAL and SLCN (Martin, 2004), and for children with DS (Wishart, 2004). These will be considered in light of the findings of this study to see if an inclusive pedagogy for children with DS and EAL could be a consideration that could be included in teacher training.

Martin (2004 in Lewis and Norwich (eds.) *Special Teaching for Special Children?*) suggests that a separate pedagogy for children with EAL and SLCN may not be necessary, and that an approach that blends language learning with curriculum teaching could be effective for all children. Martin recognises that although the underlying reasons for language difficulties differ between EAL and SLCN, there are teaching strategies that are common to supporting communication needs. There are similarities in the findings of this study in that there is an overlap in many of the teaching strategies used with children with EAL and DS, although as discussed Chapter 4, a high level of assessment and broad level of differentiation is required to tailor these to the needs of an individual. Supporting this idea, Frederickson and Cline (2015) discuss that general teaching strategies for children with EAL are unlikely to meet fully the needs of children who also have SEN. They suggest that a detailed language and communication assessment is necessary to be able to teach children with SEN and EAL effectively. It is possible that this level of assessment would be undertaken as a matter of course during a child's statutory assessment of SEN (SASEN), in line with the SEN Code of Practice (DfES, 2001), and that this would provide a good starting point for planning. With a detailed bilingual assessment in place, differentiated teaching strategies could be developed to link language learning and curriculum teaching, as proposed by Martin (2005), to create a more inclusive pedagogy for children with EAL and additional communication and learning needs, for example children with DS.

Differentiation is a key skill ensuring that children can access and engage fully in their learning, and for the communication needs of the children discussed in this study it is strategic in moving towards providing a more inclusive pedagogy. Mitchell (2014) argues that making such adaptations to take account of different cognitive, social and emotional abilities is simply good teaching and not a skill related directly to working with students with SEN. This suggests that a teacher with skills in differentiation should be able to develop children's

communication using inclusive strategies to benefit all children, including those with DS and EAL. There were more examples of participants in CS1 than CS2 reporting how they adapted activities for different children and differentiation was predominantly linked to a child-led approach, where the role of the adult was to facilitate learning by differentiating resources

*“in a schooled way.” (Head teacher, resourced nursery class, CS1)*

This relates particularly to practitioners adapting early years’ toys to meet individual children’s needs. Children with DS and EAL in mainstream schools in CS2 were more likely to be involved in adult-directed activities; however, there was evidence that participants also planned open-ended activities using multi-sensory resources that were accessible to children with a range of needs. The role of the adult in differentiating how learning could be accessed was less clear in CS2, although using children’s home languages was an inclusive strategy employed to maximise comprehension. However, participants in both case studies reported using a range of strategies to support ‘pre’, ‘informal’ and ‘formal’ communication behaviours (Chapter 5), suggesting that they had a wide repertoire of methods to engage children which could be used to differentiate activities and that they were using a flexible pedagogy. Developing this further would require them to know how to adapt to individual needs, as well as being able to develop strategies that are accessible to all children.

In order to be able to adapt and differentiate strategies, training is needed and there is little research available internationally that suggests this is successfully taught as part of ITT. One relevant example is an international study of 24 students undertaking ITT in an Australian university who were interviewed five times during their training in a study by Mills (2013). Students were unanimous that they were unprepared to deal with diversity in the classroom; they had been made aware of diversity issues, including a range of SEN, but had no strategies to manage them. One of the recommendations from the findings was that lecturers should be ‘seriously engaging with research on strategies to cater for the needs of diverse students’ (Mills, 2013, p.227). This suggests that ITT students would benefit if they already had the skills to differentiate for students with SEN when they started teaching, rather than learning through a combination of experience and CPD, as reported by participants in this study. What is also apparent is that if a basic level of differentiation could be addressed at the level of ITT, then higher concepts such as inclusive pedagogy could be an appropriate development for CPD training. This would enable experienced teachers to be more flexible in the teaching strategies used in their delivery of the EYFS curriculum.

Wishart (2004) argues that although there are parallels between the pedagogical approaches to teaching children with DS to those with similar levels of learning difficulty, there is not enough research to conclude whether or not children with DS would benefit more from having a unique or a general approach to the way they are taught. These findings differ compared to the teacher guidance from the DSA (e.g. *Including pupils with Down's syndrome: information for Teachers and Support Staff – Early Years*, DSA, 2006), which indicates that teaching children with DS in the EYFS requires specific knowledge about DS. This view of children with DS as a unique group of learners is also supported by the All Party Parliamentary Group on Down's Syndrome, whose good practice guidelines for education (APPGDS, 2012, p.13) provide recommendations for both ITT and CPD, although they do not make any suggestions for teaching children with DS and EAL:

Training on Down syndrome and the specific learning profile, and on inclusion and differentiation, must be included and strengthened in Initial Teacher Training (ITT) and SENCO training.

Participants in this study reported that they had already undertaken or would recommend specific training in how to support the communication of children with DS as CPD training. Their ITT preceded the APPGDS recommendations, although the inclusion of training on DS in current EYFS statutory documents is not apparent. Training about teaching children with DS could encourage the transfer of teaching strategies across practice, for example strategies for supporting children with working memory difficulties or sensory impairment. These are not exclusive to children with DS and could help in developing the communication of other children with similar needs. The suggestion that children with DS need a unique approach to learning to communicate, partially contradicts the evidence that similar teaching strategies are appropriate to a range of learners.

One contextual strategy, the EYFS environment, was recognised as generally being an inclusive medium for stimulating language and learning of young children (see Chapter 4). Within this there should be a need to agree optimum conditions for children who have communication difficulties to be encouraged to interact (Tassoni, 2015), but again these are not exclusive to children with DS, nor children with EAL. The EYFS seems to be a logical starting point for building an inclusive communication environment for children with DS and EAL and their peers, and is an appropriate area to be addressed in the ITT of early years' teaching students.

In conclusion, by briefly exploring the possibility of an inclusive pedagogy for children with DS and EAL through the work of Martin (2004) and Wishart (2004), and alongside the

findings of this study, it appears that developing an inclusive pedagogy that would support children with DS and EAL could be a possibility. However, when exploring this idea alongside current practice in ITT and CPD, it appears that there is a gap between what educational researchers are discussing and what teachers are being taught. Whether strategies for supporting the communication of children with DS and EAL are being taught individually (DS or EAL), blended to differentiate for the individual (DS and EAL), or as part of an inclusive pedagogy, is less of an issue than the findings that many pre-service teachers do not feel confident in supporting diverse groups of learners. Participants in this study did not express dissatisfaction with their ITT, but the wide range of CPD undertaken suggests an expectation that training is an on-going process.

## **6.7 Relating the findings of Chapter 6 to the research questions**

This section aims to answer the second part of the second research question. In addition, it considers the third question; whether there is equity in the teaching strategies based on the impact of practitioners' training. These areas are italicised within the research questions:

1. How do practitioners support the communication of children with Down's syndrome and English as an additional language in the Early Years Foundation Stage?

- What strategies do they use?

2. *Why do practitioners use the strategies they report; what influences them?*

Are the strategies influenced by:

- practitioners' experience?
- *training?*
- agencies and services they work with?
- policy?

3. *Are the same strategies used to provide communication support for children with Down's syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?*

The findings show that training in both SEN and EAL reported by participants was very limited during their initial teacher training (ITT). However, teachers' perceptions of what types of training would be most useful for supporting the communication of children with DS and EAL in the EYFS included a thorough grounding in general education during ITT. This suggests that some skills and knowledge learned during ITT were considered to be transferable to working with children with these more complex communication needs. It also suggests that they believe that they are using some strategies they learned in ITT in their current practice with children with DS and EAL. Teaching participants considered that the skills needed to work with children with DS and EAL should be acquired through later training. This was the same finding in both mainstream and specialist provision, and seems to reflect participants' own training experience. This finding, however, could contain bias, as the teachers' reports that their ITT gave them an adequate grounding is contradicted by some of the literature. The paucity of content in both SEN and EAL on ITT courses is widely recognised and strong recommendations have been made for improvements in SEN training to be included (e.g. Carter, 2015), for EAL training to be developed (e.g. TDA, 2016) and for early years' training specialism (e.g. Nutbrown, 2012) in ITT to be improved. Although participants reported that their ITT was generally adequate preparation, these recognised areas were lacking, and this is likely to have influenced the types of teaching strategies used in their early careers and made them reliant on further training.

The Speech and Language Therapists (SaLTs) who participated in the study undertook relevant bilingual communication training at undergraduate level, but they also perceived working with children with DS and EAL as being a specialist skill requiring further training post-qualification. The findings from all participants suggest that, while some strategies learned during their preliminary training may be relevant to supporting the communication of children with DS and EAL, the majority of strategies were learned through training as part of continuous professional development (CPD).

Through CPD, participating teachers gained a wide range of teaching strategies to use with children with DS and EAL, which are mostly supported by research evidence, even if they are not aware of this (see chapter 4). The 'wish lists' for training recognise a wide range of areas from general to specific, and this reflects the breadth of training that participants considered to be relevant. Participants had undergone many of these training areas as CPD, which suggests that these are already influencing the teaching strategies they reported using. Some participants were also able to offer in-house training in some of these areas, although these differed between the case studies, and this suggests that cascaded training may have led to

continuity in the types of teaching strategies used in individual schools. The cascade model of training in CPD has been criticised for neglecting the consideration of different learning contexts (Kennedy, 2005), however it has been found to have some success in passing on skills (Solomon and Tresman, 1999). Although this model of training has limitations, it may have been appropriate for passing on teaching strategies as part of participants' in-house training.

The majority of external training in both case studies was provided by the Speech and Language Therapy service. This suggests that many of the strategies used to develop communication came from this source. Other external training providers that were common to both case studies were local SEN outreach teams and the Down's Syndrome Association. This continuity of advice may be the reason why some of the teaching strategies were the same in both specialist and mainstream provision, suggesting that external training as part of CPD has influenced strategies reported.

Wider concepts of learning, such as considering pedagogies for inclusion, do not appear to be affecting classroom practice and this may be because teachers focus on practical teaching strategies that they can implement quickly to address the increasing diversity of the classroom. More input concerning differentiation and teaching strategies in SEN and EAL as part of ITT, and about the concept of inclusive pedagogies as part of CPD, may enable practising teachers to engage more fully with research and develop more critical practice earlier in their careers. The inclusion of multi-lingual children with SEN in mainstream settings is a common and increasing occurrence and appropriate training needs to be a consideration.

## **6.8 Equity of Provision: Impact of Practitioners' Training on the Communication Support for Children with Down's syndrome and English as an Additional Language**

The third research question 'Are the same strategies used to provide communication support for children with Down's syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?' aims to find out if there are any differences in provision for children with DS and EAL, depending on what type of school or setting they attend and where they live. The findings of this chapter suggest that there are some differences in participants' training between case studies. This appears to affect several types of teaching strategies children with DS and EAL receive to support their

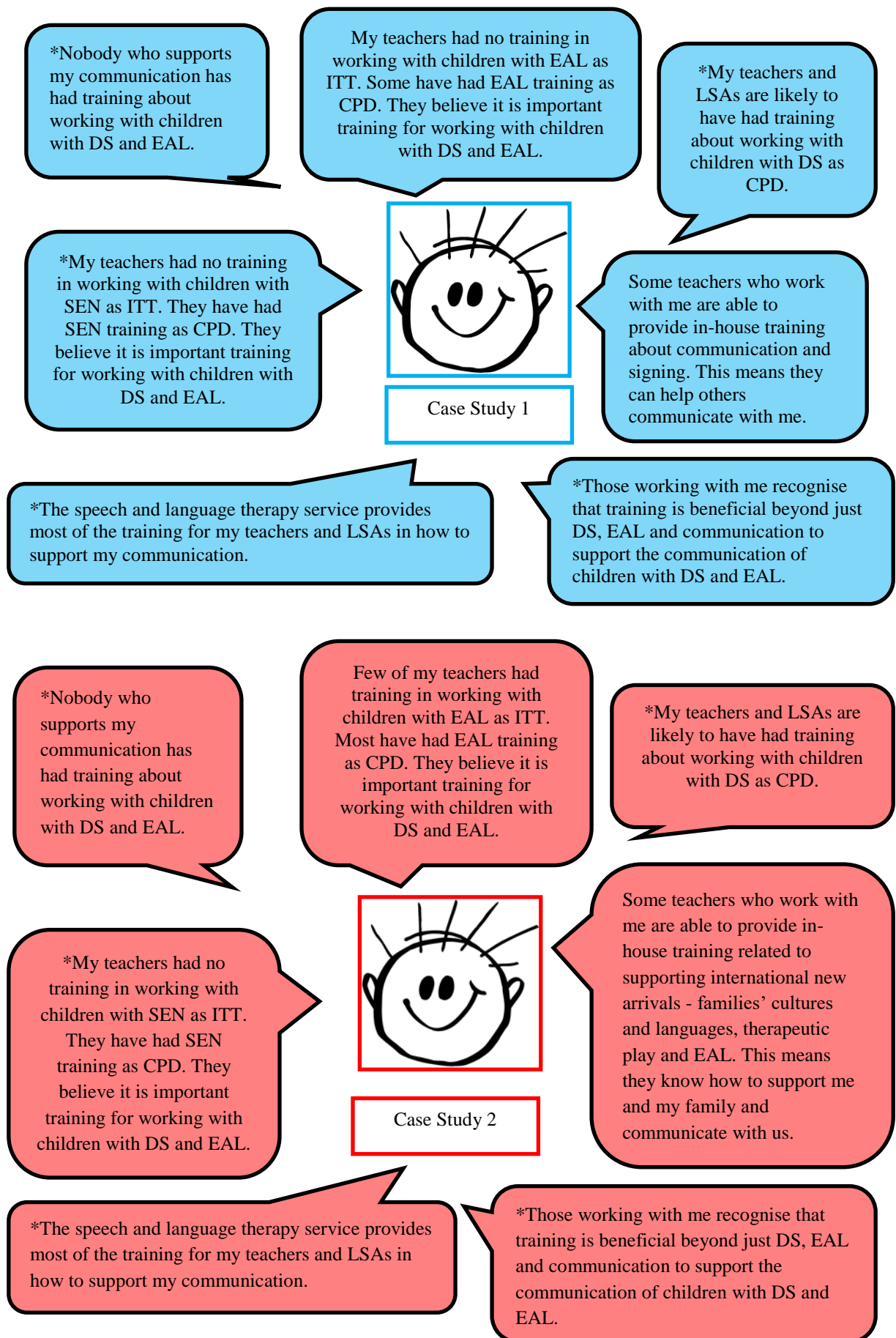
communication. As with the previous sections that considered equity of provision, the elements where the differences lie relate to issues around EAL support. Participants in both case studies had undergone training in EAL, but in CS2 the content was much broader, including areas directly related to the needs of their multi-lingual, often transient cohort of children. An EMA teacher in a mainstream primary school in CS2 explained why these children required additional support and what extra strategies the school put in place to help them to communicate their emotions:

*“The refugees are the ones where we just don’t apply EAL issues, but we also have to apply the emotional, and perhaps sometimes the physical, issues to it. So for example, we’ll do play therapy, art therapy. A lot of that, just to bring out whatever emotion, whatever traumas they have been through. And alongside that, we have to teach them English.”*

A picture is building of some differences in provision for children with DS and EAL in the EYFS which is dependent on the experience and training of the practitioners supporting them in their schools’ locality. The combination of experience and training appears to enable practitioners in CS2 to differentiate EAL teaching strategies to make them appropriate not only for children with DS, but potentially for children with DS and EAL who have experienced traumatic events. This type of repertoire is not seen in CS1, and it seems likely that it has developed in CS2 as a necessary response. However, in practice, this suggests that a refugee child with DS may be able to access more appropriate communication support if they went to an EYFS setting in CS2 rather than in CS1. The impact of the similarities and differences on the child due to practitioner training are illustrated in Figure 6-2: Equity of provision: the impact of practitioners’ training on the Communication Support for Children with Down’s Syndrome and English as an Additional Language..

This example of extending provision based on experience and training in order to meet the needs of a particular cohort confirms the similarity of when practitioners accessed training in both case studies. There were no reports of SEN training and few of EAL training in participants’ ITT, so all additional strategies must stem from their CPD. This suggests that practitioners working with different cohorts of children are likely to build up different skill sets, and it would appear that the more complex a child’s communication needs are, the less likely there is to be equity in provision between case studies. Training for all practitioners in some inclusive pedagogy which underpins communication development, might go some way to creating a better balance in provision. It would appear that a holistic approach to communication development, which includes aspects of social, emotional, and as suggested by the EMA practitioner above, physical support, may also need to be considered for some young children with DS and EAL.

The role of the Speech and Language Therapy service in providing training that addresses a wide range of communication support is discussed further in the chapter 7: Multi-Agency working.



**Figure 6-2: Equity of provision: the impact of practitioners' training on the Communication Support for Children with Down's Syndrome and English as an Additional Language..**

## **Chapter 7 - Multi-Agency Working to Support the Communication Needs of Children with Down's Syndrome and English as an Additional Language**

This chapter looks at which services were reported as supporting children's communication at two points of transition. These transition points are the times that children enter and leave early years' provision, as these were identified as being likely times for information to be exchanged. Changes in service use between transitions were also evaluated to see if support altered over time.

Due to the age of the children in the EYFS (birth to 5 years), it was hypothesised that the services involved were likely to include early intervention and paediatric services. For example, children with DS are usually referred to the speech and language therapy service from infancy as in the early years targeted, frequent support is considered beneficial in developing their communication skills (Yoder et al., 2015). The majority of participants were early years' teachers so the age of the children entering nursery classes was usually three, but occasionally two years old. SaLTs and pre-school SEN practitioners had referrals into their services as early as a few months old, so the agencies they reported, to some degree, reflected the age of the children they work with.

In order to gain this information, participants were asked the following questions:

- Who tells you about a child's communication needs when they transfer into your school / setting?
- How do you pass on information about a child's progress in their communication
  - . To home?
  - . Within school / the setting / the service?
  - . To other agencies / services?

The second question prompted participants to talk about the on-going exchange of information between the EYFS setting and home/agencies, as well as at the point of transition.

### **7.1 Information Received on Transition to EYFS Settings**

Both case studies referred to a wide range of sources that informed them of a child's communication needs. Table 7-1: Sources giving information about communication support at the point of transition into EYFS settings, with frequency and similarity indicated, show the frequency with 'n' being the number of times each was indicated. Parents are also included

here as a source of information. The generic rather than specific names for the services are used to clarify comparisons.

The arrows indicate the similarities in sources across the two case studies and the highlighted text indicates services that were exclusive to one or other case study.

**Table 7-1: Sources giving information about communication support at the point of transition into EYFS settings, with frequency and similarity indicated**

| Case Study 1                              |   | Case Study 2                                    |
|---|---|---|
| Speech and Language Therapy service (n=7) | → | Speech and Language Therapy service (n=9)       |
| Parents (n=7)                             | → | Parents (n=6)                                   |
| Child's previous setting (n=5)            | → | Child's previous setting (n=3)                  |
| Health Visiting service (n=3)             |   | <b>Educational Psychology service (n=3)</b>     |
| Pre-school SEN service (n=2)              |   | <b>SEN Outreach service (n=2)</b>               |
| Paediatrician (n=2)                       | → | Health Visiting service (n=1)                   |
| Behaviour support service (n=1)           | → | Pre-school SEN service (n=1)                    |
| Children's mental health service (n=1)    | → | Paediatrician (n=1)                             |
| <b>Play worker service (n=1)</b>          | → | Behaviour support service (n=1)                 |
| <b>Social worker (n=1)</b>                | → | Children's mental health service (n=1)          |
| <b>Local Education Authority (n=1)</b>    |   | <b>Sensory Impairment Support service (n=1)</b> |
| <b>Family Support worker (n=1)</b>        |   |   |

The sources of information about communication support at the point of transition into the EYFS showed some similarities between the case studies, with 8/15 being the same. The most frequently cited source of information in both case studies was the speech and language therapy service. Five of the remaining seven services (play worker service, social worker, local education authority, family support worker and sensory impairment support service) were mentioned on only one occasion each, which suggests that they may have been specific to individual children's needs. The sixth, the educational psychology service, was cited as a source of information by three SENCOs in CS2 but not at all in CS1. Although the reason for this is unclear, it may be linked to the difference in timing of the start of the Statutory Assessment of Special Educational Needs (SASEN) process in which an educational psychologist plays a key role. At the time of data collection, the boroughs had different policies regarding the SASEN process that related to how their nursery provision for children with SEN was funded. In CS1, the resourced nursery model received funding for additional staffing to include children with SEN, while in CS2 the mainstream model required funding for any additional support for a child with SEN to be applied for beforehand. Therefore, an educational psychologist's role in assessing a child for a statement of SEN (to secure funding for additional learning support in a mainstream setting) would take place earlier in CS2 than in CS1.

The seventh source, the SEN Outreach service (CS2) was not reported in CS1 as providing information at the point of transition into early years' settings. Although there was an SEN Outreach service in the borough where CS1 was based, its remit was to support the child from their nursery school to their reception class within the EYFS. This differs from the service in CS2, which supports children throughout the EYFS within mainstream settings. This offers an explanation as to why CS1 participants did not refer to the SEN outreach service at this first point of transition.

Where services were mentioned across both case studies, it seems likely that young children with DS and EAL may have commonly accessed these. Analysis of the services cited by the participants shows that information about the child's communication skills as they entered the EYFS came from the categories of health, education and social services (Table 7-2: Services included as sources of information about the communication of children with DS and EAL at the point of transition into the EYFS.). This combination of services is highlighted in the SEN Code of Practice (DfES, 2001) as being essential for collaborative working to support the process of statutory assessment. The influence of this document on teaching strategies is discussed in Chapter 8.

As before, arrows indicate similarities between the case studies and highlighted text indicates the differences.

