

EDUCATIONAL PROVISION FOR PUPILS WITH DISORDERS OF LANGUAGE AND COMMUNICATION IN WEST CENTRAL SCOTLAND

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SYNOPSIS

The special educational needs of children with disorders of language and communication have been recognised in Scots law since at least 1954 when Regulations designated 'speech defect' as an area in which pupils might have difficulties in learning. However, this area remained something of a Cinderella with respect to the provision of specific facilities and interest until the production of a report 'Children with Communication Disorders', by the principal psychologists of the Scottish education authorities in 1988 (Working Party, etc., 1988). From 1991, a combination of parental pressure and activity by HMI have given it further prominence. Since then, there has been a growth in provision and in interest at rates unsurpassed in the previous four decades, and this growth is not complete. For example, the councils surveyed in this investigation continue to announce the opening of specialist units in primary schools; one council is on the point of making designated provision for secondary pupils for the first time; a residential school, run by an independent voluntary agency, will open in early 1998.

In recent years, three studies sponsored by the Scottish Office have had an impact on the area. First, the HMI study of schools and units for children with disorders of language and communication produced a report which is essential reading (SOEID, 1996). In association with that study, two reviews of the field (Donaldson, 1995; Trevarthen, Aitken, Papoudi and Robarts, 1996) were commissioned and published. Secondly, a team from the University of Edinburgh and Queen Margaret College (Reid, Millar, Tait, Donaldson, Dean, Thomson and Grieve, 1996) reviewed the role of speech and language therapists (SLTs) in relation to pupils with special needs. That role seems critical in providing specialist education for pupils with disorders of language and communication, but it is not developed extensively in the report of Reid *et al.* because of their concern with different issues which relate to collaborative working between the fields of health and education. Thirdly, Jordan and Jones reported their findings on provision for pupils with autism in June 1997.

The authors of this paper work in an establishment which has responded to the increased interest in disorders of language and communication by producing modular courses for teachers and SLTs with an interest in this field. We were not satisfied by our initial efforts with such courses because the structural necessity of covering the whole field in a single module did no justice to its diversity and complexity. More specifically, evaluations from teachers and SLTs attending the courses showed a clear division between those who wanted far more coverage of autism, and those who wanted none. Developments of course delivery in the current session have allowed some response to this problem, but we also saw a role for gathering information about current provision. There has been considerable diversity of services, both in existence and in preparation, among the authorities where our students work. We felt that it was important to record this diversity, first, to help us plan courses and, secondly, to provide a general picture which might help the authorities in policy-building and in creating networks of shared interest

across councils (and their associated health board and trusts). In particular, guidance from four cohorts of students on a specialist course, and from the HMI report of 1996, indicated the following areas of enquiry for our study.

1. The range of provision was diverse. What was it? What types of provision appeared most frequently, and what gaps in provision appeared to exist?
2. The study was located in the new councils that replaced the former Strathclyde Region. That Region seemed to have a policy of avoiding terminology that referred specifically to autism and Asperger's syndrome. Instead, 'disorders of communication' had to be substituted. This idiosyncratic use of 'communication' indicated a limited view of the pervasive effects of autistic behaviour, and also caused confusion in discussion of communicative disorders that were not autistic. The HMI report (SOEID, 1996) comes close at one point (page 44) to equating 'communication disorder' with 'pragmatic disorders of communication'. However, the same report (p. 45) refers to pragmatic problems in its definition of 'language disorder' and, throughout, draws attention to the difficulties of having a reliable glossary. We therefore wished to clarify how terminology was used and understood.
3. The staffing and organisation of services was also interesting. The widespread provision for children with disorders of language and communication is a relatively new phenomenon, and has not been addressed by the Scottish teacher-education colleges until recently as an area for professional development. What are the backgrounds of the staff of the services, and what procedures exist to facilitate children's progress towards, through and beyond the services?

METHOD

An interview schedule, based on the three areas outlined above, was drawn up, for administration in the twelve councils which comprised the former Strathclyde Region. Interviews were carried out in eleven of these only, as one authority made no specific provision for pupils with disorders of language and communication at the time of the study. In general, the study's respondents were officials such as education officers, principal officers (SEN and learning support), advisers and principal psychologists. All were sent copies of the schedule in advance of an individual interview.

