

Addressing Language Development Barriers: A Pedagogical Approach for Young Children With Speech Delay

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ABSTRACT

Speech delay is considered prevalent in young children and becomes significant attention among early childhood teachers since it may affect the communication and social skills of children. To deal with this problem, a pedagogical approach is carried out to facilitate teachers in helping young children with such hindrance. This study aims to investigate the pedagogical approach employed by the teacher to address the speech delay. A descriptive qualitative study is used to examine the implementation through interviews and observation. Teachers from identified schools with speech delay pupils were selected to participate in the study. The findings revealed a series of pedagogical treatments utilized for resolving the speech delay started from classroom management, teacher's modelling, small groups opportunity, big groups opportunity, teacher's scaffolding, and referral system.

Keywords: Pedagogical approach, speech delay, young children

1. INTRODUCTION

Children have a different variety of speech and language development. During the pre-school , language development becomes one of the prominent indicators experienced by these children (Dickinson & Tabors, 2001). The language development is usually associated with the vocabulary acquired (Childers & Tomasello, 2002) and children's communication ability, including their spoken language ability. However, some children may encounter barriers or disorder within the phases of language development, one of which is in the form of speech delay. The speech delay can be a problem since it affects children's social and emotional development (Fitriyani, Sumantri, & Supena, 2019; Ward, 1999), communication (Hutami & Samsidar, 2018), and even achievement after an intensive intervention (Stern, Connell, Lee, & Greenwood, 1995).

With those effects, families tend to pay less attention to speech delay experienced by some children since it is traditionally considered prevalent and not an urgent matter, so they tend to watch and wait in determining the intervention to give (Sunderajan & Kanhere, 2019). The parents who have children with speech delay even only have a low level of anxiety toward their children's condition (Tsuraya, Deliana, & Hendriyani, 2013). There was a view that the family is preferable to send children to schools with the intention that teachers can teach children, so they can treat and solve the problem. Such perspective is misleading due to the roles of parents. In addition, people and the surroundings have their own significant roles on children's cognitive and psychomotor development (Fitriyani et al.,

2018). Likewise, appropriate treatment and pedagogical approaches are required to overcome the barriers, especially in Early Childhood Education (ECE), but those efforts need someone who is competent and skillful.

In Indonesia, the context of this study, early childhood teachers' competence generally needs further improvement, specifically, the teaching competence to deal with speech delay in young children. Many of the teachers do not have an adequate educational background, in which they did not take early childhood education department, but some of them graduated from senior high schools that caused them to have little experience. Another fact was dealing with government's effort to develop teacher's competence. It can be seen from the scores of Teacher Competency test did not achieve the standards of the professional and pedagogical competence of early childhood education teachers (Qomario, Kurniasih, & Anggraini, 2018). Consequently, the teachers need to improve their competencies through pedagogical approaches that can be employed to teach children with speech delay. This study aims to investigate the implementation of pedagogical approaches used by teachers in early childhood education to teach children with speech delay. The implication of this study is supposed to be a model and reference for teachers who deal with children with speech delay.

2. LITERATURE REVIEW

2.1. *Related Work Children Language Development*

Children need language to communicate which can be developed along with their growth. It occurs from toddler to adult. Vocabulary becomes an indicator for children's language development from 0 to 5 years old. They acquire the vocabulary used for speaking from simple to complex sentences (Bond & Wasik, 2009). Experts argue that language development is an ability beyond acquiring vocabulary (Hutinger, 1978), but also in producing language which used to communicate through various expression in conveying the message, feeling, even ideas (McLaughlin, 2011).

Children have unique ways to master language and milestones of speech development; some of them may be faster while some may be not. Both language and speech become the most frequent parts for children with speech delay because 20% of them experienced delayed speech (Moreno, 2015). However, problems in language and speech can occur simultaneously or separately (National Academies of Sciences, Engineering, 2016). During the language learning phases, some of the children can encounter some problems related to sounds, words, and even sentences orally.

