

Child Care plus+

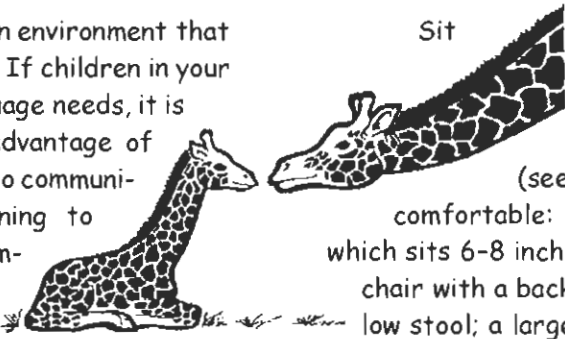
+ Nurturing Young Children's Communication

All children need and deserve to be in an environment that nurtures their ability to communicate. If children in your program have specific speech and language needs, it is even more important that you take advantage of every opportunity to teach them ways to communicate effectively. Talking and listening to children at their level is one of the simplest, yet most effective, practices you can use to create an environment that nurtures and strengthens the speech and language development of all of the children in your program.

Imagine trying to communicate while craning your neck to look up at someone; and the person, towering above you, looks down at you while he or she speaks! This is the experience young children have all too frequently. This situation does not encourage meaningful conversation, which is the basis for speech and language development. Making an effort to be at another person's eye level is a sign of respect and consideration, as well as an indication that you really WANT to listen to what they have to say.

Obviously, you cannot spend every moment at the children's level, but consider that each time you stand towering over a child, you are discouraging the possibility of true interaction with him or her. By standing up or sitting on a chair that puts you above children's eye level, you are missing opportunities to nurture and encourage the development of speech and language.

Being at a child's level may mean kneeling, squatting down, sitting on a low chair, or sitting on the floor. When you are at children's level, you become a ready participant in whatever activity they are engaged in. It is easier for children to approach someone who is at their same level, and it is easier for you to pick up on children's subtle attempts to communicate when you are face to face.

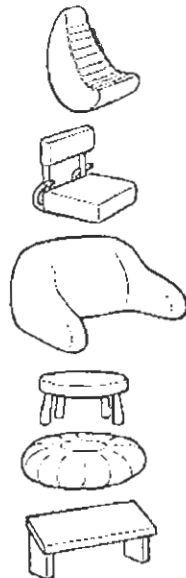


Sitting on the floor, even for short periods of time, may not be entirely comfortable for some adults. A number of seating alternatives are available (see illustration) to make floor sitting more comfortable: a banana chair (an upholstered chair which sits 6-8 inches off the floor and rocks); a stadium chair with a backrest; a shaped bed support cushion; a low stool; a large, firm cushion or pillow; or a kneeling bench (often used in meditation, these benches offer support while in a kneeling position).

Communicating at eye-level is an important speech and language tool, and it applies to children as well as to adults. If one child is seated in a chair or wheelchair while other children are seated on the floor or a child is positioned in a high chair while other children are seated at a low table, it is less likely that the isolated child will be included in conversations and playful activities. Improving these arrangements may be as simple as using chairs for the other children as well or positioning everyone on the floor, or moving the child in the high chair to your lap or to a chair at the table.

Your role is a crucial one in making sure the early childhood environment is full of opportunities for children to express themselves and to be listened to as they develop the important skills needed to communicate. +

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+ IN FOCUS

When a child is having difficulty learning to communicate or forming words, a speech therapist may need to be involved. You can identify the strategies to use to help a particular child develop good communication skills by gathering information from the speech therapist:

- way(s) the child communicates most effectively
- kinds of communication the child understands
- sounds the child is having difficulty making
- what skills the therapist and child are working on
- what to do when you cannot understand the child's speech or signs
- how you can help the child's communication development during activities and routines in your program
- easy ways for you and the therapist to share information about the child's developing communication

The speech therapist is an excellent resource to help you develop your skills in facilitating young children's communication skills. Sometimes it just takes effective communication between the two of you! + CC+

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+ TRY IT OUT

Posters, like the one inserted in this newsletter, can help you work toward a goal such as getting on children's eye level to talk or listen to them. Here are a few ideas to make the poster and teaching reminders work for you:

- ▶ Copy this poster onto colored paper and put it up where it will serve as a reminder. If you put it in the greeting area, for example, it will remind you to position yourself at the child's level as you greet each child.
- ▶ Laminate and hang the poster at children's eye-level, and it becomes an interesting picture for children.
- ▶ Copy the poster for parents to let them know what you are doing in your program and to give them the idea about using this strategy themselves.

Recognize and celebrate the times you remember to sit or bend down to a child's level to interact with him or her. When children respond to your efforts by wanting to tell you more, seize the moment and have a meaningful conversation. With practice, this strategy will become a habit, and you will use it almost without thinking! + CC+

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+ CONNECTING WITH FAMILIES

When you have concerns about a child's speech and language development, the very first step is to talk about your concerns with the child's parents. In preparation for this discussion, observe the child over a period of time in several different situations so you can be sure that your observation notes and examples are accurate and represent a reliable picture of the language and communication strategies the child is using in your program. Parents may have the same concerns that you have identified, and they can provide information about what the child does at home. Be sure to talk about the child's communication strengths as well as his or her needs. Your role is to describe to the parent what you see, not to try to label or diagnose a child's speech difficulty. Your conversations with parents will be more productive if you avoid using labels such as "hearing impairment" or "language delay" as you discuss your concerns about their child. Instead, talk to them about what you have observed. Say, *Sometimes Turrin does not respond when I call his name unless he is looking directly at me, do you notice that at home?* or *I've noticed that Nala points or gestures to tell me what she wants instead of using words.* If a child's parents share your concern, you have several options you can pursue together. A very good way to be sure that the children in your program get extra help when it is needed is to participate in your community's preschool screening program. A preschool screening program provides a brief look at children's developmental levels in communication as well as problem-solving, large and small muscle development, social skills, and nutrition. Call your local school district to find out when this developmental screening (sometimes called *Child Find*) will be held. You can help by letting parents know that this service is available and by posting announcements about upcoming screening sessions.