**Table 7-2: Services included as sources of information about the communication of children with DS and EAL at the point of transition into the EYFS.**

| Case Study 1                        |   | Case Study 2                        |
|-------------------------------------|---|-------------------------------------|
| <b>Health services</b>              |   |                                     |
| Speech and Language Therapy Service | → | Speech and Language Therapy Service |
| Health Visiting service             | → | Health Visiting service             |
| Paediatrician                       | → | Paediatrician                       |
| Children's mental health service    | → | Children's mental health service    |
| <b>Education services</b>           |   |                                     |
| Pre-school SEN service              | → | Pre-school SEN service              |
| Child's previous setting            | → | Child's previous setting            |
| Behaviour support service           |   | SEN Outreach service                |
| Local Education Authority           |   | Educational Psychology service      |
|                                     |   | Sensory Impairment Support service  |
| <b>Social services</b>              |   |                                     |
| Play worker service                 |   | Child's previous setting            |
| Social worker                       |   | Behaviour support service           |
| Family Support worker               |   |                                     |

An overview reveals that there were more similarities between the services cited in the case studies in the health services category than within education and social services. With the exception of the children's mental health service, the services based in the health service category would be likely to be amongst the first services to support a child with DS from birth. At the point of transition into the EYFS, information given by these services to practitioners could be particularly valuable as it may provide a longitudinal perspective of a child's communication development. For example, it would be relevant to know if a child with DS had a history of feeding difficulties before they entered nursery, as this would suggest low facial muscle tone, which could affect the development of speech. Within the education service category, there are also similarities between the services cited in the two case studies (pre-school SEN service and the child's previous setting). These services may also have supported a child with DS from early infancy and be able to provide information about the development of communication over their lifetime. There are no similarities between services cited in the case studies in the social services category, and this may reflect differences in provision available or the particular needs of individual children.

There are two duplications of services, a child's previous setting and behaviour support service, between the education services and social services categories. This reflects differences in the location of services between the boroughs where the case studies took place. Childcare settings were provided by education services in CS1 and by both services in CS2, while behaviour support services were attached to an educational setting in CS1 and to social services in CS2.

Analysis of Table 7-2: Services included as sources of information about the communication of children with DS and EAL at the point of transition into the EYFS., provides evidence that there were similarities and differences between the case studies in terms of which services were already supporting the communication of children with DS and EAL at the point of transfer into the EYFS. The type of communication support cited appears to be directly linked to a child having DS rather than supporting a child's EAL needs, and this is evidenced by the similarity in sources of information from within the health services category.

Within education services, children's EAL needs were recognised. There is evidence from the participants working in pre-school SEN services that the home language of a child with DS and EAL would be used to help to encourage understanding at the time of transition and that they had resources to enable them to do this;

*"We have a file of large single pictures with label written underneath in most common languages; Urdu, Farsi, Bangla and Chinese." (Teacher, Pre-school SEN service, CS1)*

*"We would use an interpreter for us to understand and use the words the child is used to and any new words the child may come across in a setting. We would prepare a booklet before the child started so they can see the setting where they are going and it can be talked about at home." (Teacher, Pre-school SEN service, CS2)*

Such a large number of services across the three categories of health, education and social services may have implications for the efficacy of multi-agency communication regarding a child's development. Within this data is evidence that a child's family could be dealing with many different services, which could all be potentially contributing towards supporting a child's communication. Although the types of service vary between the case studies, both cited 11 different sources of information. This may also affect practitioners working in the EYFS, particularly SENCOs, as they become responsible for managing some or all of this information as a child transfers into their setting or service. Consideration also needs to be given to the possibility that individual children may be accessing further services that are not linked to communication (e.g. physiotherapy) and managing information from these services would also be part of the EYFS practitioners' remit. Consequently, many participants in this study were dealing with a large amount of information about each child with DS in their school or service. One SENCO illustrated that they worked with a high number of other professionals with the following response to a question about contacting a service:

*"I just e mail [practitioner's name] at what's it called [name of service]? I'm really sorry. You deal with so many people and so many acronyms." (SENCO, resourced nursery school, CS1)*

In addition to dealing with a high number of professionals for each child, managing and disseminating information from services to families and staff was reported as being time consuming:

*"I can't tell you how many hours I spend with parents, helping them with their forms, speaking to the teachers." (SENCO, resourced nursery class, CS1)*

Networking with parents and professionals to find out about a child's communication before they transfer into the EYFS was recognised as being an important part of the SENCOs' role:

*"I would have transition meetings and we will get at as much information as we could before they even came to the school. So I would say that we would probably, rather than leaving the staff to decide what approaches they should take, I would actually get the advice first and find out what approaches should be used with those children. And so that's why we got the core sign training. We find out exactly what has been used in their private nursery; what signs the children know, what signs we should be working on, etcetera. So we always do a lot of research, find out what has been happening; what's happening at home? What support mum is getting or mum's starting to get at home and what we can do in school to support that? So we*

*work very closely with the previous staff who worked with the children and the parents.” (SENCO, mainstream primary school, CS2)*

Receiving information about a child’s communication from multi-agency sources was mentioned by all the SENCOs in CS1. All but one SENCO reported that they would meet with parents and a team of professionals together at the point of transition into the EYFS:

*“I’m quite happy to call a team around the child meeting because otherwise parents are getting mixed messages or sometimes, to be fair to them, there’s that much going on they come and pick the bits they need to hear. So Health could just put there something about feeding, especially, thinking about Down’s children. Speech and language need them to be doing something else, but parents are worried that they’re not eating enough and then in the middle of this, we’ve got Nursery who is trying to balance the two and actually, at that point, we need to come together regardless of how busy health visitors are and speech and language. The child is central to that need and the parents, because we have to nurture them and support them.” (SENCO, resourced nursery school, CS1)*

However, information might not reach the setting before a child made the transition into the EYFS setting, and this was common to both case studies:

*“We get information from the LEA [Local Education Authority] – eventually.” (Head Teacher, special primary school, CS1)*

*“There have been a lot of occasions where I’ve had to hound people to get information...no statutory assessment; nothing. So I have to start from scratch with that, which has meant that those children haven’t had the support that they should have had right from the beginning because the people weren’t quick enough with the paperwork.” (SENCO, mainstream primary school, CS2)*

Difficulties in receiving information within CS2 were mostly linked to international new arrivals accessing mainstream schools without paperwork from their home country:

*SENCO: “They just tell us about the school in Pakistan. There’s no report or anything. They don’t usually bring that... no, we don’t have that.”*

*Interviewer: “Because there’s no assessment... do you start with your own assessment?”*

*SENCO: “Oh, we start with our own for new arrivals, and if they can’t access the English, we’ve got NASSEA [Northern Association of Support Services for Equality and Achievement] Steps. Yeah, so we use those to assess them on the speaking and listening and understanding and reading and writing. We use those.”*

*Interviewer: “And when you’re going through that with their parents, if there’s no one in the school who speaks the same language as the parents, would you get an interpreter in?”*

*SENCO: “Yeah. We would, yeah... Yeah, we’d have to [laughter]. We’ve got quite a few year six children who are quite good; they’re quite sensible and they help out [laughter] but, no, we’d usually get an interpreter to come in.” (SENCO, mainstream primary school, CS2)*

It was reported that some children with DS may not have been seen regularly by professionals from any agency and that on transfer into the EYFS from home, the SENCO takes

responsibility for re-engaging or engaging for the first time with services to support the family:

*“Poor mum has not been seen by a health visitor since she [the child] was a baby. And it’s like, where’s that...got lost you know...so we had a big meeting last week, got the paediatrician in, got the health visitor in...she needs help. This mum, you know, at school, we’re doing everything we can and we’ve got outreach support from the specialist school to help us support that child. But it’s poor mum; she needs something as well at home. So it’s developing all those things, really, as well. I really want to do something for parents.” (SENCO, mainstream primary school, CS2)*

Even when multi-agency paperwork was received from a previous setting at the point of transfer, reinstating support services such as speech and language therapy from one borough to another was reported to be frustrating:

*“We had a child come across from another authority, from [authority name], and he was already statemented, but actually trying to gain a picture of where he was at, even though all the reports were there, it took us a long time to compare. And then actually to get him allocated within [new borough name] – It’s quite frustrating because I think – and they [the parents] missed an appointment, so we’re talking two and a half months, and he had no [verbal] communication.” (SENCO, resourced nursery class, CS1)*

To conclude, the analysis of the data regarding the transfer of information from services supporting the communication of a child with DS and EAL shows that:

1. Children with DS and EAL are likely to have a wide range of provision from health, education and social services contributing to their communication needs at the time that they transfer into the EYFS. Occasionally, in contrast, some children will have had little or irregular contact with services.
2. Services focus on supporting the communication needs of children due to their diagnosis of DS rather than their EAL communication needs, although there is evidence that some services see using a child’s home language as beneficial for aiding comprehension at the time of transition into the EYFS.
3. SENCOs working in the EYFS play a key role in managing the multi-agency paperwork, contacting and working with parents and service practitioners, and holding multi-agency meetings at the point of transition. This could extend to co-ordinating more than ten agencies for each child. In addition, they carry out their own assessments, sometimes in a child’s home language.
4. Children with DS and EAL who are international new arrivals are less likely to transfer into the EYFS with information from support agencies compared to their British born peers.

5. There may be inadequate information available at the point of transfer into the EYFS due to a delay in the communication process between services and the EYFS setting. The impact on the EYFS practitioner is that information gained through previous assessment is not available and so there may be a delay in being able to support the child's communication needs appropriately in the EYFS setting.
6. The speech and language therapy service was the source most frequently cited for providing information to participants concerning the communication support needed for children with DS and EAL as they transferred into the EYFS. This suggests that the liaison between this particular service and teachers participating in this study may be of importance.

## 7.2 Transfer of Information from Participants to Parents / Carers during a Child's Time in the EYFS

This section explores how information about a child's communication development was disseminated by participants in the study to families and services once the child had entered the EYFS.

Two distinct phases of information transfer about a child's communication development emerged from this data:

1. The transfer of information from participants to parents/carers and services during the child's time in the EYFS.
2. The transfer of information from participants to parents/carers and services at the point of transition from the EYFS setting.

The majority of the information that was disseminated during a child's time in the EYFS was given verbally or in written reports by participants to families, and this was common to both case studies. The strategies used for doing this are reported in table 7.3.

**Table 7-3: Transfer of information about a child's communication to parents/carers during the EYFS**

| <b>Case Study 1</b>                        |    | <b>Case Study 2</b>                 |
|--|----|-------------------------------------|
| Speak to parents every day                 | —> | Speak to parents every day          |
| Meet parents for termly reviews            | —> | Meet parents for termly reviews     |
| Write reports for parents each term        | —> | Write reports for parents each term |
| Give information at Annual Review meetings |    | Provide 'blogs' for parents         |

Written termly reports for parents suggest some formality in the transfer of information process but, for the most part, participants were passing information informally and regularly to parents. It was reported that information was passed to parents daily, termly and annually. Participants who cited the Annual Review as a time to share information were from different professions (e.g. SaLTs), confirming that Annual Review meetings were multi-agency based.

Keeping a child's family informed on a daily basis appears to reflect the participants' awareness of the importance of continuous communication between home and the EYFS setting. It also reinforces that participants valued relationships with families as indicated in the contextual teaching strategies (see Chapter 4). Participants reported that they made themselves available to parents each day:

*"Well, I see parents at the beginning of the session and the end of the session anyway, so I'm always accessible, as you will have seen this morning." (SENCO, resourced nursery class, CS1)*

*"Just because of how the daily set up of the school is, we are always accessible for parents. Some of them will come and see us; it could be on a daily basis even." (SENCO, mainstream primary school, CS2)*

Information could also be passed on to families in a number of ways, illustrating that preferences for communication were taken into account and that home languages could be accommodated:

*Participant: "Then we have individual communications with parents and that depends really on the parent and the teacher. Some parents like to have written communication. Some parents like a telephone call. Some parents are happy just to get the standard information and letters they receive. So it's very much on an individual basis really, depending on needs of the parent and the child."*

*Interviewer: "Yeah, and can that be done in the home language?"*

*Participant: "Yeah." (SEN Outreach Teacher, CS2)*

The home language needs of families were also considered in CS1, however in this case the translation service available was not being utilised:

*Participant: "I'm not sure what the level of English reading is in the home...There'll be things about transition where Dad's basically rung up to clarify what they mean. Does he need this? Does he need that? It was in the letter. I'm not sure he necessarily has the language skills – verbally, yes, maybe not written."*

*Interviewer: "Have you used the Interpreting Service?"*

*Participant: "No" (SENCO, resourced primary school, CS1)*

In one mainstream primary school, reports for parents had been modified to take into consideration the multi-lingual community of the school's cohort and a more visual way of passing on information had been adopted:

*“We also have just really simplified our reports because, you know, our end-of-year reports, we’re not going to do end-of-year reports anymore. We’re just doing them at the end of each term and we’ve removed all of the language from them. I think in other schools the parents would say that they haven’t got enough information, but they are now understandable. And again, that’s not for children with special needs; it’s for everybody including the children with special needs. And then we, you know, we have a blog and the children’s work goes on the blog and the parents are able to view their children working, see videos of their children working and things like that and that’s updated regularly. And I think for children with special needs actually they’re able to show their work quite easily in that kind of way.” (SENCO, mainstream primary school, CS2)*

Children move from part time to full time education during the EYFS, and there was evidence that schools, where children moved from the nursery to reception class within the same setting, had a clear transition routine in place, allowing opportunities for information to be passed on:

*Interviewer: “So when a child’s transferring into school, who tells you about their communication needs?”*

*Participant: “It depends whether they start through our nursery. Nursery’s quite strong. You know, we have home visits, and usually they [nursery practitioners] go home to the parents, but they also invite children to come in, stay and play sessions. So we do a lot of that in nursery.” (SENCO, mainstream primary school, CS2)*

To conclude, the analysis of the data regarding the transfer of information from services supporting the communication of a child with DS and EAL shows that:

1. Communication with families is considered by EYFS practitioners to be an important part of their role.
2. An ‘open door’ policy is a commonly used approach to encourage communication between families and EYFS schools and settings.
3. Some EYFS practitioners take a flexible and creative approach when considering families’ communication preferences, particularly when they have a home language other than English.

### **7.3 Transfer of Information from Participants to Services during a Child’s Time in the EYFS**

In contrast to the frequency of communication between participants and families, little was reported about participants passing on-going information to other services during a child’s time in the EYFS. It was reported that in CS1 agencies supporting a child were not working together, although there was no evidence of this in CS2:

*“Everybody really has compartmentalised. I can understand how that’s happened, but they tend to work – Portage will work on their Portage checklist schemes, speech and language [on theirs’].” (SENCO, resourced nursery class, CS1)*

Frankel et al. (2010) believe that effective collaborations between teachers and specialists are needed in order to respond to the needs of children with SEN in inclusive pre-school education, and in this study, this was not always in evidence. Despite overlaps in knowledge about communication, there was a suggestion that there might be tension between participants and services:

*“We’re having to use a lot of our judgments, but equally we’re not speech and language therapists and we always have to be very careful, don’t we, that we’re not treading into waters that actually we’re not trained to do.” (SENCO, resourced nursery class, CS1)*

In the context of the EYFS curriculum, it could be expected that developing communication is implicit within the curriculum and therefore not entirely reliant on advice from other agencies. This was apparent in the analysis of the contextual teaching strategies for developing communication reported by participants other than SaLTs (see Chapter 4). However, there was also evidence of gaps in the joined-up working between some agencies and EYFS settings and frustration in poor communication from some services was clear, with a divide between education and health being most apparent in this report:

*Participant: “I can’t get the Continence Service, the Speech and Language, the O.T. service and especially not any kind of medical service to come in. I can get those others. I know them because they come in to school frequently and I have a relationship with them, but medical? No! Something, if anything goes to [name of hospital] then I have no chance.”*

*Interviewer: “Do you receive the paediatrician reports; are you copied in?”*

*Participant: “Rarely I get them. I don’t get [them] consistently. I had a review [Annual Review] this morning and there was reference to hearing tests. I kind of knew there’d been one, but I never had copies, saying that, the parent hadn’t had copies either. All the paediatric appointments are generally, I generally hear of them when they’ve said that ‘we think that they need somebody from school’ and I’ll be copied into, I’ll be directly [copied in], yes. So they’ll tell me that they need to [pause]. Recently, I had one tell me a boy had to stay in school for another year.”*

*Interviewer: “By the paediatrician?”*

*Participant: “Yes. It was very helpful!” [Tone of voice implies the opposite – interviewer comment] (SENCO, resourced primary school, CS1)*

This suggests that information that would be useful in supporting a child’s communication in an EYFS setting may sometimes be incomplete.

The Annual Review process includes multi-agency input in the form of reports; however, the opportunity for discussion between services might not occur:

*“The complexity of trying to organise multi-agency meetings for individual children, you can just about do it...for an annual multi-agency meeting to discuss, but the other agencies don’t enjoy coming, very clearly they don’t like it because it’s a morning that they have to go or a session that they have to go to. Each of the schools organise them and it has some degree of use, but you end up with your speech and language issues first because they say, ‘Well, I really need to go. Can you do that first?’ So you put them in first. Then the O.T. [Occupational Therapist] will say, ‘Well, I need to be at [name of school] at half past 10. Could you do me first?’ So you end up **not** having a multi-agency discussion about the children. You end up having an agency discussion between me and them and then the next and then the next and it doesn’t work. Maybe it’s the way I do them, but I don’t know. I don’t find [pause]... There’s value in knowing who the other people are.” (SENCO, resourced primary school, CS1)*

There appeared to be some frustration around sharing information in a large meeting, however there was more satisfaction if a participant could speak to a service directly:

*Interviewer: “If you were struggling with something, if there was something that you haven’t come across that was...or something that happened with her communications or don’t know about that, who would you contact in school? Who would you ask in school?”*

*Participant: “I probably would phone speech and language.” (LSA, mainstream primary school, CS2)*

This section reveals mixed results regarding the efficiency of sharing on-going information with agencies during a child’s time in the EYFS. It seems likely that although multi-agency collaboration and integrating services is considered desirable following guidance from the Green Paper ‘Every Child Matters’ (DCSF, 2003) and subsequently The Children Act (DSCF, 2004), the workload of many practitioners may be too high and prevent attending large numbers of meetings.

## **7.4 Information Transfer from Participants to Receiving Schools or Services at the Point of Transition from the EYFS**

This section relates to passing on a child’s progress in their communication skills at the point of transition from the end of the EYFS to the beginning of Key Stage 1 (Year 1) in the same or another school. The interviews were revisited to clarify how information about communication was passed on, and routes of information transfer were categorised into four areas; paperwork, meetings, visits and using digital data. These are reported in Table 7-4: Methods of information transfer about the communication of a child with DS and EAL from participants to receiving schools or services at the point of transition from the EYFS, with the arrow indicating the similarity between the case studies.

**Table 7-4: Methods of information transfer about the communication of a child with DS and EAL from participants to receiving schools or services at the point of transition from the EYFS**

| Method of passing on information | Case Study 1  | Case Study 2   |
|----------------------------------|---|--|
| <b>Paperwork</b>                 | Reports for receiving school (n=9)<br>IEPs (n=6)  | Reports for other agencies (n=1)<br><br>Reports for Statutory Assessment (n=1) |
| <b>Meetings</b>                  | Annual Review reports (n=1)<br>Meet with practitioners from receiving school (n=8)<br>Multi-agency meetings (n=1) | Multi-agency meetings (n=2)  |
| <b>Visits</b>                    | Visit receiving school with child and parents (n=4)<br>Receiving staff to observe child in Nursery (n=1)          |  |
| <b>Digital Data</b>              | DVD of child (n=1)<br>Child's Communication Passport - digital and hard copy (n=1)                                |  |

Participants in CS1 noted methods of passing on information much more frequently than in CS2 (CS1 n=32, CS2 n=4), and there were also many differences between the two case studies in the methods reported; the only similarity was sharing information at multi-agency meetings and this was mentioned infrequently (n=3). Overall, the most commonly used method of transferring information was through paperwork, but the type of paperwork varied between the two case studies. Whereas in CS1 participants wrote reports for the school receiving a child, in CS2 reports were sent to agencies or as part of a child's statutory assessment, but this did not appear to be common practice:

*Interviewer: "So when you have to pass on information about a child's progress, either to home or school or any of the services, how would you do that? Would it be written reports?"*

*Participant: "Try, try. That sounds terrible, doesn't it? I've got a sort of template that I keep it brief; well, just so people know. We have, obviously, a referral system. So a child is referred; we respond when we do the first contact. And so at least the referrer and whoever else is involved with that family knows we're part of the team. If it's a report that's been requested then yeah, that gets copied out." (SaLT, paediatric community clinic, CS2)*

In contrast, participants in CS1 reported passing on information through a range of media:

*"Well, we obviously pass on things like current IEPs, all the Annual Review reports that they've had during their time here. In terms about the point of transfer, the things that we use more and more are personal passports. So those would be something that collects together all key information about the child's preferences. Any key information really that helps people." (Head Teacher, special primary school, CS1)*

Face to face communication between participants and the receiving school of a child was also reported. In CS1 this took place through meetings and visits to the new school with the child, which was considered important for the child to become familiar with a new environment and for the staff to get to know the child:

*“We would try and engage [with Nursery] so that there was some kind of some long lead-in. So perhaps at this time of the year [the summer term] we would be looking to have visits as we do for the High School. We’d be doing that at nursery level, perhaps within a Reception class...It would give us a sense of the child and it would give those that were going to be working with them a sense of the child, because there would be an assumption that they would have a high degree of support.” (SENCO, resourced primary school, CS1)*

Visiting schools at the point of transition, either to communicate with staff or to support a child, was not reported in CS2. This is likely to reflect differences in children’s typical ‘journeys’ through their primary school education between the two cases. Children in CS1 were more likely to transfer to another school either during or at the end of the EYFS, as three of the four resourced nursery settings were independent from primary schools. This was not the case in CS2, where all nursery classes were part of mainstream primary schools. In CS2 there was only one report of a child with DS and EAL moving from a mainstream nursery class to a special school, which is an indication that the majority of children with SEN stayed in mainstream education, in-line with the borough’s policy. Transferring information between classes was referenced in CS2 and not in CS1, which suggests this was the case:

*“We have transitions, you know, between the class teachers when they’re moving classes, where we would pass on information to one another.” (SENCO, mainstream primary school, CS2)*

The structure of the education models is a contributing factor as to why there was a difference in the amount and type of information passed on to other schools at the point of transition out of the EYFS. It also reflects differences in inclusion policies and in nursery provision; there was a nursery class attached to all primary schools in CS2, which was not the case in CS1. Another factor is that CS1 provision for children with SEN was more diverse, with resourced and unit places available, as well as mainstream and special school classes. There were more types of provision for parents to choose from, which could explain why children appeared to be more likely to transfer from one setting to another in CS1.

