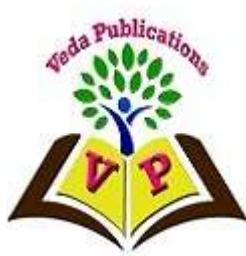




## A REPORT OF INTERVENTION PROVISION FOR INFANT AND JUNIOR AGE CHILDREN WITH COMMUNICATION DISORDERS IN A SMALL URBAN COMMUNITY IN ABEOKUTA, OGUN STATE

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### Article Info:

Article Received: 2/12/2014

Revised on: 17/12/2014

Accepted on: 27/12/2014

### ABSTRACT

The paper presents an account of an intervention programme implemented to address the learning problems of children with communication disorder in a community in Abeokuta, Ogun State. The presentation details the history of educational programme of the community, and the nature of the intervention which includes the policy framework with which the intervention was packaged, the staffing involved, parental involvement, the integration of the programme into the regular school and the curriculum of the programme. The report also provided information on the success recorded in the programme and suggestions for its sustenance

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### INTRODUCTION

Recognising the importance of every citizen in a community and the need therefore to cater for those with special needs becomes necessary. Communication skills are crucial to experience of life, especially for beginning children in language development as this is critical to cognitive development and learning. Forms of language needed by an average individual include reading, writing, gesturing, listening, and speaking. All of these are necessary for communication. Learning takes place through the process of communication. The ability to participate in active and interactive communication with peers and adults in the educational setting is essential for a student to succeed in school. To this end, an intervention programme was embarked upon for children with communication disorder in a small urban community in Abeokuta in Ogun State of Nigeria. The provision was for infant and junior age children with communication disorders, located within a small

urban authority. It comprises two classes catering for 16-20 pupils. It is situated at a small infant school but is administratively independent of the school.

#### Historical perspectives

This authority like most others had no specialist provision for pupils with speech and language or communication disorders in the early 2012s. Pupils with very clear needs might be placed in one of the specialist language schools, but this was exceptional. The usual choice for young children with communication problems was between an inappropriate placement in a specialist provision - which could be for partially hearing, educationally subnormal or maladjusted - and making do without specialist support, other than what an understaffed speech therapy service might provide, in an ordinary class. This situation reflected in part the low level of awareness about specific language disorder and the absence of suitable provision.

The initial case for establishing this provision was made by staff at a Child Development Unit (CDU)



operating in the city. This is a multidisciplinary assessment facility where pre-school children are assessed over a period of a fortnight by a range of professionals. A group of children emerged who were judged not to be intellectually handicapped but retarded because of speech and language problems. Over a two-year period 34 such children were identified. A number of staff working with these children at the CDU, including in particular the speech therapist, became convinced of the need for specialist language provision for them.

A number of reasons for initiating new provision were advanced. First, these children's needs for specialist attention were not being met, and it was unlikely that they would be met under existing schooling arrangements, be they ordinary or special. A small number might manage in well-supported primary classes, but for many this would be grossly insufficient. If they went to ESN schools, it was felt that speech therapy services would be deployed inefficiently and spread too thinly, quite apart from the manifest problems of labelling and inappropriate environment. Secondly, residential placement was appropriate and available for only a very small number of these. Thirdly, given that speech therapy services were limited, it was felt that a unit or language class was the best way of providing the requisite specialist help and resources.

The various professionals concerned agreed with the case presented. Discussions involved mainly the speech therapist, principal medical officer, assistant director of education (special education) and principal educational psychologist. A proposal to set up an infant age speech and language class was put before the Education Committee and this was accepted. (The authority points to a history of generous special education and pre-school provision, with a wide range of purpose-built provision and more than the national average of special school places.) It was hoped to provide a junior class as well, but that decision was left pending at this stage. A school which had a spare demountable on the edge of its playground was offered for use and, despite many limitations, designated as the temporary home of the speech and language unit. The class opened in June 2011 with five children and operated with its full complement of eight children from the following

September. Development was gradual, and all parties testify to learning a great deal from experience. Some of these developments are described below. The most significant of these was setting up a junior class. A good many of those initially identified as needing specialist help were of junior age, but it was two years - September 2015 - before a junior class was established. This was in an adjacent demountable. The presence of the second language unit made the existing site thoroughly unsuitable. Both classes eventually moved to a new location in September 2012.

