Parents’ and speech and language therapists’ explanatory models of language development, language delay and intervention

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Abstract

Background: Parental and speech and language therapist (SLT) explanatory models may affect engagement with speech and language therapy, but there has been dearth of research in this area. This study investigated parents’ and SLTs’ views about language development, delay and intervention in pre-school children with language delay.

Aims: The aims were to describe, explore and explain the thoughts, understandings, perceptions, beliefs, knowledge and feelings held by: a group of parents from East Manchester, UK, whose pre-school children had been referred with suspected language delay; and SLTs working in the same area, in relation to language development, language delay and language intervention.

Methods & Procedures: A total of 24 unstructured interviews were carried out: 15 with parents whose children had been referred for speech and language therapy and nine with SLTs who worked with pre-school children. The interviews were transcribed verbatim and coded using Atlas/ti. The data were analysed, subjected to respondent validation, and grounded theories and principled descriptions developed to explain and describe parents’ and SLTs’ beliefs and views.

Outcomes & Results: Parent and SLT data are presented separately. There are commonalities and differences between the parents and the SLTs. Both groups believe that language development and delay are influenced by both external and internal factors. Parents give more weight to the role of gender, imitation and personality and value television and videos, whereas the SLTs value the ‘right environment’ and listening skills and consider that health/disability and socio-economic factors are important. Parents see themselves as experts on their child and have varied ideas about the role of SLTs, which do not always
accord with SLTs’ views. The parents and SLTs differ in their views of the roles of imitation and play in intervention. Parents typically try strategies before seeing an SLT.

Conclusions: These data suggest that parents’ ideas vary and that, although parents and SLTs may share some views, there are some important differences. These views have implications for the provision of appropriate services. Although this is a small sample from one group in the UK, the results indicate the need to investigate the views of other groups of parents.

Keywords: language development, language delay, parents, explanatory models.

What this paper adds
It is already known that parents’ ideas about child-rearing, specific language impairment and speech and language therapy services may be variable. Data are limited regarding parents’ and speech and language therapists’ conceptualizations of language development, language delay and intervention. These may impact on attendance and compliance in speech and language therapy. These data enrich understanding of parents’ perspectives and indicate areas that speech and language therapists should investigate and take into account in order to work more successfully with parents.

Introduction
Evidence, including anecdotal evidence, from speech and language therapists in some parts of the UK, has suggested that waiting lists are long and attendance rates poor (e.g. Morris 2004). This clearly needs investigation as there are likely to be many factors that impact on attendance, some of which the speech and language therapy service may be able to influence. These factors include issues related to culture, beliefs, attitudes, priorities and knowledge. Consideration of clients’ and speech and language therapists’ (SLT) culture, in the widest sense, is vital given the widening diversity of the UK population, including (albeit slowly) the speech and language therapy profession itself. Indeed few countries could now be regarded as being mono-cultural. The possibility that some aspects of current healthcare provision may be inappropriate or irrelevant for some clients increases still further the impetus for understanding client perspectives. For example, whilst the development of play and language are closely related (e.g. McCune-Nicolich 1986) and play is a crucial therapeutic medium for language intervention with pre-school children, clinical experience, supported by previous research, indicates that there are marked disparities between parents’ and SLTs’ views on the role and importance of play and its relationship to language and education (Miles 1991, Phillips 1995). In addition to attitudes to play, there are other areas in which parents’ and SLTs’ potentially disparate views may be influential in the therapeutic process. Of particular importance is families’ conceptualization of their child’s problem, which may affect attendance at and engagement/satisfaction with services (Booth 1997). As Andrews and Andrews (1990) report, intervention is only effective where it is congruent with existing family dynamics. Hammer (1998) argues that SLTs need
richer information on families in order to offer intervention that is congruent with their daily lives. More specifically, authors including Harkness and Super (1996) consider that parental ethno-theories need to be understood because of their influence on children’s development.

In speech and language therapy work with young children, parents typically provide a crucial link to clients. Lindsay and Dockrell (2004) demonstrate the importance of parents in the early identification of specific speech and language difficulties and of professionals working with parents. It is usually parents who make decisions about whether to bring their child to speech and language therapy and, further, whether to engage with the intervention offered. Thus, understanding the ways in which parents perceive language development, difficulties and intervention would allow SLTs to be more sensitive to the needs of the families with whom they work, and reduce the likelihood of parents misconstruing the purposes and processes involved in therapy. This in turn, may affect take-up of, attendance at, participation in and satisfaction with, therapy.

