

# Chapter 11

## Communication Rights of Young Children in Early Childhood Education and Care



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**Abstract** This chapter reviews international literature on communication rights and applies it to young children particularly in early childhood education and care (ECEC) settings. Communication rights within the United Nations Convention on the Rights of the Child encompass freedom of expression and opinion (Articles 12 and 13) and the language(s) in which children communicate (Articles 2, 29, 30 and 40). Accommodating and upholding communicative rights for children may require flexibility and creativity, depending on the modality of the children's communication, and the language that they use. Thought and consideration to children's right to communicate is imperative given communication is necessary for protection of many other rights. The second part of the chapter expands the discussion to specific considerations relating to communication rights for young children with speech, language and communication needs (SLCN), in particular, those with cleft lip and palate. A commentary is presented by Dr Yvonne Wren focusing on the rights of children with SLCN (including those with cleft lip and palate) in the United Kingdom (UK). Dr Wren draws on information from the Cleft Collective Cohort Studies, a large-scale national cohort study of over 2000 children born with cleft lip and/or palate in the UK, with a particular focus on the early childhood experiences of education and care for children in the cohort.

**Keywords** Young children · Cleft palate · Speech language and communication needs · Early childhood education and care · Children's rights

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## Children's Rights

Since the United Nations General Assembly put into place the Convention on the Rights of the Child (CRC; United Nations, 1989), it has had a profound impact on the way children's rights are legislated and upheld. It has also become the most comprehensively ratified accord for human rights in the world (Australian Human Rights Commission, n.d.). The CRC contains 42 articles addressing a full range of human rights including civil, cultural, economic, political and social rights for children (Australian Human Rights Commission, n.d.). It was developed with the promise to children that the world would "...protect and promote their rights to survive and thrive, to learn and grow, to make their voices heard and to reach their full potential" (UNICEF, 2014, n.p.). There is equal emphasis placed on all rights for children in the CRC (UNICEF, 2005). That is, there is a recognition of the child as a whole, and the "...indivisible and interrelated" nature of a child's rights (UNICEF, 2005, n.p.). Promotion and protection of children's rights is imperative, given that "children are not just citizens of the future, but are the people of today" (McLeod, 2018, p. 8).

## The Right to Communicate

Communication is a fundamental human right (McEwin & Santow, 2018; McLeod, 2018). It encapsulates receiving and sending a signal, as well as the interim steps of processing and storing the signal. The primary forms of communication privileged in mainstream society are the understanding and use of oral and written communication (speaking, listening, reading and writing), and to a lesser extent, multimodal communication (McCormack et al., 2018; Verdon et al., 2017). Communication typically includes both speech (sounds, fluency and voice) and language (words, sentences and concepts a person understands and uses). Multimodal communication may include looking, gesture, sign language, use of pictorial representations of concepts, voice output devices, and other forms of augmentative and alternative communication (McCormack et al., 2018; McLeod, 2018; Verdon et al., 2017). People communicate through written stories, poetry, mathematics, art, dance and many other creative ways (McLeod, 2018). Communication enables connection, with family and friends, as well as in community, educational and professional contexts. An integral part of childhood is learning to communicate with those around you. Effective communication underpins a person's autonomy and capacity to engage with society in a meaningful way (Johnson et al., 2010). Communication rights for all people is addressed in Article 19 of the Universal Declaration of Human Rights (United Nations, 1948), which describes the right to freedom of opinion and expression, as well as the right to use the language of choice within communication (McLeod, 2018).

## Children's Right to Communicate

Supporting children's right to communicate, including listening to young children, respects their right to "having a good childhood in itself" (Kragh-Müller & Isbell, 2011, p. 27). Accommodating and upholding communicative rights for children may require flexibility and creativity, depending on the modality of the children's communication, and the language that they use (Roulstone & McLeod, 2011). Articles 2, 12, 13, 29, 30 and 40 of the CRC (United Nations, 1989) focus on two areas of communication: freedom of expression and opinion (Articles 12 and 13), and the language(s) in which children communicate (Articles 2, 29, 30 and 40) (McLeod, 2018). In addition, children's right to communicate is necessary for protection of many other rights. Therefore, championing children's right to communication has implications across multiple disciplines, including the law (e.g. Jones, 2015), healthcare (e.g. Kilkelly & Donnelly, 2011; McCormack et al., 2018), education (e.g. Doell & Clendon, 2018; Gallagher et al., 2018; Gillett-Swan & Sargeant, 2018) and disability services, such as in the Convention on the Rights of Persons with Disabilities (CRPD; United Nations, 2006).

