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Early Years Foundation Stage Progress Check at the Age of Two for Early Intervention in Relation to Speech and Language Difficulties in England: The Voices of the Team Around the Child.

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Abstract

In 2011 after the Tickell review of the Early Years Foundation Stage in England, the Two Years Progress Check was introduced as a tool for early identification of children that might have problems in their development and learning in the future. In September 2015 the government replaced the Two Year Check with the Integrated Review which now is a combination of the education check and the health report that is required for all children at the age of two. This research employed interviews in a deprived local authority of Northern England with the team around the child in order to investigate their views in relation to speech and language delays and challenges with the Two Year Check. Although the Integrated Review is now in place the results of this research suggest that instead of developing taxonomies at policy level of how speech and language delays or other difficulties can be measured, for there to be effective early intervention the concern should be placed on the influential factors impacting upon the team. This conclusion leads to recommendations for focused per- and in-service education for practitioners coupled with use of a continuous, rather than fixed point, assessment process.

Key words: early childhood, early identification, speech and language delays, practitioners, England, Early Years Foundation Stage

Introduction

Currently much research concludes that children are beginning school without the essential communication skills required to meet their full potential not only in school, but also in life (I Can 2006; Bercow 2008; Learner 2012; Paton 2012a and 2012b; Chapman 2013; The Communication Trust 2013).   A recent report by The Centre for Social Justice (2013) reported that in some areas 50 per cent of children were starting school with language difficulties. One of the key aspects of children's development is communication and language and there is much literature that supports the argument that these are essential for child development (Lindsey and Dockrell 2000; Nelson et al. 2006; Goswami and Bryant 2007; Matson and Cline 2011; Wake et al. 2011).

In England since the introduction of the Early Years Foundation Stage (EYFS) in 2008, there have been several attempts to raise the quality in early childhood education. The EYFS aimed to regulate the sector by introducing standards and accountability measures such as the assessment of children (Palaiologou and Male, 2016). The EYFS became a framework focusing on seven areas of learning, with one area dedicated to communication and language. In a review of the EYFS, Tickell (2011) recommended a progress check to be completed by practitioners in early childhood settings around the time the child is aged 24 - 30 months old. Tickell (2011) advised this check was to be carried out with the purpose of identifying both strengths and weaknesses in the three prime areas of learning: physical development, personal social and emotional development and communication and language, with particular focus on the last of these. In September 2015 this was replaced by the Integrated Review at Age Two which merged the Progress Check at Age Two and the Healthy Child Programme (DfE 2014). Consequently all children in England between the ages of 2 and 3 years will be reviewed on their individual progress and a short report will be provided to parents and /or carers. This progress check must identify the child's strengths and any areas where the child's development or progress is less than expected.

This paper reports the research that was carried out on the Two Year Check before it was replaced in September 2015. Although the findings reported are focusing on the Two Year Check, we consider that these issues are similar to those concerned with the Integrated Review as in reality the same principles remained. Thus we report the findings which we consider to still be applicable and relevant to the Integrated Review as well.

The complexities of identifying language difficulties

Although research highlights that in some areas of the UK 80 per cent of children are beginning school without the required communication skills (I Can, 2006), it also demonstrates practitioners in early childhood are struggling to identify children with communication and language difficulties (Prelock et al. 2008).

The complexity that both parents and professionals working with young children encounter is how to identify if a child does have a language difficulty. Evidence suggests that many parents and practitioners are unsure of when and if to seek help if they think a child has difficulty (Talk to Your Baby 2005; Mroz and Letts 2008; Prelock et al. 2008). Rescorla and Ratner (1996) determine that a two-year-old child with a vocabulary of less than fifty words and some two word combinations has a language difficulty. Whitehurst and Fischel (1994), on the other hand, vaguely characterise language delay as pre-schoolers who have slow development in language.   Campbell et al. (2003) are more specific when suggesting that if 75 per cent or less of what a child is trying to express can be understood that would be indicative of a language difficulty.   This is a thought-provoking statement as it is not clear how the child is trying to express; many children use gestures, facial expressions and body language to make their wants and needs clear, however, and are unable

to verbally make their wants and needs clear (Iverson et al. 1994; Goldin-Meadow 2000; Bates and Dick 2002; Palaiologou, 2010).