More broadly, cross-cultural variations in child-rearing practices and parental belief systems are well documented (e.g. Rogoff et al. 1993, Garcia et al. 2000). Furthermore, Screen and Anderson (1994), amongst many others, report that people from non-mainstream backgrounds demonstrate reduced or different use of health services. A number of authors (e.g. Westby 1990) have drawn on their diverse professional experiences to write about how to work successfully with families from a wide range of backgrounds where a member has a communication disorder. Van Kleeck (1994) explores some of the implicit assumptions made by professionals about children with language delay and their families. She highlights family beliefs and behaviours that need to be researched and understood in order to provide services that are appropriate to each family. This includes assumptions such as that families value talk or that children are encouraged to be conversational initiators. Harry et al. (1992) consider that professionals should be aware of their own culture and values when developing culturally appropriate services with families. Law et al.’s (1998) review of screening for speech and language delay also suggests that the role of parents needs to be further considered.

Previous research concerned with parents’ involvement in service delivery (e.g. Granlund et al. 2001, Goldbart and Marshall 2004) has focused mainly on children with more severe and already diagnosed disabilities and so has limited applicability to the families of children whose problems are likely to be milder, and where families are just beginning to access services. For research considering communication disorders, limited data are available in the UK or elsewhere, regarding parental or SLT beliefs about the nature of language development, language difficulties and intervention. Glogowska and Campbell (2000, 2004) elicit the views of parents of children in England who had participated in a 12-month randomized controlled trial of speech and language therapy. Many of the parents were surprised that their child had experienced speech or language difficulties. Some parents exhibited high levels of confusion about the reasons for their child’s communication impairment, compounded in some cases by feelings of guilt. Glogowska and Campbell argue strongly that enquiry into, and subsequent discussion of, parents’ beliefs concerning their child’s difficulties, has the potential to reassure parents, to alleviate guilt and result in a greater sense of collaboration in the therapy process. Peacey (2005) reports on the use of in-depth interviews with mothers of children with primary language impairment in England, and finds
a wide variation in views about their child’s communication and both parents’ and professionals’ roles. She reports that parents ascribed their children’s language difficulties to both internal and external factors, such as personality, medical problems, siblings and birth order. Rannard et al. (2004) carried out 40 qualitative interviews with parents of children in north-west England with specific language impairment (SLI) in order to understand better their perspectives on the impact of SLI during the time before their children attended language units. Although they were not asked specifically about their beliefs regarding language difficulties, or remediation, some of them reported blaming themselves and 95% felt that the clinic-based SLT had a limited effect. Johnston and Wong (2002) carried out a written survey of 42 Chinese Canadian and 44 ‘Western’ Canadian families, investigating child-rearing and child directed talk. They found some significant differences between the two groups. For example, the Chinese Canadian mothers were less likely to consider that ‘young children learn important things while playing’ or that ‘young children should be allowed to join in adult conversations with non family members’ (p. 920). Conversely, they were more likely than the Western Canadian mothers to agree that ‘children learn best with instruction’ and to use picture books to teach new words. Some of these findings support the concerns of authors such as Van Kleeck (1994), reported above.

It is thus clear from previous work that there is an imperative to increase understanding of parental perspectives on language development, delay and intervention. By also investigating SLTs’ perspectives similarities and differences between the two groups can be highlighted and these may form important considerations for successful service delivery, especially for family-centred services.

The aims of the present research were to describe, explore and explain the thoughts, understandings, perceptions, beliefs, knowledge and feelings held by a group of parents (including foster parents, grandparents and other primary caregivers of a child) from east Manchester whose pre-school children had been referred to SLT with suspected language delay and SLTs working in the same area in relation to the following:

- Language development.
- Language delay.
- Intervention for language delay.

It was hoped that data could be used to improve the effectiveness of speech and language therapy services. This paper provides an overview of data from each of the two groups, in relation to all three questions above. It also compares the data from the two groups and considers some of the similarities and differences. Individual questions and groups will be considered in depth in other papers, in preparation.

Methods

A range of methods, both quantitative and qualitative, were considered. As the researchers wished to gain understanding of the participants’ ideas without imposing their own framework or expectations, a qualitative approach, using interviews or observation, was considered to be most likely to answer the research question.
Qualitative research begins with an intention to explore a particular area, collects “data” and generates ideas and hypotheses from these data (Greenhalgh and Taylor 1997: 740). Observations were felt to be too time-consuming and intrusive. Many of the parents we wished to talk to may not have been used to their views being sought. Thus, informal and unstructured interviews in the participants’ homes were considered by the researchers to be preferable to other qualitative or quantitative methods (such as questionnaires), as the most likely method of gaining meaningful data.

