# The roles of specialist provision for children with specific speech and language difficulties in England and Wales: a model for inclusion?

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**Children with specific speech and language difficulties pose a challenge to the education and health systems. In addition to their language difficulties they are also at risk of literacy and social, emotional and behavioural difficulties. The main support for children with more severe difficulties has been enhanced provision in mainstream schools (language units or integrated resources) and special schools. The move to an inclusive education system challenges this tradition. This paper reports the results of interviews with heads of language units/integrated resources and head teachers of special schools (n = 57) as part of a larger study within England and Wales. Their views are considered with reference to criteria for entry to specialist provision, the development of collaborative practice between teachers, teaching assistants and speech and language therapists, and the implications for inclusive education.**

## Introduction

Decision-making regarding provision for children with special educational needs (SEN) is influenced by several factors. These may be conceptualised, from a systemic perspective (Bronfenbrenner, 1992), at a number of levels. At the macro level is the general legislative framework, and in particular that applying to education, and even more particularly those laws and guidance applying to SEN. Within the UK there have been major changes in the education system in England and Wales following the Education Reform Act 1988, the first comprehensive and radical revision to the general education legal framework for the school system since the Education Act 1944. The special education framework had begun to change earlier, also in a radical way, following the Warnock Report (Department for Education and Science, 1978) and the first comprehensive SEN legislation, the Education Act 1981. Subsequently, the SEN system has been subject to a number of further influences including various initiatives of the Labour Government (SEN Action Plan, DfEE, 1998) and updates to the 1981 Act, most recently the Special Educational

Needs and Disability Act (SENDA) 2001. These laws and governmental guidance are driven by several factors, including economics and perceived administrative efficiency, but they are also driven by more fundamental values (Lindsay, 2003). Arguably those most dominant in mainstream education recently, for both the previous Conservative as well as the present Labour administrations, have been concerned with standards of pupil performance and choice (Department for Education, 1992; Department for Education and Employment (DfEE), 1997). Within SEN the most dominant value driving legislation and organisation of the school system has been inclusion (Department for Education & Skills (DfES), 2001; 2004).

At the next level down local education authorities (LEAs) are required to interpret national legislation in order to run the local system. Within the context of SEN this also requires the involvement of local health trusts in order to develop policies. Both LEAs and health trusts have been subject to reorganisation which has, for example, led to some very small LEAs and a need to review systems of SEN provision previously made by larger LEAs. The implementation of policy, however, is the task of professionals on the ground as well as the LEAs and trusts. LEAs may decide the overall system of special provision and the decision-making criteria and procedures, but it is professionals that interpret the policies and guidance. At this third level, developments in professional practice by those engaged in the SEN system, including staff in special provision and educational psychologists (EPs), are also key factors in the interpretation of policy into practice by LEAs and health trusts (Kelly & Gray, 2000; Law, Lindsay, Peacey, Gascoigne, Soloff, Radford, Band & Fitzgerald, 2000). In the case of children with language difficulties, speech and language therapists (SLTs), normally employed by health trusts (Lindsay, Soloff, Law, Band, Peacey, Gascoigne & Radford, 2002), are also central to the assessment of needs and provision of intervention.

This study focuses on decision-making and provision to meet the needs of children with specific speech and language

difficulties (SSLD).[1] These children have a primary language problem, one that is not attributable to intellectual impairment, severe or profound hearing loss or lack of linguistic opportunity (Leonard, 1997). Prevalence studies suggest that the numbers of children concerned are substantial, about 5 to 7%. (Law, Boyle, Harris, Harkness & Nye, 1998; Tomblin, Records, Buckwalter, Zhang, Smith & O'Brien, 1997). Their core deficits with language place them at risk of associated literacy difficulties (Botting, Crutchley & Conti-Ramsden, 1998; Dockrell & Lindsay, 2004; Stothard, Snowling, Bishop, Chipchase & Kaplan, 1998), poor academic attainments (Snowling, Adams, Bishop & Stothard, 2001) and social-emotional problems (Beitchman, Wilson, Brownlie, Inglis & Lancee, 1996; Fujiki, Brinton & Clarke, 2002; Lindsay & Dockrell, 2000). Thus while the children present with core deficits in the area of language, associated problems increase risk of academic difficulties and therefore have implications for support provided by LEAs and health trusts throughout their school careers.