Diagnosis is problematic as the degree and range of language difficulties is vast. The American Psychiatric Association's Diagnostic and Statistical Manuel of Mental Disorders - IV (2015) determines that language disorders can be defined as those people experiencing difficulties with stuttering (disfluency), expressive or receptive disorders, a mixture of both receptive and expressive disorders, or other communication disorders. Williams (2005) states that one of the problems encountered by people working with young children is that some disorders have many of the same characteristics and this can make diagnosis and, therefore, treatment challenging. Consequently there are a multitude of explanations as to what would constitute a language difficulty and/or delay. The characteristics of language difficulties tend to concentrate on the disenabling identification features. This can be seen, for example, when a child has trouble with either understanding language (receptive) or verbally expressing language by an age the child would be expected to have done so (Campbell et al. 2003; Willinger et al. 2003; Hauner et al., 2005).

The chronological age that children could encounter difficulties with speech and language differs depending on which aspect is being researched and can also vary on individual children. Lilienfeld (2004) suggests that as there are many variables determining language difficulties, there is no definitive answer from identification by a psychological test. It is this ambiguity that can cause delays in parents and professionals seeking help for children and would be one plausible explanation for the statistic that 44 per cent of children in England are not developing at a satisfactory level by the time they reach their 5th birthday (Tickell 2011).

In the revised EYFS in 2012 the key aim was to reduce the percentage of children that potentially might develop problems with language and communication and required all those practitioners working with two year

old children to carry out a check to ascertain the child's stage of development in order to identify both strengths and weaknesses. However, research has demonstrated that although children can benefit from an early intervention as early as the age of two (Ellis and Thal 2008; Greenwood et al. 2010; Allen 2011; Wankoff, 2011, Paul and Roth 2011). , language difficulties are difficult to identify and currently there are no formalised tools for practitioners or parents to use to determine if a child has a language difficulty (O'Neill, 2007). Different research groups use different criteria when determining whether or not a child has a language difficulty, is difficult to understand, or when or if a child needs additional support (Dodd, 2013). Prelock et al. (2008) determine that language and communication difficulties are the most prevalent disability in early childhood, but also the least recognised and treated.

Thus this research project aimed to investigate the views of early years practitioners and specialists (educational psychologists, health visitors, social workers, local authority advisors) on whether the progress review at the age of two can be an effective way to identify language and communication delays and to also investigate how well prepared they feel in order to deliver such review.

Research Context

Qualitative methodology was employed in this investigation. At the time of the research there was very little known about the effectiveness of the Two Year Check which was then replaced with the Integrated Review September, 2015. This research was interested in capturing the voices of all stakeholders and their views on the review and, in order to go beyond just reporting their views, also sought to explore and explain these voices.

The research participants were selected as a purposive sample, with the main criteria being that they work with children in the early years (birth to five years old) and they work within the local authority in which the investigation was taking place. This research was conducted in a city in the Northern part of England, an industrial area renowned for its docks and fishing industry. This industry, similar to other fishing towns, has now

depleted leaving the city as England's tenth most deprived local authority. Furthermore, employment figures are lower in this LA than the national average indicating that the area suffers greater unemployment rates than most other regions of the country.

Each participant was chosen because of their specific occupation, expertise and they were working in the field of speech and language participating in Two Year Progress Check. The participants were the Principal Educational Psychologist, the Speech and Language Therapist, the Health Visitor, the Access and Inclusion Professional, an Early Years Professional who had received training in the Two Year Progress Check and the Local Authority Advisor. It is worth mention that in this LA due to the funding limitations there was only one specialist at the time in each area.

Additionally data was collected from questionnaires distributed to practitioners in early childhood settings across the LA. Although the questionnaire was distributed widely there were only ten practitioners who returned the questionnaire, five of whom were child minders of which one worked in a private nursery setting, three worked in home settings and one worked in a children's centre. Thus these practitioners were asked whether they wanted to be interviewed instead and this proved to be the case.

