Educational Provision for Children with Specific Speech and Language Difficulties in England and Wales

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TABLE OF CONTENTS

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EXECUTIVE SUMMARY

Children with specific speech and language difficulties (SSLD)[1] have a primary language problem. That is, the problem is not attributable to other factors, e.g. a significant hearing loss, intellectual impairment. Prevalence studies suggest that the numbers of children concerned are substantial, about 5-7%. There had been no systematic review of provision for this group of children since the survey conducted by Hutt & Donlan on behalf of I CAN[2] 15 years ago. Since that time, there have been major changes in the education system following legislation (e.g. 1988 Education Reform Act), policy initiatives Green Paper: DfEE, 1997; SEN Action Plan: DfEE, 1998), reorganization of local educational authorities (LEAs) and the NHS, developments in professional and administrative practice by LEAs and health trusts, and the implications arising from legal interventions, including judicial reviews.

This project built upon the 'scoping' study funded by the DfEE, which examined provision for children with a range of speech and language needs (Law et al, 2000) of which Geoff Lindsay was a co-director. The present study investigated the policy and practice, at LEA/health trust and school level, concerning the current provision for children with SSLD by considering the:

- Views of 97 LEAs in England and Wales through questionnaires (49.5% response)
- Views of 129 speech and language therapy (SLT) services in England and Wales through questionnaires (72.1% response)
- In-depth interviews with 37 representatives of the LEAs and 39 representatives of health trusts' SLT services
- In-depth interviews with heads or principals of 38 speech and language units/resources, 7 other special schools and 10 special speech and language schools

The study maps in detail the provision made by LEAs and SLT services, but also goes beyond this to explore the rationale and decision-making processes. These are reported for practitioner level (teachers, SLTs and parents) through to policy level - LEA/health trust. The study explores the interface between stated policy, and policy as interpreted, enacted and redefined in practice.

This Executive Summary comprises two parts: Part A summarises the data from the questionnaires and interviews, Part B identifies the main, overarching themes.

Part A – Summary of information from questionnaires and interviews

Questionnaire responses from LEAs

A total of 97 questionnaires were returned reflecting a 49.5% response rate

- Provision for SSLD was also used for children with Autistic Spectrum Disorders (ASD)
- Main provision was support in mainstream schools
- Majority of designated language units catered for KS1 and KS2

[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.
[2] I CAN: The National Charity For Children With Speech And Language Difficulties

- Special schools for children with SSLD were also used
- Schools for children with moderate learning difficulties (MLD) were also used

Questionnaire responses from Health Trusts

A total of 129 questionnaires were returned reflecting a 72.1% response rate

- Provision for SSLD also used for children with ASD
- Criteria for SSLD varied and only three quarters reported an agreed policy within the service
- Support was provided by a majority in mainstream during the primary phase, reducing significantly thereafter
- Majority of designated language unit support was at KS1 and KS2
- Limited provision to special schools designated for SSLD (needs met by resident SLTs) but more support to schools for children with MLD

Interviews with LEA representatives [3]

- Emphasised decisions made on children's needs rather than on diagnostic categories or provision

- Confirmed increasing numbers of children with SSLD and ASD that reflects
    - Better diagnosis
    - Early diagnosis

Policy

- Written policies were reported by 70% of the respondents. However
    - For the majority of cases children with specific speech and language difficulties were subsumed under the general special education needs policy
    - Development plans for SSLD placed a high priority on
        - nursery and secondary school provision
        - collaboration with health
        - training
    - Two-thirds reported difficulties in translating policy into practice
        - Critical problem was integration and planning
- Parents were generally included in parent partnership schemes, 50% had working groups that included parents

Provision and practice

[3] Interviews with health trusts and special language schools were conducted by a trained and experienced speech and language therapist. Interviews with LEA representatives and other schools were conducted by a psychologist.

- Liaison for provision occurred both with other LEAs and voluntary bodies
- Eighty per cent reported access to out of LEA provision
    - Substantial minority unhappy with out of LEA provision and noted this as a decreasing practice
- LEA criteria for placement were noted in a minority of cases, when reported the following were noted
    - Severity of language problem
    - Nature of language problem
    - Discrepancy criteria
- Thirty per cent of the respondents noted joint provision for children with ASD and children with SSLD

- One-third reported employing LEA speech and language therapists

- Impact of inclusion
    - Stretched schools
    - Highlighted training needs

  But 25% viewed inclusion as low priority

- The role of speech and language therapists was seen as critical, characterised by
    - Limited numbers affecting extent and type of therapy
- A consultation model was favoured
- Identified major gaps in provision
    - Access to SLTs
    - Provision at Key Stage 3 and Key Stage 4
- One-third reported appeals or complaints, noting
    - Lack of SLT provision
    - Lack of school provision

Good Practice

- Examples of good practice reported by 2/3rds of LEAs, characterised by
    - Collaboration
    - High calibre staffing
    - Early intervention
- Collaboration included
    - Teachers' awareness of service provision
    - Clarification about funding
    - Liaison with voluntary sector
    - Education/training initiatives

Interviews with Health Trust representatives

- Emphasis on identification of primary speech and language difficulty but confounded by terminology
- Wide variety of terms used to describe population
    - Most frequently used terms *specific language impairment* and *specific speech and language difficulty*
    - Concern about terminology for understanding and planning
    - Suggestion that differences in terminology reflect professional confusion

- Confirmed increase in ASD that reflects
    - Different diagnostic criteria
    - Clearer diagnostic criteria

Policy

- Overall policy decisions made by LEAs for education based resources
- Health focus on clinic based resources
    - Decision about direct or indirect involvement determined by
        - Resources
        - Planning and pedagogy
        - Whether mainstream or special provision
- Sixty-two per cent reported agreed criteria for access to provision
    - Primary speech and language problem
    - Average cognitive or non-verbal skills reported by significant majority that had criteria
- Problems with implementing policy
    - Conflict between SLTs and educational psychologists
    - Limited resources
    - Lack of experience in schools

Provision and practice

- Mainstream provision characterised by lack of criteria – referring to 'might cope'
    - Failure in mainstream instigated referral process to special or other resources
- Different terms also used to refer to resources
    - Varying names and varying functions
    - Varying entry criteria
        - Primary speech and language 54%
        - Non-verbal/verbal discrepancy 44%
        - Severe speech and language needs 28%
        - Speech and language profile 21%
        - Educational needs 15%
    - Entry criteria influenced by
        - External factors
            - Parental support

        - Places and funding
        - Professional conflicts and strategies
    - Child factors
        - ASD or MLD
        - Vulnerability and behaviour
        - Time

  - Two-thirds agreed criteria with LEAs
    - Significant proportion reported confusion and disagreement

- Identified major gaps in provision
  - Inclusion highlighted limited support in mainstream
  - KS3 and KS4 particularly problematic
  - High numbers of children with ASD in SSLD provision
- Problems with SSLD/ASD overlap were noted
  - Difficulties in differentiation preschool
  - Overlapping yet different needs
  - Lack of provision for ASD
  - Lack of mainstream support for ASD

Good Practice

- Collaboration
- Consultation with SLTs in relation to provision and planning
- Multidisciplinary planning
- Continuum of intervention

Interviews with speech and language therapy units

- Teachers confirmed increasing numbers of children with speech and language difficulties
- Increasing numbers of children with complex needs
- SLTs were regarded as the 'key' professional

Provision and practice

- Some consistency in entry criteria to units
  - Admissions panels were reported as providing consistency in regard to access to provision
  - Two-thirds of the units required that the child have a statement of special educational needs prior to entry
  - One-third required a discrepancy between verbal and non-verbal abilities
  - Sixty-three per cent accepted children with ASD

- Units
  - Modal size 10

- Modal age 4-11
- Majority employed 1 part time SLT
- Limited access to EPs
- Gap in OT provision
- Sparse support by counsellors

- Therapy was provided both directly and indirectly
  - 54% noted support only by learning support assistant
  - 43% of the children had support all the time
  - in only 26% of the cases did the therapist and teacher work with the child together
  - Majority of joint work was through planning and meetings

- Child support
  - 54% assistant only
  - 43% support full time

- Curriculum differentiation highlighted primarily in terms of delivery e.g. vocabulary or concrete aids
  - Minority (13%) differentiated by IEP
  - 29 per cent used alternative and augmentative communication

- Integration
  - Minority full integration
  - Limited by ability and age -.focus on child's ability to cope
  - Practice variable
    - 29% social only
- Inclusion regarded as positive by significant minority of respondents

- Parents included in a wide variety of ways
  - Involvement seen as positive
    - Developed through a range of mechanisms
      - Home-school diaries
      - phone
  - Barriers of parental involvement
    - Distance
    - Parental interest
    - Parental skills

Interviews with other special schools/units

- Reported use of both MLD and ASD provision for children with SSLD
- Held narrow definition of language problem e.g. speech, phonology, sound system

Provision and practice

- Children placed in schools because of
    - No alternative schooling
    - Access to SLTs
    - Complex needs
- Statement main criteria for entry
- All report
    - High levels of SLT support
        - Providing both direct and indirect therapy
    - Limited access to EPs
    - Gap in OT provision
    - Sparse support by counsellors
    - Some levels of integration

- High levels of parental involvement

Interviews with special language schools

- Highlighted shift in population
    - Reflects more children in mainstream
    - Children with more complex needs referred to these schools
    - Children referred later

Provision and practice

- Entry criteria are based on speech and language difficulties and need for SLT support
- Some reference to cognitive ability but flexibility noted
- Take some children with ASD but this is secondary to speech and language needs
- Curriculum differentiation
    - Needs based
    - All schools used one or more forms of alternative and augmentative communication
    - At input and output – high levels of technology on a regular basis
- All report
    - High levels of SLT support
        - Direct therapy individually (withdrawal) and in class
    - Variable access to EPs
    - Access to OT provision
    - Proportion report support by counsellors
    - Developmental approach to inclusion
- High levels of parental involvement in a range of ways
- Major impact of inclusion
    - Increased integration and outreach

Possible increase in referral rate for older children

Part B – Overarching themes

Provision

- Support is not limited to language units – almost all LEAs support children with SSLD in mainstream.
- Language units are common at reception/Key Stage 1 and 2.
- Language unit support at KS3/4 continues to be very limited, but is being developed in some LEAs.
- Children with SSLD are also supported in a range of all special provision, especially MLD schools – this raises questions about expediency to meet needs because mainstream schools are not meeting these children's needs.

Autistic spectrum disorders

- An increase in children designated ASD is generally reported.
- Earlier and better assessment contribute to this.
- However, different policies on diagnosis, and the use of the term 'ASD' rather than 'autism' are factors.
- Provision for children with SSLD is commonly used for children with ASD, because
    - Differential diagnosis is problematic
    - But needs may be similar

Diagnostic approach

- Educationists prefer a *needs-based* approach to assessment
- Health professionals continue to use *diagnostic* categories
- Use of these conceptually different approaches can cause difficulties
- Also, there is variation in diagnostic criteria and terminology within as well as between professional groups, e.g. SLT services do not all have agreed criteria or terminology.

Consultation

- Speech and language therapists, particularly those working in mainstream are developing a consultative model of practice, with advice to teachers and assistants replacing direct therapy.
- Those in special schools/units are more likely to undertake direct work with children.
- Use of consultative model must be negotiated to avoid confusion and resistance among educationists and parents.

Parent involvement

- Parents are actively involved at policy level in some LEAs.
- Most SLTs support parental involvement with children, and consider it effective.
- Despite good intentions and examples of good practice, parental involvement is an area requiring further development.

Funding

- Concerns about funding are general
- Access to SLTs is problematic in many areas.
- Standards Fund has provided an important contribution, but the effect has been lessened because of SLT shortages.

Inclusion

- General support for inclusion as the predominant philosophy
- There is variation in interpretation of inclusion, and consequently in both policy and practice.
- Inclusion is driving the development of support in mainstream schools rather than in language units/Integrated Resources.
- However, some consider language units/IRs examples of good practice in inclusion.
- Development of inclusion requires shared understanding and agreements between education and health professionals, and parents, on policy and practice.

INTRODUCTION

1.1 Introduction

This project was carried out by Professor Geoff Lindsay, Centre for Educational Development, Appraisal and Research, University of Warwick, and Professor Julie Dockrell, Psychology and Human Development, Institute of Education, University of London, together with research assistants Clare Mackie (CEDAR) and Becky Letchford (Institute of Education). The work was funded for a 1 year period from January to December 2001.

1.2 Background

Children with specific speech and language difficulties (SSLD)[4] have a primary language problem. That is, the problem is not attributable to other factors, e.g. a significant hearing loss, intellectual impairment (see Leonard, 1997 for a review). Prevalence studies suggest that the numbers of children concerned are substantial, about 5-7%. (Law et al, 1998; Tomblin et al, 1997). There has been no systematic review of provision for this group of children since the survey conducted by Hutt & Donlan (1987) on behalf of I CAN[5] over ten years ago. They expressed concern that there were relatively few Units for junior aged children as opposed to infants (654:349 children respectively) in their sample of 108 of the 200 Units, and only 39 pupils in secondary Units. Criteria for admissions, the nature and extent of integration, the use of manual signing, and staffing ratios all showed considerable variation. Furthermore the teachers had no consistent pattern of specialised training.

Since that time, there have been major changes in the education system following legislation (e.g. 1988 Education Reform Act), more recent initiatives of the new Labour Government (Green Paper: DfEE, 1997; SEN Action Plan: DfEE, 1998), reorganisation of local educational authorities (LEAs) and the NHS, developments in professional and administrative practice by LEAs and health trusts, and the implications arising from legal interventions, including judicial reviews. Subsequently there have been small scale studies of individual provision and a major study of children in transition from infant language units to the junior stage of education which focused on the characteristics of the children and teachers' opinions of the suitability of the junior provision. Data on the Units themselves were limited to size and staffing (Botting et al, 1998).

Following the Hutt and Donlan survey, I-CAN issued guidelines for language units, but there is no evidence of the compliance of LEAs with these. Furthermore, it is not the case that all children with SSLD will be found in Language Units. Not only were these units mainly provided at the infant stage, with a smaller number at junior and very few at secondary, variation in LEA practice results in varying patterns of placement across this range of provision. This may be planned, or a result of inadequate identification and assessment, or a lack of appropriate facilities. A study of two LEAs by Dockrell & Lindsay (1998), for example, reported children

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[5] I CAN: The National Charity For Children With Speech And Language Difficulties

identified and on the Code of Practice stages of assessment, were being educated in provision from mainstream through to residential regional schools, with many children in mainstream having significant degrees of impairment, and hence high levels of need; indeed about two thirds of the children with significant degrees of impairment, and hence high levels of need, were in mainstream provision rather than special Units or schools. Botting et al (1998) report that after transfer from the units many children (44%) are being educated in provision their teachers did not consider 'ideal'. Also, LEAs may develop provision for broader groups of children, or those with, for example, specific literary difficulties which is used also for children with SSLD. (NB children with SSLD have a high probability of having significant literacy difficulties - Dockrell & Lindsay, 1998, 2000).

Finally, there is the development of moves towards a more inclusive system of education, supported by the Green Paper and the recent Action Plan, and the enhanced involvement of parents in partnership with professionals. However, while there is a major national agenda to increase inclusion and develop the roles of special schools, there is no current information regarding the type, level or quality of existing provision in all its forms. Also, while there is a move towards inclusive education, which is generally supported in principle, evidence indicates cause for concern over the implementation of this policy which may lead to provision which is 'inclusive' but not meeting the children's needs. For example, Dockrell and Lindsay (2000) found in their study of children in two LEAs that the teachers supporting children with SSLD in mainstream schools felt unprepared as a result of lack of training and generally unsupported, so raising questions about the efficacy of the integration being experienced by the children. This is a cause for concern for parents, as shown graphically in this study (Lindsay and Dockrell, submitted).

A review of provision for children with SSLD must address the problem of definition discussed above. This is not unique to SSLD: reviews of provision for children with Moderate Learning Difficulties (MLD) or emotional and behaviour difficulties (EBD), for example, pose similar challenges. Although children with SSLD are considered both theoretically and practically to be a heterogeneous group (Aram & Nation, 1975; Aram Ekleman & Nation, 1984; Conti- Ramsden, Crutchley & Botting, 1997; Rapin & Allen, 1983) there is a common set of clinical criteria used to identify the children (see DSM IV (American Psychiatric Association, 1994) or ICD-I0 (World Health Organisation, 1992)). Yet, it is unclear the extent to which such processes lead to under-identification, or how children identified and treated in health settings are monitored and catered for in school. Studies based on clinic samples alone provide a focussed perspective of the children's problems but they fail to capture the variation that can occur in an educational context (Botting, Conti-Ramsden & Crutchley, 1998; Dockrell & Lindsay, 1998) or the importance of the children's associated difficulties (Dockrell and Lindsay, 2000). The guidance provided in the Code of Practice (DfEE 1994) existant at the time of the study was not definitive; neither is that in its revision (DfES, 2001a).

Consequently in the case of children with SSLD it must be recognised that practice will vary between LEAs and health trusts. The starting point of this research was the provision made for children *so designated* as having SSLD by the relevant LEA and its facilities. As such the research complements that undertaken by Conti-Ramsden and colleagues who defined their

sample from children already attending designated 'language units'. The argument here is that it cannot be assumed that these units are necessarily identical with respect to children admitted, even though they are designed for children with SSLD. There will be variability among the children attending any one unit, and also between units when the children's characteristics are taken as a whole. The purpose of the present study was not only to survey all such language units but also to go further, to investigate the provision made for the other children considered to have SSLD, as predicted by population studies. From these estimates children outside dedicated speech and language provision form the majority of the population in the later primary and secondary school years. These children will be in other special provision, either in mainstream schools in the form of Units or Integrated Resources, or special schools; or attending mainstream schools, either individually supported or without support.

It was acknowledged that LEAs vary in their identification and assessment practices, both between LEA and even within LEAs. For example, there is no single *age* at which children with SSLD will be identified. In severe cases this is likely to be pre-school but even if this occurs, provision may vary (Law et al, 2001). The child's home language is also an important consideration. There appears to be an under identification of children with SSLD where English is an additional language (Crutchley, 1997). Hence not only is it important to identify the *provision* made in each LEA in its many forms as described above, it is also necessary to identify the *processes* of planning and organising the provision, and of determining provision for specific children with SSLD. For example, children may be determined to have SSLD but, in the absence of optimal provision, alternative support is made.

There are also important considerations about the exchange of information between different kinds of resources. Prior to school age speech and language therapy are services are primarily responsible for the meeting the children's needs. These needs are conventionally met though clinic services and in some cases specialist nursery provision. On transfer to primary school there are changes in the system of accountability and funding of resources. Thus there are key questions about collaboration and responsibility between health and education, and the practices of speech and language therapists (SLTs).

At the time of planning the research, therefore, there was a lack of current comprehensive information on the full range of provision for children with SSLD. Language units are important resources, and there were changes occurring in this area, including I-CAN's development of Unit provision in mainstream secondary schools; there were also independent and non-maintained special schools approved for children with SSLD. However, such designated provision catered for only a proportion of these children. A broader review of provision for children with SSLD was needed which embraced the total range made to meet their needs. Also, as a corollary, it was important to investigate how the various provision operated *as a system*. This included the local development of policy planning for this group of children, operation of the Code of Practice and, in particular, the multi-professional working of education with health service staff, particularly speech and language therapists, together with the staff determining statements, and the involvement of parents in decision making.

The final element of the context in which the present study was planned was the scoping study financed by the Department for Education and Employment, Department of Health and the Welsh Assembly. This aimed to investigate provision for children with speech and language needs in England and Wales, and the ways in which services, especially LEAs and Health Trusts, were working together to optimise services. Professor Lindsay was co-director of the scoping study and so we were able to build the present research upon that study and its findings (e.g. Law et al 2000, 2001; Lindsay et al, in press, Band et al, in press).

The present study, however, focused on a subset of children with speech and language needs, namely those with *primary* language difficulties, who we refer to as children with *specific speech and language difficulties* (SSLD). The intention was to survey managers of LEA and SLT services, and also to conduct interviews with those and with schools which catered for children with SSLD. Given the requirements of the DfEE to limit the demands made on schools, which resulted in a level of a 50% sample of LEAs for the scoping study, the present research was also modified to limit demands on the constituent schools and services. In particular, samples of LEAs, SLT services and schools were selected for in depth interviews, whose main purpose was to explore the reasoning behind policy and practice, and to investigate further the issues arising from the questionnaire study.

The present study, therefore, focussed on children with SSLD in England and Wales, and this remained its primary orientation. However, as the study started there was increasing interest nationally in children with autistic spectrum disorders (ASD). As explained below, our initial interest in these children was methodological – how to construct questionnaires which focussed on children with SSLD and which were not confounded with those children with ASD. However, this methodological issue became superseded by the question of children with ASD themselves.

The national debate had been energised by claims linking a rise in children with ASD to the use of MMR vaccine, a debate which continues at the time of writing, and which has entered a 'high stakes' mode, with political as well as scientific input. For present purposes it is sufficient to note that this debate was often focussed on causal links and did not necessarily take the condition of ASD, its definition and diagnosis, as a key problematic issue. Consequently, we decided to add a subsidiary investigation of ASD into the study. This focused on the overlap between SSLD and ASD, both conceptually and in terms of provision, and in professionals' views of the trend in ASD. For example, we decided to explore whether the heads of LEA SEN services and SLT service managers considered there was an increase in children with SSLD, and if so what were the reasons. Hence this study of key professionals' opinions supplemented the major study of SSLD.

The report is organised into sections to allow data from each part of the study to be represented. The issues arising and the over-arching themes are considered in the Discussion.

1.3 Structure of report

The report presents information from:

- Survey of LEAs
- Survey of SLT services
- Interviews with LEAs, SEN managers
- Interviews with SLT service managers
- Interviews with heads of schools, language units/integrated resources

The sections reporting the interviews include extensive quotations to provide a sense of the richness and variation of the information provided. Finally, the results are discussed and conclusions are drawn.

2. THE STUDY

The study was carried out in England and Wales during 2001. It built upon research carried out during 2000, funded by the Department for Education and Employment, Department of Health and the Welsh Assembly, which investigated collaboration between education and health services in providing for children with speech and language needs of all types (Law et al, 2000). A survey of local education authorities (LEAs) and health trusts speech and language therapy services was carried out as part of that project (Lindsay et al, in press). This provided information on provision, but not on that specifically for children with SSLD.

2.1 Samples

The three samples investigated were LEAs, speech and language therapy services, and schools. There was a 2-stage process, with national questionnaires to the LEAs and SLT services, followed by interviews with a sample of each. Finally, interviews were held with a sample of schools which provided for children with SSLD.

2.1.1 Local Education Authorities

2.1.1.1 Sample 1: Questionnaire

A questionnaire was sent to all local education authorities in England and Wales (N=196). Ninety seven responded, a response rate of 49.5%.

2.1.1.2 Sample 2: Interviews

Forty of the LEA respondents were selected for the second stage, comprising an interview with the LEA representative. Sixteen of the LEAs were selected to be coterminous with the health trusts. The remaining 24 were selected at random.

There were 37 completed interviews, 3 of the respondents refused to be interviewed, as they did not have the time available. It was attempted to interview the same person who completed the questionnaire, however on 5 occasions this person had left the position, or the person did not feel that they were the most appropriate person to answer the questions. In these cases another relevant person was interviewed as indicated by the LEA. The respondents were predominantly education officers with responsibility for SEN, but also included senior educational psychologists and advisory teachers.

2.1.2 Speech and Language Therapy Services

2.1.2.1 Sample 3: Questionnaires

A questionnaire was sent to all health trusts which were understood to have a paediatric speech and language therapy service (N=179). This was not unproblematic. We used a recent database of addresses derived from the Department of Health as updated by the earlier study (Law et al,

2000). However, as with that study, we found that some services or trusts had changed. This is a characteristic of the health services at this time, as unlike LEAs, health trusts are in a state of some flux.

A total of 129 completed questionnaires were returned, including 5 from Wales, a response rate of 72.1%. The majority of respondents (120, 93.0%) indicated their role within the Health or Education Service. Ninety seven held a managerial role within the speech and language therapy service, with a further 8 indicating that they were the 'Paediatric co-ordinator' within their service and one classing their post as 'Co-ordinator of mainstream support and resource bases'. Three respondents detailed their job title as 'Head of Education (learner support)'. The remaining 18 respondents were Speech and Language therapists, but did not indicate any managerial role.

2.1.2.2. Sample 4: interviews

A random sample of 40 SLT departments was taken from the returned set of SLT questionnaires. The interviewee was the SLT department member who had completed the questionnaire in all but one case. The majority of interviewees were SLT Managers or lead or specialist clinicians in the area of SSLD or SLI. Only one clinician felt that she was not in a good position to answer some of the questions. Where the questionnaire had been completed by more than clinician, the interview was carried out with only one of these (4 cases). In one further case, the questionnaire had been completed by a department member and then checked by an SLT Manager. For the purpose of this report, the interviewees will be referred to as the 'SLT Managers', however it is important to note that this was not always the case.

Of the identified sample of 40 SLT departments, 39 were interviewed with only one unable to give the time needed. Of those interviewed, a number of SLTs were understandably under some time pressure and therefore there were some resultant limitations on the length and depth of interview. Many SLTs expressed an interest in the results and were keen to be kept informed about the project findings.

2.1.3 Schools

2.1.3.1 Sample 5: Interviews

Out of the 40 LEAs chosen for interviews 20 LEAs were randomly chosen for the school interview phase. Within these 20 LEAs, forty language units were randomly chosen to be interviewed, at least 1 or 2 language units per LEA. If there were more than 4 language units per LEA as was the case in 3 LEAs, half of the units were randomly selected.

Where LEAs stated that children with SSLD were being educated in MLD schools and 'other' units, these schools were included into the sample. There were 5 MLD schools and 4 'other' units, which included 3 ASD units and 1 MLD unit. Also this sample included a general learning difficulties (GLD) school, as the LEA stated that it was an 'ASD' unit, but had recently changed status when contacted.

Out of the total number of language units, there were 2 language units who were unable to be interviewed as one teacher was on long term leave, and another language unit refused because of time constraints. The total sample of language units, therefore, is 38. There were also 2 MLD schools who stated that they did not want to take part, as they did not accept children with SSLD. The total sample for 'other' schools/units is 8.

A further sample was constructed of special language schools that exist in England and Wales. The list was formulated by collating information from ICAN and Afasic, (and knowledge of another school). Schools were selected on the basis that they catered for pupils with *specific* speech and language difficulties. Of a total of 13 schools, 2 were in Scotland and therefore not within the scope of this project and the head of one ICAN school was unavailable. This left the following sample of 10 schools:
3 LEA maintained schools
2 ICAN schools (non maintained)
2 Non-maintained
3 Independent Schools – one of which catered for children with MLD and speech and language difficulties.

2.2. Measures

2.2.1 Questionnaires

A separate questionnaire was developed for LEAs and SLT services. Each questionnaire was developed by the project team and piloted on a small number of appropriate professionals including an advisor for special educational needs, education officer for I-CAN, and an LEA education officer (SEN).

At the piloting stage an important issue arose concerning terminology. One of the basic assumptions underlying the research was that there would be some degree of variation in conceptualisation of 'specific speech and language difficulties', and that this would have implications for provision. This posed a methodological problem, however. It was necessary for the questionnaire to have sufficient clarity regarding the target population of children to enable successful completion. The main issue arising from the piloting phase was the potential overlap between SSLD and autistic spectrum disorder (ASD). This was addressed by adding a specific instruction to the guidance for completion, but also including a question addressing the issue of SSLD/ASD overlap.

The LEA questionnaire explored the provision made by age/stage from preschool to post-16, and whether the provision was made by the LEA alone, in collaboration with others, or was provided by others. The types of provision included mainstream, language units and resources, and special schools. The questionnaire included reference to special schools specifically for children with SSLD, to other special schools used for these children, and also specifically to schools for children with moderate learning difficulties (MLD). The latter category was specified as it had been shown to be a common provision used for the full range of children with speech and language needs (Lindsay et al, in press).

The SLT service questionnaire also addressed the question of overlap between SSLD and ASD, including future plans for provision. Speech and language therapy managers were also asked to state provision made for children with SSLD by stage, admission criteria for provision and their approach to service delivery. Finally they presented examples of good practice.

2.2.2 Interviews

Separate interview schedules were used for LEA officers, SLT managers and schools. Each was semi-structured, designed to produce both comparable data on key elements, but also to allow an exploration of respondents' views. An initial open-ended question was followed by prompts used where the informant did not provide the required information, or follow-on questions in order to elicit further information.

The LEA interview explored the interviewees' opinions regarding the LEAs policy and its practice.

The following are the domains that were addressed in the follow-up LEA interview:

- Policy, including written policy statements on children with SSLD
- Practice and deviations from policy
- Liaison with other LEAs/voluntary bodies
- Provision for children with Autistic Spectrum Disorder
- Service delivery
- Parental involvement
- Good practice

The SLT service interview was designed to explore the following issues:

- Terminology and definitions (SSLD and other terms).
- Placement process
- Development plans
- Autistic spectrum disorder (ASD) and SSLD
- SLT service provision
    a) Educational v clinical
    b) Direct v indirect intervention
    c) Parental involvement
    d) Good practice

In addition to these issues, the interviews with SLT managers were designed to explore their knowledge about the LEA's policies; the involvement of the SLT service in policy development by the LEA, and in its practice; their satisfaction with the policies and practices.

The interviews with schools were normally conducted by phone with the head of language unit/resource, or the headteacher/principal of the school. These interviews lasting about

30 minutes and followed a semi-structured format, with initial open-ended questions followed by several prompts where the interview did not provide the information required. The following are the domains incorporated into the School interviews:

- Criteria for entry
- ASD
- Basic data, e.g. number and age of children and the staff-pupil ratio.
- Provision
- Parental involvement
- How are the parents of children with SSLD involved?
- System – school's view of the overall system with SSLD in the LEA

3. RESULTS

This section comprises separate reports from each element of the project i.e. each questionnaire and each interview study. The latter have produced a rich source of material which is too extensive for this report; examples of the interviewees' comments are provided. The themes arising will be discussed in the Discussion section.

3.1 LEA Questionnaire

A total of 97 questionnaires were returned (response rate 49.5%).

3.1.1. Autistic spectrum disorder (ASD)

In order to evaluate provision for children with ASD and its relationship with provision for children with SSLD respondents were initially asked:

'Is provision for children with SSLD also used for children with ASD?'

Table 1 shows that of the 94 respondents who responded to the question, almost half (46.8%) acknowledged that it was.

Almost half of the LEAs reported that provision used for children with SSLD was also used for children with ASD.

Table 1 Percentage of LEAs making joint provision for children with SSLD and ASD

	Percent
Yes	46.8% (44)
No	53.2% (50)

3.1.2 Individual support in mainstream schools for children with SSLD

The majority of LEAs made provision in mainstream for children with SSLD, with the highest proportions at Reception to Key Stage 2, where almost half all LEAs had provision, (see Table 2). However, fewer than half of LEAs making provision post-16.

Table 2 **Percentage of LEAs providing individual support within mainstream nurseries, schools and colleges**

Phase/Key stage	%	n
Nursery	87.8	79
Reception and Key stage 1	97.9	93
Key stage 2	98.9	92
Key stage 3 and 4	92.4	85
Post-16 Provision	46.7	42

N = 97

3.1.3 Designated Pre-school/Nursery Provision for children with SSLD

Respondents were asked to specify provision made in schools/centres designated for children with SSLD. As there are various approaches to provision for the under-fives in general, respondents were asked to specify provision made by the LEA alone, in conjunction with the social services department, or with the voluntary sector.

3.1.3.1 Designated nursery schools for children with SSLD

Relatively few of LEAs made provision through designated nursery schools either alone (7.9%) or in collaboration with the voluntary sector (1.2%) – see Table 3.

The respondents were also asked to indicate the number of schools and the number of full and part time places available. Out of the 7 LEAs who stated that they provided LEA-funded nurseries, 6 LEAs completed this part of the questionnaire: 4 LEAs provided 1 nursery, (4.5%) 1 LEA provided 2 nurseries and 1 LEA provided 3 nurseries (1.1%). Generally, these nurseries had part-time places only. However, one had 6 full time places. The number of part-time places number from 12 to 40.

Table 3 **Percentage of LEAs providing designated Nursery Schools for children with SSLD**

	%LEA alone	%LEA and Social services	%LEA and Voluntary/private sector
Yes	7.9	N/a	1.2
No	92.1	100	98.8
N =	89	87	89

3.1.3.2 Designated units/integrated resource

The respondents were also asked to provide information about provision within pre-school settings in the form of designated units/integrated resources for children with specific speech and language difficulties. A third of LEAs made such provision, largely LEA funded (23.3%). Only a small proportion of respondents (3.8%) reported units run jointly by the LEA and social services. A further five respondents (6.4%) acknowledged units or resources, which were co-run by the LEA and voluntary/private sector (see Table 4).

Table 4 Percentage of LEAs providing designated units/Resources for pre-school

	%LEA alone	%LEA and Social services	%LEA and Voluntary/private sector
Yes	23.3% (21)	3.8% (3)	6.4% (5)
No	76.7% (69)	96.2% (75)	93.6% (73)
N =	90	78	78

For the LEA-funded units/resources 18 LEAs specified the number of units and places available: 16 LEAs acknowledged only one such unit within their authority, 1 LEA noted 4 units and another 6. As with the LEA-funded designated nursery schools, places were generally on a part-time basis, with 10 exclusively so. The part-time places numbered from 4 to 50. The number of full time places ranged from 4 to 24, with 6 respondents noting that provision was entirely on a full time basis.

For the designated units/resources provided by the LEA with social services, 2 respondents noted the number of such units within their authority: in one case 5 and in the other 6. The third respondent detailed the number of places available as being 48 part-time only.

