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Speech and Language Therapy services to mainstream schools: what do teachers want?

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ABSTRACT

Background

Research suggests that there are benefits for children and staff from joint working between speech and language therapists and teachers, however differing models of working together and a number of obstacles to successful joint working have been identified.

Aim

This study explores the perceptions of school staff regarding a speech and language therapy service to mainstream schools in one education authority, and considers recommendations for change.

Method

A questionnaire distributed to staff in 25 schools in a single area in the North of England.

Results

Incomplete staff awareness of SLT procedures, limited take-up of available training, and low levels of contact with SLT were identified. There was considerable disparity in reported levels of satisfaction with the service, with increasing of SLT time in schools and improved continuity called for.

Conclusion

There is a need for greater provision of information regarding SLT service delivery, and ongoing examination of whether training provided is meeting school needs. Wide disparity in perceptions of the service suggests variation in delivery which needs to be addressed, with perhaps agreed clear mutual expectations and standards. However, low SLT staffing levels create a considerable challenge in meeting school needs.

Key words: service provision, mainstream school, integration, collaboration, joint working, teamworking.

Word count: 4961

BACKGROUND

The last twenty years of government legislation in the UK has driven the move from segregated provision in special schools towards mainstream inclusion for children with special educational needs (SEN). This new way of structuring education creates considerable challenges for speech and language therapy (SLT) services by spreading the children who were previously in special schools throughout geographically distant mainstream schools. This has required the reconceptualisation of therapists' roles within schools (Wright & Kersner, 2004) and the need for an improvement in joint working between education and SLT services (DfES, 2000).

It has been reported (Law et al., 2002) that the average SLT to child ratio is a mean of one SLT to 4257 school-aged children, with most provision being in mainstream schools (Lindsay et al., 2002). This low staffing level is confirmed by Highley & Kaur (2006) who found that the average school-based SLT manages a caseload of approximately two-hundred children within two sessions of allocated time per week.

Management of these high numbers of children can only be successfully achieved if good liaison exists between SLT services and the teaching staff (Lindsay & Dockrell, 2002). The professional standards for SLTs (Communicating Quality 3, RCSLT, 2006) emphasise the importance of "multi-agency team working" and "collaborative

working strategies” (p225). However, “Every Child Matters” (DfES, 2003) highlights that there is “little continuity and consistency of support” for children with SEN.

Benefits of joint working

Successful joint working promotes a “holistic” approach to meeting the child’s needs (Wright & Kersner, 2004, Wright & Graham, 1997). It is proposed that benefits of this approach can include: an improvement in children’s communication skills; improved access to the national curriculum; and greater self-esteem, linked to increased teacher understanding of the impact of communication difficulties and greater knowledge of how to address difficulties (Wren et al., 2001).

There is also evidence that joint working has benefits for staff. It can reduce stress on individual professionals as they can share concerns and gain personal and professional support from each other (Wright & Kersner, 2001). Lacey & Lomas (1993) suggest that positive outcomes for staff can be linked to joint problem solving as well as enhanced joint professional development.

How to work together

Research has indicated the benefits of joint working between teachers and SLTs, however there is less clarity regarding how staff should work together most effectively. The traditional model of SLT service delivery has been of a SLT in a clinic, implementing direct one-to-one intervention with a child. This model however has been increasingly replaced by a consultative model of service delivery. In a consultative model the SLT is seen as the expert or specialist who advises (consults with) those who have regular and direct contact with the child in the classroom (Law

et al., 2002, Hartas, 2004). Within the consultative model, the role of the SLT is to provide information and rationale for intervention to others (Hartas, 2004). The model therefore relies heavily on liaison, and involves indirect intervention to achieve common goals.

The consultative model however presents challenges, with Law et al., (2002) for example identifying issues regarding “power relationships” between professionals. Wright & Kersner (2001) similarly suggest that a consultative model encourages a professional hierarchy between SLT and teachers, with the potential for teachers to feel dependant on SLTs by asking for their advice and support, or alternatively that SLTs could feel threatened if by passing on their knowledge, they felt that they were no longer needed.

