Educational Provision for Children with Speech and Language Difficulties in Mainstream Primary Schools

Educational provision for children with speech and language difficulties (SLDs) tends to vary nationally and internationally. A gap is evident in the services provided to these children in mainstream primary schools in Ireland. Currently, children who are assessed and diagnosed with a specific speech and language disorder attend speech and language units or receive additional resource hours in mainstream schools. However, children with general SLDs attend mainstream schools and tend to experience a varied level of provision. This study primarily focuses on children with SLDs in mainstream primary schools that do not have speech and language units.

EMMA BROWNE is a learning support teacher at Our Lady of the Wayside National School, Kilternan, Dublin.

PROVISION IN THE REPUBLIC OF IRELAND

Ireland has been influenced by the UK and other countries and has various methods of provision for children with speech and language difficulties (SLDs). Services are delivered under the remit of the Department of Education and Skills (DES) and the Health Service Executive (HSE). As inclusive practices evolve, collaboration between the education and health departments are occurring. This has "promoted collaboration between teachers and therapists and provided them with common goals in relation to meeting the needs of children with language difficulties" (Irish National Teachers' Organisation (INTO), 2001, p. 36). Currently in Ireland, the most frequent model practised is collaboration between teachers and speech and language therapists (SLTs) in providing indirect therapy. The SLT guides the teacher through an intervention programme, which is delivered within the classroom setting.

Identification and Assessment
Until recently, children in the UK under the age of five years were screened informally by the health service. This screening method is no longer recommended and health visitors "are no longer required to see children after the age of 8 weeks" (Mroz and Letts, 2008, p. 74). Consequently, responsibility for identification of difficulties lies with early year's practitioners and parents.

In contrast, the procedure in the Republic of Ireland is that all children attend for routine developmental check-ups carried out by the public health nurse under the remit of the HSE. If difficulties arise, the child is referred on to an SLT within the health board. Legislation has positively impacted on the identification process, with the Disability Act (Ireland, 2005) outlining the entitlement of all children under the age of five years to avail of a needs assessment if concerns arise which highlight the potential need for a therapy or intervention. Early identification has huge benefits, "it can ensure that they do not miss out at vital developmental stages, that they can access education from the moment of starting at school" (Speake, 2003, p. 9).

Different assessment tools are utilised by SLTs, which are often adapted to meet the needs of those they are assessing. Whereas formal assessment of reading and maths is common in Irish schools, there is much less emphasis on the assessment of oral language. A study by Mroz (2006) in the UK indicated "that 29% of teachers did not use any strategy to assess children's speech and language development…the most commonly-used techniques involved comparison with peers" (p. 164). In contrast, it is essential to realise the importance of informal assessment procedures, "reviewing existing data, questionnaires, teacher/parent/student interviews, student work samples, direct observation and language sampling" (Sunderland, 2004, p. 211).

The purpose of the study described here was to establish the procedures practiced in identifying and screening children with SLDs and ascertain whether an effective checklist or method of screening was utilised by teachers in mainstream schools. It sought to explore the provisions available and methods of gaining these supports. Views of teachers and SLTs were obtained to establish whether collaboration is occurring and whether teachers and SLTs receive adequate education with regard to SLDs.

METHODOLOGY

The study was based in three mainstream primary schools located in South County Dublin. The schools selected are linked to a local health centre, which caters for children who present with SLDs as a primary difficulty. Different sized schools were chosen to elicit information from varying backgrounds. A questionnaire was sent to all forty-five teachers in these three schools comprising of mainstream, learning support (LS) and resource teachers. A well-structured questionnaire was designed to obtain information regarding identification, screening, assessment, education and collaboration. The questions were clear, non-ambiguous and unassuming. On the return of the questionnaire, three teachers indicated that they would willingly participate in an interview. One LS teacher from the large school and two mainstream teachers from the middle sized school volunteered, however,

no teacher in the small school offered to be interviewed. Three SLTs from the health centre volunteered to engage in an interview. Semi-structured interviews were designed to gain a further understanding of elements discussed in the questionnaire, allowing for the attitudes and views of the interviewees to be established. The data gathered from the questionnaires and interviews were coded to ensure confidentiality and anonymity and stored in a secure place.