2.2. *Speech Delay*

Oral devices for human consist of lips, tongue, vocal cords, and any related to produce sounds of language verbal expression (Caruso & Strand, 1999). A speech delay refers to the condition when a child's speech is not accordance with children's development, signed by speech sound patterns (Shriberg, Austin, Lewis, McSweeny, & Wilson, 1997; Sunderajan & Kanhere, 2019). If a child suffers from a speech delay, he or she may talk or speak in one or a phrase to communicate or express the idea, but it is difficult to understand. It is caused by various aspects such as oral disorder such as oral-motor problems (Komisaruk, 2017), mental retardation, hearing loss, maturation delay, expressive language disorder, bilingualism, psychosocial deprivation, autism, elective mutism, receptive aphasia, and cerebral palsy. Additionally, untreated speech delay may cause poor reading and speaking skills, behavior problems, and may influencesocial adjustment (Shetty, 2012). Some studies on speech delay (Hauner, Shriberg, Kwiatkowski, & Allen, 2005; McLaughlin, 2011; Sunderajan & Kanhere, 2019; Tsuraya et al., 2013) have been conducted but none of them specifically investigated on its pedagogical approaches such as the one done by (Hutami & Samsidar, 2018), which focused on repetition, grammar, and pronunciation.

2.3. *Pedagogical Approaches for Speech Delay*

Pedagogy has led to debate and been defined differently. Pedagogy is described as 'the discourse which informs and justifies the act of teaching and the learning' (Alexander, 2004), or 'any conscious activity by one person designed to enhance learning' (Watkins & Mortimore, 1999). The pedagogy applied for children with speech delay which modified into teaching activities and practices such as modelling, exploring and questioning, and scaffolding that foster children to learn (Stephen, 2010), and all of approaches should be supported with appropriate classroom management, for instance grouping the students.

Children are the best imitator. They could imitate things naturally in a supportive environment. One of the teaching tool is Modelling used to ask students to imitate what teachers did in learning activities (Haston, 2007). Furthermore, drilling and grouping, are inseparable strategies which offer repetition used on a purpose. The purposes are forming, modifying, and producing a model (Justi & Gilbert, 2002). Modeling is part of social constructivism which involves social interaction in learning process. Vygotsky claims that as the zone of proximal development (ZPD), which refers to a zone where children learn with more experienced from adults or peers through interaction. These people, adults, and peers are supposed to assist and encourage them in learning and thinking beyond the area where they can do so without others' help (Santrock, 2014). Two concepts that are linked to ZPD are more-knowledgeable-others (MKO) and scaffolding. It means that the presence of others with a better understanding on particular historical and cultural practices could assist children to be better (Abtahi, 2017), while the practice of various supports given during the teaching and learning session with person who is skillful. In order to give the best guidance in accordance with their development (Santrock, 2014). Thus, those concepts should be combined as a teaching strategy in the classroom. To implement the concepts above successfully, classroom management, specifically for early childhood education, is obliged. There are two dimensions of classroom management that must be taken into consideration, namely the early classroom environment and social interaction with young children (Scarlett, 2015). The classroom environment needs special conditions which deal with the facilities provided. In Montessori, for example, children are not allowed to do activities with the objects designed for adults. Instead, facilities are designed and provided based on children's size and height, so they do activities comfortably. In addition, the environment should be organized by considering different interest areas of children.

3. METHOD

3.1. Research Approach

The study used a qualitative approach with observation and interviews as the instruments. The data gathered over 15 weeks with some aspects to analyse and to compare. The triangulation data procedure applied to analyze the information collected. The data collected from non-participatory observation and in-depth interviews from teachers and therapists.

3.2. Categorization of Participants

The participants within this research were teachers and therapists. The teachers were selected from ECE Institutions who teach young children with speech delay aged 4-6 years old. There were two schools at the same district that have six children with speech delay. The therapists from different centres were chosen by their professional involvement in handling children with language disabilities.

3.3. Data Analysis Techniques

The data compiled then were analyzed by using a descriptive qualitative technique. There steps were: a) Data reduction, where all the compiled data were selected based on the research variables focused on the research questions and were arranged according to the pattern and reduced unwanted data, b) Data display, where all the sorted data were presented in narrative text, c) Verification/Conclusion; at this stage the researchers summarized a conclusion.

4. FINDINGS AND DISCUSSION

The research aimed to investigate the pedagogical approach employed by teachers in addressing the speech delay, there were several steps found which are significant. The data from the observation and interview sessions resulted a series of approach steps into 1) classroom management, 2) teacher's modelling, 3) small groups opportunity, 4) big groups opportunity, 5) teacher's scaffolding, and 6) referral system.