The term “collaboration” is preferred by Wright & Kersner (2001) who emphasise the need to “give and take”, and for a two way flow of information, with each profession seen as an equal partner, combining skills and knowledge to achieve the optimal results from intervention (Fleming et al., 1997). Hartas (2004) emphasises the need for clarification of roles and expectations, for the setting of clear objectives, and for systems which encourage and value joint working to be in place. The need for flexibility is highlighted by Gascoigne (2006) who described the SLT contribution in a school as varying according to the needs of a situation.

Barriers to working together

It has been proposed that the differences in teacher and SLT employing organisations present a challenge to collaborative working (McCartney 1998, 2000, Miller, 1999).

The NHS, which is predominantly the SLT employer, is a prioritising service where services/provision is “rationed” out within and between schools. Education in contrast is an allocating service, where every child has a fixed, non-negotiable number of years they must spend in education. This may result in teachers finding the prioritisation of some children over others by the SLT service unacceptable and frustrating, and suggests that SLTs need to acknowledge that school-based work is “legitimate and different” from clinic-based practice (Miller, 1999).

The National Curriculum presents challenges for collaboration as teachers have to follow a curriculum-based direction in their work, whereas SLTs have traditionally had more autonomy in their approach and may differ in implementation strategies (McCartney 1998). Hartas (2004) suggests that SLTs are likely to be seen as “visitors” within the school, creating a social barrier affecting the “mutual trust and respect” reported to be crucial for effective joint working, with teachers perceiving that collaboration is hindered by lack of stability and frequent changes in SLT staffing.

Other studies have examined barriers in school systems that can hinder the effectiveness of joint working. Wren et al., (2001) for example reported insufficient time available for good quality liaison, and suggested that protocols should be set up within schools to facilitate time availability. A large-scale study by Law et al., (2002) called for school cultures that recognised the importance of SLT input and highlighted the need for appropriate measures to be in place to allow effective collaboration. Dockrell & Lindsay (2001) examined the views of teachers, and found that forty-nine percent reported “insufficient support” with the information received from the SLTs

being unspecific and difficult to implement. Sadler (2005) echoes the need for support, identifying a “lack of appropriate training” as the major factor impacting on the ability of teachers to adequately meet the needs of children with communication difficulties.

AIM

The purpose of this study was to investigate the delivery of SLT services to mainstream schools. It aimed to explore perceptions of school staff regarding SLT services in a single trust provider, with a view to making recommendations for future service provision. Review of the literature suggested that many previous studies have reported practice in specialist units or schools, and focussed on gathering feedback only from teaching staff. This investigation in contrast aimed to collect views from all the school staff involved with a child who has communication difficulties, namely Head Teachers, Special Educational Needs Co-ordinators (SENCOs), and teaching/learning support assistants within mainstream school settings.

METHOD

The study was carried out in a town in the North of England, with ethical approval being obtained from the University department ethical review committee. A systematic sampling technique (Denscombe, 1998) was used to identify schools to take part in the study. A list of all the primary schools in the local education authority was obtained and every third school was selected. All but two of the selected schools agreed to participate giving a total of twenty five schools. The schools selected were therefore a random sample of primary schools in the district, rather than being schools with particular links to the SLT service. The sample could be expected to include

schools with many children under the care of SLT and possibly regular contact with the service, and schools with less contact. This information would form part of the demographic data collected. A sample of ten members of staff from each school was sought, from a range of roles including head teachers, teachers, teaching/learning support assistants, and SENCOs. The target sample size for the study was thus 250 participants.

The perceptions of participants were sought via a confidential questionnaire. A questionnaire design was used as it was believed to be the best method of reaching a large sample within a limited time scale (Gillham, 2000), and had the least impact on time-pressured staff. The return rates for questionnaire are notoriously poor (Streiner & Norman, 2003) therefore in an attempt to improve returns, questionnaires were distributed and collected personally one to two weeks later rather than being posted (Peterson, 2000). In addition to this collection, self-addressed stamped envelopes were left in schools where staff reported needing further time to complete questionnaires.