Of the four out of the five respondents who reported joint LEA and voluntary funded unit provision all noted only one such unit within their authority and that there were no full time places. The number of part-time places ranged from 20 to 30.

3.1.4 Reception to Post-16 provision

Respondents were asked what educational provision is made for children with specific speech and language difficulties at each of reception, Key stage 1 and 2, Key stage 3 and 4 and Post 16. Again they were asked about provision by the LEA alone, and that made in collaboration with others (e.g. voluntary sector).

3.1.4.1 Special schools for children with SSLD

For any age group, fewer than ten per cent of respondents provided special schools for children with SSLD (see Table 5). Where there was such provision the majority of LEAs had one special school only. No more than three such schools existed for any of the given age ranges of pupils (see Table 6).

Table 5 Percentage of LEAs providing special schools for children with SSLD

Key stage	%Yes	%No
Reception and Key stage 1	7.8% (7)	92.2% (83)
Key stage 2	6.7% (6)	93.3% (82)
Key stage 3 and 4	7.8% (7)	92.2% (83)
Post-16 Provision	2.2% (2)	97.8% (88)

N = 90

Table 6 Percentage of LEAs providing of SSLD schools by number of schools

No of schools	Reception/KS1	KS2	KS3 and KS4	Post-16
1	4.5% (4)	4.5% (4)	3.4% (3)	2.2% (2)
2	1.1% (1)	N/a	N/a	N/a
3	1.1% (1)	1.1% (1)	1.1% (1)	N/a
N/a	93.2% (82)	94.3% (83)	85.4% (83)	97.8% (87)
N =	88	88	87	89

3.1.4.2 Designated language units and integrated resources

Designated language units, catering for pupils from reception to the end of Key stage 2 were present in more than four fifths of authorities, a figure which rose to over 90% when reception and Key stage 1 were considered alone, (see Table 7). At Key stages 3 and 4, fewer than a third of authorities (29%) made such provision. A designated unit/resource was provided for pupils at post-16 in only one authority.

Table 7 Percentage of LEAs providing designated language units/resources

Key stage	%Yes	%No	n
Reception and KS1	90.7% (88)	9.3% (9)	97
KS2	84.2% (80)	15.8% (15)	95
KS3 and KS4	29% (27)	71% (66)	93
Post-16 provision	1.1% (1)	98.9% (88)	89

Most frequently, there were only 1 or 2 designated language units/resources within the authority, with few authorities having more than 5 language units. Units/Resources may span reception and key stage 1 and key stage 2 in some authorities, but not in others.

Table 8 Percentage of LEAs providing Language units/Integrated resources

No of Units	% of services Reception/KS1	% of services KS2	% of services KS3 and KS4	% of services Post-16
1	47.3% (43)	52.8% (47)	21.7% (20)	1.1% (1)
2	22% (20)	15.6% (14)	2.2% (2)	N/a
3	12.1% (11)	6.7% (6)	3.3% (3)	N/a
4	1.1% (1)	1.1% (1)	1.1% (1)	N/a
5	4.4% (4)	5.6% (5)	N/a	N/a
6-10	3.3% (3)	1.1% (1)	N/a	N/a
N/a	9.9% (9)	16.9% (15)	71.7% (66)	98.9% (88)
N =	97	89	92	89

The numbers of places ranged from 1 to 80 places, with only 1 place reported at post-16 level. The most common sizes were Units/resources up to either 10 or 20 pupils.

Table 9 Number of places available for designated language units

No of places	Reception/KS1 % LEAs	KS2 % LEAs	KS3 and KS4 % LEAs	Post-16 % LEAs
1-10	32.2% (29)	29.9% (26)	9.9% (9)	1.1% (1)
11-20	30% (27)	28.5% (25)	7.7% (7)	N/A
21-30	13.3% (12)	10.2% (9)	5.5% (6)	N/A
31-40	5.5% (5)	4.5% (4)	2.2% (2)	N/A
41-50	5.5% (6)	6.7% (6)	N/A	N/A
51-60	1.1% (1)	1.1% (1)	1.1% (1)	N/A
61 or more	1.1% (1)	1.1% (1)	1.1% (1)	N/A
N/A	10% (9)	17.2% (15)	72.5% (66)	98.9% (87)
N =	91	87	92	88

3.1.4.3 Other Designated Special resources reception to post-16

Other designated special units/resources were most commonly provided between reception and the end of Key Stage 2. These were designated special provision but not specifically for children with language difficulties. One fifth of respondents reported this level of provision (22% at reception and Key stage 1 and 20.5% at Key stage 2). This was approximately double the percentage of respondents who noted such provision to be available for the older age groups (11.2% at Key Stage 3 and 4, 9.2% for post-16 pupils) - see Table 10.

Table 10 Percentage of LEAs providing other designated language units or resources for children with SSLD

Key stage	Yes	No	N
Reception and KS1	22.5% (20)	77.5% (69)	89
KS2	20.5% (18)	79.5% (70)	88
KS3 and KS4	11.2% (10)	88.8% (79)	89
Post-16 provision	9.2% (8)	89.7% (78)	86

Generally, each respondent noted up to five such units, with the most common number being one per LEA, but in one case there were more than twenty such units for Reception/Key stage 1 pupils and Key stage 2 pupils (see Table 11).

Table 11 Number of other designated special units used for children with SSLD

No of units	Reception/KS1 % LEAs	KS2 % LEAs	KS3 and KS4 % LEAs	Post-16 % LEAs
1	7.1% (6)	4.7% (4)	4.6% (4)	N/A
2	2.4% (2)	3.5% (3)	N/A	N/A
3	3.5% (3)	2.4% (2)	2.3% (2)	N/A
4	2.4% (2)	1.2% (1)	N/A	N/A
5	1.2% (1)	N/A	N/A	N/A
6-10	1.2% (1)	2.4% (2)	1.1% (1)	1.1% (1)
11-15	1.2% (1)	1.2% (1)	N/A	N/A
16 or more	1.2% (1)	1.2% (1)	1.1% (1)	N/A
N/A	80% (68)	82.4% (70)	90.8% (79)	N/A
N =	85	84	87	

3.1.4.4 Special schools for children with Moderate Learning Difficulties

Local education authorities were specifically asked about provision for children in schools for pupils designated as having moderate learning difficulties as our earlier work had suggested this provision was often used.

Nearly two thirds of respondents reported making provision for children with SSLD in special schools for pupils with MLD, for all age groups up to the end of Key stage 4 (see table 12). More than a quarter (27.2%) reported such schools for the post-16 age group. LEAs most commonly reported using one MLD school (32.1% – 39.8% of LEAs between Reception and KS4) – see Table 13.

Table 12 Percentage of LEAs using MLD schools for children with SSLD

Key stage	Yes	No	N
Reception and KS1	60.4% (55)	39.6% (36)	91
KS2	61.2% (55)	38.9% (35)	90
KS3 and KS4	65.6% (61)	34.4% (32)	93
Post-16 provision	27.2% (25)	72.8% (67)	92

Table 13 Number of MLD schools used for children with SSLD

No of schools	Reception/KS1 % LEAs	KS2 % LEAs	KS3 and KS4 % LEAs	Post-16 % LEAs
1	36.7% (31)	32.1% (27)	39.8% (35)	18.2% (16)
2	9.4% (8)	11.9% (10)	11.4% (10)	3.4% (3)
3	5.9% (5)	8.3% (7)	8% (7)	2.3% (2)
4	1.2% (1)	1.2% (1(	1.1% (1)	N/A
5	2.4% (2)	1.2% (1)	N/A	N/A
6-10	3.6% (3)	2.4% (2)	2.2% (2)	N/A
11-15	1.2% (1)	1.2% (1)	N/A	N/A
N/A	40% (34)	41.7% (35)	36.4% (32)	76.1% (67)
N =	85	84	87	88

3.1.4.5 Other special schools

About half of LEAs reported using other special schools to make provision for children with SSLD from Reception to the end of Key Stage Four (see Table 14). Predominantly, there was only one such facility noted by each respondent (see Table 15).

Table 14 Percentage of LEAs using other special schools for children with SSLD

Key stage	Yes	No	N
Reception and KS1	52.8% (47)	47.2% (42)	89
KS2	51.8% (44)	47.1% (40)	84
KS3 and KS4	52.3% (45)	47.7% (41)	86
Post-16 provision	33.7% (29)	66.3% (57)	86

Table 15 Number of other special schools for children with SSLD

No of schools	Reception/KS1 % LEAs	KS2 % LEAs	KS3 and KS4 % LEAs	Post-16 % LEAs
1 – 5	43.9% (36)	45.1% (37)	43.9% (36)	28.9% (24)
6 – 10	2.4% (2)	2.4% (2)	1.2% (1)	1.2% (1)
11 – 15	2.4% (2)	2.4% (2)	2.4% (2)	1.2% (1)
16 – 20	1.2% (1)	1.2% (1)	2.4% (2)	N/A
N/A	50% (41)	48.8% (40)	50% (41)	68.7% (57)
N =	82	82	82	83

3.1.5 Use of provision made by others

Between a third and half of respondents (39.8% to 47%) utilised provision made by others (e.g. the voluntary sector or other LEAs) with pupils from Reception to KS2. At Key Stages 3 and 4, however, more than two thirds (69.9%) of LEAs reported using provision made by others. It is also interesting to note the relatively high incidence of use of provision made by others for the post-16 phase of pupils (40.4% of LEAs) – Table 16.

Table 16 Percentage of LEAs using provision made by others

Key stage	%Yes	(n)	%No	(n)	n
Nursery	20.7	(18)	79.3	(69)	87
Reception and KS1	39.8	(37)	60.2	(56)	93
KS2	47	(43)	51.6	(47)	90
KS3 and KS4	69.9	(65)	30.1	(28)	93
Post-16 provision	40.4	(36)	59.6	(53)	89

3.1.6 Summary of main findings

- **ASD and SSLD provision**

It was found that in half of the LEAs sampled, provision that was provided for children with SSLD was also used for children with ASD.

- **Individual support in mainstream**

The main type of provision that was provided at all key stages was individual support within mainstream schools.

- **Designated language units/resources**

The majority of designated language units were found at reception or key stage 1 (90.7%) and key stage 2 (84.2%). There were significantly fewer at key stage 3 and 4 (29%).

- **Special schools**

It was found that were special schools specifically for children with SSLD, ranging from 2.2% at post-16 to 7.8% at reception and Key stage 1. However there were a large number of MLD schools which were used for children with SSLD particularly at Key Stage 3 and 4 (64.5%).

- **Use of provision provided by others**

The proportion of LEAs using provision made by others for pupils with SSLD increased with age/stage, from 20.7% at Nursery to 69.9% at Key stages 3 and 4 with 40.4% using such provision for post-16 students with SSLD.

3.2 Speech and Language Therapy Services Questionnaire

A total of 129 questionnaires were returned, a response rate of 72.1%, plus 6 which had not been completed. The analysis was undertaken on the 129 where information was available.

3.2.1 Autistic Spectrum Disorders

3.2.1.1 Present practice

Just over half (51.3%) of those responding to this question (N= 119) stated that provision for children with SSLD was also used for those with ASD. A number of respondents gave additional comments providing elaboration or explanation. These fell into the following categories: problems of differential diagnosis; lack of appropriate provision; ability to cope with inclusive settings.

Problems of differential diagnoses: Younger children with ASD shared SSLD provision mainly because of "difficulties in differential assessment of ASD and associated pragmatic disorders", meaning that some ASD children were "only diagnosed with ASD after admission to [a] speech and language unit" and therefore "taken on by default".

Lack of appropriate provision: Some respondents noted that the use of SSLD provision was a result, first of "overspill" from ASD units. For example, "if there are no places for children with ASD in the appropriate year group". Secondly, they suggested increasing demand for such places. One respondent noted that whilst ASD children were not placed in SSLD provision, "[SSLD] panels are coming under more pressure to accept them [ASD cases]". Other comments reinforced this and gave a sense that this shared provision was a growing issue, particularly among younger age groups. In some cases there was no specialist ASD provision within the healthcare trust and in these cases the proportions of children with ASD in SSLD units was high, "30 - 50% in some language units", "50% - most diagnosed with severe pragmatic disorder". These were placed through necessity, "rather than a consideration that this is the most appropriate placement for them". One respondent described the problem with this system, "I would not advocate it . . . the therapist (and teacher) has to be a specialist in both fields".

Ability to cope with inclusion: Children with ASD were also sharing SSLD provision either because they were able to "cope with some aspects of integration" or, as one respondent noted, children "may attend the language unit with ASD, if SSLD is the major contributory factor to failure to access the curriculum in mainstream or where differential diagnosis is difficult".

There was often a tension cited between the healthcare trust and LEA. Respondents gave a sense that schools were reluctant to accommodate ASD children and "passed them on" to SSLD units, and that this had a negative impact upon children with SSLD. One said, "In the past, the LEA have tried to place ASD children in our SSLD units / resources - but we haven't let them!" and another commented, "LEAs seem to favour generic units so they can place those children who are most 'difficult' to place in mainstream, regardless of disorder type, in the units. Fewer

children in [area] with SSLD get unit places than ten years ago. It is a commonly held LEA belief that mainstream teachers can easily provide the differentiation that SSLD need".

Respondents also felt that either through pressure of numbers or lack of awareness, LEAs did not understand the subtleties in the needs of SSLD and ASD children. One wrote, "[the] LEA's definition of SSLD and ASD is poorly defined often these terms are used interchangeably by the LEA. This has great impact on service delivery" and another noted, "sadly some LEA colleagues now feel SSLD no longer exists and *all* children are ASD".

3.2.1.2 Future developments

Respondents were asked to comment upon how they saw the relationship between LEA's provision for children with SSLD and those with ASD developing. Some healthcare trusts covered more than one LEA. One described the difficulty in assessing the relative success of different LEA policies, "we liaise with two LEAs - one LEA has, as yet, no policy to change current separate provision for ASD / SSLD, the other is moving towards a more generic type of provision. Evaluation of such provision will be interesting".

Some of the respondents were able either to speculate on future developments or to describe actual plans for development. Table 17 below summarises these combined responses

Table 17 Development of SSLD and ASD provision by LEA as anticipated by respondents

Development of Provision	Number of respondents
Setting up / maintenance of separate units - ASD and / or SSLD	44
Increased inclusion	19
Increased inclusion - specifically ASD to mainstream	6
ASD to SSLD	13
Multi-agency approach	4
Move of ASD pupils from mainstream to SSLD units	4
Needs-led policy tailored to individual child	3
N = 74	

Many respondents gave reasons for the changing provision. Parental pressure in some cases had been instrumental in gaining more specialised provision for ASD pupils. Some described how the number of ASD pupils had increased, leading to the need, in the absence of specialised ASD provision, to place them in SSLD units. This was seen as damaging to SSLD children, "with the increase in ASD pupils who need specialist provision, the more conventional child who would benefit from intensive speech and language therapy is being maintained in mainstream until they

fail and then transfer into the language unit". Thirteen respondents anticipated that ASD provision alone would increase, either to "keep SSLD exclusive" or to "free up SSLD places".

3.2.2 Criteria for Admissions to SSLD Provision

Speech and language therapy managers were asked to specify the admissions criteria for educational provision for children with SSLD. Of the 122 who responded to this question, 86.9% stated that there were specific admissions criteria, with 73.9% reporting that these criteria were agreed policy within the service. Respondents were requested to list these, with opportunity for multiple criteria.

The most common criterion (n=59) specified a discrepancy between the child's language and non-verbal cognitive ability.

Table 18 Admissions criteria to the educational provision for children with SSLD

Admissions Criteria	% Respondents
Discrepancy between the child's language and nonverbal abilities	48
Statement awarded / pending or at least at Level 3	15
Longitudinal assessment / agreement by panel	5
Within specified age range	3
Moderate / severe speech difficulties	3
Parental consent or pressure	2
Not a total reliance on signing	1
Benefit from a signing environment	1
Other (toilet trained)	1

N = 122

3.2.3 Approach to Service Delivery

3.2.3.1 Present Practice

Respondents were asked to estimate the percentage of time spent in *direct* intervention (e.g. assessment or therapy by an SLT) and *indirect* intervention (e.g. by advising teachers, supervising programmes). Some respondents stated that this could vary with respect to mainstream compared with special provision.

The overall distribution of time between direct and indirect interventions reported by the 116 respondents who gave data was slightly in favour of the former (direct: mean = 54%; indirect: mean = 46%), but the most common response was a 50:50 split. The eleven respondents who gave separate answers for the balance of interventions in special and mainstream settings all indicated that there was a smaller proportion of direct intervention in mainstream settings. On average, these eleven respondents estimated that direct intervention accounted for 79.5 per cent of work in special and language units and for 41.8 per cent in mainstream.

3.2.3.2 Future developments

Of the 117 who provided information, 76.1% considered there were changes in service delivery underway. A summary of additional information provided by the respondents is given in Table 19. Overwhelmingly, changes were concerned with the services moving towards a more consultancy-based approach with indirect intervention, outreach and school-based work becoming more prominent. There was a sense that the provision was changing through necessity, driven by increased numbers of children with special needs in mainstream schools. These increased numbers were in some cases due to LEA policies of inclusion but in others there was a sense that the proportion of children with special needs was increasing generally.

Table 19 Comments regarding changing approaches to service delivery

Reason for Change	% of Responses
More indirect intervention	30
Greater consultancy role	22
More outreach / school-based intervention	18
More collaboration [with LEA / schools]	13
Tailoring service to individual child	6
Broadening of service to include children without statements	3
Narrowing of service	3
More direct intervention	1
Other	5
N = 79	

3.2.4 Pre-school provision

Nearly three quarters (71.1%) of the 128 respondents who commented reported there was SLT support to pre-school educational facilities. The vast majority (88.5%) provided a service to children attending mainstream nurseries and other pre-school settings such as playgroups. Over half (57.4%) of SLT services provided support in all settings, but 19.1% of services supported no more than a quarter of settings.

Table 20 Provision of SLT support within pre-school facilities designated for SSLD

Type of facility	% of SLT services
School:	
LEA nursery	7.8
LEA/social services nursery	2.3
LEA/voluntary/private nursery	1.6
Unit within	
LEA nurseries	37.5
LEA/social services nurseries	6.3
LEA/voluntary/private nurseries	7.5

Many managers failed to report whether there was a service to designated nursery schools or units for children with SSLD within mainstream. This has been interpreted as a nil response and percentages are derived from the total sample. Table 20 indicates that the most common approach was provision to LEA nurseries (37.5% of services).

The modal number of facilities supported by these services making provision was one nursery school for SSLD and two SSLD units in nurseries. There was variation in provision to LEA nursery units with two thirds (67.7%) of those providing a service supporting a single unit, and the others supporting between 2 and 6. The most common (modal) number of children supported was 10 in both LEA nursery schools and units, with more variation in the other provision, between 5 (the four LEA/social service units) and 25 (the LEA/social services nursery schools).

3.2.5 Reception to post-16

3.2.5.1 Mainstream

In reception/KS 1 and KS 2 about four out of five services supported mainstream schools (see Table 21). In each case the modal coverage was of all schools. The support for secondary schools was lower, with only 59.7% of services, but coverage again was typically for all schools. However, at post-16 fewer than 10% of services reported covering mainstream schools.

Table 21 Provision to mainstream schools

Key Stage	Services		% Schools	
	%	n	Mode	Mean
Reception/KS1	79.8	103	100	85.4
KS2	81.4	105	100	82.9
KS3 and 4	59.7	77	100	75.1
Post 16	9.3	12	-	-

N = 129

3.2.5.2 Special schools for children with SSLD

Very few respondents reported an SLT service to special schools for children with SSLD – between 3.1 and 5.4% across the age range (Table 22). Where a service was provided it was most commonly to a single school (Table 23), reflecting the small number of such schools.

Table 22 Percentage of SLT services supporting special schools for children with SSLD

Key Stage	% of services
Reception to KS1	4.7
KS2	5.4
KS3/4	3.1
Post-16	3.1
N = 129	

Table 23 Number of SSLD schools supported by SLT Services

Number of Schools	% Of Services			
	Reception/ KS1	KS2	KS3/4	Post-16
1	50.0	71.4	60.0	100
2	16.7	14.3	40.0	-
3	16.7	14.3	-	-
4	16.7	-	-	-
N =	6	7	6	3

3.2.5.3 Designated Language Units/Integrated Resources

Most services (83.7%) made provision to Units/Integrated Resources for children with SSLD at Reception to KS1. This was most typically to a single Unit/IR (59.8% of services that made provision) with a range of 1-4 Units/IRs. The modal provision was for 10 pupils (mean 16.0 range 2-46). The picture at KS2 is similar, with coverage of a single Unit/IR (66.7% of services who made provision) with a range 1-4, catering for a modal 10 pupils.

At KS 3 to 4, the modal size of Unit/IR was also 10, but there were more larger units (mean 18.1, SD 18.6). Also, the number of services making provision to secondary Language Units/IRs reduced to 25.6%, with the large majority of these serving a single unit (range 1-2). Provision post-16 reduced still further to just 3.9% of services, each providing to a single Language Unit/IR for very few pupils (mean 2.8, SD 2.6) – see tables 24, 25.

Table 24 SLT provision to Language Units/Integrated Resources

Key Stage	% of service
Reception to KS1	83.7
KS2	72.9
KS3/4	25.6
Post-16	3.9
N = 129	

Table 25 Number of Language Units/Integrated Resources supported by Speech and Language Therapy Services

	% Of Services			
Number of Units	**Reception/KS1**	**KS2**	**KS3/4**	**Post-16**
1	59.8	66.7	83.3	21.9
2	23.4	20.7	16.7	78.6
3	13.1	10.3	-	-
4	3.7	2.3	-	-
N =	107	87	30	28

3.2.5.4 SLT provision to other special schools

In addition to special provision designated for children with SSLD, respondents were asked to provide information on other special education provision that catered for children with SSLD. Specific data were also collected on provision for children with moderate learning difficulties (MLD). As shown in Table 26, about half of the services supported pupils with SSLD attending MLD schools from reception to end of KS4, but the number dropped to 8.5% is services at post-16. A smaller proportion of services supported children with SSLD in other types of special schools (27.9 – 34.9%) but again there was a drop to 8.5% post-16.

Table 26 SLT provision to MLD and other special schools

	% of services	
	MLD	**Other special schools**
Reception /KS1	55.0	34.9
KS2	48.1	28.7
KS3/4	55.1	27.9
Post-16	8.5	8.5
N = 129		

Table 27 Number of MLD schools supported by SLT services

	% Of Services			
Number of Units	**Reception/KS1**	**KS2**	**KS3/4**	**Post-16**
1	49.3	49.1	47.1	45.5
2	24.6	24.6	25.5	36.4
3	20.3	21.1	21.6	18.2
4	4.3	3.5	3.9	-
>4	1.4	1.4	2.0	-
N =	69	57	51	11

Table 28 Number of other special schools supported by SLT services for children with SSLD

	% Of Services			
Number of Units	**Reception/KS1**	**KS2**	**KS3/4**	**Post-16**
1	51.2	51.5	50.0	18.2
2	16.3	9.1	12.5	18.2
3	18.6	24.2	21.9	36.4
4	7.0	9.1	9.4	18.2
>4	7.0	6.0	6.2	9.1
N =	43	33	32	11

3.2.5.5 SLT Provision to other designated special Units/Integrated Resources

Children with SSLD may be placed not only in designated Language Units/IRs, but also in other forms of designated special Units/IRs or schools (e.g. for children with moderate learning difficulties MLD). In this section we report on SLT services to these Units and Integrated Resources.

Table 29 SLT Provision to other special Units/Integrated Resources

Key Stage	**% of services Other special**
Reception to KS1	20.9
KS2	17.1
KS3/4	11.6
Post-16	4.7
N = 129	

Only a minority of SLT managers reported providing a service to children with SSLD in other forms of special Units/Integrated Resources, with a reduction from 20.9% of services at reception to Key stage 1 to just 4.7% to post-16 Units/IRs. Where provision is made, it is most commonly to one Unit/IR at all stages, except Post-16 where the mode is two (but note there were only 4 services making this provision). The mean number of Units varies a little: reception/KS1 mean 2.3, SD 1.5; KS2 mean 1.5, SD 0.8; KS3/4 mean 1.2, SD 0.4; post-16 mean 1.8, SD 0.4. The numbers of pupils reduces over stages: reception/KS1 mean 23.1, SD 26.4; KS1 mean 13.9, SD 8.7; KS3 18.1, SD 18.6; post-16 mean 10.0, SD 7.1.

Table 30 Number of other designated special Units/Integrated Resources supported by SLT services for children with SSLD

	% Of Services			
Number of Units	**Reception/KS1**	**KS2**	**KS3/4**	**Post-16**
1	36.0	42.9	42.9	75.0
2	32.0	33.3	50.0	25.0
3	16.0	14.3	7.1	-
4	4.0	4.8	-	-
>4	12.0	4.8	-	-
N =	25	21	14	4

3.2.6. Summary of main findings

ASD and SSLD provision

About half the SLT services reported that provision for children with SSLD was also used for children with autistic spectrum disorder (ASD).

The percentage of health trusts providing a speech and language therapy service to children with SSLD in education is greatest at reception to KS1, and reduces subsequently, and at pre-school.

Criteria for SSLD

The large majority (86.9%) of SLT managers report having criteria for admitting children to provision for SSLD, but only three quarters (73.9%) report these are an agreed policy within the service.

Individual support on mainstream

This was provided by most services (about 80% plus) during the primary phase, reducing to about 60% at secondary and to under 10% of services at post-16.

Designated Language Units/Integrated Resources

Over 80% of services provided support to Language Units/IRs during the period reception to Key stage 1, but the numbers reduced to 73% at KS2, before dropping sharply to a quarter at Key stages 3/4. Only 4% of services supported such facilities post-16. The picture at pre-school was brighter with over one third supporting nursery Units/IRs.

Special schools

There was relatively limited provision to schools designated for children with SSLD reflecting the small number of such facilities, but more provision to other special types of special school in which children with SSLD were being educated. In particular, schools for children with moderate learning difficulties were supported for children with SSLD by about half of SLT services.

3.3 Interviews with LEAs

3.3.1 Introduction

There were 37 completed interviews from the sample of 40 LEAs; 3 of the respondents refused to be interviewed, as they did not have the time available. It was attempted to interview the same person who completed the questionnaire, however on a small number of occasions this person had left the position, or the person did not feel that they were the most appropriate person to answer the questions. In these cases another relevant person was interviewed as indicated by the LEA. The respondents were predominately education officers with responsibility for Special Educational Needs, however this also included Senior Educational Psychologists, and advisory teachers (see Appendix X).

The results are presented according to the seven major areas of investigation. In each case, the main purpose is to illustrate the reasons behind the views of interviewees, and extensive use is made of quotations. In addition, and given the substantial sample size, data are also provided to illustrate the prevalence of particular views, supported by tables. The tables are all based upon N = 37 unless otherwise stated.

3.3.2 Policy

3.3.2.1 Written policy on children with SSLD

A quarter of the LEAs questioned were able to state that they had some specific documentation regarding children with SSLD. The largest proportion of respondents (45.9%) stated that there was a written policy but it was included within the overall SEN policy document. There were 9 (24.3%) LEAs who had only a working understanding with other professionals regarding support and criteria, with 2 LEAs stating that they did not know if the LEA had a specific written policy for this group of children.

Table 31 Written policy on children with SSLD

	n
Specific written policy at LEA level	9
Overall SEN policy	17
No policy/Agreed working understanding	9
Don't know	2

Two respondents stated that they had a specific written policy for children with SSLD, these responses included:

> "We have a specific policy for children with SSLD, this has recently become official at the LEA level, it's a joint document with health, outlining specific criteria and levels of support" (23).

> "Yes we have a written policy within the authority, for resource and for the outreach programs"(4)

Others stated that they had a written policy for SSLD but were unable to give more specific details:

> "Yes we have a specific written policy for children with SSLD" (19)

> "Yes we have a whole file full of policies" (5)

> "Yes we have a written policy based on learning and language" (33)

> "Yes, there is a written policy, however it is rather short"(16)

About half stated that the policy for children with SSLD was included within the overall SEN policy document:

> "Its not a specific policy, more an overall county policy which encompasses a level of criteria for provision" (8)

> "There is a written policy for children with SEN and contained within there is a short statement about children with SSLD" (29)

> "There is an overall policy not a written policy specific to children with SSLD. There are specific criteria for specific resources, though this is not special to children with SSLD" (32).

Some LEAs stated that a document specific to SSLD is developed at the school level, and that there is only a general policy at the LEA level:

> "There is an overall SEN policy, SSLD is not seen as separate at the LEA level. There is a separate policy at the school level" (6).

The details of the policies were not always well known:

> "In the SEN policy, there is a section on speech and language which is straightforward and includes 4 or 5 bullet points, but I couldn't tell you what they are" (12).

There were 9 respondents who noted that they had an agreed working understanding with the professionals involved rather than a written document.

> "No policy an agreed working understanding"(3, 14, 35).
>
> "No policy only a written set of criteria"(9)
>
> "No written policy we just have close relations"(26)

3.3.2.2 Criteria for placements for children with SSLD

Excluding the two interviewees who did not know whether the LEA had a written policy, the 35 remaining respondents provided a diverse picture. Over one third of those providing information stated that there were no criteria at LEA level. Only five provided specific criteria, while a further five reported criteria based upon severity of language difficulty. A further seven stated that for a child to be admitted to a language resource they would need a statement and overview by a panel of professionals. Hence, only a minority referred to specific criteria. Examples of these responses are given below.

Table 32 Criteria for placements

	n
Specific criteria given	5
Severity of language difficulty	5
Statutory assessments	7
No criteria	13
Other	2
Don't know	5

N= 35

Five respondents who gave specific entry criteria, which included assessment of different aspects of language and the notion of discrepancy between language and nonverbal cognitive ability.

> "The level of need is assessed through a ranking system, the assessment of different aspects receptive, expressive, semantic and pragmatic and through to educational ability, and how they relate to peers and adults. There is a negative scoring system operating so that a low score have mainstream and support, then a statement with specific dedicated teaching hours, dedicated provision, and the highest score out of authority". (3).
>
> "The child has to be average or above i.e. only with speech and language difficulties, which means a delay in acceptance until they are sure" (11).

> "The children will enter into the language units with articulation and phonological problems, which are extensive and can be worked upon." (14)

> "Criteria for resource is that "their primary need is speech and language and that they will benefit from SLT" (4).

A further five respondents stated that the severity of the child's language difficulty would determine the criteria for placement.

> "Based on the needs of the child and if they fit into the elements of the language unit" (34)

> "The children who are in special schools are there based on the severity of the language difficulty"(35).

> " Criteria are according to the child's need and severity of difficulty"(31).

Seven respondents stated that the placements are determined through the statutory assessment process, and it is the panel of professionals involved who will be involved in the decision making process for placement.

> "Placement is based on the stages 1-5 on the code of practice for language and communication"(33).

> "Placement is determined by the statutory process which includes the statementing panel and continual review"(24).

> "The entry criterion comes from the statementing process, which is in conjunction with a panel of professionals, specialist teachers, SLT and parents"(23).

There were 2 respondents who gave a range of other answers to this question of criteria for placements. One focused on the environment of the language unit rather than the ability of the child,

> "A resource for work on social communication rather than focus on the medical model of language special school as criteria"(18).

the other stated that the parents' wishes were important when considering placement.

Over a third of respondents stated that there were no formal criteria; either that there were none at all, or none at the LEA level:

> "only the need of the child and the right environment for the child are important there are no performance criteria"(2)

"There are specific criteria for the language units, but "the teachers know these; it is not decided at the LEA level" (6).

3.3.2.3 Development plan specifically for children with SSLD

Two thirds of respondents stated that they had a development plan, of those the majority stated that the plan was directly related to children with SSLD. A further quarter stated that the plans were indirectly related, as they were general plans for children with SEN (see Table 33).

Table 33 Do you have a development plan?

	n
No	12
Yes-specifically for SSLD	15
Yes-overall SEN	10

If the LEA stated that they did have a development plan, they were then asked what the details of this plan involved. Eight LEAs stated that the plan involved either extending or identifying new provision for children with SSLD and six stated that their development plan involved improving collaboration with health or increasing SLT provision (See Table 34). The respondents, who had a development plan for all children with SEN all stated that this involved reviewing their overall policies and provision.

Table 34 Details of the development plan

	n
Specifically for SSLD	
-Extending/identifying new provision	8
-Collaboration with health	6
-Other	1
Overall SEN	
-Reviewing policies/provision	10

The majority of those that had plans specifically for children with SSLD specified secondary or nursery level.

"extend provision for SSLD at key stage 3 and 4"(19)

"we have a bid to ICAN for a nursery scheme"(32)

> "We have an inclusion action plan, and this involves increasing the number of speech and language units"(12)

Greater collaboration with health was mentioned by 6 respondents. This included looking at ways to integrate therapy, particularly at the school level:

> "Development includes training and work with Speech therapy service and the purchasing of speech therapist services"(35)

> "Funded project for a new framework specially for language and communication and the collaboration of new services for schools" (23)

> "Development about changing the criteria and integrating a new written policy for learning support for speech and language difficulties and about the involvement of the SLT" (2)

possibly involving budget changes:

> "Joint plan with health about organising a pooled budget to establish a school based service therapy for schools" (7)

> "Organise how to pool resources with health for more SLT therapy especially for mainstream schools"(6)

with increased joint training for teachers and therapists.

> "Our development plan involves focusing on the training of teachers in mainstream schools" (40).

There was one respondent who stated that their development plan included increased guidance for parents.