#### **AIMS AND ORGANISATION OF THE PROVISION**

This special centre sees its primary function in relation to children with a specific speech and language problem. This was the main criterion for admission into the programme. Given this target group, the aim is one of eventual re-integration. The staff seek to work with pupils in such a way that they will return to the ordinary classroom full-time. The expressed aim is to "give children sufficient skills to cope with normal full-time education". This of course has implications for admissions policy, since children who were unlikely to return to full-time education would not be considered well placed.

A further aim implicit in the centre's work and in many statements made about it is to continue assessment and diagnosis. A ready and once-for-all diagnosis was not possible for many of the centre's clientele. Diagnostic information was available from the CDU which most children would have attended on a half-day basis over a two week period. Given the complex nature of language disorder, however, and the well-attested difficulties of diagnosis and in particular of devising suitable educational programmes, this information was only regarded as tentative and the starting point for more prolonged work. Consequently, a further focus of the work was to refine diagnosis on the basis of ongoing and varied interactions. A unit model was adopted, as noted above, with first one class and then a second. These are in separate rooms and carry out their daily activities separately though with a good deal of contact and exchange between the two teachers. Their curriculum overlaps and they exchange teaching groups on a regular basis. The teacher in charge described "a flexible system of interaction"



with frequent discussion of difficulties and teaching problems. They come together for daily assembly and for activities such as dance and games. They exchange groups for a morning once a week in order to keep in touch with each other's teaching. Also, the junior teacher takes the infants for music while the infant teacher has the junior for art.

Two unusual features of the centre's organisation are worth noting: its relative independence of its host school; and its links with children's own neighbourhood schools. The centre comes under the immediate jurisdiction 'of an assistant director of education and the teacher in charge reports directly to him rather than to the head of the host school. This is interesting in the context of Warnock recommendation 7.6,1 the more so as the situation arose in part out of a concern to keep children in touch with their own schools and facilitate their eventual return to them. There were other considerations: it was never intended that this school would be more than a temporary base; the site was unsuitable and militated against seeking close links. All of this meant that the centre developed as an autonomous entity and functioned independently of the host school. There were some exchanges of course, both of pupils and staff. These are detailed below.

There are advantages and disadvantages in this arrangement. It does seem to have militated against ready acceptance of the unit and easy integration of the children. Staff have felt a certain pressure to 'sell' the centre, an activity that can take up time which could have been spent in the centre itself. There has also been a tendency to make sure that children from the centre do not make nuisances of themselves, and their sometimes unusual patterns of behaviour are subjected to tighter control than might otherwise be the case. As regards integration, both the teacher in charge and the adviser concerned with it acknowledged that the amount of integration going on was less than had been anticipated. A further consideration relates to the role of the head of the host school and the degree of support that can be expected. While in this case staff found they received the support and commitment they wanted and needed, it is reasonable to suppose that this support will not always be forthcoming. Heads will

feel less involved with pupils who fall outside their domain and are not their responsibility.