It is unclear from the data if there was continuity in professionals from other agencies, in the transition from the EYFS into Year 1. Limitations of the data were that it could not clarify if external practitioners in CS2 worked with children throughout the mainstream primary age range or if they specialised in different age groups. It would have been useful to know if children in specialist provision were more likely to remain with the same therapist compared

to those in mainstream schools. Having this information might also have provided evidence as to why there was little transfer of information about children's communication development between schools and agencies at the point of transition from the EYFS within CS2 compared to CS1.

At the time of the study, the importance of multi-agency working had received much attention, and a national framework to build integrated services around vulnerable children had been set up in *Every Child Matters: Change for Children* (DfES, 2004). Joint working between education, social and health services to support communication skills was reported as being desirable by teachers in both case studies; however, there were evidently many frustrations surrounding this related to:

- Information being received late or not at all at times of transition.
- Poor availability of practitioners from other services for multi-agency meetings.
- Tensions between schools and other agencies about who should hold information about a child.

This suggests that the recommendations for service delivery made in *Every Child Matters* were not always being seen in practice.

## **7.5 Discussion: The Influence of the Speech and Language Therapy Service on Teaching Strategies**

In both case studies, the speech and language therapy service was cited as the main source of information about the communication of children with DS and EAL. The number of interviews where this was reported as a source at the time of transition into the EYFS were CS1 n=8/11 interviews and CS2 n=10/12 interviews. Those which did not report the speech and language therapy service as a source of information were participants who themselves were SaLTs, the EMA service (CS1) and the pre-school SEN service (CS2). More detailed analysis from NVivo statistics shows that the service was mentioned 53 times in total with comparable numbers in each case study (CS1 n=26, CS2 n=27), confirming that it was a common source in both specialist and mainstream early years' provision and in both English home language and EAL settings. The agency with the closest number of references was the interpretation and translation service with 34 references (CS1 n=19, CS2 n=15) from 17/23 sources, which illustrates that most participants were aware of these services to support children and families with EAL.

This section explores the role of SaLTs in influencing the teaching strategies reported in this study. In order to do this the three interviews with SaLTs were revisited (CS1n=2, CS2 n=1) and the contextual and communication strategies recommended compared with those reported by other participants. Those interviewed were not the only SaLTs advising the other practitioners, but they were part of the therapy teams for each case study. It was hypothesised that the influence of the speech and language therapy service would be strongly reflected in the strategies reported by the schools and services who reported them as a source of support, information and training.

#### *7.5.1 Research Areas Influencing Speech and Language Intervention Strategies*

Kaiser and Roberts report in their 2011 paper *Advances in Early Communication and Language Intervention* that much progress in research related to language intervention has taken place since the Education of the Handicapped Act Amendments was passed by the United States Congress in 1986. These amendments extended the provision of early intervention in America to include continuous support for children from birth, taking support into homes and childcare settings, working more closely with other professional services, and increasing parental involvement. There are many similarities between these amendments and the aims of *Every Child Matters: Change for Children* (DfES, 2004) in England to provide better outcomes for children through the provision of personalised, integrated services in early years and childcare. This makes Kaiser and Roberts' findings about developments in research particularly pertinent to this study.

Five main areas in which progress in early language and communication research had been made were recognised by Kaiser and Roberts (2011, p.298):

1. The social, symbolic and pre-linguistic foundations to spoken language,
2. Parent-implemented language interventions,
3. The language foundations for literacy,
4. The relationship between language and social behaviour,
5. The use of augmented and alternative modes of communication

These will be discussed in relation to the findings from this study to establish if the teaching strategies reported by the SaLTs and other practitioners are based within the same areas of research.

### 7.5.2 Contextual Strategies

The strategies from the interviews with SaLTs were categorised under the three contextual strategy headings (see Chapter 4). This aimed to clarify which of the strategies reported originated from the SaLTs, and these results were then compared with Kaiser and Roberts' findings.

#### 7.5.2.1 The EYFS Environment

Using the EYFS environment to support communication was reported by SaLTs in CS1 but not CS2 and this may reflect the predominantly clinic-based role of the practitioner in CS2.

**Table 7-5: Strategies related to the EYFS environment reported by SaLTs**

| Contextual strategies: EYFS environment                | Reported in CS1 | Reported in CS2 |
|--|-----------------|-----------------|
| Provide a quality learning environment                 | ✓               | ✗               |
| Teach a practical curriculum                           | ✓               | ✗               |
| Develop language learning through a child-led approach | ✓               | ✗               |
| Use withdrawal groups for language learning            | ✗               | ✗               |

One CS1 therapist focussed on which specific interventions would ensure a child could be an effective communicator in different school environments:

*“If they were moving into a new educational setting I’d be very much linking it [the teaching strategy] to, you know, if you’re doing maths, is the child going to be successful? What additional supports might they need? Where are the challenges going to be at playtime? Is this going to be an easier environment for the child?” (SaLT, CS1)*

This perspective differs from the viewpoint where the play-based EYFS environment itself is seen by teachers as a medium to encourage all children’s learning and communication. This interpretation of the setting and its resources were reported in the study:

*“Many of the context based experiences such as role play areas would be the same as you would use with any child of that age... A good early years’ environment would have many benefits for a child with SEN.” (Teacher, EMA Team, CS1)*

Creating an environment that supports language development is commonly indicated as a positive teaching strategy in texts for early years’ practitioners, including Browne (2009) and Bruce and Spratt (2011). Brock and Rankin (2008) stress the importance of a child’s interaction with their world in stimulating the process from thought to language, and the context in which this can be achieved is highlighted within one of the four EYFS principles, ‘enabling environments’. Teachers are perhaps more likely than SaLTs to place an emphasis on the environment as a learning resource in its own right, as their practice is influenced by

education rather than specific communication guidelines. Teachers use communication strategies within the context of the environment, and the results of this study show a wide range from pre-verbal to early literacy activities, but there appears to be a subtle difference between the teachers' and the SaLTs' perception of the role of the environment in developing communication skills.

The SaLTs' perspective relates more closely to one of Kaiser and Roberts' proposals for guiding early language development:

*“Full participation in home and classroom learning opportunities is a critical component of early language intervention. Thus, making adaptations to promote participation, and providing support and training to partners to support learning in natural environments is part of early communication intervention.” (2011, p.305)*

This suggests that the EYFS environment alone is not enough to develop children's communication. Kaiser and Roberts' findings state that differentiated support from practitioners and a child's family is essential within the context of the environment in order to optimise their communication skills. They also reinforce the importance of practitioners being able to differentiate communication strategies, an argument which was included in the discussion of the content of initial teacher training (see Chapter 6).

SaLTs report the need for intervention in this study, but there are no recommendations made for school-based interventions to take place outside the classroom. Children with DS and EAL in mainstream settings in CS2 were reported by teachers to leave the classroom to work in withdrawal groups for part of the school day, but this strategy is not supported by the 'full participation in home and classroom learning opportunities' approach found in the Kaiser and Robert's research (2011, p.305). This example illustrates differences between how teachers manage language learning, how SaLTs suggest it is done, and what the research-based guidelines recommend.

#### 7.5.2.2 Relationships

The strategies recommended by SaLTs related to relationships in the two case studies are shown in table 7.6.

**Table 7-6: Strategies related to relationships reported by SaLTs**

| <b>Contextual Strategies: Relationships</b> | <b>Reported in CS1</b> | <b>Reported in CS2</b> |
|---|------------------------|------------------------|
| Build a relationship with the child         | ✓                      | ✗                      |
| Use the child's peers as role models        | ✗                      | ✗                      |
| Involve the child's parents or carers       | ✓                      | ✓                      |
| Provide home language pastoral support      | ✓                      | ✓                      |

None of the SaLTs recommended using children's peers as language role models, although this was a strategy reported by teachers in both case studies:

*"I think because of the EAL aspect as well [as having DS] you'd definitely want to be ensuring they were experiencing working alongside positive language role models". (Outreach teacher, CS1)*

There were no interventions found by Kaiser and Roberts (2011) related to using peers as language models for children with communication difficulties. However, they recognise that further studies are needed on strategies for teaching children to communicate with their peers, as an addition to other language interventions. This relates in part to findings that pre-school children with language impairments have more negative and fewer positive interactions with their peers in early years' settings (Qi and Kaiser, 2004).

The teachers' strategy differs here to that of the SaLTs' and the body of research, and more closely reflects recommendations from the DSA (Black et al., 2011) to give children with DS regular opportunities to interact and play with peers who offer good role models, although this is more related to acquiring age appropriate behaviour and social skills than directly to developing language skills.

SaLTs and other practitioners in this study supported the involvement of parents in helping develop children's language. This was an area found by Kaiser and Roberts (2011) to be widely researched, with over 100 studies investigating the effectiveness of improving children's language by training parents to carry out interventions, with positive results. SaLTs saw parents as being integral in supporting both the home language and English language development of children with DS:

*"I think having that communication with the parents absolutely is crucial, absolutely crucial, because without knowing how that child is progressing with their home language how can we be setting realistic targets? What I know is that the parents are going to be with the child for life and the professionals aren't. So for the child to be able to communicate in their home language is my main goal." (SaLT, CS1)*

This attitude was also reflected in the responses of teachers and was in accordance with the Practice Guidance for the EYFS (DfES, 2007), although effective communication with parents was found to be easier for those working in schools where members of staff spoke a child's home language.

Kaiser and Roberts (2011) do not report on findings from studies of bilingual or multilingual families. However, they do recognise that more research is needed to clarify the best

approaches for training parents to support children's communication in their naturalistic home setting. As provision of bilingual speech and language therapy services is rare (Lindsay et al., 2002) it would seem logical that parents/carers could be trained to carry out interventions in their home language. There is evidence to suggest that children with DS who are immersed in a second language at school and predominantly have home language input in the home can become bilingual (Feltmate and Kay-Raining Bird, 2008), and this also supports the argument for home language communication interventions. Teachers, SaLTs and research findings agree that parental involvement for both monolingual and bilingual children is a desirable strategy, and it may be that models for training early childhood practitioners to support the communication of children with DS/SEN could be made more accessible for parents.

#### 7.5.2.3 Assessment

Assessment was seen by both SaLTs and teachers as forming the basis for deciding which teaching strategies to implement to develop children's communication.

*"The strategies you use very much depend on what you would get from observing them, from an assessment and I think that assessment would then tell you what types of strategies you would need to use." (SaLT, CS1)*

The concept of a cycle of assessment feeding into appropriate teaching strategies to support learning is widely used in the literature discussing the effective assessment of children in the early years. This process involves the implementation of an assessment (predominantly observation based), monitoring, reflection and evaluation, with the aim of informing and extending the EYFS curriculum (Palaiologou, 2016). Dubeil (2014) suggests that, although assessment helps to shape practitioners' perceptions of children as learners, the results of assessment can be biased by practitioners' cultural values. Assessing the communication of children with both DS and EAL raises challenges, not just in being able to provide a suitable pedagogy and curriculum, but also in addressing a child's right to an appropriate education however they communicate. Having an accurate and comprehensive view of a child's communication is made more complex by most assessment instruments being either for children with SEN or EAL. Without these appropriate resources, the possibility is raised that practitioners may judge children's communicative ability or potential based on their own perceptions of what a child's diagnosis and culture means to them, and this may influence the accuracy of their assessment.

Although Kaiser and Roberts (2011) recognise that descriptive studies of both typically and non-typically developing children have influenced approaches to assessment, their findings do not extend to bilingual assessments. Common approaches to assessing a bilingual child

without a standardised test include finding out what patterns of languages children hear and use in different contexts, and what aspects of learning and achievement are valued by a child’s family and culture (Smidt, 2008); these approaches would be transferable to assessing bilingual children with DS. Drawing on observations of people who know a child well in naturalistic settings may also provide a fuller communication profile of a child with SEN and EAL (Frederickson and Cline, 2015). SaLTs used these approaches to assessment in this study, suggesting that their practice reflects some of the EAL assessment literature (Table 7.7)

**Table 7-7: Strategies related to assessment reported by SaLTs**

| <b>Contextual strategies: Assessment</b>     | <b>Reported in CS1</b> | <b>Reported in CS2</b> |
|--|------------------------|------------------------|
| Assessment through observation               | ✓                      | ✓                      |
| Assessment through the SaLT service          | n/a                    | n/a                    |
| Assessment information from parents          | ✓                      | ✓                      |
| Assessment information from Outreach Schools | ✗                      | ✗                      |

SaLTs in both case studies focussed on two types of assessment that informed the teaching strategies they used; observations of the children and information from parents. Teachers also used these, as well as reporting using the assessments carried out by SaLTs. In addition, mainstream teachers in CS2 reported using assessments from teachers in special schools who provided outreach support. This reinforces the hypothesis that teaching strategies reported by teachers were likely to have been influenced in part by the SaLTs. The combination of these two types of assessment was considered adequate for recognising the communication needs of bilingual babies and children with DS:

*“Both through observation and through guided interview [with the parent] looking at what the child did do rather than particularly looking at what they didn’t do, because that will become obvious.” (SaLT, CS1)*

*“At that age [under 1year], assessment is through the parents and observation, really. We don’t need to do any hands-on assessment with the child.” (SaLT, CS2)*

Glazzard (2010) suggests that in order for parents and carers to become partners in the assessment process, training which focuses on the principles of early years’ assessment should be made available to them. As parents are very likely to be interested in their child’s development they may naturally adopt some of the language of assessment in discussion with practitioners anyway, as when sharing children’s learning stories as part of a formative assessment (Carr, 2001). This suggests there are both formal and informal ways of including parents in the assessment of their child’s communication. Although teachers and SaLTs

reported in both case studies that parental input is an important part of the assessment process, providing training for parents was not a consideration. They seemed more likely to follow recommendations for including parents in an assessment along the lines of the National Children's Bureau non-statutory guidance for the statutory two year old progress check, although this guidance was not in place at the time of data collection:

*'The progress check...takes account of the views and contributions of parents' (Stevens, 2013, p.99).*

Although it was mentioned on only one occasion in the study, teachers and SaLTs were likely to have been familiar with the SEN Code of Practice (DfES, 2001). This statutory document guides practitioners to include parents in all aspects of their children's learning, including assessments and is discussed in more detail in Chapter 8.

Examples given by SaLTs suggest that they ask parents for more detail in their assessment of language than teachers do, particularly when considering assessment of a child's home language:

*"We'd want to know, I guess, what the structure of language was, what typical first words were in that language, and with those very littlies who are mainly based at home, we'd always be trying to work through their first language. We wouldn't, we'd hardly consider actually, an assessment in English." (SaLT, CS1)*

*"[I would] do observational assessment with the parents as well." (SaLT, CS1)*

In addition to finding out more detail using observations and parental interviews, SaLTs also referred to standardised assessments, for example *The Pragmatics Profile* (Dewart and Summers, 1995):

*"It may be that if the parents were able to communicate with me in English then I might be able to do something like The Pragmatics Profile that would give me a sort of fairly guided view of well 'how does he tell you he's thirsty?' Or 'what does he do to tell you he wants a particular toy?', 'what noises does he make?' And because of our training in phonetics I should be able to write that down quite accurately" (SaLT, CS1)*

There appear to be differences in the level of detailed assessment undertaken between SaLTs and teachers, and this would be expected because of the nature of their training and professions. Therefore, it seems appropriate that the practitioners with the more rigorous training in communication should influence the types of teaching strategies in this area of development.

Kaiser and Roberts (2011) report an increase in the development of standardised assessments of early intentional communication, including pre-linguistic intentional communication and early symbolic communication over the two decades considered in their study. These stages of development are represented in the categories of communication strategies reported by

SaLTs and teachers (see Chapter 4), suggesting that there are sufficient tests suitable for children at this level of communication development.

Assessments to determine the language level of children with EAL, such as the Northern Association of Support Services for Equality and Achievement's (NASSEA) *EAL Assessment Framework* (2015), are designed to be descriptive rather than diagnostic, and perhaps for this reason were not included in the types of assessment recognised by Kaiser and Roberts (2011). However, they were noted by SaLTs and teachers in this study, as being a useful point of reference. This suggests that practitioners consider accessing a range of assessment tools and models in the light of there being no standardised assessment designed particularly for children with DS and EAL.

For the children in this study there is a lack of home language assessment, which is necessary for ensuring an accurate evaluation of their communication skills (Pert and Letts, 2003). Nutbrown (2011, p.159) uses the term 'respectful assessment' for an approach which includes authenticity, children's rights, and the use of appropriate resources, and this seems to encompass the assessment requirements of young children with DS and EAL. Clinical guidelines from the Royal College of Speech and Language Therapists (RCSLT, 2006) advise that assessments should be carried out in all languages spoken by a multi-lingual client, and as this is rarely achievable in practice, there is a lack of equity in service provision for those whose home language is other than English (Mennen and Stansfield, 2009).

An area for development in both research and practice is the further design of communication assessments in languages other than English which are currently limited, with few including norms for bilingual speakers (Ware et al., 2015). Direct translations from English to another language cannot lead to an accurate assessment because of difficulties including differences in word complexity and sentence structure between languages (Gathercole et al., 2008); consequently, new assessments for communication need consideration and funding. Bilingual assessments in the UK include an expressive language assessment for children in Rochdale with a Pakistani heritage background (Pert and Letts, 2003) and the *Prawf Geirfa Cymraeg* (Gathercole and Thomas, 2007), a receptive vocabulary test for Welsh-speaking bilingual children.

Bilingual language and communication assessments enable further research into the learning of bilingual children with SEN. Feltmate and Raining-Bird (2008) used English and French standardised versions of the Peabody Picture Vocabulary Test (Dunn and Dunn, 1981; Dunn et al., 1993) as part of their assessment of French/English bilingual children with DS. Their

study provides detailed analyses, which supports bilingualism in children in DS, which is of particular relevance to this study. Therefore, the use of standardised assessment tests in both languages, alongside practitioners' observations and parental input, may allow for a more comprehensive assessment of a child's overall ability to communicate.

### *7.5.3 Communication Strategies*

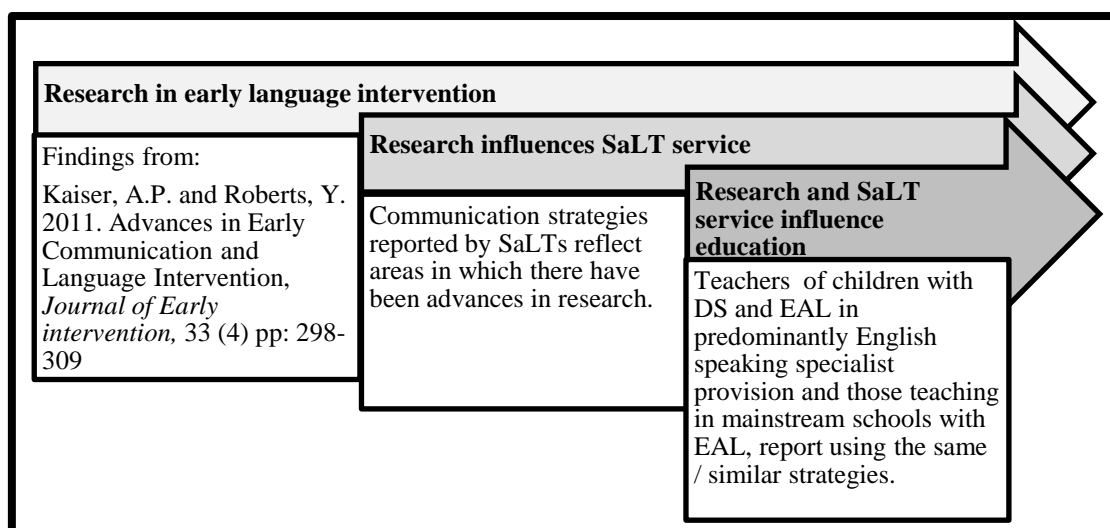
In order to look at the general relationship between the communication strategies reported in this study by SaLTs and areas of research in language intervention detailed by Kaiser and Roberts (2011), the strategies were categorised under the area headings (Table 7-8: Relationship between the categories reported by Kaiser and Roberts (2011) and the sub-categories of communication strategies reported by practitioners). The asterisk indicates where a sub-category has been duplicated, and the sub-categories that were not reported by SaLTs are highlighted.

**Table 7-8: Relationship between the categories reported by Kaiser and Roberts (2011) and the sub-categories of communication strategies reported by practitioners**

| <b>The social, symbolic and pre-linguistic foundations to spoken language</b> | <b>Parent-implemented language interventions</b> | <b>The language foundations for literacy</b> | <b>The relationship between language and social behaviour</b> | <b>The use of augmented and alternative modes of communication</b> |
|---|--|--|---|--|
| Use a multi-sensory approach  | Support the child's home language                | The written word                             | *Develop social communication and attention skills            | Objects  |
| Non-verbal communication  | Implement speech and language support programmes |  |   | Photographs  |
| Repetition  |  |  |   | Symbols  |
| Model communication   |  |  |   | Signing (Makaton /BSL)   |
| Rhymes and songs  |  |  |   | Switches   |
| Adapt language  |  |  |   | Timelines  |
| *Develop social communication and attention skills                            |  |  |   | Choice Boards  |

All 17 of the sub-categories of communication strategies can be applied generally to the areas of research described by Kaiser and Roberts (2011). The SaLTs in the study reported fourteen of these. The three reported by other practitioners were 'implement speech and language programmes' from the category verbal strategies and 'timelines' and 'choice boards' from AAC strategies. The general good fit of the communication strategies suggests two findings: firstly, that as hypothesised, SaLTs were very influential in the types of strategies other practitioners were using; and secondly, that these strategies overlap with the research areas in early language intervention. Figure 7-1: Influence of research into early communication and language intervention on teaching strategies used by SaLTs and cascaded into classroom practice., illustrates a progression from research to classroom practice in developing communication skills through the medium of the speech and language therapy service. The results of this study show that the service provided the majority of communication training to

teachers as CPD, and this explains how knowledge of strategies is cascaded into the classroom. What is less clear is if the influence of research in speech and language therapy practice occurs as part of initial or post-graduate training, as CPD or both. Either way, it appears that the speech and language therapy service is fundamental to teachers in providing communication strategies that are based on empirical evidence.