The content of the questionnaire was developed in consultation with the SLT service and by accessing the literature, to develop themes to be investigated. The questionnaire sought data relating to:

- a) participant demographic information
- b) awareness of current SLT procedures
- c) level of training courses awareness and attendance
- d) perceived importance of liaison
- e) current and desired frequency and format of liaison

- f) current satisfaction with joint working
- g) suggested improvements to joint working.

Both quantitative and qualitative data were sought, with a combination of a five-point Likert scale, together with three open questions at the end of the questionnaire to allow for narrative answers (see appendix A). The inclusion of open questions allowed participants to add any comments or highlight issues that were not covered by the scaled responses (Gillham, 2000). The questionnaire was designed as a maximum four pages (two double-sided sheets of paper) to be sensitive to the time constraints of staff.

A small pilot study was carried out prior to the main work to test and refine the questionnaire items (Peterson, 2000). Ten questionnaires were distributed to a randomly selected school that was not participating in the main study. Five questionnaires were collected two weeks later, all of which were completed successfully.

Numerical data from the study were analysed using SPSS version 14. Analysis provided descriptive statistics in the form of response frequencies for individual questionnaire items, and also the Kruskal-Wallis test was used to examine whether there were any significant differences in the responses of the different staff groups. Text was analysed by reading and grouping similar responses into themes or categories (Mason, 2002). The number of responses within each category was counted in a content analysis approach (Berg, 1998) to suggest prevalence of themes within the data (Mason, 2002).

RESULTS

Ninety-five questionnaires were returned out of the two-hundred and fifty distributed, giving a response rate of 38%. The spread of participants by different staff groups is detailed in Table 1.

Table 1. Number of respondents from each staff group

Staff group	Number of Respondents
Teacher	34
Teaching/learning support assistant	30
SENCO	11
Head Teacher	10
Other (assistant Head Teacher/trainee teacher)	10

The majority of respondents were females (77%) with 17% male participants (6% did not provide that information).

Awareness of current SLT procedures

The data were analysed to explore participant's awareness of current SLT procedures.

Table 2 shows the percentage of participants who were aware, unaware or unsure of the standard procedures in use within the service studied, such as how to refer, and the paperwork that is provided before and after appointments.

Table 2. Staff awareness of current SLT procedures

	How to refer	How to contact SLT service	Therapy Agreements	Target Sheets	Appointment letters sent to school
Aware	62.1	57.9	68.4	63.2	73.7
Unaware	12.6	15.8	23.2	28.4	20.0
Not Sure	25.3	26.3	8.4	8.4	6.3

62% of staff were aware of how to refer a child to the SLT service and 58% were aware of how to contact the SLT service. Approximately a quarter of staff however were unsure of how to do either of these. The data were analysed by staff group to see if there was any variation between individuals, as potentially within a school a member of staff such as the SENCO or Head Teacher may take responsibility for referrals on to other agencies. This seemed to be the case as 80% of Head Teachers and 90.9% of SENCOs were aware of the referral process, compared to around 50% of teachers and teaching/learning support assistants.

Awareness of and attendance at training courses

The data were also analysed to explore the percentage of staff who were aware of, and who had attended the four training courses that are currently offered by the SLT service (see Table 3).

Table 3. Training Course Awareness and Attendance

	Strategies	Vocabulary	Phonology	Language
Awareness	50.5%	41.1%	42.1%	34.7%
Attendance	16.8%	13.7%	16.8%	7.4%

The results showed that staff were most aware of a course teaching general strategies for helping children with communication difficulties. However only just over the half of the respondents were aware that this course existed. The two most commonly reported courses that staff had attended, were the course covering strategies, and the phonology course. The lowest awareness and reported attendance was for the language course.

Perceived importance of liaison

Respondents were asked how important they perceived liaison between teaching staff and the SLT service to be. No respondents rated it as “not important at all” or “not important”. 4.2% answered that they were “undecided” as to how important it was, 33.7% saw it as ‘important’ and 62.1% reported it was “very important”. SENCOs were the staff group who perceived liaison as the most important, closely followed by Head Teachers but these differences between staff groups were not statistically significant (Kruskal-Wallis Chi-Square = 7.374 p= 0.194). The participants who had higher numbers of children known to the SLT service in their class or school did not have a significantly different perceived importance of liaison, compared to those respondents who has less children (Kruskal-Wallis Chi-Square = 3.249 p= 0.517).