On the positive side, the direct link with senior officer level has been very helpful. This is a relatively novel form of provision and one that is dependent on a wide range of professional co-operation. The close involvement of a senior administrator has helped considerably in establishing the centre and sorting out teething problems. Furthermore, given the commitment to maintaining links with the children's own neighbourhood schools, it was felt that too close a link with the host school would, as far as the children were concerned, be undesirable, since they would have to cope with a threefold identification - to the centre, to the host school and to their own school. The nature of the link with the neighbourhood school is highly unusual. The children attend the centre for four days a week, and on Fridays go to their 'own' schools. Broadly speaking, the arrangement is that the specialist language work is done at the centre and the children fit in with whatever is going on at their own schools on Friday. Some heads were reluctant at the outset and questioned the wisdom of the idea - though they eventually came to welcome it. Also, as noted, it meant that the centre stayed relatively detached from its host school. Staff felt there were good reasons for the arrangement, however, and remained committed to it: it facilitated pupils' return to their own school since they stayed on its roll and could not be 'disowned' by it, and also they kept in touch with neighbourhood peers; school staff were kept up-to-date on a pupil's progress, were informed on the means used to overcome his or her difficulties and perhaps acquired some relevant skills themselves; and teachers at the language classes were helped to keep in touch with the curriculum and standards of the neighbourhood schools. Details on how the arrangement worked in practice are given below under the sub-heading of integration. While it was clear from the outset that the centre's concern was in general terms with children who had speech and language problems, some difficulty was experienced in formulating a clear-cut admissions policy. The difficulty arose from the range of speech and language problems and the uncertainty of diagnosis and partly from the fact that the different



professionals involved had, because of their particular training emphasis and experience, different conceptions of what the classes might achieve.

In the early days some speech therapists were reluctant to make referrals to the classes on the grounds that there were no explicit criteria governing admission. Psychologists, too, tended to have a different view from speech therapists as to who were suitable candidates, and this led to some disagreement. (In fact, most of the early referrals came from the speech therapist and educational psychologist assigned to the centre.)

The staff concerned were unhappy about the situation as they felt they were vulnerable in the absence of an explicit policy. After much meeting and consultation, a policy document was fashioned out. The policy is presented as follows:

#### **Admission criteria**

1. Early referral is important, and it is preferable that children be referred before the end of the first year in Junior School.
2. It is appropriate that no child shall be considered for admission until he has had 1 full term in normal school.
3. The Unit caters for those children who have failed to develop sufficient communication skills to cope with ordinary school placement. These may be described as children with retarded/ disordered receptive and expressive language and/or articulation disorders, plus associated difficulties in learning in the areas of reading, writing, etc.
4. The aim of the Unit is to give children sufficient skills to cope with normal full-time education.
5. The Unit does not cater for those children who could best be described as being predominantly handicapped in one or more of the following ways such that they would require placement under the following headings.
  - I. ESN(M&S)
  - II. Partially-hearing
  - III. Maladjusted
  - IV. Autistic
  - V. Partially sighted

- VI. Physically handicapped
- VII. A child whose language impairment can be shown to be primarily related to cultural factors and whose needs would be best met by minority support services, etc.
- VIII. A child whose language impairment can be shown to be the result of lack of stimulation or appropriate learning environment.

This was a working document and the intention was to develop more positive criteria based on what the centre can offer in the ways of curriculum, professional support and so on. At the same time, an admissions procedure was formalised. The majority of candidates would have been known to the Child Development Unit, and some information should have been available on them. The formal procedure required 'clear recommendations from the speech therapy and school psychological services'. Parental permission should be sought, and the head of the school concerned should approve the recommendation. The medical officer attached to the unit is responsible for collating relevant information on children on the waiting list. The final decision about any child's admission is based on the recommendation agreed by those present at the admissions case conference. This comprises: assistant director of education (special education); teacher in charge or other teacher when appropriate; speech therapist; educational psychologist; and clinical medical officer.

In practice, admission conferences are held twice a year. They are held at the centre, and the personnel listed are usually in attendance. Reports are available from a speech therapist, psychologist and the school. (All the candidates will have been at school for at least a term before being put up for admission.) The effective power of decision seems to lie with the teacher in charge, the psychologist and the speech therapist. These will usually have visited the school and obtained information from the head or class teacher there. A difficulty in obtaining adequate hearing tests on some children was reported in the early days, but this was subsequently resolved.