**Figure 7-1: Influence of research into early communication and language intervention on teaching strategies used by SaLTs and cascaded into classroom practice.**

The areas where the links between research and communication strategies reported in the study are most apparent are ‘the social, symbolic and pre-linguistic foundations to spoken language’ and ‘the use of augmented and alternative modes of communication (AAC)’.

The seven communication strategies cited in the first of these categories (see Table 7.8), link to one research area described by Kaiser and Robert (2011); developing joint attention skills. These skills are essential to acquiring socially functional communication, and despite commonly showing social interest, young children with DS are often delayed in their development of these skills (Abbeduto et al., 2007). Adamson et al. (2012) found that children with DS at 30 months of age had levels of joint engagement with caregivers much like typically developing 18 month olds, so it seems appropriate that this is an area that would be a skill for practitioners in the EYFS to develop.

Yoder and Warren (2002) report the successful use of early intervention strategies with young children with DS in teaching parents to respond to co-ordinated eye gaze to increase joint attention. Adamson et al. (2009) when studying children with DS at 30 months found an increase in receptive and expressive language related to how often they were observed in supported joint attention activities focussing on objects and language with a caregiver. The findings of these studies suggest that working with parents to develop joint attention skills

from an early age could help to develop the communication skills of children with DS. Although these were studies of monolingual children, because of the pre-linguistic nature of joint attention as a skill, this type of intervention could transfer into bilingual or multi-lingual settings, and be appropriate for developing the communication of children with DS and EAL.

The use of AAC can support the functional communication of children with DS who have a language delay, poor speech intelligibility or a motor speech disorder (Roberts et al., 2007). As children with DS are likely to be in the pre-linguistic stage of language acquisition until the age of two years, with words appearing between two and six years (Montagut, 2008), signing is the AAC most commonly introduced to them as infants. Kaiser and Roberts (2011) cite signing with children with DS being used as an intermediate step for children who will eventually be speakers as an example of AAC research. As outlined in Chapter 4, signing was the most frequently reported strategy in this study and was recommended by SaLTs. The introduction of a system of AAC alongside pre-linguistic interventions, such as developing joint attention, appears to fit the communication needs of a child with DS in the EYFS when expressive language is delayed and there are strong demands made on communicating in a social as well as educational context. Ronski et al. (2010) hypothesised that by introducing an augmented language system as part of early intervention, functional symbolic communication skills might develop earlier than focussing on pre-linguistic skills alone.

To conclude, there are evidence-based strategies to support communication reported in this study by the SaLTs who participated. The high level of support and training this service offers to schools means that their expertise has cascaded to teachers and LSAs, who in turn are using these strategies with children with DS and EAL. The role of the speech and language therapy service appears to be paramount in ensuring that children with DS and EAL get their communication needs met in the EYFS.

## **7.6 Relating the findings of Chapter 7 to the research questions**

This section aims to answer the third part of the second research question. In addition, it considers the third question; whether there is equity in the teaching strategies based on the impact of multi-agency working. These areas are italicised within the research questions:

1. How do practitioners support the communication of children with Down's syndrome and English as an additional language in the Early Years Foundation Stage?
  - What strategies do they use?

2. *Why do practitioners use the strategies they report; what influences them?*

Are the strategies influenced by:

- practitioners' experience?
- training?
- agencies and services they work with?
- policy?

3. *Are the same strategies used to provide communication support for children with Down's syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?*

It was reported that many children with DS and EAL entering provision at three years' old already had support from services in health, education and social care. Participants identified these services as providers who supported children's communication. In some cases, information about the child was passed on successfully at this point of transfer, resulting in continuity of support. However, it was not uncommon for children to start in their new settings without any previous paperwork from agencies and services being available to practitioners. It is difficult, therefore, to evaluate fully what influence some early agencies and services may have had on the teaching strategies reported in the study where there are gaps in information and service provision.

The analysis of the input by Speech and Language Therapy service in the discussion section of this chapter shows that it was a main influence in the types of teaching strategies that were used by practitioners in this study. It is also apparent that these teaching strategies come from evidence-based research, even if the practitioners implementing them were not aware of this. Information from the Speech and Language Therapy service was reported as being influential as children transferred into their early years' settings as well as during it, and they were the service most frequently named in the health service category. However, within education services there is also evidence that pre-school SEN services provided information to the nursery settings that may have influenced early teaching strategies used. There are examples of positive communication between this service and the settings into which children transferred in CS1. The pre-school SEN service in CS1 was the Portage service, and three out of the four resourced nurseries reported that they regularly received information from them at the point of transfer:

*“For us as a nursery, the cohort of children who come to us very often receive support from the Portage service, so they will have produced a report, and very often a very useful report because they see the child in the home.” (SENCO, resourced nursery, CS1)*

*“If a child is coming to us and taking a resourced place and coming in via Portage, which is usually where our children arrive from, from that service, we get a really clear handover. Lots of information.” (SENCO, resourced nursery, CS1)*

*“And usually, children who come to us on a resourced place have had Portage input as well so we’d probably just follow up on the Portage – you know, find out what kind of support they were getting as well and the kind of things that they were doing.” (SENCO, resourced nursery, CS1)*

These examples show that this pre-school SEN service did communicate effectively with nurseries in CS1. However, in the group interview with the service few examples of strategies they used to support communication were given. The same was also found regarding the strategies reported in CS2. This suggests that, although the pre-school SEN service was valued for the information it could give early years’ settings about individual children’s development, they may not have directly influenced the strategies reported by practitioners in the same way as the SaLT service.

| CS1                                 | CS2                 |
|-------------------------------------|---------------------|
| Modelling actions with single words | Signing (BSL)       |
| “Ready, steady, go” games           | Use fewer words     |
| Bubbles to encourage looking        | Slow pace           |
| Photo albums                        | Home / family books |
| Makaton books                       | Song boxes          |
| Cause and effect toys / switches    |                     |

Although none of the settings in CS2 directly referenced the Pre-school SEN service in the interviews, there is evidence that efforts were made by the service to collect and transfer information to other services and settings:

*“[Name of borough] has the DS Pathway all professionals follow and it provides information and co-ordination...[we get information from] family, home IEP, discussion via regular home visits, by Developmental Journal...meetings if handing to another colleague, joint home visits. Other services especially joint home visits”. (Teacher, Pre-school SEN service, CS2)*

The Down Syndrome Care Pathway referred to above is a multi-agency National Health Service network designed to ensure care from birth for children with DS and their families. It seems likely that families supported by the pre-school SEN service in CS2 would have access

to the network of other agencies and services who work with children with DS once they were referred to this pathway. The network included the Speech and Language Therapy service, whose input influenced the strategies reported.

The pre-school SEN service in CS2 also supported families in recording the child's development in the Developmental Journal (referenced in the above interview). The aim of the Early Support Developmental Journal for Babies and Children with Down Syndrome (DfES, 2006) was to enable families to record what their child was able to do so that they could easily share information with agencies and services without repetition. The pre-school SEN service report using the Developmental Journals, but they are not mentioned by any of the teaching participants at the time of transfer into nursery, suggesting that the information they held was not routinely passed on to settings, and therefore did not influence strategies.

There seems, therefore, to be a number of reasons why information from agencies and services that could influence teaching strategies was unavailable. In addition to services not sharing records, there was also the issue that some children (both international and home) had not accessed services, and in some cases, where information arrived late, due to organisational oversights. It also appears that some services and agencies, (such as the Portage service in CS1) may provide important information about the child and their family to early years' settings, but this may inform practices other than specific teaching strategies.

## **7.7 Equity of Provision: Impact of Multi-Agency Working on the Communication Support for children with Down's Syndrome and English as an Additional Language**

The third research question 'Are the same strategies used to provide communication support for children with Down's syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?' aims to find out if there are any differences in provision for children with DS and EAL, depending on what type of school or setting they attend and where they live. The findings of this chapter suggest that there are some differences in how services work with EYFS settings between case studies and this may affect the type of communication support children with DS and EAL receive. Comparable agencies were reported in both case studies suggesting that children could access many of the same services regardless of where they lived. However, some interventions were available to children at different ages. For example, the educational psychology service and the SEN outreach teams provided support to practitioners in EYFS settings, but they could be accessed

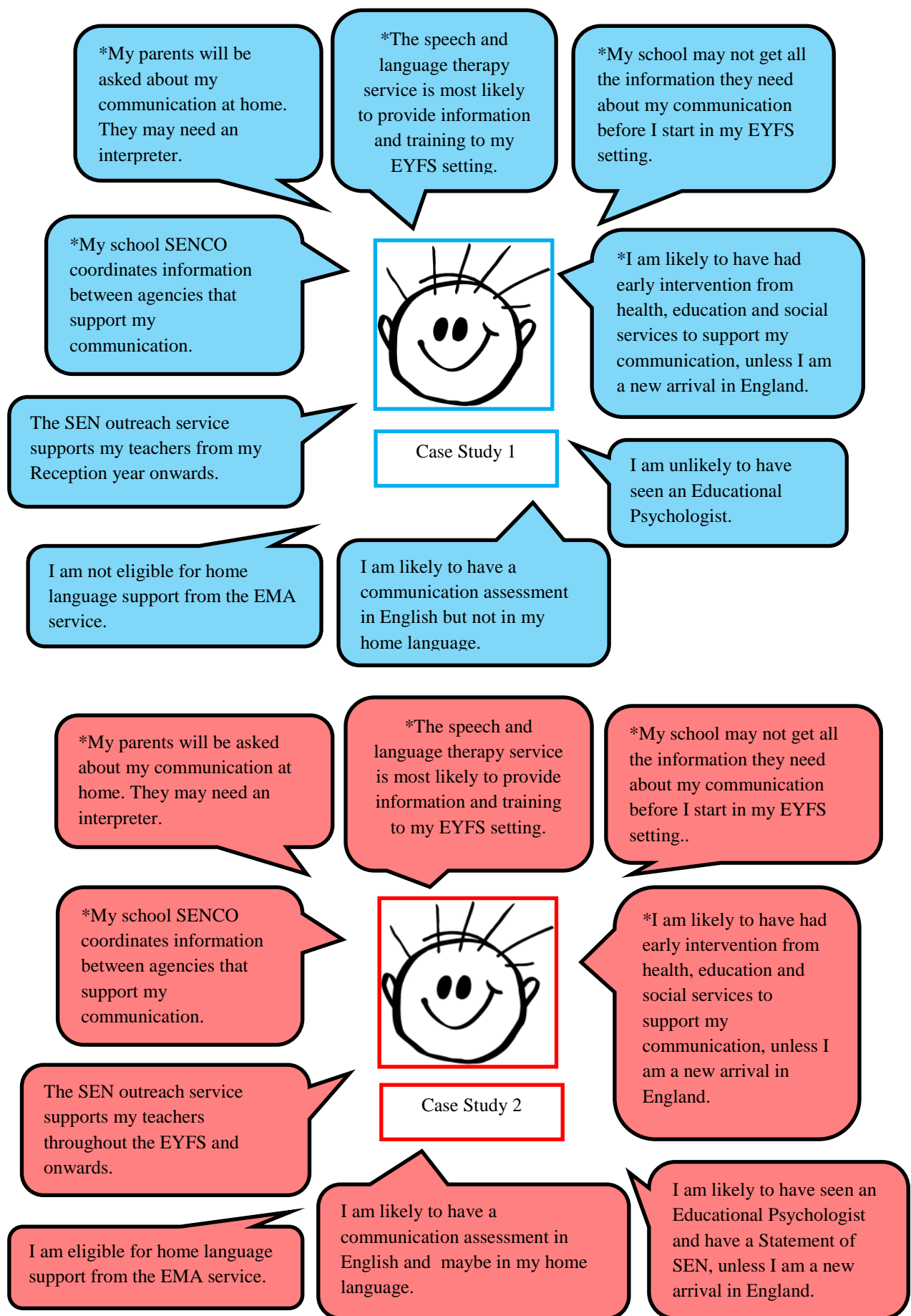
earlier in CS2 than in CS1. Perhaps the most pertinent difference in the availability of services to this study was that children with SEN in CS1 were not eligible for home language support from the EMA service. In contrast, children with DS and EAL in CS2 were entitled to this, and in many cases were taught by multi-lingual practitioners who were able to speak their home language.

Similar positive and negative feedback was given regarding multi-agency working across the study. It was common practice for SENCOs in both case studies to primarily engage with families to obtain information about children's communication. In addition, participants in both case studies reported that children with DS and EAL would be likely to have a large number of agencies from health, education and social services providing support. Information from these agencies was managed by a child's SENCO, but it was common for information not to be received before a child started in their EYFS setting, and for therapists and other workers not to be available to contribute to meetings about a child during their time at school. This was the experience of participants in mainstream and specialist provision, and similar frustrations were experienced in both boroughs.

The most positive relationship reported seemed to be between the EYFS setting and the speech and language therapy service, which provided training about communication strategies for children with DS and EAL in both case studies. In all cases, it was common for SaLTs to visit children in their setting, to give advice to teachers and LSAs, and to provide therapy programmes; however, in CS2, the number of SaLTs was being reduced and visits were less frequent. Analysis of the communication strategies recommended by SaLTs to EYFS settings showed their practice to be evidence based. This suggests that where children were able to access speech and language therapy input in both case studies there should have been equity in the quality of provision.

The cohort of children reported to be most likely to experience differences in multi-agency support are children with DS and EAL who had recently moved into a new area. In CS1, poor communication between boroughs was reported and delays in assigning new services and therapists to children led to breaks in therapy and new EYFS settings being unable to provide continuity in supporting children's communication. These difficulties were more extreme in CS2 as many of their new children were international arrivals, previously unseen by any professionals. Full language assessments for these children were hindered by a lack of bilingual therapists and of standardised home language tests, although SaLTs in both case studies had access to bilingual co-workers, which enabled home language communication

with parents. SENCOs in CS2 were able to organise informal communication assessments in a child's home language because of the multi-lingual capacity of their staff, but this was not reported in CS1. This presents a picture of differences in multi-agency working, particularly in home language support depending on where a child lives, with international new arrivals being particularly disadvantaged in some areas. Figure 7.2 illustrates this from a child's point of view.



**Figure 7-2: Equity in provision: the impact of multi-agency working**

Statements shared between the case studies are indicated by an asterisk.

## **Chapter 8 - Policy to Support the Communication Needs of Children with Down's Syndrome and English as an Additional Language**

Participants were asked if they had any information relating to policy that was relevant to supporting the communication needs of children with DS and EAL. Information offered by participants in both the case studies was categorised into three broad categories:

- National / government policy
- LEA policy
- In-house policy

In some cases, the information related to policy they were using or had used in the past, whereas in other examples participants referred to policies they were aware of or made suggestions as to where they might be found.

### **8.1 National / Government Policy**

Neither case study named any policies that specifically met the criteria of supporting learners with DS and EAL at a national or governmental level. The following examples illustrate the two general views given by teachers in the study, in relation to a question about national policy for children with DS and EAL. This is because of there being no policy in place at the time of the study:

*"I'm not sure whether there's national policy guidelines. I've not seen any." (SENCO, mainstream primary school, CS2)*

*"I've tried. I've looked specifically for Down's syndrome and EAL [policies] and no, I've not....and I've looked." (Outreach SEN teacher, CS2)*

Suggestions were made as to where information could be sought and included a range of charities, national communication initiatives and assessments, as well as guidelines for working with people with SEN and disability (Table 8-1: Participants' suggestions of where information could be found at a national level).

**Table 8-1: Participants’ suggestions of where information could be found at a national level**

| <b>Case Study 1</b>   | <b>Case Study 2</b>   |
|---|---|
| Disability Discrimination Act, 2005<br>(now the Equality Act, 2010)   | SEND Green Paper<br><i>Support and Aspiration: a new approach to SEN and disability</i> (DfE, 2011) |
| Down’s Syndrome Association<br>(UK disability charity)  | SEN Code of Practice (DfES, 2001)   |
| Scope<br>(UK disability charity)  |   |
| Every Child a Talker<br>(ECAT)  |   |
| Information from the ‘Hello’ campaign,<br>National Association of Language<br>Development in the Curriculum<br>(NALDIC) |   |
| The Communication Trust (2011)  |   |
| Access arrangements for Standard<br>Assessment Tests (SATS)   |   |
| Royal College of Speech and Language<br>Therapists (RCSLT)  |   |

Of the ten suggestions made, eight were from participants in CS1, and their references were drawn from a combination of communication, EAL, DS, SEN, disability, early years and primary sources. Examination of these references revealed that none of them contained guidance specifically about supporting the communication of children with DS and EAL. However, there were references to working with children with SEN and EAL in NALDIC (2011) and RCSLT (2006) guidelines. The two SaLTs participating in CS1 cited both these sources in the study:

*“Current legislation? I would say ‘no’, but if I did have someone with EAL and Down’s syndrome, I would probably go to the NALDIC...NALDIC website.” (SaLT, resourced nursery school, CS1)*

*“Certainly the Royal College of Speech and Language Therapists has advice about children with learning disabilities, you know we have our clinical guidelines about consensus and the same for a child who’s learning English as an additional language; we have our clinical guidelines around that. But what we haven’t got is something that brings the two together. You do that as a practitioner in your own way, I guess.” (SaLT, resourced nursery school, CS1)*

Despite there being very few sources at a national level cited which could guide their practice of working with children with SEN and EAL, practitioners reported that they regularly worked with families with EAL who used more than one language at home with their children with DS. In addition, families adopted English words into their everyday vocabulary or code switched frequently between their home language and English. In this example, a SaLT (CS2)

working with families with babies with DS in group sessions describes introducing words with the initial sound 'b'. The families' home language was predominantly Urdu, and the English speaking therapist, supported by a link worker (interpreter), appeared to be following RCSLT policy guidelines (2006) by using home language words in intervention sessions:

*"We do word banks with the second group [of infants with DS]. And they start it on 'b' words, and the first time that they did that they actually said 'Oh, well, this works if you're English. It doesn't work if you're Urdu speaking' or whatever. So, I just drew up a list and then said to the parents 'Right, if you can think of any more words that begin with 'b' in your language....' and I sort of left it at that, but most of the basic words are...what's the word where you can...interwoven...really, they use English words...particularly with Urdu as well; English words and Urdu words simultaneously. So, 'baby' and 'bottle' would be used in Urdu and in English. So, it's like I'd say, 'What would you say for that?' 'It's a bottle'. 'What would you say for baby?' So, as much as I was trying to be culturally sensitive, it didn't make a lot of difference. But I've sort of said that too, you know, 'I'm looking for lots of 'b' words in your own language' and doing it that way. And then gone away and made the resources for it, sort of thing. But it's not happened too many times because of that mixture of English and first language." (SaLT, paediatric community clinic, CS2)*

This SaLT did not refer to the RCSLT guidelines in their interview, but their practice appears to be consistent with its recommendations for working with clients with EAL in their own language if requested to do so. It is unclear whether this is a result of clinical experience, training or the impact of the clinical guidelines related to their profession. However, it does illustrate the need for a flexible language approach when supporting the communication of children with DS and EAL.

Three out of thirty-nine participants (all SENCOs in CS2) mentioned SEN policy documents as a possible source of information for supporting children with DS and EAL. One of the documents, the SEND Green Paper (DfE, 2011) was still in its consultation period and not policy until after the period of data collection. These low numbers suggest that most participants did not perceive policy guidelines as being directly relevant to informing classroom practice. The influence of the SEN Code of Practice (DfES, 2001) on teaching strategies reported in the study will be examined in the discussion section of this chapter.

The suggestions offered by participants in CS1 reveal that they were aware of some government initiatives and interventions that were current at the time of data collection. These were related to supporting children with SEN or children with a communication delay, rather than children with EAL. The ECAT initiative was designed as an early communication intervention for children under five and so would be particularly relevant for EYFS practitioners, while the 'Hello' campaign (2011) had a special emphasis on the needs of children and young people with SLCN and their families. One of the themes 'not just words'

targeted awareness of non-verbal children and promoted strategies for using facial expression, signing, symbols and computer aids to communicate with others. As an initiative, this would have been relevant for SEN practitioners working in the early years. It offers more practical setting-based suggestions for working with children with DS and EAL than the SEN Code of Practice (DfES, 2001) or Special Educational Needs and Disabilities (SEND) Green Paper (DfE, 2011). This may be why most participants appeared to be more familiar with the national initiatives and interventions than with policy.

## **8.2 Local Education Authority Policy**

Two participants in the study reported that they were aware of documentation that related to SEN and EAL together at the LEA level. Both referenced the same document, which contained guidelines for the assessment of children with EAL who might also have additional learning needs. This document was mentioned by the EMA service in CS1 and by a SENCO in a mainstream primary school in CS2. As the document was a publication from the borough in which CS2 took place, it could have been anticipated that it would have been more widely referenced, but this was not the case. However, as it focused on whether a pupil had a language delay because of being an English language learner or because they had SEN, the document may not have been considered as relevant to the needs of children with DS who have an early diagnosis of SEN. It was the only document reported where SEN and EAL were considered together, and this perhaps reflects the importance given to accurate assessment of children with EAL.

Other participants in CS1 suggested that London LEAs, such as Bromley, Newham and Lewisham, might have produced more relevant DS or SEN and EAL documents due to the diversity of their populations, but did not provide specific examples. No information relevant to working with children with SEN and EAL was found on the education websites of these boroughs at the time of data analysis.