As the researchers were interested not only in describing, but also explaining the data, a grounded theory approach was used. Grounded theory (Glaser and Strauss 1967) aims to develop conceptual categories or theories about social processes (in this case the participants’ ideas about language). A key feature of grounded theory is that data collection, data coding and data analysis occur concurrently. This is because, as data are collected and analysed, theories begin to emerge. These are explored with subsequent participants. Particular participants who may be particularly helpful to developing the theory may be sought out (theoretical sampling). This is in contrast to a quantitative approach which relies on representative samples. An important feature of grounded theory is the notion of ‘theoretical saturation’ (Glaser and Strauss 1967). As data are collected and theories developed and refined, a point should be reached where additional data do not significantly add to interpretation of the data. Thus the theories that have been developed are able to explain adequately all the data related to the question at that time. This point is referred to as theoretical saturation.

UK NHS Local Research Ethics Committee approval was obtained before the research commenced.

Participants

The participants formed two groups as follows.

1. Parents with a child aged over 2 years 3 months who had been referred to the speech and language therapy service of the local Primary Care Trust (PCT) because of suspected language delay. All potential participants had already been offered either an initial appointment to see a SLT or an invitation to attend a ‘language advice session’ at a local health centre (the two ways in which new patients were routinely first seen for speech and language therapy in the PCT at the time of the study).

Parent participants were initially invited verbally to take part by one of the following means:

- Invitation during routine contact with their family health visitor via a procedure that had been agreed with health visitor service managers. This method of recruitment failed to recruit sufficient participants, due to changes in service provision, despite evidence to suggest that health visitors were important referrers (Anderson and Van der Gaag 2000).
- Local SLTs, who had been briefed about the project, invited parents to take part when they saw the child for the first time.
- One of the researchers attended health centres when speech and language therapy ‘language advice sessions’ took place. SLTs invited parents to take part in the study and offered them the opportunity to discuss the study with one of the researchers.
If parents indicated a willingness to participate, they were then sent information by post about the study, detailing the purpose, procedure and content of the interviews and arrangements for protecting confidentiality. After this, written consent was obtained by the researchers and an interview arranged. Parents were at no point under any obligation to take part and could decide at any point to opt in or out of the study. The sample was thus in part self-selecting as is congruent with grounded theory methodology.

(2) SLTs who were employed by the PCT in which the parent participants lived. They all worked with language delayed pre-school children and undertook initial assessment appointments. They were invited to take part, by a letter of invitation, information about the project and researchers’ attendance at a staff meeting. Once potential participants had indicated an interest in being interviewed, they were sent further information (similar to the parents), written consent was obtained and an interview arranged. SLT participant selection used theoretical sampling (Glaser and Strauss 1967) to include people with a range of experience.

As initial requests for participation were made via third parties, data on the numbers asked who subsequently declined, is unavailable.

Researchers

Researcher reflexivity acknowledges the potential impact of the researchers on the research process (Richards and Emslie 2000). Three researchers were engaged in collecting and analysing data for this project. Two are SLTs, one of whom, at the start of the project, was working in the PCT in which the project took place; the other worked in a local university. The third researcher is a psychologist, working in a local university. All three researchers are white, English speaking, in their forties, live and work in Manchester and have children themselves. All have worked with children with speech and language difficulties.

Setting

The research took place in East Manchester, approximately 4 miles from the city centre. It is an inner city area of relatively low ethnic and linguistic diversity, with a predominately white, English-speaking population and with high levels of economic and social deprivation. It also became a Sure Start Trailblazer area (Sure Start is a UK programme aimed to support families of young children to improve the life chances of children in poorer areas and Trailblazers were the first wave of Sure Start programmes) (table 1).

Procedure

The researchers estimated that approximately 20 interviews with parents and ten with SLTs, would be likely to achieve the point of theoretical saturation. It was anticipated that there would be more individual variation among the parents interviewed than among the speech and language therapists. The parent interviews took place at times and in locations selected by them; mainly at their homes or health centres. Interviews with the SLTs also took place at times and in locations selected by them; typically their workplace, at a local university or at home.
At the start of each interview a number of biographical and background questions were asked, typically covering age, employment, family structure, SLTs’ work environment. These served to relax participants, develop rapport and provide a context from which to begin to explore the focus of the interview (see below). Some of these responses are reported on here. The main part of the interview was unstructured and proceeded as ‘conversation with a purpose’. It was designed to elicit parents’ and SLTs’ beliefs about the following:

- How children develop language.
- Causes of language delay.
- Intervention for language delay.

As the interviews progressed ideas and themes identified in earlier interviews were raised with the study’s subsequent participants. The interviews lasted approximately 1 hour and were recorded onto a minidisk player.

### Data analysis

Biographical and background data were collated. Interviewees’ names and any other identifying information were changed. The process of data analysis drew on the collaborative working of the three researchers. After each interview the interviewer made field-notes and listened to the recording, identifying recurrent or important themes. These notes were used in subsequent interviews. Thus data collection and analysis were partly concurrent. The interviews were transcribed verbatim and analysis began as soon as possible after each interview had taken place. A reasonable level of theoretical saturation had been achieved after 14 parent and nine SLT interviews had been carried out. Thus after the 15th parent interview no further data were collected.