Frequency and nature of contact

The results were analysed to establish the current nature of joint working between school staff and SLTs (see Table 4).

Table 4. Current frequency of contact

Frequency	Written contact	Telephone contact	Face-to-face contact
Never	30.5%	40%	26.3%
Less than termly	16.8%	25.3%	20%
Termly	18.9%	6.3%	21.1%
Half-termly	6.3%	1.1%	7.4%
More than half-termly	4.2%	2.1%	12.6%
Unsure	23.2%	25.3%	12.6%

The findings indicated that the most frequently reported contact between school staff and a SLT for all three forms was “never”. Of the positive responses, a less than termly telephone contact was the most frequently reported form of liaison (25%).

Preferred format for liaison

The data indicated that the most preferred method of liaison with a SLT was talking face to face (60%). A written format was the second choice for liaison (23%). Data were also analysed to identify which time of the school day teaching staff preferred to meet with an SLT for liaison (see Table 5).

Table 5. Preferred time of day for meeting with the SLT

Time of day for meeting	Percentage of respondents
After school	51.7
Other	18.4
Lunch time	17.2
Afternoon class	14.9
Morning class	12.6
Morning break	11.5
Afternoon break	8

Note: Some participants selected more than one answer on the above question, so the total percentage was over 100.

Over half the participants preferred to meet the SLT after school for liaison meetings. All of the participants who chose the “other” option specified either “PPA time” (the time teachers are usually timetabled for planning, preparation and assessment) or “by appointment” as their preferred time for meetings.

The findings were analysed to explore how often teaching staff perceived that they needed to meet with a SLT when a child in their school or class is receiving a block of therapy (see Table 6).

Table 6. Preferred frequency of liaison

Frequency of meetings	Percentage of respondents
Half termly	36.2
Termly	28.7
More than half termly	14.9
Unsure	18.1
Less than termly	1.1
Not at all	1.1

Just over half (51%) of staff reported that they would like to meet up at least on a half-termly basis. There was no significant difference between the participants' preferred frequency of contact and their staff group. (Kruskall-Wallis Chi-Square= 2.464 p=0.782)

Information received from the SLT

63% of staff were aware of target sheets used by the SLT service however, only around half (48.5%) stated that they were useful or very useful, whilst 13.7% were undecided regarding their usefulness and 37.8 % found them not useful. The other information provided by SLTs was perceived as more useful, with over 80% of participants reporting that information regarding the aims and outcomes of each therapy session, specific activities to carry out in class, and results of assessments carried out were either useful or very useful information. Interestingly, over 80% of staff reported that "targets for the therapy block" were useful or very useful, in contrast to the 48% who reported this for the target sheets currently in use in the service studied.

Current satisfaction with liaison

Just over half (51%) of participants were satisfied or very satisfied with the current standard of liaison, with 20% being dissatisfied or very dissatisfied. Over a quarter of staff (29%) chose the “undecided” option. Teachers and assistants were slightly more satisfied with the current standard of liaison when compared to Head Teachers and SENCOs but this difference was not statistically significant (Kruskal-Wallis Chi-Square= 3.457, $p= 0.630$). Participants who had higher numbers of children known to the SLT service in their class or school, did not have a significantly different level of satisfaction when compared to those who had less (Kruskal-Wallis Chi-Square= 8.051 $p=0.09$).

The most important purpose of liaison

In addition to the statistical analysis, teacher perceptions of the importance of liaison were explored in an open question, with 81 of the participants providing further information here. Analysis of the responses suggests five main themes relating to the main purpose of working together, these being: for the benefit of the child; to provide strategies to teachers; to exchange information; to ensure consistency; and to set specific goals.

- For the benefit of a child in class

There were 34 instances when staff referred to the purpose of liaison being for the benefit of the child, for example:

“Progression and development of the child”

“Effective support for the child”

- To give information on strategies that could be used by staff

There were 26 examples of this theme, for example:

“Realistic implementation of advice by school”

“Help the staff to help the child”.