A common approach to meeting these children's educational needs has been the provision of language units within mainstream schools. A survey of provision in the late 1980s indicated that this was very variable across the country, and that there were about half as many units for junior children (Key Stage 2) as opposed to infants (KS1) and very few pupils at all in secondary units (Hutt & Donlan, 1987). Criteria for admission, the nature and extent of integration, the use of manual signing, and staffing ratios all showed considerable variation, and the teachers had no consistent pattern of specialised training. This implies that there was variation both in the population served and in practice. A similar picture has been produced by a recent study of provision in England and Wales (Lindsay, Dockrell, Mackie & Letchford, 2005).

With the various developments in the SEN system, in particular the development of inclusion, these children comprise an important population to investigate the functioning of the decision-making systems within LEAs and health trusts, as both educationists and SLTs are centrally engaged. The preference for units, as examples of integrated provision in the 1970s–80s, may be subject to challenge with the move to inclusion, with an increasing focus on full support in mainstream classes. Furthermore, despite general support for the principle of inclusion, there is concern about the implementation of the policy (Ofsted, 2004). Recent legislation and indeed much practice has been driven by concerns for the rights of children with SEN to be included, rather than by evidence of the more effective forms of education for different children (Lindsay, 2003). There is also concern about the ability of teachers to implement effective programmes (Dockrell & Lindsay, 2001) and the suitability of mainstream provision. (Botting, Crutchley & Conti-Ramsden, 1998).

The purpose of the present study was to address factors affecting decision-making for children considered to have SSLD at the school level in both (a) designated special provision in mainstream schools in the form of Units or Integrated Resources and (b) special schools, both those specifically for children with SSLD and others used for these children, especially those primarily for children with moderate learning difficulties (MLD) or autistic spectrum disorder (ASD). The study focused on decision-making regarding entry to the provision and the practice of teachers and teaching assistants together with SLTs in meeting the children's needs, with particular reference to inclusion and models of collaboration between teachers and SLTs.

**Method**
The study was carried out in England and Wales and built upon earlier research funded by the Department for Education and Employment, Department of Health, and the Welsh Assembly, which focused on children with the full range of speech and language needs (Law et al., 2000).

*Samples*
The three samples comprised LEAs, health trust SLT services, and schools. Stage 1 comprised questionnaires to all LEAs and SLT services in England and Wales. Stage 2 comprised interviews with a sample of SEN and SLT managers in 40 LEAs and their health trust pairs who responded to the surveys; head teachers or heads of designated special language provision for children with SSLD located in mainstream schools within those 40 LEAs, hereafter called 'language units' (LUs); the head teacher or deputy of 10 of 11 regional special schools for children with SSLD; and heads of seven other special provision within the LEAs used for children with SSLD. The present study reports on the findings from the LU and special school settings.

a). First, 40 LEAs were selected from the respondents to the survey, 16 of which were coterminous with the health trusts, the remaining 24 selected at random. Twenty of these 40 LEAs were then randomly chosen for the school interview phase. From these 20 LEAs, 40 LUs were randomly chosen for interview, at least one per LEA. In three LEAs where there were more than four LUs, half were randomly selected. Owing to unavailability of staff in two units the sample interviewed numbered 38 (33 heads of LU, 5 head teachers). The LUs were located in a range of urban and rural locations, reflecting the wide range of demographic characteristics of the LEAs. The mean size of the LUs was 10 (primary) or 20 (secondary).

b). Some LEAs stated that children with SSLD were educated in other special provision (OSP), namely schools for children with moderate learning difficulties (MLD, n = 3), MLD unit (n = 1), units for children with autistic spectrum disorder (ASD, n = 3) and one for children with general learning difficulties.

c). A third sample comprised the 11 special language schools (LSs) from across England and Wales that catered for pupils with SSLD. As one head teacher was unavailable, the sample interviewed comprised

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[1] There are several terms referring to this condition including specific language impairment; our preference is for specific speech and language difficulties. This is one of the issues on which we report in this study.