There were references in both case studies to LEA's policy guidance for SEN and EAL as separate entities, but not together:

*"No, I have only seen them as separate, as I remember from my training; the SEN definition did not want people to think, because of the language delay as an EAL learner, they were specifically SEN." (SENCO, mainstream primary school, CS2)*

A SaLT in CS1 echoed this point, with reference to speech and language therapy undergraduate training:

*“We have another case in that same strand [problem solving] which is a younger child from an ethnic minority and has learning disability and we look at developing language, so it is something we’re quite keen on but we’re keen not to see bilingualism as a speech and language difficulty [laughs]...and so we don’t have it in our pathology teaching, we don’t have a bit on bilingualism. Bilingualism comes into linguistics so that students don’t go out with a confused impression that we only learned about bilingualism in relation to people having a language difficulty”.*

Participants in both case studies who represented education (teachers) and health (SaLTs) raised keeping SEN and EAL as separate considerations, so that EAL could not be perceived as a special educational need. However, participants reported that they would welcome specific training for children with DS and EAL (see chapter 6). This suggests they might also consider that combined policies and guidelines would be helpful for meeting the needs of these children.

The SaLT in CS2 suggested that guidelines may exist within their local health authority’s Equality, Diversity and Human Rights’ policy. This framework refers to the nine protected characteristics defined in the Equality Act (2010); race, disability, gender, gender reassignment, age, sexual orientation, religion or belief, marriage and civil partnership and pregnancy and maternity. The term ‘protected characteristics’ is used within the context of the Equality Act to refer to the categories to which the law applies, with race and disability being the characteristics most relevant to this study.

### **8.3 In-House Policy**

Most participants working in schools were aware that they had a policy document that referred to supporting children with additional needs. The term ‘additional needs’ in this context is used to describe the broadest range of individual needs which might impact upon a child’s learning, including SEN and EAL.

#### *8.3.1 In-House Policy Terminology*

The SEN Code of Practice (DfES, 2001, p.12) states that early education settings and schools ‘must have a written SEN policy’ in place, and gives clear guidelines as to the content. However, the name, content and structure of in-house policies differed both within the individual cases and between CS1 and CS2. To add further complexity to the examination of this data, the content and current terminology were not always known to the participants. This may reflect differences in how policies were used and the changing nature of language used in the arenas of both, what is termed in this study, ‘SEN’ and ‘EAL’. It may also reflect that at

the time of data collection, some participants were aware of and made reference to the transition from the SEN Code of Practice (2001) towards the SEND policy guidelines (2011).

Although there were differences in terminology in both case studies participants were aware that the school ethos and any guidelines about supporting children with any type of additional needs would be found within the policy, even if they were unsure of the specific content.

**Table 8-2: Terminology used for in-house policy documents related to additional needs in both case studies**

| Case Study 1                  |   | Case Study 2                  |
|-------------------------------|---|-------------------------------|
| Equality and Diversity policy | → | Equality and Diversity policy |
| Equality policy               | → | Equality policy               |
| Inclusion policy              |   | Equal Opportunities policy    |
|                               |   | Disability policy             |
|                               |   | SEN policy                    |

8.3.2 In-House Policy Content

The content of policies related to supporting children with additional needs ranged from being general through to more specific. There was also evidence that participants modified content in order to:

- Make in-house policies more accessible for families
- Better reflect practice within the school
- Bring them in line with local and/or national guidelines

At their most general, in-house policies defined the school ethos as supporting all children as equal regardless of gender, ability, culture, religion and language, and were common to the majority of schools. These policies did not specifically refer to SEN and EAL together, which it had been predicted, might have been a feature in special schools where all children have SEN, or as in the case of one mainstream school in CS2, all had EAL. However, this broad approach appeared to reflect some participants’ philosophy of inclusion:

*“I suppose in some respects, inclusion covers it all. Inclusion where a child, regardless of background and especially with special needs, so in some respects that links all children.”*  
(SENCO, resourced nursery school, CS1)

*“That could be my child that I entrust to somebody to do the best they can. I just want to offer her [a child with DS and EAL in the nursery class] the same as what I’d offer everybody that walks through the door, the same level of commitment and care, you know?”* (Nursery teacher, mainstream primary school, CS2)

A disadvantage of having in-house policies that are broad based was summarised by one participant:

*“Inclusion policies in schools should reflect children’s bilingual needs and cultural needs if appropriate. There may be good practice going on in schools that may not be reflected in their policy.” (Teacher, EMA service, CS1)*

This raises the question of how schools and services can best ensure an accurate representation of their practice within their policies. The next section aims to explore a range of approaches taken by participants (mostly in CS2) where the integration of policy and practice has been tackled in different ways.

One SENCO reported that in every school policy SEN and EAL were mentioned as separate entities; however, it was unclear if this was in addition to or instead of other policies related to additional needs:

*“Because we’re just simplifying all of our...it’s one of the things we’re doing, we’re simplifying our policies... so that they can be understood by our community and not just by the teachers. Every policy that we have has a mention of EAL and SEN. Because it has to, yeah.” (SENCO, mainstream primary school, CS2)*

There was also an awareness of the need to streamline policies within some schools in CS2, which were directly related to upcoming changes in SEN national policy. The first example also illustrates that school policy had been adjusted to reflect the individual school’s current practice related to new arrivals:

*“I’ve got an EAL policy, and a separate SEN policy. Yeah, I think they need to be reviewed. Well the EAL one, actually, I’ve recently adjusted that with the EAL coordinator and we feel we’re happy with that. It is, it’s all about the induction process, what we do with our new arrivals, things like that. With SEN now, it’s changing a lot. It’s all changing. They say they’re going to get rid of the Statements now, School Action Plus, no IEP...yeah, there’s a lot of things going on, but I think within our school, everybody’s aware of the procedure, and we follow the SEN Code of Practice, and things like that, yeah.” (SENCO, mainstream primary school, CS2).*

*“I mean, at the moment, we’ve got the equality policy, we’ve got an SEN policy, we’ve got a disability policy and we’ve got lots. And the next step is to pull them all together and to have a new equality scheme which is I know what the government is pushing for. That’s the next step. One of my next jobs.” (SENCO, mainstream primary school, CS2)*

Overall, participants in CS2 seemed engaged with their policies and the need for them to change to reflect practice within the school and diversify due to external influences, as the above examples from mainstream primary school SENCOs show. These are also examples of how these participants recognised that national guidelines should be reflected in individual in-house policies. Taking this one step further, one participant explained how the in-house policy should also draw on the LEA guidelines:

*“We obviously have our own school ethnic...equality and diversity policy. So that’s an interpretation of national guidelines at the school level. We’re aware of the model policies the local authority has for these young people and basically I think that’s what it boils down to; making sure your policies in your own school interpret that to make sure whatever needs to happen happens. It sort of summarises the national framework and the local framework and then – policies tend to be quite general, don’t they?” (Head Teacher, special primary school, CS1)*

This range of approaches to putting policies in place suggests that although some schools may have been referring to particular exemplars of policy writing guidelines, others may not. A difference in attitudes towards policies was also noted, and at one extreme two participants in CS1 admitted that they were not familiar with policy content and suggested that in-house policies were a requirement but not a well-used document;

*“I don’t know my policies off by heart. How often do you refer to them?” (SENCO, resourced nursery class, CS1)*

*“Oh, you know me and policies!” (SaLT, resourced nursery school, CS1)*

At the other extreme, there were two examples in CS2 of schools where policies and the guidelines within them were seen as a more organic resource that changed to meet the needs of the children. What these particular schools had in common was a strong relationship between the SENCO and the EMA teacher who were working together to integrate SEN and EAL strategies. The first example illustrates participants using research to create guidelines to inform practice, while the second shows participants working to extend the school’s assessment guidelines to better include children with SEN and EAL. Both of these initiatives could be reflected within the schools’ policies as examples of how the needs of children with DS and EAL could be supported in the EYFS:

*“I mean, it was last year, [EMA teacher] and I as a part of our performance management actually looked at EAL and SEN and started to do a bit of research, didn’t we [speaking to EMA teacher] and put together a file. And, I’ve got to admit, since we did it, [speaking to EMA teacher], you looked at it the other day didn’t you? I usually get students to come and have discussions about EAL, and refer back to it.” (SENCO, mainstream primary school, CS2)*

*“So, [EMA teacher] and I who...we both work together, there is an overlap between our roles and we actually sit next to each other on this table. So, you know, we are aware of the overlap and we do work together. We were concerned that the children who arrived in our school, whether they have SEN or not, we are not able to give them any kind of grading for, so we’re not able to monitor their progress. You can do it on a piece of paper, but everybody else’s data is in an electronic system and it’s tracked. So, various children were not...so we’ve actually gone to the authorities together and we’ve kind of done it together and we’re paying for them to create a sort of add-on to the system so, we can put those children in. And it’s really important for those children who have special needs and have EAL. I don’t want them at first to be put on SEN P scales when they are just, if they’re new and they’re learning English and they’re new to school. It’s much more appropriate to be working on their language in Common Steps [NASSEA], and or if they’re very young, on the Foundation Stage profile points rather than*

*immediately putting them onto an SEN scale. I mean when they've been in school a considerable time, if they've not made progress, then we would think about, you know, SEN P levels, but not straightaway." (SENCO, mainstream primary school, CS2)*

These examples represent how in-house policies can be used, not as general guidelines, but as a way of managing the complex situation of when a child presents with more than one type of additional learning need. Within the school population of CS2, the challenge of the combination of SEN and EAL occurred frequently, but less so in CS1, which may account for there being more generalised policies within that particular borough. Within boroughs, such as CS1, where the number of children with EAL does not warrant an in-house EMA teacher who could work collaboratively with a SENCO, other combinations of additional learning still need to occur. For example, a child with SEN might also be a 'looked after child' or have health issues. There are opportunities for practitioners with different specialist skills to work together and be creative about developing guidelines to add to in-house policies that are pertinent to meeting the needs of children with more complex needs, such as DS and EAL.

## **8.4 Discussion**

Examination of the findings shows little reference to national policy guidelines perceived by participants as being influential in supporting the communication of young children with DS and EAL. This was the case for both SEN and EAL policy areas, and the majority of references related to documentation other than policy, suggesting that other guidelines, initiatives and advisory information may have been more familiar to participants. It is also possible that they perceived them as being more relevant to day-to-day practice than national policy. Another consideration is that participants might not be knowledgeable about all national policy documents due to the time commitments of their work, as reported by Sullivan and Morrison (2014), whose findings suggest that some teachers (particularly NQTs) in Australia, were more successful at embedding policy into practice if they received regular non-contact time to study policies. Transforming policy into practice in the classroom may be interpreted differently depending on the influence of school leadership (Coburn, 2005), and as individual school policy is likely to be written by a senior management team, it may be reinterpreted by other practitioners in the school leading to inconsistencies in practice. The differences in names and focus of the in-house SEN policies reported by participants in this study suggest this may be the case, both within and between case studies.

Ball et al. (2012) explore how schools 'do' policy and consider the process of how it is enacted before it is embedded in school practice. However, it is unclear at what stage in this

process the participants in this study were in regards to national policy, as it was so infrequently cited, although it was recognised that the schools' own policy should be:

*“an interpretation of national guidelines” (Head Teacher, special primary school, CS1)*

Focussing on ‘top-down’ statutory guidelines should help to reduce the chance of individualised adaptations of policy, and provide a common policy template for this analysis. However, this approach might prevent individual schools making adaptations that accurately reflect their cohort.

At the time of data collection schools teaching children with SEN were, by law, to have regard for the advice set out in the SEN Code of Practice (DfES, 2001) enforced from the beginning of 2002. This policy supports the development of communication of children with DS and EAL in the EYFS by providing guidelines for the identification and assessment of their educational needs and by recommending suitable provision. Although only one teacher in the study made reference to it, this document would have been statutory for all teaching practitioners. The policy includes the guidelines for requesting a Statutory Assessment of SEN (SASEN) and recognises four areas of need that, alone or in combination, can affect a child's ability to learn (DfES, 2001). These areas of need are all relevant to the common developmental profile associated with DS and would be considerations in the education of learners with DS (Faragher and Clarke, 2014):

- Communication and interaction
- Cognition and learning
- Behaviour, emotional and social development
- Sensory and/or physical (DfES, 2001, p.85)

All participating teachers, except for one EMA teacher, had experience of working with children with SEN, therefore, it seems highly likely that the majority of participants would have contributed to, or in the case of SENCOs, requested a statutory assessment of SEN for children they were teaching.

The foreword of the document (DfES, 2001, p.iii), states that both health and social services supporting children in education should have regard for the SEN Code of Practice, so it would also have been relevant to the SaLTs in this study. They would be likely to contribute a report to the SASEN for a child with DS if they were receiving speech and language therapy. A Statement of SEN drawn up following a SASEN for a child with DS and EAL would clarify for both teachers and SaLTs the type of educational provision and hours of speech and language therapy recommended.

This was the only policy referenced in the study that was common to informing practice for all participants, making it a relevant policy to be analysed in the context of the teaching strategies reported. Changes were on the horizon with the SEND Green Paper (DfE, 2011) outlining radical reforms to SEN policy and provision in England. However, although some participants showed awareness of this, it would not have directly influenced national, LEA or in-house policy at the time of data collection.

## **8.5 Relating the findings of Chapter 8 to the research questions**

This section aims to answer the fourth part of the second research question. In addition, it considers the third question; whether there is equity in the teaching strategies based on the impact of policy. These areas are italicised within the research questions:

1. How do practitioners support the communication of children with Down's syndrome and English as an additional language in the Early Years Foundation Stage?
  - What strategies do they use?
2. *Why do practitioners use the strategies they report; what influences them?*  
Are the strategies influenced by:
  - practitioners' experience?
  - training?
  - agencies and services they work with?
  - *policy?*
3. *Are the same strategies used to provide communication support for children with Down's syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?*

This section reviews the SEN Code of Practice (DfES, 2001) to examine if there are links between its statutory guidelines and the strategies reported by participants in this study. In Chapter 4, teaching strategies were compared with the EYFS principles (DfES, 2007) and, although participants did not report that these guidelines directly influenced their practice, the appraisal of the EYFS principles against the contextual teaching strategies revealed many similarities. It was hypothesised that there may also be links between the SEN Code of

Practice and the teaching strategies reported, despite only one participant referencing it directly in the study.

The majority of the data was collected in 2011, so it seems likely that in the ten years since its publication, the advice from the SEN Code of Practice would have become embedded in the practice of those working in schools with children with SEN, even though it was not referenced as such. The period of data collection coincided with the publication of the Green Paper *Support and Aspiration: a new approach to SEN and disability* (DfE, 2011), a consultation document setting out proposals for better support for children and families. Consequently, SEN policy was on the cusp of change and one participant noted this with an element of frustration, as they had recently responded to major changes to assessment enforced by their LEA:

*“And of course, with the government’s Green Paper, things look as if they’re going to be changing **again**, but we’ll just wait and see.” (SENCO, mainstream primary school, CS2)*

In conjunction with the SEN Code of Practice, the DfES published the SEN Toolkit (2001) which provides further guidance for practitioners. The opening page of ‘Section 1: Principles and Policies’ defines it as providing

Practical suggestions on ways in which early education settings, schools, LEAs, health and social services could implement the statutory guidance set out in the SEN Code of Practice.

The SEN Toolkit will also be considered in relation to the strategies reported in this study as it and the Code of Practice are designed to complement one another, and due to its practical application it could be anticipated as having common links with the teaching strategies reported by the participating practitioners.

The development of the SEN Toolkit was a multi-agency collaboration including professionals from education, health and social services (DfES, 2001, p.1), the same services as reported in Chapter 7 of this study. Chapter 10 of the SEN Code of Practice, ‘Working in Partnership with other Agencies’, also refers to these services and the SEN Toolkit focuses on the roles of social services (section 11) and health professionals (section 12) with regards to assessment and agency collaboration within educational settings. This suggests that there are commonalities between the participants’ strategies relating to multi-agency working and the content areas of the SEN Code of Practice and SEN Toolkit, which strengthens the rationale for discussion of these documents.

Table 8-3: Content of the SEN Code of Practice and SEN Toolkit, shows the content of the SEN Code of Practice and SEN Toolkit. The numbers refer to the chapter and section titles

respectively, and are cross-referenced according to the guidelines given on the front of each Toolkit document, which state which of the 12 sections should be read in conjunction with which of the 10 chapters of the SEN Code of Practice. Sections 5 and 6 relate to more than one chapter (chapters 4, 5 and 6) and these documents do not follow chronologically in all cases (e.g. chapter 7 corresponds to section 8 and vice versa). Section 4 ('Enabling pupil participation') states it should be read alongside chapter 2 ('Working in partnership with parents') rather than alongside chapter 3 ('Pupil participation'), although chapter 3 and section 4 are colour coded to match, which could lead to confusion when cross-referencing. However, this was not mentioned by any participants in this study. Chapters 5 and 6 of the SEN Code of Practice refer to learners in the primary and secondary sector, and so are not applicable to the age group in this study, although there may be overlaps due to the top end of the EYFS being the first year or reception class in primary school. The SEN Code of Practice classifies early education provision as being part of the Early Years Foundation Stage for children from three to five years old (DfES, 2001, p.32), and also refers to procedures for the Statutory Assessment of Special Educational Needs (SASEN) of children aged two and under (DfES, 2001, p.40-42). Chapter 4 ('Identification, Assessment and Provision in Early Education Settings') is the best fit of age related policy guidelines for this study.

**Table 8-3: Content of the SEN Code of Practice and SEN Toolkit**

| <b>SEN Code of Practice (DfES, 2001)<br/>Chapter numbers and titles</b>   | <b>SEN Toolkit (DfES, 2001)<br/>Section numbers and titles</b>                                   |
|---|--|
| 1.Principles and Policies   | 1.Principles and Policies  |
| 2.Working in Partnership with Parents                                     | 2.Parent Partnership Services<br>3.Resolution of disagreements<br>4.Enabling Pupil Participation |
| 3.Pupil Participation   |  |
| 4.Identification, Assessment and<br>Provision in Early Education Settings | 5.Managing Individual Education Plans<br>6.Strands of Action to meet SEN                         |
| 5.Identification, Assessment and<br>Provision in the Primary Phase        | 5.Managing Individual Education Plans<br>6.Strands of Action to meet SEN                         |
| 6.Identification, Assessment and<br>Provision in the secondary sector     | 5.Managing Individual Education Plans<br>6.Strands of Action to meet SEN                         |
| 7.Statutory Assessment of Special<br>Educational Needs                    | 8.Guidelines for Writing Advice  |
| 8.Statements of Special Educational<br>Needs                              | 7.Writing a Statement of Special Educational<br>Needs  |
| 9.Annual Review   | 9.Preparing and Conducting Annual Reviews<br>10.Transition Planning                              |

Robertson (2012, p.77) writes of a ‘changing policy landscape’ because of the SEND Green Paper (DfES, 2011) and suggests that the level of responsibility and status of SENCOs has been enhanced through changes to national policy over time. The demands of the SENCO role appear to be already running through all areas of the SEN Code of Practice and the SEN Toolkit, confirming the necessity of a designated SENCO role as their facilitator. The high level of responsibility and administrative work of a SENCO in co-ordinating services around a child with SEN was also apparent in Chapter 7.

#### *8.5.1 Assessment and the Statutory Assessment Procedure*

Although participants were not directly asked about assessment in the interviews, there were 73 references made overall in the study. There were no references made in two interviews, one with an LSA and one with a SENCO (both CS2), and the reason for this is unclear. However, the large number of references suggests that assessment plays a key part in the work of the participants when considering the communication of children with DS and EAL. Assessment is a common theme running through this study and is at the heart of developing strategies to support children with DS and EAL. Assessment was one of the contextual strategies recognised in chapter 4, therefore it seems that the SEN Code of Practice may have an influence on the assessment strategies reported by participants. This may be a direct or indirect influence.

Placing assessment as a high priority is in line with the SEN Code of Practice guidelines. One of the essential functions of the LEA, according to the SEN Code of Practice, is to ensure that the assessment of children takes place quickly so that any SEN can be identified and appropriate provision made. The statutory assessment of SEN is a common thread running through both the SEN Code of Practice and SEN Toolkit.

The contextual strategy ‘assessment’ in this study, reported in Chapter 4 has four sub-categories:

- Assessment through observation
- Assessment information from SaLTs
- Assessment information from parents
- Assessment information from outreach schools (CS2 only)

The content of these sub-categories has already been considered, with assessment in the child's home language being an emerging theme running through them all. Assessment through observation is not an area specifically mentioned in either the SEN Code of Practice or SEN Toolkit, however information for assessment from external agencies is seen as playing a vital part in the SASEN process. The importance and role of multi-agency services, particularly the speech and language therapy service, in the assessment of children with DS and EAL has already been highlighted in chapter 7, and the role of parents in the assessment process will be discussed later in this chapter.

In order to ascertain links between the strategies reported and the SEN Code of Practice, the interviews were revisited to search for key words related to the SASEN process. The words and phrases searched for were 'statutory assessment', 'statement' and 'Annual Review', as these are included in the titles of chapters 7, 8 and 9 of the SEN Code of Practice and sections 7 and 9 of the SEN Toolkit.

**Table 8-4: Frequency of key words and phrases related to the SASEN process**

| Key word / phrase      | Case Study 1<br>(11 interviews) | Case Study 2<br>(12 interviews) |
|------------------------|---------------------------------|---------------------------------|
| 'Statutory Assessment' | 1                               | 1                               |
| 'Statement'            | 1                               | 2                               |
| 'Annual Review'        | 1                               | 0                               |

The results of the key word search show very low numbers, despite assessment being a common theme. It seems likely that this indicates that the majority of assessment procedures carried out by participants are not directly linked to the SASEN process but to the everyday observations made by practitioners and parents, and assessments from external services. This could explain why this area of assessment was not prominent in the initial findings of the study, although by law it would have been a feature of the SENCOs' assessment practice and have added to their SASEN report. The role of SENCOs discussed in Chapter 7 confirms this, with assessment being found to be one aspect of their job within a multi-agency context, but with no specific reference made to statutory assessment.

