

## SUPPORTING THE SPEECH DEVELOPMENT OF CHILDREN STAYING IN FOSTER CARE

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**Abstract.** *The aim of the article was the analysis of the problem of speech development in care and educational institutions and family-run children's houses. Speech plays an important role in our life. The ability of speaking properly enables people to form interpersonal communication. Due to our speech, we can express our thoughts, feelings and experience. Thus, it is crucial to stimulate a child's verbal communication from the earliest years. Speech development, which has a genetical basis and depends on innate attributes, is possible only in the context of the social environment. The aim of the study was the analysis of the problem of verbal communication in care and educational institutions and family-run children's houses in the Lublin province.*

*The material for the article was created as part of the project "Education, levelling developmental and educational deficiencies of children under the care of family-run children's houses as well as the educational care centre". The project was implemented by the Department of Pedagogy of Higher State School in Biała Podlaska.*

*There were used two methods in the research: diagnostic survey and study of individual cases. The following questionnaires were used: proprietary questionnaires for charges, interview questionnaires with educators of educational care centres and family houses, an observation sheet and interviews with coordinators and directors of the examined institutions.*

*The occurrence of numerous problems refer to the development of verbal communication both in care and educational centers and family-run children's houses. This function is performed more advantageous in a family home.*

**Keywords:** *communication, foster care, speech, speech development*

### Introduction

The presented article concerns the problem of speech development in children staying in care-educational facilities and family foster homes. Differences in the rate of speech development are associated with the quality of

the educational environment. Numerous studies (e.g. Stefan Szuman, Maria Przetacznikowa) (Dołęga, 2003) conducted among infants and young children who were raised in different environments, indicate the differences in the development of speech. Children who reside mainly in institutional environments often experience delays in speech development (Dołęga, 2003). In these particular cases, when the child's biological parent does not take care of that given child, the country's task is to organize foster care. The current regulations allow a child abandoned by natural parents, to be covered by a given form of institutional or family care (Act on the promotion of the family and foster custody system of 9 June 2011 - Journal of Laws of the Republic of Poland 2011/ 149 p. 887). The family custody consists of: foster family and family child home, while the institutional one consists of: care-educational establishments, regional care-therapeutic establishments, interventional pre-adoption centres.

### **The importance of family in a child's speech development**

Speech or sound communication of people plays a vastly important role in the life of every human. It allows to establish interpersonal contacts, formulate thoughts, feelings, experiences. We can name three functions, which are provided by speech in a human life, namely:

- the representative function (substituting things and pointing at them)
- the expressive function (expression of feelings)
- the impressive or social function (encouraging the listener to reaction) (Słodowik-Rycaj, 2000).

Speech development, which is determined genetically and depends on the innate properties of the human body, is possible only in the context of the social environment. Speech is a concept that applies to the issue of language and communication of efficiency skills acquisition, that is, speech perception, mastery of grammar principles, language production, understanding language expressions and pragmatics (the ability to use speech in different social situations) (Kielar-Turska, 2003). Speech development is highly connected with the overall development of a child. A condition for the emergence of speech is appropriate physiological development. The course of the prenatal and perinatal period very often is an indicator of proper articulation. The diligence of the future parents and especially, of the mother, about the child's health condition is of great significance. The diseases, which a mother suffers from while being pregnant can cause disorders of the central nervous system of a foetus, and thus affect the emergence of a speech disorder.

It is very important that a child who learns to talk heard speech in the initial period of their life in their environment. Under the influence of this stimulation,

the areas that control speech development in the brain cortex of the usually left hemisphere, that steer speech development are shaped (Sadowski, 2005).

The most important environment to develop thinking and speech of the child is a family. The subsequent mastery of language is generally a repetition and modification of the earliest verbal behaviour, speech and mind interaction endured in childhood (Czelakowska, 2005).

Research on the social determinants of speech development show a relation:

- a) between the level of development of speech and emotional constraints within the family and between the family activity in speech therapy and its results;
- b) between the development of speech and behavioural styles in the family;
- c) between the development of speech and behavioural interactions and sociocultural properties of a family (Dysarz, 2003).

