Evaluation Case Study

Team teaching by speech pathologists and teachers in the classroom

MSSD Output 4: Working with health professionals
MSSD Output 5: Skills training in special education

Catholic Education South Australia
Team teaching by speech pathologists and teachers in the classroom

Abstract

On behalf of the South Australian Commission for Catholic Schools (SACCS) Catholic Education South Australia (CESA) established a contractual relationship with TALK Speech Pathology to provide consultancy services to a number of Catholic primary schools in South Australia. The speech pathologists are using their knowledge of oral language acquisition and development to assist teachers in planning literacy sessions to bridge oral language activity into broader literacy skills including reading and writing. The speech pathologists provide expertise in oral language development and the class teachers contribute their understanding of pedagogy, curriculum development and classroom organisation. They have established a collaborative approach to planning, implementation, monitoring, evaluating and reporting on the project outcomes. The teachers involved in the project are expected to share knowledge and strategies with their colleagues through ongoing planning and professional learning sessions with other early childhood teachers at their school.

Key elements and actions

This case study focuses on the professional consultancy relationship and programme development involving speech pathologists and two early childhood teachers in a Catholic primary school in South Australia.

Preliminary arrangements

CESA appointed a consultant from within its Special Education Programme to “…lead the coordination and management of procedures and processes pertaining to each project.” At the same time, CESA liaised with service providers to identify speech pathologists with skill sets appropriate to the project, to develop a service delivery contract and, drawing on this, to develop protocols and communication strategies.

From the perspective of schools, all of the preliminary work has occurred in the background. Their initial contact with the project commenced with an expression of interest and, once accepted, participation in an introductory workshop entitled Speech Pathology in Education delivered by the two speech pathologists from TALK Speech Pathology. The workshop has been critical to the success of the project for two reasons. First, because of the importance of making the linkages between oral language development and broader literacy competencies explicit to participating teachers. Second, because the workshop provided an important opportunity for professional working relationships to be established between the speech pathologists and the teachers involved.

The workshops were structured in a manner that fostered networking and contingency planning. Whilst the focus of professional learning is on two teachers from each school, participating schools were invited to send all junior primary school staff to enable a shared understanding of the project to be achieved. This was combined with networking between schools and contingency planning to support a broader understanding of the project: if one teacher drops out, another junior primary school teacher will be able to take their place.
As an output of the workshop, the goals for teachers were defined around building their knowledge of oral language development to:

- review their current practices and knowledge
- map needs of students
- gather evidence, analyse evidence, record, plan and trial
- select interventions to be trialled and reviewed.

The goals for students were defined as improving their oral language development, literacy and engagement in their own learning.

Schools also made a formal commitment to participate in the project. This requires the school to involve two teachers in the professional learning activity on a fortnightly basis over a period of four school terms as outlined by CESA:

*The project focuses on junior primary teachers building their understanding and practice in oral language in their students. The project will provide professional learning for junior primary teachers in oral language, assessment tools, screening tools and intervention programmes. It is envisaged that the speech pathologist will work collaboratively in the classroom with teachers to model and implement strategies for students with speech/language disabilities. Classroom teachers will implement the strategies guided by the speech pathologist to assist teachers to monitor and record evidence of student progress.*

*Participating schools will assist in evaluating the effectiveness of the programme by providing evidence of staff capacity building and student progress based on the goals set by the teacher in conjunction with the speech pathologist.*

This agreement then triggered the release of funds enabling principals to purchase resources as required, and to fund teacher release enabling teachers to meet with the speech pathologist to reflect on completed sessions and plan the next sequence of activity.

**Design and detailed planning**

A critical feature of the project design includes teachers identifying a literacy goal area as the focus of the project for the classroom. For one teacher the goal was to improve oral language skills through a book based programme centred on the *Grug* series. Five skill areas are covered for each book: print awareness, vocabulary, grammar, story-telling and phonological awareness.

For the other teacher, the goal was to improve language skills through a focus on phonological awareness: but throughout the course of the initial phase of the project, the goal expanded to also incorporate sequencing and oral language story telling.

A key element to the overall design involves monitoring the oral language development of students who might otherwise be referred to a speech pathologist for assessment and therapy services. This provided insights into the ongoing impact of the initiative and has been incorporated into each session as an evaluative tool.

At the same time, the speech pathologist met with the school principal to confirm arrangements for the project. The sponsorship of the school principal is considered critical to keeping the project on track, reinforcing its importance to the school as a whole as well as the teachers and students directly involved. With the principal’s support there is an expectation that logistical issues, where they arise, may be addressed in a manner that ensures the integrity of the project is not compromised.
The speech pathologist also undertook observations in relevant classrooms to understand the dynamics of each setting (student-teacher relationships and approach to teaching and learning). This enabled two-way familiarity to be achieved with the speech pathologist gaining insights into each class and its routines. It also helped the students becoming comfortable with an additional adult in their room.