The EECERA Code of Ethics (2014) was followed throughout and in reporting this research. All participants were asked to provide their agreements to be interviewed, shown the transcripts of the interview and approved them. Finally, all participants have agreed with the findings, the discussion of the project and full permission was given.

Results and Discussion

Thematic analysis was employed to interpret the data and the key themes that emerge from the data from all the participants are evolving around issues of:

Participants' views of the Two Year Progress Check: Is it an operative tool with effect for early identification?

All participants were asked to give their general opinions of the new Two Year Progress Check and their overall impressions of it. Opinion was mixed and varied among the participants:

> *'In theory absolutely wonderful but I have lots of reservations about how it's going to really impact' (Early Years Local Authority Officer).*

> *'I'm mixed feelings about it because in the past I have picked up a number of children who have slipped through the net with health visitors' (Access and Inclusion Officer).*

> *"[there is] lack of communication between agencies regarding a child, i.e. no communication or consideration taken by the health visitor prior to the two year check being done" (EY Practitioner)*

> *I think it will enable services to work more closely together and communication will hopefully be improved" (EY Practitioner)*

The supporting professionals (educational psychologist, speech and language therapist, health visitor, access and inclusion professional and the early years local authority adviser) all indicated they did not think the two year check could become a tool for early identification of speech and language difficulties. This can be reflected as to what extent the referrals of children with additional needs have increased or not since the introduction of the Two Year Check. Currently there are no figures to confirm whether there has been an increase in the numbers of referrals received so it is impossible to say conclusively if the number of referrals have been affected.

Concerns were also raised over the '*rigour of the assessment tool*', however, and the variations in the paper work:

> *'The fundamental issue here is the level of knowledge of the practitioner and the rigour of the assessment tool….. my concern is that there will be more false positives than false negatives' (Speech and Language Therapist).*

Currently all early childhood settings that are registered in this LA must attend specific mandatory training which includes a two hour training session on the Two Year Progress Check, yet not all providers are registered and thus required to attend the training. The two year progress report is mandatory, however, implying that there will be practitioners doing these reports who may not have the skills, training or experience to do so.

Training Practitioners Carrying Out Progress Checks

One of the biggest concerns made by the majority of the participants was the training of the practitioners responsible for carrying out the progress checks. Concerns were raised about the variety and quality of existing qualifications in the sector as the following quotes from practitioners illustrate:

> '……*it's all that child development and actually in teaching particularly they do not do child development unless they do a B.Ed. there is no child development, so that concerns me' (Access and Inclusion Officer).*

Cooke and Henehan (2012) report that across England 76 per cent of practitioners (excluding child minders) hold a level 3 qualification, some of which can take just one year to complete. Nutbrown (2012) raises a similar argument stating that the early childhood sector hosts an extensive assortment of qualifications. Edgington (2007) airs concern over the quality of the qualifications in settings considering that many are generic NVQ type qualifications, therefore the quality is dependent on the experiences of the student and quality of the assessor.

Nutbrown (2012) advised in her recommendations that all practitioners within early years provision should hold a full and relevant qualification up to level 3 and this should also include child minders. Currently, the childcare qualifications in England are going through an overhaul. New

level 3 qualifications that are now be released have been tailored to fit the recommendations that Nutbrown made, however, the courses are full time which will exclude child minders. We argue that this can make achieving the quality required by the overall workforce difficult when figures demonstrate there are 51,488 child minders in England providing a total of 262,232 childcare places (Ofsted 2013).   The ongoing training received by practitioners while working in placement and their understanding of child development was also considered to be a concern.

Cooke and Henehan (2012) agree that the focus should be on enhancing the sectors skills and knowledge with more improved robust systems that deliver training and development. Furthermore, research (Azer et al. 2002, Mathew and Sylva 2007) suggests that those settings hosting practitioners with specialised training in child development fields are associated with higher quality provision and improved outcomes for children. In this research, however, the participants, and in particular the early years practitioners, were concerned about the level of specialised training specifically focused on the two year check and special educational needs training in relation to recognising language and communication difficulties.