> "Development for more guidance for parents, specifically for language and communication" (37)

A quarter of respondents stated that their development plan was not specific to children with SSLD. All LEAs stated that it involved reviewing or revising SEN policies, to include provision, funding, and support:

> "Rewriting the whole SEN policy to focus more on particular areas of need, though not specifically for speech and language" (17)

> "Major review of SEN provision, this isn't specific to speech and language"(18)

In some cases this was because of the creation of new authorities:

> "Reviewing all SEN policies as this is a new LEA so we are not sure what the provision should look like"(22)

> "New educational development plan for the SEN strategy, this would include transfer, funding issues, support" (36).

While some specified the distinction between LEA and school levels:

> "Our new policies are for learning support as a whole, a development plan specific to language and communication is developed at the school level"(4).

3.2.2.4 LEAs' policy on inclusion

All respondents commented that the government's policy was that of inclusion wherever possible and stated that this their policy also. However, further probing revealed that the priority given to this varied. The majority implied inclusion had a high priority but about a quarter indicated a relatively low priority (Table 35).

Table 35 Priority given to inclusion

	(n)
High/medium priority	26
Low priority	10
Don't know	1

a) Medium/high priority

There were respondents who talked about inclusion as being important and of high priority. Other LEAs also used the notion of inclusion to talk about the level of integration from the unit into mainstream, included within this notion is the training of teachers to deliver SLT. The majority of these LEAs also stated that they are working towards even more inclusion. The comments are quoted here at length:

> "The LEA has a policy of full inclusion, even for severe learning disorder which parents favour and which is the only practical approach in a county such as Cumbria" (5).

> "LEA has a policy to include as many children into mainstream" (8)

> "Inclusion is very much the LEA's policy, main development and aims over the next few years"(9)

"We are working towards every child choosing to attend a mainstream school"(11)

"LEA has a policy of inclusion to place children into mainstream if the parents are agreeable"(14)

"We are definitely for inclusion, there are no special schools in this LEA"(18)

"We follow exactly what is in the statement strategy supplement about inclusion for all children with SEN" (39).

"We want to follow inclusion for children with speech and language difficulties as most of the parents are happy with this"(31).

"We are moving that way, and one of our aims is to develop training in this area for mainstream teachers"(23)

"We are empowering schools to meet the child's needs"(21)

"Definitely more inclusion. We want to develop resources for schools, not any more special schools".(27)

"Our SEN strategic plan from 2001-2003, states as one of its main aims to maximise inclusion"(2)

"We see inclusion as important, try to maintain children in mainstream though not closing the special schools"(28)

"We are definitely for more inclusion, though this is to be achieved through unit provision with more SLT on site"(7)

"We have an enlightened policy on inclusion which includes children in mainstream schools with an efficient use of resources rather than special ones"(19)

"Have an inclusion program, which involves the provision of extra resources in mainstream twice a week by the LSA, managed by advisory teachers, all LEA funded. We are following the 2003 strategic plan to drive more inclusion". (10)

There were some respondents who were less than favourable regarding the inclusion policy (29.7%); some of these LEAs stated that they still had special schools, which they did not want to close. Also some LEAs considered this policy was impracticable.

"In comparison with other LEAs inclusion is not high up on our priorities, we are a more progressive LEA"(20)

"We worry about the inclusion route as it means an increase in our work load"(25)

Some questioned the benefits of inclusion:

> "Inclusion is under review, we are starting to query this practice especially for Key Stage 3 and 4" (40).

Some defined inclusion more broadly:

> "We use the term inclusion though the children are mainly in language units, not mainstream" (34)
>
> "Policy is mainly that of inclusion, though a strategic view, we want children in mainstream with continuous provision of help"(35)
>
> "Inclusion is not very important. Our children are in language units and we support special schools, we do not follow inclusion policy as closely as other LEAs" (36)

while others raised the issue of effectiveness of the education provided:

> "In principle we are, but a more middle of the road LEA, we intend special school places not to rise, though we aren't closing them. We want children to be able to access mainstream, but to ensure achievement as well." (6)

3.3.3 Practice

3.3.3.1 Deviations from policy into practice

Two thirds of LEAs stated that they had difficulties translating policy into practice while a quarter did not.

Table 36 Difficulties for policy into practice

	n
No	10
Yes	24
No comment	1
Don't know	1

N = 36

A range of explanations for the difficulties was given (see Table 37), with 10 interviewees who answered this question stated that it was the lack of integration across the LEA or lack of communication, which caused the difficulties. A further 4 respondents blamed the overall lack of funding, resulting in lack of provision. Parental wishes or pressure as a barrier to inclusion and

shortage of SLTs was also mentioned. A further two respondents stated that a lack of training was a barrier and the remaining two respondents referred to difficulties with differential assessment of children.

Table 37 What are the difficulties?

	n
Lack of integration	10
Funding	4
Shortage of SLT	3
Training	2
Parental wishes	3
Differential assessment	2

a) Lack of integration/communication

There were ten respondents who stated that their LEA had difficulties involving lack of integration/communication across the LEA. These responses were further split into three areas:

Communication with health: Inconsistencies arising owing to more than 1 health trust across the LEA, were often cited.

> "(County) has more than 1 health trust and the communication problems make it very difficult for the SEN department. It has become up to the individual SLT to decide which children will be allocated to which provision"(8)

> "There are some difficulties with working with health, this is due to more than one trust and there is a lack of consistency across the authority. Also with SLT's there is deviation"(33).

But this could also be attributed to intent:

> "The most difficulty is with health. The NHS is bureaucratic and it is difficult to come to agreements with health regarding provision, they do not want to follow government guidelines" (21).

Geography: Others referred to the size of large LEAs where there were differences in provision across the region.

> "There are geographical differences across the authority. In the north there are small towns which are easier to cater for in a unit, in the south there may be a lot of travelling distance between the schools, so they are within the mainstream schools" (19).

> "There are odd pockets of difference across the authority, namely through the spread of units and provision. At nursery age they are scattered through mainstream and most are taken on later if there is a need" (26).

Communication with schools: Finally, difficulty in communication and relationships specifically with schools could also be a problem.

> Developing partnerships with schools, "there is a lack of specification for schools dealing with children with SSLD and what they should be responsible for" (2).

> "Our main difficulty is we have 2 advisory teachers who draft policies for the schools about criteria and support, but they are changed by the individual school. We can only advise heads not tell them what to do. We can agree with them about funding or SLT therapy, but after that we only advise, there is no flexibility for us" (1).

b) Lack of Funding

Lack of funding could inhibit practice. This could include a lack of overall provision such as language units.

> "The main difficulty is that therapists are making unrealistic recommendations that we are unable to carry out at some cost". (7)

> "A difference involves the lack of overall provision for children with speech and language" (36).

c) Shortage of Speech and language therapists

The shortage of speech and language therapists was the most difficult aspect of making policy into practice for some LEAs.

> "We have 300% higher level of funding for SSLD than most LEAs, we have the funding in place for SLTs but have vacant posts because of the national shortage and then have a lack of ability to recruit" (37).

> "We have difficulties with health, there are 8 vacant speech therapist posts and 2 therapists on long term sick leave with no one to cover them" (13).

d) Training

Training issues included the need to train teachers to minimise limited SLT support:

> "Difficulties with SLT provision, so we are trying to train the teachers to do the work instead and the need to train teachers to improve the skills they needed (27).

"Lack of training for teachers, we are trying are best, but some teachers feel out of their depth" (40).

e) Parental Wishes

Parental choice and parental pressure regarding provision could also affect the translation of policy into practice.

"Deviations due to parental wishes; this is a substantial difference to where a child is placed" (9)

However a number of responses could be categorised into 'lack of funding' as the issues surrounded choosing a school which provided more SLT.

"Parental preference is always an issue, a total lack of SLT will make parents want different provision, though trying to develop skills in teachers, the parents will always want direct help from the therapist and may choose a school where therapists are on staff."(18).

f) Differential Assessment

Finally, difficulties in determining needs, including confusion with ASD and children with additional difficulties, was another area of concern.

"Occasionally a child presents with behaviour difficulties and "you have to decide what is the presenting need and who has the responsibility" and "is inclusion the best idea, or would the child be better in a special school" (12).

"Very difficult to "fit the admissions criteria of speech and language and to confuse it with ASD". (32).

3.3.4 Liaison

3.3.4.1 Liaison with other LEAs for allocation of provision

Just under half of the interviewees reported that they liaised with other LEAs for the allocation of provision (Table 38).

Table 38 Liaison with other LEAs

	N
Yes	16
No	19
Missing	2
	55

a) Involvement in liaison

The majority of respondents stated that they were involved in a regional group who would meet on a formal basis to discuss issues, one of which is provision. These liaison processes were regarded as a positive contribution to service provision.

> "Liaise with other authorities in the West county and have presented at conferences in Birmingham" (3)

> "We are part of south west London, which includes 6 other LEAs we liaise with, however all the specialist provision is over subscribed" (9)

Arrangements were often described as informal:

> "We take some children from other LEAs. There is no formal arrangements they just come when they have a need" (14).

> "Yes we work at an informal level with teacher support groups, organise conferences with other boroughs in north London."(23).

b) Non-involvement in liaison

Just over half of the interviewees said that they do not liaise for making provision.

> "Very rarely, it's not active policy to liaise"(8)

A number of these stated that this was because they had enough provision for SSLD in their own LEA.

> "No need to liaise with other LEAs for the allocation of provision as Cheshire is a large LEA, so we have no problems in providing our own provision" (7)

Other LEAs stated that their liaison was on an informal basis regarding other issues not related to allocation of provision.

> "We have no liaison with other LEAs for provision only informal meetings with neighbouring boroughs". (4)

3.3.4.2. Liaison with Voluntary bodies for allocation of provision

A smaller but still substantial proportion stated that they liaised with voluntary bodies for the allocation of provision (Table 39).

Table 39 Do you liase with voluntary bodies for provision?

	n
Yes	15
No	22

The majority of those LEAs who state that they do liaise for provision stated that this would be with I-CAN.

> "We do liaise with ICAN, as we have an ICAN nursery in this authority"(18)
>
> "We liaise with voluntary bodies e.g. ICAN, we have children at Dawn House" (35)
>
> "We only liaise with ICAN for provision, we have no strong AFASIC links in the area" (32).

There were respondents who stated that they liaise with the voluntary sector but that this did not involve the allocation of provision.

> "Yes we are in partnership with the voluntary sector: INSCAPE, which also helps with the provision of training". (27)
>
> "We liaise with voluntary groups however this is in regard to specific children rather than provision" (22).

Special mention was made of AFASIC

> "We work well with AFASIC" (2)
>
> "We liaise with voluntary bodies. We had a communication steering group which was involved in the development these include AFASIC, Barnados and local voluntary groups, though not for official provision" (37).

Others stated that they were in discussion with ICAN.

> "We have spoken to ICAN with the idea of developing a project" (12).
>
> "We are at the earliest stages of discussion with ICAN" (29).

3.3.4.3 Pooling resources

There were very few respondents (13.5%) who pooled resources for provision.

Table 40 Pooling resources

	n
Yes	5
No	32

The 5 respondents who pooled resources stated this would involve training of teachers or collaborative working rather than for specific schools or units.

> "There is a regional consortium" (Newcastle, Gateshead S. Tyneside and Cumbria), "we share resources and training". (24).

> "There is a south regional partnership which pools resources for collaborative working" (21).

3.3.4.4 Access to out of authority provision

Most (80.5%) of respondents stated that children had access to out of authority provision. The types of provision included either ICAN schools, or independent schools. However, a number of interviewees indicated that they were not happy with making this provision and were not encouraging its continuation.

Table 41 Access to out of authority provision

	N
Yes	29
No	7
Missing	1

Most interviewees stated that the children with SSLD could have access to out of LEA provision. However many LEAs did not always agree with it and as a result of their inclusion policy this is being restricted.

> "There is no year 2 provision, so currently 1 child goes out of the authority, but this is an exception. He has unusual problems, most children are sorted out by the time they get to that age" (10).

> "We have one secondary placement out of the region which no one is at" (36).

> "We have 1 or 2 children placed out of authority, however we prefer to educate them within our borough, as one experience resulted in a tribunal" (27).

Cost was also stated as a reason for this practice to decrease.

> "Some children are at the Hedley group of schools, however it is very expensive, therefore the move is to enhance provision locally as all money comes from the same limited pot of funding" (29).

> "Children do go out of authority. We wouldn't restrict them from doing so if it is in their best interests, but it knocks a big dent in the SEN budget". (3)

Those not using these facilities were content:

> "No child goes out of borough, we are happy with this as we want to maintain them within the region" (4).

3.3.5 Autistic Spectrum Disorders (ASD)

3.3.5.1. LEAs' policies on children with SSLD and ASD

The interviewees were asked about their LEA provision for children with autistic spectrum disorder (ASD) and its relationship to the provision designated for children with SSLD. A smaller proportion of interviewees than respondents to the questionnaire reported joint provision (22% v 45%), with the majority reporting separate provision (Table 42). Most of the latter were unable to provide a specific reason, while the separate needs of the children, and issues concerning inclusion were mentioned by others (Table 43). Similarly, the largest number of those meeting joint provision were also unable to give a reason, with the reference in both conditions to language and communication needs being the most common explanation, where one was given. It is also of note that some interviewees who reported the LEA made separate provision also noted that there was 'some overlap between provision', although they were mostly separate.

Table 42 Separate or Joint provision

	n
Separate provision	25
Joint provision	8
Mixture of joint and separate	3
Missing	1

Table 43 Why is the provision separate/joint?

	n
Separate provision	
-Separate needs	9
-Inclusion issues	5
-No reason given	11
Joint provision	
-Labelling	3
-Other	3
-No reason given	2

N = 36

a) Separate provision

A quarter of interviewees (25%) stated that children with SSLD and ASD had qualitatively different needs and aetiologies, which is why they are placed into separate provision.

> "We have separate policies and provision, which is from the advice of the SLT as they have different aetiologies and needs". (19)

> "We try to keep them separate as they have qualitative different needs, however they are very difficult to separate at an early age" (32).

Reference was also made to children with ASD being better able to access a mainstream curriculum, than children with SSLD, which is why the groups have separate provision. This is of note given the need to distinguish 'classic' autism, where inclusion is a major challenge to the severity and combination of problems, from ASD which includes milder degrees of severity.

> "ASD provision is offered in mainstream where the highest level of support can be offered" (14).

> "We have autism specific provision for ASD; there is more integration for ASD than for SSLD as we would prefer them to access mainstream" (27).

> "We have specialist provision for children with ASD, which is in the form of units at our special schools, however the more children with ASD in mainstream may overlap into SSLD units". (5).

> "We have a language unit for children with SLI, which may include children with ASD, but it is not set up for it, they tend to be in MLD provision or mainstream" (17).

b) Joint provision

The first category of response concerned respondents' views that both ASD and SSLD were seen as part of the 'language and communication' category by the LEA.

> "We have joint provision for ASD and SSLD as language and communication is part of both". (20).

> "ASD is only a subgroup of learning and language, which all the children come under, and ASD is part of the overall learning and language label, so we have the same provision for both groups".(33)

> "They are in the same group by default as they came to us as 'semantic/pragmatic" (25).

Three other reasons were provided for joint provision, each by a single interviewee: the difficulty in distinguishing between the two groups:

> "It is difficult to draw a line between ASD and SSLD, we have specialist teachers for both at our unit provision". (21)

the lack of overall provision:

> "We have joint provision, as there is only one special school, which identifies with SSLD and ASD. The primary provision is within mainstream".(22).

and geographical difficulties of large counties:

> "There are cluster groups attached to mainstream for both groups, because of the geographical nature of Devon" (13)

c) Mixture of joint and separate provision

None of the respondents who stated that they had a mixture of joint and separate provision was able to give specific reasons for why they had both types of provision.

> "We don't have separate policies, but we have both separate and joint provision though we are trying to increase ASD provision within MLD schools". (9)

> "Some provision is shared and some is separate: don't know why" (29)

> "We have a range of provision for both groups, though only one language unit, but many ASD units, there as you can guess there is a mixture of joint and separate provision" (23).

3.3.5.2 Changes in the numbers of children with SSLD

Table 44 SSLD numbers changing

	n
Increasing	21
Decreasing	2
Staying the same	5
Don't know	4
Missing	5

The majority thought that the numbers were increasing, with just two LEAs (6.2%) stating that they were decreasing and 15.6% stating that there was no change.

"There has been an increase of 18% of children with SSLD" (10).

"There are a higher number of children with SSLD particularly in the early years where SSLD is linked to a more general developmental delay and poorer social skills" (12).

"There is an increase in children with SSLD, though the numbers are changing more with ASD" (29).

"There is an increase in SSLD and the new SEN code picks it up by including more information about SSLD" (20).

3.3.5.3 Changes in the numbers of children with ASD

The large majority of respondents stated that the numbers were increasing (91.9%). There were no respondents stating that the numbers were either decreasing or staying the same. (Table 45).

Table 45 ASD numbers are changing

	n
Increasing	34
Decreasing	0
Staying the same	0
Don't know/not want to comment	3

Reasons for the increase could be categorised into two main types, related to changes in patterns of diagnosis or causative factors (Table 46).

Table 46 Why are the numbers changing?

	n
Diagnosis	26
-Early diagnosis	4
-Over diagnosis	4
-better diagnosis	12
-overall increase in diagnosis	6
Environmental	2
Don't know why	6

a) Diagnosis

Three quarters of interviewees considered that the pattern of diagnosis had changed. In some cases they referred to earlier or better diagnosis, but other interviewees suggested there was 'over' diagnosis, while some simply noted the upward trend. These opinions, therefore, generally indicate a belief that the reason for more children with ASD is *not* a substantial increase in absolute numbers, although an increase was suggested by some, but that this was a result of improved practice.

Early diagnosis There were four of these respondents (11.8%) who thought that there was an increase in ASD, which was due to children being identified at an earlier age.

> "There are more children diagnosed at an earlier age" (9)
>
> "The numbers are changing due to early diagnosis and the expectation of early diagnosis" (18).
>
> "Increase in the number of ASD due to early diagnosis" (19).
>
> "There are increasing numbers of children with high functioning autism. This is mainly through an increase in diagnosis through early screening" (36).

Better diagnosis A third of LEAs suggested that the increase was due to better identification and improved diagnostic procedures.

"ASD numbers are increasing, due to more children with ASD needs and partly as we are now better at identifying ASD" (14).

"The numbers of ASD are increasing because of better diagnosis and better awareness" (20).

"I don't know about the numbers changing, but just the diagnosis. Some children, who are ASD now, may have been mentally handicapped 20 years ago. We are just better at recognising it now. They may just have been in other provision" (23).

"The numbers are increasing not because it is more prevalent there is just better identification from a closer understanding about the disorder. I think they have always been there" (37).

"How real the increase is I don't know, I do think they are better at detecting it" (6).

Over diagnosis However, there were four respondents who stated that the tendency to 'over' diagnosis of children with ASD is the cause for the increase in ASD.

"ASD are increasing in part inexplicable-environmental and in part due to over diagnosis" (5).

"The numbers are increasing, there is an increase in diagnosis of ASD and Aspergers, in mainstream schools. Teachers and schools are increasing the notion of ASD: it is very much over used" (8).

"She believes the increase is due to over labelling as opposed to under labelling which occurred in the past" (26).

Overall increase Finally, there were six respondents who stated that there was a general increase in diagnosis of ASD. These did not necessarily impute 'over' diagnosis, but implied changes in policies and practices by professionals rather than an absolute increase in the numbers of children.

"The numbers are changing through an increase in diagnosis, mainly from a paediatrician or consultant psychiatrist" (35).

"Anecdotally it is rising like a rocket. Across statements there is a 2.6% increase for ASD. There is more emphasis on ASD and its profile by psychologists".(12)

"The numbers of ASD children are increasing, which we are pleased about. There used to be an over reliance on the diagnosis of dyslexia. Now with the increased use of ASD this is moving more towards a language/ communication label. It's not a real increase just a change in labelling" (33).

These changes could reflect pressure to access resources.

> "The increase in ASD is due to lack of provision, there is pressure for children to have this diagnosis to be placed in ASD special provision" (34).

However, in some cases respondents offered no explanation but merely described a trend.

> "The numbers of ASD and SSLD children are increasing "they are just coming out of the woodwork", "the caseload is growing daily". 3 years ago had 'a few, half dozen' but now have 60 children with significant difficulties".(3)

b) Child-related causative factors

There were 2 respondents who stated that there was a real increase in the incidence of ASD in the population which would account for the increase found in education, linked to different environmental factors.

> "The numbers of children with ASD are going through the roof. There is a 43% increase over the last few years. Parenting skills may contribute to behaviour difficulties, and bad parenting skills and language difficulties contribute to a child having ASD". (32).

> "This is due to improved diagnosis, however there are strong genetic links, families where parents have undiagnosed autism and there are several ASD children. Generally on the increase" (29).

3.3.6 Service delivery

3.3.6.1 LEA's overall approach to service delivery

The majority of respondents explained how speech and language therapy was organised either in the unit resource or in mainstream schools. Half of interviewees reported that children with SSLD are seen by the SLT in mainstream schools, although many were unsure of specific practices by SLTs (Table 47).

Table 47 Mainstream school or clinics

	n
Schools	19
Clinics	6
Mixture of both	12
Don't know	4

a) Schools

The interviewees varied in the degree to which they reported work in schools as part of a definite plan, or a development whose details were not clear to them, or which was inconsistent.

> "The LEA wants to go away from clinical settings and towards schools as parents will go to school" (3).
>
> "The children are largely seen in schools, but this varies according to location and according to health criteria of the child." (24).
>
> "It depends on the SLT, they do work closely with schools."(36)
>
> "There are two health authorities, with a range of models, the vast majority are offering services within schools, as part of the new communication model" (21).

Reference was made to the development of a consultation model:

> "In some areas SLT are working closer with schools: liaison with health. In a DEFS working practice document there is a drive for speech language therapists to work as consultative to schools" (37).
>
> "The children are mainly seen in school we need to get the provision to be were the children needs it". (7).

However, practice was not always judged to be working effectively:

> "There are therapists who go into mainstream, however this is more disorganised, teachers do not know what is going on". (4)

b) Clinics

Work in clinics was often related to limited resources or SLT preference rather than LEA policy.

> "There are different health areas and where possible seen in schools, though due to low numbers of SLT, more are seen in clinics as it is practical" (17).
>
> "There is no SLT in secondary schools. They would rather see the children in clinics" (18).
>
> "Children with statements are seen in clinics. There is not enough partnership within education and work with schools".(39)
>
> "We don't have many therapists so there is little direct therapy in schools; they tend to be clinics" (14).

c) Mixture of settings

Where there was work in a variety of settings, this was typically related to the child's needs, or a decision on optimal service delivery.

> "The therapists see the children in a mixture of settings based on severity of need." (19).
>
> "Most children are seen in education settings, some are in clinics, mixture due to child's need". (31).
>
> "Different SLT managers have different priorities and policies due to different health trusts: 4 out of 5 trusts work in schools, 1 out of 5 works in clinics. SLTs' view is varied though we are actively working towards all children seen in schools" (33).
>
> "Up to stage 4 a child is seen in a clinic surrounding, if a child has stage 5 according to the practice the therapist will do school visits". (2).
>
> "Those children who are seen in mainstream are 'caught already' and have intensive input. Those in a clinical setting are harder to integrate the therapy work in schools." (26).

3.3.6.2 Employment of therapists

About a third of LEAs employed their own therapists while some stated that they were working towards this. Half of the interviewees reported that SLTs were employed by health.

Table 48 Therapists employed by LEA

	n
Yes/working towards	12
No	19
Don't know	6

a) Employment of SLTs

Those employing or seeking to employ SLTs wished to improve service delivery and overcome existing shortages.

> "The LEA are now appointing their own therapist" (3).
>
> "We do buy in therapists and work closely with them" (27).

"We have SLTs employed by the LEA working in the same office as us which leads to greater collaboration and understanding". (22).

"In areas of our LEA there is a non-existing service, we are trying to fund our own therapists" (20).

"There are difficulties with SLT provision, which is the usual problem, we are trying to employ our own SLTs instead" (26).

b) Non-employment of SLTs

Some LEAs reported having SLTs who were funded by health, but others had no staff and relied on the health trust's SLT service..

"We have only 2 part time therapists who are health funded" (5).

"SLTs are health care funded, there are SLT teachers and specialist staff in language bases." (23)
"The SLTs are brought in from health care trusts" (4).

This could be unsatisfactory:

"All SLT services are provided by health there are no LEA SLT provision, disappointed that the new COP hasn't clarified who is to provide SLT service. It says health care trust doesn't provide the service then the LEA will". (10).

3.3.7. Parental Involvement

3.3.7.1 LEA's policy for parental involvement specifically for children with SSLD

About half of LEAs had working groups, which involved parents in decision making (Table 49), while all LEAs referred to parent partnerships schemes whose focus was the individual children.

Table 49 Working groups for parental involvement?

	n
Yes	19
No	14
Don't know/no comment	2
Missing	2

Half of LEAs had working groups which involved parents in the decision making process which feeds into policy documents. These were considered to be positive developments from LEA and parent perspectives.

> "Parents are generally satisfied and involved throughout". (14)
>
> "Working focus groups included in all policy decisions". (33)
>
> "We have a parents group which helps parents understand the changing COP. The working group was set up from the language unit producing a range of training opportunities, they offer workshops for parents" (21).
>
> "There is an ethos in this county to involve parents in the working groups, a working group, which led to a 'communicative Somerset document' " (37).
>
> "Have parent support groups and a multi agency group called Language Forward". (27)
>
> "Do have parent working groups in this area. However they are trying to push for more permanent provision, which we are obviously not going to do, but are in discussion with them" (6).

Parental involvement in policy development could also be facilitated by engagement with voluntary bodies:

> "We work with AFASIC. There are two parent reps who sit on a panel and we discuss issues surrounding provision. We also have a parent forum in January, which we use to present and listen to a wide range of issues: they are very much involved" (1).

b) No parental involvement in policy making

There were 14 LEAs who stated that they did not have parents involved in working groups specifically for children with SSLD. These who stated this also said that there were parent partnership schemes for SSLD, though they were not involved in policy decision making. They also stated that there were other such working groups, but not for children with SSLD.

> Not specifically for SSLD, "have multi agency groups for ASD". (17)
>
> "No parent groups" and parents tend to be "unhappy about the lack of SLT". (18)
>
> Not specifically for SSLD, "we have SEN review teams who feed into policy decisions" (36).
>
> "No working groups for provision, parents as a whole are on the council for the review of SEN policy" (32).

3.3.7.2. Appeals and complaints

A third of interviewees stated that there had been complaints regarding provision or access to provision. However over half stated that did not have any complaints or appeals. There were two respondents who did not want to comment on whether there were any tribunals (Table 50).

Table 50 Have there been any appeals?

	n
Yes	12
No	20
No comment	2
Don't know	2
Missing	2

The LEAs who stated that there were appeals and complaints claimed that these were due to lack of speech and language therapy,

> "There are appeals from the lack of access to SLT" (16).

lack of school provision

> "There have been complaints which is from a child who has complex needs where we were unable to produce a complete package. There were two or three schools which were good enough but there weren't enough places" (31).
>
> "Yes there are some appeals I went to the high court once and we support parents for the right to them". (33)

or pressure for children to attend special schools or out of LEA schools:

> "There have been tribunals. They are mainly from parents seeking independent school provision". (22)
>
> "There have been disagreements over special school provision which have produced tribunals". (5)
>
> "Yes we have had some tribunals though none recently" (1).

Those interviewees who stated that there were no appeals or complaints also stated that there had been appeals with other SEN groups or appeals that involved Health but not the LEA.

"There have been no appeals, only with other SEN groups" (7)

"We had a number of tribunals none of which involved SSLD" (20).

3.3.8 Good practice

3.3.8.1 Are there any examples of good practice?

Respondents were asked whether they could describe any examples of good practice in meeting the needs for children with SSLD. A few respondents would state a particular school or unit. This information is not stated here instead the reasons why these examples are given as good practice are focused upon: two thirds of interviewees stated that they knew of examples of good practice in their LEA, while a third stated they did not know of any.

Table 51 Do you have any examples of good practice?

	n
Yes	24
No	12
Missing	1

There were 4 LEAs who referred to particular projects, which involve the training of mainstream and unit teachers, as good examples. There were 5 LEAs who stated that good practice involved projects or units, which focused on early intervention. The largest group, a third, referred to collaboration between the LEA and health or between individual professionals is particular good practice. Finally, a quarter of LEAs (Table 52) referred to good quality staff overall in meeting the needs of children with SSLD.

Table 52 Why are these examples of good practice?

	n
Teacher training	4
Early Intervention	5
Good collaboration	8
Good quality staff overall	6
No reason given	1

a) Teacher Training

The answers incorporated into this category involved projects developing training teachers. These projects were developed in view of the inclusion strategy and the increase of indirect therapy being performed by mainstream teachers.

> "Proposal for a consultation model-teacher visits a target group of schools where children with difficulties are clustered and stay for a block of time training teachers and TA, enabling schools to deliver therapy" (3).
>
> "We have an ongoing project for training teachers in conjunction with a neighbouring borough and SENJT from IOE" (23).
>
> "We have units at key stage 1 and 2 where teachers have followed courses" (19).
>
> "There is a language project called 'Lip Service' with Nick Peacey (IOE) involving developing training with teachers" (21).

b) Early intervention

Recent project developments into early intervention, but also focused on nursery pre-school provision, were noted.

> "A standard fund project which identifies children in nursery schools who have SSLD then a therapist will work with them intensively. When the child transfers into reception the therapist and LSA transfers with them" (6).
>
> "We are now in the second year of standard funds project to improve early intervention" (14).
>
> "There is innovative pre school provision, a 6 week block input in partnership with ICAN."(24)
>
> "We have 9 language resources and 2 of them are very good examples of inclusion. You wouldn't know who the language children are, we are involved in addressing approaches to communication difficulties from an early age" (37).
>
> "We have excellent pre-school provision" (29).

c) Good collaboration

This category of answers focuses on both the relationships between health and the LEA and the relationships between individual professionals. Also included within the section are the relationships between the LEA and the school.

"Good collaborative work with therapists in mainstream and program planning with specialist teachers". (33).

"Some units we are proud of, one has good teacher collaboration and is well funded". (27).

"There are 3 schools with excellent collaboration between the LEA and Health. Also there is a phonological awareness program in mainstream with teachers, assistants and SLTs working in small group work with co-ordinated teaching programs." (2)

"We are providing a joined up service with health"(17)

"We have SLT joint qualified person appointed by the LEA who liaises with health, this is very useful". (26).

"We have an outreach program for mainstream provision: an advisory teacher who works with the mainstream teachers and health to put an educational slant to the SLT for the teachers who don't understand what is going on" (4).

"Our special schools and units have an outreach teacher who works for the LEA" (39).

d) Good quality staff

There were six respondents (25%) who stated that their resource/unit is working well because of high quality staff.

"A new resource is working well because of a high level of staffing, 1 full time therapist on site" (32).

"Some units work very well. I think it is the good quality staff that is important" (1).

"We are pleased with the developing provision. We are able to recruit good quality staff" (9).

"The language resource is very good with high quality staff for a number of years". (12)

"We have good provision at the resource with a good specialist team involving teachers, assistants and SLT" (10).

3.3.8.2 Areas for improvement

Table 53 Areas to improve

	n
Yes	21
No	15
Don't know	1

The 21 LEAs who stated that there were areas to improve elaborated on this response:

Table 54 What are these areas?

	n
Gaps in provision	5
Increase in numbers	5
Health/Access to SLT	11

a) Gaps in provision

Reference to gaps typically specified the lack of secondary provision.

> "Secondary provision: we don't have any" (1).
>
> "It is OK to get the children with up to 11, but none after that".(15)
>
> "We need more Key stage 3 and 4 provision" (18).

b) Increase in numbers/more funding

Interviewees considered the number of children with SSLD needing help were increasing, and that this is interaction with inclusion was a major area for improvement of services.

> "We need more funding for the increase in numbers" (29).
>
> "The numbers are increasing especially at the younger age, can't support them all with specialist help, they are only getting general help at the moment in mainstream" (10).
>
> "We have an increasing number of referrals to the service, we need to expand more we only have 9 full time teachers". (25).

But inclusion was also mentioned:

> "We are faced with inclusion: the primary schools are stressed". (10).
>
> "With this policy of integration we won't ever go back to separate provision and foresee the future pressing for even more greater inclusion." (4).

c) Health/Access to SLT

One area most respondents stated they would like to improve was the relationship with health, and an increase in SLTs, especially to provide more of these resources in mainstream schools.

> "We need to get the provision to where the children need in the schools". (6)
>
> "We need to improve the mainstream schools, access to SLT" (7)
>
> "There are long waiting lists to see the SLTs it leaves no scope for new early children". (22)
>
> "The prime responsibility for SLT lies with health but ultimately responsibility lies with education, its a vague and unhelpful part of the law." (24)
>
> "Need to include more support in mainstream. This only comes with more funding and closer links with health" (26).
>
> "We would like more integration with health and the SLT professionals, and support for our teacher partnerships." (39).

3.3.9 Emerging Themes from LEA interviews

This section presents data elaborating on research themes that have arisen across the interviews.

1) Inclusion

An overriding theme to emerge was the impact of the inclusion policy throughout educational practices. The inclusion policy is a move to increase wider opportunities for vulnerable individuals and groups in society. The practice of this policy in SEN education is to increase the level of integration into mainstream resulting in more children being placed in mainstream or resource provision with a reduction of numbers in special schools. There was a reference made to inclusion or to results from its introduction in responses to each of the questions asked.

For example it emerges after enquiring about the LEA's development plan that some LEAs are using the introduction of inclusion as a basis for increasing provision "we have an inclusion action plan and this involves increasing the number of speech and language units" (12). Other

LEAs stated that their development plans included joint plans with health to provide more “SLT therapy for mainstream schools” (7).