- To exchange information on a child

There were 20 instances when staff referred to the purpose of liaison for obtaining or exchanging information on a child, the nature of difficulties, assessment results, and progress, for example:

“Inform each other of child’s progress”

“Share concerns” and “discuss problems”.

- Consistency of approach

There were 16 instances when staff referred to liaison on order to check consistency of the approaches between SLTs and teaching staff. For example;

“Co-ordination of work”

“Consistency of staff and SLT approach”

- Goal setting

There were 8 instances where the purpose of planning targets, setting goals, and discussing an IEP (Individual Education Plan) was described, for example:

“Detailed discussion of targets set by the SLT”

“Discuss targets”.

Participant perceptions of current liaison

27 of the participants did not answer the question relating to their current view of liaison. The data was examined for responses that could be classed as either positive or negative perceptions. Responses that could be classified were evenly balanced between these two perceptions. 25 of the participant’s views on the service could be categorised as positive, with 24 of the participant opinions categorised as negative, with the remaining 24 responses categorised as neither positive nor negative.

Positive responses included reports of “much better than I have known it in twenty years”, “good positive experience of the service”. More negative perceptions included the service being described as “ad-hoc” and “dependant on each individual SLT”. There was some evidence of disappointment with the level of liaison, for example, “we don’t know when, where or what!” As reported above, staff welcomed the information received from SLTs regarding aims and outcomes of therapy sessions, targets for the therapy block, results of assessments and specific activities to carry out in class.

However, this information seemed unavailable, or insufficient for some staff whose negative views of current liaison described: a lack of practical advice to implement in class; lack of support from the SLTs to intervene with the child; and lack of feedback after sessions. Some staff, whilst reporting that they received information complained of a lack of consultation on intervention techniques/programmes, which led to a perception of being undervalued, that “the school was providing a service to the SLTs”. There were also reports of successful collaboration being made difficult by staff rotation in the SLT service.

Changes for the future

Around half the participants did not make any suggestions for improving the service. Of the 47 who did complete this question, responses related to two main themes. Firstly, increasing the amount of SLT available to a school, for example, “more SLT visits in school”, “SLTs responsible for delivering programmes not just giving advice”, also in relation to this theme there were requests for faster response rates after referral, and school based training for assistants. The second theme related to

continuity and consistency, with participants perceiving that there should be one SLT working with all the children who have been referred in each school as it was reported that several SLTs coming into a school was confusing.

CONCLUSION

The aim of this study was to establish the perceptions of teachers regarding the SLT service in one Primary Care Trust (PCT), and to make recommendations regarding delivery of SLT services in mainstream schools.

The finding that 38% or less of the staff were not aware or not sure of SLT procedures, such as, how to refer a child, or how to contact a SLT suggests that there is a need for SLT services to focus efforts on ensuring policy and procedures are fully understood in schools in their area. The study found for example that not all the SENCOs were clear on the SLT service's procedures. This is a concern as in most schools it is the role of the SENCO to coordinate special provision for the children with SEN (Wright and Kersner, 2001). As children with different types of communication problems are now commonly integrated within a mainstream classroom setting, it seems important that more information on referral and contact is provided, so that staff can access support and advice from SLT services.

A further concern may be that where school staff are unsure of the protocols behind how a service functions, there is the potential for lack of mutual understanding. In the data there are examples of some negativity towards the indirect model of service delivery. Several teachers mentioned the "indirect therapy approach" with all mentions being negative comments. If only around 60% of school staff are aware of

SLT systems, there seems the potential for lack of awareness of the delivery model to lead to lack of understanding. Further explanation of service delivery models used may be beneficial, particularly for school staff that may have no previous experience of indirect intervention.

This investigation has highlighted that awareness of, and attendance at the training courses provided by the service was disappointing. No more than 50% of staff were aware of any of the training courses, and no more than 17% of staff had attended any individual course. These findings echo those of Sadler (2005) who reported that less than half the teachers she studied had attended any form of in-service training in regard to children with communication difficulties. Sadler suggested that this may be due to lack of opportunity.