Data analysis was aided by use of the code based theory builder software, Atlas/ti (Sage Publications Ltd). Two complementary analytical strategies were used: hermeneutics and grounded theory. Hermeneutic analysis seeks to represent the participants’ beliefs and opinions in a textual form: ‘the main aim is greater
understanding between different systems of thought, i.e. mutual translatability' (Silverman 1985, p 164). The hermeneutic analyses are not considered in this paper. The process of analysis leading to the development of grounded theories is described below.

Initially transcripts were ‘open coded’, i.e. they were read through several times and by more than one researcher. Sections of text that seemed to reflect a particular idea (or more than one idea) were marked. New codes were generated as needed, more frequently at first than later. Each piece of coded text was referred to as a ‘quote’. As transcripts were coded, quotes for each code were examined in order to determine if the code was accurately described and if each code represented a coherent and distinct theme. At various points codes were relabelled, split or merged, as necessary. This process of adding in, comparing and accommodating new data is referred to as the Constant Comparative Method. The codes resulting from the open coding process were reviewed with reference to the structure and relationships between them, in accordance with the process known as axial coding. When all the transcripts had been coded, the frequency of quotes for each code was calculated. The frequency of quotes by participant for each code was also reviewed. Codes which had fewer than 15 quotes in total and from fewer than five participants were reread to check whether they addressed significant and relevant issues. These codes were then not considered further in the main analysis. The remaining codes and quotes were then considered separately for the parent and SLT data. Quotes from the remaining codes were then read, re-read and compared with one another, by all three researchers (selective coding). This process was to ensure that the codes and themes identified encompassed the range of ideas expressed by the participants and that ideas from one participant or one code would not be over- or under-represented in the grounded theories. Four grounded theories were then developed to explain the themes representing the SLTs’ and the parents’ ideas about language development and about language delay. Parents’ and SLTs’ aspirations, ideas and perceptions about intervention for language delay were drawn into two separate principled descriptions (Charmaz 1995). It was inappropriate to develop grounded theories for this question because the data generated on this topic addressed mainly principles and actions rather than beliefs. The codes and themes for parents were compared with the codes and themes for SLTs, for each of the three questions. This was done by the three researchers reading, re-reading and comparing both the number and contents of quotes in each code, considering negative cases and reaching consensus on similarities and differences.

When the data analysis was almost complete, two workshops were carried out during which themes and quotes were presented to SLTs in North West England. These provided SLT respondent validation prior to the final analysis. For the parent group a final interview was conducted in which the analysis and developing grounded theories were discussed and validated.

Results and discussion

Biographical data

A total of 24 interviews were carried out. Limited biographical data are presented to preserve anonymity. The home language of all participating families and SLTs was English.
Parent interviews

Fifteen interviews took place with parents of children with language delay; ten with one parent present and five with two parents. Fifteen females and five males took part. Of the 15 mothers, three worked outside the home, three were studying, and the remainder were full-time parents. The parent interviewees had between one and four children aged 10 weeks to 18 years. All the families had lived in the locality for 18 months or more.

SLT interviews

Nine interviews were carried out with SLTs: seven with one SLT and two with two SLTs. Of these ten were female and one male. Three had children of their own. There was a range of experience amongst the participants, with three having been qualified for less than 3 years, four having between 3 and 5 years’ experience, and four with more than 6 years of post-qualification experience.

The main themes arising from the three topics investigated, together with a number of illustrative quotes and diagrammatic representations of the grounded theories developed (for questions one and two), are shown below. Themes are described in terms of ‘parents’ or ‘SLTs’. These terms are used as shorthand for this study’s participants. Quotes were selected to be representative and were taken from a range of participants. Only major themes that emerged from the selective coding process are discussed here. In line with grounded theory frequencies are not presented but we have indicated where views were not unanimous. The data from parents and SLTs are compared briefly and the findings are compared with previous research.