The development plans that have arisen involving the collaboration with health includes establishing a school based service for more involvement for speech therapy in mainstream schools. This also reflects the inclusion policy as more children with special needs are being integrated into mainstream classes, and it is to these that SLT resources are being targeted in development plans.

One of the problems that has arisen from the inclusion policy is the lack of specification for the schools regarding who provides appropriate provision. “Teachers feeling out of their depth” (40).

Difficulties regarding parental wishes with respect to SLT therapy concentrated in special schools, the “parents always want direct help from the therapist”(18), they are coming into conflict with the LEA regarding provision.

Access to out of LEA provision is being decreased. Many LEAs stated that they would continue to fund the children who are presently attending the special schools but would not encourage it in the future.

Children with ASD are also tending to be educated within the mainstream, which is one of the reasons that the LEAs gave for provision separate from children with SSLD, as they are better able to access the mainstream. Also one LEA stated that the overall increase in children with ASD was due to the pressure for special provision.

The practice of inclusion was illustrated in the responses to the question about service delivery in the educational settings, the majority of LEAs stated that they were moving towards an increase in indirect therapy. This is supported by the LEA providing more training for mainstream teachers. Also with the many disagreements with health about the settings for the therapist to see a child and the LEA primarily wanting the therapist to see the child in a school setting “there is a move towards more indirect work in mainstream, working in teams with teachers, we want to get away from a medical model”. (30)

The complaints or appeals from parents focusing on provision have resulted from parents seeking out of authority provision or resulting from disagreements over special provision.

Many examples of good practice are of recent funded projects, which have focused on the training of mainstream teachers or models of teachers and therapists collaboratively enabling the schools to provide therapy.

However there were some concerns voiced with regard to the inclusion policy, one was that the LEAs were concerned about the increase in numbers and work load as more children with SSLD are increasingly being educated in mainstream.

2) Collaboration/integration

One theme that was found in responses across all the questions asked was the importance or lack of collaboration, either between the LEA and health, with other LEAs or with schools.

a) Health

The importance of collaboration with health was expressed explicitly by one LEA who stated that their development plans included "a project with speech therapy service for more teacher-SLT collaboration" (20). However 5 respondents stated that they had communication difficulties with health "it is difficult to come to an agreement with health regarding provision" (21). The lack of integration across the region was due to there being many health authorities "this is due to more than one health trust, there is a lack of consistency across the authority" (33).

There were some LEAs who stated that communication and integration regarding service delivery in the units or mainstream schools was causing difficulties "It will depend on the SLT service; there are different types of service at different levels of access" (7). "Different SLT managers have different priorities and policies due to different health trusts"(33). "Children with statements are largely seen in schools; there is not enough partnership with education"(39). "There are therapists who go into mainstream, however this is more disorganised, teachers do not know what is going on" (4). This also shows the drive for more SLTs to work as consultants to schools, resulting in the need for more collaboration.

LEAs also noted the lack of clarification regarding the provision of speech and language therapy "the new COP hasn't clarified who will provide SLT service it says that if the health care trust doesn't provide the service then the LEA will"(9). "The prime responsibility for the SLT lies with health but ultimately the responsibility lies with education, it's a vague and unhelpful part of the law" (24).

Some LEAs did state that good collaboration between the LEA and health has ensured good practice in meeting the needs of children with SSLD, "There are 3 schools with excellent collaboration between the LEA and Health" (2). "We are providing a joined up service with health" (17).

b) Collaboration with other agencies

Collaboration with others has been found across the interviews as an important overall theme especially regarding provision; one LEA stated that its development plan included a "bid to I-CAN for a nursery scheme" (32). The majority of LEAs liaised with neighbouring LEAs for issues other than just provision "organise conferences with other boroughs" (23). "We see how" other LEAs "work with training teachers"(21). The LEAs also referred to other agencies including the voluntary sector "we are in partnership with the voluntary sector, which also helps with the provision of training" (27). There are also many LEAs who work with AFASIC "We work with AFASIC, there are 2 parent reps who sit on a panel" (1). Some LEAs also stated that

they liaise with Universities for training and projects "we work well with University College Northampton" (26), "We have an ongoing project for training teachers" "with SENJT" (23).

c) Collaboration with schools

Development includes "funded project for a new framework specifically for language and communication and the collaboration of new services for schools" (23). Difficulties that were stated involved "lack of specification for schools dealing with children who have SSLD and what they should be responsible for" (2). This is reflected in the confusion over whether the LEA or the school should have the responsibility for placement criteria within the resource. The LEAs are attempting to develop more relationships with the schools "schools are very much interested in the additional training that we are trying to provide" (2). Also the introduction of outreach workers and advisory teachers employed by the LEA has suggested more focused collaboration between the LEA and schools "We have an outreach program for mainstream provision an advisory teacher who works with the mainstream teachers"(4).

3) <u>Lack of funding</u>

The majority of the LEAs state that many of their difficulties are caused by a lack of funding. These difficulties include the lack of access to SLT, the lack of overall provision for children with SSLD, lack of training available to teachers, and difficulties with supporting children out of LEA provision.

"There is a lack of funding because SLTs are employed by health so we have to pay for them ourselves" (32). "We have difficulties with health, there are 8 vacant SLT posts" (13). "The main difficulty is that SLTs are making unrealistic recommendations that we are unable to carry out at some cost" (7). The discussion that centres on school versus clinic setting for the delivery of SLT is due the lack of SLTs and the practical nature of seeing the children in a clinic "Due to the low numbers of SLT more are seen in clinics as it is practical" (15). Parental complaints have often resulted from the lack of SLTs "We have appeals from the lack of access to SLT" (16). One of the main areas to improve focused on an increase in SLTs "we need to improve the mainstream schools' access to SLTs" (7).

Some development plans stated that they involved extending provision of language units and especially at Key stage 3 and 4 "extend provision for SSLD at key stage 3 and 4" (19), "We have a lack of provision for secondary" (16). Teacher training was also causing a problem which was related to the lack of funding "Lack of training for teachers, we are trying our best, but some teachers feel out of their depth" (40). There were some LEAs who stated that they allowed children to go to other boroughs for provision. However as it was costing a lot of money to do so, they were trying to restrict this practice "children do go out of authority, but it knocks a big dent in the SEN budget" (3).

3.4 Interviews with Speech and Language Therapy Managers

3.4.1 Introduction

There were 39 completed interviews with representatives of speech and language therapy services. As with the discussion of the interviews with LEA officers the main purpose of this section is to illustrate the views of interviewees derived from the qualitative interviews. These are supplemented by data indicating the prevalence of views. Tables are based upon N = 39 unless otherwise indicated.

Interviewees were asked about the term used for children, whether it was 'specific speech and language difficulties' as used in the study, or an alternative. It is evident from Table 55 that there is a wide variety of terms used for this group of children. The most prevalent was specific language impairment (SLI) and specific speech and language difficulty (SSLD), but a total of terms were used. Also, seven interviewees reported that they used two or more terms.

Table 55 Term used for children under consideration

Terms used where only one term was identified	**n**
Specific Language Impairment	13
Specific Speech and Language Difficulties	9
Specific Speech and Language Difficulties - delay or disorder	1
Specific Speech and Language Difficulties -disorder not delay	1
Language Disorder	3
Specific Speech and Language Disorder	1
Specific Language Disorder	1
Specific Speech and Language Impairment	1
Specific Language Difficulties	1
Specific Communication Difficulties	1
Total	32
Terms used where two or more terms were identified	
Specific Speech and Language Difficulties and Specific Language Impairment	3
Specific Speech and Language Difficulties and Language Disorder	1
Specific Speech and Language Difficulties or Specific Language Disorder	1
Specific Speech and Language Impairment and variety of other terms	1
Mixture of terms used	1
Total	7

N= 39

The problems indicated by this wide range of use of terms was summed up by one SLT respondent:

> "Is there any way we could agree nationally, as to what we call this group of children? SLI, SSLD, SpLCD etc. There's too many terms around to help understanding and planning." (109 -Written in questionnaire)

3.4.2 Agreed definition

Table 56 Agreed definition within service

	N
Yes	24
No	15
N=39	

The majority reported an agreed definition for their chosen term. Four of the remaining 15 had written criteria for language unit entry but no definition other that that. However, even where the definition was agreed, it was not necessarily in a written policy statement.

Of those who reported they had an agreed definition, some said they did not know it without looking, some gave what they thought the definition was without referring to anything and others were more definite about the exact nature of the definition (Table 57). Interviewees did not always make it clear whether the agreed definition was a written document or one that was understood by the department.

Table 57 Able to give definition

	N
Don't know definition without looking	7
Definition attempt given	17
N = 24	

3.4.3. Nature of the definition

Interviewees were asked to provide their definition, if they had one, but without recourse to written policy statements.

Seventeen of the 24 interviewees who had said they had an agreed definition of the term used attempted to give an outline of this. Of these, some were suggested to be only approximations of the definition. In such cases the interviewee would say, for example:

> "don't know off hand- to do with language levels below cognitive" (6XX)
>
> "Don't know…. without any learning difficulties…. excludes ASD." (215)
>
> "normal nonverbal skills etc" (507)

Table 58 provides totals of the 17 definitions, that included each component.

Table 58 Components of the definitions

a. Primary speech or language problem	12
b. Average range cognitive skills	11
c. Verbal – non verbal discrepancy	2
d. Verbal – non verbal discrepancy inferred -both a) and b) mentioned	8
e. No other causes	10
f. Other	2
Total number of definitions	17

N=39

Four components of the definition were approximately equally offered: primary speech and language problems, cognitive skills in the average range, no other causes (which overlaps with the problems being primary), and a verbal/non-verbal discrepancy whether stated explicitly or implied.

Examples of each domain are as follows:

a) <u>Primary speech or language problem</u>

> "children whose primary difficulty is with speech and or language" (203)
>
> "language difficulties" (501)
>
> "children with significant speech and language disorder" (504)

b) Average non verbal skills

"average cognitive ability or mild difficulties" (501)

"in the absence of any general learning difficulty" (504)

"cognitive abilities within the average range" (602)

c) Verbal - Non verbal discrepancy

"verbal – non verbal differential" (609)

d) Verbal – non verbal discrepancy inferred

Some responses included both a. and d. and therefore include the discrepancy concept

e) No other causes or presence of other difficulties

Interestingly, this category includes 2 different types of answers: firstly the non-existence of other impairments, alternatively that other impairments were not the primary difficulty and did not cause the speech and language difficulties.

"Excludes ASD, hearing loss, EBD as primary factors" (209)

"Not secondary to cognitive delay or hearing impairment" (308)

"No major behavioural or emotional disorders. No major hearing loss" (609)

f) Other components

Curriculum and learning

"Difficulty accessing curriculum and significant problems in language and learning" (605)

Disorder in 1st language

"where English is not the first language show disorder in their heritage tongue" (609)

Communication problem

"Communication problem" (308)

Terms A variety of terms were used within the sample group to describe the pupils that we asked about in the questionnaire. The most popular terms used were 'Specific Language Impairment' and 'Specific Speech and Language Difficulties' (as we used). In addition, departments used the following: Language Disorder, Specific Speech and Language Disorder, Specific Speech and Language Impairment, Specific Language Difficulties or a combination of these. One SLT department talked about Specific Communication Difficulties but did not use a more specific term to clearly identify the group of children within this whose difficulties were primarily in the speech and language domain.

Definitions Of those who said they had an agreed definition, some of these interviewees were referring to an agreed definition that was not written down and therefore unlikely to be described consistently within the department.

One interviewee qualified the term that they used by stating that it depended on exactly what was being talked about and another said that there was also a little variation within the service. Three others, (who were recorded as 'no agreed definition'), talked about only having the criteria for entry to specialist language provisions. However, these included other factors that would not normally be part of such a definition, including a sharp cut off point for level of severity or 'all professionals feel that communication difficulty will effect their emotional and social development and other strategies have been tried'. (811)

In relation to this, the responses of two interviewees seemed to suggest confusion between the definition of the group as a whole and the criteria for entry to special language provisions (605 and 609). It is possible that this was also the case for other responses.

One interviewee explained that at the present time a forum on speech language and communication was underway and that an agreed definition would be developed as part of this, presumably with the LEA.

Another interviewee said that the term SLI was used and this meant "speech and language as primary disorder- a specific difficulty" and then went on to say "and all the standard stuff" (212). This is indicative of a problem evident from these data, that there is an assumption that as a profession we have agreed terminology and definitions. However 2 interviewees recognised that this is not the case:

An SLT who did not give a definition and used the term 'Specific Communication Difficulties' and purposefully gave nothing more specific said " We need to be really careful about using these definitions and the autistic continuum. We as a profession haven't sorted this out." (814)

Another interviewee gave terms and an approximate definition but said that "in practice it is quite hard to pinpoint' (308). This manager may have been referring to the difficulty with discrepancy definitions and problems of exclusion criteria. It is interesting to note that 65% of managers referred to average or average range cognitive or non verbal abilities. Despite this

some managers later mentioned a group of pupils with SLI or SSLD who had general learning difficulties with language problems that were more severe than the cognitive difficulties.

Another SLT manager said that there were no written definitions but that if it were needed than s/he would refer to Communicating Quality Guidelines.

3.4.2 Decision-making regarding educational provision for pupils with SSLD

3.4.2.1 Special educational provision in the area for children who have SSLD, pre- school to KS4.

It is evident from the Table 59 that most trusts had language unit type facilities with the names varying between and sometimes within Trust areas. The different names may reflect differing nature of provision for example, the Trust which gave the name language unit and integrated base explained that these differed in nature. The unit was mostly non integrated and in the integrated base pupils were mostly in a mainstream class with some withdrawal.

In this instance only, the Trust mentioned that the umbrella term 'speech and language provision' was used to cover both provisions so that they can declare that

> "they are funded and resourced in the same ways, but it is up to the schools how they use it. This is to counter tribunals." (405)

The partner LEA had problems with parents wanting the non-integrated provision.

Table 59 Names used for the LEA school age language provisions

School age provisions	n
Language Unit	26
Language Resource Base	4
Language Resource	4
Special Language Centre	1
Language Facilities	1
Speech and Language Provisions including language unit and integrated base	1
Specialist Language Resources	1

N=39

3.4.2.2. Criteria for entry to the special language provision

The SLT managers provided a range of criteria used singularly or together by the different LEAs (Table 60). As interviewees were speaking from memory, their answers may not be fully comprehensive. Where there was more than one special language provision the criteria were general, but in some cases different criteria were reported.

Table 60 Percentage of managers stating particular criteria for special language provision entry. Percentages are given from a total of 36 trusts

Criteria	N
Primary speech/ language	22
Non verbal discrepancy	17
Type of SLT or teaching provision	10
Speech and language severity	11
Speech and language profile	8
Don't know or no LEA criteria	8
Statement	8
Prior SLT input	7
Other	7
Educational considerations	6
SLI	5
Age	5
Parent consent/ choice	3
Signing	2
Social Considerations	2

N = 39

a) Primary difficulty in speech and language

The most frequent criterion referred to the child having a primary difficulty in speech and language.

"Speech and language difficulties as primary disorder "(212)

"Speech /language is the only area of concern" (301 preschool unit)

Some specified the absence of other difficulties:

> "No other learning difficulties, physical difficulties etc" (206)

> "No primary difficulties in hearing, emotional/ behavioural/ global development" (109)

While others allowed associated difficulties:

> "Does not exclude if behaviour problems, hearing impaired etc" (704)

> "Possible associated difficulties" (1003)

Some distinguished from ASD

> "Excluded generally if ASD though some get label after gone in" (402)

> "Theoretically not primary ASD" (409)

b) Non verbal discrepancy

The discrepancy criterion might be specified as relating to verbal versus nonverbal skills

> "Significant discrepancy between verbal and non verbal abilities with evidence of potential for age appropriate functioning in non verbal areas" (109)

Or requiring nonverbal ability within the normal range:

> "Non verbal cognitive in the expected age range" (203)

> "Cognitive levels in normal range" (209)

c) Type of SLT or teaching provision

Another criterion referred to the need for a type of SLT or teaching provision, whether a Unit:

> "Based on need- if benefit from unit type of provision" (206)

Or a type of group:

> "If needs small group, intensive language therapy delivered by SLT" (209)

> "Benefit from small group teaching, more intensive SLT and LSA input" (308)

The difficulty in making provision in mainstream could be a factor:

> "If cannot be provided for – not appropriate for mainstream SLT service" (215)

"Or could the nature of SLT support"

"Need intensive direct SLT- by an SLT "(704)

d) Language Severity

This criterion included reference to language scores being below a specified number of standard deviations below the mean.

"-2 sd or 1-5 percentile rank on standardised test if used (155 languages spoken in this area)" (109)

"Based on severity" (206)

an age discrepancy:

"Significant gap between what a child of that age would normally be expected to function at – one to one and a half years behind" (301)

"Speech and language – identified as high priority on our prioritisation system e.g. language more than 1 year delayed" (802)

or a general statement referring to severity:

"Consider level of severity (SLT)" (212)

"More severe" (215)

"Most severe" (311)

e) Speech and language profile

A certain profile might be required as a criterion:

"Clinical Profile of child- identifies needs intensive therapy" (106)

"Pupils for who English is not first language, show disorder in heritage tongue" (609)

"Can be severe speech only- severe verbal dyspraxia (but usually language difficulties too)" (409)

This could be provision rather than child-driven:

"Specific needs in specific units e.g. 'receptive' "(507)

f) Don't know/ unsure what the LEA criteria are, or LEA have none

About 20% of interviewees did not know what the criteria were: examples of interviewees explanations revealed reasons including diagnostic e.g. procedural (Statement), provision-related (prior SLT input), and parental choice.

"How the LEA make the decisions is unknown to us" (112)

"Don't know LEA criteria (assume- if major problems accessing curriculum, with behaviour problems/ learning difficulties secondary consequence to primary language disorder)" (301 school age unit)

"Don't know if they have criteria, EP has a proforma for identified speech and language problems and we have criteria for these but they don't influence where the pupil is placed" (501)

"I am trying to get hold of the document they work from but can't "(706)

or reported that there were none:

"There are no such criteria from the LEA side" (805)

g) Statement

The statement, as a criterion, was relevant typically if it proposed specialist support e.g:

"Statement indicating need for enhanced and specialist form of support- language unit" (212)

"Statement to indicate SLI" (704)

"Statement recommends to language unit" (808)

h) Prior SLT input

The need for the decision to be based upon an assessment of the child's responses to intervention was implied by this criterion:

Criteria regarding prior SLT input

"Must have longitudinal assessment by SLT "(109)

"(For preschool resource only) Before entry, strategies to have been tried in mainstream nursery put in place by SLT" (811)

But prioritisation could also be a factor:

"Consider SLT input- any evidence that would benefit? Consider who would benefit most". (507)

"Had significant level of SLT through primary and continues to need" (704)

as could failure to progress satisfactorily to date:

"Not made significant progress (with or without SLT)" (908)

or a judgment of continuing need:

"Have been on language unit outreach service and shown to still need small group and specialist teaching" (1003)

i) Educational considerations

Educational factors were also specified including:

"Language impairment stops from accessing the curriculum but could cope with mainstream academically" (311)

"All professionals involved feel communication difficulty will effect educational and social development" (811)

"Able to cope with mainstream" (504 resource)

The issue of mainstream was also raised, whether in favour:

"SLI causes failure in mainstream school even with intensive SLT (in principle- though there is not enough)" (808)

"Able to integrate into mainstream class" (Language Resource 921)

j) Specific Language Impairment, Language Disorder or Delay

SLI (308)

Severe specific speech and language disorder (602)
SLI (704)

k) Age

Age appropriateness might refer not only to the coverage of the provision, but also a concern to have children younger:

> "Age is appropriate for unit" (504 unit)

> "Consider age, older gets in" (507)

l) Parental consent or choice

Parents are important in the decision-making process, and may have:

> "Parent choice equals final say" (308)

Or have been successfully involved earlier:

> "Parents have to agree to special provision before panel stage- so generally parents do not turn down places" (405)

m) Signing

The use of signing may be a criterion for alternative provision:

> "Benefit from signing environment" (504 unit)

> "Oral communication, not requiring signing environment" (Language resource 921)

n) Social considerations

> "Can cope socially" (203)

> "All professionals involved feel communication difficulty will effect educational and social development" (811)

3.4.2.3. Other factors influencing where a child is placed.

In addition to criteria noted above, interviewees mentioned a number of other factors which could influence decision on where a child might be placed, and the provision they would receive.

Table 61 Percentage of trusts mentioning other influencing factors.

Factors	N
Parental factors	30
Places and funding	19
Professional factors	7
ASD and MLD	7
Statement or system	6
Population factors	5
Child and time factors	4
Support available	3
Lack other resources	3
None	1

N = 36

Parental Factors

Parents may express their preference for different provision, on a different bases. In some cases they might object to one type of provision:

> "Parents object to unit" (106)
>
> "Parents may want mainstream or even beg for MLD" (215)
>
> "Parents adamant want mainstream or want unit when the other has been recommended" (209)
>
> "Parental choice, they don't like the area the unit is in or siblings are elsewhere…. …high number of refugees with parents who don't speak English…don't want change…don't accept place"

Interviewees were concerned some parents might be misled by teachers

> "Class teacher says pupil has been fine [in mainstream] and parent is influenced… difficult for teachers to understand SLI" (109)
>
> "Level of parental distress" (304)

The problems of young children travelling are a concern for some parents:

> "Parental preference related to.. some want mainstream even though resource suggested, …taxi journey to one… some parents don't want their 4 or 5yr old doing that so we have to do patch in job in mainstream which is not very effective" (402)

Tribunals are another means whereby parental wishes are implemented:

> "If parents take to tribunal they have distinct influence on placement (unit or base)" (405)

Some interviewees were concerned about differential power of parents:

> "Parent influence. This is a concern. Children with pushy parents or well informed parents get the provision. My concern is that there are others who are unsupported and the children drift into inappropriate provision" (704)

Places and funding

The lack of provision was mentioned by over half the interviewees.

> "No place available. Money… would in some cases request that child goes to ICAN type school…but not given opportunity. No secondary resource base". (109)

This could lead to inappropriate placements:

> "Very limited number of places" (112)

> "Can be a long waiting list for unit" (206)

> "Occasionally not enough places, but LEA has funded extra places when needed. Older pupils may go to MLD school as they can't cope in mainstream …no other provision… really shouldn't be there" (203)

Statement/ System

Provision might depend upon the child having a statement, but interviewees raised concerns that the criteria for statements might disadvantage the child, and they disagreed with the LEA's view:

> "SLT may identify appropriate child but does not meet the stringent statementing side" (212)

> "Some children were not placed because they did not get a statement. Guidelines say that must be ½ C.A. or 3 s.d.s below on main areas of problems to get a statement. This can fail some SSLD children- it depends how the SLT swings the results. There is a lack of early statementing".

Other concerns about the running of the system included:

> "County meeting- conducted by administrators- sometimes goes completely wrong. Geographical issues considered at county meeting….send to inappropriate language provision (unit or integrated base in different areas)" (405)

There were also suggestions of a lack of consistency:

> "Pupils are placed depending on who happens to meet them and who happens to do the paperwork" (609)

Or the promotion of inclusion:

> "Big push for inclusion, those with mild or moderate difficulties placed in mainstream even if meet the SLR criteria. Places a big stress on our service". (811)

Professional Factors

These included comments regarding professionals working together.

Some SLT managers had concerns of lack of knowledge among educational psychologists (EPs)

> "E.P. and SLT working relationship, which E.P. and EP knowledge of SSLD. Occasionally some who don't think that SSLD exists!" (304)

Or teachers:

> "If already in school and they don't understand the condition and existence of a specific language disorder" (409)

Even those in language units:

> "Teacher from language unit is involved in the assessment. Doesn't have sufficient skills or knowledge or level of experience. The criteria around the placement are grey. She looks at a child and thinks she can do something for him or her, but we may think that the child is not different from many others in mainstream"
> "Teacher thinks that children with ASD have specific language disorder by definition". (706)

There could be conflicts between professionals' judgments, reflecting different perspectives:

> "EP findings, cognitive levels within the average range".
> "Language unit teacher goes out and assesses child using own language assessments and sometimes feels a child would not fit in despite average cognitive levels, feels that the

child would not cope with the structure, routine, academic levels, or that the child has some minor physical disabilities and teacher feels not suitable [we disagree]" (805)

"Paediatrician sometimes has quite a lot of involvement. Occasionally the Paediatrician thinks language unit and we don't. Statementing Officer goes against our judgement. This is where label of autism or learning disability has been withheld so can get into the unit (according to SLT view). They say the child is too young to tell. But it's not a problem, if inappropriate will move on after a couple of terms". (808)

This leads to the question of who has power in the process:

"Very personality driven, depending on E.P., seems arbitrary. E.P.s have disproportionate amount of input" (908)

Population Factors

The population that is already in a provision or the specific type of provision that exists, might also be a factor.

The make up of the group may be the key factor:

"… also depends on other the severity of difficulties of other children proposed for places, though for the last 2 yrs they have funded extra places" (304)
"If SSLD –query- ASD their entry will depend on whether there are already children with ASD in the unit, in which case they are less likely to admit more" (304)

"…the present make up of the group, e.g. if 2 already with behavioural difficulties unlikely to take another" (504)

or the purpose of the provision:

"The units are very specific, for example, one is for 'speech' another for 'receptive difficulties'. A child may not fit, may be more complex difficulties". (507)

The development of inclusion might also lead to more severe, intractable problems in Units:

"Now more complex in the unit and more able in mainstream. So put through unit is slower". (911)

Support available

Support available from school and home are also important in decision-making about placement:

"Units favour parents who are very supportive- so get the back up at home" (206)

"Level of support in local mainstream. Some schools are tiny and remote and SLT can't get to easily- can't provide level of support needed" (304)

"Depends on the local mainstream school- some are total communication schools with welcoming ethos to integration, others not there yet" (308)

Child and time factors

There might be other factors rather than speech/ language difficulty severity:

"Child's vulnerability. [higher vulnerability]" (304)

"Behavioural issues which can be a result of communication problems and child being in mainstream-and parents do not want special provision" (308)

The question of age was also reported:

"Age of child and timing, would not place in unit if in final year of junior".
"How long the concern has been going on".
"Sometimes children are picked up late because school not initiated statementing process, or have been DNA's at clinic or Education have not processed the paperwork" (1003)

Lack other resources

In addition to lack of resources for children with SSLD, interviewees also mentioned lack of resources for other children having an impairment, including general learning difficulties:

Comments suggesting decision is influenced by lack of other resources

"In KS1 EPs recommend more children with general learning difficulties, partly because there are few resources with LSA support" (304)

"Lack of ASD provision, so LEA place ASD in the language unit. It [this and teacher factors] has changed the nature of the language unit and now SLTs will say need language unit, but not our unit, for example if a child has severe phonological problems" (706)

"Many ASD are in the language unit due to huge gaps in provision for ASD and trying not to get out of the borough. Those with challenging behaviour get placed". (905)

ASD and MLD

The ASD issue was raised with reference to differential diagnosis and assessment. Some interviewees commented that ASD are not included in the provision as a matter of policy, whereas one trust stated that ASD not excluded completely

"Differential diagnosis can be difficult between MLD and MLD with SLI" (308)

"We are quite strict about not having social communication or ASD in the unit but occasionally does happen as language problems resolve, presenting initially for example as a receptive language problem, then present as ASD" (911)

"The statement says primary SSLD with ASD, but we aren't able to fully assess"
"Sometimes not clear if SSLD or ASD- stay for a year. We try to ring fence provision for SSLD not long term ASD- so effective. Sometimes a lot of pressure to accept a child" (409)

In some cases the decision is determined by an analysis of the child's needs:

"Include ASD with higher level social skills. If ASD and need intensive SLT we will consider for unit, not exclude ASD completely. Language tends to develop quite quickly and pupils are not unmanageable ones". (602)

Perhaps to speed up the system:

"Some children with ASD are placed in the unit before get diagnosis. This group seem to get statements easier so get placed early compared to SSLD" (609)

However, inter-professional conflicts may also occur:

"EP sometimes wants children with learning difficulties in the language unit places. This has happened once or twice". (802)

Non influence factors

Two trusts mentioned that decision was not influenced by parental pressure or lack of SLT support in the provision.

"Offer of unit places are not influenced by which parents shout the loudest, or by non attendance of therapy that has been offered" (507)

"Not parental pressure" (805)

3.4.2.4 Agreement of criteria between the SLT service and the LEA

Two thirds (67%) of interviewees reported the criteria had been agreed with the LEA. Of those who said the LEA had agreed the criteria with them, 8% (3) mentioned that the SLT service had in fact devised the criteria and 8% (3) mentioned that the LEA or an EP had devised them jointly with the SLT service.

Table 61 Percentage of trusts stating whether criteria for language provisions were agreed or not with the LEA

	n
Yes	24
No	5
Yes and no/don't know for different provisions	2
LEA have no criteria or Don't know or No response	5

N = 36

Several SLTs indicated dissatisfaction with lack of input or knowledge about the criteria. These could reflect change or 'slippage'.

> "Now the children in LRB need to fit the 'audit' criteria. LEA are trying to reduce statementing so there is more funding for the SEN budget. The criteria were agreed in the past. I do not know what criteria they were using in the last year, I thought I was in charge". (311)

> "LEA does not adhere to the admissions criteria, has altered the operational policy and has not showed or discussed this with SLT. [Interview] Used to be joint decision, not now. Controlled entirely by education". (704)

Or planning of provision

> "Jointly worked out for unit. LEA opened a language resource without consultation with SLT and without additional SLT, some of the criteria taken from other provision. Rely on EP to identify pupil through the criteria!" (921)

On the other hand, there were many positive comments.

> "Extremely good working relationship between EP- Funding Education- SLT "(405)

> "Yes agreed, close relationship" (504)

> "Yes very collaborative process" (802)

3.4.2.5 Decisions on mainstream placement

The criteria for mainstream placement generally were not very clear, and tended not to be written. It appeared that the issue was not considered proactively but rather as a consequence of a child being judged not to be successful in mainstream, with consideration of a placement in a special facility. Only one interviewee referred to a specific profile of children appropriate for

their mainstream service, whereas a third did not provide criteria, and a slightly lower percentage provided vague or criteria by exclusion or default.

Table 62 Mainstream criteria given in percentage of trusts.

Mainstream criteria	N
Needs driven	7
Coping	7
No real criteria	10
No behaviour problems	1
No criteria mentioned	11
Not applicable	3

N = 36

Needs driven

Placement could be needs driven:

> "Clinical profile for each child- identifies what package of therapy need access to. If less intensive package is identified… mainstream". (106)

> "If can meet the needs in mainstream environment with appropriate package of support" (206)

Although the differences between theory and practice might be relevant:

> "If felt that service provided in mainstream would be more effective [than special provision, in theory] [But -Large caseload in mainstream]" (308)

Coping in mainstream or with mainstream SLT package

Children might be able to 'cope' in mainstream:

> "If met discharge criteria for language unit. If manage in mainstream, if good level of SLT provided in mainstream". (109)

> "Less severe to mainstream, and if can be appropriately provided for by mainstream SLT service" (215)

> "Led by SLT involved….if not sufficient problem for unit and school, ….if child coping in environment" (911)

"Pretty much that they don't necessarily meet all language unit criteria and or school feel they are managing, parents may want mainstream" (914)

This, of course, raises the question of what is 'coping'?

No real criteria

Some managers described placement in mainstream when a child was not appropriate for the special language provision or there were no places available. Others stated that there were no criteria:

"Just developing these- planning and operational" (212)

"If don't get into unit can go on waiting list in mainstream" (507)

"No criteria, depends on capacity in language unit "(706)

In other cases lack of provision was the reason:

"Only that there are not enough spaces in the unit therefore stay in mainstream with outreach or if no outreach go to clinic for blocks of therapy twice a year" (1003)

3.4.2.5 Criteria for pupils with SSLD to be placed in an MLD provision

This question was only applicable for those SLT managers who noted SLTs servicing MLD provision for pupils with SSLD. Some changed their mind from the response given on the questionnaire saying that children with SSLD do not go to this provision.

Table 63 Criteria for children with SSLD to be placed in MLD provision

Criteria	n
MLD and SLI	12
No specific criteria	5
Missing	2

N = 19

MLD and SSLD or SLI

Some interviews reported they had criteria where a child had both MLD and SSLD (or SLI if they used that term). These gave a general statement that the child would have general learning difficulties, and language difficulties that were over and above these. No trust gave more details regarding the level of difficulties.

"Clinical profile shows child has learning difficulties – cognitive levels are low, as well as SLI."(106).

"Changing population at present. Variety of syndromes-autistic etc, it is a transition time for teachers- not there yet- working towards providing for them – including SLI-MLD" (311)

"Must have evidence that cognitive skills are in MLD range" (405)

Six interviewees stated there were no specific criteria, or that placements were a result of a lack of alternatives.

"(and SLD provision) No criteria. SSLD pupils with learning difficulties may be there but not identified as such, not catered for" (504).

"LEA place pupils with SSLD who have severe language impairment, have more complex needs, and who don't fit the criteria for the language school or unit for example" (921)

3.4.2.6 Lack of special language provision

Some interviewees said there was a lack of provision but some then went on to describe that the provision available was under resourced rather than lacking in places.

Most of those stating there was not a lack of provision referred to inclusion:

"No but there is a resource issue especially with the inclusion agenda" (609)

"There are enough places at school age – recently not filled not because there aren't the children but because of inclusion drive. I feel they can't be supported as well as could be in SLR" (811)

Thirty four interviewees stated that there was a lack of provision – see Table 63.