It is very important to detect in a child, as early as possible, any irregularities that may contribute to the emergence of speech disorder. Speech problems should be diagnosed as soon as possible so that a child can begin speech therapy. We can agree that: one must realize that a 3 years old and an older child, directed to a speech therapist has gone through the golden age of speech development and during this period we can only improve formed and persisted irregularities. We can no longer evoke numerous features, and by stimulation in infancy period, we can lead to the development of speech as far as possible by a child" (Dysarz, 2003).

Parents need to pay attention to the method of feeding children. Natural feeding or breastfeeding better contributes to the improvement of the lips and tongue than artificial feeding. Breastfed baby's orbicularis is better reinforced, a tongue sets vertically, it exercises jaw, perpetuates breathing through the nose. If a child is fed artificially – if you want to prevent shortcomings of occlusion, which contribute to the articulatory defects – one should, as soon as possible, transfer to feeding with spoon and cup, by giving up the bottle. Parents should pay attention to a child not to suck its thumb, because this action may contribute to the formation of occlusion defects.

In the interest of correct speech, parents should find support of the family doctor, speech therapist, then the teacher. An important role is played by a paediatrician as a doctor of the first contact with a child. It is them who should pay attention to the anatomical conditions in the mouth, facial reflexes relevant for the development of articulation, stress the importance of breastfeeding and breathing through the nose, development of pre-language vocalizational functions – cooing and babbling. In the event when they find irregularities, the child should be directed to a speech therapist.

It is necessary for parents to support their children in the process of the acquisition of speech. The attitude of parents stimulating a child to speak, and correct language pattern are vastly important. Prevention of occlusion defects, if necessary, correcting irregularities, the proper way of feeding foster the development of speech. Expression of the environment should be correct in terms of sound. You should talk to the child clearly and naturally. So-called "the word bath" that is, surrounding a baby with sounds is very important. This has the importance of stimulating speech. One should talk a lot to a child. Encourage the child to communicate with the environment. The conscious work of parents on forming the correct articulation, which should be carried out in different ways is important. Parents should talk about objects which can be seen and about the currently happening events, using short, simple sentences, and repetitions. The child must be engaged in different activities (language is best to be learnt in practical lessons), parents should create opportunities for communication. As noted by Dołęga: children, who are present in the environment of adults, emphasizing development stimulation, and build longer verbal expressions and richer in content, than kids who spend most of their time alone or with their peers. In this second group, speeches are shorter, poorer lexically and semantically (Dołęga, 2003). As Vasta, Haith, Miller note (Vasta, Haith, & Miller, 1995), encouragement by parents, which consists of the repetition and expansion of statements, asking questions, paying attention to the content and grammatical expression correctness, enhancing the language skills of the child.

### **Support of the speech development of children living in foster care in the area of Lublin province – the results of empirical research**

#### **Researched territory and researched sample**

A study for the purposes of the present publication was conducted in Educational-Pedagogical Institutions and Family Foster Homes in the selected districts of the Lublin Voivodeship located in the Eastern part of Poland. Their execution was planned in the framework of the project "*Education, levelling developmental and educational deficiencies of children under the care of family-run children's houses as well as the educational care centre*" implemented by the Department of Pedagogy of State School of Higher Education in Biała Podlaska.

The test site presented for publication is the Lublin Voivodeship – with the area of 25122.46 km<sup>2</sup>. According to data from the CSO in 2017 it was inhabited by nearly 2.14 million people (CSO, 2017, p. 34-35). It is the easternmost region in Poland and consists of 4 sub-regions:

- Lublin sub-region covering 1 city with district rights and 4 districts: Lublin, Lublin county district, Świdnica, Lubartów, Łęczyn;

- Biała Podlaska sub-region covering 1 city on district rights and 4 districts: Biała Podlaska, Biała Podlaska county district, Radzyń, Parczew, Włodawa;
- Chełm-Zamość sub-region covering 2 cities with district rights and 6 districts: Chełm, Zamość, Chełm county district, Zamość County District, Hrubieszów, Biłgoraj, Tomaszów Lubelski, Krasnystaw;
- Puławy sub-region covering 6 districts Puławy, Łuków, Ryki, Opole Lubelskie, Kraśnik, Janów Lubelski.

