Speech Language Service Program for Children with Speech Delay At UPTD. LDPI Padang City

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Abstract

Language is a form of rule or symbol system used by children in communicating and adapting to their environment which is done to exchange ideas, thoughts and emotions. Language can be expressed through speech referring to verbal symbols. This study uses a qualitative approach to describe the problems and research focus. Qualitative methods are social research steps to obtain descriptive data in the form of words and pictures. The ability to communicate is an integral part of all aspects of development and has a long-lasting impact on socialization and learning. Early intervention is needed so that the sooner developmental problems are identified, the sooner they can be addressed.

I. Introduction

Language is a form of rule or symbol system used by children in communicating and adapting to their environment to exchange ideas, thoughts and emotions. Language can be expressed through speech referring to verbal symbols. In addition to using verbal symbols, language can also be expressed through writing, gestural signs and music. Language can also include aspects of nonverbal communication such as gestures, gestures or pantomime (Khoiriyah, 2014). Language is one of the most important things in the life of every human being. Each of them is of course inseparable from language, the first time a child gets a language that is heard directly from the father or mother when the child is born into this world. Then as time goes by and as the child grows, they will acquire a language other than the language taught by the mother and father, either in the form of a second, third, foreign language or so on which is called language acquisition where it depends on the social environment and cognitive level possessed by these children through the learning process in their environment. (Purba, N. et al. (2020).

According to Hurlock (2005) language is communication by symbolizing thoughts and feelings so that others understand such as writing, speech, symbolic language, facial expressions, pantonyms and art. Similar to Upton's (2012) view that language is asymbol system of spoken form, but can be written or sign. While speaking According to Hurlock (1978) in Idad Suhada (2016) that speech does not only involve the muscles of the sound mechanism but also has a mental aspect, namely the ability to associate meaning with the sound produced.

Based on the above opinion, it can be concluded that language and speech are two different but related things. With language a person can symbolize and then this is expressed by speaking so that what is thought can be understood by others.

Language and speech skills involve cognitive, sensorimotor, psychological, emotional and environmental development of children. Language skills in general can be distinguished into receptive (hearing and understanding) and expressive (speaking)

abilities. The ability to speak more can be assessed than other abilities so that the discussion of language skills is more often associated with speaking skills. Proficiency in language and speaking is influenced by intrinsic factors (from children) and extrinsic factors (from the environment). Intrinsic factors are innate conditions from birth including the physiology of the organs involved in language and speech abilities. Meanwhile, extrinsic factors are in the form of stimuli that are around the child, especially the words that are heard or addressed to the child (in Yustinus, 2006).

Language development is one of the main indicators in the development of cognitive abilities and social development of early childhood while in Kindergarten (TK), Playgroup (KB) and Child Care Park (TPA). In its development, it is possible that there will be several cases of language disorders or speech delays which then affect the achievement of development.

Speech delay disorders in children are part of aspects of language development. Children experiencing speech delay disorders can be detected when children enter early school age, this is known through observations of Early Childhood Development (AUD) conducted by a teacher while playing and studying in the classroom or learning environment (Suryana, 2018).

This speech delay disorder certainly has many factors related to children such as parenting in the family, and the intensity of the stimulus. So to see the existence of these disorders, what teachers can do is through various approaches and media as well as observations. For language development of children aged 4-6 years can be seen through speaking fluently, mastery of language and delivery of words is more complex (Suryawati, 2010). This speech delay disorder has an impact on children in developing social skills and when building social relationships with others (Nilawati & Suryana, 2018).

According to Rita Rahmawati A.md. TW, S. Pd (https://health.detik.com/ulasan-khas/3020305/agar-tak-terlalu-begi-di-cara-detect-speech-delay-in-children) speech delay or speech delay will only be seen usually after 12 months of age. The average standard for children aged 12 months according to some experts is at least 1-20 words that must be mastered, and ages 18 months children should have 20 to 100 words.

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According to Janice (2013) 3-5 years of age are very important in the process of developing conversational language, children aged 3 years can more or less master 900 to 1,000 words, but at the age of 4 years when they learn the rules for saying words in complex sentences on their own, their language development increased rapidly to 4,000 to 6,000 words. By the age of 5, their vocabulary may have grown to 5,000 to 8,000 words. During these ages, children are usually programmed in early childhood so that the language environment provided by those around them has a significant impact on their progress.

Based on a field study at the Disability and Inclusive Education Service UPTD, Padang City Education Office, researchers obtained data on the results of an assessment where in 2019 there were 35 children who had speech impediments and in 2020 around 31 children had speech impediments. While the child who gets.

II. Research Method

This study uses a qualitative approach to describe the problems and research focus. Qualitative methods are social research steps to obtain descriptive data in the form of words and pictures. This is in accordance with what was expressed by Lexy J. Moleong that the data collected in qualitative research are in the form of words, pictures, and not numbers. A qualitative research approach is an approach that does not use the basis of statistical work, but is based on qualitative evidence. In another article stated that the qualitative approach is an approach that is based on the reality of the field and what is experienced by the respondents. Finally, a theoretical reference is sought.

A qualitative approach is research that displays an assessment procedure that produces descriptive data in the form of written or spoken words from people and observed behavior. In this case, the researcher interprets and explains the data obtained by the researcher from interviews, observations, documentation, so as to get answers to problems in detail and clearly.

The study was conducted at the UPTD for Disability and Inclusive Education Services, Padang City Education and Culture Office, with research subjects aged 1-8 years experiencing speech delay. Data collection was done by observation and interviews.