Table 64 Age levels for lack of provision

	n
Nursery	9
Primary	15
Secondary	18
Age level not mentioned	3

N = 34

Lack of nursery places or provision

> "Yes lack of earlier language provision – nursery level" (808)

> "Lack of preschool SLR, always some mainstream waiting for placement" (811)

Lack of primary places or provision

Some interviewees focussed on KS1 and 2 overall:

> "Not enough unit places at KS1 and 2 – and have been campaigning for and getting new primary provision – not traditional unit – 2-4 sessions a week" (206)

> "Need more infant level unit places, can't always meet the needs of all, always do with more. Need more Junior units, [none at present]" (507)

While others specified KS2 linking this to statutory assessment

> "Not enough at junior level. But enough at other level [infant] due to statementiing issue [see earlier], would need more if more statemented [or not need statement of entry]" (405)

Indeed twice as many saw the need at KS2 as at KS1

Lack of secondary places or provision

The strength of comment regarding secondary provision was much greater, as evidenced by the following:

> "Big lack of provision at secondary age for SL1, few options" (206)

> "Enormous problems at secondary level- need secondary unit" (304)
> "Very concerned beyond KS2, need similar model (SLCs) within secondary system with training much for teachers". (409)

> "Yes, secondary level there is a huge gap [for SSLD]" (501)

> "No secondary SLT service. Need a secondary mainstream service and possibly a unit" (507)

> "No secondary unit. No local mainstream outreach, no option of intensive SLT in local mainstream (only blocks in clinic with advice to school)" (602)

> "At KS3 and 4 – a real problem: there is only one resource- a huge area, parents drive the process" (704)

> "Lack of secondary provision but would need to be different to the primary unit, different is needed at secondary" (808)

Lack at all ages

Others did not specify by age:

> "Have had long discussions with the LEA about language units [implying that they are needed?] but now –the inclusion agenda" (902)

> "Lack of language unit places for all ages, none at secondary. Choices at secondary are driven by what is available not by need" (911)

> "Lack of unit places at all ages, though lucky to have infant and junior and secondary" (1003)

In addition, some Managers gave further views on the type of provision that they felt was needed:

> "Small number of children with high level problems are not getting the support they need. Significant cases where the child's school experience is less than we would wish. Positive advantages of mainstream peer group. I think- better in mainstream with more support" (301)

> "Yes lack of educational provision. Personal view- I would like a centre of excellence in every school- have small groups and integrate naturally into the school" (308)

> "Some children's needs are between mainstream and resource models- we don't really address their needs properly" (402)

Finally, others argued that provision was being used:

> "Lack of ASD provision so knock onto language unit places …..complex nature of clients in the language unit, so it is hard to tailor make a curriculum to SLI with such a range of difficulties" (106)

> "Not enough places, but there would be if ASD not there" (706)

or children with EBD:

> "Yes lack of ASD provision [so limited at language unit] and lack of clarity for type of unit provision needed" (905)

Large specific language difficulties school with 75 places and is full and some places are not best used, more children with additional behaviour problems, query primary EBD, we have no input to panel. Language resources is full, nothing in central or south areas (921)

3.4.3 Placement Process

The SLT managers were questioned about the status of the advice of members of their service, status and the involvement of the SLT service in the LEA's SEN decision-making panel.

Some of the panels were language provision panels meeting for the purpose of deciding whether a pupil referred to that specific provision was suitable. Professionals sitting on these panels tended to be the staff working at the provision. Other panels were general admissions or placement panels, which tended to be made up of LEA professionals and sometimes an SLT. In addition, there were some processes that involved panels made up only of administrators.

In some cases the interviewees reported panels were based on a quality of esteem:

> "It's policy that each professional or parent has equal status and no-one's advice is more influential" (811)

> "EP (rotates), Statementing officer, a Head Teacher and others on panel" (1003)

Even so, the absence of an SLT representative could be problematic:

> "LEA panel makes the decision. Last year there was no SLT manager on the panel. They overturned recommendations and accepted 3 autistic children into the Language Resource Base". (311)

Educational psychologists (EPs) and SLTs could be a powerful joint force:

> "SLT and EP- quite a lot of weight attached to what we suggest, decision with education panel" (914)

> "LEA generally act on our advice" (602)

While in other cases these two powerful influences could be in conflict:

> "County LEA are very good at listening to view of SLT even when E.P. says there is not enough discrepancy in the assessment or hasn't done an assessment. I'm one of the paediatric managers, if great concern [about decision] I would contact Head of SEN, who would listen". (1003)

This conflict with EPs was raised by others, with SLTs questioning their power:

> "Our recommendation is less influential because have EP on panel". (609)

> "For others, [school age language units] EP has disproportionate amount of input" (908)

However, the ultimate responsibility of the LEA was acknowledged:

> "But final decision with LEA" (203 see below)
>
> "Decision controlled entirely by Education, used to be joint, not now" (706)
>
> "Extremely good working relationship- with EP and funding Education. Final panel is Administrators only and can occasionally go completely wrong" (405)

A further issue, however, concerns the head of a potential receiving provision:

> "Final say really with HT of unit, in theory we do not much say but because of good relationships we do"

Collaboration was seen as a means of optimising the process:

> "If complex likely to have discussed with EP/ teacher already. Good relationship and dialogue with LEA" (402)
>
> "Status is very high- SLT in partnership with EP If complex likely to have discussed with EP/ teacher influences decision" (605)

The interviewees were also asked to rate the status of their advice. Overall, they rated this medium to high, and this was particularly the case when they were represented on the panel. Where this was not the case, status was considered to be lower, and panel membership was a strategy for its improvement.

> "We have formally recorded we want an SLT manager on the panel" Panel makes decision (311 written medium)

However, this was not always agreed:

> "…..assessment unit panel also- not allowed to be on this panel" (921)

Where perceived status was low, discontent was evident:

> "There is ongoing discourse between the LEA and SLT at the moment. LEA not happy with the SLT statement advice. LEA want 'resource led' advice. However there are no special schools left in the borough – cause of inclusion. Provision the SLT may want to advise is not available/ LEA want SLT to recommend from what is available".(112)
>
> "How the LEA make the decision is unknown to us." (112)

3.4.3.1 Effectiveness of the process of placement

Interviewees' judgement of effectiveness of the decision-making process were generally positive.

Table 65 Effectiveness of the process for placement

	SLT managers
Very effective	8
Mostly effective	12
Reasonable effective	9
Not very effective	4
Not very effective at all	4

N = 37

Some managers made positive comments about the effectiveness of the process:

> "….works well … history to it….. team effort, the right children are in units" (507)

> "On the whole OK,….would score 8/10, on the whole appropriately placed" (805)

Some managers referred to good outcome measures demonstrating on effective process of placement:

> "Very very effective, good outcomes from language unit and outreach mainstream service".

> "Outcomes are good, yes [appropriately placed], we did an audit and found many pupils with significant impairment and statemented who got a specialist package were no longer statemented in Y6" (704)

Others referred to positive aspects of the process itself, including change of provision:

> "If need to change a placement when they are there, then we change it for example if ASD or higher level language disorder, or following progress..need to move on – we change the statement".(602)

> "Quite effective, improving. Now we have some children on an assessment placement in the unit or resource…..easier to move on if not appropriately placed". (504)

However, many managers described negative aspects of the process

Table 66 Negative aspects of the placement process

Negative aspects	N
Inappropriate placement and lack of SLT input	12
Statementing and time	7
E.P. and teacher problems	6
Parent power	2

N = 37

A third of interviewees were concerned about inappropriate placements, and lack of SLT input into the decision.

> "Not 100% happy, one autistic child. Some children enter the unit who have not had Speech and Language Therapy, the SLT service is unhappy". (112)

> "Have had incidents where a psychologist writing a report saying need SLT without discussion with a speech and language therapist" (609)

> "No SLT input into placement. LEA does not adhere to the admissions criteria, has altered the operational policy and has not showed or discussed this with SLT. Used to be joint decision, not now. Controlled entirely by education" (706).

The issue of children with ASD was raised again:

> "Now more SLI in mainstream with support.. [because] many ASD are in the language unit due to huge gaps in provision for ASD and trying not to get out of the borough. [Appropriately placed?] No often not". (905)

> "Re. Criteria] This is under discussion, we want to discuss this – the purpose and type of unit, for example have children who would make progress then go back to mainstream or an ASD type unit. We are not getting clarity from the LEA".(905)

Or other difficulties

> "Could be better, I feel the need for more discussion about the process and it working for all children…….a difference of opinion between SLT and education… a number of children with dyspraxia or severe phonological disorder are not getting a SLR placement. Education think that because of behaviour they are well placed in mainstream schools and think there needs can be met. We're arguing a lot about that. Also, because of changes with the LEA criteria linked with the code of practise, some children are not accessing specialist resources now [but are in mainstream]" (811)

3.4.4 ASD provision and influence on SSLD

3.4.4.1 Provision

Table 67 Showing placement of ASD pupils in designated provision

	n
Separate special	19
No special ASD provision, some in special language provision	5
Some in separate ASD some in language provision	13
No special ASD or language provisions	2

N = 39

Table 67 shows the relationship of provision for children with SSLD and ASD, with about half indicating an overlap of SSLD/ASD provision.

Interviewees were asked to explain the rationale for the pattern of provision. Of the 19 managers who reported there being separate provision, almost half gave no rationale, while a third argued the children's needs were different:

Table 68 Reasons given for separate provision.[6]

	n
Needs are different	7
Don't Know	9
Other	3

N = 19

"Needs separate provision because ASD can be disruptive, demanding of time, management difficulties" (308)

"Different needs, SLI benefit from intensive SLT, this is cost effective long term, whereas ASD have behaviour issues and need protection….have challenging behaviour" (402)

[6] Percentages from a total of 19 Managers who described separate provision.

"Different management and therapy" 405

Other reasons included:

> "LEA has no interest in SSLD provision- see as 'our problem' but view ASD differently [therefore separate specialist ASD provision only]" (6XX)

> "Panel resists pressure to place there" (301)

and the substantial growth in ASD numbers:

> "New ASD provision because LEA concerned ASD 'coming out of the woodwork' provision needed" (605)

The most common explanation for use of language provision for children with ASD was the commonality of needs and unclear boundaries (See Table 69).

Table 69 Reasons given why language provision is used for placement of pupils with ASD.

	n
Lack of ASD provision	3
Inappropriate & Undiagnosed	2
Needs/ unclear diagnosis	8
Don't know/not mentioned	5

N = 18

> "Some higher functioning ASD suitably placed" (109)

> "Some complex, blurred boundaries, when language issues resolve don't stay long, occasionally take more autistic type". (212)

> "If SSLD is a major factor, or differential diagnosis or failure to access the curriculum in mainstream. In theory separate- have long term needs different to SLI who expect to return to mainstream but there is a tremendous overlap" (808)

> "Individual needs, if significant language difficulty and fits the criteria" (914)

Others attributed this problem to that of differential diagnosis:

> "Sometimes statement says primary SSLD with ASD but we aren't able to assess fully. There is a grey area for those not suitable for special ASD placement and who are suggested for the language provision. We try to ring fence the language provision for

SSLD not long term ASD. Sometimes it is not clear whether a pupil has SSLD or ASD, so stays for a year."(409)

"Some before diagnosed, E.P. also not see need for different packages for different groups" (609)

"Because there is no ASD provision currently" (106)

Of the interviewees who gave an opinion, two thirds did not agree with pupils with ASD being educated in SSLD provision:

"..changes the resource demands" (106) ,

Finally, lack of ASD provision could be the reason:

"Parents demanding special provision, not much ASD available" (706)

Furthermore, the SLT managers questioned whether the needs of children with ASD were being met appropriately – see Table 70. Are the needs met of the pupils with ASD?

Table 70 Percentage of SLT managers who considered the needs of children with ASD were being met.

	n
Yes	5
Only some	17
No	14
Don't Know/ Missing	3

N = 39

The interviewees expanded upon their concerns over ASD provision, as shown in Table 70 where the managers offered more than one factor.

Table 71 Problems with provision for ASD.

	N
Lack specialist ASD placements	9
Lack of mainstream support/ resources	19
Lack SLT support and consultation	10
Lack of training	7

N = 39

A quarter of the interviewees were concerned about a lack of specialist provision or wrong provision:

> "Some placed inappropriately by medical professionals (in unit)" (501)
>
> "Lack of ASD unit places" 805
>
> "Need sep ASD provision, SSD parents prefer not with ASD" (817)
>
> "LEA would classify differently. Many ASD in EBD school, very poor level of SLT there- Parents' expectations raised with 2 yr joint project ASD young assessment unit, now not accept place at EBD school. Good identification but provision is poor" (921)

The lack of appropriate support in mainstream was also a concern:

> "In mainstream either sink or swim, no special provision". (706)
>
> "As curriculum intensity develops support falls apart. Depends on schools attitude". (311)
>
> "Resource problem and enormous pressure on class teachers expected to manage with whole range of difficulties" (908)
>
> "Some schools are brilliant, some lack the specialist help- those [pupils with ASD] with average cognitive ability and do not need special school but find mainstream very hard". (402)

There could also be a lack of SLT support in mainstream:

> "New outreach SLT provision does not include ASD" (304)
>
> "Lack of SLT sessions for all ASD" (802)

In three cases the LEA set up new ASD resources and had expectations of SLT provision without consultation with SLT:

> "LEA set up new provision in MLD and said would be SLT but didn't consult us! We've had to absorb that too" (6XX)
>
> "LEA setting up new ASD provision currently, without our involvement. Have explained they can't expect SLT just to follow" (905)

Finally, the need for training was stressed:

> "Schools lack understanding of needs and do not have specialised skills" (412)

"SLTs and staff in education are aware of the difficulties but don't know what to do…..training issue" (602)

3.4.4.2 Differential diagnosis

Table 72 Percentages of Managers who considered there were problems with diagnosis.

	N
Yes problems	13
Somewhat/ Occasionally	10
No problems	12
Missing	4

N=39

About a third of interviewees consider there were problems with differential diagnosis of SSLD and ASD.

One area of concern was a perceived change in diagnostic practice:

"Paediatricians are now more confident and quicker to give a [ASD] diagnosis, but in some cases the SLT hotly disputes it. Once a child has the ASD label the parent can get anxious and wants specific programmes". (106)

This could be compounded by a lack of multi-disciplinary perspective:

"The consultant psychiatrist diagnoses ASD. It is not multidisciplinary. They make the diagnosis and we have to adapt". (1003)

"Made separately by the medical profession so it can be an issue, it's not multidisciplinary". (501)

"Did not used to be an issue when we were working to the language unit criteria, but now the teacher in the unit thinks that all ASD have SSLD by definition" (706)

The specific input of SLTs into assessment of ASD was not just a question of inter-professional rivalry, but of their particular contribution:

"Problematic as we have no clinical lead [SLT] if specialist assessment asked for. I have a concern that because some mature out of the early features and then there is a query as to whether it is ASD or communication or language diagnosis. It would be good to have SLT input into the diagnosis". (605*)

> "Psychiatrist or paediatrician's diagnosis is sometimes not the same as the SLTs. ….not given the 'autistic' diagnosis until or unless the parent can accept it. But the criteria to have the outreach service or Early Bird is to have the diagnosis of 'autistic'!"(*)

In addition, some interviewees questioned whether there was also an issue of provision:

> "a label of autism or learning disability has been withheld so that the child can get into the unit [according to SLT opinion]. They say it's too young to tell". (808)

or the need to take account of parents feelings:

> "Some parents not want the formal diagnosis. Problem with paediatricians mentioning ASD inappropriately, the reason is that there are concerns of being sued for missing something so they cover themselves by mentioning it to the parent". (XXX)

Further problems arise if there is no multi-professional team:

> "problems getting a diagnosis because no service to do this, people have to travel out of county" (902)

However, the specific problems of assessing young children and making a clear differential diagnosis were also seen as central:

> "…at preschool age there are a lot of difficulties, the paediatric consultants are very reluctant to diagnose ASD. No specialist team yet". (304*)

> "Younger looks like SLI, later more apparent that is ASD" (109)

> "It is a problem we all share: in early stages it is not clear to anyone. We use the South of England Autistic Assessment Centre…clear diagnosis". (301)

Those who reported a lack of problems in distinguishing SSLD from ASD referred to the presence of a multi-disciplinary team:

> "small multidisciplinary assessment service, but 1 year waiting list". (206)

> "Child development centre has a team of specialists". (215)

> "specialist clinic, not easy but not a problem" (402)

> "generally quite good, we have a communication disorder clinic" (405)

3.4.4.3 Changes in the incidence of children with ASD

Almost all the SLT managers considered there to be an increase in numbers of children with ASD (Table 73).

Table 73 Opinions on whether numbers of pupils with ASD are changing.

	N
Yes increase	38
Yes decrease	0
No change	0
Missing	1

N=39

> "enormous increase" (106)
>
> "yes dramatically up, our [communication disorder] clinic say it has increased 4 fold" (405)
>
> "rapid increase" (412)
>
> "have increase dramatically over the last 5yrs but now a bit of a plateau" (507)
>
> "doubled in last 2 ½ yrs"
>
> "32 yrs ago in my first yr I saw 1 child with ASD, now it's one a week!" (808)

However, the increase in incidence was also linked to the inclusion of milder degress of severity:

> "More higher level ASD not classic autism" (609)
>
> "definite increase in children on the mild end of ASD, with some features" (805)
>
> "severity is going down, more with very mild and Asperger's and social communication" (817)

Interviewees offered a number of reasons for this increase as shown in Table 74.

Table 74 Reasons for increase in children with ASD

	n
1. Real Increase	9
2. Wider Definition/ change in definition or categorisation (different diagnosis)	
3. Greater Awareness/ more or better at recognising and diagnosing	3
4. Early diagnosis/ more readily diagnose	
5. Over use of label	
6. Combination 1-5	18
Don't Know/ not sure	9

N = 39

A quarter considered there was a real increase in incidence:

> "Our medical stats analysis thinks there are actually more" (402)

While others referred to changes in diagnostic practice:

> "Those ASD now were previously categorised as receptive language problems" (609)

> "Many SLI children have a range of autistic features- what do we call these? I think we will refine our definitions…[and develop] a new category for children between ASD and language disorder". (106)

> "Better at recognising, especially upper end of the spectrum. SLT role- query with this group" (209)

> "children would have had a different diagnosis" (704)

About a quarter, however, were unsure of the reasons:

> "Goes through phases of diagnosing different things e.g. ADHD" (212)
> Whether more sensitive diagnosis or there are more…I am open minded about it. Do get clusters in estates or higher SES groups, perhaps they don't stand out as much in lower SES". (308)

> "I'm not sure if it's identification or a real increase. It seems to be an increase". (802)

Hence, this was an area of strong certainty that there was an increase in incidence of children considered to have ASD, but a variety of opinions on whether this was a true increase, a reflection of changes in professional practice, including different diagnostic protocols with ASD rather than autism, or a combination of factors.

3.4.5 SLT service provision to educational settings

Interviewees reported varying proportions of SLT provision in educational settings. A range of reasons were provided to explain service provision.

Table 75 Reasons given for high proportion of children seen in an educational setting.

	N
Best environment	5
Curricular access	1
Best environment & curricular access	5
Other	1
All 3	2

N = 14

Education being the most appropriate environment was the most common explanation:

> "National guidelines. Most effective environment (except phonological- weekly)" (206)
>
> "Primary communication/ language needs can't be met in clinic", (814)
>
> "From research discovered efficacy of the model [seeing young and very little time for school age] not working. "Children are school creatures", better to look at environment rather than drag out for ½ hour" (911)

Particular reference was made to curriculum access:

> "At school age- tied in with curriculum, collaborative working, links with literacy, part of normal communication environment" (402)
>
> "feel that post 5 children's needs are different. Need SLT who is familiar with the National Curriculum and the linguistic demands of school and has specialism in SLI."(412)
>
> "Curriculum access and facilitate in that context" (605)

However, more mundane reasons were also offered:

> "Because LEA funds us (0.9)!" (409)

Where a high proportion was provided in clinic, the main explanation referred to resources available:

> "Purely a resource /funding issue" (501)
>
> "Identified need for school based input but limited mainstream provision, seen in clinic while waiting for mainstream or unit" (808)
>
> "Resource led- would want to see more in educational setting but high numbers of preschoolers in community (affects time available)" (811)

Or involvement in early identification before the child was in an educational setting:

> "Preschool- at early stage of identification, statement takes time" (402*)

However, some managers suggested that the clinical model was historical and they were currently changing it.

> "More manageable can just about stay on top…..historical model … parental expectations for 1:1…….but not satisfied with this and we are currently moving to more education based model" (212)
>
> "But moving towards almost 100% education, currently changing system" (905)

In addition to the comments with regard to lack of resources, SLT managers also reported other problems with the system. Some stated that statements were needed for a child to be seen in the educational setting. However, some trusts had stated that it was difficult to secure a statement at the preschool level and therefore this would increase the number seen in a clinical setting.

> "Those statemented are seen in educational setting, they need enhanced support in an educational setting as at school age they're vulnerable. Kids with no statement get blocks of SLT in clinic- they are better off than the kids with a statement! It's all a mess at the moment" (6XX)

It was also noted that the need for a statement to secure specific help made the child vulnerable to the vagaries at the statement process.

3.4.6 SLT service provision: direct v indirect intervention

Interviewees were asked for the approximate balance between direct and indirect intervention time in both the mainstream setting, and in a special language provision setting for pupils with SSLD.

Managers were frequently reluctant and had great difficulty answering these questions. This was because: practises may have varied amongst clinicians and schools and Managers/SLTs were not always aware of the exact nature of SLT provision in one of the placements. It was also difficult for managers to work out % for SSLD pupils only. Interpretation of the definition of 'direct' and

'indirect' intervention was also found to be difficult. Finally, sometimes children were seen in more than one setting.

One manager would not answer the question and stated that:

> "Don't talk about direct and indirect but are following Kath Williams' Competencies. We talk about 'pathways': assessment, rehab, maintaining, supporting, curing. Not talk about 'therapy' but 'intervention'. Integrated service focused on child's needs, environment and people within the environment. We are holistic and integrated". (814)

On average, interviewees reported more direct intervention in special (70%) rather than mainstream schools (40%). The rationale for these patterns was explored with the manager.

Managers talked about the practicalities of balancing provision.

> "Necessary because SLT not there all the time. Everyone has responsibility for developing speech and language skills". (802)

> "Both needed, working towards inclusion and because of literacy and numeracy hour, it is difficult withdrawing at these times". (914)

Those reporting a greater percentage of direct work mentioned its importance for effective intervention.

> "High % of direct for the SLI group compared to other groups because we see us making the most changes with the child because of the nonverbal cognitive ability being OK. So can learn with the <u>right</u> input. As progress can be quicker, need to be seen by the SLT directly more often. In contrast to global learning difficulties for example, where much more repetition and reinforcement is needed and can be done by the teacher or LSA". (203)

> "Carried out a needs assessment in mainstream of all SLT kids, whether they were meeting their IEP targets. 47% (all SLI/ASD) of these kids did not, the targets did not change as they were not met. Concluded that more direct was needed". (109)

However, funding was also a factor, distorting provision:

> "Higher direct than indirect because our trust doesn't allow higher indirect. It only looks at waiting times and contacts. We need contact numbers [to be high] or we don't get more funding. It's the health model. Not a forward looking trust. We are trying to change". (808)

A third reason referred to the fact that direct work was the traditional approach:

> "Following a traditional model" (905)

> "Focus is always hands on. It is a historical traditional language unit model –does fit, works well for unit staff involved". (706)

Where these was more indirect work in mainstream, interviewees referred to limited resources determining practice:

> "Level of resources, in mainstream 4 SLTs for about 700 children. We are prioritising those in special provision". (112)

> "In mainstream now lucky if SLT visits once a half term to set up programmes. Need both direct and indirect, but in mainstream ideally there would be more direct than we have with the assistant watching, etc". (311)

> "Low direct (5%), purely a resource issue. Would like to offer blocks of 1 to 1 with a programme and training. Would like approximately 50% direct, 50% indirect".

Individual work was also viewed inherently better:

> "Experience tells us that ½ hr work per week is not effective. It is better to train someone to see the child in the school day as part of the curriculum". (206)

The most common pattern found was for more direct work in special provision and indirect work in mainstream. Interviewees explained this pattern by referring to both criteria for placement and resources:

Children with greater speech and language needs were expected to be in special provision, and to need more direct intervention from SLTs.

> "Needs led, those identified as needing more intensive are placed in the special". (106)

> "In unit have very severe and specific needs and require direct input on intensive basis from SLT. In mainstream operate a consultancy and training model where training and support is given to teachers and LSAs. teachers and LSAs give direct input. It is a better model for most children with the odd exception of children in mainstream we have recommended unit. We try to give each child what they need so if 40 children are on the waiting list for therapy then so be it. If water down therapy it becomes clinically ineffective and therapists get frustrated". (209)

The interviewees often made it clear that this differential approach was planned and not simply a reaction to limited resources:

> "In resource they are there because they need intensive help with language and the curriculum. In mainstream more indirect and this is the best model". (402)

> "In language resource high % direct because 1. Individual needs, children have different needs, 2. Severe dyspraxics need a lot of direct, 3. Linguistic needs are so complex that indirect is difficult as there is still so much that other people can't do". (412)

> "Units are set up for intensive therapy and the preferred model for mainstream is more indirect". (507)

Direct intervention may be seen as more efficient, especially where complexity was high:

> "Part of considerations for appropriacy for unit is whether therapy is best delivered by the SLT- a child who needs aims updating on a daily basis, it is quicker to do the work myself than tell someone else how to do it, they have complex disorders". (602)

However, lack of resources were also a factor:

> "In unit more direct because there is someone there more, staff are already trained specialists,…… and a lot have severe speech difficulties". (304)

> "Historical due to higher staffing levels in specialist provision. Unit / resource need intensive SLT and in mainstream the numbers have increased without an increase in numbers of SLTs". (504)

The interviewees were equally divided on whether the balance between direct and indirect work was changing. Those that thought it was changing overwhelmingly suggested the direction was to more indirect work. Those reporting no change who gave a reason referred to practice having already shifted to more indirect work. Hence, the general position was of a shift to increased indirect work by SLTs.

Reasons for this change included the practical, especially SLT time per se or limitations owing to vacancies, or recommendations coming out of the scoping study conducted for the DfEE, DoH and Welsh Assembly (Law et al, 2000):

> "In line with James Law document about collaborative working, and because it is more effective". (304)

> "DoH and DfEE recommendations. In order to deliver a reasonable service to all children. Have well trained LSAs and Speech and Language Support Service staff alongside us". (215)

This pattern of change was seen as positive by almost two thirds of those offering an opinion, even if the original reasons were limited resources:

> "It was driven initially by resource issue, but I argue that we see it as a better model- integrating into the curriculum. A lot of children need a lot of reinforcement and repetition- another person can do this".(412)

> "Reason is that caseloads have increased- but should be more effective" (902)

Finally, interviewees raised several other issues of concern with the development of more indirect work, or a 'consultative model'.

The first concerned roles and the need for monitoring:

> "A big issue is whether can monitor what and how much is happening". (109)

Clarity of responsibility and expertise were needed:

> "But need to identify clearly each person's level of responsibility. Need experienced and responsible SLT for delivery of the package". (802)

> "More indirect should be more effective, but we need to be sure that we are clear what we are asking others to do".(902)

Parents were not always in favour, seeing indirect work as a reduction in input:

> "But a lot of resistance from parents- they feel 1:1 SLT is the solution". (304)

The need for more resources and training were mentioned:

> "Hopeful, but resource issue, need more training" (921)

> "More staff needed though" (504)

Finally, indirect intervention could lead to an increase in work per se as teachers became sensitised:

> "Increase in teacher awareness, referral rate increased by 30% following focus group with mainstream teachers" (921)

And saw what could be available:

> "In education- the more we do the more they want. Need to look at how sustainable it is". (605)

Our interviewees reported that mainstream and special unit provision models of SLT service delivery generally differ with a greater proportion of indirect- consultative therapy in the mainstream setting. There is a general trend towards more indirect intervention (particularly in mainstream) and managers felt this was a positive change, even though a proportion of these changes were being forced because of resource issues. However, while there was general agreement with an increase in indirect or consultative practice in principle, a number of concerns about the reality of practice were also expressed.

3.4.7 Parental Involvement

3.4.7.1 Practices to enhance parental involvement

The SLT managers reported a wide range of practices to involve parents of children with SSLD, whether in mainstream or special provision.

More than one form of parent involvement was frequently described by each interview.

Table 77 Percentage of SLT managers reporting ways in which parental contact was made

	Mainstream n	Special n
Home-school/message book or homework- or triplicate pad or – daily/weekly/each visit	4	11
Written information Letters, reports, IEP, programme info, Triplicate pad	10	7
Annual Review / IEP Meetings, once or twice termly meetings	13	17
Parents evenings/ coffee mornings	3	15
Formally invited to attend session/s , visit unit/ informed of sessions in mainstream by SLT or by school	18	6
Education staff report to parents	1	1
Holiday contact- group work/ home visits	3	6
Parent support groups, parent information evening, parent training/conference	4	5
Encouraged to visit or phone as wish/ SLTs telephone as required, meetings arranged as needed, informal discussions	12	13
Set joint aims/ targets with parent if possible	1	2
No system, varies depending on SLT/ school/ problem arises	4	4
LSA communicates with parent	2	
N	27	27

Table 77 Do you think the parental involvement is effective?

	n
Yes	4
Somewhat	24
No	6
Don't know / no response	3
Not necessary	1

N = 38

About three quarters of the sample considered parental involvement was effective.

> "Always an issue. SLTs try to improve on it but it's not a problem, we don't fail on it". (507)

> "Yes, opportunities are there. Uptake differs. Some parents are not capable for example have their own learning difficulties. The parents are happy [unit input]" (602)

But in most cases they qualified this as 'somewhat':

> "Some parents don't take it up…..for others it's not enough" (304)

> "It is our aim but not always achieved" (311)

Success could vary according to provision:

> [Unit:] "Very effective in some cases, parental involvement has improved dramatically. [Mainstream:] Not highly successful" (808)

> [Preschool SLR]"Very effective, very involved, very positive feedback and parents own needs are supported, [school age SLR] I feel they would like more contact but parents needs are less as the child gets older" (811)

A small number did not consider parental involvement effective:

> "This is our major area of difficulty with working in schools. It's very difficult to involve parents". (203)

> "Pretty poor. Very little involvement, we are very aware of this and very concerned about it and can't find a solution" (412)

Especially in mainstream:

> "Difficult to do, in mainstream must be nearly impossible" (911)

Finally, the parent's wishes to be involved were also questioned:

> "It is an issue politically but it's not really an issue. Parents often hand over to the unit and don't want to be involved" (405)

3.4.7.2 Factors inhibiting effective parental involvement

Interviewees offered a range of reasons why effective parental involvement might be restricted ranging from practical difficulties to parental characteristics.

> "Time element. In school the timetable is rapid, if we see parents there is an increase in time needed" (609)
>
> "….with IEP meetings, half termly meetings, Annual Reviews and visits in school holidays this makes up the 40% indirect …..a lot to do" (704)
>
> "Because [unit] in a huge rural county, children can travel miles by bus to school so it is very difficult" (605)

And this could apply also to SLTs:

> "SLR in rural area and not middle of area. Difficult for parents to visit school and SLTs to make home visits" (811)

However, the largest number of interviewees suggested that parents might not want to be involved:

> "General feeling they don't wish to get involved once in primary" (112)
>
> "Despite all this, it is really hard to involve parents, some just don't" (203)
>
> "Some parents don't take it up, we don't know why, for others it's not enough" (301)
>
> "Parents see SLT as part of what is going on in school and don't touch it" (609)
>
> "..but opportunities are there, parents don't always follow them up" (902)

Others mentioned practical problems for parents concerning other responsibilities:

> "Difficulties with work and have other children" (215)
>
> "Partly due to parents working and being unavailable" (308)

or where parents themselves have language, literacy or other difficulties.

The results of these interviews suggest that there is quite a high level of SLT service concern about parental involvement. Interestingly only one interviewee mentioned concerns from parents about lack of involvement. In order to tackle this issue we need to look firstly at what we mean by parental involvement where children are seen in the educational setting, secondly what parental involvement is important from the SLT point of view and how this may differ from the clinical model. Thirdly, we need to know what parents want and need and how this varies, and fourthly we need to consider how to measure the impact of the involvement.

3.4.8 Examples of Good Practice

The majority of managers (36 out of 39) stated that there were examples of good practice in their area. Listed in Table 78 are the answers that were given by the Managers during the interview. In addition, some Managers had recorded examples of good practice in the questionnaire.

Table 78 Examples of good practice

	N
Good collaboration with LEA- policies/ planning level	18
Joint working at level of provision	9
Funding	8
Special Language Provision	10
Mainstream School Service	3
Outreach	4
Training	11
SLT and Teaching Resources	5
SLT Policies	3
Research	3

Good Collaboration with LEA at policy or planning level

Half of those offering examples mentioned good collaboration with the LEA at policy or planning level:

> "Health-education meetings action planning for resourcing and service delivery" (106)
>
> "Good collaborative relationship with education department, they do include us in information sharing". (209)
>
> "Continuum group with parent rep, Afasic rep, SLT SLI specialist, Headteachers etc. Have regular planning meetings, looking creatively at provision for example the suggestion for a new kind of facility". (215)
>
> "Extremely good working relationship between E.P. and SLT. Provisions meetings and recommendations for places has been used as an example for other trusts". (405)

"Entry criteria to mainstream service, we have discussed with LEA through regular meetings. Everyone involved". (409)

Good joint working at level of provision

Below the strategic level, practice at 'street level' within provision by SLTs teachers and EPs was mentioned by about a quarter of interviewees:

"SLT has high profile and SLT service generally valued and are included team members".

"In language unit and new ASD provision, there is an obvious recognition that SLT is the key to organising the curriculum".