A particular problem was experienced in communicating to colleagues not directly involved with the centre what sort of child it was catering for. Mention has been made of the uneven pattern of referral from speech therapy and psychology. The speech therapist and the psychologist assigned to the centre did arrange for their colleagues to visit in small groups for an informal teach-in. It was felt, however, that it would be unreasonable to expect all the speech therapists and psychologists to be equally aware of the sort of child best suited to it. Not only would referrals be less frequent from some, but they would in some cases not be as well documented. The notion of routing all referrals through a single speech therapist and psychologist was, however, rejected. Most of the children who have been admitted to the centre have grossly defective articulation. Their oral difficulties generally have a marked effect on their ability to cope with such skills as reading and writing, even when comprehension is apparently within normal limits. They span a wide range of intellectual functioning with full-scale IQs on WISC or Stanford-Binet varying between 74 and 129. The severity of their disabilities varies and centres on specific areas not necessarily related to intelligence. For example, one pupil with IQ 128 at age 10 still had a marked articulation problem, described as 'developmental dyspraxia'; he continued making vowel distortions, had discrepancies in voicing consonants and disturbance in prosody which involved the inclusion of extra syllables and atypical use of stress.

Staff described their clientele in terms of three groups, defined in relation to specific developmental language disorder:

- i) Children with a deficit in comprehension with 'near normal' sounding speech;
- ii) Children with a deficit in both comprehension and expressive language;
- iii) Children with seemingly adequate comprehension, but poor expressive language.

The great majority of children fell into the second category, with only three out of 36 falling into the first, comparatively rare group, and about six in the third group.

## STAFFING OF THE INTERVENTION PROGRAMME

There were two teachers, a full-time nursery nurse (later they became two), a part-time speech therapist, a secretary who comes one afternoon a week and on request, and a dinner assistant either of the teachers had any formal background in language disorder. (Until 1979 no training was available for language unit teachers other than the dual speech therapy/ teaching qualification) The teacher in charge had had a main subject option in educational subnormality in her basic teacher training and had experience of a range of pupils with special needs and ways of treating them. She had not taught in ordinary schools except on teaching practice. As she was in post for two terms before the centre opened she had the opportunity to go on courses and visit various specialist language provisions as well as providing peripatetic support for a large number of children designated as having speech and language problems. The other teacher was junior trained and taught for a year in primary school before spending two years in a delicate school where there were a number of children with speech and language problems. The ancillary was NNEB trained and had had a variety of experience, including a year at the Child Development Unit, where many of the children would have spent some time.

The speech therapist had worked in a language unit previously and also knew the local schools quite well. She was assigned two and a half days per week to the infant class initially, half a day of which was 'floating' to facilitate home and school visits. This was later increased to three and a half days when the junior class opened. The psychologist assigned had a generous allocation of time and visited at least weekly. As well as preparing reports for admissions and review case conferences, the psychologist was involved in curriculum development and in following up children when they returned full-time to their own school. It was considered advantageous for the speech therapy and psychological services to keep the same person assigned to the centre for as long as possible in order to maintain continuity. This happened in the case of speech therapy but was not possible for psychology.



The centre did not have a social worker attached to it. A considerable number of the children and their families seem likely to benefit from Social Services involvement, yet the latter commonly has not been available. On occasion, it has been judged necessary to involve the National Society for Prevention of Cruelty to Children to deal with crises. The situation was generally considered to be unsatisfactory. It was accepted that the job of running a language unit entailed a certain amount of contact between staff and children's families, but the absence of a Social Services involvement meant that teachers were on occasion taking on a social worker role - for which they had neither the time nor the training.

#### **Some unease was expressed about this**

The initial accommodation, which has housed the centre on a temporary basis to date, consists of two demountables at the edge of an infant playground. There is plenty of space in these and they have been converted into attractive and stimulating environments. They suffer from a number of drawbacks, however. First, the facilities for individual speech therapy are inadequate: the infant classroom has only a noisy and cramped stockroom, while the junior classroom has no withdrawal area.

Secondly, the buildings are prone to extremes of temperature, noisy and lacking in storage space; they require constant attention from building services. Thirdly, the toileting facilities are unsatisfactory, requiring as they do a long walk across an open playground, with no facilities for dealing with 'accidents'. Fourthly, there is no grassed play area for ball games, etc; this is considered quite a problem with a group which is hyperactive and clumsy on the whole. It was hoped that these problems would be resolved when the centre was rehoused in new premises.

