How do speech and language therapists work with support assistants attached to communication disabled children?

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This paper analyses the role and training needs of classroom support assistants, as perceived by ten speech and language therapists. All identified the value of the assistants' detailed knowledge of the child, availability to the child to mediate communication in the classroom and natural 'maternal' style of interaction. However, the limitations of 'natural' responsiveness and the need for specific training is also recognised, as is the need to balance the benefit of an individual support for the child against the disadvantage of too much dependence on one person in the classroom.

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Introduction

An illuminative evaluation of the perception of the speech and language therapist's role from the point of view of four special school staff had identified that the support assistant had different expectations to the other staff members (Dobson, 1995). The school staff had represented the four different team members who were usually involved with a child with special educational needs; a head, a teacher, a support assistant and a dinner lady.

It had been clear that in the school studied, the support assistant was less well informed about speech and language therapy than other staff groups. I worked within her classroom several times a week and had been unaware of her views. My initial reaction was that the problem could have arisen due to a personal fault in my own working methods. It is my responsibility to communicate to school staff about the work that I do with children, to explain the child's programme of work and seek their support for the programme. For the support assistant in the initial study I had been successful in gaining her co-operation for the programmes but she had no understanding of the reasons behind them. I felt that my working methods might have caused her misunderstanding and dissatisfaction.This subsequent study describes how speech and language therapists in the same locality worked with the local support assistants.

Therapeutic emphasis, over the last 10 years, has gradually evolved from the expectation of 'giving the child therapy' to that of improving the child's communication environment. From this stance, everyone has an equally important role in developing a child's communication. Consequently therapists employed by Huddersfield NHS Trust have evolved a strategy of using a school's support assistants to implement children's therapy programmes. I therefore felt it would be useful to have information as to the frequency, the style and the type of liaison that had been established with the support assistants.

Method

I used a semi-structured focused interview schedule to interview the 10 therapists who worked with children with Statements of Special Educational Needs. When I had completed the interviews with the therapists, I interviewed three teachers. These interviews were used to triangulate the data given to me by the therapists. One teacher was from a special school and one was from a mainstream resourced unit. The third was a mainstream teacher whose class included a child with Down's syndrome and who was supported by a full time assistant.

Findings

The data showed that in the previous spring term, 1994, discussions with support assistants had occurred much more frequently than discussions with teachers. However, they had been less lengthy and less detailed than those that occurred with the teachers. The therapists described the support assistants as having equal but different roles within the Education team. The teachers from the special school and the resourced unit also held this perception.

Methods of working with support assistants

There were no identifiable variations in therapists' approaches in different educational settings. All the therapists believed that support assistants had an important role to play

in fostering children's natural communications. As SLT1 (speech and language therapist) stated:

> *I want the NTA (non teaching assistant) to be involved at the discussion level in each class. I want her involved at the same level as the teacher, so they both get the same message.*

Therapists valued the support assistants' ability to communicate with the child at a suitable level for the child's needs. They felt this developed because of the support assistant's close relationship with the child, their detailed knowledge of the child's classroom interactions and the classroom routines. Visiting outside support staff need to liaise with a key person who has 'special skills based on an understanding of the work setting in which programmes are to be run' (Hanko, cited in Steel, 1988, p. 105).

Support assistants' knowledge and skills were utilised by the therapists in several ways:

a) Therapists used the support assistants' knowledge of the child's speech and language as another facet to be considered during assessments, to determine the success of therapy programmes and to monitor the generalisation of skills taught in other settings. Support assistants were also used by some therapists to record observations of children's communications and interactions with their peer group. For example:

> *The NTA is more useful to work with in a practical sense. From the point of view of gaining information that's useful to the speech therapist it's the NTA I talk to (SLT5).*

b) For those mainstream children who had comprehension problems therapists expected the support assistants to simplify and explain the language which the teacher used to the whole class.