"Schools voluntarily leave our targets in the IEP, they are part of the IEP discussion".(106)

"Good grass roots working relationships with a lot of mainstream and special schools" (209*)

"Support groups encouraging collaboration between schools for example where the SENCO is very good or experienced with SSLD, meet and benefit others. SLT involvement in LSA support groups". (304)

Funding

Interviewees also gave examples of good practice regarding funding

"Now routinely benefiting from standards fund".

"Education took the initiative of involving new Primary Care Trusts next April securing matched funding" (106)

"Quite a lot of education funding, 2 language unit posts have been funded by education for 10yrs" (209)

Special language provision

Specialist language provision was also mentioned as examples of good practice

"Language unit works well, SLT have strong and powerful involvement. New language resource base". (112)

"ICAN nursery. Flagship primary school has units, SLI specialist, Speech and Language Support Service based there and community clinic there. It is a speech and language centre of excellence". (215)

"The new base has been very closely monitored. It is 'enhanced mainstream provision.'"

Mainstream School service

Good practice in mainstream, on the other hand, was mentioned much less frequently:

"Mainstream school service. We have evaluated and published and presented at conferences. Proved that it works with a school engaging". (301)

"One SLT has set up social skills and language groups which the school/s run on with support". (304)

"Full inclusion policy: other managers come to see us to see how to change. As James Law said, we need to work it out locally and build relationships at a high level. I am involved in several strategic groups". (814)

Outreach was also considered to be an example of good practice in mainstream:

"Outreach is excellent, because limited spaces in language units, allows more to be seen". (1003)

Training

Training was a further area of good practice, with a variety of examples:

"Work with Kate Ripley (E.P.) developed very good training for LSAs". (206)

"Developed guidelines about SLT in schools with Kate Ripley and specialist teachers and SLTs". (203)

"Rolling programme for training for schools. Have a menu and schools can pick and mix areas for training and times". (308)

"New approach. 6 schools based on whole school training. School has to commit to LSA and T for ½ day a week to carry out programmes and groups. The LEA are 100% behind it. Schools have to find the money for ½ day extra staff". (412)

"Training for education colleagues. Good feedback. Now getting training back from education by Head of Literacy and Curriculum planning – to SLTs, what it is like to be a teacher with pupils with SSLD". (605)

Some services had developed teaching resources:

> "Due to demand for children with SLI or MLD and SLI created a language pack for KS2 to pass onto LSAs. SLT picks out bits. Becoming more familiar in a lot of schools". (308)

> "Project targeted school with 2 months closer SLT work. The school teachers published a booklet for other teachers". (605)

A number of interviewees also gave as good practice the development of service policies.

The interviewees in this survey were able to offer an extensive number and range of examples of good practice. These varied from policy to practice, from service-specific to inter and multi-professional.

3.5 Interviews with LEA schools with language units

3.5.1. Introduction

This section reports on the interviews with 38 language units/integrated resources. Additional material from the MLD and other schools is provided at the end of the section.

3.5.2. Criteria

3.5.2.1 Criteria used when considering new children

Interviewees were asked what criteria are used when considering new children. The majority of respondents (22) stated that each child had to have a statement specifying speech and language difficulties being their primary need or that their particular resource had some specific language based criteria. There were 10 interviewees who stated that a discrepancy between non verbal and verbal language was part of the entry criteria.

There were also 7 respondents who stated that a child needed to have average academic ability and were able to function in mainstream classes. Other entry criteria included a need for speech and language therapy, (3) and that they did not have any additional difficulties (4). However there was 13 respondents who stated that they did not know what the specific criteria involved as it was decided by another group of professionals or at county level – see Table 79. Most of the respondents stated more than one criterion, therefore the results total more than the 38 interviewees.

Table 79 Entry/admissions Criteria

	N
Primary need SSLD/specific language criteria	22
Non verbal discrepancy	10
Exclusionary Criteria	4
Need for SLT	3
Average academic ability	7
Other	2
dk (decided by someone else)	13

N=38

a) Primary need SSLD/Specific language based criteria

The largest category of response specified that there should be a primary speech and language need.

> "The children have to have a statement of speech and/or language difficulty this will come from the SLT report" (5).

> "The criteria state that there must be a delay or disorder and be specific to speech or language difficulties, it can be either an expressive or receptive disorder" (6).

Some referred specifically to the specification of the statement:

> "They have to have a statement specifically stating speech and language difficulties" (17).

> "A statement of communication difficulties or speech difficulties" (19).

b) Non-verbal discrepancy

The requirement for a discrepancy between non-verbal and language abilities was stated by 10 interviewees:

> "They have to have average nonverbal ability which comes from the report provided by the Educational Psychologist" (5).

> "A significant gap between their nonverbal and verbal ability" (33).

and this might be supplemented by a requirement for average non-verbal ability:

> "They have to have IQ in the average range" (9).

> "They have to be average or above average in nonverbal ability" (35).

Providing this information involved the educational psychologist:

> "The Educational psychologists pupil profile has to show that the child has average nonverbal and cognitive profile" (39).

c) Average academic ability

In addition to the requirement for average nonverbal ability, 7 interviewees also specified average academic skills. These were considered necessary to access mainstream classes.

> "Part of the provision is in mainstream so they have to be of good academic ability" (17).

> "The criteria for admissions includes that the pupils must be able to be integrated into mainstream and can access the curriculum" (23).

d) Exclusionary Criteria

Only four interviewees specified exclusionary criteria and these varied as the following examples demonstrate:

> "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" (6).
>
> "There should be no other problems other than those that are directly related to the language difficulties" (35).
>
> "The criteria states that there are no behaviour problems and no signing" (37).

e) A need for SLT

The need for SLT provision which was on site:

> "There must be a need for SLT on site, not just a program that can be delivered" (35).

or was intensive, was also mentioned:

> "The criteria states that they need intensive speech therapy" (43).
>
> "They need to have had 6 months SLT, which has not been affective, so they need further intensive therapy" (28)

f) Other

> "The criteria for admissions states that the pupils are on role at the school and they need social skills development as well" (23).
>
> "Also included in the criteria is that they have supportive parents" (35).

3.5.2.2 Establishment of the criteria

The majority of respondents (25) stated that an admissions panel decided the criteria. However there were some differences between those respondents who stated that they were involved in the decision making procedure (15) and those who stated that they were not (10). Also, 8 respondents stated that the criteria were established through assessments and 5 stated that they were decided on the advice of the SLT and/or the EP.

Table 80 How are the criteria established?

	N
Admissions panel	
-All professional groups	15
Admissions panel	
-LEA led	10
Assessments	8
Advice of SLT/EP	5

N=38

Categories

a) Admissions panel –All professional groups

The professional groups in this category included the unit teacher and/or the headteacher. 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" (5).

> "All the children will have been assessed by the EP and SLT and the admissions panel including myself and the headteacher will decide, the head will have the final say" (16).

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 agreement" (23).

> "There is an admissions panel with SLT, EP who report and with all the language unit teachers" (25).

However, even here the question of the 'final say' could be important:

> "We have an admissions panel, which includes an area SEN manager, school advisory teacher, School health, medical officer, the SLT and myself from the unit. I do have a voice and if there was disagreement then we would have the last say" (33).

even if practice rarely came to a conflict:

> "We have an admissions panel to decide things, which I am on myself, with other professionals, including the SLT, EP and representatives of other school units and LEA representatives. The main decision would lie with the Head, he could refuse to accept a child, but it rarely comes to that" (35).

b) Admissions panel –LEA led

This category included other professionals that were LEA based not the teacher/ headteacher of the language resource. Consequently, the teachers 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" (8).

> "I don't have a lot of say about the criteria and who comes, it can be very arbitrary how they are chosen, it is decided by the LEA" (17).

> "The placements are decided by the education officer, who is on advice from a range of professionals which include the EP, SLT and the OT" (21).

In these cases, an SLT may have an important voice, heard in different ways:

> "The LEA decides the criteria, with the SLT" (30).

> "We meet (the teacher and the SLT) to discuss the referrals, however someone in county makes the decisions from a panel" (32).

c) Assessments

Assessment information was important, with the SLT being a key person:

> "We use the 'Surrey profile', the SLT goes through each section to determine the child's score and if it is below a certain percentage, or if the child has a particular problem on an aspect the SLT sees important, then the child is accepted" (1).

> "The criteria are established through the tests that the SLT uses, they include the CELF, BPVS etc, we only use language assessments, no others" (9).

d) Advice of SLT and/or EP

The importance of the SLT is further shown in the following:

> "It mainly the SLT who makes the decision through her own observation and assessments" (11)

"It is the SLT who decides the criteria and she has the final say over who comes in and who leaves" (14)

"The criteria are mainly established by the SLT, and clinical judgement by the EP who would have worked with the child" (34)

"The SLT department will assess the child's needs and give the children a priority, the SLT has the most power in decision making with regard to admissions" (48).

3.5.2.3 Variation

There were 31 respondents who stated that there was no variation to the admissions criteria, and that this was mainly due to 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" (35).

"The panel was set up to get rid of any parental pressure or variation" (36)

The respondents who stated that there is some variation were asked what this would involve. There were two respondents who stated that parental pressure was a cause of some variation.

"There is some variation as (LEA 1) is a small county and near to (LEA 2) so there is some pressure from parents from the neighbouring borough to come to this unit as there may be places available" (1).

"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. However if we feel that a child needs a place in the unit, but does not quite fit the criteria and the EP says no, then we will pressure the LEA" (43).

There were five respondents who stated that diagnostic issues were the cause of variation in the admissions to the language resource.

"There is some variation from the LEA, sometimes we might get children with ASD" (5)

"Yes there is some variation we tend to be getting more children with MLD, rather than just speech and language" (25).

"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" (48).

3.5.3 Children with ASD

Children with ASD were accepted in 24 of the Units/resources, but not in 14.

Table 81 presents the means of differentiating provision to children with ASD. Some respondents stated more than one method of differentiation, the total number in Table 82 does not equal to 24.

Table 81 How are children with ASD differentiated from children with SSLD

	N
Individual programs	6
Child's language ability	10
Different levels of support	5
Social uses of language	3
No differentiation	3

N=24

Six interviewees explained that differentiation occurred by the individual programme.

> "It will depend on the individual child's program" (16)
>
> " It depends on what the difficulty is and it depends on the child, we have differentiation based in needs" (30)
>
> "They are differentiated through their individual program" (38)
>
> "Each child is differentiated from the others and has individual attention" (48)

However, the most common was to refer to differentiation by the child's language ability:

> "We deal with children with ASD as if they have a receptive language difficulty" (6)
>
> "They are differentiated by the nature of the speech and language problem. Our prime concern is their speech and language therapy is differentiated" (23)
>
> "We differentiate on the nature of their language difficulty as identified through the Surrey profile" (39)

Levels of support could also be higher for children with ASD

> "We differentiate them by having more 1:1 contact as possible" (32)

> "We build in extra support for children with ASD and use other LSAs in the mainstream classes" (38)

although the opposite could also occur:

> "Children with ASD get less support in the classroom, but they get social support at lunchtimes" (40).

Finally, children with ASD might receive a greater input on social skills training.

> "We spend time doing social uses of language" (8)

> "We have youth workers who come in and work with them and do social skills programs, it is mainly subtle differences" (35)

3.5.4 Basic data

Table 82 shows that the majority of resources/units made provision for 10 children, although the spread was wide.

Table 82 : Number of children

Number of children	N
8	5
10	12
11/12	8
16/17	6
20/21	7

N=38

The age ranges of pupils in the units/resources was typically either 4-7 years (14) or 4-11 years (15), with only four covering KS3 and 4 – Table 83.

Table 83 Age range of pupils

	N
4-7	14
4-11	15
4-9	2
7-11	3
11-16	4

N=38

In all cases the language units had up to 1, 1.5 or 2 teachers working full time and between 1 and 5 LSAs working full time (Table 84). The majority of language units (24) had 1 full time teacher and 1 full time assistant. In order to show the relationship between the number of teachers/assistants and the number of children in the resource, means were calculated. Not surprisingly it was found that there was a relationship between the greater number of children in the resource and the greater the number of teacher/assistants.

Table 84 Number and Mean of teachers/LSAs per child

	N units	Mean number of pupils
1 teacher/ 1-1.5 LSAs	24	10.8
1 teacher/2-5 LSAs	5	15.2
1.5 teachers/1-3 LSAs	3	14.3
2 teachers/ 2-4 LSAs	6	19

N=38

There were a variety of responses to the question regarding the number/proportion of speech and language therapists (Table 85). Seven language units provided one full time SLT. However the majority only had part time SLTs providing therapy between one and 3.5 days a week. Also there was one secondary language unit which did not have any speech and language therapy. Table 86 also shows the mean number of children in the resource per category of speech and language therapist.

Table 85 Number of SLT/ assistants

Number of SLTs and assistants	N	Mean number of pupils
1.5-1.6 SLTs	2	11.5
1 SLT full time	7	14
SLT 1-1.5 days a week	5	12.4
SLT 2-2.5 days a week	10	14.5
SLT 3-3.5 days a week	7	10
SLT 2-3 days a week + 1-4 days		14.3
SLT assistant	6	
No SLT	1	

N=38

The majority of the language units stated that there was one educational psychologist assigned to both the school and the language unit (25). There were only 10 language units who stated that they had their own EP and only 3 language units who stated that each individual child had their own EP.

Table 86 Educational Psychologist

	N
Assigned to school and unit	25
Assigned to unit only	10
Each individual child	3

N=38

There was dissatisfaction with the time available:

> "We have to ask to see the EP, but I feel we don't get to see her enough"
>
> "The EP goes into the whole school for 11 sessions a term and comes to the unit when we need them" (17).
>
> "The EP will only turn up when necessary" (30)
>
> "We have the same EP as the mainstream classes and we have to haggle for time" (43)

"The EP comes in once a fortnight is we request them. They tend to show up if there is a move on the cards" (47).

There were 20 language resources who stated that they could have access to occupational therapy when they requested and only 4 respondents who stated that they had regular OT.

Table 87 Occupational Therapist

	N
No OT	14
When requested	20
Regular OT	4

N=38

Lack of OT might reflect staff shortages:

"We had an OT but she left, we don't have another one yet" (9)

Access to OT on request may not be satisfactory:

"We have access to OT, but it isn't very often" (40)

Regular OT provision was received positively:

"The OT is good, they do 6 sessions a term for PE" (36)

Finally, interviewees were asked to comment on their access to counselling services. The majority of language resources interviewed did not have any access. Five language resources had counselling available however the parents had to request it themselves and it was organised through the LEA. Only 3 interviewees reported professionally trained counsellors on site, all in secondary schools.

Table 88 Counselling

	N
No access	27
When requested	3
LEA access to counselling only	5
Counselling available on site	3

N=38

"The school has a part-time counsellor and we have 2 part time youth workers" (40).

"We call the counsellor in when we need to" (34).

"There is access to a counselling service, which is from the LEA, the parents can contact them" (37)

3.5.5 Provision

3.5.5.1 Degree of integration into mainstream classes

It was found that there were a number of overall policies on the level of integration: 21 respondents stated that integration was based on the child's ability and 7 respondents stated that it was developmental and based on the child's age. There were 2 respondents who stated that it was based on both the child's ability and age.

Six respondents stated that all the children in the resource were fully integrated and they were only withdrawn for speech and language therapy, or for something that was specific to the individual child. Within the category 'other', one respondent stated that there was no integration into the mainstream class or it was very rare, the second respondent stated that all the children were being integrated for a set amount of time.

Note that 'integration' rather than 'inclusion' is used here.

Table 89 Overall policy of integration

	N
Based on child's ability	21
Based on age	7
Based on ability and age	2
fully integrated	6
Other	2

N=38

The majority of interviewees reported that degree of integration was based on child's ability:

"We integrate on a basis of how able the child is, if they are near to going back to their school then they go for more lessons" (1).

"It is based on the ability to integrate, there is no set formula it depends on how the child responds" (27)

The number who met this criteria could vary:

> "There are only 2 children who are being integrated into mainstream as these children can cope well" (9).

Alternatively, others based integration 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" (5).

> "We aim to increase the amount of hours they have in mainstream as they move up a year" (19).

while some interviewees reported both factors being used:

> "If we feel the child can cope then we start an integration program, but this is only for KS2" (49).

> "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" (23).

Six interviewees reported that their provision had full integration:

> "The language resource is based in the mainstream classroom" (11)

> "The children are fully integrated and we go and support them" (16)

> "the children are totally integrated, we have a lot of children with special needs in the whole school" (30)

> "They are considered as a mainstream child" (Secondary-35)

Some moderated their claim from 'full' to 'high'

> "There is a very high level of integration, for all lessons except modern language" (secondary-40)

or specified particular withdrawal strategies

> "Most children go into mainstream but are withdrawn for literacy and SLT group work" (8).

> "The children are mainly in class and withdrawn for SLT and if they need in small groups" (17).

"The children are fully integrated except for year 7 English which they dislike the writing they do, so we put more emphasis on reading" (20).

Only one of the 38 interviewees reported an essentially non-integrated approach:

"The children are rarely integrated, most work is done in the unit" (25)

The interviewees also commented on the curriculum areas or the set amounts of time for which the children were integrated - see Table 91.

Table 90 What is the level of integration?

	N
Integrated for set amounts/subjects	14
Integrated for social needs only	9
Depends on individual child	8

N=31

Fourteen reported integration for set subjects, or set amounts of time:

"In the morning they are in mainstream" (3)

"In the reception year they start with 3 afternoons a week as a foundation. In year 1 the children will go to mainstream for literacy hour and PE, as literacy is a structured time" (5)

"Inclusion is an integral part of the school, they stay in the unit for the first term. By year 2 all the time is in mainstream except that for maths they are there for 3 times a week instead of 5 time a week, as we spend longer on concept work" (33).

"They are in mainstream for 50% of the time and withdrawn for literacy and numeracy and any lesson that is specific to the child" (35).

Nine interviewees reported social integration only:

"The children tend to be integrated for mostly for PE, music and play sessions" (1).

"Each child is in a link class with their peers and they do everything involving non-academic things" (6).

"The children spend most of their time in the unit whatever their age, all the children are in mainstream for Friday afternoons which is mainly for play, art or games this is for social integration" (9).

"For all children they integrate for PE, music and playtimes, all the curriculum work is done in the unit" (25).

"The whole class will integrate at lunchtimes, circle time and assembly" (46).

"For PE the children are fully integrated and also for lunchtimes and non academic time" (49).

A further 8 teachers reported integration was child dependent:

"In reception we have 4 out of 7 who work only in the nursery and go out for lunch and playtimes. There is one child in year 1 and 2 children in year 2 who are at the foundation stage and don't integrate a lot. There is one child in year 1 and one in year 2 who are integrated for everything" (26).

"Integration is based on the individual child, there are 3 children in year 2 who are fully integrated, but some in year 1 who need additional support for things like art" (37).

"Integration ranges from one child who spends 12% of time in unit and one child who is in the unit for 85% of the time" (38).

"Every child has their own form class and register, but it depends on the child on the amount of integration, some have PE with their class, but some don't, there are some year 2 children who only have support for literacy" (43).

"Varies individually with each child, all children included one afternoon per week, in addition some children are included for some literacy and numeracy classes, or PE" (48).

In summary, all bar one of our interviewees reported integration to varying degrees. The variation in reasons for the approach taken is also of note.

3.5.5.2 What is the level of support in class?

In the majority of resources the assistant provided the support. In 10 resources both the assistant and the teacher provided support in class and there were 7 respondents who stated that when the children were in class they did not receive any additional support.

Table 91 Who provides support in class

	N
Assistant support only	20
Assistant and teacher support	10
No support	7

N=37

(One respondent stated that they did not integrate, the total numbers add to 37)

The lack of support could 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 lunchtimes, then they would be in a special school" (6).

Or to views on appropriate mainstream education

> "We wouldn't allow a child into mainstream if they needed support, a teacher or LSA would go will them initially but not help in the class" (14).

However, lack of resources could also be a factor:

> "They don't have support in class as we don't have enough staff, if they have a great deal of difficulty with a particular subject then they get withdrawn" (20).

The respondents were then questioned about the proportion or range of support that the children received. Table 92 does not include those respondents who stated that the children did not receive any additional support.

Table 92 Proportion/range of support

	N
Maths/Literacy	1
All curriculum based lessons	9
All/most time in mainstream	13
Depending on child's need	7

N=30

Only one interviewee reported 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" (1).

while nine reported support in all curriculum based lessons:

> "They go to mainstream with an LSA for support" (5).

> "Most children go into mainstream with support from assistants" (8).

> "There have 50% of time in class with support form the LSA" (35).

"The children are supported by myself and the assistants for every lesson except PE" (40)

The largest number reported support for all the time in mainstream:

"If they are in mainstream then 40% of the time is with additional assistant support" (3).

"As the children are in the mainstream class for most lessons, we all have to be there to check that they understand things" (11).

"When they are ready for integration an assistant goes with them, there is 1 assistant to 2 children" (32)

"We try to support he children as often as possible, the unit LSA does most support and the teacher tries to do some" (38).

"The level of integration is beneficial to the class teachers as the children form the resource have assistants who go with them and they can also help children who have difficulties in mainstream classes" (47).

Finally, seven reported support to be determined by need:

"There is one child who is uncommunicative who doesn't go to any lessons without an LSA, though there are some children who only have a small amount of support" (34).

3.5.5.3 Teacher and therapist working together

The majority of respondents stated that there were regular meetings, which involved planning – see Table 93.

Table 93 How do the teacher and therapist work together?

	N
Perform language work together	6
Perform class/curriculum work together	4
Meetings/planning	31
Share Resources	2
Don't work together	3
N/A (no SLT)	1

N=38

(Some respondents gave more than one answer to the above question, therefore the total is more than 38)

Six interviewees stated that collaboration between teacher and SLT focused on language

> "We will both work on vocabulary items together" (19)
>
> "We always work alongside each other and that involves me doing some therapy work with her" (33).
>
> "The SLT and teacher will work together on 1 session which will include the LSA, we will work together on particular therapy targets" (35).
>
> "Within the class there is a phonological awareness program which the teacher works on together with the SLT" (39).

However, some reported collaboration on curriculum rather than language tasks:

> "The SLT works in the classroom and takes maths, she works on things like concepts of time and space" (5).
>
> "The SLT also takes science" (8).
>
> "The SLT will take art and some literacy for the younger children" (16).

By far the most common form of collaboration, however, concerned planning, implying separate actions within a jointly agreed framework:

> "I work well with the SLT, we have half termly, IEP meetings, which involves identifying the main areas of attention for each child" (11).
>
> "We would meet with the SLT once a week and discuss individual children, we see her written plans and our plans are available to her if she wants to see them" (14).
>
> "I meet with the SLT every Friday afternoon for a planning session, we liase weekly in detail, were I can go to her for advice and I see her target programs" (17).

The planning could relate to the IEP:

> "The SLT and I work together for IEPs at the beginning of term, we meet once a week so we are aware of what happens" (23)
>
> "We work as a team, we work on IEPs together, work out timetables and are very much aware of what each other does" (37).

Others produced or shared resources:

> "We have joint meetings with the SLT and teaching staff we share resources, discuss clinical issues and also share training needs.
>
> "I collaborate with the SLT a lot, we produce a lot of things like worksheets that we share" (40).

Only 3 reported a lack of joint working, typically a result of disruption to a relationship:

> "We used to have an SLT that worked well with, but only have a locum and don't really collaborate with." (9)
>
> "The therapist has been off on long term sick leave, so she has not yet got to grips with what I'm teaching in the unit" (32).

The interviewees were then asked about how the Speech and Language therapist delivered the therapy – see Table 94.

Table 94 How does the therapist deliver the therapy?

	N
Direct-in class	**21**
Direct-Withdrawn	**17**
Indirect-program	**8**
N/A	**1**

N=38

(The respondents stated that there were more than one particular way to deliver therapy, most stated that they used a mixture of approaches, which would depend on the child's need)

There were 21 interviewees, the majority, who reported the SLT would deliver therapy 1:1, but in the classroom:

> "The SLT works with the children directly, but she does not take the children out of the class" (6).

This could be groupwork:

> "Everything is done in small groups, there isn't an emphasis on clinical work, we try to minimise 1:1 work" (33).

> "The SLT will work within class with small groups on areas with literacy as well as speech and language therapy" (39).

Seventeen reported direct work by the SLT, but outside the classroom:

> "The room that the unit is in, is very small so the therapist has to withdraw the children" (1).

> "The therapist withdraws the children and performs direct therapy with them" (9)

> "The children tend to be withdrawn for SLT for 1 hour, most of the time it is in small groups" (17).

One teacher noted a lack of awareness of what happened:

> "The children are withdrawn for therapy, I don't know what she does that much, it tends to be her who observes me" (49)

Only 8 teachers reported indirect therapeutic work by the speech and language therapist.

> "The SLT does the assessments and leaves work for me to do" (27).

> "The SLT will come and do assessments and myself and the LSA will discuss activities for a daily program, then either the LSA or teacher will implement" (21)

> "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" (35-secondary school).

3.5.5.4 Alternative/ augmentative communication

Only 11 interviewees stated that there was any method of alternative/augmentative methods of communication available to children within the resource. Those respondents, who stated that they did provide methods of alternative communication, included signing (4), symbols (3), and cued articulation (4).

3.5.5.5 Differentiation of the curriculum

Interviewees were questioned about how they attempted to differentiate the curriculum. As there were many answers to this particular question, responses have been categorised as follows:

The responses placed into the 'input' category are based on the pedagogy elements of the teaching strategies, e.g. visual/practical objects. These are all examples of how the teachers would arrange their strategies for differentiating the curriculum for children with SSLD. It was found that the majority of teacher's (23) would use this type of method – see Table 95.

The category of 'support' refers to either the organisational strategies for differentiation or the actual different levels of additional support. There were 6 respondents who stated they would use this method to differentiate the curriculum. The category of 'output' refers to the expectations the teachers have for these children, for example working below the child's chronological age level (11 respondents)

Table 95 Differentiate the curriculum

	N
Input	23
Support	6
Output	11
Based on child's need	5

N=38

(The respondents often gave more than one approach to differentiating the curriculum, with most stating that they used a mixture of approaches, therefore the numbers do not equal 38)

a) Input

Input differentiation had various forms, including vocabulary:

> "The main elements are vocabulary differentiated, we talk things through and check the level of understanding before they start" (8).

use of concrete materials:

> "We do this by providing real objects, modelling activities, picture prompts, breaking up tasks, simplifying things" (11).

and pedagogic variation:

> "Our method of differentiation is all down to planning before the lessons and to do things like change my questioning" (14).

Some used various methods:

> "We can provide this by providing examples of letters that are used in the speech program, or to provide resources for help with vocabulary, or we may do some pre-training" (17).

"We differentiate by starting with the national curriculum, using QCA schemes which are used in schools and adopt teaching approaches to meet needs, we look at vocab, and underline concept work that will be needed later on" (33).

"We use a multi-sensory approach, with visual cues and practical support" (39).

"There is a lot more stress on speaking and listening" 48).

b) Support

Support from an adult could aid differentiation:

"As it is difficult to do class things, so we tend to work in individual groups" (1).

"It is important to just be there to explain things and to check understanding (11).

"The support that is provided can be enough for some children, also for some children with Semantic/pragmatic difficulties it is harder to plan, we have to just be there with to realise what they don't understand" (17).

c) Output

However, some differentiated by expected outcome, modifying expectations and not being bound by age

"There are some children who are one year lower, they are kept back a year. We mainly differentiate by outcome rather than ability, the level of expectations" (5).

"We have 3 year groups but this is irrelevant as they are all assessed for academic work when they start, we base it on their own work level" (6).

"For literacy and numeracy lessons we work 2 years below chronological age" (29).

"There are 3 groups, nonverbal (those children with the most difficulty with speech), the comprehension/ receptive group and the mainstream group. These groups work to different targets" (9).

Modification to tasks could be used to focus on target skills:

"We tend to use scribes and write homework for them, there is much less written work, there is much less forward planning" (20).

"Those children in year 2 do low year 1 work and the reception children are working at the early stages of foundation" (32).

However, work could also be 'simplified'

> "The children are doing the same work, but are setted for English, maths and science, most are in the bottom set, they do the same work, just in a simplified way" (40).

d) Based on child's need

Finally, 5 teachers emphasised differentiation by child's needs:

> "All the children are differentiated through their IEP" (21).

> "Each child had their own IEP and individual plan, there may be 5 children at a table working on literacy and each will be focusing on their individual work, e.g. one child with final consonants, 1 child with t sounds'" (34).

> "The curriculum is changing all the time to meet the needs of the individual child, and we also have children in the top groups who don't need differentiation" (37).

3.5.6 Parental Involvement

Only one respondent stated that they would only see the parents on a formal basis, the majority of the respondents (26) stated that they would see the parents on both a formal and informal basis – see Table 96.

> "We don't get to see the parents very much, there is only parents evening and the annual review where we inform them on targets" (25)

Table 96 Parental involvement

	N
Meetings formal only	1
Meetings Informal and formal	26
Home-school books	12
Telephone calls	10
Workshops	2
Other	4

N=38

(In response to the above question, most respondents gave more than one answer, therefore the numbers in table 23 do not equal 38)

The majority used both formal and informal meetings:

> "The parents come to reviews and formal meetings and also come to informal meetings, not just at parents evenings, like they do at mainstream" (9).
>
> "We have termly meetings and meet parents to discuss their child's learning targets" (11).
>
> "The parents are invited to reviews and once a term we have an informal meeting and also coffee mornings for all the parents" (19).
>
> "We have the IEP discussion once a term, this is usually in term time, but as the parents live far away we arrange social evenings to discuss things, especially for new parents" (47).

Distance could be a problem, but some had addressed this:

> "Most of the children are bused in from a distance and it can be difficult to liase, for the whole school, every half term there is a formal parents evening, but the unit gets together informally for coffee mornings and talks about problems" (48).

Home –school books were found to be useful by a third of teachers:

> "We have home-school books, which records homework and also their therapy needs" (6).
>
> "We tend to communicate through the home-school books daily" (21).
>
> "We have a home-school contact book, in which we write notes and they can write to us" (37).

Telephone calls were also utilised:

> "As most parents live far away we tend to speak to them on the telephone" (16).
>
> "The children are taxied in so its difficult we will phone the parents instead" (27)

as were workshops:

> "Parents come into school for workshops and extra sessions about speech and language difficulties" (3).
>
> "We also have workshops and information afternoons to show the parents how to support the children at home" (11)

Hence, the interviewees reported a range of strategies to facilitate parental involvement and overcome the problems inherent in their unit, especially distance.

3.5.7 System Overall

For the final section, the interviewees were questioned about their view of the overall system for children with SSLD in their LEA. The responses were placed into either positive or negative views. Table 97 shows that 33 respondents stated a range of negative views of the LEA provision for children with SSLD about twice as many as those expressing positive views - Table 98.

Negative views

Table 97 Negative views of the overall system

	N
Gaps in provision	10
Lack of overall provision	8
Appropriateness of provision/ identification/ diagnosis	6
Inclusion	3
SLT/Health	3
CPD	2
Other	1

N=33

The highest number (n = 10) reported gaps in provision. This could be after KS1:

> "The children have nowhere to go after the age of 7 years, there is no junior provision" (1).

> "We have no provision beyond the age of 8, he children who need it are struggling" (5)

> "There is nothing from 8 years, there is no special schools and no unit provision, I do unpaid outreach work to the middle schools" (33).

or KS3 and 4

> "There are major gaps in provision, there aren't enough units, only about 4 or 5 and it takes 45 minutes to travel both ways for some children and there are no secondary schools" (8)

A similar number complained of an overall lack of provision:

> "This is the only facility available, there are two trained outreach teachers in mainstream and currently working on more" (1).
>
> "There is not enough provision, this is the only school who has this provision" (11).
>
> "I am also a SENCO for the whole school, and I see a lot of children in mainstream with SEN who are doing badly, but there are not enough staff to help them" (16).
>
> "There has been an increase in the number of children with SSLD, and there are only 3 units attached to schools, also there are only 3 EPs in this area and this is more limited than other areas" (17).
>
> "There is a lack of space, we have children in the mainstream who only come here because we have a unit, but they don't get a place because there is a lack of funding, this is due to inclusion in the wider sense" (38).
>
> "I am aware that there are many children in mainstream with needs similar to those in the language unit, so more outreach programs would be an advantage" (47).

The view that numbers of children with speech and language needs were increasing was also presented:

> "The numbers of children with language problems are growing in this LEA and it is difficult to cater for them" (48).

Others questioned appropriateness, whether provision:

> "We can have some overloading if there are children who are inappropriately placed, there are difficulties with children with emotional and behavioural difficulties who people think have language difficulties and they do not" (21).

complexity of needs,

> "The children's needs are increasingly harder to fit into one bracket, it is not just an SSLD unit there are many children with additional difficulties." (23)
>
> "In the unit now we have more children with complex needs, the children with only SSLD difficulties are in mainstream, however if these children had been in the unit they would be doing better now because they would have had help earlier" (43)

or possible mismatches:

> "It would work better if we didn't have children with MLD" (25).

Behaviour problems produced specific, if contradictory concerns:

> "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" (32).
>
> "In most cases the children are picked up by 4 years, but if there is a later pick up from mainstream they don't get much help. If the child isn't presenting with a behaviour difficulty, these children aren't a priority" (28).

Only 3 teachers specified inclusion, questioning its appropriateness:

> "Soon they are going to change the system to make it more inclusive, health are more for integration, however there are children with receptive language difficulties who are difficult to include" (26).
>
> "In other units there is more integration into mainstream and just use the resource for them to come into occasionally, this school is not set up in that way. I think the other schools work better that way, if there is integration the children have social role models" (32).
>
> "I like the idea of units as we can build up expertise, but with more inclusion these children will be dumped into classrooms with assistants with no expertise in anything and the teachers will become overloaded and it is not fair on the children" (36).