> *'I think from my experience in doing training for early years practitioners well for SENCOs there is quite a lot of understanding of difficulties of speech and language and so I'm guessing that there must be at least one person who would have a broad view of what's ok and what's not.' (Educational psychologist).*

> *"It does come down to training […]it's about knowing your milestones , if you know your milestones that gives an indication of whether there might be a problem" (Practitioner)*

Experience of Practitioners

Connected to the concerns raised about the quality of training received by those working in the early childhood sector, were concerns raised about the experience of the practitioners and the quality of the settings they work in.

We argue that quality and the experience of the practitioners within the setting are interlinked. Cable and Goodliff (2011) determine that quality is more than just attaining qualifications, it is also about the skills that a professional has and how these are utilised as the quote below illustrates:

> *"I find it really worrying because in [name of LA] you have some wonderful settings and child minders but we also have some concerns […] we have some girls doing level 2 and 3 with placements that are not brilliant and they will end up working there [meaning the settings]"(EY Practitioner)*

To a large extent good practice is reliant upon the quality of experiences that are offered and how well they are understood by the practitioners:

> *'There is a real lack of structure, the kids are just wandering about doing free play and staff seem to think they are there to intervene if there's a problem, and they don't seem to realise that if they worked on what was happening and putting in some structure they wouldn't be getting the problems' (Educational Psychologist).*

Mathers et al. (2011) argued through researching the impact of Early Years Professionals (EYP) and the earlier version of the Early Years Teacher (EYT) that although there was a positive impact on quality for children aged 30 months upwards, there was no evidence that quality was improved for younger children.

4. Multiagency relationships

Multiagency relationships for the purpose of this research refer to the sharing of expertise and knowledge to help children. This view is not a new paradigm and was the main focus for the Common Assessment Framework (CAF) (Department for Education, 2012). Data from the interviews revealed, however, that children with speech and language difficulties are not always considered by practitioners to be severe enough to require CAF assessment. In addition, it is difficult for practitioners to identify whether a child's current stage of language development is a cause for concern or not (Prelock et al. 2008). Although the CAF assessment is a formalised and extended governmental procedure that involves paperwork, the participants in this project expressed concerns

that its implementation has not embraced multiagency working relationships due to bureaucratic processes, lack of communication among all involved and lack of resources due to economic restrictions. Similarly, the participants felt that although the Two Year Progress Check is a less bureaucratic instrument, and requires a simpler format, the issues of communication among all involved (such as Educational psychologist the Health Visitor) and the lack of resources will lead to delays and not adequate assessment of children. The participants expressed positive views, however, and stressed that it would strengthen relationships, particularly among early years practitioners:.

> *'Our impression was it was going to become more and more of a joint process that was done together with the parent, health visitor and the practitioner in the setting' (Early Years Local Authority Officer).*

Practitioners were also concerned that the two year check would not be taken seriously and raised skepticism over the lack of communication between particularly health visitors and practitioners:

> [There is a] *lack of communication between agencies regarding a child i.e. no communication or consideration taken by the health visitor prior to the two year check being done' (Early Years Practitioner).*

Communication between all the different agencies involved is problematic as face-to-face meetings rarely occur so information is relayed and received through third and fourth parties. The different agencies share a common interest in wanting to improve communication:

> *'On a personal note thus far the children who have been highlighted by preschool practitioners as struggling in certain areas had already been highlighted by myself but it does help with joining up the services' (Health Visitor).*

Screening for difficulties

Participants raised key issues that in their views might prevent an effective screening process: early identification, communication difficulty awareness, symptoms of language delay and causes of language delay.