Both classes are very well resourced, having an impressive array of toys, educational materials and equipment. This stems in part from an initial generous grant by the authority in setting them up and in part from money received from charities. There is, as would be expected, a particular strength in literacy materials. These include: Breakthrough to Literacy; Racing to Read; and DIST AR Language I.

There are four language masters and two tape recorders shared between the two classes.

#### **CURRICULUM PACKAGE FOR THE PROGRAMME**

The working philosophy of the centre is based on normal infant and junior teaching practice plus specific remediation provided on an individual basis. It is intended that the pupils should return to normal full-time education, so the aim must be to provide them with sufficient skills to cope with this. These skills relate to the patterns of problems the children exhibit, which can be specific reading and writing disabilities, sequencing difficulties, poor short-term memory, laterality problems and so on. Remediation must be carried out in such a way as to enhance the possibility of returning to ordinary education. Children are kept in touch with the work their age peers are doing through the centre's own programme as well as through contact with their own schools. The major part of the speech therapist's time is given over to working with individuals, mainly for treatment but also for assessment. Infant class children are withdrawn to a separate room for individual work. Treatment has a twofold focus: promoting language development where it has been lacking; and remedying inappropriate learning. As for assessment, tests such as the Reynell Developmental Language Scales are used, but the emphasis is on informal ongoing observation based on the child's patterns of language and interaction in the classroom.

Otherwise, the speech therapist works along with colleagues, especially the teachers but also the psychologist, and pays some visits to parents and the children's neighbourhood schools. Work with colleagues includes helping to clarify for individual children how their use of language impinges upon educational progress; working out individual programmes; and establishing a basic vocabulary and set of language structures which it would be appropriate to expect of these children. Home visits are used to establish rapport and gather information or supplement existing files. School visits are also for the purpose of gathering information and finding out how the pupil is coping, but they are for giving information as well: they can communicate to the class teacher a realistic view of the pupil's actual and likely progress, get over "an idea of where the child is



at, what I think he might be doing". This exchange of information is of course essential to ensuring that the school and centre act in concert and that the different inputs the pupil receives complement each other.

The professionals involved with the centre attach considerable importance to interdisciplinary working. There is evidence of good working relationships with a great deal of informal contact focussed on children and their families. There has been much discussion of admission criteria in relation to the functions the centre should be fulfilling - a topic where views have differed considerably.

A particular joint activity has been the task of developing an assessment profile for the children. This is a set of categories, broken down in fine detail, for 'reading' a child in terms of educational possibilities. The intention is that it should lead to detailed individual programmes, with objectives and means for attaining them spelt out precisely. The class teacher monitors the programme in action and reports back so that it can be modified and extended. It should be noted too that this can provide a very detailed record of a given child's educational progress.

The categories finally arrived at were:

1. background information:
  - (a)family developmental history
  - (b) linguistic development
  - (c) physical development
2. language comprehension/expression
3. learning skills
4. reading
5. writing
6. number
7. art/music
8. physical activities
9. Science
10. social/emotional skills.

This profile took a great deal of time to develop, and it was subject to a number of limitations in practice. For some children a high degree of specificity was required; the breakdown had to be very fine for it to be of practical use. It was difficult to carry out for the older pupil since there was a wider range of development to take into account and establishing baselines was more

problematic. It imposed tight constraints on teaching, and was in fact never implemented for the whole group. Nevertheless, the exercise was judged to be of use in sharpening perceptions of pupils' problems and ways of dealing with them; in monitoring their progress in a more accurate and relevant way; and in helping the teacher to communicate with colleagues more precisely.

#### **INTEGRATION OF THE PROGRAMME**

The question of integration raises particular considerations in this centre, since it has links with a set of neighbourhood schools as well as its host school. As noted, the amount of contact with the host school turned out to be less than expected. Aside from playtime, the main contact was in PE lessons, music and movement, and occasional swimming. (This was only for the infant class since the school was infant age.) Pupils did not join the main school assembly since it was considered too long, and also they arrived in school too late. Lunch was taken in common at first, though at separate tables; lack of space made this impossible when the junior class started, and all the children took lunch in the special centre.