III. Result and Discussion

Bacon & Wilcox (William L, 2013) said that several factors that influence language disorders include intellectual and developmental barriers, autism, traumatic brain injury, child abuse and neglect, hearing loss and structural abnormalities of speech mechanisms. Meanwhile, McNelly, 2011 (William L, 2013) said that genetics can contribute to language disorders. According to Kang et al., 2010 (William L, 2013) language disorders are also influenced by environmental factors such as children only getting little stimulation at home and little opportunity to talk, listen, explore and interact with others.

The ability to communicate is an integral part of all aspects of development and has a long-lasting impact on socialization and learning. Early intervention is needed so that the sooner developmental problems are identified, the sooner they can be addressed. In most cases early intervention improves speech and produces age-appropriate speech levels by the time children start school.

According to William L, (2013, p. 495) early intervention refers to education and related services for preschool children aged 3 to 5 years. While early intervention according to Smith & Guralnick, 2007 (William L, 2013) consists of a comprehensive system of therapy, education, nutrition, child care and family support which are all designed to reduce barriers or prevent future learning and development problems for children who are considered risk for this problem. Early intervention is needed for children who are at risk of an intensive child stimulation program, preschool and family services so that it has a positive effect on the program (Robert E. Slavin, 2006, p.77).

From this statement, intervention is a service intended for preschool children, both education and related services to prevent or reduce learning and development problems at a later stage. Implementation of interventions in UPTD. Disability and Inclusive Education Services The Padang City Education and Culture Office uses intervention service programs for communication, social interaction, receptive language, expressive language, two-way communication and voice articulation.

Based on the results of research using interview, observation and documentation data collection methods, the following results were obtained:

3.1 Interview result

Based on the results of interviews with student analysts, researchers received information that each child who experiences speech delay is caused by several factors, namely autism, ADHD, lack of interaction between children with parents and the social environment as well as the influence of technological developments where the use of gadgets is used. not controlled by parents. From these various obstacles, the intervention services provided are varied, each child is provided with services according to their needs.

From the results of interviews, researchers also received information that before providing services to children, student analysts made observations and identifications in order to identify speech language barriers in children to determine the intervention service program to be provided. Furthermore, the analyst provides intervention services according to the program that has been prepared and communicates to parents the program provided. The analyst communicated to parents the program provided for each service after the intervention service was completed, and asked parents to repeat it at home according to the analyst's explanation.

3.2 Observation and documentation

In addition to data obtained from interviews, this research data was also obtained from observations and documentation during intervention services. From the results of observations and documentation, it can be seen that the intervention service programs for children who experience speech delay are oral motor, communication interaction, social interaction, receptive language, expressive language, two-way communication and voice articulation. The service intervention program provided to each child is different according to the barriers and needs of the child. For children with autism, the implementation of service programs is carried out with a strategy to fulfill sensory needs, both audio and visual. Likewise for children with ADHD, program delivery is more often carried out in a snouzelen room where the room is set to meet their audio-visual sensory needs with sound from active speakers, colorful lights and large mirrors.

Receptive language programs are given to children by using strategies to recognize objects around them using various miniatures, picture cards (fruits, animals, objects, places, expressions, associations and oppositions). The program is carried out in an individual room where there are only children and analysts in the room. The child and the analyst sit across from each other, then the teacher shows the picture/miniature and asks the child to point to the object on the card/miniature that the analyst mentioned. Next, the analyst stimulates to say the name of the object. In addition, children are also stimulated to follow simple commands.

Meanwhile, expressive language programs are given to children who are already verbal. using strategies to recognize objects around the child using various miniatures, picture cards (fruits, animals, objects, places, expressions, associations and oppositions). The program is carried out in an individual room where there are only children and analysts in the room. The child and teacher sit opposite each other, then the teacher shows a picture/miniature and asks the child to name the object on the card/miniature. Next, the analyst stimulates the child to tell about the object. This program can also be done in a large room (not an individual room) while still controlling the child's focus on activities.

The two-way communication program uses question and answer strategies, storytelling and role playing (with and without tools). The child and the analyst sit across from each other, the analyst asks simple questions such as "what is your name?", "study with whom?" "Have you eaten?", "here with whom?", and other simple questions. If the

child is able to answer simple questions, the analyst can ask more complex questions such as, "Who do you play with at school?" "what are the names of friends at home?", and other questions. To make the program more interesting, the analyst uses role-playing strategies to attract attention and stimulate children to want to answer and tell stories.

Voice and articulation programs are carried out with word imitation and pronunciation strategies face to face or in front of a mirror. The program starts by saying the words of the bilabial letters [p], [b], [m], such as papa, what, roof, ball, sweet potato, exhausted, eating, umi, not yet, and other words.

IV. Conclusion

The ability to communicate is an integral part of all aspects of development and has a long-lasting impact on socialization and learning. Early intervention is needed so that the sooner developmental problems are identified, the sooner they can be addressed. In most cases early intervention improves speech and produces

age-appropriate speech levels by the time children start school. Implementation of interventions in UPTD. Disability and Inclusive Education Services the Padang City Education and Culture Office uses intervention service programs for communication, social interaction, receptive language, expressive language, two-way communication and voice articulation.

Based on the results of research that has been carried out, speech delay is caused by several factors such as autism, ADHD, lack of interaction between children with parents and the social environment and the influence of technological developments where the use of gadgets is not controlled by parents. The provision of intervention services is tailored to the child's barriers and needs.

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