Language development

Parents’ beliefs about language development

Parents’ beliefs about language development coalesced into two overall themes: internal and external factors, as can be seen in figure 1. Parents believe that a child’s language development is influenced by their hearing, gender and personality, with extrovert children developing language more quickly than their reserved peers (In this context personality is used to refer to temperamental characteristics.):

- they can always teach him how to talk but you can never teach them how to listen
- a more outgoing child will speak better
- girls can be faster at learning things

Parents consider that they play an important and necessary role in language development, by spending time talking to their children, so that they first begin to understand words and later to copy them:

- I think they would learn to speak in their own time if parents didn’t learn (teach) them at all but a hell of a lot quicker with the parents teaching them
- I repeat everything she says so she knows how it’s supposed to be said
Input from other people, e.g. siblings (especially older ones), and other children, e.g. at nursery, is also considered to have a role:

she went everywhere, to crèches and everything

[sister] can teach him things other children … and he will respond to that better than maybe off me

Experiences and educational television/videos also help to develop children’s language:

they need to see more than the immediate family surroundings

watching the right sorts of videos and hearing the same thing repeated again and again helps

Speech and language therapists’ beliefs about language development

SLTs’ beliefs about language development coalesced into the same two overall themes as the parents’ (figure 2). Where all the essential internal and external factors are present, at the right time and in the right amount, then language develops:

I think the vast majority of children would learn to speak given the right environmental factors and the right biological factors

SLTs consider it important to have good health and for physical and sensory skills, including listening and attention, to be intact:

things like motor disabilities where you can’t get around and you can’t get the cognitive input although your brain presumably has got the same hard wiring for language

they are listening in the womb they are hearing things as early as that
I think listening skills are very important so they have to learn to listen.

SLTs consider that much of children's language learning is incidental — simply being around speakers, although they also think that children need stimulation in order to acquire language. Some SLTs are concerned about what they see as an over-dominance of visual information, which they feel reduces the child's reliance on auditory information:

I think that they learn to talk incidentally through having other people talk to them.

SLTs have views about factors in the environment which influence language development and some have ideas about what constitutes an appropriate environment. These factors include parent/carer–child relationship, emotional/physical security and child-focused/sensitive input:

it is about their relationship with their main caregiver as well and whether they feel confident and secure with that caregiver and whether the caregiver responds to their interactions and is encouraging them to play and spends the time with them and pitches things at the right level for the children

as well as a wider communicative circle, i.e. siblings (not always seen as a positive influence), family members and others with whom they can communicate:

I realised he just did not have to speak if he wanted anything he just cried and all his needs were met either by the big sisters or by his mum.

Opportunities for communication were seen to be important and many expressed views on the influence of television/videos:
I believe that a child’s experiences are absolutely important in language development … if that’s not right then obviously that has an impact [about television] it is undoubtedly the fact that they are hearing language it is disembodied language but it is language of some sort so perhaps they do learn new vocabulary

When considering language development SLTs tended to be descriptive rather than analytical. They referred more to personal experience of children and less to published theories/research to support their beliefs.

Ideas about language development: contrast and comparison

There were many similarities between the parents’ and SLTs’ ideas. Parents gave weight to gender and personality, as did the parents in Peacey’s (2005) study, and SLTs talked more about ideas of the ‘right’ environment and emphasized listening skills. Parents were positive about the effects of television and video but SLTs were more cautious. Whilst parents saw imitation as being important this was not raised by the SLTs. Peacey noted that not all of the parents in her study had considered how language is acquired; and Glogowska and Campbell (2004) reported that in their study parents ‘often took language development for granted’. However this view was not evident in these data.

Language delay

Perhaps unsurprisingly, there was considerable overlap in what parents and SLTs said about the factors influencing language development and those which contribute to language delay.

Parents’ beliefs about language delay

Again there were two overall themes relating to internal/individual and external factors (figure 3). Internal and individual factors include physical, biological or medical factors (including hearing), personality and developmental timetable, including cognitive factors:

there’s those things that have been passed down. It’s one of those things isn’t it?

If he could hear clearly he would speak clearly

so something’s wrong with her voice … somewhere something’s got to be wrong

all kids are different they learn things quicker and slower

I just took her as being a lazy speaker

he’s dead laid back David anyway

talking is harder for him than everything else he is learning

there is a lot of things that he’s lot more forward in than what his sister was
External factors in the family and environment were also significant. Parents look actively for explanations for their child’s delay, often questioning their own behaviour as a possible cause. They vary in their use of their other children’s unproblematic communication development as evidence that they might not be to blame:

I feel as though I have failed him for some reason, but yet I have not failed him is it because I don’t care for him as much as I care for them I you know there is so much that goes through your head It can really screw you over it really really can I am a bad penny

I felt a bad mother … I’ve not talked to him spent enough time … but no it’s not that … he does get spoken to

Other people’s expectations, the language environment and restricted opportunities were seen as possible negative influences on language development:

they speak for him … they are not letting him try and do it
‘cos he’s in that environment every day and there is nothing new here

More closely related to the family, roles and relationships, birth order and siblings were seen to be influential:

I think some don’t talk if they have got older brothers and sisters because the older brothers and sisters do it for them

is it because he is my third
you find with the oldest or whatever the next one down is being really naughty you’re going ‘stop doing that stop misbehaving’ and end up shouting and losing your rag so the younger one thinks ‘sod that why should I bother with speaking I’m only going to cop what the other person has copped’

Dummies or bottles were mentioned by several parents:

I think maybe the dummy is the problem because I can’t get it off her

Parents did not identify any one of these variables as being prime and saw that they interacted to affect adversely the child’s development of language.