4.1. Classroom Managements

In Indonesia, there were four learning models used by ECE teachers in managing the classroom. They are centre, area, group, and corner as stated in Regulation of Ministry of Education and Culture, Republic of Indonesia Number 146 Year 2014 (Ministry of Education and Culture, Republic of Indonesia, 2015). These four models also determine the young children with speech delay improvement. Amongst

the four, the research focused on two models that centre was appropriate in handling children with speech delay since it was in line with the steps of the approach which was classroom management. It divided into three parts, which were opening session, core session, and closing session.

The first model observed was area. It has at least four areas that opened in a day. Children were free to play in their chosen area. There was no specification for what type of play that the teachers should prepare in each area, while facilities provided based on the area opened of the day.

On the other hand, firstly, center model has more specific rules to follow. There was an obligation to use called four footholds to support children in learning process, were: 1) Main environment footing; 2) Step before playing; 3) Footing during playing, 3) Footing after playing. Secondly, there was one center each day where children can play. Lastly, children should play at least three times with three different types of plays which were construction play, sensory play, and role play. Furthermore, facilities provided in the classroom had a huge effect on the children. Through centre learning model, children were able to explore countless plays and activities during the learning process. Furthermore, there were four to five play sets prepared for each type of play for 15 children. Hence, they will receive all the benefits of construction play, sensory play, and role play through centre learning model that encourages children to be more active, flexible, and imaginative.

4.2. Teacher's Modelling

In this section, there were proper three items i.e., firm/loud-speaking style, vocabulary repetition, and read-aloud activity. Those encouraged children with speech delay to listen and repeat. The finding showed that they got the benefits from the louder speaking of teachers. Besides, repeating vocabularies with certain consonant-starting words e.g., *Foto* and *Radio*, or new vocabularies followed by them. Then, the read-aloud activities conducted by teachers to ask them to imitate and to articulate a particular sound.

4.3. Small Groups Opportunity

Building positive interaction is essential for young children so that they will have good adaptability, social, and communication skills with their peers and adults. At school, the teacher sets the class in proper. Usually, young children with speech delay tend to have a small circle of friends, which can be asked to assist them to be comfortable. A mixed sitting arrangement which involved children who have a better language development in a small group should assist the children with speech delay to improve their language and social skills. Besides, the activity was done through drilling. It aimed to give more opportunities for young children with speech delay in practising their language. Thus, it was designed for children with speech

delay to be readier in learning before moving to a big group regarding language development.

4.4. Big Groups Opportunity

The group was created to give a space for children with speech delay in interacting with peers, in larger numbers, who have a better skill of language development. The reason was to increase young children's social skills in a large number of children and also to see the readiness of them. During the session, they encouraged to the learning activities through receptive and expressive language skills. It aimed to measure the children's language development through pedagogical treatment.

4.5. Teacher's Scaffolding

Scaffolding has been widely recognized as one of the best from all Lev Vygotsky's theory. However, More-Knowledgeable-Others (MKO) was not well-known as ZPD. Speaking of teachers, they have a capability to recognize children's characteristics. The MKO can be implemented to young peers to adults of children's environment. It employed to do imitating which is important for children during a learning process. Furthermore, it helped the teacher to analyze the interaction between the children with speech delay and peers, who have a better language skill, in order to comprehend their language barriers and to determine the next steps. Hence, it could positively reduce the language barriers. F. Referral system

The referral system was the last part of pedagogical approaches, which can be arranged by the teacher. This needs experts and psychologists' intervention. A standard operational procedure (SOP) should be created in implementing this part. Moreover, it can also be built with the local government task forces to design appropriate systems and facilities in handling the children with speech delay. It means that having this system and its SOP also provide their allowances with the accreditation agency.

5. CONCLUSION

This is an important finding in the understanding of the pedagogical approach regarding children with speech delay. It showed that there were several steps can be followed by the teachers: 1) Classroom management; 2) Teacher's modelling; 3) Small groups opportunity; 4) Big groups opportunity; 5) Teacher's scaffolding; 6) Referral system. To support the steps, the teacher's competencies should be improved as well. In future research, investigating a specific procedure of each step and analyze it might prove important.

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