However, in the service studied here there is the opportunity for training which has not been taken up. The data suggests that the courses available could be publicised more widely, as where there was more reported awareness, attendance was greater. However, whilst awareness of the training available was poor, there remained a large difference in the data between staff being aware of the course, and actually attending. As well as raising awareness of the training currently have on offer, there seems to be a need to explore why there was not a greater uptake from those who knew about the training. For example did staff feel the courses would not be beneficial, or was the training not accessible?

The largest number of participants reported having “no contact” with a SLT. This increases the importance of providing training to enable staff to support children in

their school. Research has shown that few mainstream school teachers receive any information on speech and language impairments as part of their initial training (Sadler, 2005). The 'Joint Professional Development Framework (I CAN, 2002) also emphasises the need for teachers to be trained in working with children who have communication difficulties.

This research has reported a large variety of perceptions from teaching staff; some report "excellent liaison" while others reported that it was "unacceptable". These widely varying perceptions suggest that the SLT service is functioning well in some schools, but not others. Examining practice in schools where joint working is successful to highlight good practice could be useful. These schools could then be used as a model to be implemented in the schools where liaison is reported to be poor.

There may however be reasons behind why the same service seemed to be perceived as better in some schools than others. As liaison is a two-way process (Hartas, 2004) individual SLT perceptions would be needed in order to gain a full picture. This may be able to highlight some of the reasons why there is such variability between schools who have the same service provider. It may be that there are either differing expectations amongst school staff, or that there is inconsistent service delivery across the area. Perhaps by providing information on minimum expectations or standards of delivery that a school can expect, a SLT service may be able to resolve these differences. The work of Wren et al., (2001) and Law et al., (2002) suggests the need for protocols and measures to be in place in schools to support collaboration, and this investigation similarly recommends that clearly identified expectations or standards may be helpful.

A factor known to impact on joint working is the personal characteristics of the individual staff, and the way people come together to form a successful partnership. Several participants reported the quality of the liaison being dependant on the individual SLT, that there was variation in joint working depending on which SLT was currently working with the child. It was perceived by teachers that having irregular SLT staff made it difficult to work together effectively. This again suggests that across the service there were differing standards and working practices. These differences perhaps contributed to the varied perceptions of staff, and highlight the need for clearly defined standards. This echoes work by Lindsay et al., (2002), who similarly highlighted a lack of equity across services and the need to pay attention to the distribution of provision.

The study has identified differing expectations amongst school staff regarding the rationale for joint working, with some participants describing the key purpose as being the exchanging of information such as discussing intervention techniques, IEP targets and sharing any concerns. Here both SLTs and school staff are seen as equals and the information flow is bi-directional. For other participants however, the reported purpose of liaison involved a single flow of information from the SLT to the school staff. Here, the SLT provides advice and strategies to be used in the classroom and gives feedback to ensure activities are carried out correctly. These differing perceptions of joint working may create different expectations, and further suggests that defining mutually agreed rationales may be helpful.

The reliability of findings from this work has been limited by the disappointing return rate of the questionnaires. It could be argued that the results have been skewed as only

those who saw liaison as important may have been likely to take the time out to fill it in. This study has also reported findings from one area in the North of England, and these perceptions may not necessarily reflect the perceptions of staff regarding joint working nationwide. Whilst the study aimed to explore the views of a variety of school staff, the low return rates impacted on the ratio of teachers to teaching assistants, head teachers, and SENCOs. However, the investigation was successful in gaining perceptions from a range of staff, and has highlighted a number of areas where suggested improvements could be implemented.

The majority of school staff would like more frequent meetings with an SLT when a child in their class or school is receiving a block of therapy, and improved continuity of liaison. Staff reported that they find it useful to have detailed information about children who are receiving blocks of therapy. The concerns from some staff regarding being sent programmes and targets that they have not had input in to is important to consider however. Sending recommendations without discussion may erode the mutual respect and trust believed to be essential to successful collaboration (McCartney, 1998).