Speech and language therapists’ beliefs about language delay

SLTs’ beliefs and ideas about the causes of language delay were wide-ranging and again two main themes emerged: factors internal and external to the child (figure 4). Health issues, hearing loss, or delayed motor development were all seen to contribute to the likelihood of language delay:

physical things to do with the child kind of intrinsic to the child

if your child is chronically not well chronically not themselves then development is arrested

If you have got a physical disability you are not able to explore and to learn as much about the environment as you would … similarly with a visual disability as were cognitive factors, poor listening and attention skills and an interrupted developmental timetable:

I think a lot don’t have listening skills to pick out the language that is around them

Figure 4. Speech and language therapists’ beliefs about language delay.
you can have language delay as a result of other developmental issues

being a premature baby

Personality was mentioned, but not by all participants:

the child just isn’t particularly bothered or interested or motivated by auditory stuff and by speaking

However, all participants considered the environment to be a powerful influence, in terms of

- the socio-economic environment:
  environmental things … include the parents’ input … who else is in the family … broader social things like poverty

- difficulties within the family, including mental health and lack of consistency:
  maybe there isn’t the time to spend with a toddler or whatever because of everything else that needs doing or mum’s depressed or whatever

  one of the reasons for the Sure Start was the mental health of the parents particularly the mums … they just weren’t talking to each other weren’t interacting or playing in any kind of way

- inappropriate expectations:
  she almost didn’t expect him to be talking at two-and-a-half

- a lack of experiences:

  they have got language difficulties not because there is anything wrong with this pre-programming if you like but because they haven’t been spoken to because they haven’t had stories read to them because they haven’t been played with because the TV had been left on

They varied in their views of blaming parents:

  it’s awful to put that message onto somebody isn’t it and intentionally to send a message oh you should have talked to your child more

  I do stress it is nothing you have done or not done

They have strong views about the acceptability of using different language norms and having lower expectations for some inner city children:

  If you are doing say a Reynell on a 4–5 year old and they come out about a year below then you would have no concerns because you know it is an inner city area you know that standards are poor

  Most therapists working in most areas of deprived Manchester where they definitely expect children to be doing worse they have lower expectations of the children which I don’t feel at all comfortable with and never have done

They did not apply any ‘formula’ to pinpoint accurately what had occurred for any specific child but the environment was often assumed to be the default cause of language delay in the absence of any other obvious factors:
if there’s nothing wrong cognitively with the child there’s no hearing impairment there must be something wrong in the environment

Ideas about language delay: contrast and comparison

In common with Peacey’s (2005) findings about parents of children with primary language impairment, both parents and SLTs in this study considered there to be both internal and external factors that may contribute to language delay, but there are some important differences in their explanations. Unlike SLTs the parents did not mention wider factors such as illness or disability that may contribute to language delay. Whilst both groups referred to the effect of the environment, parents were more concerned with the people around the child whereas the SLTs referred more to socio-economic factors. Both groups directly or indirectly questioned the role of parents. The parents, in common with those reported on by Glogowska and Campbell (2004), Rannard et al. (2004) and Peacey (2005), sometimes blamed themselves but were unsure what they had done; some SLTs were uncomfortable at blaming parents or having different expectations of children dependant on where they lived.

Intervention for language delay

Parents’ ideas about intervention

Parents’ ideas centred around four themes.

1. Parents’ use of strategies before seeing a speech and language therapist. Parents described strategies they were already using. They particularly emphasized the role of direct teaching and of children imitating others.

   we’re correcting her and making her try to say it the right way

   I have to hold his face to make him look at me … and he will look and then you will say ‘say it’ and he says it exactly the same way as what he would have said it

   we’re concentrating on three: ball clock and duck because he knows what the duckies are

2. Assessment: the role of play and other activities. Parents had a range of views about what they wanted and expected from assessment, particularly the role of play and structured activities:

   [The SLTs] need to sit down for more than five minutes … not just sit and watch them play with bricks or play with teapots … they need to sit maybe with books and talk

   I don’t know what I expected but … I just thought that it would be more playful rather than structured tasks

3. The role of the speech and language therapist

   Parents had varied ideas about the role of the SLT and believe they provide effective services when they do the following:
Screen children for more serious underlying difficulties:
prove there is not anything medically wrong or if it is like the glue ear you know something that will work itself right in a bit

Provide new information or advice and pass on their skills in areas in which they are perceived to be experts e.g. speech sound games:
activities that we can do at home get advice from professionals
what they told me when we went up I was already doing it with her so it was nothing new

Consult with parents:
I wasn't asked my opinion about it … it panicked me because I was just like going along he's doing ok to me … my own problem with him is that he is not a good eater

Recognize parents’ knowledge and expertise:
nobody listens to us I am only the mother and nobody knows children better than we do

Role of nursery/school. Many parents consider that the opportunities available in school or nursery would help their child.
The nursery will help her do things and speak and she will pick it up from other kids
She will probably improve as we get to school because there are other children and she will have to be understood

Speech and language therapists' ideas about intervention
In relation to their ideas about intervention for language delay their ideas emerged into six main themes.