10 schools, namely three LEA-maintained schools, two non-maintained schools run by ICAN (the national voluntary body for children with language difficulties), two other non-maintained, and three other independent schools, one of which catered for children with both MLD and speech and language difficulties.

*Measures*
The interview schedule was semi-structured, designed to produce comparable data on key elements, but also to allow an exploration of interviewees' views. An initial open-ended question was followed by prompts, used where the informant did not provide the required information, or follow-on questions to elicit further material. The interview explored information and the interviewees' opinions regarding criteria and decision-making regarding admission to their school/ LU; the support provided, including the school's model of inclusion and teacher/SLT collaboration; and the overall LEA system for provision for children with SSLD. Interviews were conducted by phone by two researchers, one a qualified speech and language therapist (BL), the other an experienced researcher with a Masters in child development (CM) and recorded with the interviewees' permission. Each typically lasted about 30 minutes.

Tapes were transcribed and these transcriptions, together with the interviewers' contemporaneous notes, formed the basis for the analysis. A coding frame was produced to reflect the themes and sub-themes specified in the interview schedule. This was supplemented by emergent themes as the analysis progressed. All tapes were given a code to ensure anonymity and stored securely.

## Results
*Decision-making*
*Criteria used when considering new children.* Table 1 reports the criteria for entry to the language units (LUs). The majority of LU respondents (22 of 38) reported a requirement for a statement specifying speech and language difficulties as the primary need: 'The children have to have a statement of speech and/or language difficulty this will come from the SLT report'. This finding was mirrored by all 10 of the special language schools (LSs) but there was variation in the responses of the other special provision (OSP). These

**Table 1: Admissions criteria to the language units**

| | N | % |
|---|---|---|
| Primary need SSLD/specific language criteria | 22 | 58 |
| Discrepancy between non-verbal cognitive ability and language ability | 10 | 26 |
| Exclusionary criteria | 4 | 11 |
| Need for speech and language therapy | 3 | 8 |
| Average academic ability | 7 | 18 |
| Other | 2 | 5 |
| Don't know (decided by others) | 13 | 35 |

N = 38
Note: Respondents could offer more than one criterion

required a statement but this could specify other problems, reflecting their wider remits: 'The criteria that are used is that the child is in receipt of a statement for ASD, SLD or MLD with ASD'.

Ten of the 38 LUs required a discrepancy between non-verbal and verbal ability: 'A significant gap between their non-verbal and verbal ability' (LU33) and this might be supplemented by a requirement for average non-verbal ability: 'The Educational Psychologist's pupil profile has to show that the child has average non-verbal and cognitive profile' (LU39). In addition, seven interviewees also specified average academic skills in order to access mainstream classes: 'Part of the provision is in mainstream so they have to have good academic ability' (LU17).

The responses from the LSs were very similar although they tended to focus on non-verbal ability within the average range rather than the discrepancy between language and non-verbal abilities: 'Average range intelligence-ish!, that is, there must be some evidence that some non-verbal skills are average' (LS9). Four of these schools also emphasised the importance of the school having a positive impact on the child: 'Benefit from our structured, multi-sensory, multidisciplinary environment' (LS9), a factor also mentioned by the OSPs, for example this MLD school: 'A part of the criteria is the ability to work well with the other children in the school and cope with school environment' (OSD45).