RESULTS

Two measures of data collection were utilised, one qualitative and the other quantitative. In the quantitative part of the study thirty-six valid questionnaires were returned, yielding a 78% response rate. The respondents consisted of mainstream class teachers, representing 67% of the total, LS/resource teachers representing 19%, and "other" which included teaching principals and resource teachers for travellers, representing 11% of the total sample. The remaining 3% represents a missing value.

The main findings of this study can be divided into four themes:

- Provisions
- Identification and Assessments
- Collaboration
- Education.

Provision
School-Based Provision
The main methods of in-school support provided to children with SLDs are a combination of LS/resource teaching, in-class support by a LS teacher and specific programmes provided by a SLT and delivered by the LS teacher. Class teachers in this study highlighted the need for close collaboration with the LS teacher, welcoming their support, expertise and knowledge.

Class teachers also welcome supports provided by SLTs and value their input. The majority of class teachers in the study expressed an openness to SLTs devising a specific individual programme, but due to time constraints and large class sizes, it is the LS teacher who delivers the programme to the individual. Class teachers feel that they must follow a prescribed primary school curriculum and a speech and language programme does not always fit into the curriculum. One SLT emphasises "it's a little more prescriptive whereas… [an individual programme] is specific to the individual".

Provision by Outside Agencies
Outside of school, the main support services available to children with SLDs are HSE

health clinics that cater for children with varying disabilities, where SLDs are a secondary concern and private speech and language therapy. The most frequent method of provision is delivered by HSE health centres with 56% of those attending being from mainstream primary schools. The speech and language therapy service offers assessments, followed by direct or indirect therapy. Direct service provision is either individual or in small groups and conducted in a clinical setting. Indirect service provision may either be delivered as a school programme or a home based programme.

Opinions Regarding the Adequacy of Provision
Mainstream class teachers and SLTs indicated the outstanding need for improved provision for children with SLDs, with 70% of the total sample indicating that they are not provided for adequately. Responses highlighted that outside agencies provide a high quality service but unfortunately it is very ad hoc. A child may be recognised by a teacher as presenting with a difficulty, but with long waiting lists (approximately four months), assessments and intervention programmes may not occur as quickly as one may wish. Due to a lack of SLTs, the service appears to be reactive rather than proactive. SLTs are reacting to waiting lists and in the current climate it appears there may be a need to prioritise cases. Although teachers welcome specific programmes, it is often difficult to carry out a detailed programme with an individual without the guidance of a SLT. Hence there is a strong demand from a number of quarters for an increase in the number of SLTs and for the HSE to develop the service more effectively.

Identification
This study indicates that the most frequent method of identification of children with SLDs is through early developmental check-ups carried out by the public health nurse at the ages of nine months, eighteen months and three years. Parents are the second most likely to recognise and identify that a child is presenting with difficulties through observation and comparisons with siblings or typically developing peers. Teachers may also identify difficulties when a child enters Junior Infants. Underlying problems can appear which may not have been apparent prior to school and may only be evident as the child progresses through Junior Infants. Although teachers may identify a child presenting with SLDs, the study indicates that teachers lack confidence in the identification stages of the process, with just 33% of the sample feeling "confident" and 17% feeling "very confident". A common view amongst teachers is that they would be confident recognising a difficulty but they wouldn't be able to identify the specifics, e.g. "I would be able to identify a difficulty but I'm not an expert".

Assessments
In this sample group no set methods of assessments of speech and language are used

by mainstream class teachers. The most common forms of assessment are peer comparisons and observations. In contrast to mainstream class teachers, LS teachers regularly utilise specific assessment tools such as standardised phonics tests, expressive and receptive language exercises and taped language samples as a way of identifying language weakness areas.

The study questioned whether there was any specific checklist available to mainstream class teachers in the early identification and screening stages. It was evident that teachers are not aware of and don't utilise set checklists. The normal process of identification occurs through the teacher recognising a child having difficulties. The LS teacher is made aware of the difficulties and they then work together to avail of supports, be it within school or from outside services.