The centre has offered a form of integration in reverse for two children from the host school. One child would not have qualified for a formal placement, but his language development was slow and he was judged likely to benefit from the unit's expertise. They attended part-time, with considerable improvement reported. It is not intended to encourage the informal placement of children who have not been referred formally; if too many children were placed in this way it could deflect the centre from its proper purpose.

All pupils attend their own neighbourhood school on Friday. This idea met with some resistance from heads at first - one objected strenuously to the notion of "being a baby-minder on a Friday" - but most came to accept it and some were quite enthusiastic about it. Class teachers varied in their reactions. Some took it in their stride, while others were uncertain and apprehensive even. Much of the initial contact was with the head, and class teachers commonly had a child from the centre for several months before having direct contact with centre staff. This seems regrettable in view of the benefits -



of clarification and reassurance - claimed for such contact. One class teacher said, "I felt I was working very much in the dark. X appeared on Friday and I didn't know what he was doing for the rest of the week." She then met one of the staff and her attitude changed dramatically; "the air was cleared" and she felt confident that she could "do the right sorts of thing with him".

Most parties concerned - centre staff, main school staff, and parents saw the benefits of this arrangement in terms of social rather than academic benefit, though some heads had queried it on the grounds that little academic work was done at their schools on Friday. A surprisingly common view was that no serious work could be done on a one-day-a-week basis. The children would do their basics for four days at the centre, with the Friday seen as providing general curriculum enrichment and the opportunity to hear normal speech patterns. No particular changes were made to accommodate them and they had to make whatever sense they could of what was going on. Some schools did take care to ensure that academically the time was not wasted. One school, for instance, had all pupils working individually or in very small groups on the Friday morning, so that the visiting pupil could have something tailored specifically to his or her needs. In the afternoon the class worked as a group on projects that were self-contained and did not refer back to work done in the week in the child's absence or forward to the next week.

One regular form of communication between centre and school is the work folder which accompanies the child each week. (This is also taken home.) It contains his or her timetable at the centre, an outline of current work, and workbooks. The latter might include a reading book, language master cards, speech therapy work and a homework book. Teachers used the folder to find out what work pupils had been doing during the week. It served as a guide in drawing up appropriate work for the Friday and also offered a means of communication with centre staff. Some teachers seemed to make little use of it, however, and in at least one instance claimed not to be able to make sense of it. This folder would seem to offer an excellent opportunity for ensuring continuity of curriculum, and it is unfortunate that it

has not been used more widely - whether for lack of detail in the contents of the folder or for insufficient contact between the teachers.

The problem of continuity looms larger as pupils get older and are considered for full-time placement in their own school. A transfer is usually phased over a period of time, with the pupil attending for two days a week, and then three before eventually attending full-time. As yet, few children have gone through this process, but it is evident that close attention to the detail of a child's academic programme is necessary if the transition is not to be confusing and educationally weakening. It should be noted that a decision on transfer is based on factors such as improvement in speech to a point where the pupil can communicate fairly readily; independence of the teacher in classroom work; stability and emotional maturity; and ability to handle relationships with age peers at the host school. Information is also obtained on how he or she is fitting into the local school on the Fridays, and how their integration programme generally is going. A major aim of the 'four plus one' arrangement was to enable children to maintain contact with their own school. This seems to have been achieved in the main, with some very encouraging progress, in spite of the attendant problems. Many of the children found the experience difficult at first but in most cases settled down eventually. One boy suffered considerable anguish and on Fridays produced floods of tears. At the time of interview, however, he looked forward to going to his own school and without hesitation named three or four friends there. The class teacher did observe, however, after a visit to the centre that he seemed much more outgoing and confident there than at the school. Another boy had been very withdrawn prior to going to the centre - "If we spoke to him he would weep ... there was no attempt to take part in anything." Now, by contrast "he will come and talk ... bring messages ... bring dinner money ...".