Only 4 of 38 LU but 3 of 10 LS interviewees specified exclusionary criteria, which could be general: 'There should be no other problems other than those that are directly related to the language difficulties' (LS35) or specific: 'The children shouldn't have hearing, visual or physical difficulties. They shouldn't be handicapped or have behaviour difficulties or have English as a second language' (LU6). Exclusionary criteria were not reported by any of the OSPs, reflecting their approach to admitting a mixed group of pupils. The importance of access to a SLT was also reported by both LUs and LSs: 'There must be a need for SLT on site, not just a programme that can be delivered' (LU35) and level of input: 'The criteria states that they need intensive speech therapy' (LU43). Thirteen respondents did not know the specific criteria as decisions were made by professionals outside the LU or at LEA level.

*Establishment of the criteria.* The majority of LU respondents (25 of 38) stated that an admissions panel decided the criteria for admission. Two models were reported, either including LU staff (15) or LEA-based, not including the LU (10), resulting in differences in operation. The professional groups in the first model included the unit teacher and/or the head teacher. It is evident that, although the panels were multidisciplinary, the unit teacher often had a powerful voice: 'There is an admissions panel: we make recommendations to the county and 9 times out of 10 they do what we say' (LU5). Others were more equal in the influence of professionals: 'The placements are decided by a range of professionals: there is no one group who has authority over the others, also the parents have to be in agreement'

(LU23). The question of the 'final say' could be important: 'All the children will have been assessed by the EP (educational psychologist) and SLT, and then the admissions panel including myself and the head teacher will decide: the head will have the final say' (LU16) even if practice rarely came to a conflict: 'The main decision would lie with the Head, he could refuse to accept a child, but it rarely comes to that' (LU35).

The second model comprised an LEA multi-professional panel; in such cases LU staff often had no influence: 'The admissions panel decides the criteria, which is partly between health and education, I don't sit on the panel, so I have no say' (LU8). LU staff were critical of this lack of involvement: 'It can be very arbitrary how they are chosen – it is decided by the LEA' (LU17). The SLT, by contrast, played a key role both in setting the framework for decisions: 'The LEA decides the criteria, with the SLT' (LU30) and in individual cases: 'It's mainly the SLT who makes the decision through her own observation and assessments' (LU11) or 'she has the final say over who comes in and who leaves' (LU14) and 'the SLT has the most power in decision-making with regard to admissions' (LU48). Despite their statutory role in the assessment process, educational psychologists (EPs) were only mentioned by one interviewee. Rather, it was the SLT's assessments that were important in decisions regarding individual children: 'The criteria are established through the tests that the SLT uses' (LU9).

Panels were important in maintaining consistency: 31 of 38 LU interviewees stated that there was no variation to the admissions criteria, mainly because of the introduction of an admissions panel: 'No, there shouldn't be any variation, one child may get picked over another, but that will be due to the seriousness of the problem not anything else' (LU35). Where variation occurred it was often attributed to 'parental pressure' expressed to other professionals: 'Parents will put pressure on the LEA, then the Educational Psychologist will come to us and say that the parent is pressuring for their child to be in the unit' (LU43), or as a result of LEA differences: 'There is some pressure from parents from the neighbouring borough to come to this unit as there may be places available' (LU1).

Five respondents noted variation in admissions to the LU related to diagnostic issues, either as a result of different policies: 'There is some variation from the LEA, sometimes we might get children with ASD' (LU5) or prevalence of children with different needs: 'Yes there is some variation we tend to be getting more children with MLD, rather than just speech and language' (LU25) or associated difficulties. These variations could cause LU staff concern as they would be required to admit a more heterogeneous range of children where the primacy of language difficulties may be unclear: 'Sometimes after getting the information from the SLT, we will find out that this child has additional difficulties including behaviour problems – we need to make sure that this isn't the cause of their language difficulties' (LU48). This issue was particularly pertinent given the increased prevalence of children with ASD reported by the LEAs

**Table 2: Language units' policies on inclusion**

|  | N | % |
|---|---|---|
| Based on child's ability | 21 | 55 |
| Based on age | 7 | 18 |
| Based on ability and age | 2 | 5 |
| Fully integrated | 6 | 16 |
| Other | 2 | 5 |

N = 38

(Lindsay et al., 2005). Children with ASD were accepted in 24 of 38 of the LUs.