### *Privileging Children's Voices*

Listening to young children and championing their expression of their opinions can present challenges, given they are in the process of acquiring their communication skills. For infants and toddlers, adults may need to facilitate communication (and by extension human rights) by interpreting gestures, body language and facial expressions as well as key word signs and spoken words. However, it is important to acknowledge the child as "rich in potential, strong, powerful, competent, and most of all, connected to adults and other children" in daily life as well as in research (Malaguzzi, 1993, p. 10). By doing so, children's right to communicate can be achieved when adults view and treat children as competent communicators. To promote communication rights, young children's agency and participation across contexts must be supported. Shier's (2001) five stages model of increasing participation for children proceeds from the least involvement of children to the most involvement. These stages are:

1. Children are listened to
2. Children are supported in expressing their views
3. Children's views are taken into account
4. Children are involved in decision-making processes
5. Children share power and responsibility for decision making.

The Pathways to Participation model (Shier, 2001) moves through levels of child involvement to facilitate children's participation and empower children in the decisions affecting them (Shier, 2001). Children's level of participation may vary

depending on the setting, the individual child, and the adult(s) or individual's capacity. The first stage of commitment represents an opening, where someone is "ready to operate at that level" (Shier, 2001, p. 110). Next comes an opportunity. To operate at this level, resources, skills, knowledge or new approaches are developed to support the individual or organisation at this level of empowerment. Lastly is an obligation, where it becomes a requirement (e.g. through agreed policy) that the individual or organisation operates at this level (Shier, 2001). Several researchers have demonstrated how children can be "active and effective participants" (Dockett & Perry, 2007, p. 47) in matters concerning them, such as the Starting School Research Project (e.g. Dockett & Perry, 2005) and Risky Spaces Project (Farrell & Danby, 2004–2006). This model of child-led research and discussion upholds children's right to be involved in decisions affecting them; however, it requires adults involved to commit to and facilitate listening to children (Dockett & Perry, 2007).

## **Young Children in Early Childhood Education and Care**

The early years of children's lives are foundational for their lifelong health and well-being (Eadie et al., 2017). Thus, early childhood educators are uniquely positioned to have a positive influence on the development of young children and, in particular, their communication development. Law et al. (2009) analysed the outcomes of 17,196 5-year-old children from the United Kingdom (UK) when they reached 34 years of age. This analysis showed the growth of children's early language skills was of particular importance, acting as a predictor of later social, emotional, academic and vocational achievement. Given the positive influence of attending early childhood education and care (ECEC), and the benefits of attendance for children, ECEC is an important space for upholding, championing and improving children's communication. For example, in Australia the articles of the UNCRC, including those relating to freedom of opinion and expression, are embedded in a range of laws and acts governing care and education for young children, such as the Education and Care Services National Law 2010 and Regulations 2011 (Early Childhood Australia & Australian Human Rights Commission, 2015). Further, communication is one of the five key learning outcomes for children as described by the Australian Early Years Learning Framework (EYLF; DEEWR, 2009). The same is true in the curriculum documents of other countries such as Te Whāriki (Ministry of Education, 2017), the early childhood curriculum for New Zealand, and in the Early Years Foundation Stage (EYFS; Department for Education, 2017) framework in the UK.

## Supporting the Communication of Young Children with and Without Speech, Language and Communication Needs

In this discussion we focus on the communication needs of young children in ECEC and the communication of young children with speech, language and communication needs (SLCN). There are two important points to consider when discussing the communication of young children. Firstly, it is important to recognise that children may be less able to communicate their needs and/or feelings because of their age. So, there is a need to recognise and meet children at their stage of communication development. Secondly, there are some children who have specific communication disorders, which is why they cannot communicate.