Parents acknowledged these difficulties too but felt that it had been worth persevering. One parent pointed to a particular problem at the beginning of the school year when the children have to adjust to a new teacher, new classroom, new place to hang coats; the other children take it in their



stride, but a child from the centre has only one day a week to absorb it all. Parents likewise seemed unconcerned about teasing. Little had been reported, and the view that 'anyway they've got to get used to it'. One school sought to pre-empt any teasing by being very open about the situation: the class teacher prepared the class by discussing the new arrival with them and putting the boy's speech problem in the context of individual differences generally and the problems other people have. This approach was claimed to be very successful.

In two cases long-term difficulties were reported, where children were regularly absent, were not settling down, and did not seem to be benefiting from the experience. One child in particular was very immature for his age and had difficulty in moving from the warm and relatively freewheeling atmosphere of the centre to a school where there was considerable emphasis on academic standards and correct behaviour. In both cases centre staff suspected parents of colluding in the children's absences. Both cases point up the need for close liaison between home, school and centre staff if this arrangement is to succeed.

One of the principal difficulties of this provision has been the establishing of adequate liaison between centre staff and school staff. The former acknowledged the importance of this: for breaking down opposition to the children's presence in their schools; for convincing colleagues that what they themselves have to offer is useful; and for transmitting the necessary skills for teaching and managing these children. They admitted that the situation was far from satisfactory: contact in many cases was insufficient; class teachers were not getting the support they needed; and the requisite skills were not being transmitted.

A number of reasons can be advanced for this. First, contact with the school was through the head, and sometimes stopped there. It was claimed that the effort of 'selling' the work of the centre and legitimating the need for direct contact with the class teacher took a disproportionate amount of time. If this happened, the absence of direct contact meant that class teachers and centre staff were unaware or uncertain of ways in which they could usefully work together. Two teachers who eventually visited the

centre found it an eye-opening experience and one with considerable implications for their perceptions of the child and how they treated him. Both regretted not having made the visit much earlier. Thirdly, the absence of a systematic procedure for regular two-way visiting between centre and school made for sporadic and ad hoc contact. It would seem essential, for instance, that class teachers be released to visit the centre as early as possible in the school year. This would provide the basis for regular and direct contact between centre staff and the class teacher throughout the year.

It should be noted that staff were tackling this problem in a concerted way by the end of our study. A number of steps were being taken. All class teachers and head teachers were asked to visit the centre during the child's first week there. A programme of visits to neighbourhood schools was drawn up for the year, and letters were sent to head teachers explaining the purpose of the visits and requesting some time with the class teacher on her/his own. All visits to schools are written up and kept available in a central file so that other staff at the centre is aware of whatever contact there has been. A series of general meetings for teachers with pupils at the centre was also planned. The first such meeting, which attracted a total of 20 teachers, was given over to describing the nature of specific speech and language disorder and included the viewing of a videotape about speech handicaps.

#### **Parents' Involvement in the Programme**

Staff have good relations with parents. Open days are held where the work of the centre is explained. This is valued by parents for the sense it gives of being involved in the effort to remediate their child's problems. There is a general policy of open house, and parents are encouraged to make contact whenever they wished. Many of them do so, by telephone and visit. Some home visits are made. More recently these have been made at the same time as school visits to provide continuity; as with the latter, all visits are written up and details entered in a central file.

Much of this contact seems to be at the level of a befriending service on the part of the staff. Occasionally it is more than that. Some of the family backgrounds are excessively difficult and, as noted,



social services involvement is not readily obtained. In these cases staff find themselves taking on social worker roles. In another case where a boy was suffering rejection because of difficult behaviour at home, the teacher drew on Portage ideas to devise a programme of behavioural objectives. Home school books are used as a means of regular contact with parents and also to pursue didactic ends. With younger children they may just note items of interest, some from parents, some from teacher. As they get older and communication skills increase, the books become more structured. Children take them home at weekends with detailed work for them to do and sometimes a specific involvement on the part of parents. Parents sometimes respond with queries and comments on particular difficulties, suggesting alternative ways of doing things or even setting their own homework. It should be noted that these home-school books are used with all children whose parents are willing and able to co-operate usually about three-quarters of the parent body.