The LSs set their own criteria and used both external assessments by the referring LEA's Educational Psychologist and the SLT for the child, and 6 of 10 schools also used an internal assessment process. Parental factors were also important, whether appeals against LEA decisions or difficulty with travel, and the level of support from the LEA. The child's reaction to their present provision and each child's individual needs were also specified as reasons for possible variation from standard criteria: 'Each case is individual' (LS5). All OSPs reported admissions were determined by the LEA panel: 'We don't have much written criteria [as] the children are chosen by the admissions panel – the LEA decides' (OSP18).

*Inclusion*
The LUs varied in their approach to inclusion with models ranging from a traditional separate unit through to full inclusion in mainstream with support in-class, possibly supplemented by withdrawal. The majority of interviewees (21) reported that degree of inclusion was 'based on the child's ability to integrate, there is no set formula [as] it depends on how the child responds' (LU9) (see Table 2). The number who met this criterion could vary: 'There are only two children who are being integrated into mainstream as these children can cope well' (LU9). Alternatively, seven had a planned developmental approach based on the child's age: 'We start them early in reception with afternoons in mainstream and as they get up to Year 2 then they should all be nearly fully integrated' (LU5). Some interviewees reported both factors being used: 'The degree of integration depends on the child's ability and their age, we are trying to get the children integrated as early as possible though' (LU23).

Six interviewees reported that their provision had full inclusion: 'The language resource is based in the mainstream classroom' (LU11). However, further probing led some to modify their description of 'full' to 'high' owing to specific withdrawal or other strategies as indicated by this secondary LU: 'There is a very high level of integration, for all lessons except modern language' (LU40) or 'Most children go into mainstream but are withdrawn for literacy and SLT group work' (LU8). Indeed, fourteen reported inclusion only for set subjects while nine arranged inclusion mainly for social reasons or less academic subjects: 'The children tend to be integrated for mostly PE [physical education], music and play sessions' (LU1) or 'The whole class will integrate at

lunch times, circle time and assembly' (LU46). A further eight teachers reported inclusion was 'based on the individual child', for example, 'Integration ranges from one child who spends 12% of time in the unit and one child who is in the unit for 85% of the time' (LU38). Overall, only 1 of the 38 interviewees reported an essentially non-inclusive approach: 'The children are rarely integrated, most work is done in the unit' (LU25).

The LSs also promoted inclusion, with similar developmental and curricular approaches and rationales to those of the LUs. However, pupils required split placements with different mainstream schools, which could be complex: 'Three pupils at local middle school for PE games, one pupil at the local high school for Art GCSE [General Certificate of Secondary Education], nine FE [further education] pupils part-time attendance at local college' (LS7). The scale of difficulty for these language schools is exemplified by this head's comment: 'Relatively low-key because 83 pupils can't go to the local comp! [comprehensive]' (LS6). Furthermore, there could also be resistance: '[It] has taken 2 years of negotiating with local high school to get one child to go for one 45-minute PE lesson' (LS3). But doubts about combined placements were also raised: 'I have mixed feelings about this – going to primary for one day a week – they miss out' (LS9). Social inclusion, however, was promoted, again requiring engagement outside the school: 'Social events and clubs in the local community such as the Brownies [club]. Local mainstream come to our football club' (LS4).

The pattern for OSPs was similar with special schools again reporting some inclusion, but being cautious: limiting inclusion to certain children, 'There are children who will integrate into local schools, [but] these are the older more higher achieving children' (OSP18), or for certain activities.