Strong communication skills are crucial for all young children and can be supported in ECEC settings. Promoting very young children's expressive communication (and by extension, their rights) may require support or guidance from adults around them. Children's ability to express themselves has protective features for their safety, independence and autonomy. Very young children may not be able to follow verbal instructions, so accompanying these with gestures, or pictures, may also be beneficial. Facilitating children's understanding of the cultural expectations of an early childhood setting also supports their sense of belonging and safety.

SLCN is an umbrella term and includes "difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say, and using language socially" (Bercow, 2008, p. 13). Children with SLCN may have difficulty understanding what is said to them, trouble expressing themselves or both, and they may require additional specialist support by speech-language pathologists (SLPs), educators and others to promote their speech and language development. Although specific terms vary according to organisations and/or nations, for example, SLCN (Royal College of Speech & Language Therapists, n.d.), "communication impairment", "developmental language disorder", "speech sound disorder" (Speech Pathology Australia, n.d.) and "speech, language and hearing disorders" (ASHA, n.d.), they collectively represent one of the highest prevalence conditions seen in childhood (Law et al., 2000; McLeod et al., 2014). For example, in a literature review of screening for speech and language disorders in children aged 7 years and under in the UK, Law et al. (2000) found expressive language delay to have a prevalence ranging from 2.81–16% and speech delay of 2.3–24.6%.

Listening to children with SLCN has been approached in a variety of ways, requiring creativity and lateral thinking to privilege the voices of the children themselves. For example, drawing and arts-based approaches (e.g. McCormack et al., 2010, 2022; McLeod et al., 2013), narrative inquiry (e.g. Lyons & Roulstone, 2018), videography – such as *baby cam* (e.g. Sumsion et al., 2011) and focus groups (e.g. Nyberg & Havstam, 2016). Insights gleaned from child participants in research have included the risk and protective factors regarding the impact of SLCN on children's well-being and resilience – with relationship challenges and academic achievement as risk factors and hope, agency and positive relationships representing protective

factors (Lyons & Roulstone, 2018). Further, the responsibility of listeners in supporting children with speech sound disorders was highlighted by child participants in a study by McCormack et al. (2010), describing both a speech problem and a listening problem and the associated frustrations. A study by McLeod et al. (2013) with children with speech sound disorders described how the children felt safe in their home environments with familiar people (e.g. their siblings), but frustrated, embarrassed or withdrawn in public contexts when they could not express themselves. There are some studies investigating the voice of children with SLCN (Lyons & Roulstone, 2018; McCormack et al., 2019; Roulstone & McLeod, 2011); however, there is greater scope for inclusion of children as agents of power and decision making, as per the Pathway outlined by Shier (2001) to uphold the rights of children with SLCN.

Although SLCN is highly prevalent in early childhood (Law et al., 2009; McLeod & Harrison, 2009), children with communication disorders have been shown to respond to intervention (Baker & McLeod, 2011; Law et al., 2003; McLeod et al., 2020). Early detection and intervention may mitigate the effects of communication difficulties on children's socialisation and education (Schwarz & Nippold, 2002). Early childhood professionals are key identifiers of communication difficulties (Harrison et al., 2017; McAllister et al., 2011; Verdon et al., 2017). If children with SLCN have limited vocabularies or unintelligible speech, they may become frustrated, leading to perceived behavioural difficulties. Repetition and expansion of children's utterances may help build their vocabularies. Paying close attention to what children are doing, and following their lead, may be of particular importance, so that the adult communication partners can understand what the children are interested in and potentially wanting to communicate about. To encourage communication in more reticent children, it may be beneficial to tap into their interests and show the power and joy of communication. Similarly, children with SLCN may seem to have challenging behaviour if they are not understanding the expectations and/or they cannot express themselves verbally. Using simple language, with pauses, emphasis on key words and repetition may help children with SLCN understand their environment and what is asked of them. Collaboration between families, early childhood educators and SLPs will strengthen the support for young children with SLCN.