Two interviews were carried out by telephone, the remainder face-to-face. One authority invited us to contact its specialist provision also, to ensure a comprehensive gathering of information from those who delivered the service. Another asked one of us to take part in an in-service day for teachers and speech and language therapists where, again, it was possible to have illumination of issues by those responsible for service delivery. Over the course of the study, additional information regularly came in informal exchanges with staff in schools, units and educational administration.

The interview schedule proved useful as a means of eliciting information, but the balance of its findings is not best reflected in terms of the original sections and sub-sections. These are now reported in a sequence which draws attention to the main issues that emerged.

RESULTS

Extent of provision

One difficulty encountered throughout the project was that of obtaining reliable quantitative data. On a number of occasions, situations were changing quite literally as data were being gathered, and this referred to matters as substantial as

the number of services identified. Table 1 summarises the broad picture that existed at Easter 1997.

Table 1: Types of provision identified in the study

Type of provision	<i>f</i>
Unit, based in nursery, for pre-school children with DLC ¹	1
Units for pre-school and early primary-age children with LDD ^{2,3}	4
Units, based in primary schools, for primary-age pupils with DLC ⁴	17
Unit, based in special school, for primary-age pupils with DLC	1
Unit, based in special school, for pupils aged 1-18 with DLC ⁵	1
Units, based in secondary schools, for secondary-age pupils with DLC	2
General pre-school assessment centres and development units providing also for children with DLC	4
Learning support for pupils with DLC in secondary schools	1
School for pupils aged 5-16+ with DLC	1
School for primary pupils with language disorders	1
Total	33

The majority of the provision recorded in Table 1 exists in the form of units, attached either to mainstream schools or to offices of the psychological service. Two schools also exist, one for pupils of primary age with a variety of language disorders, the other for pupils from a wider age range with severe communicative disorders which many people would describe as ‘autism’. A fair estimate would be that the 33 services make provision for a total of 550–600 children, though an ever-developing situation makes it difficult to give a reliable figure.

Units located in premises of psychological services were usually the responsibility of these services. Those in primary schools were usually responsible to the head teacher of the school where they were located through an assistant head teacher who was head of the unit. However, the place of this line of reporting was not universal, nor was it necessarily likely to continue as there may soon be changes of policy from that of the regional council under which the services were set up. For instance, some units are likely to have a greater administrative detachment from their base schools, with line-reporting to an education officer rather than the head teacher. Conversely, one authority seemed to be moving towards more involvement of a unit’s head in non-unit activities in the mainstream of the school. There was no homogeneity of staff-structures across the primary units surveyed. A majority are now under the direction of an assistant head teacher (as mentioned above), but at least one was directed by a non-promoted member of staff at the time of the survey.

The age of services varied considerably from that of pre-school and early education language units which were at least 20 years old (founded around the Bullock Report’s publication) to units which were on the point of opening in 1997. The period of rapid expansion in the establishment of services began with the deliberation of 1991, mentioned above, and continues.

1. DLC = ‘disorders of language and communication’.

2. LDD = ‘language delay and disorder’.

3. One of these units offered an outreach service to mainstream schools.

4. Two of these units made provision explicitly for pupils with phonological disorders, and three less explicitly made provision for pupils with autistic behaviour principally.

5. This service also provides outreach to mainstream schools.

Services provided

There were two commonly-found types of provision for children of primary-school age and younger. The first was full-time day-placement, with the intention that pupils would sooner or later transfer to a mainstream (or perhaps, special) school in their home areas. This sort of provision typifies units for P1 to P7 pupils. A second type of unit was found in some authorities for pupils in the age range from 3 years to Primary 3. Such units tended to give half-day provision for children with delays or disorders of language.