The results have shown that the majority of teaching staff would like to liaise with a SLT face-to-face and at least every half term. There was some variation in views regarding when they would like these meetings to take place, with the most preferred time being after school. However, the success of joint working is significantly determined by staffing constraints within which both therapists and teachers are working (Wright & Kersner, 2001), and studies have highlighted the lack of provision of SLT in education settings (Lindsay et al., 2002, Law et al., 2002). The SLT service

to mainstream schools in the area studied had the equivalent of 3.5 full time SLTs at the time of the investigation (shortly being reduced to 2.5 WTE), and clearly within this resource all schools cannot be visited at the most preferred after school time. Within these staffing constraints, achieving the service that teachers want seems a considerable challenge.

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Appendix 1 Teacher questionnaire

**Liaison between the speech and language therapy (SLT) service
and school staff in *****

Please tick the box that most represents your response

1. Job title

Head Teacher Teacher Teaching Assistant
Learning support SENCO Other

2. Gender

Male Female

3. How many years have you been working in a school setting?

0-1 2-4 5-7 8-10 10+

4. Do you currently have any children in your class who are known to the SLT service ?

No 1 or 2 3 or 4 More than 4 Not sure

5. Are you aware of how to refer a child to the SLT service in *?**

Yes No Not sure

6. Do you know how to contact the SLT service in * ?**

Yes No Not sure

7. Are you aware of the following training courses the Speech and Language Therapy (SLT) service provide to teaching staff and if so, have you attended any?

1 ******Strategies******

Are you aware? Yes No

Have you attended? Yes No

2 ******Vocabulary******

Are you aware? Yes No

Have you attended? Yes No

3 *Phonology*

Are you aware? Yes No

Have you attended? Yes No

4 *Language* *****

Are you aware? Yes No

Have you attended? Yes No

8. How important do you feel that liaison between the SLT service and teaching staff is?

Not at all important	Not important	Undecided	Important	Very important
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9. How often do you have written contact with an SLT?

Never	Less than termly	Termly	Half-termly	More than half-termly	Unsure
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10. How often do you have contact via the telephone with an SLT?

Never	Less than termly	Termly	Half-termly	More than half-termly	Unsure
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11. How often do you have contact in person with an SLT?

Never	Less than termly	Termly	Half-termly	More than half-termly	Unsure
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12. In which format do you most prefer to liaise with the SLT service?

- Written
- Telephone
- In person
- No preference
- Other Please specify

13. Before an SLT comes to visit a child in school, appointment letters are sent out to the head teacher. Are you aware of these letters?

Yes No Not sure

14. Are you aware that following a child's assessment block therapy agreements are often drawn up between the school and the SLT?

Yes No Not sure

15. Target sheets are the forms given to the child's class teacher following assessment or therapy that aim to help with setting the child's IEP. Are you aware of these target sheets?

Yes No Not sure

16. If you are aware of these target sheets, how useful do you find them?

Not at all useful	Not useful	Undecided	Useful	Very useful	Not used
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17. When a child is receiving a block of therapy, how often would you like to meet with the SLT ?

Not at all	Less than termly	Termly	Half termly	More than half-termly	Unsure
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18. After an SLT has seen a child, how useful is the following written information to you?

The aims and outcomes of each therapy session

Not at all useful	Not useful	Undecided	Useful	Very useful
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Targets for the therapy block

Not at all useful	Not useful	Undecided	Useful	Very useful
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Specific activities to carry out in class

Not at all useful	Not useful	Undecided	Useful	Very useful
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Results of any assessments carried out

Not at all useful	Not useful	Undecided	Useful	Very useful
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19. How satisfied are you currently with liaison between yourself and the SLT service?

Very dissatisfied	Dissatisfied	Undecided	Satisfied	Very satisfied
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20. What period of the day would be the best time for you to meet with an SLT?

Morning class time	Morning break	Lunch	Afternoon class time	Afternoon break	After school
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Other time? Please specify.....

21. What would you say is the most important purpose of liaison between yourself and an SLT?

22. What are your views regarding liaison currently between your school and the SLT service in *?**

23. Do you have any thoughts regarding changes that you would like to see in the future?

Thank you for taking the time to complete this questionnaire!