If the parents would like immediate answers to their questions, you can give them the names of early intervention or public school programs that evaluate children's speech/language/hearing needs for your community. Typically, the child will be referred for an evaluation to determine current skills and abilities. Then, if there seems to be a delay in development, the evaluation clinician will be able to suggest options for speech and/or hearing services. + CC+

+ PUTTING IT INTO PRACTICE

Every child develops at his or her own rate. It is often difficult to determine whether a child's speech is developing at a "normal" (or expected) rate or whether there is a developmental delay that requires attention. However, the early childhood setting offers a particularly good environment for identifying possible delays in speech and language development as well as many natural opportunities for children to practice and develop communication skills.

A child's abilities at any point in time are best determined by considering both child development in general and the child's unique characteristics. If, for example, children in your program are especially precocious and talk at early stages or use complex words to express their needs, a child who does not have these skills might appear to be slower or less sophisticated when actually his or her speech development is right on target.

A child who may be quite talkative in a small group, with one other child, or with a familiar adult but may say very little in large group situations. If the child were only observed during large group activities, you might make incorrect assumptions about the child's speech and language development.

The development of speech and language is a complex process. In general, the following conditions are essential for speech and language development:

X The child's whole sensory system must be intact. A child's sense of hearing is of greatest importance to the development of spoken language, but vision must be well developed also.

X The muscles and structures of the lips, tongue, throat, face, and respiratory system must work together to allow children to make the right sounds at the right times.

X Speech and language development depend on the ability of the brain to receive, process, sort, and store information. Thought processes allow children to determine a need, come up with a way to communicate that need, and respond in a way that others will understand.

X The environments where children spend their time must be responsive to their developmental needs, with language being frequently modeled by adults and other children in the setting.

The following list describes differences in language development that might mean a child needs extra help. If you observe any of these signs in a child in your care or if you are concerned about a child's speech development,

there are many things you can do to help the family get the help their child might need.

You should talk with the family, if:

- 1** by age one, an infant . . .
 - does not respond to voices or noises.
 - suddenly stops making sounds he/she used to make.
 - is especially quiet.

- 2** by age two, a child . . .
 - has not begun to use words.
 - does not understand simple words or sentences.
 - is especially inattentive.

- 3** by age three, a child . . .
 - is extremely difficult to understand.
 - uses only vowel sounds (such as *ee* or *uh*).
 - uses only one or two-word phrases.
 - does not follow simple directions.

- 4** by age four, a child . . .
 - uses sentences that are short and not well-formed.
 - has a very difficult time following directions.

- 5** by age five, a child . . .
 - uses sentence structure that is unusual (missing or mixed up words).
 - has extreme difficulty answering questions.
 - does not put endings on words (*run* for *running*).

At any age if . . .

- A child seems embarrassed by his or her speech.
- A child's voice is unusually high or low.
- A child's voice quality is monotone, too loud, too soft, or hoarse.
- A child sounds as if she is talking through her nose or as if she always has a cold.
- Stuttering persists after the age of five.

If you observe any of these characteristics in the communication of a young child in your care, do not hesitate to begin the process of working with parents to investigate further and get appropriate help. Early intervention can make a big difference in children's ability to reach their full potential. + CC+

+ QUESTION

QUESTION: *I have always encouraged children to look me in the eye when I talk with them so I know they are really listening. Haven't you left this out when you talk about getting on the child's level?*

ANSWER: While it is not uncommon for adults in some cultures to equate a child's looking them in the eye with the child's level of attention, this practice does not hold true in reality. It is not at all important where a child looks while he or she is listening—or talking—to you. Some children may never feel comfortable looking you in the eye, and yet they are most likely paying attention. Other children will readily look at you, except when they are embarrassed or feel like they might be in trouble. Even adults avoid eye contact when they feel teary or full of emotion. Meaningful conversation often gets lost as adults "enforce" the child's "looking them in the eye."

You also need to be aware that, in some cultures, it is considered inappropriate or even rude to look someone directly in the eyes, especially for a child to an adult! Research shows that sustained mutual eye contact is not even the norm in any culture! Usually the *speaker* looks away more frequently, while the *listener* maintains more consistent eye contact. Making a child look you in the eye is likely to increase his or her discomfort and actually reduce listening and understanding.

The important thing is not eye contact, it's communication, one-to-one. Unless a child shows discomfort, you will certainly want to look at most children while you talk to

them, and they will often respond by looking back at you. But when they do not, watch for other signals that they are listening to you, such as a smile or head movement. When you whisper in a child's ear, get close, put your hand gently on their shoulder or knee, and speak in pleasant tones, children listen. And they will most likely respond whenever *they* are ready to do so. + SLM

+ RESOURCE REVIEW

Child Care plus+ offers a set of ten posters including the one inserted in this newsletter, each describing a different communication strategy. Each poster includes an charming illustration and a brief explanation of an effective communication strategy to use with young children. To order a set of ten 11" x 15" colored posters, send \$7.50 to Child Care plus+. To order a LAMINATED set of the posters, send \$27.50.

CHILD CARE plus+ is designed to support inclusion of children with disabilities in early childhood settings by supporting child care providers, parents, and community service providers including social workers, therapists, physicians, teachers, and administrators.

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