**Implementation**

Regular site visits have been completed by the speech pathologists with a sequence of planning, implementation, reflection, and evaluation leading to further planning. Analysis of records detailing this activity also highlights a number of logistical issues where other class, teacher, school activities or events beyond the school’s control have threatened the continuity of the programme.

As of Term 4, 2012 the programme was rescheduled to alternate Wednesdays and featured:

- a team meeting (the two teachers and the speech pathologist) at 7.45am on each scheduled visit day to discuss the plan of the day or session and clarify goals for the focus children
- a one hour, team teaching session in each class (9-10am and then 10-11am)
- after recess (11.00-11.30) a brief conversation with teachers about the session, and goal setting/plans for the following visit
- half day release for the teachers mid-term to enable reflection, evaluation and planning for providing professional learning for other junior primary school staff.

Two lessons were observed at this stage of the case study. In both classes, the lessons involved team teaching and it was clear that students were highly engaged with the activity.

At one school, the goal was to improve students’ oral language skills, using *Grug* children’s books, and specifically their print awareness, vocabulary, grammar, storytelling and phonological (the sound structure of spoken words) awareness. Print awareness concepts include what authors and illustrators do, the front and back cover, full stops, capital letters and reading from left to right. Vocabulary concepts include nouns and verbs: one teacher played games using school and playground words where students follow spoken instructions.

On returning to the classroom and resuming other work, the speech pathologist spent some time with the three ‘monitoring’ students to revisit their telling of the activity they had just completed and annotate and checklist to record skill level related to key elements within the activity. To reinforce the sequence skills, the teachers conducted a whole-class follow-up activity (again using words like ‘first’ and ‘and then’), before the speech pathologist’s next visit; and noted the extent to which the monitored students could do it.

Analysis of the accumulated documentation during the return case study visit indicates that the approach involving collaborative planning, team teaching and post session reflection continued throughout the project. Moreover, the knowledge and skills gained through the project had ‘spinoffs’ in other areas, particularly the development of resources and a specific focus on oral language with collaborative planning and programme delivery in the junior primary area of the school.

**Outputs and outcomes**

At the time of the initial site visits, it was clear that the detailed preparatory groundwork of CESA staff and school leaders was paying dividends:
the two teachers and the speech pathologist were both respectful of, and responsive to, the skills and insights each brought to the project

routines were well established along with a sense of direction based on the ongoing collaborative planning

students were comfortable with the respective roles of the class teachers and the speech pathologist

CESA staff and school leaders were enthusiastic supporters of the initiative.

Within each classroom the strategies implemented within the project sessions showed a strong potential for carry over into other parts of the school day.

Over the course of the year, the project has built on these initial developments to establish a range of outputs and outcomes for the staff immediately involved in the project and the students in their respective classes.

The impact on the two teachers included:

- a greater understanding of oral language development and the ways in which this contributes more broadly to literacy development combined with specific skills in incorporating oral language across the curriculum
- consolidated knowledge and skills across a range of key areas in teaching and learning including how students develop phonological awareness and the ways for screening this skill, concepts of print and orientation to text, sequencing and inclusive classroom strategies
- enhanced confidence in capabilities as a teacher and capacity to establish strategies to support all learners across the full spectrum of abilities.

For students in general and particularly the ‘monitoring’ students identified initially, the outcomes included:

- greatly expanded opportunities for oral language development to levels of greater complexity than what they may have experienced in other year levels or other settings where the input of a speech pathologist may not be evident
- enriched vocabulary development, understanding of grammatical structures and sequencing
- skills in applying what has been learned in literacy sessions across other areas of the curriculum
- enhanced confidence in speaking to an audience.

For other staff and the school in general, the outcomes are interestingly:

- access to the accumulated resources from the project that have been added to the school’s ‘sharedrive’
- planning to implement an oral language screening process for all Reception students at the beginning of the school year
- skills and knowledge transfer.

The extent to which knowledge and skills have transferred and become embedded across the junior primary area of the school is somewhat mixed. For one member of the team, an extended absence in Term 1, 2013 compromised the potential for sharing and collaborating with other staff teaching at the same year level – the project continued with the replacement teacher
but did not extend to interaction with other staff. Nevertheless, as a result of participating in the project, the teacher has developed a comprehensive ‘literacy pack’ which draws together a range of teaching strategies, games and series of recommended book titles for oral language activities in Term 1 during the first year of schooling. The same resources also have the potential to be used for home-based activity (homework) to support literacy-based activity at school.

For the other teacher, collaborative planning and team teaching across the Years 1/2 provided the impetus for sharing what had been learned from the project and applying this learning in literacy groups across the various classes.