*Models of support*

The main support to children's inclusion in the 37 LUs which had inclusion programmes, and in the four resource OSPs, was provided by teaching assistants, either alone, as in the majority (20) of LUs, or together with the teacher (10). In seven LUs the children did not receive any additional support when in class, a situation repeated where LS children were attending mainstream, unless provided from that school's resources. However, policies in the LSs varied (Table 3). One arranged support for maths and literacy only: 'If the children are in for maths or literacy then they would have an assistant that goes with them' (LU1) while a third (9 of 30) reported support in all core curriculum lessons. The largest group (13 of 30) reported support across the curriculum: 'When they are ready for integration an assistant goes with them, there is 1 assistant to 2 children' (LU32). However, limited resources may restrict availability in practice: 'If they are in mainstream then 40% of the time is with additional assistant support' (LU3) or 'We try to support the children as often as possible, the unit LSA does most support and the teacher tries to do some' (LU38). The lack of support could also be deliberate, relating to the policy regarding admissions: 'They don't have any support, or they would not be there, for example if a child who was on the autistic spectrum continuum needed support at lunch times, then they would be in a special school' (LU6).

The second main model of support concerned the collaboration between the SLT and the teacher and assistant. Most LU (31 of 38), and all LS respondents reported regular planning meetings. 'I meet with the SLT every Friday afternoon for a planning session, we liaise weekly in detail, where I can go to her for advice and I see her target programmes' (LU17). Six LU and all LS interviewees reported joint work focused on language: 'We always work alongside each other and that involves me doing some therapy work with her' (LU33). However, some LU interviewees also reported collaboration on curriculum tasks: 'The SLT works in the classroom and takes maths, she works on things like concepts of time and space' (LU5) or 'The SLT also takes science' (LU8). This collaboration was viewed positively: Only three LU heads reported a lack of joint working, typically a result of disruption to a relationship.

The LU and LS SLTs also delivered direct therapy, both in-class and by withdrawal, depending on the child's need (Table 4). The majority of LUs (21 of 38) reported the SLT would deliver direct therapy in the classroom either individually or by group work: 'Everything is done in small groups, there isn't an emphasis on clinical work, we try to minimise 1 : 1 work' (LU33) often combining 'with literacy as well as speech and language therapy' (LU39). Seventeen LUs reported direct work by the SLT, but outside the classroom, often because of practical constraints such as size of the Unit's room. In the LSs, in-class direct therapy was often carried out by the SLT and teacher in collaboration while withdrawal was also used by all. However, direct intervention in class was less common in the OSPs (2 of 8) compared with 5 of 8 delivering this by withdrawal.

Only 8 LU interviewees reported indirect therapeutic work by the SLT whereby the teacher or an assistant undertook the primary role addressing the children's language: 'The SLT will plan out the sessions and work closely with the LSA, explain the targets and transfer the skills to the LSA for the therapy sessions' (LU35). In the LSs, indirect work was reported in all cases but here this supplemented the direct SLT involvement with the children. Indirect work was characterised by joint planning, discussion and work on IEPs collaboratively with teachers, rather than the SLT advising and leaving a programme. The OSPs, however,

**Table 3: Provision of support in language units**

|  | N | % |
| --- | --- | --- |
| Maths/literacy only | 1 | 3 |
| All curriculum-based lessons | 9 | 30 |
| All/most time in mainstream | 13 | 43 |
| Depending on child's need | 7 | 23 |

N = 30

**Table 4: Method of delivery of therapy by the speech and language therapist**

| | Language units (n = 38) | | Language schools (n = 10) | | Other special provision (n = 8) | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Direct – in-class | 21 | 55 | 10 | 100 | 3 | 38 |
| Direct – withdrawal | 17 | 45 | 10 | 100 | 5 | 63 |
| Indirect – programme | 8 | 21 | 10 | 100 | 5 | 63 |

most commonly used indirect programme delivery, and this resulted from limited resources as 'the SLTs do not have the time to perform their own therapy'.

