Speech Pathologists working in schools, what is the 'right' model?

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Short Abstract

The need for speech pathology services in schools has experienced ongoing growth. This need has led to schools collecting their own data to inform effective and individualised service delivery. Other known service delivery models such as multidisciplinary, interdisciplinary and transdisciplinary, have been designed and implemented in the context of health industries with success, (Choi BC, Pak AW., 2006). The question is: what does this look like a school environment? Collaboration is key, "*A best practice approach to supporting students with speech, language and communication needs is through a whole school collaborative approach which is multi-tiered, (*Speech Pathology Australia's Submission, 2017)."

The "best practice" service delivery model is not yet clear for schools wishing to implement effective and evidence-based services of allied health services including speech pathology. As Archibald, L.M. described in 2017: '*Unfortunately, the optimal service delivery option for school-based SLP provision remains poorly understood based on recent systematic reviews (Cirrin et al., 2010).*' This presentation will address models of service delivery that have been trialed in one school, Northern School for Autism. It will detail the successes and failures of trailed models and the challenges that continue to present themselves for speech pathologists working in a school setting. Past strategies will be evaluated and include comparisons of the models trailed including the shared beliefs of classroom staff and allied health professionals collected through meaningful conversation, the model's impact on student outcomes, examples of policies and strategies that encourages innovation and ongoing monitoring of the current service delivery model.

Long Abstract

The need for speech pathology services in schools has experienced ongoing growth. This need has led to schools collecting their own data to inform effective and individualised service delivery. Other known service delivery models such as multidisciplinary, interdisciplinary and transdisciplinary, have been designed and implemented in the context of health industries with success, (WHO, 2010). This presentation will address the service delivery models that have been trailed in one school, Northern School for Autism, since 2015 until present day. It will describe and demonstrate the successes of trailed models and the ongoing challenges of servicing schools effectively when dealing with uncontrollable variables including but not limited to staffing shortages and budget constraints.

Northern School for Autism (NSA) is a learning environment for children and young people between five to eighteen years old, with a diagnosis of Autism Spectrum Disorder (ASD). Students are required to present with a severe language disorder with a score of 70 or below for *core language*. Students may also have commodities including Intellectual Disability, Global Developmental Delay, ADHD, Dyspraxia and Sensory Processing Disorder. There is also a small cohort of students funded under

Severe Behaviour Disorder that have a language score over 70. Currently, 68% of students who attended NSA do not use speech as their main method for communication. These students present with a wide range of communication skills as well as communication challenges.

Throughout its history of therapy intervention, NSA has trailed a range of approaches, including whole day in-classroom sessions, the referral model, consultative model, multidisciplinary models, transdisciplinary models and collaborative models. Initially, with a small therapy team, NSA adopted a referral-based system. Staff were able to make a relevant referral for the speech pathologist to assess, prescribe Alternative and Augmentative Communication (AAC) and develop strategies to support the student's communication in a separate therapy space. During this model, staff and therapists felt the therapist was not able to adequately gain a sense of the student throughout the day i.e. how the student interacted with different communication partners including their peers and across school environments. As the school grew in student numbers, more therapy staff were employed and a more intensive therapy model was trailed. Therapists were allocated to a classroom each day for a term, giving them a case load of five classrooms. They were considered to make up part of the daily classroom staff. This allowed the therapist to work across the day with students in a 1:1, small group and whole classroom setting. It allowed them to work with students beyond structured teaching time i.e. during play and mealtimes. In a survey collected from staff at this time, multiple issues and barriers were identified with this model. Feedback included that staff shortages were impacting the amount of dedicated therapy time for students as therapists were often utilised to cover daily classroom tasks. Also, that carry-over of communication strategies to other school days was inconsistent.

Another survey was conducted to help identify the features of the service delivery model that staff deemed optimal for NSA. This model involved elements of collaborative practice and multiple disciplinary approaches that are current best practice, (SPA Submission, 2017). The findings of the survey resulted in the implementation of the service delivery model currently used at NSA. Therapy is delivered within a dedicated in-classroom session or in external school spaces. When external, classroom staff accompany their students. Students are grouped based on communication profiles and are often mixed with peers outside of their classroom. Staff are encouraged to be an active support person in the session and are eventually given the opportunity to lead the session. This allows the Speech Pathologist to work intensively on communication skills in a structured environment whilst in consultation with relevant teaching staff, modelling strategies that can be transferred to the classroom.

Without sufficient upskilling and modelling occurring among regular classroom staff, the generalisation of AAC to other learning contexts is limited and poses a significant opportunity barrier, (Beukelman & Mirenda (2013). It has become evident that supporting classroom staff's ability and therefore confidence when leading communication accessible sessions should be prioritised. Often, speech pathologists focus on the AAC users' skills and profile in literacy, language, motor and sensory preferences as potential access barriers, (Beukelman & Mirenda (2013). This model allows more attention to address opportunity barriers such as school policy, attitudes, communication partner's knowledge and skills, Beukelman & Mirenda (2013).

This presentation will describe the ongoing progress and challenges of a collaborative model in a school setting. This session will provide an overview of NSA's experiences thus far, barriers along the way and future plans. Attendees will learn about developing a service delivery model that reflects the priorities of a school, the perspectives of staff and therapists and how this can impact student outcomes when implementing AAC. The approach is informed by teacher and therapist experience, as well as the evidence base of core vocabulary and aided language stimulation.

References

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