Participants agreed that the Two Year Progress Check was useful when used as a tool for screening for difficulties. Early identification is key so that early interventions and therapies can be put in place to support the child (Eadie et al. 2010; Allen 2011):

> *'..we have picked up children quite late - three and beyond sometimes when they have got into school - so it is the early identification which is absolute key' (Access and Inclusion Officer).*

As was demonstrated earlier Identifying children with a language difficulty can be difficult and this is related strongly by the participants once again to the training. Although the practitioners in this research claimed that they felt they had a broad understanding of the symptoms of language delay, only one indicated an age where these symptoms should be considered a problem: *'No speech by 3.'* The felt that it *is "extremely difficult to put an age as development varies from child to child".* In the question on when do they think a child has speech and language difficulties, their responses were '*No speech or noise', 'doesn't respond when spoken to', 'when a child is unable to express itself', 'is very speech delayed', 'stuttering* [disfluency]*', 'Repeating', 'unrecognisable speech', '[Struggling] to pronounce individual sounds and letters', 'Joining those sounds together to form coherent words/sentences', 'Babbling'* and *'they should be understood 70 per cent of the time'.* Many of these answers are dependent upon the child's age and stage of development and at the time.

This corresponds to the work of Bale et al. (2011) who determine that where there are children who have difficulties with expressive language skills, but understand receptive language, there is less cause for concern. Fagan and Montgomery (2009) clarify the outcomes for children with expressive language delay are more favourable than the outcomes for those children with receptive language difficulties. In their research of children with receptive language delay they discovered a link to cognitive delay, even in those children who were only mildly delayed receptively. Furthermore their results demonstrated that 81 per cent of children with receptive delay demonstrated cognitive development below the expected

'normal' range. Thus identification of children with speech and language delays is a more complex process as other areas such as cognitive or physical development needs to be correlated in order to have a more holistic picture of the child.

Disfluency was also considered by practitioners and the Health Visitor as a factor for late development of language. Guitar (2013) discusses the difficulty in diagnosis for speech and language therapists with this particular speech difficulty in preschool children, due to the child's fluctuating rates from within normal to abnormal ranges of disfluency over a period of time. Boey et al. (2009), however, determine in a study that 56.7 per cent of children as young as two years old were aware that they had language disfluency. Boey et al. (2009) argue that it is the child's self-awareness of the disfluency that can cause the problem to increase. Ntourou et al. (2013) discovered that children who have disfluency difficulties are more emotionally reactive than those children who do not. We argued that this could have an impact on the child's self-confidence by suggesting they are more sensitive than their peers.

Johnson et al. (2012) offer contradictory evidence that states that children with disfluency are no worse at regulating their emotions than children without disfluency. They acknowledge, however, that many other studies have conversely demonstrated the reverse although states that as they were based on parental observations the results could be subjective. It is this ambiguity among researchers that can cause confusion for all involved in the two year check when trying to determine whether or not the child may need additional help.

Participants also identified other factors that influence language of young children such as economic factors:

> '..but I don't think it's nearly as big as my concern for those children who are delayed due to issues around deprivation and I think that is the massive difficulty in [named the LA of the research] […]'It is deprivation' (Educational Psychologist).

Social deprivation has been shown to have a negative effect on a child's language development to the extent that *'normal language skills are never acquired'* (Kuhl 2004:836), a point that was raised earlier. We argue that socio-economic status alone is not a reliable measure of deprivation as it depends on the language rich experiences the child is exposed too as to how language develops for that child. Children from affluent families who do not interact or expose their children to language rich environments could potentially suffer more than a child from a low socio-economic family background who uses every experience to broaden their child's language environment (Hoff, 2006).

Another factor the participants identified is the modern way of life as a potential cause for children's language and communication difficulties,

> *'it's the way we live today, mobile phones…. parent's with earphones in so even if the child has said something fantastic it is missed and not able to respond to it……. having the TV on all the time, buggies that face away' (Early Years Local Authority Officer).*

> *'The world has changed. When I was growing up we sat at the table as a family for meals. It is hard for working families as both parents work and with my own family we always try to have weekend meals together and one evening meal together but children's schedules also impact, one of them might go to karate and you don't want them to eat before that and then going swimming in the next twenty minutes' (Early Years Local Authority Officer).*

These reasons in isolation are not always enough to explain language delay, however, as experiences differ depending on how they are presented by the adult and received by the child. On the contrary research has demonstrated that that televisions or digital devices can be a valuable resource to promote language development if utilized in the appropriate way such as selecting programmes for adult and child to view together (Marsh and Bishop 2014, Plowman et al 2013).