*The coherence of the system*
All interviewees except the heads of non-LEA special language schools were asked to comment on the overall LEA system for supporting children with SSLD; responses therefore were unprompted and so may underestimate the numbers of interviewees who hold these views. There were many positive comments, especially from the LUs, but overall negative comments predominated. Positive comments included a welcome for improved overall provision, including the impact of initiatives developed by ICAN, the voluntary body for all children with language difficulties, to work with LEAs to initiate new provision: 'We have ICAN for preschool provision and now a secondary placement, there has been a big improvement' (LU19). Five LU interviewees were supportive of the role of their units/ resources in developing a type of inclusion, which they believed provided the support necessary and unlikely to be available in mainstream schools: 'The language unit is good as it enables a high level of inclusion and equal access, with all the benefits of small group provision and adult-pupil ratio' (LU39). The input of SLTs was also welcomed, a resource much less available in mainstream than LUs, as was training.

Negative comments focused particularly on appropriateness and overall lack of provision, after KS1, 'We have no provision beyond the age of 8; the children who need it are struggling' (LU5), and especially for KS3/4 and post-16. Difficulties of dealing with children with associated difficulties could reflect disagreements about primary needs: 'There are difficulties with children with emotional and behavioural difficulties who people think have language difficulties and they do not' (LU21) and expediency: 'A lot of children end up in the language unit, though some children have behaviour problems as we don't know where to put them' (LU32). The use of LUs for children who had overlap with MLD and ASD was also noted as problematic.

Among the OSP interviewees only one made a positive observation: 'We have a model which should be widely used, the children are well integrated' (OSP46). The other seven noted lack of training and SLT support, together with concerns about increased inclusion and the intake of children with more than one type of difficulty: 'I find it difficult to run a school for children with MLD, but end up with a mixture of children with an increasing number

of complex or additional needs' (OSP2). Among the LS interviewees who could comment, similar concerns about more complex children and gaps in provision, especially for older children, were reported:

*'We [our LEA] serve children with language disorders much better than other LEAs, we have post-11 provision. I take many phone calls from distraught mums [from other LEAs] whose children are 11 and not in appropriate education. In their LEA they could go to MLD, but that's not right'. (LS3)*

Interestingly, LSs generally reported more referrals as inclusion was developing in LEAs, but this was tempered by a view that LEAs were attempting to retain children during primary schooling and referring at secondary (KS3/ 4), and that the complexity of the children was increasing: 'Have less referrals of speech and language because they are being integrated, and more referrals for ASD' (LS10). While some threats to the schools' futures were reported, interviewees also reported increased demands following SEN Tribunal decisions and for assessments by their staff. Some heads were very positive about the LEAs' recognition of their role and were building upon this by outreach, so supporting a system of inclusion with their special school's expertise as a key component.

**Discussion**
The present study was undertaken in England and Wales but the issues addressed are not limited to the UK. Inclusion is a major policy initiative internationally but there is a lack of evidence for the relative benefits of alternative models of inclusive education, especially for children with speech and language difficulties. This study has explored three types of provision; namely, language units, specialist language schools and other special provision not specifically for children with language difficulties. Almost all were actively seeking to develop inclusion within a broader education system. The themes arising from the interviews have relevance for all education services seeking to develop inclusion.

Local education authorities (LEAs) develop criteria for entry to special provision in order to manage the system effectively. This process is aided if there is a direct match between the nature of a child's difficulties, a diagnostic category and the provision necessary to meet resultant needs. Unfortunately, psycho-educational developmental difficulties do not necessarily fall into neat, self-contained categories such that provision can be designed to meet different sets of difficulties. For example, despite a common set of clinical criteria (see DSM

IV, American Psychiatric Association (1994) or ICD-10, World Health Organisation (1992)) the population of children with language impairments is heterogeneous (Conti-Ramsden, Crutchley & Botting, 1997; Rapin & Allen, 1983) with varying language and educational needs.