(1) Referrals.
They consider that their work with children with language delay is influenced by referral patterns:

fewer and fewer seem to be presenting with what I would consider a straightforward speech and language delay

the health visitors … do tend to only refer the ones that they think will come in

(2) How children are assessed.
Although SLTs talked about how they assess, the methods of assessment appear eclectic. They reported frequently using their prior experience to interpret data on a given child and decide if the problem is significant:
At the beginning you are doing detective work to try and figure out what is going on and try to find out what the main reasons are what the main factors are and set it in perspective

(3) Intervention approaches.

SLTs’ decisions about whether and how to work with a child are influenced by a number of factors, including

- environmental/social factors:
  I feel like a year delay round here it is not a problem particularly depending on what age you are looking at

- The cause of the delay
  I feel that when nothing stands out in a case history sometimes you don’t know where to go particularly … I just then work in a developmental way

- Attention and listening:
  every child you see you find that you are working on attention and listening

Some SLTs articulated their views of intervention in an abstract way:

my view of therapy is kind of quite educative and facilitative because it is about bringing something within somebody’s reach about turning on the light for somebody and saying there is just this little thing and helping them to get there then you give them the tools that they need

whereas others were more concrete in their descriptions:

I’m not into teaching prepositions as prepositions and because I think it’s natural to immerse the child in language at the level the child is at in the hope that the child would generalise the language from that.

(4) Play

The SLTs described the use of play in their intervention with children. Some thought that parents may not be aware of the links between language and play, had limited experience of play themselves and/or may not share SLTs’ understandings of the meaning and use of play:

I think a lot of what I seem to be doing at the moment is informing the parents of the role of play in normal development

there are differences … what we mean by play a lot of the families I talk to think that play is Play Stations and play is watching videos together … I think those ideas are very different in us than what they are in parents

(5) Parents and families

SLTs described issues around working with and advising parents and the impact of parents’ cultures:

it takes and awful long time but once you have got the parents with you it is really really good and the child does make loads and loads of progress
I think we have got a very important role with advising reassuring because I think as often you are trying to change a parent's behaviour you are reassuring them that yes you are doing the right kind of thing you have got to respect the parents’ lifestyle and if TV is an important part of their life it is better to help them work with it in a useful way if you are judging people without realising that you are doing that because of your own values

(6) Working with nurseries and schools

SLTs consider that working with school and nursery staff is important but have a range of experiences and success in doing so:

I can look back and still see the staff that have not taken one piece of information on board

It is some kind of drip feed approach really in most of the cases

*Intervention for language delay: contrast and comparison*

Parents see themselves as experts on their children who are already attempting to help their child’s language delay before they see a SLT. Lindsay and Dockrell (2004) found that parental expertise in early identification was not always acknowledged by professionals. Glogowska and Campbell (2004) found that parents ‘act as informal agents of surveillance of their children’s development’ and similarly this study found that parents were already trying things with their children before seeing a SLT. In this study this was not explicitly acknowledged by the SLTs. There are some differences between parents’ and SLTs’ ideas about intervention, as well as variations within the parent group. These differences were mainly around the role of imitation, play and lowered expectations of children dependant on the locality. Phillips (1995), in a geographically and economically similar area to that used in the present study, found that parents of normally developing children did not see play as supporting language development. Similarly in Johnston and Wong’s (2002) study Chinese Canadian mothers were less likely than ‘Western’ Canadian mothers to think that play supported learning. Although Glogowska and Campbell (2004) noted that parents wanted their child’s communication difficulties to be resolved by the time they started school, some of the parents in this study saw nursery/school as an important place for resolving these problems, whereas the SLTs had varying experiences with educational provision. Parents did not comment on the location of the intervention, unlike in Peacey (2005) where some parents were less positive about clinic-based intervention.

In summary, whilst both groups consider that internal and external factors influence language development and delay, important differences remain. For example, parents see gender and personality as important and that television and imitation are positive influences, whereas SLTs are ambivalent about the impact of television and were concerned about the ‘right environment’. Although parents refer to the effect of the environment it is in terms of the people around the child, and socio-economic factors were not mentioned, unlike for the SLTs. These views appear
to contribute to differences in how the two groups consider language delay should be addressed. Parents describe views and behaviours which have implications for successful intervention but which are not explicitly acknowledged by the SLTs. These include strategies used by parents in advance of seeing a SLT and their varied expectations of SLT assessment and roles. Again, parents favoured direct teaching and imitation. These issues are considered in the following section.