Four less common types of provision should also be mentioned:

- First, units for pupils of secondary age exist in two mainstream secondary schools, under the direction of a principal teacher, and responsible to the head teacher of the school. Their pupils showed greater or lesser degrees of autistic behaviour. Few pupils attend these units. The severity of pupils' difficulties appeared to vary between the two. In one, a principal task of the unit was to give support to its four pupils and colleagues so that the pupils might spend as much as possible of their time in mainstream classes. In the other unit, the pupils appear to have greater degrees of difficulty and spend most of their time in the unit itself. There, however, the staff try to maintain some of the routines of standard secondary schooling. The pupils are in year-groups — Secondary 1, 2 and 3 — and change subjects at the end of periods.
- One school exists for up to twenty-four pupils with what its handbook describes as 'severe language and communication disorders', though it is clearly recognised that these presenting conditions may fairly be described as 'autism'. This school provides day and residential education, and covers the age-range from five years to sixteen and beyond.
- One primary school (which can accommodate eighteen pupils), is probably the only school that has existed in Scotland for pupils with language disorders.
- Finally, two councils have units (included in the 17 in Table 1) for pupils with phonological disorders.

Support through outreach and general learning support services

The outreach activities mentioned by the study's respondents were principally liaison between units and the mainstream schools from which pupils in primary-age units had come. Liaison occurred particularly in relation to shared placements and to the transition of pupils back to their local schools. We had relatively few reports of staff in communication services providing mainstream schools with the type of support that is given by specialist teachers of pupils with physical, visual and hearing impairments. However, there is evidence of willingness among teachers and SLTs to develop this type of service. Peripatetic practice appears to have been encountered more frequently by Reid *et al.*, (1996, p. 9), and therefore findings in the area of Scotland covered by this study may not be typical of the whole country.

The lack of such provision or specialism may be an effect of the relative recency of interest in this area, and the recency of specialist courses in it. In addition, there was general agreement across the councils that staff working in general learning support services would be involved in the support of children with language and communication disorders. It is likely, indeed, that class teachers, SLTs and general learning support services are responsible for attending to the special needs of the majority of pupils with disorders of language and communication as such small numbers receive attention from the specialist centres and schools. No respondent in the survey expressed a need to have disorders of

language and communication as a specialism within the support service, though there are now some signs that such a specialism may emerge. This evidence is worth reading in the context of Reid *et al.* (1996, p. 9). They drew attention to the more effective collaborative working practices between teachers and SLTs that appeared in special rather than mainstream educational facilities. They also recommended ‘the creation of more places in special educational facilities for pupils with significant speech, language and communication difficulties’.

Terminology

There was widespread acceptance across the councils of the terminology that seemed prescribed in the former Strathclyde Region. The term ‘communication disorder’ was used almost exclusively to describe the ‘triad of social impairments’ (Wing and Gould, 1979) — problems with imagination, social relationships and verbal and non-verbal pragmatic communication — that are often associated with autism and Asperger’s syndrome. (The terminology of the ‘triad’ is familiar to many staff in the schools and units.) A few respondents did use the term ‘autism’ to describe the behaviour of children with these characteristics, and seemed comfortable with this. One respondent disliked the term and would not normally use it. Another stated explicitly that ‘communication disorder’ is used to describe ‘the continuum of autism’.

By contrast ‘disorders of language’ covered all other aspects of this field including difficulties of delayed language, understanding language and performance of speech acts. The following quotation was the only response that defined ‘language’ and ‘communication’ in terms different from the Strathclyde canon.

‘Communication’ has to do with support for the use of language, and ‘language’ has to do with support for the *development* of speech and communication.

The respondent defined communication disorder, therefore, as one area of pragmatic problems, and language delay and disorder as problems which impair the development of normal communication. The respondent acknowledged the difficulties in maintaining a reliable distinction, a difficulty that is also recognised throughout the HMI report. However, he had moved to a functional way of understanding the difficulties from the more diagnostic labeling of equating disorders of communication with autistic disorders. That way of understanding has interesting parallels with the current reluctance of many SLTs to use either modern or well-established classification categories because they believe that functional descriptions, and responses to the descriptions, offer more effective routes to delivering a service.

Staffing and size of services

Changes affecting so many of the services in the study made it difficult to quantify reliably the number of pupils being served. The issue here is less the number of children than the potential changes. For example, one newly-formed unit could say that its current roll was 5 pupils, but the imminent opening of a second class would raise this to around 10. However, it was possible that the unit might have to fulfil an ‘assessment and throughput’ function for at least several months because of council priorities, in which case the roll of long-term and short-term pupils would rise to 16.