The SEN Code of Practice states that early years' educational settings, health and social services are all able to request a SASEN with parental permission, and parents can also ask for it to be undertaken. Therefore, SENCOs, early years' teachers, head teachers and SaLTs participating in the study all had the potential to make this request. Due to an early recognition of SEN, it would be expected that children with DS would be identified quickly

and this process would start during the EYFS period. However, this was not always the case. The group of children in this study who were least likely to be assessed by the LEA or involved with different agencies were international new arrivals or those with no previous engagement with schools or services.

*Interviewer: "What about children who come from abroad; people who are very newly in to the country? Are they likely to come with anything [assessment information]?"*

*Participant: "Occasionally, but not necessarily, no. Depends whether they've accessed services wherever they've come from, or not...or they're here to access services. We rarely do get anything on paper. Usually I'm starting from scratch as a newly-seen." (SaLT, paediatric community clinic, CS2)*

*"Somalis are the refugees and... so, a lot of them haven't had schooling. The same thing with the Roma, they haven't had schooling. So, their issues are completely different because they have never been to a school." (EMA teacher, mainstream primary school, CS2)*

There is no mention of arrangements to specifically support international new arrivals into the SASEN process in the SEN Code of Practice, although advice for working with children with EAL is given in chapter 5:

It is necessary to consider the child within the context of their home, culture and community. Where there is uncertainty about an individual child, schools should make full use of local sources of advice relevant to the ethnic group concerned, drawing on community liaison arrangements wherever they exist. (DfES, 2001, p.46)

There was evidence in this study of participants working in this way, particularly in CS2 where there were more pupils from black and minority ethnic communities:

*"A lot is based on as much background information as possible. So, I often would have that initial dialogue with the mum to find out what home situation is. Because even though you know culturally, they might be from a similar background maybe, you know differences within that as well, so getting as much information as possible from the parent; possibly do a home visit, observe the child in school as well. But we have lots of bilingual staff in school so hearing information from them as well. Knowing enough information with previous schools or preschool; as much information as possible." (EMA teacher, mainstream primary school, CS2)*

The SEN Code of Practice also makes reference to the assessment of children with SEN and EAL, and the guidelines given are that a language assessment should take place in order to inform a child's learning needs:

The information about their language skills obtained... will form the basis of all further work with them both in assisting their learning difficulties and in planning any additional language support that is needed. (DfES, 2001, p.46)

Assessment in children's home languages was a feature most common to CS2, however in CS1 it was only available when it was linked to a SASEN, as per SEN Code of Practice guidelines:

*“Assessment would only take place if it was requested for statutory assessment. The service uses a short speaking and listening assessment with an interpreter, with the assessment taking place in the child’s home language. It is play-based using books and toys and looks at the child’s ability to follow instructions, to follow a sequence and to understand prepositions etc.”*  
(Teacher, EMA service, CS1)

Assessing a child in their home language(s) was reflected upon Chapter 7, where it was noted that despite recommendations that children’s communication should be assessed in their home language (RCSLT, 2006). This is not always possible (Pert and Letts, 2003). Consequently children with EAL may not always have the same level of speech and language therapy provision as their English speaking peers (Mennen and Stansfield, 2009). However, in chapter 5 of the SEN Code of Practice, ‘Identification, Assessment and Provision in the Primary Phase’ there are recommendations that:

At an early stage, a full assessment should be made of the exposure they have had in the past to each of the languages they speak, the use they make of them currently and their proficiency in them. (DfES 2001, p.46)

Although this recommendation is for the primary rather than the early years phase, it reflects strategies reported by some practitioners in both case studies. The SEN Code of Practice (DfES, 2001, p.36) states that the LEA has responsibility for ensuring that parents without fluent English should have access to an interpreter and translated information material so that concerns about a child’s SEN can be shared, and this was not always found to be the case in this study. The EMA teacher in CS1 reported using an interpreter in the SASEN process and the description suggests a purposeful and structured assessment tool; however, there was no mention of a similar type of assessment being available in CS2. SaLTs in both case studies also reported the use of interpreter services during assessments in order for parents to communicate effectively when providing information about their child so that reports could be written to support the SASEN. In CS2, multi-lingual teachers, TAs, LSAs and family workers were all reported to carry out in-house baseline assessments and there was one report of older children also being involved, but these assessments appeared to be informal and not linked to the SASEN process. Some attempts were made to undertake a ‘full assessment’ as recommended in the SEN Code of Practice (and in the RCSLT, 2006, clinical guidelines), but resources were not always available for this to be achieved. These findings suggest that there are some similarities between participants’ practice and recommendations made in the SEN Code of Practice.

An area of assessment that was pertinent to the participants’ contexts, but not included in the SEN Code of Practice or SEN Toolkit, were guidelines specific to the assessment of children with SEN and EAL in early education settings, although this is briefly addressed in both the

primary and secondary sectors. Recommendations are made that information should be translated and interpreters made available to ensure understanding, but it was clear in the findings that schools have to develop their own methods of finding out about the language experience of children who are international new arrivals:

*“Yeah, so I’ve, like, got a set of questions that I usually ask them. And it’s more based around new arrivals, and it is a lot of questions to do with language, so, like ...as well as our admissions form, our school has got a separate questionnaire which asks them about what languages they speak, can they read and write in their first language, what other languages have they been exposed to, previous schooling, and...there’s a lot of questions to do with that.”*  
(SENCO, mainstream primary school, CS2)

Children who enter the EYFS as complete beginners of English and are unfamiliar with British culture have different language and learning needs from those who are British born and have grown up with partial immersion in the English language from the media and their community (NALDIC, 2015). Information from parents about their child’s language experience from birth, whatever their age or additional needs, is an important dimension of developing communication and language skills (Smidt, 2008), and guidelines explaining the need for this level of detail is not provided in the SEN Code of Practice or SEN Toolkit.

As hypothesised, there were elements of the SEN Code of Practice which were reflected in the participants’ reporting of the SASEN process, even though they did not reference the document itself. Similarities include assessment being an essential feature of working with children with SEN, being mindful of the context of assessment of children with EAL, welcoming parental partnerships, and assessing children with SEN in their home languages. It is clear that SASEN was considered by participants to be only a small part of the assessment procedures undertaken by teachers and therapists. From the limited information about SASEN offered by participants in this study, it seems possible that the bilingual or multi-lingual assessments reported were more closely linked to routine than formal assessment.

### *8.5.2 Role of Parents and Parent Partnership*

Parental involvement is a key theme throughout the SEN Code of Practice and it includes a chapter about working in partnership with parents. In addition, the SEN Toolkit provides guidance on the use of ‘Parent Partnership’ services. Despite this move towards better support for parents, the Lamb Inquiry (DCSF, 2009) reported parental dissatisfaction and a lack of confidence in the SEN system. The recommendation from this inquiry was for a stronger parent voice, and this appears to be reflected in the SEND Green Paper (DfE, 2011) under the theme ‘giving parents control’, which was in the consultation process at the time of data collection.

Parental involvement was an important theme in the study, with all 23 sources citing that they communicated with families. Altogether there were 88 references made to participants and parents working together and this was split almost equally between both the case studies (CS1 n=43, CS2 n=45). The frequency ranged from between one and nine references per interview and there was no discernible pattern relating to profession or number of participants from each source.

This example reports a conversation between the SENCO and the mother of a child with DS and EAL who was transitioning from nursery to reception within the same mainstream school:

*“Definitely, yeah we must set that [meeting] up, because we’ve obviously had an Educational Psychologist involved because I’m going to have to apply for a Statement [of special educational needs]. And mum said ‘Hoped she’d be in your school; should she not be in special school? A lot of children, you know, like my daughter, you know, my friend has said she’d be in special’. I said ‘No, because she’s actually improving and developing so much.’ And mum was just amazed. So that was absolutely lovely.” (SENCO, mainstream primary school, CS2)*

The positive attitudes above reflect one of the underpinning principles of the SEN Code of Practice that good relationships between schools and parents can help to enable children with SEN to fulfil their educational potential. This was also a finding from the Effective Provision of Pre-School Education (EPPE) project (Sylva et al., 2004), where in a national study of 3000 children in 141 settings it was found that all children, regardless of ability, made better intellectual progress when parents were encouraged to engage with practitioners in the setting and to share information and educational aims. A follow-on study, the Early Years Transition and Special Educational Needs project (Taggart et al., 2006), found that these positive experiences in the early years were particularly beneficial for children with SEN or who were vulnerable in other ways in their transition into school.

Good relationships which recognise the importance of an individual family’s ethnicity are vital in helping children with SEN and EAL to achieve their potential (Smidt, 2008; Page et al., 2013; Crowley and Wheeler, 2014). However, there is little in the SEN Code of Practice that relates to working in partnership with families with languages other than English, other than to ensure that resources for translation are available for parents. This differs from practice reported in schools, where improving relationships with families appeared to be a priority. The school in the example below has 95% of children with EAL and above the average number of children with SEN:

*“All our [statemented] children and school action plans have home school diaries because they all have access to a one-to-one TA... home school books have always come as being quite positive. And I took the SEN role over September last year and the first meeting I held was very,*

*very negative. But this one I had 34 out of 34 parents attend. All parents were really positive and happy so I think that home-school relationship is absolutely essential.” (SENCO, mainstream primary school, CS2)*

The support offered for families with EAL went beyond translation:

*“Our Roma speaker, she will actually translate for them [families from the Roma community]. She will fill in forms for them. She will phone up the hospitals. She will actually do appointments for them. She’ll ... all sorts of thing, yeah.” (EMA Teacher, mainstream primary school, CS2)*

The SEN Code of Practice highlights that partnerships with parents can also be challenging and the participants recognised this, although the majority of examples cited were of positive relationships. The child in the following example had DS and EAL, but the school were also becoming aware of additional social communication difficulties:

*“We just didn’t know at that time if there was anything else underlying, of the things we could see, because mum wasn’t that happy to share anything other than what we noticed. So, I think she just thought maybe that if she said anything else, maybe we wouldn’t give her the full time place....But we only wanted the information so that we could help her. You know, we needed to know certain things. But it was only, she would only share information when something happened.” (Teacher, mainstream primary school, CS2)*

This nursery teacher shows insight here into a possible reason why a parent may not be co-operating fully and suggests that it might be based on a misunderstanding of the child’s right to full time education. The SEN Code of Practice’s guidelines in chapter 2, ‘Working in Partnership with Parents’, state the importance of professionals ensuring that parents understand their child’s and their own entitlement within SEN procedures. The SEN Toolkit (Section 3: Resolution of Disagreements) states that the key to good relationships is the sharing of information between parents and schools, and between parents and the LEA, and the first of these was evident in this study.

The SEN Code of Practice and SEN Toolkit focus predominantly on the role of the parent partnership as a way of ensuring that parents’ voices are heard and misunderstandings are minimised during the SASEN process. The Parent Partnership scheme (PPS) was designed to support parents in resolving disagreements between themselves, schools and LEAs, and was developed in the context of the Code of Practice on the Identification and Assessment of Special Educational Needs (DfE, 1994). LEAs appointed independent providers into this role, with ‘named persons’ able to be allocated to parents who may need support in appealing against LEA decisions about their child’s education. A review of the efficacy of the PPS in 25 LEAs (Wolfendale and Cook, 1997) over a three year period from 1994 -1997, showed strong evidential support that the PPS was providing a positive and reassuring service for parents. It

seems likely that this is why the PPS continued to be promoted in the 2001 SEN Code of Practice.

Although the findings from the participants agree in principle with the concept of working in partnership with parents as the SEN Code of Practice guidelines recommend, their definition of ‘partnership’ is much broader than the PPS. There is evidence that participants work closely with families, sharing information, providing reassurance, and in some cases providing additional language and literacy support. Anecdotes were told about supporting vulnerable families with children with SEN by attending hospital appointments with them and delivering groceries to a family who had not received benefit payments. These examples suggest that some practitioners’ strategies to support parents go beyond SEN Code of Practice guidelines. Carpenter (2012, p.230) suggests that we should ‘reconceptualise partnerships’ with parents and ensure it is as much of a priority as the legislation and curricula which dominate teachers’ workloads. In addition, it should be seen as more than just the PPS related to the SASEN process within the policy guidelines. This description appears to concur with the findings around partnerships with parents in this study.

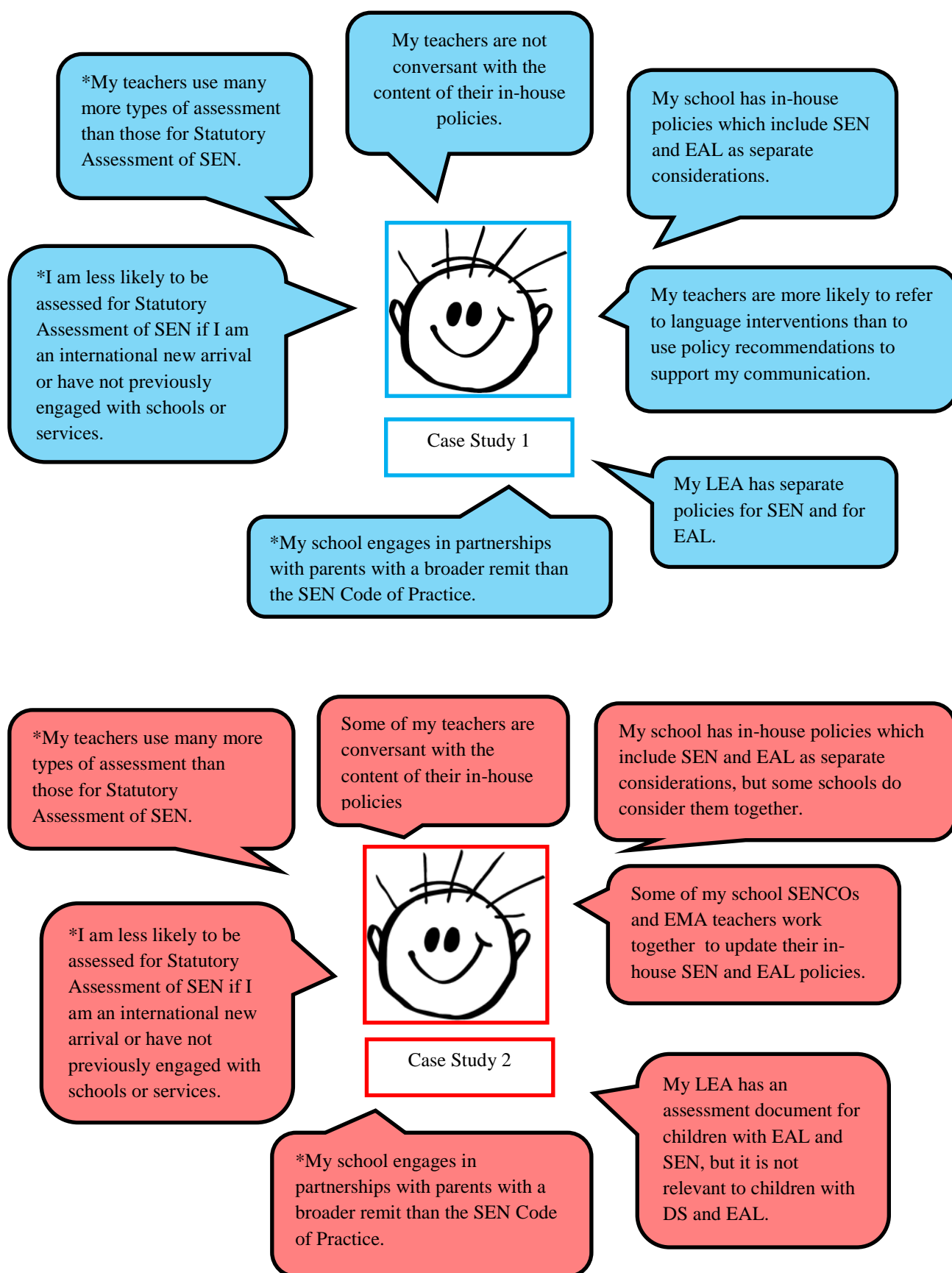
It is apparent that despite only one participant referring to the SEN Code of Practice (DfES, 2001), there were some assessment strategies which mirrored policy, and similarities in the ethos behind parent partnerships. Although this policy was on the cusp of change, the elements discussed appear to have been embedded in participants’ practice and then developed further by practitioners to meet the needs of the children and families in their schools.

## **8.6 Equity of Provision: Impact of Policy on the Communication Support for Children with Down’s Syndrome and English as an Additional Language**

The third research question ‘Are the same strategies used to provide communication support for children with Down’s syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location?’ aims to find out if there are any differences in provision for children with DS and EAL, depending on what type of school or setting they attend and where they live. The findings of this section suggest that there were elements of the SEN Code of Practice (DfES, 2001) embedded in participants’ practice in both case studies, even though they did not explicitly refer to it as such. There were the same limitations in both case studies, with children who were international arrivals appearing to be

less likely to have access to the formal assessment procedures needed for SAsEN compared to their UK peers. This seems to be directly related to having no previous input of early intervention services, or limited access to reports from teachers or therapists from their home country. These children were at a disadvantage in comparison to their UK peers in both case studies and in both specialist and mainstream provision.

However, as with previous chapters that considered equity of provision, there were also differences for children with DS and EAL between the case studies, and these were linked to how participants used and developed their settings' in-house policies that related to SEN and EAL. These reflected the needs of the cohort of children who were dominant in each borough; practitioners in CS2 were more likely to look at EAL and SEN together when considering developing children's communication and language learning compared to those in CS1. There is evidence to suggest that participants in CS2 were actively working on their policies to ensure that their practice was reflected by in-house policy, but this was not the case in CS1. There was more likelihood of continuity of practice in EYFS settings in CS2 than in CS1, and this could affect the provision of communication strategies for children with DS and EAL. The similarities and differences are illustrated in Figure 8-1: Equity in provision: the impact of policy, from a child's perspective.

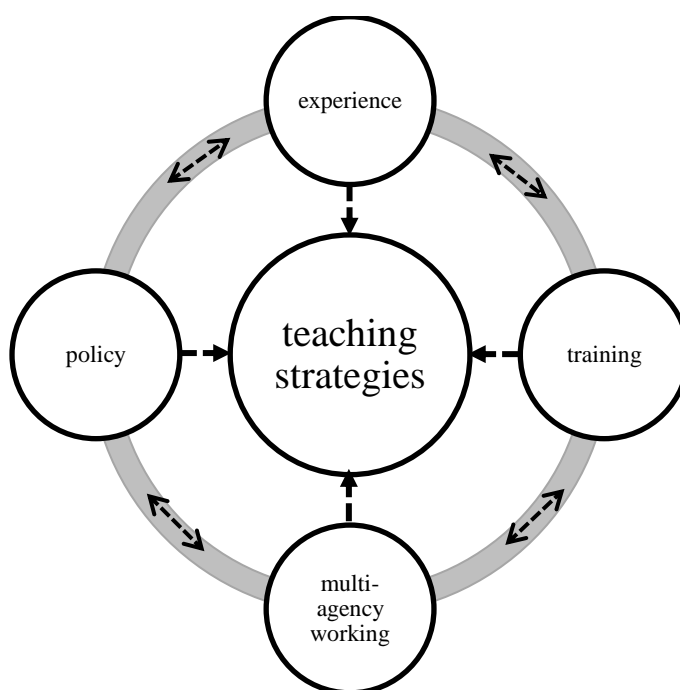


**Figure 8-1: Equity in provision: the impact of policy**

Statements shared between the case studies are indicated by an asterisk.

## Chapter 9 - Conclusions and Implications

The detailed analysis of the main themes of the study aimed to lead to a better understanding of how the communication of children with DS and EAL is supported by early years' practitioners working in two adjacent city boroughs in the north of England. Before the data was analysed it was hypothesised that there may be inter-relationships between the themes that were identified in the literature, that influenced participants' choice of teaching strategies but it was unclear what those relationships would be (see chapter 3). Figure 9-1: Hypothetical relationship between teaching strategies and the other themes illustrates potential relationships.



**Figure 9-1: Hypothetical relationship between teaching strategies and the other themes**

The data was analysed using the following research questions:

1. How do practitioners support the communication of children with Down's syndrome and English as an additional language in the Early Years Foundation Stage?
  - What strategies do they use? (Chapter 4)

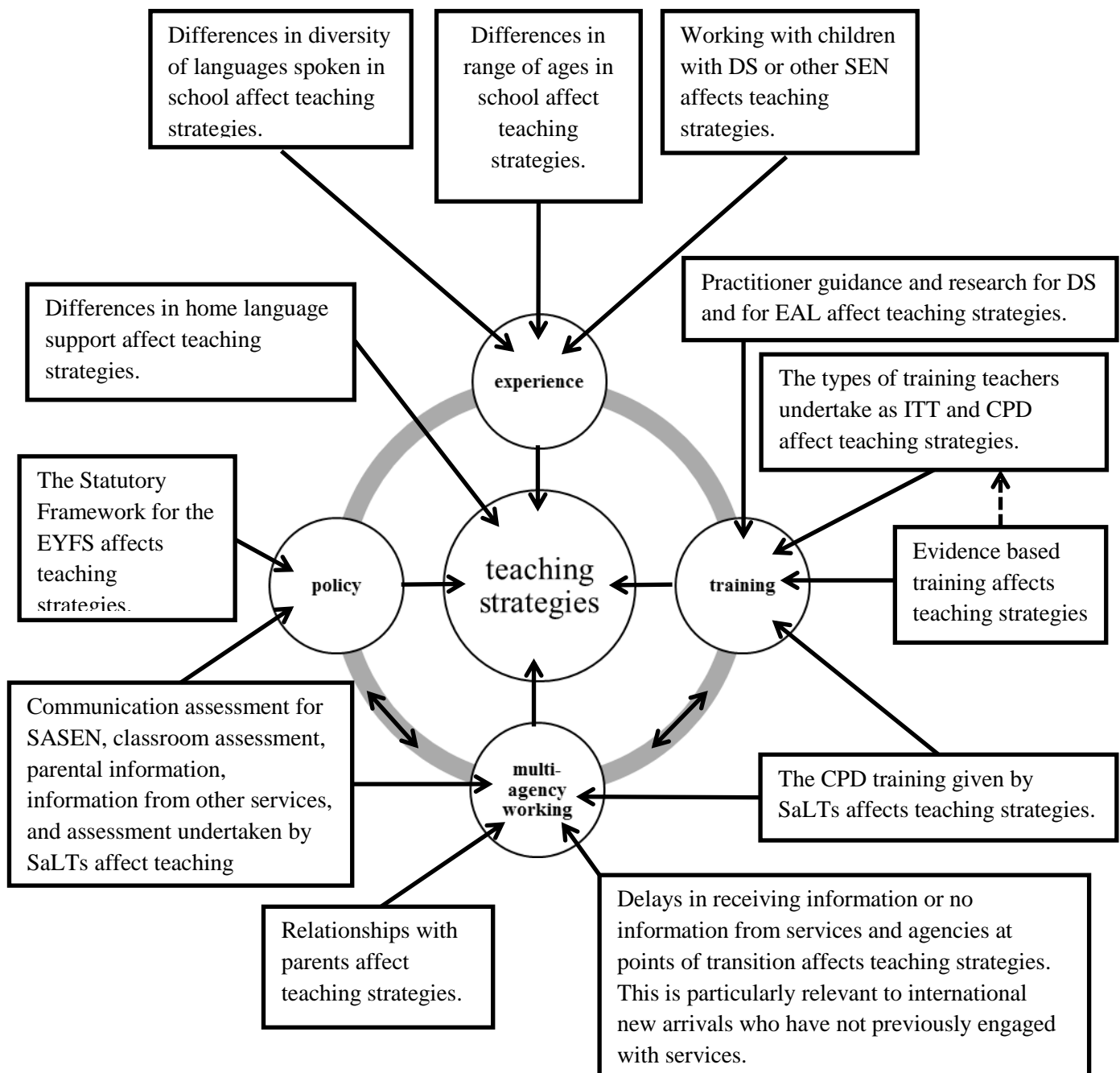
2. Why do practitioners use the strategies they report; what influences them?