Lack of SLT support could be an issue:

> "There are few SLT as they don't have the staff" (25).
>
> "The most difficulty we have is with health and getting children some SLT support and also getting them support when they leave and go to college at 16" (35).

The style of work was also relevant:

> "I feel strongly about the SLT being educationally based and not clinic based there are a lot of problems in mainstream schools and parents can't or won't take the children to a clinic" (27).

Training needs were mentioned:

> "I don't feel that those member's of staff are not well supported there is a lack of training available" (32).
>
> "The unit staff tend to be overlooked in terms of training, there are a lot available for special schools and things get sent to the SENCO, but not the unit staff, there would be a use for the resources here" (47).

Finally, one teacher questioned the expertise of the EP:

> "One area of concern is the lack of expertise from the EP, they do not understand what the problems are, if the child does not present with an obvious speech problem" (9).

Table 98 shows that there were 17 respondents who stated some positive views about the provision for children with SSLD in their LEA.

These views had similar numbers of interviewees reporting each type.

Positive views

Table 98 Positive views of the overall system

	N
Overall Provision	3
Appropriateness of provision/ identification/ Diagnosis	3
SLT/Health	3
Inclusion/integration	5
CPD	2
Other	1

N=17

Improved provision was welcomed, with particular reference to I-CAN initiatives:

> "We have ICAN for pre-school provision and now a secondary placement, there has been a big improvement" (19).

> "There has been excellent work from pre-school with ICAN, the children are identified at 2-3 years and have referrals, then they have 6 weeks at ICAN provision and are tracked all the way through, we also have a secondary unit set up" (20)

> "We are very happy with the system as we have an established unit and we get what we ask for" (35).

The system could also be reported as operating appropriately:

> "I think the unit system is working well, as most children would get lost in the classroom and I can work at a slower rate that is not equal to the age group and working with 10 children not 30" (14).

> "With regard to the units, I think we give the children the help they need in a small class, they work better in small group situations" (25)

> "Admissions go well for the unit, as we know what the criteria are as they are well defined in LEA 1, the neighbouring boroughs are worse" (5)

Three teachers commented positively about SLT and health input:

> "Having the SLT in for 2 days a week, is good for planning, which is better than in mainstream when the children have their own therapist which is more difficult as they don't come in for meetings" (17).

> "We are fortunate with the SLTs, as they don't have any in mainstream" (30).

> "The health authority works well as they have early intervention from 5 years and upwards and they have support at secondary level" (40).

Similarly, five were positive about inclusion although they differed on their preferred models:

> "I agree with units as a lot children need role models for their language and for their behaviour" (8).

> "I'm glad that we do not have full integration with the mainstream part of the school, as I would no be able to control the curriculum" (9).

> "The unit works well because of the high level of inclusion, the children benefit from role models" (11).

> "The language units are good as it enables a high level of inclusion and equal access, with all the benefits of small group provision and adult-pupil ratio" (39).

> "I'm all for integration, they do better socially and are not isolated and looked as if they are different" (37).

Further training (CPD) was positively noted by some:

> "The CPD is good I went on a postgraduate diploma for SSLD the LEA is supportive, but you have to ask" (11).

> "We have access to training; some postgraduate, ASD local training and ICAN training" (20).

as were the responsiveness and interest of the LEA:

“The LEA are doing well they are always coming to discuss issues which are being reported back to the panel working on SEN. We have a special link person who are can ring up and discuss issues with” (23).

3.6 Interviews with other LEA schools and resources

3.6.1 ***Introduction***

3.6.1.1 The schools' pupils

Eight schools are covered in this category. These include 3 MLD, 1 MLD resource, 3 ASD resource and 1 school for children with general learning difficulties (GLD). A range of children were reported to be catered for within these three types of provision (see Table 99). The resources, which stated that they were for children with ASD, also included children with MLD, Severe Learning Difficulties and 'Social and Communication Difficulties':

> "Within this resource we only have children who have a diagnosis of ASD" (50).

> "This school caters for children with ASD, they have a main diagnosis of ASD and some have severe or moderate learning difficulties with ASD" (13).

> "This school is for children with 'social and communication difficulties" (46).

The schools/resources that stated that they were for MLD also included children with Specific Learning Difficulties and children with EBD. The school that stated it was primarily for children with GLD also included children with Severe Learning Difficulties and MLD.

> "The school is stated as for children with general learning difficulties, though includes severe and complex learning difficulties and children with MLD" (22).

Table 99 What children does your provision cater for?

		N
ASD		3
-ASD only	1	
-ASD and SLD/MLD	1	
-Social and communication difficulties	1	
MLD school/resources		4
-MLD only	2	
-MLD and specific learning difficulties	1	
-MLD and EBD	1	
General learning difficulties (including Severe LD and MLD)		1

N=8

3.6.1.2 Provision for children with SSLD

All the respondents except the GLD school stated that they made provision for children with SSLD. The respondent from the GLD school did not agree with the term SSLD, to describe the children for whom they made provision preferring a term of 'broad communication difficulties'.

> "The children do not have SSLD, they have broad communication difficulties" (22).

There were two respondents from the ASD resources who stated that they accepted children with SSLD, but that they would have a diagnosis of ASD as well:

> "The children here do include those with speech and/ or language difficulties, though they must also have a diagnosis of ASD as their prime need" (50).

With regard to the MLD schools/resources interviewees stated that there were children with SSLD or children receiving SLT, but these difficulties were additional to their prime need of MLD or EBD.

> "We are increasingly getting children with SSLD, though they must have either MLD or EBD as well" (2).

> "There are 7 children (out of a total of 9) who are at the moment who have been assessed as having additional speech and language difficulties" (29).

> "There are a lot of children with additional difficulties, this includes children with ASD and SSLD, it is difficult to say how many, but at least half of the children in the school will see the SLT at some point" (45).

> "A lot of the children will have some additional difficulties and this includes speech and language" (18).

3.6.1.3 What do you understand the term SLD to mean?

There were four specific answers to this question: 2 ASD resources and 2 MLD stated that they understood the term to mean a difficulty in either speech or language:

> "I would understand the term to mean that any child with either a speech or a language difficulty" (13-ASD).

> "This term would include children with speech difficulties, also those with language difficulties and if they needed SLT" (2-MLD).

One MLD and a GLD school stated that they understood the term to mean children specifically with phonological problems:

> "SSLD is the term that is used for children with speech difficulties, as in those children who have difficulties in producing particular sounds or blends" (22-GLD).

> "This term is for children with phonological difficulties rather than for children with word retrieval difficulties, or the receptive kind of difficulty" (29-MLD).

One MLD school stated that they thought SSLD was a child with speech and language difficulties only as their primary need:

> "Children with speech and language are no different from those with other communication difficulties" (46).

Finally an ASD resource that stated that SSLD was a communication difficulty:

> "I would think that children with SSLD are children with speech and language difficulties as their primary need, rather than those children who have speech and language difficulties as an additional need" (45).

3.6.1.3 Why do these children come to your school and no other?

All three ASD resources and 3 MLD schools stated that they came to this provision because there was a lack of available or suitable provision elsewhere within the area:

> "They come to this school as it is the only one for children with ASD in the area" (13).

> "The children come here because there is a lack of secondary language provision" (45-MLD).

> "They come to our school as it's the only one in the area, that is attached to a mainstream school, there is another special school, but that is for more severe problems" (46-ASD).

The GLD school stated that it was because the children had additional complex needs that would not fit into the language resource. Also a MLD resource stated that they would come to the school, as there was a speech and language therapy available to the resource:

> "The children come here because we have a SLT who comes in once every 3 weeks, the school has become traditional for accepting children with language difficulties" (29).

3.6.2 Criteria

3.6.2.1 Criteria used when considering new children

All the interviewees stated that the children had to be in receipt of a statement, or of a diagnosis in the case of the ASD resources:

"The criteria that are used is that the child is in receipt of a statement for ASD, SLD or MLD with ASD" (13).

"All children have a statement which is the entry criteria" (29-MLD).

One respondent from an ASD resource stated that the criteria involved an ability to integrate into the mainstream school, while one ASD resource and two MLD schools stated that the children had to fit into the environment of the school:

"The children must have a potential for integration" (46).

"The child has to come and spend a day here, to see if the child can be accepted by their peers and in this environment" (2-MLD).

"A part of the criteria is the ability to work well with the other children in the school and cope with school environment" (45-MLD).

"The children have to be toilet trained as the toilets are far away" (46-ASD).

Table 100 Admissions criteria

	ASD	MLD	GLD
Statement of difficulties	3	4	1
Integration	1		
Fit into environment of school	1	2	

N=8

(There was one respondent who stated more than one answers to the above question, therefore the totals equal more than 8).

3.6.2.2. Establishment of the criteria

All the MLD schools and one ASD resource stated that there was an admissions panel, which was LEA-led that decided the admissions criteria:

"We don't have much written criteria the children are chosen by the admissions panel.. the LEA decides" (18-MLD).

"The LEA has an admissions panel who will decide who comes in and out of the unit" (50).

The GLD school stated that there was an admissions panel, which involved the headteacher of the school:

> "The admissions panel decides, it involves the headteacher, EP and statementing officer" (22).

Table 101 How is the criteria established

	ASD	MLD	GLD
Admissions panel			
-LEA lead	1	3	
-All professionals			1
Assessments	2	1	

N=8

There were 2 ASD resources and one MLD resource that stated that the criteria were determined by assessments performed by relevant professionals:

> "The criteria is determined by the early year's health team, the assessments are performed at nursery age, they are assessed where they are on the continuum and appropriately placed" (13-ASD).

> "We have a group of criteria that is based on assessments by the SLT and the EP" (46-ASD).

3.6.2.3 Variation

Two ASD resources and three MLD schools stated that there was variation, the GLD school also stated some variation.

Table 102 Is there any variation?

	ASD	MLD	GLD
Yes	2	3	1
No	1	1	

N=8

The two respondents who stated that there was no variation said that this was because of the admissions panel making the decisions.

"There is no variation as assessments are done at an early age with advise from relevant professionals and I don't have a say who comes to the school" (13-ASD).

"There is no real variation, as the admissions panel with come to a decision together" (18-MLD).

The respondents who stated that there were variation (6) stated that this was either a child was given a placement who did not yet have a statement (1) or children with additional difficulties who did not fit the criteria.

a) Child not on a statement

"We have some children on assessment places, which are 12 week places, if the child does not have a statement or if we are not sure if it the most appropriate placement" (2)

b) Additional children

"Yes we do have some variation, can sometimes get children with ASD, though it is infrequent" (22-GLD).

"There is sometimes children we get who do not fit in with the MLD assessments" (29-MLD).

"There are variations, some children come here through default, for example we now have children with hearing difficulties and some with physical difficulties" (45-MLD).

"It has happened that to avoid an appeal the LEA has pressured the school to take a child who we wouldn't have normally, though this is because we are oversubscribed and it is difficult to choose" (46-ASD).

3.6.3. Children with ASD

The interviewees, except those in ASD provision, were asked whether their provision catered for those children with ASD. Two MLD schools did not take children with ASD, while two schools did. The GLD school also catered for children with ASD.

Interviewees were then asked whether they differentiated provision for children with ASD – Table 103.

Table 103 How do differentiate between ASD and SSLD

	ASD	MLD	GLD
No differentiation	3		1
Individual ability		1	
social uses of language		1	

N=6

Those who did not differentiate provision explained that these children had common needs:

> "The children with SSLD and ASD are not differentiated as they are all children with social and communication problems with individual needs" (46)

> "We don't differentiate between the children with ASD and SSLD as they are all on the continuum" (13).

> "As all the children have a diagnosis of ASD, we don't see the children are qualitatively different" (50).

> "We don't differentiate between the children as they all have encompassing language difficulties" (22-GLD)

However, in one case where there was a single child differentiation did occur:

> "There is only one child with an autistic tendency, and this child is differentiated by their IEP" (29).

While another MLD provision highlighted specific needs of children with ASD:

> "The children with ASD are flagged by the SEN co-ordinator and they focus more on the social uses of communication in therapy and in the classroom, however because of their difficulties in behaviour they are becoming more of a priority than the children with SSLD" (45).

3.6.4. Basic data

In this section the respondent was asked about the number of children, the age range, the number of teachers, assistants and SLT time available for the children within the provision. Table 104 shows the relevant information for the ASD and MLD resources.

Table 104 Basic data: Resources

Type of unit	Numbers	Age	Teachers/ assistants	SLT
ASD	8	4-8	1 teacher 2 LSAs	1 ½ days a week
	10	7-11	1 teacher 1.5 LSA	2 days a week
	35	4-16	9 Teachers/15 LSA	2 FT SLTs
MLD	9	7-11	2 Teachers	once every 3 weeks

Table 105 shows the basic data for MLD and GLD schools within the sample, where the respondents were unable to state the number of teacher/ assistants they gave the adult, child ratio.

Table 105 Basic data: Schools

Type of school	Numbers	Age	Teachers/ assistants	SLT
MLD	160	4-16	19 teachers, 19 LSAs	4 days a week
	250	4-17	1:5 child/adult ratio	2 FT SLTs
	150	4-16	17 teachers, 25 LSAs	1 ft SLT
GLD	130	5-11	1:3 child/adult ratio	2 SLT assistants

The respondents were also asked about whether there was an EP assigned to the school, whether the children received occupational therapy and if they had access to counselling. Table 106 shows that only one ASD resource (the one with 35 children) had an EP assigned to the resource; this unit also had access to a counsellor in the form of a teacher who had trained. All the resources had access to occupational therapy only on request.

Table 106 EP/OT counselling information- Resources

	EP	OT	Counselling
ASD	Assigned to school	Request	No
	Assigned to school	Request	No
	Assigned to unit	Request	Yes
MLD	Assigned to school	Request	No

Table 107 shows that the all the MLD and the GLD provision had an EP assigned to the school. The three MLD schools all had access to regular occupational therapy and the GLD had access

through request. With regard to counselling the three MLD school had trained counsellors on site or teachers who were trained (all the MLD school were between 4-16 years), the GLD school could only refer parents to independent counselling through the LEA.

Table 107 EP/OT/Counselling information-Schools

	EP	OT	Counselling
MLD	Assigned to school	Yes	Yes
	Assigned to school	Yes	Yes
	Assigned to school	Yes	Yes
GLD	Assigned to school	Requested	LEA only

3.6.5 Provision

3.6.5.1 Degree of inclusion with mainstream schools?

All four schools had some level of integration with other mainstream schools:

> "There are 17 children who are included into mainstream in their local schools and all of these children are in KS3 and 4" (2)
>
> "There is some integration with local schools, this is for the social link, there are some children in the top ability range who will be going through the transition stage" (22-GLD).
>
> "There are children who will integrate into local schools, these are the older more higher achieving children" (18).
>
> "There are means to integration some children will go back to their primary schools however the local school is a high achieving one and we have to be careful of those children that we choose. Some of the senior children will to go to a local college" (45).

The respondents of the four ASD/MLD resources were also asked about their level of integration with the mainstream classes:

> " The children are fully integrated, they are only withdrawn for SLT or for small group work" (13)

One ASD resource was fully integrated and one ASD resource was only integrated for social time:

> "The children are integrated for lunchtime, circle time and assembly" (46).

It was also found that one MLD and one ASD resource integrated for a certain proportion of time:

> "The children are taken out class for literacy and numeracy" (29).

> "They are all in the mainstream for about 50% of the time, mostly afternoons" (50).

3.6.5.2 Support while in mainstream classes

Only one of the four special schools was able to state that the children definitely received some form of support while in the mainstream class:

> "Only one child has support from this school, all the others will have support/ or not from their local support" (2).

It was found that for the three resources who stated that the children had some level of integration for curriculum subjects they also had support for these lessons. In the case where children would only be integrated for social time, they did not receive support.

> "There is a lot of support in the class for the children from the resource" (50).

> "There is some assistant support for the children when they are in the mainstream classes" (29).

3.6.5.3 Teacher and therapist working together

The respondents were asked how the therapist delivered the therapy and it was found that one MLD and the one GLD school delivered SLT in a direct way within the class:

> "There is therapy that is delivered within the classroom, in small groups by all teaching staff, we are attempting to reduce the amount of withdrawal" (22).

> "The therapist will work with the teachers in the classroom for the therapy" (18)

The majority of schools and resources delivered direct therapy through withdrawal of the children:

> "The therapist will withdraw the children either individually or in small groups" (13).

> "We have a new therapist, who withdraws the children, we do have difficulties in keeping our SLTs, we did not have one for 18 months, so it's difficult to collaborate" (46).

and also provided an indirect therapy programme (Table 109):

> "There will also be a mixture of work in small groups from the assistants"(2).

"We have SLT assistants who work with the children on a frequent basis as the SLT's do not have the time to perform their own therapy" (45).

Table 108 SLT Delivery

	Schools MLD	GLD	Resource-ASD	MLD
Direct-In class	1	1		
Direct-Withdrawn	2		2	1
Indirect-Program	2	1	1	1

N=8

(The numbers in the table add to more than the total, as the respondents stated more than one response)

3.6.5.4 Alternative/augmentative communication

Six interviewees reported the use of alternative methods of communication. While one ASD resource and one MLD school did not use alternative communication. Two ASD resources and 1 MLD resource used symbols, which involved visual timetables etc. There was also one MLD school and one GLD school who used sign language which was BSL or Makaton. Also there was one MLD school who stated that 2 children used communication aids (See Table 110).

Table 110 Alternative communication

	ASD	MLD	GLD
Sign language		1	1
Symbols	2	1	
Communication aids		1	

N=6

3.6.5.5. Differentiation

The respondents were asked about how they differentiated the curriculum in relation to children with SSLD. It was found that 1 MLD school and 1 GLD school differentiated with regard to input strategies:

"We will continue our own agenda's but focus more on the communication aspects within the classroom" (22-GLD).

"There is an increased use of visual or practical methods within the classroom and change of questioning by the teachers" (45).

One ASD resource differentiated with regard to levels of support and one ASD resource used extra resources as a method of differentiation:

"We start the lesson together then each child goes into a group for their particular age and ability with the people who support them" (46)

"All the children have access to the national curriculum, we each have team teaching packs and use extra resources" (13)

There was one ASD resource and one MLD resource that focused on output methods:

"For literacy and numeracy the children tend to work 2 years below their chronological age" (29).

"The children are differentiated by the fact that we will expect them to do only what they can, which means they are working below their chronological age" (50).

The GLD school and one MLD school stated that it was dependent on the child and their abilities and need:

"The whole curriculum is differentiated and based on what is appropriate for the individual child" (22).

There was one respondent who was unable to answer specifically for children with SSLD

Table 110 Differentiation of the curriculum

	ASD	MLD	GLD
Input		1	1
Support	1		
Extra resources	1		
Output	1	1	
Based on child's need		1	1
Dk		1	

N=8

3.6.6. Parental Involvement

Interviewees from both the ASD and MLD resources reported involving parents in meetings, home-school books and telephone calls. The respondents from the MLD and GLD schools involved parents, in addition to the above aspects, with additional resources.

Table 111 Parental involvement

	Resources	Schools
Meetings informal and formal	3	2
Home-school books	1	2
Telephone calls	1	1
Other		2

N=8

a) Meetings informal and formal

"The parents come to reviews and once a term they come in more informally to discuss targets" (2).

"The parents come in for IEPs, annual review and open evenings and also just for a chat" (13).

"The parents come to reviews and also to informal coffee mornings" (46).

"The parents come in to see the SLT formally and informally also their class teacher for parents evenings" (45).

b) Home-school books

"Parents have home-school books" (22)

"There is a home-school diary" (13)

c) Telephone calls

"The parents are involved, though as they live far away we tend to ring them more than we would see them" (29).

d) Other

> "There is a therapy week, when the parents can come in and speak to the SLT and can be clear about the aims, we also give the parents copies of topics that we cover in class and extra resources to help their child" (22).

3.6.7 Overall System

In this section respondents were asked about their view of the overall system for their LEA. Only one ASD resource stated a positive aspect of the overall system with regard to inclusion:

> "We have a model which should be widely used, the children are well integrated" (46)

The majority of the respondents questioned the overall system, stating negative views. One ASD resource and the GLD school stated aspects concerning inclusion as a negative issue:

> "If there is to be more inclusion, then they have to get the curriculum right so the children can access it better, the therapy in the future should be about getting the whole environment right to support it" (22).

> "The mainstream site has become more isolated with the inclusion agenda, there are higher levels of ability within ASD, but we are soon to be amalgamated with a special school for children with severe LD, as this mainstream school does not want the unit anymore" (50)

One MLD school stated that there was a lack of SLT provision:

> "Overall the SLT are in short supply, it is good that we get access to a therapist as many other special schools do not" (18).

The GLD school also stated that there was a lack of training available to staff:

> "There is often patchy training, we have our own particular needs and have to do inservice training, we have good expertise, but it is becoming increasingly difficult to get good quality training for SEN" (22).

One ASD resource and 2 MLD schools stated that there were identification difficulties:

> "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" (2).

> "I do wish that the children are picked up earlier, its not the teachers fault, if they come to me and say that this child does not understand a thing as they can't access the curriculum, there needs to be more early intervention" (29).

One MLD stated there was an increase in numbers:

> "It is difficult for the SLT to cope with caseloads, and it is increasingly harder to make effective use of the resources with so many children and the SLT has to prioritise more" (45).

And an ASD resource stating that there were gaps in provision:

> "The system does not continue the provision into the middle ages, there is just no support" (46).

Table 112 Negative views of the overall system

	ASD	MLD	GLD
Inclusion	1		1
SLT		1	
Training			1
Identification/diagnosis	1	2	
Increase in numbers		1	
Gaps in provision	1		

N=7

3.7 Interviews with special language schools

3.7.1 Introduction

Interviews were held with heads or principals of ten special language schools

3.7.1.1 The schools' pupils

When asked about criteria for entry, each school gave further details relating to the exact nature of the pupils difficulties or exclusionary criteria. The purpose of this question however, was to give an overview of the type of school and population. Nine schools stated their pupils have average or above non-verbal ability and only one school took pupils with below average range ability, however the head stated that the pupils had speech and language difficulties as their primary need. The answers given by this school are given separately in subsequent analysis of the data, coded (10) and presented in italics.

The variations within the majority group are evident from the following. One head described the intake as follows:

> "Children whose primary difficulty is speech and language, children with specific and severe speech and or language disorder. Limited verbal ability, but nonverbal thought to be in the average range- probably more below than above here. Comprehension, expression, meaning and use." (2)

Flexibility was noted by one head:

> "Young people with speech and language impairment and non verbal ability around average to just below, with some exceptions". (7)

while others reported a wider population:

> "Children with speech and language and communication difficulties. Includes some with Asperger's/ASD. Use to say average non verbal but don't state that now- it is a minefield and is confusing to parents". (8)

> "Speech and language disorders and a variety of communication impairments such as autism and dyslexia. Our brochure sums it up "oral and written communication impairments" (1)

In most cases the children were expected to have average non-verbal ability, but one school reported a variation:

> *"Children with speech and language difficulties is our official DfEE approval. But recently an increase in number of children on the autistic spectrum. We take directly from the primary so we do not always have much say. 30% are not primary speech and*

language. Most children with in the MLD range, but some at top end of MLD and one in SLD range". (10)

3.7.1.2 Provision for children with ASD

All heads said that they did take pupils with ASD. They qualified this answer with further information. Some stressed that speech and language difficulties should be the primary problem, and ASD characteristics should be mild:

> "Not as primary features, but do have a number of children who display some features. But not here if diagnosis of ASD as primary difficulty. Have had 2 children who have been moved- initially looked like language difficulties but more Asperger's …changed provision". (2)

> "And Asperger's. But the main difficulty is speech and language disorder-only just into the autistic spectrum". (3)

> "If speech and language also and is primary. We have 'some with high level autistic learning approach' (4)

> "But mild. Not if need specialist help for autistic disorder, but if have autistic features which can be addressed in this environment – may be eligible. Works on an individual basis. Need to know if can meet the needs- labels can be unhelpful, we are not hampered by them. (Also, no. of children with these difficulties within a class group may be a factor)". (6)

The complexity was further revealed in a variety of comments:

> "The umbrella's widened now- this (SSLD) doesn't describe the children we have. The old fashioned speech and language disordered child is now in mainstream". (1)

> "ASD is the communication bit. Children with ASD will have language difficulties. Some children (at DHS) do have needs which fall into the Autistic spectrum. Whether we take depends on whether or not needs can be met". (5)

> "Grey area. Could say that all children here have got pragmatic language disorder". (7)

> "Not if behaviour is main component. We are not set up for challenging behaviour". (8)

> "With language difficulties- although these may not show up on the CELF" (9)

The 3 LEA maintained schools were also asked why children came to them rather than other schools. Again, a mixed picture was revealed:

> "No day language units in the immediate area".

"Usually distressed in mainstream (receptive and social communication difficulties have most problems)"

"We now have more severe speech/language/ communication difficulties who language units think they can't cope with". (1)

3.7.1.3 What do you understand the term SSLD to mean?

The heads were asked for their understanding of SSLD, or their preferred term if it was different. Six provided explanations, sometimes relating SSLD to specific language impairment (SLI)

"Severe specific speech and language disorder: limited verbal ability- a discrepancy with their non-verbal ability". (2)

"Speech and language disorder : Non verbal IQ within norms, although could be low average as some of the non verbal tests have a verbal component, and verbal is very much astray of that. Speech and language disorder rather than delayed- peaks and troughs, can do some language skills well and not have underpinning skills". (3)

"SLI: children whose significant difficulties in understanding or expressive skills are not attributable to any explanation. Non verbal is age appropriate" (4)

"SSLD- specific- to specify it is not an intellectual impairment, it's language". (6)

"Speech and language impairment or disability- interchange these terms:
Specific difficulty with communication, fairly spikey profiles. Significant difficulty and disability to understand or use language for learning". (7)

"SLI- Specific language impairment in absence of any other more social communication difficulty" (9)

However, others argued against the use of such terms:

"SSLD- can't really give a meaning without writing a book! The umbrella's widened now- this doesn't describe the children we have. The old fashioned speech and language disordered child is now in mainstream". (1)

"Don't use terms SSLD or SLI or any other similar" (5)

"Don't really use the term specific/ SSLD or SLI" (8)

"Not applicable"? (MLD range) (10)

3.7.2 Criteria

3.7.2.1. Criteria used when considering new children

Table 113 Criteria for considering new children

Criteria mentioned	Total	MLD school (id 10)
Primary speech & language & communication difficulties	9	Y
Non verbal – verbal discrepancy	7	
Environment	4	
Exclusionary criteria	2	Y
LEA referral	2	

N=10

All schools specified primary speech and language and communication difficulty as a criteria for admission to the school:

> "Speech and language problems are significant and not caused by any other explanation". (4)
>
> "Significant speech/language/ communication difficulties" (8)
>
> "Language processing difficulties. Some pragmatic /social communication as well". (9)

The MLD school emphasised the need for SLT input:

> *"Need some speech therapy input- is their prime difficulty or most significant factor in their learning difficulties" (10)*

Seven schools required non-verbal ability within the average range:

> "If didn't have speech or language difficulties would be in average range, so quite patchy profile". (1)
> "non verbal in average range though could be low average as some non verbal tests have a verbal component" (3)
>
> "Non verbal in mainstream range" (4)

"Intellectual ability to follow modified mainstream curriculum" (6)

"Cognitive ability in mainstream population range" (8)

"Average range intelligence- ish!, ie must be some evidence that some non verbal skill in average" (9)

while one also mentioned a discrepancy:

"Discrepancy between verbal and non verbal"(2)

The ability to benefit from the environment provided was also important:

"Not making adequate progress in mainstream or it is apparent from the beginning that they would not". (1)

"Look at each individual case- as an individual- whether we can meet the child's needs". (5)

"Shy away from definite cut off points. Look at how functioning in this setting". (7)

"Benefit from our structured, multisensory, multi- disciplinary environment" (9)

Only two specified exclusionary criteria:

"Can't have associated hearing problems- not as a primary difficulty" (6)

"Mental health issue- if emotional and behavioural profile- if feel this component is predominant we may suggest this is not the right place. Some do have secondary EBD".(8)

Although the MLD school also referred to this factor:

"Not if behaviour is primary" (10)

Finally, an LEA referral was a requirement mentioned specifically by two, including a hint of change and threat:

"Must be referred by LEA- so must be statemented. But going to change. LEA are trying to reduce the number of statements, and result of new code of practice- must have criteria for statementing. (LEA) are making the criteria very strict, as a consequence we may not get referrals. Think that they are going to need to get 1st percentile across the board, but I have not accessed the speech and language criteria yet". (1)

"Statement of speech and language disorder. The LEA decide- we are involved" (3)

Finally, complexity is further indicated by the MLD school:

"Difficult to answer, we have newly devised criteria- about 1 ½ pages long" (10)

3.7.2.2 Establishment of the criteria

Table 114 Methods of establishing criteria

School	External assessment	Internal assessment	Environment	Other
1	Y			
2	Y			
3	Y			
4	Y	Y		
5		Y	Y	
6	Y	Y	Y	Y
7	Y		Y	
8		Y	Y	
9	Y	Y	Y	
10	Y	Y		Y
Total /9	7	5	5	1
Total /1 MLD school	1	1		1

Table 114 presents a matrix of methods of establishing whether the criteria have been met. In this and subsequent tables presenting such matrices, the MLD school is presented separately. The use of a matrix highlights the variation in practice that was identified.

External assessment involved formal and informal assessments carried out and reports written by the LEA's E.P. and by an SLT. Assessment could also include formal and informal approaches carried out by school staff including: SLT, Teacher, EP, Occupational Therapist (OT), Care staff.

Observation of the child in the environment, to see how the child responds/whether can access the curriculum, was also used, and one school occasionally visited the child's school. However, the MLD school had little choice:

"We take directly from our primary school so not always much say"(10)

3.7.2.3 Variation

Table 115 What other factors lead to variation?

School	None	Other SEN	Level ASD	Parent	Other
1				Y	Y
2	None				
3		Y			
4		Y			Y
5					Y
6			Y		
7		Y	Y	Y	
8	None				
9	None				
10	None				
Total / 9	3	3	2	2	3
Total /1 MLD school	1				

Variation in practice could result from a range of factors including the child's other SEN and the balance between speech and language and other SEN:

> "Sometimes behaviour is very challenging- have to consider this" (3)
>
> "Impact of additional SEN and balance between additional SEN and speech and language. Do have children with hearing impairment, autistic features, behaviour difficulties, mild fine/ gross motor". (4)
>
> 'Weight' needs to be more speech and language - what support from LEA for placement" (4)

Level of ASD could also be relevant, with a reluctance to accept if this was severe.

> "Some associated difficulties e.g. behaviour, may be outside our level of expertise".
>
> "ASD may be difficult to make a decision, or high level learning difficulty- whether our environment will help". (6)
>
> "As we are on an island- there is the added difficulty of travel for parents". (6)

Parental factors, whether appeals or difficulty with travel, were also relevant. Also, 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" (5)

Finally, some Heads responses suggested that the question regarding the definition of SSLD or similar label was not relevant. Some schools mentioned how the child responded in the environment as part of the entry considerations, and that diagnosis may be less relevant.

3.7.3 Basic data

Table 116 Number of pupils, age range and no. of staff (F.T.E) or consultant basis

School	No of pupils	Ages	T	LSA	SLT	SLT -A	OT	EP	Counsellor
1	45	5-11 P	6	9	2.5				N
2	37	4-11 P	5	5	3				N
3	78	5-16 PS	10	11	2.2	1	0.01	Y, little	Y
4	29	4-11 P	5	4	3	1	0.2	on req	Y 0.5?
5	82	6-16 PS	14.5	9	10	2	1	Consl	No *
6	86	7-16 PS	12	6	11	1	1	Consl*	0.1
7	74	7-19 PSF	11.5	6	8	0	0.5	None	0.05
8	130	5-19 PSF	23	15	19	0	2	0.5	Y Consl
9	100	3-12 PrP	10	15 does SLTt oo	7.5	0	0.6	None	No
10	*38*	*11-16 PS*	*6.2*	*3.33*	*2*	*0*	*occas*	*None*	*1.0*

Pr =preschool
P= primary
S= secondary
F= further education
on req = on request
consl =consultant * 4hrs/ month
occas = occasional

Table 116 presents the provision within each school, again indicating the variation and complexity. This is revealed more fully from a more fine-ground analysis. For example, in school 8 some curriculum areas (PSE, careers) are the full responsibility of SLT dept so there are fewer teachers. In school 9 learning support assistants (LSAs) do work for both SLTs and teachers.

Other staff are also available in some schools as these quotations indicate:

> "If boarding has care worker" (1)
>
> "Consultant Paediatrician, Care staff" (4)
>
> "Learning Mentor= like LSA but specific focus on specific children in relation to IEPs, Care staff- 16 (5)
>
> "Consultant Psychiatrist, IT Technician support for staff and kids" (6)
>
> "1 O.T. assistant, 50 residential staff" (8)
>
> "Physiotherapist 0.6, Music Therapy0.6, Additional Full time literacy support" (9)

Some schools have a counsellor, who could be a member of staff with one of several backgrounds, including a family support worker, SLT-Counsellor or psychotherapist. Alternatively, support might be provided by the child and adolescent mental health service (CAMS)

The majority of schools noted a lack of time available from outside support staff.

> "Need – more E.P. support- it is very sparse, need social worker support-home school liaison officer" (1)
>
> "Note re O.T., E.P. and counselling- some children get if lucky"! (2)
>
> "Re OT Not enough, as a lot of children are dyspraxic here, but don't get OT past the age of 7yrs. Majority of our children would benefit" (3)
>
> "Re E.P. : not enough, get specified number of sessions a year" (3)
>
> *"O.T.- not regular or part of school, some but difficult to access" (10)*

3.7.4 Provision

3.7.4.1 Degree of inclusion

Table 117 Types of integration and inclusion.