Finally data offered other causes of language difficulties such as family health history and health associated issues:

> *' and you gets lots of middle ear infections then so hearing loss, glue ear so I mean that is going to affect language a lot as well' (Educational Psychologist).*

Early Intervention

The necessity of early intervention for children with language difficulties and delay has been recognised by many scholars (Beitchman et al. 1996; Roberts et al. 1998 and Eadie et al. 2010). There are also scholars who believe, however, that speech is maturational and will develop without any intervention (Elman et al. 1998) and, if speech is delayed, it will recover without the need for additional support (Reilly et al. 2006).   The next section looks at intervention from the participants' perspective. Four of the participants are directly involved in offering interventions (Educational Psychologist, Access and Inclusion Officer, local authority adviser and speech and language therapist) gave their views:

> *'I think that the wait and see for 6 months is not good. 6 months in the life of a child is a long time and even though 70 per cent of children might recover delays what about the 30 per cent that don't?' (Early Years Local Authority Officer).*

> *'early intervention is key to optimal outcomes for children' (Speech and Language Therapist).*

> *'We talk about a wedge all children are born completely dependent on us and then they progress in a fairly linear fashion. The SEN children follow a different pattern and depending on the intervention will depend on how big the gap is between the linear child and the SEN child our aim is to keep the wedge as close as possible' (Access and Inclusion Officer).*

> *'Be lovely if we can get some interventions in so that people are giving really quality interventions for them' (Educational Psychologist).*

Individualised interventions maximise the success of the child's treatment (Forest and Elbert, 2001). It is thought that interventions should begin as early as signs are recognised that a child may be having difficulty with speech and language (Beitchman et al. 1996, Ward, 1999; Rvachew and Nowak 2001; Allen, 2011; and Tickell ,2011), with some scholars believing

interventions could begin as young as two (Ellis and Thal, 2008). This view was also held by one of the participants.

> *'Even at 18 months there are interventions that could be made even if it is just advice on how to promote language, story times or referral to the ICAN website' (Early Years Local Authority Officer).*

Tickell (2011) made the recommendation that the two year check could be used to identify strengths and weaknesses in the three prime areas of learning. At this stage the participants did not think that the check had been operational long enough to determine whether or not it met this objective.

> *'It is a little early in the process to say if the joint assessment is having any impact on highlighting delays in children' (Health Visitor).*

> *'I think it could be another two or three years before there are any real indications of whether the two year check has promoted interventions in any area not just speech and language' (Early Years Local Authority Officer).*

Participants also discussed the problems they are facing with funding and resourcing in their professional roles to support interventions.

> *'We set apart quiet a big part of our budget for our SEN children and before the cuts we had a teacher that led on that full time, two part time teachers and we had a set of QI's - their specialism was SEN. They would work out if the setting needed money for an additional support worker, additional resources or additional training' (Early Years Local Authority Officer).*

> *'Well to us it comes down to physical bodies because of the cuts the government are making there is a job freeze on, so if someone leaves we cannot rehire, or if we do it has to be someone from a redeployment situation who might not have the SEN skills that we need'(Early Years Local Authority Officer).*

Tickell (2011) supports the early identification of additional needs and advocates for early intervention. Data revealed, however, that the services that provide this support are finding the task difficult to fulfill in terms of the government cut backs.

Parental awareness of language and communication difficulties in their children

There have been projects in recent times focusing on improving communication and language outcomes for young children, which are also aimed at parents. The Talk to Your Baby (2004) campaign was devised to encourage and educate parents on activities that they could do to support their child's language development. Participants raised concerns over some parents' ability to recognise their child may have difficulty with speech and language:

> *'From just a handful that I can think of straight away parents didn't realise there was any problem, they had not had children before, they had nothing to base or compare […] a child being brought up by grandma who thought he'd grow out of it and thought he needed more time with her and didn't get in touch with any professionals' (Educational Psychologist).*

Other participants raised the opposing view that some parents were aware there was a problem however was not listened to when they did raise concerns.

