

Conversation starters

In the last of our series on children's communication from birth to three-years-old, we reflect on the importance of conversation, and how we can make them as effective and enjoyable as possible.

THROUGHOUT THIS series we have explored young children's early communication and language development and I have described the ways that a child and adult 'tune in' to each other. This includes taking turns to respond to what each one does or says. Adult responsiveness to children's early attempts at communication, as part of interaction and play, lays the foundation for later conversation. Babies develop the ability to take turns in simple play exchanges, such as 'peek-a-boo', and to understand non-verbal signals, including tone of voice and facial expression.

These are the cornerstones for effective communication during infancy and for talking effectively with other people. From birth to two years-old, adults need to involve the child in many thousands of repetitive interactions, helping them to develop a core vocabulary and to combine words in two and three-word phrases.

At this point, language development really takes off, allowing the child to learn new words with ease and to express ideas in conversation. These conversations initially take place between child and adult but, by three years-old, children usually enjoy talking with each other.

Conversation is crucial for language development, as well as for learning in general, and is the place where children explore ideas with adults and older children – for example, through play and sharing books. Most children find the whole process of speech and language development relatively effortless and exciting, and it happens quite naturally – as part of playful interaction and when being involved in talk about everyday life events.

By the time a child reaches their third birthday, they will have in place most of the elements they need to help them communicate well. These include knowing why they need to talk – to share meaningful ideas – and an understanding of the language or languages that are used in the family and wider community.

When problems arise

Unfortunately, some children will find the process of learning to talk to be neither natural nor pleasurable. This can be due to their lack of experience of play and talk – often as a result of parents being unaware of the benefits of talking with babies. Other children

may be slow to develop as communicators because of a general learning delay. There can also be a link between children with early pronunciation difficulties and the later emergence of dyslexia. In the UK, a common cause of delay in children's pronunciation, understanding and expressive language is otitis media with effusion, which is more commonly known as glue ear.

This condition, which in the UK can affect one in five children under five-years-old, and as many as 80 percent by the time they have reached their 10th birthday, is caused by the build-up of sticky fluid in the small space behind the child's eardrum.

This space, known as the middle ear, is normally filled with air. However, it can become filled with fluid, preventing the small bones, or ossicles, from moving efficiently, thus impeding sound vibrations from the eardrum being transmitted to the child's brain. This often leads to children experiencing hearing loss, which can have a major impact on their ability to listen to what is being said to them.

Glue ear often impairs the development of young children's understanding, pronunciation and vocabulary, which can impede their ability to become involved in conversation. The extent that glue ear can disrupt children's communication was brought home to me while supporting an, almost, three-year-old boy called Luke. The experience of working with Luke would transform my own ability to communicate with young children.

Unhelpful interactions

In 1985, I was a relatively inexperienced speech and language therapist, working with young children and their families. It was no surprise to me that many of the children referred to me with speech and language delay already had a diagnosis of glue ear, or would eventually get one.

My approach to children with language delay was, I came to realise, rather limited. I believed that the best way to develop children's language was to improve their 'attention control' – i.e. help them to listen to what I had to say to them.

To do this with children in my clinic, I would present them with a range of activities, such as puzzles, pop-up toys and playing at giving teddy a cup of tea. At the same time, I involved them in what I thought was effective interaction. A typical exchange would go something like this:



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courtesy of Michael Jones

Responding positively to what children say to you is the most important aspect of effective conversations

Michael (pointing to a picture of a lorry): 'Luke, what's that?'

Luke: 'Tar (Car).'

Michael: 'It's a lorry.'

Luke: 'Lodi.'

Michael: 'Good boy! Well done! It's a lorry!'

Luke, like many of the children I worked with in this way, was not very cooperative. I could only keep him listening to what I was saying, and doing what he was told, for a few minutes. After that he would look away, or leave his seat and start running around my room.

My response to this behaviour was to diagnose him as having 'fleeting attention control'. However, my overall impression was that talking had become very hard work for Luke. His mum described how he used to be very outgoing and cheerful and keen to talk, but since the onset of his hearing loss he had become very quiet and fretful, preferring to play on his own, often with his back turned to everyone else while he lined up his toy cars or played with his train set.

I was aware that neither Luke nor I were making any progress together, and his mum suggested, since Luke did not really like coming to the clinic, would I be able to visit them at home? This was a very good idea. In fact it proved to be a turning point in my career.

How adults can become effective conversationalists

Before I did my home visit, I had the good fortune to discuss my approach to language development with Anne Nurse, a local early years teacher, with

many years experience of working with children from diverse social and language backgrounds.

Anne's approach was the complete opposite to mine: 'You need to find out what children already know, and encourage them to talk about that. All children are experts on the subject of their family, so that's a great place to start. For example, ask them to show you a photo of their grandparents, their dog, the family car, or even their front door! Try and be more responsive – so, instead of bombarding Luke with numerous questions about what things are called, wait for him to say something, and then make a comment about what he has just said.'