Indeed, children with SLCN may not be able to successfully advocate for themselves given their communication difficulties. "Communication is critical to reporting human rights abuses, seeking help, and receiving support" (Marshall & Barrett, 2018, p. 45). Difficulties in interpreting children's priorities may be compounded when children with SLCN are very young. Therefore, facilitating and strengthening reliable means of communication for children with SLCN is crucial. There are many ways ECEC educators can support children with SLCN to exercise their right to communicate. In the inclusive ECEC space, there are strategies and tools for facilitating listening to children. Given the unique nature of children's SLCN, the best strategies to enhance and improve their communication require careful consideration rather than a one-size-fits-all approach. For this reason, a multidisciplinary approach may be most appropriate, involving ECEC educators, SLPs (speech, language and literacy), audiologists (hearing), occupational therapists (play and fine

motor skills), psychologists and others (Verdon et al., 2017). Ideally, in an ECEC setting, to best support children with SLCN's right to communicate, educators' understanding of child rights and child development, and SLPs' understanding of speech and language development and intervention, must be combined. High quality early language learning environments in ECEC settings support and improve children's developing communication skills and, by extension, their right to communicate (Tayler, 2017). The use of visuals to support verbal instructions, and access to toys and resources in languages other than English that reflect the cultural communities of the children attending (e.g., McLeod et al., 2022), all support children's communication rights. Given the known benefits of access to early childhood education, and the particular influence of early identification and treatment of communication difficulties, ECEC educators, SLPs and families are uniquely positioned to support children with SLCN, and to facilitate and uphold their right to communicate. However, there are barriers to children engaging in ECEC, including poor quality ECEC in some circumstances, community attitudes towards children with SLCN and a lack of access to health and allied health services.

### ***Example: Supporting Young Children with SLCN with Cleft Palate***

Children with cleft palate are at increased risk of speech and language delay, and they also require specialist medical intervention, particularly in the first year of life. Cleft palate is a congenital condition where the segments of the face do not fuse as anticipated in utero, resulting in the nose and mouth not being properly separated (Cronin & McLeod, 2019b). When learning to talk, children with cleft palate may rely on gesture to communicate and be slow to acquire words. They may be slow to add words to their expressive vocabularies. Children with cleft palate may be difficult to understand when they start to talk, imitating and producing words that do not sound like the target (e.g., "gaggy" for *daddy*). Children with cleft palate may be more passive communicators than their peers, responding to, but infrequently initiating conversation with communication partners (Chapman et al., 1998; Frederickson et al., 2006). Particular care may be needed to encourage more assertive communication from children with cleft palate. For this group of children, participating fully in ECEC may be compromised due to the need for multiple surgeries and healthcare appointments, increased rates of illness (particularly ear infections), specialised feeding support and difficulties communicating (e.g. Cronin et al., 2020a). When children have a cleft palate, surgeries and orthodontic interventions are required (Cronin & McLeod, 2019a; Cronin et al., 2020b). Parents may choose not to send children to ECEC settings to reduce their risk of infections as a result of the complexity of care they are receiving, and in some cases, because of their child's appearance (Cronin et al., 2021). To support infants and toddlers with cleft palate, certain considerations may be needed in approaching their ECEC to help them achieve their

rights. For example, given the high rates of ear infections in infants and toddlers with cleft palate, having them close to their ECEC educator, where they can see them talking, and minimising background noise (where possible), may help these children best hear what is said to them. As the children may have delayed expressive language, providing simple language models and labelling their actions and interests could give them additional opportunities to learn and attempt new words. Trying to follow their nonverbal communication (i.e. eye gaze and gesture) to best interpret their spoken communication may help adult communication partners understand what they have said if the children's speech is unclear (which is common for infants and toddlers with cleft palate, more so than their peers). Building relationships with young children, where they feel that they are understood, and can be supported to understand what is going on around them, offers the greatest opportunity to help them achieve their rights. These ideas connect with Shier's (2001) framework. That is, Shier's Pathways to Participation can be used to support the communication rights of infants and toddlers with cleft palate. For example, given current practice, professionals and organisations may be at the opening level of commitment, and therefore ready to engage infants and toddlers with cleft palate to participate. More resources would need to be specifically devoted to move this commitment to becoming an opportunity, whereby organisations could devote specific resources to support the infants' and toddlers' participation.

## Conclusion

In the early years of life, a time of enormous growth and development, young children have a right to be heard, and a right to express themselves. Although this may present challenges, there are ways to creatively listen to young children including children with SLCN. Particular care may be needed to see and champion the opinions and priorities of the rich and active child. However, collaboration, and careful and respectful listening, can ensure all children are listened to and their human rights respected, even for those children whose voices might be hard to hear.

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