Implications for practice and research

These data, on SLTs and parents from one part of Manchester, highlight both specific and general issues for both clinical practice and research. Parental views on the importance of personality should be acknowledged, although research evidence about its impact on language development is limited (e.g. Spere et al. 2004). The issue of what constitutes ‘an appropriate environment’ and the impact of socio-economic factors, need further discussion and research within speech and language therapy. Whilst there is evidence that poverty is associated with language delay and differences in parent talk, data on which, aspect(s) of poverty are causally related to language delay, is incomplete (Hoff and Tian 2005). Thus, advice about altering the child’s environment should be given with care.

Knowledge about parents’ explanatory models of language development and delay provides valuable data for determining the appropriateness of information and advice given to parents, particularly where parents have already been trying to help their child and have formed expectations about speech and language therapy. SLTs should routinely ask parents if they have already implemented any changes in response to the perceived language delay and what they want and expect from speech and language therapy, using approaches such as ethnographic interviewing (Westby 1990, Johnston and Wong 2002). This should enable SLTs to frame their management strategies in ways that harness parents’ existing cognitive and parenting styles and thus promote effective and acceptable interventions. SLTs need to consider advice about the role of imitation and television in order to try to accommodate parents’ beliefs. The use of play in assessment and intervention also needs to be handled carefully because as, in this sample, parental views may not be unanimous. Further research is needed and SLTs should discuss parents’ expectations with them and be explicit about the use of play, as prior research has demonstrated its importance (e.g. McCune-Nicolich 1986).

The SLTs in this study wish to take account of and collaborate with parents but they also consider that some of what parents are doing is inappropriate. They want to reassure parents that language delay is not their fault and yet they also want to change parents’ language input. Resolution of these potentially contradictory positions needs to be considered.

SLTs do not appear to have reached consensus on the appropriacy and implications of using different developmental norms for some groups of children i.e. children from differing socio-economic groups. Furthermore as these data suggest that the environment may be seen as a ‘default cause’ in the absence of other data, this needs further investigation and professional debate, as do the underlying causes of language delay.

The finding that SLTs in this study tended to reference personal experience rather than theoretical models and research data, deserves further investigation. It may be that theoretical models have become so internalized that they are
indistinguishable from experience (and hence potentially at risk of resistance to change) or it may be a reflection of a division between academic learning and practice-based learning during initial education, which needs to be addressed by speech and language therapy pre-qualifying programmes.

Further data are needed on a greater range of parents, including those from other socio-economic, religious and linguistic groups (including those who are likely to be more or less similar to SLTs). This will increase understanding of the range of parental beliefs that service providers need to accommodate. This view is supported by Johnston and Wong’s (2002) research regarding variations in talking to children. Peacey (2005) also refers to the potential impact of mothers’ prior experiences which were not explicitly explored in this study. This research, as well as Peacey’s, indicate the range of parental ideas and so increase the imperative to interview in greater depth. Although ethnographic interviewing may be time-consuming, it is supported by Glogowska and Campbell (2004) and Hammer (1998). It fits well with moves in the UK towards a patient-led National Health Service and will hopefully lead to increases in compliance.

Finally referrers need to negotiate referrals to speech and language therapy carefully in order to harness parents’ engagement with the services on offer. SLTs need to investigate changes in referral patterns as they may have implications for how to work with referral agents. Further, there is a need to understand referral agents’ explanatory models of language development and delay as they may influence referral patterns.

Limitations of the study
This was a small-scale qualitative study, carried out in one location in a particular point in time and it was not possible to explore all themes in every interview, as themes emerged as the interviews progressed. The authors, in accordance with qualitative methodology, do not claim that the results are generalizable, as the aim was an in-depth understanding of these participants. Additionally, not all areas that emerged from the interviews have been foregrounded for discussion. However the respondent validation workshops carried out with local SLTs did validate the findings. Finally, it is important to bear in mind the views of Sigel and Kim (1996) who question if parents are always able to articulate their beliefs, and if their beliefs relate to their behaviour. Apart from interviewing more parents, in order to validate these findings further, it would be useful to consider other data collection methods, e.g. observational or ethnographic studies.

Conclusions
This study suggests that amongst this group of SLTs and parents there are areas of consensus and difference regarding language development, delay and intervention. Awareness of these potential differences may prompt SLTs to investigate these issues with parents and to adapt their practice accordingly. Further research is needed to explore these issues with other groups of parents.

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