The research was conducted in each of the above sub-regions of the Lublin Voivodeship. From the sub-region of Lublin, the pupils from nursing-educational facilities from Lublin the county district of Lublin attended the study. In Biała Podlaska sub-region the study was participated by the charges of Włodawa and Biała Podlaska country district facilities. Chełm-Zamość sub-region was represented by the facilities from Chełm and Krasnystaw district, and in the last sub-region - Puławy district – the research was carried out in the facilities from Łuków and Kraśnik. It should be noted that the research was realized only in those schools in which the directorate has expressed willingness to cooperate and participate in the research. The distribution of the examined facilities has been presented in table 1.

*Table 1 The number of examined students in the various forms of care*

Type of foster care	Lublin Voivodship		Warmińsko-Mazurskie voivodship		Świętokrzyskie Voivodship		Total	
	Form of care	Number of examined children	Form of care	Number of examined children	Form of care	Number of examined children	Form of care	Number of examined children
<b>Institutional custody</b>	13	109	12	124	5	50	30	283
<b>Family custody</b>	5	13	1	1	4	18	10	32
<b>Total</b>	18	122	13	125	9	68	40	315

As it results from CSO data, 25 nursing-educational facilities of socialization type function in Lublin Voivodeship, further to 12 family-run foster care institutions and 11 family foster homes. This study involved 18 facilities including 122 charges aged 10-25 years, i.e. 1/3 of all establishments operating in Lublin Voivodeship.

In the study the triangulation of research methods and techniques was applied, since the surveys were connected with the qualitative case studies. Within the framework of the survey, a survey for children aged 10 years and above, and

an interview questionnaire with educators were used, while in the case studies qualitative interviews, partly structured with the heads of nursing-educational facilities, were carried out.

### **Speech disorders of the examined children**

Based on the conducted studies, speech disorder were found among 12 children remaining in foster care.

Among children having communication problems, there was a 12-year-old girl, who was diagnosed with mutism. The girl does not talk, although the construction and operation of articulatory organs are both normal. There was also no intellectual disability found, cerebral dysfunction is excluded. The examined girl was diagnosed with functional mutism because the causes are strong mental experiences, long-lasting stressful situations. The girl lived earlier in the dysfunctional family.

A very serious problem in communication can be observed in the girl, who was diagnosed with hearing damage on a deep level. The examined girl does not communicate verbally with the environment. Upon arrival at the resort, she was covered by systematic therapy for the hearing impaired people and started to communicate using sign language.

In 2 children, delayed speech development was found. This type of disorder occurs when the process of shaping and development of speech in all or some of its aspects (phonetic, grammatical, lexical or expressive) is delayed and is not in accordance with the standards provided for a given age group (Jastrzębowska & Pelc-Pękala, 2003, p. 346). Language competences have developed adequately to achieve effective communication with others. In addition, the articulation and grammar of expression are impaired. Distortion of phonetic construction of words occur. As a result of substitution (replacement), elision (omitting) and metatheses (conversion) of sounds or syllables, the sounding of words is distorted. There are also reductions in the consonant group. Also, the scope of children's vocabulary is significantly reduced. Disorders relate both to the act of speaking and understanding.

Two people were found with delayed speech development due to moderate intellectual disability. The first of them is a boy, aged 18. The scope of general knowledge of the examined is very poor and the knowledge of the principles and socio-moral standards – very low, indicating a very poorly developed social intelligence and low self-reliance and resourcefulness in task-involving situations. Based on the performed speech therapy study, the difficulties in the acquisition and implementation of communication, pragmatic and language competences were found. While a boy, 12 years old understands and performs simple tasks, complex commands must be repeated many times, due to the distributed attention

and excessive motility. The examined boy points the basic objects, actions, repeats and pronounces simple, two-syllabic words, constructs simple sentences. Clarity of expression is limited, as in common speech the vowels are not properly implemented – numerous substitutions (replacing sounds) and elision (leaving sounds). The physical and phonemic hearing is correct.