Are the strategies influenced by:

- practitioners' experience? (Chapter 5)
- training? (Chapter 6)
- agencies and services they work with? (Chapter 7)
- policy? (Chapter 8)

3. Are the same strategies used to provide communication support for children with Down's syndrome and English as an additional language in the Early Years Foundation Stage regardless of provision type or location? (Chapters 4-8)

The findings of the study were evaluated in chapters 4-8 to clarify the evidenced relationships between the themes of the study and the teaching strategies reported by the participants as supporting the communication of children with DS and EAL in the EYFS. The result of this is illustrated in Figure 9-2: Evidenced relationships between teaching strategies and themes showing how the themes are interlinked, that has been developed from the hypothesised model above.



**Figure 9-2: Evidenced relationships between teaching strategies and themes showing how the themes are interlinked**

It can be seen that the teaching strategies reported were influenced by all the themes and that there were also particularly strong relationships between training and multi-agency working (linked by the speech and language therapy service) and between multi-agency working and

policy (linked by assessment). Although the relationships between schools and other agencies were not always reported as being satisfactory, they were still important in providing support. This re-iterates the need for excellent, efficient, joined-up working between all those supporting children with DS and EAL as recommended in *Every Child Matters* (DCSF, 2003). Nearly a decade had passed between these recommendations and the data collected for this study, suggesting slow progress for what remains a vital issue in meeting the needs of vulnerable children.

## **9.1 Limitations of the study**

The study was limited by the number of participants recruited in order to keep it manageable, and by the fact that different types of provision were included in the two boroughs, which was necessary for the design of the case study approach. The participants and the schools and services in which they worked represented only part of the provision within each borough. A factor, which helps to offset this limitation, is the continuity in the role of the Speech and Language Therapy service that was represented in each borough. Analysis of the findings showed that their input across both specialist and mainstream provision, provided continuity in the communication strategies used by participants in EYFS settings (see chapter 7). It seems likely that this may also have been the case had the sample been larger.

The small sample size was offset to some extent by the practitioners who were recruited being generous with their time and answering the interview questions in detail. These detailed responses to the interview questions provided sufficient data within which a high number of teaching strategies (n=102) were reported along with the influences on the strategies. Similar numbers of participants were recruited in each borough (CS1 n=17, CS2 n=21) and the range of participants' roles was also comparable. This made discussion about the cases possible, allowing for the analysis necessary to answer the third question about equity of provision.

A further limitation was that some participants in CS1 knew me, and this could have led to there being bias in the answers given. In relation to this, my experience of working in specialist provision in a predominantly English home-language school was more similar to the teaching participants in CS1 than in CS2. Again, in terms of bias there was a possibility that this could have affected my response to the data collected. There was also a higher response rate at the initial point of contact in CS1 than in CS2 where I was unknown, suggesting that participants were more likely to have taken part because they knew me or due to mutual acquaintances. This too suggests a possible element of bias. However, there were many similarities in the answers from participants in CS1 that showed common practice in teaching

strategies across the English home language specialist provision, and also similarities with CS2 where I was unknown. This suggests that any bias due to previous association was limited.

As part of my introduction to participants in both boroughs, information about my background as an SEN teacher in the EYFS was included. The reasoning behind this was that they would feel more comfortable with the interview, as it was with a peer from a similar professional background. However, this may have unintentionally prevented participants from reporting curriculum documents and policy in their interviews as they assumed a shared understanding and knowledge with me. This may have been the reason why the EYFS Statutory Framework documents (DfES, 2008) and the SEN Code of Practice (DfES, 2001), were not directly reported by participants as influences on the teaching strategies they used. There may have been other commonly used documents that had been influential in participants' practice, which may also have gone unreported for the same reason, or from being overlooked. The almost complete absence of documents reported by practitioners made it difficult to consider other possible influences on their practice. In order to compensate for this limitation, the process of documentary analysis was valuable in comparing the strategies with these statutory sources (see chapters 4 and 8). This provided evidence that the strategies reported had much in common with these documents, suggesting that they did influence practice, although the participants did not name them in the interviews.

An additional limitation was that using documentary analysis in a study about education at a time of reform is that the documents used can quickly become historical (Cohen et al, 2011). This was particularly relevant to the SEN Code of Practice (DfES, 2001). At the time of data collection, it had been policy for 10 years, however, concurrently with the study came the publication of the Green Paper *Support and Aspiration: a new approach to SEN and disability* (DfE, 2011) which preceded SEN reform. Although the 2001 document no longer reflects policy, it is not a limitation to the analysis of strategies reported as it reflects the guidelines that participants were working to at the time of data collection. However, it may limit the appropriateness of some of the implications, as they may not all apply to the new SEND Code of Practice: 0 - 25 years (DfE, 2015).

Despite these limitations, it became apparent as the data was analysed that patterns were emerging that could address the research questions, show evidence of influences on the teaching strategies reported, and of how they link together. The following sections revisit the findings of the themes which were analysed in chapters 4 - 8. Conclusions are drawn through expanding the discussion to include implications for practice. These implications are then

discussed in relation to the crosscutting themes of experience, training, multi-agency working and policy which influenced the teaching strategies reported.

## **9.2 Teaching Strategies for children with Down's Syndrome and English as an Additional Language**

In Chapter 4, the teaching strategies were divided into contextual and communication strategies. There were many similarities in the communication strategies reported in both specialist and mainstream provision. These commonalities were also evident in the literature about communication support for children with DS, with other SEN, with EAL and in the EYFS, particularly in the use of visual strategies. Literature that focuses on developing practical skills for teachers in these areas, and evidence based research were both a good fit with the strategies reported, even though teaching participants did not appear to recognise this. It appears from the wide range of strategies used that participants were drawing their reported practice from all these areas (DS, SEN, EAL and the EYFS) and creating different combinations of strategies to support communication depending on their context. There is evidence that having large cohorts of children with SEN in CS1 and with EAL in CS2 led to practitioners prioritising communication strategies, albeit for different reasons. There is also evidence that the combinations of strategies they used were guided by their Speech and Language Therapy services, and were differentiated for individual children with DS and EAL.

Implications from the findings that a wide range of strategies, particularly visual strategies, is effective in supporting the communication of children with DS and EAL are:

- As the communication of children with DS and EAL varies greatly in the EYFS depending on their age, ability, sensory acuity and other variables, practitioners should consider what resources will help to stimulate communication and how they will be used to meet children's needs. Schools with children with DS and EAL in nursery and reception classes, therefore, should allocate a budget to develop their early /sensory toys that are culturally appropriate and provide training for staff to be able to use them appropriately to support communication.
- As simple signs, such as Makaton and core signs from BSL are helpful in supporting communication before children with DS and EAL are verbal, early years' practitioners need appropriate training. There is some evidence that suggests that Makaton signs may be more effective than BSL signs for children with EAL and these findings could be taken into consideration when choosing signs for children with DS and EAL.

- When children with DS transfer into an EYFS setting using some established gestures and signs, practitioners should learn from parents what those gestures and signs mean and use them in the setting. It may also be beneficial to develop a shared home/school signing vocabulary that should include words in a child's home language and English, bridged by the same sign or gesture. Early links should be made between EYFS settings and agencies (e.g. SaLT service and translation and interpreting service), pre-school SEN support and families.
- As visual strategies help to support communication and can be used to help children with DS and EAL make choices and become more independent as learners, early years' settings should consider a budget for software that produces standardised symbols or pictures and a laminator, so that EYFS practitioners can easily create good quality resources. They should also access training for staff in how to use this software.

The evaluation of the findings from the analysis of communication strategies reported reveals a primary need for training, with 3 out of 4 of the implications relating to this. Practitioners require training to work skilfully with resources, to learn to sign and to use appropriate IT software. These training needs have implications for the resource and training budget within schools.

Inter-linked with this is the need for multi-agency working with the SaLT service which can provide advice about appropriate resources and how to use them effectively, provide a link between parents and early years' settings and provide training for signing. The study found evidence to show that good working relationships between services accessed before the transition to early years' settings is important in ensuring continuity of communication support. However, children with DS and EAL who have not previously accessed services are likely to experience a less smooth transition and a delay in service support.

Chapter 4 highlights that home language support in implementing teaching strategies was only reported to be available to children with DS and EAL in CS2. Although the strategies themselves were similar, they could often be offered in a child's home language, leading to a wider variation in communication provision that was beneficial to learners. The availability of home language support was one of the common threads running throughout this study and is of particular importance in shaping the implications based on the findings. There are further implications, therefore, that are related to home language support:

- Home language support for children with EAL is advantageous for ensuring comprehension, building self-esteem and developing relationships with children and their families. There is no evidence to suggest this is not the same for children with DS and EAL. EYFS settings should, therefore, consider employing support or teaching staff who speak the community languages of their area in order to facilitate this. Children's use of home language should be recognised positively and resources that reflect their language and culture should be made available to them.
- EYFS settings in areas where refugees or asylum seekers are being resettled should consider liaising with bilingual community support workers involved with new families with children with DS in order to help them engage quickly with schools and services.
- LEAs should consider extending funding to EMA services to include home language support for all children with DS and EAL in the EYFS.
- Children with DS are entitled to be assessed in all their languages. Health services should consider employing bilingual SaLTs or SaLT assistants to facilitate this.
- LEAs should ensure that affordable interpreter and translation services are available to EYFS settings in multi-lingual areas, so that the transfer of information about children with DS and EAL between the home and setting is accurate.
- More standardised language assessments in community languages should be developed to give a better understanding of the communication needs of children with DS and EAL. Assessments without age-band indicators should also be considered for children with DS and EAL, as these may offer better opportunities to show their progress.

One of the major findings from the evaluation of the study that reinforces the need for home language support relates to children with DS and EAL who are international new arrivals. Their needs appear to be greater than those of children with DS and EAL who are British born. From the data analysis it appears that they may be the most disadvantaged group in this study in relation to having their communication needs fully met in the EYFS. There are a number of reasons why this is the case, and why they need additional consideration. As with the British born cohort of children with DS and EAL, new arrivals were not accessing settings in CS1 that had home language strategies to support them in place, nor could they access EMA services to support children with SEN and EAL. Although these were accessible in CS2, children who were new arrivals did not commonly present with any information about previous interventions or early years' experience, other than from their parents, which left them at a disadvantage in accessing support. In addition to this, teachers in the study had little

or no training for supporting the communication of children with EAL at ITT level and training about working with international new arrivals was reported only in CS2 as CPD.

Whereas the families of British born children with DS and EAL may have family members or friends who can help them to communicate in English, this is less likely in the families of new arrivals. Although translation and interpreter services were available in both case studies to enable communication with parents, these could be prohibitively expensive. Consequently, schools tended to rely on practitioners, more established families, and sometimes older children to communicate with the parents of international new arrivals about their child's communication needs, and these sources may give inaccurate, unreliable or biased interpretations.

Children who arrive in schools unexpectedly cannot be taken into consideration in budgets or planning for the school year they enter. One role of the SENCO is to engage families with the educational psychology service, however educational psychologists' visits to schools were reported as being rationed to a fixed number per school per year, and are therefore unlikely to include seeing new arrivals with SEN without a delay. In addition, numbers of SaLTs' and therapists' visits to school were reported as declining within mainstream provision. Starting the Statutory Assessment of SEN process and gaining access to therapists was therefore delayed for this group of children in particular, and this would impact on their access to appropriate communication support. As a final point, and previously mentioned, some children who are international new arrivals are from families who are refugees or who are seeking asylum in Britain. Their experience of being displaced may require additional therapies to support them emotionally. Referral to services that might be able to therapeutically support them in communicating their anxieties or distress are likely to take time, and this delay may have a detrimental effect on the child's ability to learn.

This overview of the implications around home language provision shows again that the themes identified from the literature are inter related, with links to training, multi-agency working and policy. It reveals that there is a wider context of training needs than the classroom strategies previously recommended. These further implications are that more teachers, SaLTs and support workers who speak community languages need to be trained and recruited in order to provide home language support for children with DS and EAL in the EYFS. In addition to training and recruitment into services, there are also issues around extending services around the child so that there is adequate home language provision available for all children and their families at school and in the community. Assessing children with SEN in their home language is also an issue that needs to be addressed as a

requirement from the SEN Code of Practice, and expertise and funding is needed in order for these policy recommendations to be achieved.

### **9.3 Influence of Experience on Teaching Strategies**

The findings in Chapter 5 built on the differences between the two case studies by analysing the categories of communication behaviours reported by the practitioners, against the Pre-verbal Communication Schedule (Kiernon and Reid, 1987). The experience of working in a primary school with a 3 - 11 age range rather than in a separate nursery setting appeared to give practitioners in CS2 a wider repertoire of more ‘formal communication behaviours’ to support children with DS and EAL, in addition to being able to deliver them bilingually if required. In contrast, practitioners in CS1 working with the younger age range, focussed more on ‘pre-communication behaviours’ and supported these with English. The different experiences of working in settings where staff and children were either predominantly monolingual (CS1) or multi-lingual (CS2) also affected how the teaching strategies were presented. However, the experience of teaching in specialist or mainstream provision did not appear to influence the teaching strategies used, and this is likely to be because of the input of the SaLT service in all settings. The finding that both mainstream and specialist EYFS provision would both be able to offer the same types of strategies strengthens the argument for inclusive settings in the early years, and for parental choice of a preferred type of setting.

Implications from evaluation of the findings are:

- There is no evidence in this study to suggest that the experience of working in either a mainstream or specialist EYFS setting gives practitioners an advantage in how they support the communication of children with DS and EAL. The input of expertise and training from SaLTs in both types of setting appears to provide equity in provision in this area. The exception to this is the availability of home language support which would benefit children with DS and EAL in both mainstream or specialist settings and this service should be extended for all children.
- Participants working with children with DS and EAL in mainstream primary schools in this study appeared to have a wider range of communication, language and literacy strategies to offer. Practitioners with experience of working with children with DS and EAL across the primary age range (in either mainstream or specialist provision) should provide continuity in developing and extending teaching strategies appropriately as a child transitions from the EYFS into Key Stage 1. Practitioners working only in the EYFS should be able to access

training about more ‘formal communication behaviours’ so they can work towards developing those skills effectively.

Evaluation of the evidence suggests that children with DS and EAL are most likely to receive the most satisfactory communication support in primary schools where practitioners have experience of working across a wide age range and where there is established home language support. This could also apply to practitioners who have experience of working in special schools with a wide age range, not just to those in mainstream schools.

In considering the evaluation of the findings, there is evidence of crosscutting issues between the themes of ‘experience’ and ‘multi-agency working’, with the SaLT service being the common ‘provider’ of communication strategies for children with DS and EAL. There are also links with ‘training’ as the implications suggest that training for practitioners that extends knowledge of working with children with DS and EAL beyond the early years could be beneficial in the implementation of a wider range of teaching strategies. The findings also suggest that parents need detailed information, beyond the choices of mainstream or specialist provision, about the actual communication support that is available in schools in their locality. Therefore, there are wider links with ‘policy’ as the SEN Code of Practice (DfES, 2001) supports parents’ school choices for children with DS and EAL.

## **9.4 Influence of Training on Teaching Strategies**

The issue of training is of particular importance in this study, with the need for additional training arising throughout the evaluation of the findings. The findings relate to both ITT and CPD (see chapter 6), and identify a wide range of training needs. In addition to evidence that practitioner training in communication strategies is important, there is also evidence in the findings that other types of training were perceived by participants to be beneficial to supporting the communication needs of children with DS and EAL in the EYFS.

An important finding from the evaluation of the data about training is that participants believed that the training they had undertaken as ITT had provided them with skills to support the communication of children with DS and EAL in the EYFS. This finding contradicts the literature that calls for improvements in ITT in both SEN training (e.g. Carter, 2015) and EAL content (e.g. TDA, 2016), and recommends that early years’ training specialism should be extended to include working with more diverse cohorts of children (e.g. Nutbrown, 2012). It was not possible to evaluate the ITT undertaken by participants, as this data was not collected, however, it seems likely that their perception of their ITT may be influenced by their

subsequent teaching experience and by how their CPD training has built on their initial training.

Participants did recognise that further training would be useful for working with children with DS and EAL and this was highlighted by the participants' 'wish list' which included training content that was specific to 'communication,' 'DS' and 'EAL' and combinations of these areas. One of the findings most pertinent to this study is that, although some participants suggested that they would benefit from training specifically about working with children with DS and EAL, there is no evidence in the literature that this group of children require teaching strategies that are entirely exclusive from other learners with SEN and EAL. In line with this, participants' training requests broadened into more general areas of 'Special Educational Needs' and 'Severe Learning Difficulties', showing that some practitioners were considering training in these areas to be relevant to children with DS, but not exclusively so. It is also of note that training was suggested beyond 'DS and EAL', including sourcing information, supporting challenging behaviour, assessment, culture and languages, and typical language development, which are all areas transferable to other learners. These findings suggest that if training were developed for practitioners about supporting the communication of children with DS and EAL, it may contain little unique content and this training area may warrant a more inclusive pedagogical approach.

The concept of inclusive pedagogies is discussed in chapter 6, with Martin (2004) recognising that there are common teaching strategies used with children with SLCN and with EAL, and Wishart (2004) arguing that there is not enough research to show that children with DS would benefit from an exclusive curriculum, although teacher guidance from the DSA (2006) and recommendations from the APPGDS (2012) disagree. The findings in this study show many commonalities between strategies for children with DS that are also used with children with other SEN, such as the visual strategies described earlier in this chapter. This suggests that training for practitioners about working with children with DS would include content that is relevant to working with other children with SEN, and the same would apply for children with DS and EAL / SEN and EAL.

This study also finds similarities in teaching strategies from the EYFS Framework (DfES, 2007) and those reported as being used with children with DS and EAL. This comparison is particularly salient between the EYFS themes of 'Enabling Environments', 'Positive Relationships', 'Learning and Development' and 'A Unique Child' and the contextual strategies identified in chapter 4. This suggest that early years' training that focusses on the curriculum, is likely to include content that is appropriate for, or can be adapted to be

appropriate for children with DS and EAL. This substantiates the earlier recommendation from Nutbrown (2012), that an early years' specialism in ITT could benefit teachers working in the EYFS with children with a range of communication needs. These findings provide evidence for the need to train teachers to be able to deliver an inclusive pedagogy for children in the EYFS, so that they can better meet the needs of children with SEN and EAL. However, the findings also suggest that practitioners may benefit from additional training about particular groups of learners and this would be relevant for those who were working with children with DS (with or without EAL). For example, training that informs that children with DS commonly have visual and hearing impairments would enable practitioners to consider these when planning teaching strategies and to liaise with sensory impairment services accordingly.

In this study, the teachers' training related to supporting the communication of children with DS and EAL had taken place as CPD, and the main training provider for both case studies was the speech and language therapy service. The exception to this was one SENCO in CS2 who had a lecture in EAL as part of ITT, but had further training as CPD. Undergraduate training in bilingualism and in SEN was also reported by one SaLT in CS1, and this appeared to be more thorough than in teacher training. It appeared that training for teachers as CPD took place as the need arose, for example, those who had undertaken training in supporting the communication of children with DS had done so because they were either about to work with a child with DS or were already supporting them. Participants had, between them, undertaken a wide range of CPD relevant to working with children with SEN and with EAL and could identify training areas that they perceived would support the communication of children with DS and EAL, based on their experience. Although CPD training had an influence on the teaching strategies employed, there was only evidence to show that the training received by the SaLT service was based on current research findings, and they were not the only training providers. It was not possible to evaluate if all the training reported by participants came from evidence-based findings, as the level of detail about individual training courses was not requested. For this reason the link between 'evidence based training affects teaching strategies' and 'the types of training teachers undertake as ITT and CPD affect teaching strategies' is shown as a dashed rather than a solid arrow in Figure 9-2: Evidenced relationships between teaching strategies and themes showing how the themes are interlinked.