> *'I always say that if a parent believes there is a problem there is a problem and we should listen to them. If a parent says there is a problem I don't think waiting 6 months is the answer' (Early Years Local Authority Officer).*

Conclusions

Although the Two Year Progress Check in England has been replaced from the Integrated Review, the findings from this study are still applicable as they should be conceived as knowledge sharing of any early identification that is centrally oriented process. It was evident from this research that the team around the child (such as practitioners, educational psychologist, speech and language therapists, health visitor, local authority advisor) welcomed the introduction of a review as an indicative tool and not as diagnostic one. Concerns were raised, however, of the complexities of such review at such an early stage of children's lives.

Training, qualifications and experience of the practitioners that are asked to carry out the review were central in the thematic analysis. The findings point out two key patterns in early identification of speech and language difficulties at the early age of two year old children. The first is concerned with factors influenced by external dynamics such as resources, time constraints, training and communication among different disciplinary based trained people around the child, whilst the second is concerned with internal dynamics such as confidence of the practitioners that derive from in depth knowledge and understanding of speech and language difficulties that reflects on their ability to carry out such an early identification.

In that sense these two patterns of dispositions can be recognised: external and internal that are interacting in a cyclical or even helical way where the interconnections affect views and feelings and this reflects on the behaviour of all involved in the process of the two year check and causes insecurity and anxiety towards early identification. With the introduction of the Integrated Review in September 2015, these patterns of behaviours will not be changing their dimensions as the process is becoming an integration of educational and health outcomes. On the contrary, the requirements that the Integrated Review will challenge even further these dimensions and might result in either incorrect labelling of children or poor identification of speech and language difficulties. In conclusion, therefore, the findings highlighted two key questions in the introduction of any early identification review for children:

1. Where do reformers recognise that practitioners come with knowledge that they can build on in order to deliver such a review?
2. How do we support practitioners to learn and further develop their understanding and skills?

In order to address these questions we do need to consider that this is a multi-layered developmental process for all involved in the team around

the child and in particular for early childhood practitioners who hold multifarious and multidimensional views on what is speech and language delay. We argue that instead of reformers and government agendas creating taxonomies of speech and language dispositions that children should meet by a certain age as an index or guide of speech and language that can be measured on scales, rather there should be an investment to prepare all around the team working with children how to apply knowledge in their practice. The main source of this process should be a developmental continuum focused on learning dimensions (during pre- and in-service education), self-learning and different patterns of learning underpinned by awareness and sensitivity to the important influences from an holistic approach when examining speech and language delays (i.e. family, socio-economic aspects and demographics).

In keeping with the view of the Hoffman and Mosley (2010: 245) metaphor for early childhood education "if teaching was simple we could certainly continue along the path of creating lists of knowledge and skills necessary to teach" this research claims, therefore, there is a need to see early identification of speech and language difficulties as a meaningful and engaging dialogue. Instead of the team around the child acting as authoritative transmitters of a centrally based measurement scale, adequate space, time resources for preparation and interactions are required for all involved so they can become encultured into children's speech and language dispositions as indicators of the need for early identification. In this respect whilst we favour the attempt to seek early identification, the findings of this research challenge the simplistic centrality at policy level of measurements and control of child's development as a reductionist approach based on a narrow measure such as the Two Year Progress Check or the Integrated Review. This leads us to make two recommendations:

1. Pre- service and in service education for practitioners needs to focus on in-depth understanding of issues around speech and language acquisition, together with the development of skills for multi-agency communication and collaboration;

2. Assessment of children should be perceived as a continuous process based on monitoring, evaluation and collaboration of all involved: practitioners, other relevant specialists, parents and children, rather than at a fixed age related point in their development.

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