The school for children with severe disorders of communication has places for 24 pupils, and the school for children with language delay and disorder has places for 18. In units attached to schools or psychological services, the ratio of teachers to pupils was around 1:5. Invariably, auxiliary staff were also available. No clear

pattern emerged among the backgrounds of teachers who staffed the units and schools. Most were primary teachers originally, though a few came from physical education or secondary subjects. Data were not complete, but it would be fair to estimate that half had no accredited training in special educational needs (SEN), and half had either a diploma in SEN or support for learning. A small number held the advanced certificate in autism of Birmingham University.

Speech and language therapists were associated with all services, though the extent of their involvement varied from that of full-time placement to part-time consultancy. This issue is discussed by Reid *et al.* (1996) and relates to the administrative arrangements which vary considerably across health boards and trusts. From what we have discovered on the study, it seems that the most effective collaboration occurs in settings where SLTs have a major part of their time allocated to the units; where they and teachers can work in close proximity when this is appropriate; and where the individual therapists have autonomy over how best to use their time.

Procedures

Referrals come from a variety of sources but the two most frequently-mentioned routes to the admission panels of schools and units were psychological services and pre-school assessment teams.

Admission to provision and transfer from it were enabled by two processes. The first was the specification of criteria for potential referrers to the service. The second was the universal use of admission panels — teams consisting of teachers, SLTs and educational psychologists. Parents attended admissions meetings in around half of the services noted in Table 1, and thereafter routinely attended review meetings of their children's progress. Professionals' pleas for the development of parent-service relationships have been heard since the principal psychologists' report (Working Party, *etc.*, 1988). Repeatedly, teachers and SLTs told us that it was essential to make time to listen to parents and to talk with them. Parents' understanding of their children provides critical, practical information for developing professionals' awareness of needs, complex conditions and effective responses, yet respect for parents' understanding is essential if they are to have confidence in the services provided for their children.

There was no definite pattern to determine the opening of Records of Needs in the services surveyed. In general, the older the children or the more severe their disorders, the more likely were they to have Records of Needs.

DISCUSSION

Terminological problems, including 'communication' and 'autism'

Continuing problems with terminology exist. The 1954 'speech defect' is clearly out of date, but the current 'disorders of language and communication' is still far from satisfactory. A case can be made for advocating the use of 'disorders of communication' as the generic term because it is difficult to make a case for having effective language (without communication) as an educational goal. This was, of course, the terminology used by the principal psychologists in 1988.

As reported earlier, only one respondent defined a distinction between 'language' and 'communication'. All other respondents, if they made a distinction at all, reflected the reluctance of the former Strathclyde Region to use terms specifically naming autism and Asperger's syndrome. Admittedly, there are problems of defining these terms too, but it is hard to defend the coyness that blankets autistic disorders under the label 'communication'. Using terms such as 'communication difficulties' to encompass all the range of autistic behaviour is neither accurate in reality nor just to the families affected by it. Conversely, it also

suggests that pupils with difficulties in speech and language do not have a difficulty with effective communication. This is not the case.

Some confusion could be lifted by regarding all educational provision for pupils with disorders of speech, language and communication as 'communication centres', because effective communication is a primary goal of all of the services surveyed. 'Social and communication disorders', used in some parts of Scotland, has a strong claim for attention too, for 'social' adds to the understanding of educational goals for children with pragmatic disorders and autistic behaviour. However, there is also a danger that 'social' may detract from a comprehensive understanding of the roots and the phenomena of such behaviour. Councils should not hang back from referring openly to autism when they are providing specialised services for children whose behaviour may be described most succinctly by such terminology. It was interesting to note that, as the study came to a close, one of the councils surveyed was advertising posts 'in the Autistic Spectrum Resource Base'.

In addition, there should be recognition of the diversity of conditions within the autistic syndrome in the creation and development of services. Wing's 'triad of social impairments' may be a useful first framework of response: her ideas are already widely known, do not reduce autism to a simplistic 'disorder of communication', and provide a functional description of the presentation and effects of autistic behaviour. Yet, there is a danger that the triad may be a shibboleth that protects its users from scrutiny, or that (as Trevarthen *et al.*, 1996, p. 11, indicate) may inhibit the influence of more modern ideas on the importance of intrinsic motivation in communication.