As SLT2 expressed it:

> *The work I leave obviously depends on the child. I'm talking about increasing communication skills, the ways children interact and the use of language not a specific task. More the way their own tasks are presented. What the NTA does with the child normally but concentrating on the way they do it, the way they say things.*

Therapists expected the support assistants to behave like mothers by not 'leading the child's language to the next level of language production but responding sensitively to the child's level of comprehension,' (Byrne and Buckley, 1993, p.144).

c) Therapists expected support assistants to provide a running commentary on the child's current activity using an appropriate level of language. Certain disabilities can lead to a lack of inner language use. Children need to 'observe language being used in the context of their own actions not simply those of others,' (Clibbens, 1993, p.104). If support assistants adopted this role teachers often found the support assistant's voice was an intrusive noise in the background of their classroom. The mainstream teacher and unit teacher had described support assistants as 'a little too talkative' (RU [Resourced Unit]).

d) Therapists felt skilled support assistants could use the actual context of the language to support a child's existing knowledge of spoken language. This was particularly so for children with PMLD (profound and multiple learning disability) where the pre-verbal 'playfulness and sensitivity' (Nind and Hewett, 1994, p.9) used by the support assistants helped establish an enhanced communication environment. Therapists felt that this close relationship that support assistants developed with the children fostered improved use of language. It provided a safe environment in which the children could express themselves. The language level of the support assistants was also felt to provide a suitable, achievable model of communication which was more likely to promote a response from the child. As SLT6 said 'it's their mumsey quality that's so good.' This maternal quality was valued by the teachers as well.

e) For severe articulation problems therapists gave the support assistants programmes of work. However, there was an awareness that at times

'aspects of the maternal style are responses to the nature of the disability and are likely to distort the structure of the interaction by evoking natural but counter productive responses from adults' (Byrne and Buckley, 1993, p.115).

Therapists also thought 'children should be taught to cope with misunderstandings of their speech' (Bray, cited in Byrne and Buckley, 1993, p.113), as too easy an understanding of, and response to, poor speech may inhibit articulation development in a school setting.

This meant that the therapists could not just rely on leaving programmes of work for articulation, SLT7 said:

> *I won't just leave written means, sheets of paper or whatever, I always talk to them about it as well.*

f) Therapists gave support assistants advice about vocabulary work and structured language teaching. The therapists felt the frequency of the input of targeted words was particularly important for acquiring new vocabulary. Children with severe language impairment 'are less able than their non-language impaired peers to quickly infer a new word's meaning' (Rice et al., 1994, p.119). However this very much depended on the style of the therapeutic approach adopted by the therapist. Two therapists did not believe in giving support assistants programmes of work. They felt explaining the tasks took longer than doing them themselves. This was the biggest difference in working practices amongst the therapists.

Advantages and disadvantages of working with support assistants

All of the therapists felt that the most important factor was that the support assistants understood the reasons for the therapists' work. As SLT10 suggested, 'I want them to produce an environment conducive to communication, not to mock speech therapists.' Support assistants' lack of understanding of this, was the very reason why the unit teacher had chosen to liaise directly with the therapist herself. She felt the support assistants lacked the training or the knowledge to implement programmes without supervision.

Some therapists believed if support assistants reinforced their work the child was likely to improve at a faster rate for:

> *you see faster progress when an NTA supports your work in school, like a good parent who does work at home. Once a week in a clinic with never any practice is no good (SLT7).*

Other therapists felt that the involvement of a support assistant had no effect on the length of period of therapy. However, these therapists used support assistants to release them from routine tasks and were then able to use their time more effectively. This was noted by Jupp (1992) during an integration project where he observed that:

> *by directing programmes of events through the support worker ... the therapist is able to reach a larger and wider clientele (p.86).*

In some situations the presence of a support assistant could fail to benefit the child. The length of time that one support assistant worked with a single child could be a positive factor in providing continuity of care. However, if the support assistant's skills failed to alter as the child developed, progress could be inhibited. Another perceived pitfall of prolonged child/assistant attachment was that a dependency could develop between them. If this occurred therapists described children who could not act on their teacher's instructions without first checking with their support worker or children who only communicated with and through the support assistant. Conversely the support assistant could view the child's dependency as favourable to her status in the school. This could lead to active creation of barriers and defensive behaviour in relation to therapists. For:

'*personal responses within the context of a multi-disciplinary structure should not be underestimated. Individuals can feel threatened or vulnerable when asked to share their views with professionals who are more experienced*' *(Steel, 1988, p.104).*

In certain circumstances the therapists thought the presence of a support assistant could prevent the child's interaction with their peers. Therapists were aware that a similar situation could arise if the management of the child's integration programme was of a particular style. They believed that 'successful integration will require more than proximity to typically developing peers' (Buysse and Bailey, 1993, p.457).