Evaluation of the findings from the study (see chapter 6) have implications for both ITT and CPD training:

- Universities that provide ITT should include modules in SEN and in EAL in order to provide guidance for student teachers on their undergraduate or PGCE courses. As more children with SLD, including DS, are included in mainstream classes it seems timely that ITT providers should include more knowledge about working with children with SEN in preparation for teaching. The same applies for working with children with EAL, as there are increasing numbers of bilingual and multi-lingual children in the EYFS in England. It may also be beneficial to include general training about working with children with EAL and SEN at ITT level.
- Practitioners working with children with DS and EAL in the EYFS may benefit from training in a number of areas that include: working with young children with DS (from birth to 11 years to give context), working with children with other SEN, working with young children with EAL, working with young children with sensory impairment, the EYFS curriculum, the communication and development of typically developing children, effective multi-agency working, working with international new arrivals and interpreter and translation services. As some of the strategies that support children with other SEN and children with EAL also support the communication of children with DS and EAL, training about how to differentiate strategies to meet the communication needs of individuals would be beneficial.
- As the EYFS curriculum is designed to support young children's learning, it would be desirable for children with DS and EAL in the EYFS to be taught by practitioners who had undertaken early years' training, were familiar with implementing the EYFS curriculum and were able to provide a communication rich environment.
- Practitioners in the EYFS would benefit from training during ITT in how to engage appropriately with families from different cultural and religious backgrounds. This may increase the confidence of NQTs in working with international new arrivals, and support the development of relationships of families with children with DS and EAL between home and school. EYFS practitioners may have a diverse and changing population of children with SEN including DS from different cultures within their school or setting. Access to on-going CPD to ensure practitioners can support all children should be a priority for schools, where this is the case. There is evidence to show that there is a need for support for particularly vulnerable children, such as refugees and asylum seekers

with SEN including DS. Training should include responding to emotional needs as well as learning and communication needs.

- All practitioners and trainee practitioners should have knowledge of the correct and up to date terminology for talking about children with DS. Throughout this study there was evidence that some practitioners in both case studies would have benefited from this type of training because the terminology used was out-dated. For example “*Down’s children*” (SENCO, resourced nursery school, CS1 and LSA, mainstream primary school, CS2) and “*Down’s syndrome children*” (SENCO, resourced nursery school, CS1) rather than ‘children with Down’s syndrome’ and “*If you were Down’s syndrome*” (Teacher, mainstream primary school, CS2), rather than ‘If you had Down’s syndrome’.

The evidence from the study shows that there is a necessity for universities providing initial teacher training at undergraduate and postgraduate level to include training in both SEN and in EAL. Although universities are trainers in terms of theory, they also work with teachers in schools when students are on placement, to ensure those theories can be observed and implemented in their practice. However, the findings of this study suggest that there is a mismatch between what student teachers are likely to learn in theory and what they are likely to experience on teaching practice. This would be particularly evident if they have no training in these areas and then undertake a placement in a class where there are children with SEN in a school in a multi-lingual area. Training that would be relevant to supporting the communication of a child with DS and EAL, therefore, is more likely to be modelled in-house to student teachers by their mentors in school, than learned in theory at university. In addition, teachers provide role models for how to communicate appropriately and build relationships with families with a range of languages and cultural backgrounds. A disadvantage of this type of in-house training is that there may be weaknesses in the strategies that students learn from teachers in schools. For example, in this study, some teachers were using incorrect terminology when talking about children with DS and there were variables in the types of training they had undertaken, and the experience they had of working with international new arrivals. In addition, without input from universities, student teachers would not be aware of the theories underpinning the practice, and from the evaluation of findings in this study, this may also be an issue for qualified teachers. The findings also show that teachers supporting students on ITT are likely to have had little or no training in SEN or EAL when they were student teachers, but had a range of training as CPD which may help them to guide new students. This method of training student teachers to work with an increasingly diverse

population of young children is likely to be inconsistent, depending on where they go on placement and who their mentor is. Ensuring that all student teachers have an equal chance to develop skills to teach children with SEN and EAL needs to be a priority and this should be regulated by the content of ITT courses and where students undertake their placements.

The evaluation of the findings about CPD shows that it is difficult to separate training from working with services and agencies, as they are the training providers, and examples of this can be seen in the implications. Training and multi-agency working are the crosscutting issues in this study and are inter-linked in the context of evaluating the findings of CPD training. An exception to this is in-house training as CPD, although it is likely that the information delivered to practitioners by this means originated from training by an external service or agency.

Evaluation of the implications for CPD reveals it may be necessary for EYFS settings, in areas where international new arrivals who are displaced are settled, to have training in therapeutic areas (e.g. play therapy, art and music therapies), so that practitioners can meet the emotional needs of children. It is unclear how accessible this type of training might be in different boroughs, although there is evidence that one school in CS2 had this knowledge. The more the theme of training to support children with DS and EAL is ‘unpicked’, the more specialised the teaching strategies required appear to become, which reinforces the complexity of their needs. This links back to the need for training in SEN and in EAL in ITT courses so that NQTs embark on their careers with some preparation, before developing more advanced skills as CPD.

There are further implications here for the accessibility of high quality training providers and budgeting for them, so that ITT and CPD training ensures practitioners have strategies for supporting the communication of children with DS and EAL in the EYFS that are evidence based.

## **9.5 Influence of Multi-Agency Working on Teaching Strategies**

The issue of improving and extending multi-agency working to ensure equity of provision for children with DS and EAL in the EYFS is of great importance in this study. The evaluation of the findings of the study show that that agencies and services, particularly the Speech and Language Therapy service, play a major role in providing teaching strategies to support the communication of children with DS and EAL in the EYFS. Services also provide support for families and enable important links to be made between home and early years’ settings, with the pre-school SEN services and interpreting and translating services contributing to this.

Chapter 7 discussed the role of agencies and services that supported communication, and clarified that teaching strategies delivered by speech and language therapists (SaLTs) and circulated to other practitioners had a basis in research. This was the same in both case studies, which suggests that early years' settings have access to effective communication strategies to work with when the SaLT service is engaged with a child with DS and EAL. However, it was common for there to be delays in receiving information such as programmes and reports from the SaLT service and others when children started in new settings (with the exception of the Portage service in CS1), and this was one of the weaknesses reported generally in multi-agency working. The impact of this was that it prevented continuity of support for children who were entitled to therapy and interventions.

A further weakness was poor communication between services and EYFS settings, and this was of particular significance for SENCOs who could be co-ordinating around 10 services per child for their Annual Review and for Statutory Assessment of Special Educational Needs (SASEN). Communication assessments carried out for SASEN and for individualised programmes came predominantly under the remit of the SaLT service and, as previously stated, their input was an important influence on the teaching strategies reported in this study. Once again the issue of home language was raised in chapter 7, with inequalities in how the communication of children with EAL was assessed, although Link workers who spoke community languages were reported as part of the assessment team by the SaLTs in both CS1 and CS2. A lack of standardised bilingual assessments and of bilingual speakers in early years' settings in CS1, and the high cost of interpreter and translator services may impact on the quality of home language assessments, leading to possible deficits in communication support. The positive and negative impact of multi-agency working can be seen in the implications for practice:

- The role of the speech and language therapy service in providing information, support and training to EYFS settings is essential to ensuring that children with DS and EAL can access communication strategies that are evidence based. The importance of this role should be made apparent to both health and education funders in order to keep and extend this service in areas where it is needed most.
- As previously noted in the implications related to home language support, consideration should be given to using translation and interpreter services to support families with children with DS and EAL in the EYFS through the service referral and therapy processes. Having accurate information about the child is essential for the early years' setting and other services to provide appropriate support at the right time.

Translation and interpreter services are able to work with the SaLT service to ensure that an accurate assessment of the child's home language takes place. They are also able to bridge the communication gap between settings and parents to help establish good relationships. This would need to be budgeted for due to the high cost of the service.

- Consideration should be given as to how SENCOs, teachers and support staff ensure continuity of support and progress in learning for individual children with DS and EAL from home to EYFS settings. This should involve developing good communication with agencies and services which support children from birth to 3 years and arranging for information to be transferred to the setting so that it can be accessed by staff before the child makes the transition. There is evidence in this study that meeting with services, with parents and the child and arranging short visits to the setting as part of the transition from home, are successful strategies for promoting continuity. Strategies, such as these, that can support good communication between home, early years' settings and agencies should be put in place wherever possible.
- Once children access early years' settings, teachers and support staff have responsibility for the day to day assessment and delivery of their learning, and information about their progress needs to be collated to be shared with parents and agencies. In this study it was the SENCO in the EYFS who played a key role in supporting teachers and support staff in doing this, in managing the multi-agency paperwork, contacting and working with parents and service practitioners, and holding multi-agency meetings at Annual Reviews and at the points of transition in and out of the EYFS. This could extend to co-ordinating more than ten external agencies for each child with DS and EAL and was reported in this study as being very time consuming. Head teachers of EYFS settings should consider allocating administrative support and regular non-contact time for SENCOs and other staff involved in the process, so they can manage this workload effectively.
- Delays in communication between LEAs, agencies and EYFS settings about children with DS and EAL were commonly reported in this study. Recommendations from *Every Child Matters* (DCSF, 2003) include that joined-up working was a way to protect vulnerable children and families. The development of a system for sharing information effectively within and between LEAs should be a strong consideration for action. The SEN Code of Practice (DfES, 2001) recommends 'working in partnerships with other agencies' and the evaluation the findings of the study gives evidence of the importance of this policy in supporting children with DS and EAL. Policy makers

should support their recommendations by apportioning funding to enable agencies and services to work together more efficiently.

Evaluation of the evidence reveals the need for early years' settings to manage agencies and services effectively in order to meet the communication needs of children with DS and EAL. In addition, the agencies and services involved need to be managed and resourced so that they can respond to the settings' requests for support. EYFS settings would, therefore, benefit from developing good communication with the key services and settings that support children with DS and EAL, so that they can access them when needed. This relationship appears to be strongest with the SaLT service, although there were reports in mainstream provision (CS2) that the number of therapists were diminishing.

Time management appears to be an issue for both early years' SENCOs and teachers, and for practitioners working in the services and agencies reported, with extended workloads and fewer staff trying to manage communication support packages for children with DS and EAL. This suggests that training at senior management level may be beneficial for settings to be as effective as possible with the limited resources reported. Once again this interlinks the theme of 'training' with 'multi-agency working', although in a different context from in the previous section.

The findings of the study show that multi-agency working is another of the crosscutting themes of this study, as services and agencies are engaged in training, assessment and transitions with early years' settings as well as providing teaching strategies. The main finding is the essential role that the SaLT team play in the assessment of children's communication, provision of teaching strategies to EYFS settings and families, delivery of home language support of those strategies through Link workers, and as a training provider to teachers and other practitioners. They are the service whose role spans all the themes explored and analysed in this study. The need for funding for this service can only be addressed through policy recommendations at a local and national level as it is unclear whether individual schools would be able to budget for additional support from the service, and this is one of the key recommendations from the findings of this study.

## **9.6 Influence of Policy on Teaching Strategies**

Evaluation of the findings under the theme of 'policy' (see chapter 8) show that the majority of participants reported not being fully conversant with their in-house policies that were relevant to working with children with DS and EAL. There was a tendency for these policies

to be related to equality and diversity, and to include both SEN and EAL in a general context. One of the findings of the study is that many participants were unable to report the details of the policies, so it is unclear if there was a link between their policy and practice. This suggests that in-house policies are not always reflecting or recommending school practice, which can lead to inconsistencies in delivery of the curriculum and in promoting the wider school ethos. This means that children with more diverse needs may not be represented in school policies. There were some exceptions however, as in CS2 three schools reported that SENCOs and EMA teachers were working closely together to ensure that the needs of children with SEN and EAL were reflected in all their policy documents, and that this was a successful strategy. There was also evidence of awareness that this was a move in the direction required by the new SEND Code of Practice, which at the time of data collection was still a consultation document. This suggests that changes in national policy towards a more holistic approach to meeting the needs of children with complex needs could move schools to re-engaging with their in-house policies and make them more inclusive and reflective of practice. This may help practitioners to view policy in a more meaningful way, although it is unclear how or if this would directly affect teaching strategies.

Another finding from the evaluation was that strategies reported in this study positively reflected early education policy relating to the statutory curriculum. There were similarities in the contextual strategies reported in this study (EYFS environment, relationships and assessment) and the Statutory Framework for the EYFS (DfES, 2007). This curriculum document appeared to influence the contextual strategies reported in both case studies and was reviewed as being an integral part of recent educational policy in the government's paper '*2010 to 2015 Government Policy: Childcare and Early Education*' (DfE, updated 2015). Although participants did not refer to this policy, it appears that the statutory framework was embedded in their practice and was influential on the contextual strategies reported.

Data collection took place in 2011 and 2012 when the SEN Code of Practice (DfES, 2001) was undergoing a process of change following the election of the Conservative/Liberal Democrat coalition government in 2010. This may limit how useful the conclusions of the final section of findings on policy can be when considering implications for the current educational climate. However, the most current update of the SEND Code of Practice: 0-25 years at the time of writing (DfE, January 2015), includes the importance of assessment and working in partnership with parents. These were the themes discussed in the light of the SEN Code of Practice (DfES, 2001) in Chapter 8, and were reported widely in participants' practice. Although participants did not cite this policy as being influential in developing

teaching strategies, there is evidence that shows similarities between some areas of practice and policy at this national level. It could be hypothesised that if the strategies reported were analysed in relation to these same areas in the new SEND Code of Practice there would also be some likenesses. Implications for practice which relate to policy are as follows:

- In-house policies should be considered as on-going working documents that reflect and support practice, and highlight the teaching strategies used within EYFS settings in relation to statutory guidelines. This recommendation is in-line with current LEA and national policy.
- SENCOs and EMA teachers should review all in-house school policies together, with a view to ensuring they meet the needs of all children, including those with DS and EAL. Where schools do not employ EMA teachers (as in CS1), the EMA service who provide peripatetic support should be asked to contribute to policy development.
- Training related to the new SEND Code of Practice was reported in CS2. EYFS settings should ensure that all SENCOs are able to receive this training. This would necessitate head teachers of settings budgeting for supply teachers and ensuring that in-house policies are updated as a result of new information.

The evaluation of the findings show further links between the themes of ‘policy’ with ‘multi-agency working’, ‘training’ and, indirectly, with ‘experience’, when the SENCO and EMA teachers’ input into in-house policy is considered.

These crosscutting issues combine to influence the teaching strategies, both contextual and communication strategies reported in the study. These areas need, therefore, to be considered together in providing a package of communication support for children with DS and EAL.

## **9.7 Contribution to Knowledge**

These findings add to what is already known in literature and anecdotally amongst teachers and service providers, about the communication needs of children with EAL who may be international new arrivals in schools and early years’ settings. However, as this study focuses on a group of children who are particularly vulnerable because they have Down’s syndrome, it reinforces the need for services to be readily available and for practitioners, particularly teachers as they are often the first professionals accessed, to have training and resources to support them. The findings challenge the ideas that training for teachers should predominantly focus on core curriculum areas and suggest instead that training should include content which

is relevant to understanding and teaching a more diverse population of young children whose numbers are growing in schools.

The findings also add to the evidence that joined up multi-agency working which has been championed by successive governments, was still not always effective at the time of data collection. Because of this shortfall, children with both DS (or with other SEN) and EAL should be added to the group of children who may be at risk of ‘falling through the net’ of agencies and services, particularly if they are new arrivals to England.

The study’s contribution to knowledge lies predominantly in the area of equity of support for the communication of children with DS and EAL in the EYFS. This has come about as a result of analysing the influence of the themes identified in the literature on teaching strategies reported by participants. Despite there being many similarities in the teaching strategies between mainstream and specialist provision, there were differences that related to the settings’ locations. The study finds evidence that the location of the children’s home, school and community does have an effect on the type of communication support that children can access, particularly in terms of home language strategies. However, these differences are not as a result of LEA or national policy, but of individual settings planning for the needs of the majority of their cohort of children. This means that strategies can differ from setting to setting depending on the experience and training of the teachers and support staff and the services they use. The teaching strategies used are, for the most part, influenced by the speech and language therapy service which provides some continuity, but there are differences in the way they are delivered between settings (e.g. one to one, in groups, as part of child led activities in the classroom, out of the classroom) and this may lead to different outcomes. They are also delivered by practitioners with different experiences and training of working on communication interventions, which again adds to a lack of continuity across settings. Some of the similarities in practice are, therefore, coincidental and randomly available, but the reasons underlying this are not transparent to parents who are choosing provision for their child. The lack of LEA policy also means that settings are unaware of classroom practice in settings with similar cohorts of children in the same borough, so although there are many similarities across settings, this is unintentional, unplanned and unregulated.

## **9.8 Implications for Future Research Ideas**

The ideas for future research come directly from the implications related to training needs and multi-agency working.

### 1. Teaching Strategies

One issue arising from the implications is that there is a lack of communication interventions that are rigorously based on evidence and specifically tailored for this group of children. What is needed in research terms, therefore, is the development and testing of such interventions in early years' settings.

### 2. EAL Training

One of the findings of the study relates to ITT and the paucity of EAL training available to student teachers. A recommendation from the evaluation of the findings is that ITT should include content on working with children and families with EAL so that NQTs have strategies they can use in the classroom. This information would also be of use if they were teaching children with SEN and EAL. Research is needed on whether including EAL Modules in ITT leads to practitioners who are more confident in dealing with children with EAL and SEN and produce better outcomes for the children.

### 3. Multi-agency working

A further issue arising from the implications is that children with DS and EAL who are international new arrivals find it difficult to access services. Research is needed on the types of support these parents with children with SEN and EAL say they need from early years' settings, so that interventions can be developed, carried out and assessed.

## 9.9 Concluding Statement

In conclusion, the implications from this new contribution to knowledge, call for better regulation of communication support for children who have DS and EAL, starting with further training for teachers at ITT level and beyond. Quicker access is needed to SaLT and other services which need extending, and communication between services and settings needs to be prioritised and improved to lead to more effective multi-agency working in the early years. Children who are international new arrivals need to have direct access to services and settings as they are a particularly vulnerable group. In-house, local and national policies need to be developed to include the needs of the growing cohort of children with SEN and EAL. Evidence from this early years' study shows that a combination of these factors will provide support to enable children with DS and EAL to develop communication skills to the best of their ability.



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# Appendix 1 - Participant Consent Form and invitation to participate



Bangor University's 'Code of Practice for the Assurance of Academic Quality  
and Standards of Research Programmes' (Code 03)  
<https://www.bangor.ac.uk/ar/main/regulations/home.htm>

## COLLEGE OF ARTS & HUMANITIES

### Participant Consent Form

**Researcher's name: Fliss Kyffin**

The researcher named above has briefed me to my satisfaction on the research for which I have volunteered. I understand that I have the right to withdraw from the research at any point. I also understand that my rights to anonymity and confidentiality will be respected.

I agree to the interview being recorded / I do not agree to the interview being recorded

Signature of participant:.....

Date:.....

This form will be produced in duplicate. One copy should be retained by the participant and the other by the researcher.

### **Email of introduction to schools and services**

Dear

I am a PhD student at Bangor University and was wondering if you, as a [name of school or service type], would be able to help me with my research. I am conducting my study in [name of borough], and would really appreciate it if you could be involved.

My background is as an SEN teacher and I worked at [name of nursery] Nursery in [name of borough] until July last year.

My particular interest is in finding out more about how teachers can support the communication skills of children who have Down's syndrome and English as an additional language (EAL) in an Early Years setting.

Current research shows that children with Down's syndrome can be successful communicators bilingually and yet there is little knowledge of the specific types of support they need once they start nursery when English is not their home language. I aim, through this research, to create practical resources that will be useful to teachers and support staff who work with children who have Down's syndrome and EAL.

Even if you do not currently have any pupils who have Down's syndrome and EAL, I would be interested to know of any previous experiences you have had, or how you would plan to meet the pupil's communication needs if they were transferring to your school.

I anticipate half an hour would be needed for you to answer the questions (which I would send you in advance) and I would be happy to come to your school at a time that suits you, before the end of the summer term.

If you would be interested in taking part, please e mail me at [f.k.kyffin@bangor.ac.uk](mailto:f.k.kyffin@bangor.ac.uk)

Many thanks,

Fliss Kyffin

## Appendix 2 - Interview Questions

|   |  |
|---|--|
| <b>Questions about experience</b>                                     |  |
| 1   | Could you tell me about your experience of teaching / working with children with SEN and EAL?  |
| 2   | Have you ever taught / worked with a child with DS and EAL?<br>(If “yes”, what support did they receive?)  |
| 3   | Who is / who are the designated person or people within your school / setting / service who could offer advice about teaching / working with a child with DS and EAL?<br>(SENCO? EMA teacher? Class teacher? SaLT? Other?)                 |
| <b>Questions about teaching strategies and resources</b>              |  |
| 1   | If you had a child in your class / group (EYFS) who had DS and EAL, what teaching strategies would you consider using to support their communication?  |
| 2   | What types of resources would you use to support their communication?  |
| 3   | How would you meet the language (cultural) needs of a child with DS and EAL?   |
| <b>Questions about training</b>                                       |  |
| 1   | Have you had any training that relates to DS and EAL / SEN and EAL?<br>(If “yes”, can you tell me about it?)   |
| 2   | If you had a child with DS and EAL starting in your school / setting / service, what types of training do you think would benefit staff, particularly in supporting communication?<br>(What would be your training ‘wish list’?)           |
| <b>Questions about information gathering and multi-agency working</b> |  |
| 1   | Who tells you about a child’s communication needs when they transfer into your school / setting?   |
| 2   | How do you pass on information about a child’s progress in their communication <ul style="list-style-type: none"> <li>• To home?</li> <li>• Within school / the setting / the service?</li> <li>• To other agencies / services?</li> </ul> |
| 3   | Which outside agencies / services could you contact for advice about supporting the communication of a child with DS and EAL?  |
| <b>Questions about policy</b>   |  |
| 1   | I am trying to find any information in local authority or national policy guidelines about supporting learners with DS and EAL / SEN and EAL. Do you know of any?<br>(If “yes”, would it be possible to have a copy or a link to it?)      |
| 2   | Does your school / setting / service have an in-house policy which relates to SEN and EAL?<br>(If “yes”, would it be possible to have a copy of it?)   |