#### SUMMARY

This provision for pupils with speech and language problems has been running for four years. It started life as a single class for infants and expanded after two years to take in a junior class. Many problems have had to be solved: unsuitable location; lack of experience in running language classes - there were few models to draw on; difficulty in identifying target clientele; an unusual mode of integration; some resistance from staff in ordinary schools. On the plus side, there has been a committed staff, working with co-operation from Area Health and other Education staff.

There has been considerable progress and the centre has developed into an effective provision for a small group of pupils whose quite specialised needs were not being met prior to this. Of 16 pupils who have left, 11 have returned to normal education full-time, four are attending day ESN schools, and one has gone to a residential school for speech and language disordered children. A further three children are attending normal school for more than one day a week preparatory to returning full-time. The problems have not disappeared but much progress has been made: new premises have been acquired; staff have built up experience; the referring

agencies have a clearer idea of the type of child that can benefit most; and many heads and teachers from the schools are well disposed toward the work of the centre.

The future shape of the centre will perhaps depend on its responses to five major questions:

1. How will it adjust to its new location? What response will it make to the opportunities for contact and exchange with its new host school?
2. Will the centre have a role for those pupils whose needs are not serious enough to warrant a place at the centre but who have a significant speech or language problem that could be ameliorated by the expertise of centre staff? How would this work out in practice?
3. Given the need for more effective contact with the neighbourhood schools, will it be possible to achieve this and support class teachers in a systematic way? Will the new arrangements resolve the difficulties found in the past?
4. What provision will be made for those pupils who reach secondary age without being in a position to return to full-time education?
5. In view of the difficulties experienced with some pupils after they returned to ordinary schooling, as reported in the appendix, will arrangements be made to monitor pupils' progress over the longer term and provide further help as necessary?

#### Appendix: follow-up study often leavers

Following the idea of Taylor,(2012) the first teacher in charge carried out a follow-up study of the first 10 pupils who returned to ordinary schooling full-time.

At the time of the study they had been discharged from the centre and in their schools full-time for periods from two months to three years.

All 10 teachers affirmed that the ordinary school was the best place for these pupils. Seven teachers, however, felt that they needed extra help and personal attention, and four had definite reservations about their

capacity to cope academically in the future, especially at secondary level. As regards current



academic progress, five pupils were rated as average or above; the other five all had problems with the mechanics of reading and fluency and were judged the worst readers in their classes. Six were the worst spellers in their classes with sequencing and phonic work a particular problem. When asked about children's particular strengths, teachers described five as good at art and three at games. Socially, the pupils seem to have done quite well. One was described as isolated socially, and three in fact were described as very popular. Eight had special friends. No teasing was reported. Most of them related well to staff, but four were described as shy - "Seems to have to rehearse things before she says them", "Still somewhat diffident" and so on. The ability to integrate socially was felt to be associated with personality factors rather than language skills.

Little or no support was available to teachers to assist them with dealing with these pupils. The report speaks of 'a singular lack of any regular help'. This is in the context of (a) none of the teachers having any relevant training and (b) eight teachers saying that they 'definitely felt unclear' about the pupils' problems. Moreover, the detailed information on each pupil passed to the schools did not reach the teacher in several instances.

## REFERENCES

- Department of Education and Science (2012). Total or partially hearing children (education survey). London: HMSO
- Foll W.S.( 1943). An enquiry into the use of speech in after-school life. Unpublished thesis, university of manchester.
- Gulliford, R. (1971). Special educational needs. London: routledge & kegan paul.
- Hamp, N. W. (2011). Picture aided reading test. Northampton: Arkle Goodman.
- Hegarty, S. and Pocklington, K. (1981). Educating pupils with special needs in the ordinary school. Windsor: Nfer-Nelson.
- Jackson, S. (1971). Get reading right. London: Robert Gibson.