To avail of services within the HSE, a formal referral must be made. Statistics from the local health centre demonstrate that the public health nurse (60%), followed by parents (25%) are the most common sources of referral to the HSE. It is less frequent that teachers (3.5%) refer children, as they must obtain consent from parents. Therefore, the referral comes directly from the parent. Once a referral is received, the SLT assesses all aspects of communication through informal and formal methods of assessment. Informal assessments are utilised more often with younger children whereas formal assessments are used more frequently with older children. It is evident that younger children are harder to assess. One SLT outlined that "a two and a half-year-old may not talk…you might do an informal assessment". Therefore, the assessment process is through discussions with parents, checklists devised by SLTs based on the developmental stages and through observation.

Formal assessments are utilised to obtain a greater understanding into the specifics of the child's difficulties. The following assessments are commonly used by SLTs:

- Pre-school CELF (Clinical Evaluation of Language Fundamentals-Preschool) (Second UK Edition)
- CELF 4 (Fourth UK Edition)
- Renfrew Action Picture Test (RAPT)
- Renfrew Word Finding Vocabulary Test
- Pre-school Language Scale (PLS)
- Receptive Expressive Emergent Language scale (REAL)
- Pre-school Value Scale for Comprehension and Expression
- Reynell Developmental Language Scale.

Formal speech assessments are also used to assess phonological abilities i.e. speech/sound production difficulties.

Early identification is a key element. Fortunately, the HSE has created many effective initiatives, with SLTs delivering programmes to parents of newborns and breast-feeding groups to create an awareness of the importance of communication and to develop strategies to enhance their child's communication abilities.

Collaboration

Collaboration between teachers and SLTs is widely welcomed by both parties. It is acknowledged that elements of collaboration are occurring but that collaborative practices can be developed more effectively. Currently, no direct therapy is delivered within these mainstream schools. Frequently the SLT liaises with teachers, providing resources and materials for use in mainstream classes. At present speech and language therapy continues to occur in a clinical setting. The child attends after school hours or else the child is withdrawn from school. SLTs acknowledge the concerns of withdrawal from school although they generally experience that teachers are extremely flexible and supportive as therapy occurs in six-week blocks and is not continuous throughout the school year.

Over 50% of the teacher sample would welcome the support of an SLT in their classroom. However, the findings indicate that many teachers have no experience of working collaboratively with SLTs. Teachers feel the need for closer collaboration, and believe SLTs can advise, support, share their expertise and give them a greater understanding of the child's individual needs. SLT's opinions on collaborative practices are quite similar in nature. They believe working as a team, liaising with each other and creating common goals are more effective and beneficial to the child rather than working in isolation. Although opinions may be similar, the findings demonstrate many advantages and disadvantages regarding collaboration (Table 1).

Table 1: Advantages and disadvantages of collaborative practices, identified in interviews with SLTs and from teachers' questionnaires

Advantages	Disadvantages
Collaboration can benefit all children in the mainstream class	SLTs' heavy caseload will impact on contact time affecting time-tabling and planning
Programmes link school and therapy	Disruptive to other children in the mainstream class
Teacher and SLT work with the same goals in mind, creating realistic expectations and objectives	Specific programmes can be time consuming to deliver
Allows the child to work within his/her learning environment	Large class sizes will impact on collaborative practices
	Varied terminology used by teachers and SLTs

Note: Key issues highlighted, ranked in order of frequency.

SLTs are fully aware of large class sizes, acknowledging the pressures teachers are under. They expressed a view that previously there was a feeling of resistance from teachers but in recent times this feeling of resistance has lessened. Teachers are becoming open-minded, realising that SLTs are there to help them.

Education
Initial Teacher Education
Initial Teacher Education (ITE) appears to vary, depending on subjects/specialist subjects chosen by teachers throughout their under-graduate degree course. Almost half (44%) of teachers indicated that they received no education and 22% indicated that they had received "very little" education in the area of SLDs. Although 25% of the population had received "a considerable amount" of education, it was emphasised that the programme was based on speech and language development rather than the area of special educational needs (SEN), indicating how to identify or support a child with SLDs.