The support assistant's value for the therapist was always the natural maternal quality of their language interactions and the way they adapted to the child's level of language. Speech and language therapists had found that if support assistants tried to become like a teacher they often adopted a questioning style of language. However, they did not develop the teacher's skill of using questions constructively. When this occurred support assistants used a 'what's this?' 'what's that?' (SA10) style of interaction which Byrne and Buckley (1993) cite Mittler and Berry as stating, tends to predispose one word noun responses (p.109).

Team approach

Therapists thought that an important success factor for support assistants was the way they became team members in their own right. They stated support assistants were often unaware of their own value as communicators. Only special school teachers and resourced unit teachers agreed with this view. Therapists felt support assistants needed 'the reassurance that these skills are what is needed' (Nind and Hewett, 1994, p.11). However, both teachers and therapists had found that if support assistants had too much confidence in their role, they failed to consider alternative approaches or listen to other team members' views and opinions. All therapists valued the long term experience that support assistants built up by working with special needs children. However, sometimes the knowledge gained by working with one child could be wrongly generalised to other children or to different disabilities. In some cases the school came to see the support assistant as 'semi-qualified' for particular special needs. This could then cause problems for visiting support workers.

The therapists welcomed classroom support assistants' inclusion in the Education team. However, this did not prevent their awareness that they were unqualified staff with whom they had no shared knowledge base. SLT8 said:

> *I've learnt you have to be careful not to assume how much people actually do know. People give the impression of understanding and later you find out they haven't, so you have to be a little careful.*

The therapists believed that support assistants should be helped to understand children's communication needs. Fish as cited by Steel (1988) suggests that:

> *co-operation is often best when the therapists work in the classroom and teachers and aids can see what is done and carry on the practice programmes in the therapists absence (p.106).*

However, there were also other issues which were better addressed in a wider context. Like Mackay and Boyle (1994) the therapists in our department felt:

> *more consideration should be given to whole school approaches ... which may be more effective and appropriate means of addressing the needs of pupils with learning difficulties than an over-emphasis upon the more traditional one-to-one approaches (p.195).*

Training needs

The consensus of the therapists' opinions was that support assistants needed a training strategy: a package of courses which was tailored specifically for support assistants needs working with communication disabled children. Fox (1993) viewed information given to support assistants as vital because:

> *Parents need to know their children are being supported by people who know what they are doing. Schools need to be sure that children who need assistance are given informed and confident support (p.50).*

Nationally there is little evidence that support assistants have many opportunities to attend training courses (Clayton, 1993). Training tends to be on an ad hoc basis and when the teacher/manager is able to add this to the already busy daily classroom schedule. Only Balshaw (1991) and Fox (1993) have produced guidelines for support assistant training; neither specifically address the skills that are needed to

support communication disabled children.

The level of training that support assistants were offered in Huddersfield varied according to educational setting. Resourced Unit and mainstream support assistants had less opportunity to attend training courses than their colleagues in special schools. If the child's support assistant was full time it seemed that release for off-the-job training was rarely available. Fox (1993) suggests that support assistants' wide variation in background experience shows a clear need for training, especially since the role has become more educational with assistants being more involved in the child's learning (p.50).

Support assistants working with children whose Statements indicate speech and language therapy is necessary should have the opportunity to expand their knowledge of children's language acquisition, be aware of the implications of particular disabilities on the pattern of language development and realise the importance of the language environment in remediation. Speech and language therapists must therefore adopt a training role to enable schools to include their support assistants in the whole school approach. Time given to such training would be cost effective for both the therapy service and the schools. It would also be likely to improve job satisfaction for the assistants and therefore benefit the children they support.

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