The variation in criteria is apparent in the present study. While a requirement for a primary language difficulty was common, it was only stated explicitly by just over half (22 of 38) of the language units. At a more specific level, the determination of such a primary disorder by measured discrepancy between verbal and non-verbal abilities was even less common. Rather, these criteria appear to be general guidelines exemplified by the comment 'average range-ish!' made by the head of one LU. The reality for these professionals was that there was no unequivocal set of specific problems defining the population and some indication that as children progressed through the school system this variation in needs became more marked. This is indicated also by the relevance of associated difficulties. Should children with ASD or MLD, or those with emotional, social and behavioural difficulties be admitted, or was a special language provision to be limited to those with primary language difficulties alone? These data emphasise the varying needs of children with speech, language and communication difficulties. The issue of heterogeneity is also highlighted by the ways in which LEAs place the children with SSLD in provision primarily for children with other problems such as MLD. However, over three quarters of the LUs reported no variation in application of their admissions criteria when deciding on each child implying that, despite the lack of specificity of criteria, there was a common agreement in practice of the type of child to admit; commonality of action which was strengthened when the head of the specialist provision held a powerful position in decision-making, either in determining the criteria and interpretation, as in the case of the special language schools, or at least with a place on the admissions panel.

The present sample comprised interviewees who were exclusively from specialist provision of varying degrees. Nevertheless, there was a substantial desire to develop inclusion and much evidence was provided of strategies in operation to achieve this. However, these developments were cautious, with clear evidence of strategies based on children's perceived ability to profit from inclusion: sequential strategies were used gradually to introduce and then increase inclusion and to judge its effects. It may be argued that this fails to respect the spirit of the law and the increasing push for inclusive education, also registered by the LEAs in their responses (Lindsay et al., 2005). However, overviews, reviews and meta-analyses have failed to provide clear evidence for the benefit of inclusion (Baker, Wang & Walberg, 1994; Hegarty, 1993; Madden & Slavin, 1983; Sebba & Sachdev, 1997; Tilstone, Florian & Rose, 1998). Furthermore, most of the evidence gathered over the years has been on children with general learning difficulties: it is necessary to examine the specific aspects of inclusion for children with SSLD. However, the place of designated special provision in mainstream schools ('language units' in the present study) is unclear. Are they examples of inclusion, being in mainstream, or of segregation, given the varying degrees of separation of children for periods of time? Interestingly, there is support for this model of enhanced specialist provision in mainstream schools which focuses expertise and facilitates specialist input, but also allows children to be included in mainstream classes (Mills, Cole, Jenkins & Dale, 1998). However, there is a need for evidence of the differential effectiveness of this provision for children with SSLD.

A key element in provision for children with SSLD at the level of classroom practice is the collaboration between the teacher and SLT, together with teaching assistants. The present study indicates a high level of direct intervention by SLTs in the specialist language provision, where all children will require their support, rather less in the other special provision where children with SSLD were a minority. The model typically used combined collaboration in planning but there was also evidence of joint implementation of programmes. Furthermore, the SLTs also supported children in curriculum subjects such as science. This is a different approach to that being developed by SLTs in mainstream where they might act as consultants to teachers, advising on assessments and interventions but not actually devising programmes or carrying out direct intervention (Dockrell, Lindsay, Letchford & Mackie, under revision; Hirst & Britton, 1998; Law, et al., 2000; van der Gaag, 1996).

Many LEAs have developed forms of designated special provision in mainstream schools but language units are particularly interesting partly because of their history and also because they involve health professions (SLTs). The present study has indicated that this model of provision provides a viable approach to inclusion, at least at the level of evidence from key personnel. It has also indicated the importance of decision-making systems which, of necessity, acknowledge the limitations of a diagnostic model of disability or SEN; systems where professionals attempt to match evidence of need against available provision, including specialist support. These are general themes relevant to all education systems seeking to develop effective systems of education for children with special educational needs within a policy of inclusion.

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