In contrast to the experiences of teachers, it is obvious that SLTs dealt with SEN and specifically with SLDs extensively throughout their initial degree programme. One SLT shared an interesting view from her experience of meeting with teachers. She often has to explain what an SLD is, how to identify it and how best to support it in the mainstream classroom. The SLT felt that teachers weren't receiving adequate education and believes colleges of education must address this.

Continued Professional Development
Some 26% of the teacher sample indicated they had received education in the area of SLDs in the last five years, whereas, 37% indicated they had received no education. It appears that there has been no standard in-service education delivered by the DES regarding SLDs in the last five years. Those who received further education have done so voluntarily. Similar trends are evident regarding SLTs in this sample. No compulsory continued professional development (CPD) has been received in the last five years. Although SLTs often attend seminars and workshops, these are voluntary and the majority of them have to be funded by the clinic in which they work.

The participants were asked to identify areas in which they would like to have further CPD in order to help children with speech and language difficulties, the following key areas emerged.

Table 2: Further CPD

Teachers' Perspective	SLTs' Perspective
Identification	Explore the concept of 'language' within the curriculum
Methods of assessment	How to relate SLT to the curriculum
Supporting children	Supporting a child with an SLD in collaboration with the teacher
Referral procedures	The use of common terminology
Specific strategies/techniques suitable to use in mainstream classes	
Developmental Stages	

DISCUSSION

This study was undertaken to explore educational provision for children with SLDs in mainstream primary schools. It focused on children in three schools where SLDs presented problems within a mainstream class. Previous research (Hartas, 2004) on service delivery to children with SLDs indicated a current method practised was that the SLT devised an individual programme, which was then delivered by the class teacher. However, results from the study indicate individual programmes are devised by SLTs but it is the LS teacher who delivers the programme. Due to time-constraints and large classes, class teachers express their inability to effectively deliver individualized programmes.

The issue of curriculum 'versus' individual programmes arises. Teachers must deliver a national primary school curriculum, whereas concerns arise regarding programmes devised by the SLT and whether they will fit into the curriculum adequately. Research claims that if an SLT worked with an individual collaboratively within a mainstream class, the issue would be overcome, as the programme would be addressed within the child's learning environment, improving "the effectiveness of the provision for the child" (INTO, 2001, p. 47).

The UK appears to be ahead of Ireland in regard to the provision of direct therapy within a school. Currently in Ireland, direct therapy occurs in a clinic, mainly in local health centres. This may be partly due to the involvement of two agencies, the DES and the HSE. As a result varied backgrounds, approaches and terminology all impact on the delivery of direct therapy within a school.

In this study 70% of the sample indicated that there are inadequate provisions for

children with SLDs. The interviews highlighted the lack of SLTs in Ireland, impacting greatly on the provisions available. While waiting lists in this health centre are relatively short in comparison to other areas of Ireland, the length of waiting lists, gaps between interventions and therapy sessions all negatively affect the needs of the individual child. Therefore, it is essential that the Government prioritise the development of speech and language services.

To ensure children are provided for appropriately, early identification and screening processes are crucial. Fortunately, Ireland has established a good quality identification procedure, where children undergo developmental checks at various ages in early childhood. This method is extremely beneficial and results in the public health nurse being the most common person to refer a child to an SLT. In contrast, the UK recently abolished its method of screening of all children up to the age of five years. It is hoped that Ireland will not be influenced by the UK in this respect.

One objective of the study was to establish whether teachers were using checklists or assessment tools. Regrettably, it draws similar conclusions to other studies, that teachers are not using checklists or specific screening tools. The most common method of identification is observation and peer comparisons. Nevertheless, following referral to an SLT, informal and formal assessments are carried out. SLTs face challenges regarding formal tests. As demonstrated in previous research (Law, Boyle, Harris, Harkness and Nye, 1998) they are unable to generalise assessment tools and SLTs tend to adapt tools to suit their required need.