Also, the validity of the metaphors 'spectrum' and 'continuum' of autism should be debated more openly because their use, and the contrasting disapproval of terms such as 'autistic tendency', is not an area where debate is encouraged by some guardians of autism's glossary. Informal evidence from the services shows that some teachers and SLTs have moved beyond the 'triad'. In particular, we have received reports of staffs' advances with approaches which respect pupils' own idiosyncratic attempts to explore and communicate as an essential basis for learning. Straightforward functional analysis, too, has a place in enabling children to overcome their puzzling impairments. We have also received reports of the value of techniques for assisting language development in children whose speech is already well advanced, but whose capacity to use it is not.

Secondary pupils

The special needs of pupils of secondary age are a matter of concern. It is undoubtedly the case that the needs of many children will change as they grow older, and some children may cease to have special needs. Thus, a response to them through the provision of a communication centre, or other type of earlier support, may not be appropriate. For example, many young children with disorders of communication or delays in language development will overcome these difficulties to the extent that mainstream education, with or without special support, is the only appropriate placement for them. Some with delayed language development may have these as part of more global developmental difficulties which become the priority for response.

Yet, there will remain a proportion of pupils with persistent difficulties in communication that will remain with them always. In the course of the study, we encountered only three references to the support of secondary pupils. We believe (as does the HMI report) that this is an area for a more focused response to ensure that the special needs of these pupils are recognised and met. Such specificity of response may appear contrary to the non-categorising ethos of the 1981 Act. Yet, teachers cannot avoid recognising an individual's specific difficulty on one hand and on the other, responding to the individuality of that person's needs for a broad

and balanced curriculum. That dilemma is in the nature of teaching pupils who have special needs. In any case, it is possible that avoiding the naming of disabling conditions is a passing fashion: labels akin to those of the 1954 (Scottish) and 1959 (English and Welsh) Regulations appear in 'Effective Provision for Special Educational Needs' (SOEID, 1994, p. 41) and the 1994 Code of Practice in England and Wales. Avoidance of labels for its own sake can be avoidance of the reality of disability with the consequent failure to recognise the rights to special provision that are stated in the UN Charter on the Rights of the Child.

Professional development

Before the study began, we identified a need for more and better professional development, and had begun responding to that need. The study makes us believe that the investment of time in planning new courses has been justified. However, such professional development is available currently to teachers and SLTs through formal post-graduate courses in the main. Examples include the Moray House Institute/Queen Margaret College course which is taken jointly by teachers and SLTs, and the courses at Strathclyde University which (depending on timetables) may be taken jointly or separately by teachers and therapists. Other approaches to professional development should be considered also, and two which have a claim for attention are mentioned here.

First, one of the councils surveyed organised a staff development day in the course of the study in which a group of teachers and speech and language therapists participated. All expressed a need for joint post-graduate training of experienced professionals. Teachers and SLTs can have different views of needs. Teachers are rightly concerned with access to a curriculum that is part of the normal process of enculturation. Therapists are rightly concerned with responding to difficulties. No model of response, such as 'curricular', 'developmental', 'individual', 'deficit', 'therapeutic' or 'medical' is right or wrong intrinsically — they are no more than ways of knowing, that may be appropriate in some circumstances, and may not be so in others. Yet, there are also significant areas of overlap which must be recognised in professional practice. Staff attending the development day recognised the benefits of joint planning and operating. Inter-professional development events, involving staff from a large single service or from a group of smaller neighbouring services, could be organised with little effort. They should promote understanding of the legitimately different outlooks of education and therapy by focusing on the shared daily practice of the participants.

Secondly, we need more networks of teachers, SLTs and psychologists across council boundaries to develop understanding of communication and of autistic behaviour. In fact, a network of teachers, SLTs and psychologists ('SLUM', the 'Scottish Language Unit Meetings') has existed for more than ten years, but there was no evidence of awareness or impact of it in the area surveyed in this study. Staff can feel isolated and discouraged because of the small number of colleagues within their own administrative boundaries who have insight into their specialism. Much of their knowledge and skill will come from experiential learning because of the paucity of documentation to help them, particularly at the level of daily practice with pupils. The need for their specialist service has been recognised by parents and by local and central government. It now needs support to attain a strong craft knowledge and theoretical underpinning, and the most likely source of these will be its own grass roots.

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