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SLTs and teachers working together in schools: the importance of new research in Ireland

**National Council for Special Education
(NCSE) Annual Research Conference**

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Overview of the presentation

- Thank you for your invitation to present at the NCSE conference.
- This presentation will:
 - briefly outline international service-delivery models for SLTs' work in schools;
 - define terms used in service delivery
 - summarise current research findings on service-delivery pathways;
 - note current gaps in evidence;
 - suggest implementation research might be used, and
 - stress the importance of the work commencing in Ireland.

SLT services in schools – the international picture

- Education and SLT services follow international inclusive educational policies with similar aims:
 - raising attainment overall
 - closing gaps in attainment
 - placing the child and family at the centre of decision making.
- A few examples of approaches and funding models (using “SLT” for all professional titles) include:

SLT services in schools – international examples

- **USA** - SLTs employed in schools (often through private companies) under the '*No Child Left Behind*' Act. SLT time allocation and activities determined by each child's individual plan.
- **New Zealand** - SLTs employed by the Ministry of Education, working with children, parents and educators.
- **Australia** - SLTs employed by or independently contracted to a school, offering a wide range of interventions.
- **Europe** - many models. European COST Action IS1406¹ summarises provision for children with language disorders in over 36 countries in and around Europe.

SLT services in schools – international examples cont'd.

- UK - SLTs employed by the national health service.
- many work with children within education settings.
- aim for a comprehensive SLT service that includes all children:
 - England and Wales - *Every Child Matters* legislation:
 - Northern Ireland - *Special Educational Needs and Disability Act (NI)*
 - Scotland - *Getting it Right for Every Child (GIRFEC)*.

International examples show:

- Differences in
funding models,
goals and functions,
intervention aims,
processes and environments,
local legislation, and local needs.
- Each county plans services considering their own priorities and sustainable service delivery options.

Tiered models

- Tiered approaches - the UK, and the Irish demonstration project.
- Tiers describe educational services based on child need.
- SLT uses “universal”, “targeted” and “individualized” describing the type of intervention provided.
- broad equivalence:
 - Tier 1/universal services - support all children to communicate and access the curriculum.
 - Tier 2/targeted services - implement strategies for vulnerable children at risk.
 - Tier 3/individualized services - co-produce support for individual children, often (but not always) those with significant and persistent difficulties.

Tier 3/individualized services - definitions

- education services for children with identified speech, language or communication disorders (SLCD) requiring additional support.
- “individualized” SLT interventions devised for a specific child, aiming to:
 - improve SLC skills, and/or
 - reduce the impact of SLCD, and/or
 - increase participation, and/or
 - prevent potentially negative consequences.

Tier 3/individualized – definitions cont'd.

- delivered by SLT/s and/or non-SLT/s - school staff, clinical support workers and parents - often roles/tasks for **several**.
- delivered to a child **one-to-one** or in a **group**.
- content and methods of intervention are **tailored to a particular child's profile** of strength and weaknesses.
- success is measured against a child's **personal targets**.

Tier 3/individualized – definitions cont'd.

- As SLTs are responsible for intervention, they open an **episode of care** for the child.
- This is the role **traditionally** associated with SLT services.

Tier 2/targeted services - definitions

- for children **vulnerable** to lower educational and language attainments, e.g. those living in poverty.
- for a defined set of children, not **all** children.
- success measured by **group** attainments.
- SLTs do **not** open an episode of care: children may not be **individually identified** to them.
- aim also to **decrease the prevalence** of language difficulties in the population.
- Intervention may be carried out by an SLT or others.

Tier 2/targeted – definitions cont'd.

- some writers have used “targeted” for therapy carried out by non-SLTs (“indirect therapy”).
- this blurs the distinction between “targeted” and “individualized” intervention risking lack of clarity about SLTs’ legal and ethical responsibilities (duty of care).
- small group work for vulnerable children and advice to families/carers/educational staff at Tier 2 would usually be considered “targeted” interventions.

Tier 1/universal services- definitions

- provide high-quality teaching **for all**.
- “Universal” SLT services **maximise opportunities for all** children by providing good communication environments and training others.
- SLTs also use “universal” for helping parents/professionals **identify** SLCD in children, which is often under-identified.

Research evidence for each tier

- evidence here is from a **recent review** of SLT intervention pathways for children with language disorders².
- the review searched databases that publish '**high quality**' evidence, i.e. controlled studies large enough to show effects.

Evidence – Tier 3/individualized interventions

- Tier 3/individualized studies showed child communication gains.
- examples included receptive and expressive language, word-finding, grammar, vocabulary, attention, social communication and alternative communication packages.
- research interventions were delivered in larger amounts and over longer periods than is common in many UK school contexts.

Evidence – Tier 3/individualized interventions

- some interventions that ‘worked’ when delivered by the original research team were **less successful** when undertaken by others.
- e.g. the *Strathclyde Language Intervention Programme* was effective when delivered by **SLTs or SLT assistants** individually or in groups in the original study, but not when the same programme was **delivered by school staff**³.
- school staff delivered **less** intervention.

Evidence – Tier 2/targeted interventions

- successful Tier 2 language interventions for vulnerable pupils appear in the **education literature**^{4,5} for receptive and expressive language and vocabulary.
- delivered by school staff trained by researchers: did **not include SLTs**.
- only one **Tier 2/targeted intervention** included SLTs, who trained staff, developed materials and supported delivery.
- this intervention did **not improve** child language skills.

Evidence – Tier 1/universal interventions

- educationalists delivering language interventions to **whole classes** showed improvements in grammar, morphology and vocabulary, following **extensive** interventions.
- **Professional development** for education staff improved interactions, but not always child language outcomes.
- SLT universal interventions above the age of 3 years **were not** identified in the databases.

Summary

- there is evidence of **effective** SLT practice for Tier 3/individualized interventions .
- targeted and universal SLT services are **under-researched** and lack evidence of effectiveness.

“We are concerned that when SLTs deliver consultation or training without an individualized focus, the evidence (as it stands) is less clear that this has significant impact on a child’s language or broader well-being.”⁶

Lack of evidence, not evidence of lack

- targeted SLT interventions are increasingly reported in the professional literature, **positively evaluated** by participants.
- some also report child language **gains**.
- these are mainly **unpublished** reports from professional conferences and meetings.
- they require further research and **publication**.

Suggestive evidence

- qualitative evidence of **enhanced practice** through working together in schools is available:

Where practitioners and services were highly collaborative and engaged in complex practices ... clear benefits arose. These included greater capacity to individualize practice for the child, and a greater potential to harness and implement the resources distributed amongst members of the co-professional team.

Language for All ⁷

Good co-working and child outcomes needed

- *Language for All* did not however measure **child outcomes**.
- **implementation research** studies⁸ are needed that investigate and develop:
 - child **outcomes**, and
 - child, family and staff **perspectives**, and
 - co-working** practices,
 - in **real-life** intervention contexts.

The need for further study

- the academic cliché is to end with the need for further research
- but not needed here –the research is about to start!
- a thorough-going investigation to fill many of the gaps in knowledge identified above.

It is hardly necessary to reiterate the importance of this new research.

- But can't wait to hear the results!
- Thank you.

References

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