Collaboration is increasingly being established. However, a gap is evident. Collaboration is only occurring through discussion, which tends to be between the SLT and the LS teacher rather than the class teacher. Nonetheless, this is a positive move forward but there is a need for class teachers and SLTs to work more collaboratively within a school setting. One cannot ignore that barriers to collaboration do exist. The study highlights the advantages and challenges faced by the professionals. A positive attitude towards collaboration emerges. Nevertheless, there are noticeable differences between the experiences of SLTs and teachers. SLTs are familiar with ongoing collaboration with other health professionals whereas, teachers lack the experience of collaboration. One SLT noted that teachers are less resistant to engage in collaborative practices than previously.

A key element in the provision for children with SLDs is education. To provide effectively for these children, teachers must have the knowledge and skills to identify, screen and utilise the correct procedure to seek support. Just half (50%) of the teachers in this study indicated that they would feel "confident" or "very confident" in realising a child had difficulties but they would not be able to specify

the exact difficulties. Teachers mentioned the lack of ITE and CPD. A new framework has been established in the UK 'Joint Professional Framework for Training' (I CAN, 2001), allowing for joint professional development of teachers and SLTs, which might be examined as a possible model for Ireland. It is hoped that Ireland will pursue an increase in CPD. The establishment of the Teaching Council is a positive move forward and it is anticipated that it will strive to create effective frameworks for CPD in Ireland.

CONCLUSION

This study outlines the current provisions available to children with SLDs in mainstream primary schools. Although this is a small-scale study, the findings indicate that Ireland must develop its provisions for children with SLDs more effectively, focusing on an increase in collaborative practices and education. It is evident that children with SLDs experience varying levels of support either within school or from outside agencies. These inconsistencies must be addressed to provide a fair and adequate support system. The present study, alongside previous research, emphasizes the importance of developing effective methods for identifying and screening children with SLDs, and it is recommended that research is carried out in this specific area to aid mainstream class teachers. Kearns and Shevlin (2006) conducted a study in Ireland identifying the extent to which SEN is dealt with in ITE. Future research should examine initial education, considering the possibility of creating a framework whereby teachers and SLTs might be educated together, in order to strengthen collaboration between them. Collaboration within initial education would have a positive impact on identification, assessment procedures and the delivery of services. CPD must also be explored in greater detail. These themes of education, identification and assessment, provision of services and collaboration are all relevant to an education system seeking to develop an inclusive system, where all children with SEN are provided for effectively.

REFERENCES

Hartas, D. (2004) Teacher and Speech-language Therapist Collaboration: Being Equal and Achieving a Common Goal? *Child Language Teaching and Therapy,* Vol. 20, pp. 33-54.

I CAN (2001) *Joint Professional Development Framework,* London: I CAN.

Ireland (2005) *Disability Act,* Dublin: The Stationery Office.

Irish National Teachers' Organisation (INTO) (2001) *Let the Children Speak: A*

Report on the Support Services Available to Primary School Children with Speech and Language Difficulties, Dublin: INTO.

Kearns, H. and Shevlin, M. (2006) Initial Teacher Preparation for Special Educational Needs: Policy and Practice in the North and South of Ireland, *Teacher Development,* Vol. 10 (1), pp. 25-42.

Law, J., Boyle, J., Harris, F., Harkness, A. and Nye, C. (1998) Executive Summary: Screening for Speech and Language Delay: A Systematic Review of the Literature, *Health Technology Assessment,* Vol. 2 (9), pp. 1-2.

Mroz, M. (2006) Providing Training in Speech and Language for Education Professionals: Challenges, Support and the View from the Ground, *Child Language Teaching and Therapy,* Vol. 22, pp. 155-171.

Mroz, M. and Letts, C. (2008) Interview Stories: Early Years Practitioners' Experiences with Children with Speech, Language and Communication Needs, *Child Language Teaching and Therapy,* Vol. 24 (1), pp. 73-93.

Speake, J. (2003) *How to Identify and Support Children with Speech and Language Difficulties,* UK: LDA.

Sunderland, L.C. (2004) Speech, Language and Audiology Services in Public Schools, *Intervention in School and Clinic*, Vol. 39 (4), pp. 209-217.