Two more people having problems with speech: a 15 years old girl and an 11 years old boy were diagnosed with multiple dyslalia. In addition to the articulatory disorders, the main reason behind which is invalid construction and small efficiency of articulatory organs, there are difficulties in terms of synthesis and auditory analysis and fonemic hearing impairments.

In addition, in 5 tested charges lisp, which is caused by an invalid construction of articulatory organs (bad occlusion) was observed.

### **Speech therapy**

Children, which have been found to have a disorder of speech were covered by speech therapy only after arriving in nursing-educational facilities or family foster homes. Most often only then was the speech defect diagnosed. Currently, children who have a speech disorder attend speech therapy. The children can find the help of speech therapist at school, kindergarten, psycho-pedagogical clinic. One of the children, having a lisp is working with a speech therapist-volunteer and a private speech therapist. Caregivers of children staying at family foster homes declare that they regularly continue to practice speech therapy at home. But children in nursing-educational establishments most often repeat the exercises asked by a leading speech therapist on their own. All caregivers have found that there was an improvement in verbal communication since the adoption of the children to their home.

### **Supporting of the speech development, in the opinion of the respondents**

To learn about the communication activity of caregivers, they were asked how much time they devoted to talking with their child.

The data contained in table 2 indicate that parents typically spend 0.5 hours during the day talking to their kids – such an amount has been declared by 52 interviewed persons.

*Table 2 Time devoted to conversations*

No.	Time devoted to conversations	N
1.	1 hour	49
2.	2 hours	16
3.	3 hours	3
4.	4 hours	2
5.	0,5 hour	52
	total	122

*Source: own research*

Charges of the nursing-educational and family foster homes state that parents usually talk with them on the current topics and issues related to education. 18 people admit that discussions are related to contacts with their peers. While a small group of children believes that they talk about what is important and valuable in life and their future.

*Table 3 The issues discussed in the conversations (in the opinion of surveyed charges)*

No.	Conversation with a child most often relates to:	N
1.	current affairs	101
2.	education	68
3.	contacts with their peers	18
4.	future of the child	12
5.	What in life is valuable, important	8
6.	child's problems	41

*Source: own research*

The examined charges admit that mostly they talk to their parents when they ask something or after returning from school.

*Table 4 Time of conducted conversations (in the opinion of surveyed charges)*

No.	When do they talk with their parents most often?	N
1.	during common meals	28
2.	when we watch TV together	17
3.	when I get home from school	32
4.	while driving a car	19
5.	when I ask for something	68

*Source: own research*

In order to encourage a child to a conversation, the examined parents most often ask questions – this has been declared by 78 people. The next communication strategy to be used in order to sustain a conversation is showing

interest in the problems of the child – this was noted by 18 parents and sometimes parents tell something interesting to encourage the young person to take part in the dialogue. However, 9 examined persons claim that it is not necessary to sustain a conversation because the pupil expresses interest in conversation with their parents by himself.

*Table 5 Communication strategies applied in order to sustain the conversation*

No.	Communication strategies applied in order to sustain the conversation	N
1.	Asking questions	78
2.	Showing interest in the problems of the child	18
3.	Telling something interesting	13
4.	Other strategies	4
5.	It is not necessary to maintain a conversation	9

Source: own research

## Conclusions

By analysing the research executed among educators and students in nursing-educational institutions and family foster homes in the selected districts of the Lublin Voivodeship located in the eastern part of Poland, one may observe:

1. Some serious issues with verbal communication.
2. Disorders that most often occur among children include delayed speech development and dyslalia.
3. Most children had a diagnosed speech disorder and were covered by the systematic speech and language therapy only after placing them in foster custody.
4. Caregivers of children staying at family foster homes declare that they regularly continue to practice speech therapy at home.
5. Children in nursing-educational establishments most often repeat the exercises asked by a leading speech therapist on their own.

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