	Curric exam/subj	Curric inclusion	Social	Other
1	Y	Y		Y
2		Y	Y	
3	Y 1 pupil			Y
4			Y	
5	Y	Y		
6	Y		Y	Y
7	Y			
8	Y	Y	Y	
9		Y	Y	
10				
Total/9	6	5	5	3
Total MLD /1	0	0	0	0

Table 117 reveals the range of approaches to integration and inclusion. This could be by curriculum/examination subject where pupils join mainstream for specific subjects or for exam purposes:

> "Those that can access some subjects in mainstream do so". (1)
>
> "Last year one girl went to local mainstream for GCSE" (5)
>
> "1 child for music, 1 child for maths with a view to GCSEs, PE in the past" (6)
>
> "3 pupils at local middle for PE/ games. 1 pupil at the local high school for Art GCSE. 9 FE pupils part time attendance at local college". (7)
>
> "2 schools, some do external GCSEs there" (8)

Schools adopted a developmental approach to inclusion, where they were looking to move children back to mainstream:

> "Children who working towards inclusion- gradually build up". (1)

"If think a child is going to move back to mainstream then begin to integrate. Currently 9 pupils, 4 of which are Y6. All Y6 have to, since they all have to go to mainstream secondary". (2)

"Have had the approach that when consider transfer to mainstream, the pupil goes to the local primary or secondary for 1 day and progressively build up to transfer". (5)

"2 schools…..others go part time with a view to look at how viable a move to mainstream in the future, working towards mainstream e.g. one child goes 4 days. 4 different FE colleges on an independent or supported basis about 1 day a week"(8)

"Any child who the authority feel should go to local primary for ½ day or 1 day a week. currently only 2 children, 2 more after ½ term". (9)

Some inclusion was primarily social:

"Social events and clubs in the local community e.g. Brownies. Local mainstream come to our football club" (4)

"Sports events –a regional set up, regular events. Have link local primary school- have lunch there, visit there etc" (8)

"Sports matches" (9)

3.7.4.2 Difficulties with inclusion

Some Heads described difficulties with developing inclusion because the special school did not belong to the LEA, or because the local school had not mainstream schools, and one mentioned:

"But the issue of our children to the local mainstream is complicated- we do not belong to the LEA". (4)

The difficulties involved in developing links with local schools could be substantial:

"Relatively low key because 83 pupils can't go to local comp"! (6)

"Has taken 2 years of negotiating with local high school to get one child to go for one 45 minute PE lesson. Child has no role model here. We have 10 children potentially to return to mainstream but it is incredibly difficult with the local schools- not all, but some. These children are no longer disordered and cognitively at mainstream level- so will be destatmented. But it is a struggle to get destatemented back to mainstream- too many colleagues in mainstream think that a statement is for life. Schools say they are full.

Some others should be placed back in mainstream if the situation were right but it is not. I have arranged a meeting with the LEA to discuss this".(3)

Some heads also questioned a model of 'mixed placement":

"I have mixed feelings about this- going to primary for 1 day a week- they miss out". (9)

3.7.4.3 Teachers, SLTs and LSAs working together

Table 118 Type of SLT input and amount of time spent working in this way

School	Indirect	Direct Class	Direct Withdrawal
1	Y	Y Most	Y
2	Y	Y Most	Y
3	Y	Y	Y
4	Y	Y	Y
5	Y	Y Most.	Y
6	Y	Y	Y
7	Y	Y	Y
8	Y	Y Most	Y
9	Y	Y	Y
10	*Y*	*Y*	*Y*
Total /9	9	9	9
Total /1	1	1	1

Y = Yes (unspecified amount)
Y Most = the majority of SLT direct work

Table 118 provides information on the input of SLTs, indicating whether this is indirect, direct within the class, or direct by withdrawal. Indirect work was characterised by joint planning, discussion and work on IEPs collaboratively with teachers and LDSs. All comments were related to meetings for planning lessons and targets, not about the leaving of work/ programmes

"Joint planning all day and care worker too". (1)

"SLT, nursery nurse and SLT plan together ½ a day every term. Separate SLT targets and some in IEP also". (2)

"SLT and T joint planning for English and PSE". (6)

"Joint target setting in and out of curriculum time". (6)

"SLTs allocated individual subject responsibilities" (6)

"In secondary, nominated SLT per class- goes round with group from lesson to lesson. But time for joint planning is limited because so many teachers. So more involvement in some subjects e.g. English and PSE etc" (8)

"SLT T and LSA have high level of meetings and informal contact". (9)

"Plenty of consultancy goes on e.g language meetings between English specialist, class T and SLT – they discuss each child". (10)

Direct working in class comprised either joint delivery with the teacher, or the SLT taking the lead.

"Lot of joint work with teacher. Good team work" (1)

"… in class for social language groups, the rest is withdrawal" (3)

"SLT works through the curriculum for the majority of work. SLT targets where identified through the curriculum. SLT works in class alongside Teacher or leading session". (5)

"Each class group has a core team- Teacher, LSA, SLT and care staff involved in delivery of the pastoral curriculum- last period is social communication, study skills, careers, life skills, health and social. SLT works *through* the curriculum for the majority of work". (5)

Where the SLT worked on direct work through withdrawal of the child:

"If need one to one withdrawal they do get it (……. but mainly in class)" (2)

"… in class for social language groups, the rest is withdrawal" (3)

A mixture of inputs was common:

"Direct and indirect depending on needs of the child. SLT, Teacher and LSA plan, deliver and evaluate together". (4)

"Very little just consultancy, either joint plan or joint deliver or SLT withdraw. SLT input for vocabulary for specialised curriculum subjects, in class and in SLT sessions".(6)

"On average child has 60% timetable supported in class by SLTs, 2 group sessions delivered by SLT, 1 long or several short withdrawn sessions". (7)

"Varies if primary, secondary or 16+, different parts of the curriculum. Each class has Teacher SLT LSA team, joint planning and teaching. SLT leads significant number of lessons, (and OT)". (8)

Finally, one head made an interesting observation about joint training:

"I think that key is that we have the same payscale for SLTs and teachers and same terms and conditions". (9)

3.7.4.4 Augmentative/ alternative communication

Table 119 Use of augmentative/alternative communication

	Signing available or signed environment	Symbol system use mentioned (not directly asked)	Communication aid users in school
Number of schools /9	9	2	4
MLD school /1	1		

As shown in Table 119, all schools included signing, and some had other approaches, albeit these might be infrequent:

"1 pupil" (2)

"12 AAC users" (5)

"Approximately 2 users" (6)

"Very small number" (8)

Heads often mentioned computer programmes and other systems (e.g. write outloud, speech viewer, cued articulation) which are not communication aids. These are not included in the analysis.

3.7.4.5. Differentiation

Interviewees were asked how they were able to differentiate that might differ from differentiation in language unit or mainstream settings. Table 120 reveals the range of approaches.

Table 120 Types of differentiation described by the special school Heads

	Input			Output	Class size timetable
	How	Amount/ type	Specific programmes		
No of schools/ 9	8	2	4	3	8
MLD school /1			1	1	

The first approach was to differentiate input. Heads were asked how this was achieved:

> "Being able to present the curriculum in a way the children can access- pictorial, practical, cutting out elaborate language". (1)
>
> "Very visual, very hands on, lots of outside visits, signing and a range of specialist resources". (2)
>
> "When plan a study unit – identify the main language and concept the child has to grasp to access the unit. Visual ways of presenting the information, the language – how you present, pacing of the lesson. The expectation that a child will put their hand up and say they don't understand – is not assumed. We have a rule that it's ok to make a mistake. Keeping children's attention and listening going- can be the hardest". (3)
>
> "Highly differentiated for each class group and very specialist model. Differentiated through planning. Use signing, cued articulation, visual support programmes, practical and experiential learning". (4)
>
> "Vary pace of delivery- slower and more repetition. Adapt worksheets and texts etc. Emphasis on visual an practical means of conveying information".(6)
>
> "Make sure that we give it [information] in lots of different ways- doing, seeing, physically doing. Can have different groups in one class". (7)
>
> "The way we deliver -the language is very modified and supported for everyone. Some extension activities for those who need them". (9)

Differentiation was also achieved in terms of amounts and type of support:

> "By amount and type of support to individuals by SLTs/ LSAs targeting the children's needs-if need extra or different style". (7)

> "A lot of individual support- at different levels – varies for different subjects. Lot of cross curricular delivery of some topics e.g. links between history and DT and music. Lots of reinforcement cross curricular, even at secondary level". (6)

and by specific programmes:

> "Individual programmes for language or reading- on a small group basis or individual". (1)
>
> "The SLT needs are addressed through the curriculum. Every lesson plan includes SLT targets for that piece of work". (5)
>
> "Specific programmes- alternative programmes e.g. extra support for reading or basic life skills". (7)
>
> "SLT targets built into planning of the curriculum". (8)
>
> *"For example, in Maths and English every child has there own individual programme- with some group work". (10)*

Differentiation could also be addressed in terms of outputs:

> "Methods to get outcome differently, including use of ICT. May have adult beside them". (3)
>
> "Pupils give you information in different ways- computer, write, talk, draw, demo. Will vary in subjects- context related". (7)
>
> "Able to differentiate by outcome grouping…." (8)
>
> *"In Geography and History which are less meaningful to the pupils, we differentiate in terms of expected outcomes". (10)*

Finally, organisational factors, including class size, class groupings, timetable-model of delivery, could also be important:

> "How you present the curriculum [to SSLD in mainstream]- I'm lost on. That for me is the challenge of mainstream inclusion. I think people underestimate the…" (1)
>
> "Very small classes, high staff ratio, teachers experienced with severe specific speech and language difficulties, trained nursery nurses, SLTs". (2)
>
> "In class of 8 may have 8 differentiated tasks and 8 different outcomes. Have more one to one". (3)

"We take the national agenda and work it to the needs of the pupils…. we take the national agenda and adapt and amend. e.g. Literacy and numeracy hours. We divide up the children – as we have many staff". (3)

"Have small groups within class". (5)

"A lot of individual support because of number of adults in class". (6)

"Because small classes and high staff ratios, can tailor make this. Have a common core with lots of differences for individuals linked with IEPs". (7)

"Class size allows us to look at individual and small groupings within class". (8)
"At secondary level have 2 classes streamed by ability. In first stream it is an extension of the primary model, and second are more independent and in year 7 are half way between primary and secondary model". (8)

"Maths and literacy are in ability groups across a 2-3 year age band". (9)

3.7.5 Parental Involvement

Table 121 Frequency and types of parental involvement

	Frequency mentioned n = 9	Frequency MLD schools n = 1
Formal meetings	7	1
Formal & informal meetings	2	
Telephone calls/ letters	4	1
Home school bk	2	
Parent support group/ family worker	6	1
Parent training/ workshops	6	1
Open house policy/ visits	7	
School social events	3	
Newsletters/ magazines	2	
Website	2	
P.T.A. or similar & governors	2	1

Table 121 reveals the approaches to parental involvement adopted by the schools. It is evident that schools often tend to use several different approaches. Formal meetings were a common method:

> "After 1st term or 6mths have first annual report, annual review". (1)
>
> "New parent meeting, annual review meeting, IEP reviews every term. Annual general meeting for all parents. Annual report to parents". (2)
>
> "Reviews and formal meetings" (5)
>
> "Annual review, curriculum meeting at the beginning of every term, 2 more formal parents' evenings per year". (9)
>
> *"Annual review, all parents come- we change the dates for them, parents evening once a term with SLT and T" (10)*

while some referred to both formal and informal meetings:

> "Annual review, coffee mornings" (3)
>
> "Annual review, target setting meetings 2 terms, meet on request any time". (6)

The telephone, letters and email were common, especially because of distance:

> "Residential kids- the care staff are usually in touch with parents daily. Regular calls (education staff)" (4)
>
> "Telephone. Informal contact is important" (5)
>
> "Child Care- telephone email fax is ongoing" (6)
>
> "Because of distance not lots of meetings. IEPs are sent each term and parent asked to contribute. Contact by telephone especially for the residential kids, and increasingly by teachers and SLTs."(7)
>
> *"Letter sent home, encourage parents to contact us by phone" (10)*

Home-school books were also used:

> "For those who communicate less well". (4)
>
> "Home-school diaries" (8)

while most schools had parent support groups:

> "Parent support list- to call each other" (1)
>
> "Parent support group – has talks" (2)
>
> "Coffee mornings/ afternoons once a month hosted by family support worker- her role is parent and family support". (4)
>
> "Family Community Liaison Worker visits homes before admission". (5)

and some had parent training and workshops:

> "Courses at school e.g. signing, parents are invited to attend for free" (1)
>
> "Teach signing to parents" (2)
>
> "SLT or CAMs talks. When new initiative e.g. literacy strategy, we do a workshop for parents in morning and evening". (3)
>
> "Signing groups for parents in blocks Friday pm" (5)
>
> "Each year have one parents' meeting at school and one workshop on the mainland with a topic". (7)
>
> "Literacy workshops, behaviour courses for parents" (9)
>
> *"Paget signing group" (10)*

Seven schools stressed they had an 'open house' policy:

> "Class visits if wanted" (1)
>
> "Open house policy" (2)
>
> "Have open door policy and suggest parent phones first to see staff". (3)

as well as school events:

> "Social occasions- end of term, assemblies, summer fair etc" (7)

Newsletter and magazines:

> "School letter- news fortnightly. School magazine twice a year". (7)

"Termly newsletter". (8)

and two schools had websites.

Finally, the Parent Teacher Association and parent governors were important formal systems.

"The Link Association- like a parent- teacher association". (10)

Several schools mentioned the difficulties with enhancing parent involvement, including geography:

"Incredibly hard, have children from all over the country and Scotland and Wales". (5)

Many examples of ways of involving parents were given by the Heads. Comparison with responses in the unit interview sample may be interesting. On the whole, Heads were positive about the level of contact and involvement. One Head commented that about very good attendance at annual reviews. It probably should be borne in mind that many of these parents may have had to go through a long process to get their child to the school. Therefore strong parental involvement, despite distance factors (for non LEA schools) may be a consequence both of parents having a high level of interest and motivation to be involved as well as schools offering many opportunities for involvement.

3.7.6. Overall System

Heads were asked for their opinions on the overall system for children with SSLD.
This question was only applicable for the LEA maintained schools. The responses differed and each is given below.

One school stressed there was good quality, but limited quantity:

"Good but oversubscribed. The amount of secondary and primary provision has increased, but there is no slackening off for demand". (1)

A second stressed differences by stage of education:

"Quite good- the quality and the quantity at primary age, but there is a kind of 'ad hockery' about who gets it when, but they are tightening up on this. At secondary there is no provision- poor of course. It is dire for the really severe kids". (2)

The third had concerns about mainstream provision, but not that in special:

"2 language resources at KS1. Part of the SEN review is to identify the extent of language and communication difficulties across (LEA) and our role within that" (3).

"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". (3)

"But the support in mainstream- I have reservations, and with getting children back into mainstream. We have had a couple of children who could have gone to mainstream if situation right in mainstream and wouldn't have needed to come here". (3)

3.7.7 Impact of the policy for inclusion

Heads were asked whether the general move to inclusion was affecting their school, including feelings of threat. Table 122 presents the heads' comments.

Table 122 Impact on your school from the current drive for inclusion

Impacts	Number of schools (9)	MLD- language school
Increase or same number of referrals	6	
Decrease in referrals	1	
Fewer primary more older referrals	3	
More ASD/ pragmatic	2	1
Threat felt	1	
More tribunals/ private assessments	2	
Increase in integration/ outreach	6	1
Problems with LEA/ integrating	2	

The first area to consider is that of referrals. Interestingly, there were more reporting on increase (6) than decrease (1):

"No negative impact on referrals, no reduction, have a waiting list of 19 currently".(3)

"There is no doubt that there is a substantial group of children with very specific language difficulties whose needs cannot be met other than in a special language provision". (5)

"….but total number are steady. Because we take kids with most complex needs- inclusive settings are inappropriate. No threat felt currently- if people are honest and objective about it. Because of the nature of the school, there will always be a group of

children needing highly specialised help. The provision for children who are less severe needs to improve". (6)

"Not dropped in numbers"(7)

"The referrals have increased since the initial move to inclusion. (e.g. Autumn 2000 :19 referrals, Autumn 2001 : 42 referrals. Possibly result of:
-raised awareness of special needs in mainstream
-measures to which mainstream are held accountable
-focus in literacy
-possibly fewer other places available
-availability [lack of] of SLT to mainstream from health authorities" (8)

"No threat certainly no indication that they do not want specialist, but quite the contrary. If anything we have had more enquiries but this may be because we are better known and because we have got bigger".(9)

However, one school had suffered a decrease in referrals:

"Not seeing as many pupils referred by LEAs. Part of a combination of factors resulting in closure of the school and no relocation". (4)

One effect might be that children are being retained in mainstream for longer, but then moving to special language schools later in their schooling:

"My impression over 3 yrs is that the population is not different. Fewer primary. Children are coming later, very few in KS1". (5)

"Referrals later than ought to be, but total number are steady. Sadly, picked up older kids who have had very negative experience in mainstream".(6)

"Shape of the school has changed- less primary more post 16".(8)

Some reported a change in the pupils, especially more children with ASD:

"Pupils referred are more complex cases: increase in children with Autistic features and challenging behaviour". (4)

"The population has more pragmatic difficulties- as a result of inclusion, these are the ones with the most difficulties coping in the large mainstream environment".(7)

"Have less referrals of speech and language because they are being integrated, and more referrals for ASD, difficult to be sure why". (10)

Where threats were felt, these might be associated with LEA reviews:

> "Threat to the school for the future. The support role – staff training, we do won't be there. The future is a threat. They may suggest that we become unit based and may suggest that language units become included in mainstream classes. (LEA) are undergoing a review of special schools- we are quite threatened by it. This would go against parents' wishes. I think there is an informal policy to wind the school down. That is my perception, but at the moment parents are overcoming this".(1)

On the other hand, SEN Tribunals could increase demand for places:

> "…..but increase in SEN tribunals to get here".(7)

and for assessment:

> "Far bigger demand for private assessment, we have an assessment centre now, and there are more tribunals" (8)

Some heads had adopted a positive, proactive approach, including outreach:

> "Quite a lot. I think I was appointed because of inclusion, I came from running a mainstream service for children with speech and language difficulties. We now have quite a lot of outreach:
> -Children integrating into mainstream,
> -Young children in mainstream with speech and language problems come to Meadowbank for 1 day a week- get intensive language day with SLT support and special language programmes. Outreach worker then goes in weekly to work with LSA or teacher.
> -Have just begun outreach support- monitoring and advice for children who leave MB and return to mainstream.
> Inset programme for mainstream LSAs". (2)

> "The signs from the city are that they want to use our expertise but recognise that we need a school base to have this expertise- possibly develop outreach".(3)

> "Now have partnership links with LEAs to support children in local schools
> Not a threat- see as an opportunity to work in different kinds of placements and build up links and partnerships".(5)

> "Have become more involved with local LEA, more work with them in lots of different ways. We went to them and they came to us. We provide services to mainstream schools. The results are that it raises our profile, the LEA are more willing to place children and there are lots of part time placement possibilities which is exciting".(7)

> "Better links with local schools. All children have an inclusion target. We have a specific person responsible for inclusion.

Offer wide range of services- work with local authorities training staff- a secondary effect of inclusion- an effect of local schools turning to special for help". (8)

"Under pressure to do more integration, though only by one LEA really". (9)

"Good Ofsted, the only thing to improve on was to increase opportunities for inclusion in mainstream and not enough links with communities. We need to address this".(10)

Some reported problems with LEA relationship/ integrating children:

"Tried to get pupils back into mainstream but severe difficulties".(3)

"Wish to be seen more broadly, not a good relationship with (LEA)". (6)

Overall Heads generally reported positive impacts on their school resulting from the drive for inclusion. Only one Head stated that there had been a decrease in referrals and only one Head said that he did feel that the school was under threat as a result of the inclusion drive.

Note that Heads have inferred that changes are due to the inclusion drive where this may not actually be the case as no evidence was produced. For example, 3 Heads stated that one impact of the drive for inclusion was that the population in the school or referred included more children with ASD/ autistic features/ pragmatic difficulties. However, as shown elsewhere in this report, interviews showed LEA and SLT staff frequently felt there was an increase in numbers of children with ASD – albeit that there were several possible explanations.

As noted in the Bulletin of the Royal College of Speech and Language Therapists:

"The prevalence of autism has been revised upwards in a major Medical Research Council report. The researchers found that around six children in 1000 have an autistic spectrum disorder. They found no evidence to link the MMR vaccine to the condition, ascribing most of the apparent increase to changes in definition and increased awareness". (February 2002, p2)

(The full report and summary are on www.mrc.ac.uk)

4. DISCUSSION

4.1 Introduction

The present study has produced information from a national survey of both LEAs and SLT services, and from qualitative interviews held with key officers in both, together with a sample of schools. The survey was designed to cover this range because if was our view that to investigate provision for children with SSLD it was necessary to move beyond consideration of the language unit. It is clear from the survey evidence that this is indeed the case: children with SSLD have their needs addressed in a variety of educational provisions. Not only are they found in language units, they are also in special schools and mainstream. Furthermore, language 'units' are not necessarily the same as those researched by Hutt and Donlan (1987) as there has been the development of more flexible systems. Terminology varies, but integrated resources, resource bases, and designated special provision are some of the terms found. This is more than mere semantics, these facilities may operate with a much higher level of integration/inclusion than Units. This is a trend, not limited to provision for children with SSLD, and is one element of the development of inclusion, of which more will be discussed below.

The general picture presented here, therefore, is of a system which has increased provision for children with SSLD, but where the system has also diversified.

4.2 Provision

The LEA survey attempted to identify the range of educational provision, while the survey of SLT services explored the support offered by SLTs to educational provision, specifically for children with SSLD.

The LEA survey confirms that support for children with SSLD is not simply provided in language units. At all stages from pre-school to Key Stage 4, the large majority of LEAs provide support in mainstream with 98.9% reporting this at Key Stage 2. Language units, and other specialised language resources in mainstream (the generic term 'integrated resources' (IRs) is used henceforth) are common at Reception and Key Stage 1 (90.7% LEAs) and Key Stage 2 (84.2%), but less than a third of LEAs make this provision at Key Stage 3/4. Nevertheless, this is a major development since the Hutt and Donlan survey when language units were mainly provided at Key Stage 1.

Also the numbers of language units/IRs and the numbers of children provided for have increased. At Reception Key Stage 1 and Key Stage 2, about half of LEAs provided one LU/IR (47.3% and 52.8% respectively) but other LEAs reported two units (22% and 15.6%) and up to 5 or more (Table 8). The numbers of places available reflect this pattern as shown in Table 9. However, there is also evidence of placement of children with SSLD in other units/IRs (e.g. for children with moderate learning difficulties, MLD): 22.5% of LEAs at Reception/Key Stage 1 and 20.5% at Key Stage 2. The relative use of special schools, however, has the opposite trend with relatively few LEAs having special language schools (no more than 7.8%) while approaching

two thirds used MLD schools for children with SSLD (Table 12), and about half of schools using other special schools (Table 14).

LEAs also made use of provision made by others, whether other LEAs or the voluntary sector, with increasing reliance from Nursery (20.7% LEAs) to Key Stage 3/4 (69.9%).

The picture at post-16, however, is generally one of limited resources provided by LEAs – for example, only one LEA provided a language unit/IR, and only for up to 10 students. The main provision was not by the LEA, but provided by others, in the case of 40.4% of LEAs.

The position with SLT services also reflects this range of LEA provision. Almost all provided services to children with SSLD in mainstream schools, almost four out of five services up to Key Stage 2. Support for secondary schools dropped but was still provided by over half of the services, but less than 10% made provision to mainstream post-16 schools. Support to language units/IRs was highest at Reception/Key Stage 1 (83.7%), lower at Key Stage 2 (72.9%), but then dropping to 25.6% and 3.9% at Key Stage 3/4 and post-16 respectively. Their support for other forms of special provision (units, IRs, or special schools) was lower but, as with the LEA's pattern of provision itself, more SLTs provided support to special schools than to special units/IRs (Tables 25, 28).

The data from SLT services and LEAs provide evidence for a complex pattern of provision. Use of special units/IRs for children with SSLD have been developed by LEAs, and SLT services are supporting children in these. On the other hand, LEAs are using, and SLTs are supporting a range of other special schools and specialised units/IRs for other groups of children (e.g. MLD), while at the same time support for children with SSLD mainstream is also common across both LEAs and SLT services. The implications for inclusion will be considered below.

4.3 Autistic Spectrum Disorders

About half of LEAs (46.8%) reported using provision for children with SSLD for children with ASD also. A similar proportion of SLT services (51.9%) also made this observation. The SLT managers also reported on a range of initiatives indicating an increase in the provision for children with ASD. About half of those reporting developments suggested these concerned setting up or maintenance of separate units for SSLD or ASD, while one in five mentioned increased inclusion for children with ASD.

Our interviews with LEA and SLT service managers, together with comments added to questionnaires, explored the reasons for these developments and revealed both conflicts and confusion.

The first issue concerns differential diagnosis. A diagnostic approach was generally reported by SLT managers, that is within what is often called a 'medical model', and hence the question is one of distinguishing children with different conditions. This differs from the approach which has developed in psychology and (special) education over the past 20 years or so of a needs-led approach. The issue here is not the condition or diagnostic category of the child but rather an

assessment of their needs. These two are not entirely mutually exclusive as different sets of needs may cluster and so reinforce the concept of separate conditions. Nevertheless, the two approaches are essentially different and have different implications for practice.

Speech and language therapy managers, for example, were often concerned about the difficulties of differential diagnosis, made more difficult with younger children where those with SSLD and ASD might appear similar. Concerns then might extend to provision – that intended for children with SSLD might be seen as inappropriate for children with ASD. On the other hand, LEAs might identify similar needs and so support placement of children with SSLD and ASD in the same provision. A sense of this conflict is apparent in the following comment from one SLT manager.

> "In the past the LEA have tried to place ASD children in our SSLD unit/resources – but we haven't let them!"

Note the use of 'our' and the confrontational style. Clearly, some SLT managers feel strongly that this practice is inappropriate.

A second issue concerns the numbers of children with ASD. As stated in the introduction, the present study was modified to explore the ASD issue, partly because of the national concern regarding alleged increases in prevalence, and a possible link to MMR vaccine. Our study cannot comment on the latter, but does provide evidence that professionals concluded numbers of children designated as having ASD are increasing, and that many LEAs are using SSLD provision for them. Our interviews also throw some light on this suggested increase. What is apparent is that these professionals, all holding senior positions, have identified several different reasons. One is the issue discussed above, namely differential diagnosis. But this is extended by the suggestion that diagnostic practice has changed in some cases. That is, children are now being given the label ASD who will not have been so called in the past. This in turn reflects two different issues. Firstly, the term ASD is, correctly, different from traditional autism. ASD is intended to cover a wide group of children, whereas classic autism covered those at the centre of the three dimensions of ASD. In the case of ASD, children might receive this diagnosis located in any one of a large number of different points in a three dimensional space, with different degrees of severity in one, two or all three of the dimensions. Hence, an increase in number of children with ASD might reflect, in part, a valid use of a different diagnostic system (see also Charman, 2002 and Charman and Baird, 2002).

However, a second issue reported by interviewers, is the suggestion that diagnostic practice has also changed. That is, some children are now being given the label because of deliberate changes in professionals' practice. This could be a cause of concern to SLTs who might disagree with paediatricians. There were suggestions of a lack of effective multidisciplinary practice in some cases contributing to this problem. Interestingly, only a quarter of the SLT managers considered there was a 'real increase' in the numbers of children with ASD. One reason for this change of practice was to ensure children received provision.

4.4 Diagnostic Approach

Both of the two preceding issues also touch upon the approach taken by professionals when identifying children and needs. One might be termed 'diagnostic', while the other focuses on a functional analysis of educational needs. The former is problematic where a condition does not have relatively clearly defined limits. These difficulties are revealed in the variety of terms used (e.g. SSLD, SL1) and in the different diagnostic criteria specified. Furthermore, the difficulties distinguishing ASD from SSLD are apparent.

An alternative approach focuses on identifying children's functional educational needs and so puts less importance on differential diagnosis. In this case, provision may appropriately be used for children according to need, and so the use of provision for children with SSLD, ASD (and other related communication difficulties) is appropriate, provided it meets the needs identified. This tension, however, is evident in the interviews with LEAs and SLT services, and beyond when these interact with others, e.g. paediatricians. The diagnostic approach stresses accuracy in distinguishing between conditions while the educational model stresses a developmental perspective and rights of access to resources.

4.5 Consultation

Speech and language therapy services are seeking to extend use of consultation. This may be seen as more efficient and cost effective, but is not always understood or welcomed by others. This tension has important implications for working practices. LEAs and schools must feel convinced they have the service they value, while SLT services must feel they are undertaking practice they regard as professionally appropriate. The study identifies difficulties which will require more discussion between the services, at policy level, and practitioners regarding practice, if effective collaboration is to be developed (see also Law et al, 2002; Lindsay & Dockrell, 2002).

4.6 Collaborative Working

Consultation is one manifestation of collaborative working. Whatever the detailed practice, there is a need for the services involved to develop effective collaboration for planning and implementing services. While there was evidence of much goodwill and respect, there were also problems. To some extent these are conceptual and reflect professional thinking (e.g. diagnostic model) while in other instances there are practical issues to address. For example, the pattern of provision, skewed to primary and to mainstream, has implications for SLT practice. The development of the consultation model by SLTs is linked to their working in mainstream, having to cover many schools rather than a small number of units. In these circumstances, it may not be clear whether consultation is the method of choice for professional or pragmatic reasons. Also, in such situations significant demands are placed on teachers.

The study indicates that major decisions on provision, whether as facilities or patterns of practice, are not taken collaboratively. The lack of criteria for placement of children in special provision, and the patchy inclusion of SSLD in LEA development plans, are matters of concern,

as are the difficulties. Yet the involvement of various professionals requires a multi-disciplinary approach. The task is to work out its details, for strategy and practice, collaboratively.

There are many examples of good practice presented, but there is a lack of consistency. Furthermore, the evidence base for policy development is not secure.

4.7 Parent Involvement

The majority of LEAs reported they involved parents in working groups and were generally content that they had good working relationships. However, the majority also reported having had appeals. SLT managers provided many examples of their practices involving parents, primarily in relation to their own child. Three quarters considered this was effective but in most cases they were hesitant, designating this as 'somewhat effective' and suggesting factors inhibiting effective parental involvement. Thus, despite good intentions, parental involvement remains an area for improvement. The development of inclusion may add to the task, given the distribution of children. There is a clear need to develop effective models of parental involvement for children with SSLD, as with other areas of SEN.

4.8 Funding

Concerns about funding permeate the study. The nature of provision is not only driven by educational rationale but also funding opportunities. Furthermore, the question of funding of SLT support remains problematic, although some managers specified funding arrangements, including use of Standards Fund, as examples of good practice. In general, however, LEAs had concerns about funding at various levels: provision, teacher training, access to SLTs. The latter was also aggravated by the lack of availability of therapists.

4.9 Inclusion

The last theme to be picked up is the most complex, inclusion. This represents government policy of children with special educational needs in general, but is a problematic concept. It is also evolving, with subtle changes in the description of government views on inclusive practice in official documents over the past decade or so, the most recent being 'Inclusive Schooling' DfES, 2001b). The problems with differing government and professional conceptualisation (Lindsay and Dockrell, 2002) are reflected in the views of the senior staff in the present study.

In general, inclusion was seen positively, and given a high level of priority. However, implementation was a different story, with two thirds of LEAs mentioning difficulties putting their policies into practice. These include practical issues such as funding discussed above, but there was also evidence of conceptual confusion and disagreement. For example, some LEAs referred to the development of units/integrated resources as part of their development plans towards inclusion. Are these examples of inclusion? One view would hold that inclusion requires total mainstreaming, and at its extreme would require no withdrawal from normal lessons, but support to be provided within the classroom. On the other hand, and as indicated here, inclusion may be seen at a *system* not school level, with a variety of provision within an

inclusive philosophy and system. In such cases, the issue is the manifestation of practice within schools rather than their designation. Indeed, unlike the 1980s when language units were the norm, the trend is to a more varied but inclusive system with children experiencing a mix of locations and interventions.

These debates are not simply technical, but have direct implications for practice. In the case of children with SSLD there is a need to ensure that the various professions, in education and health, develop a shared understanding of inclusion for their system. Furthermore, this needs to be discussed with, and indeed developed with, parents, many of whom are suspicious of inclusion, or actively seek alternative provision.

4.10 Final comment

This study has provided a wealth of detail on provision to meet the needs of children with SSLD. The needs of these children are better recognised than in the past, and there is an increase in provision to meet needs. There are also indications of positive practice concerning education and health, but there remain several areas for development. These include consideration of the different conceptual bases for action, including diagnostic v educational needs models and the use of consultation v direct therapy. Collaboration between LEAs and SLT services, both at policy and practice levels, is patchy. Effective practice can only be achieved if there are shared understandings and agreed practices.

Inclusion, as a generally agreed philosophy, provides an important driver to develop collaboration. However, given this is also a contested and ambiguous concept, herein also lies the possibility of discontent. Services need to start with their development plans and develop these collaboratively. Collaboration at policy level may be matched by practitioners at school and community levels, developing programmes of assessment, intervention and monitoring together. Use of a consultation model by SLTs may be one means of intervention, but as an agreed plan of action. Furthermore, parents should also be involved in these different levels, namely at policy development and practice with their own children.

Finally, there is a need to examine the evidence base for practice. The evidence for a consultation model is not established, neither are the benefits to children in mainstream rather than units/integrated resources. We also need to explore the ways in which LEAs and SLT services develop optimal costs and educationally effective services.

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