This seemed like great advice, but I had one main objection: 'That sounds fine, but how can I comment on what he has said when most of his speech is unintelligible?' It was at this point that Anne produced her trump card – a copy of the article that had been required reading on a course on language development that she had attended recently. 'Read this,' said Anne, 'and all your questions will be answered.' And indeed they were.

The article, by HA Wood and DJ Wood, was a revelation. The authors, from the Deafness Research Group at the University of Nottingham, were looking at how to improve the length and quality of conversations between children with profound hearing loss and their teachers. All the children involved in the study had significant difficulties with making themselves understood.

As a result, the adults who were trying to talk with them tended to take control of the conversation.

One of the ways they did this was, like me, to ask the children numerous questions about subjects that the adults were already familiar with, but about which the children had very little knowledge.

The researchers believed that conversation is the place where children learn to talk naturally. 'Conversation' was defined as 'keeping two minds fixed on the same target' through a process of taking turns to talk, with each participant saying something that was related to what the previous speaker had just said.

This is relatively easy when you are talking with an articulate young child, because misunderstandings can be 'repaired' quickly by, for example, repeating back what you think the child has just said. This will be followed immediately by the child clarifying what they meant – for example:

Child: 'Me watch tebbby.'

Adult: 'You want to watch teddy?'

Child (pointing to the TV): 'No! Me watch tebbby!'

Adult: 'Oh, silly me! You want to watch telly! Let's see what programmes are on.'

Luke, like the children in the study, did not have this ability to repair conversations by clarifying what he meant. As a result, having a chat became very hard work – for adults, as well as for him. Consequently, Luke was beginning to avoid talking, which led to him missing out on important language-learning experiences.

What excited me, and immediately changed my ability to communicate with young children, was the researchers' description of how they were able to influence the techniques that the teachers used to succeed in conversation – their interactional style – with children who were potentially very difficult to understand. Central to the article is an example where a child begins by saying, 'Me... park', and an exploration of possible ways that adults might respond, in order to keep the conversation going.

Avoiding the need to 'repair' conversations

So, armed with Anne's advice and the evidence from the article by Wood and Wood, I strode confidently towards Luke's house. Luke was very pleased to see me and announced: 'Me fish!' To which I replied: 'Oh fish, lovely!' To be quite honest, I was not entirely sure what Luke was talking about, but by responding enthusiastically with a positive comment I had done several things:

- It had avoided the need for Luke to repair the conversation.
- Acknowledged that I was interested in what he had said.
- Confirmed that I knew something about what he was talking about.
- Let Luke know that I was just as excited about fish as he was.
- Left a space for him to say something else.

And Luke did say something else. In fact, he said a great deal. What I discovered was that Luke's living

room was dominated by a huge, state-of-the-art fish tank. Luke took me by the hand and pointed at a very large pink fish that his dad had just bought him for being a brave boy while visiting the Ear Nose and Throat department at his local hospital. There it had been decided that Luke should go on the waiting list to undergo an operation to drain the fluid from his middle ear and to insert grommets.

We had a lengthy conversation about the fish, including how big the new one was, how the one floating on the surface was 'sleeping' and how the little fish were swimming very fast while the big ones were slow. It was a revelation to me that Luke was willing and able to have a lengthy conversation that was satisfying for both of us. This was because he was on his own territory, and I was giving him the chance to talk about something he already knew about. He had been transformed from a little boy with 'fleeting attention control' to an enthusiastic communicator.

Getting it right for all children

In preparation for Luke's next visit to my clinic, I bought two wind-up plastic fish (one big and one small, so we could talk about 'big fish/small fish') and a washing up bowl that we could fill up with water. The session went swimmingly. I had learned some key lessons that have continued to be the mainstay of my interactive style and approach to talking with very young children, or those with speech and language delay:

- Visit children at home.
- Find out what children already know and encourage them talk about it.
- Give children plenty of time to think about what they want to say.
- Respond to what children say.
- Cut down on questions, unless they are really necessary, for example, to clarify what the children have said.

eye

References

Wood HA, Wood DJ (1984) 'An experimental evaluation of the effects of five styles of teacher conversation on the language of hearing-impaired children'; in *Journal of Child Psychology & Psychiatry* 25 (1) pp 45-62

Useful resources

- For more information about glue ear, including about the operation to insert grommets, visit the National Deaf Children's Society website at <http://www.ndcs.org.uk/glueear>

Key points

- Conversation is crucial for language development, as well as for learning in general, and is the place where children explore ideas
- Not every child can communicate as effectively as they would like and how you approach improving the length and quality of conversations will have a significant effect on children who struggle to make themselves understood