These outputs and outcomes are not solely attributable to the impact of the oral language project. While acknowledging the benefits of having an allied health professional working with the school, stakeholders also highlighted linkages with other activities and initiatives that also contributed to the strength of programmes in the junior primary area of the school. For example, the ‘investigative learning’ approach that has been adopted in the junior primary area complements the oral language programme, in that, each day teachers spend time with focus students, having in-depth conversations about their learning and working with them to meet their individual needs. These children have the opportunity to discuss their learning in an allocated ‘reflection time’ which occurs at the end of each session. This is also the time for designate ‘reporters’ and ‘photographers’ to talk about what they have recorded for that day.

Similarly, the school has a long standing relationship with a literacy consultant whose guidance aligns closely with what has evolved through the oral language project.

**Lessons learned**

**Key observations**

The most telling observation relates to the variation from the traditional mode of interaction between teachers and speech pathologists, based on:

- class teachers identifying one or more students with oral language/speech deficiencies
- engaging a speech pathologist to assess the student and report back to the teacher (and possibly parents) with strategies to address the diagnosed issues
- undertaking one-to-one therapy sessions with the student concerned, invariably through a withdrawal program to ‘treat’ the student.

In contrast, the current project emphasises mutual recognition of teachers and specialist expertise. This can add value to programmes for the whole class whilst incorporating specific strategies for individual students.

In the case study school the speech pathologist sees her role as a “.....source of materials, resources and ideas,” rather than that of an expert imposing new or alternative methods on the participating teachers. The strategies developed and implemented through collaborative planning merge neatly with existing class routines fostering learning within specific lessons. This is then reinforced during follow up sessions outside of the visits of the speech pathologist.

A second observation is that the time and energy spent on programme preparation pays significant dividends. From the perspective of participating teachers, principal, other junior primary staff, the speech pathologist and CESA, the outcomes of the project have been universally positive. The professional judgments of the key stakeholders provide the basis for assessing the relative worth of the project. Students of all levels of ability, particularly those
with oral language difficulties or delays in literacy development, have benefited from the collaborative working relationship between the two teachers and the speech pathologists.

The approach is clearly contingent on the availability of funding to support the speech pathologist’s role in the school. Assuming that such funding is present the model is quite sustainable since in this case the speech pathologist site visits are for a half day once per fortnight with a detailed half day session once per term. This equates to a typical pattern of interaction by a speech pathologist with an individual school.

While there are short-term benefits of involvement in the project, it is unclear how much of the project outputs will become embedded across the school in the longer term. A further visit to the school in 2014 may be useful to determine the sustainability of what has been learned when the input of the speech pathologist and time allocations for shared planning across the junior primary area are no longer available.

**Potential for adoption in other contexts**

The proliferation of allied health consultancy projects nationally throughout the MSSD initiative suggests that such an approach has strong potential for application to other contexts. Schools appear to be particularly open to drawing on the skills of allied health professionals in this way. However, the emphasis on building professional and respectful relationships between all parties in the approach adopted by CESA also requires teachers being open to the materials, resources and ideas that a speech pathologist brings to their classroom and recognising that this may add value to their teaching.

Allied health professionals (in this instance, a speech pathologist) should possess both a set of readily accessible material, resources and ideas as well as high quality interpersonal skills to enable interaction in a collaborative manner with teachers and, in a team-teaching role, also interacting with students.

Follow-up consultations reveal that this approach has been adopted in the implementation of the oral language project in other settings. As a result of accessing an additional resourcing stream (beyond MSSD), CESA has contracted TALK SA to engage in the same collaborative approach in schools in other settings in the North Adelaide region. From the perspective of Catholic education in South Australia, the impact of these MSSD activities is of sufficient merit to justify allocating other resources to replicate the model elsewhere.

However, in extending the approach to schools beyond those initially involved in the MSSD initiative, consideration may be given to learning the lessons from the experience of the school. In particular, there may be tangible benefits in building on the approach to collaborative planning in Years 1/2 which has been acknowledged to be an effective mechanism for embedding the knowledge and skills gained through the project. To be fully embedded and achieve a greater depth of take up, retaining some resources for teacher release for observations and team teaching would be an option.

The follow-up consultation with the CESA indicates that in the rollout of the initiative in schools across Adelaide, school leaders are indeed investing resources to ensure that the skills and knowledge acquired through the oral health project across individual schools rather than confined to the teachers directly involved in the project. The lessons learned from this experience are being adapted into strategies for enhancing the project in other settings.
Background

MSSD Outputs

Output 4: Schools coordinating with health/allied health or other professionals to strengthen schools’ support for students with disabilities.

Output 5: Providing training for pre-service and/or practicing teachers to build their skills in special education.

Case study methodology

As a longitudinal case study, the methodology involved these elements:

- a meeting with CESA to scope the nature of the project, gain an understanding of the contractual relationship with TALK Speech Pathology and determine the most appropriate school to be involved in the case study
- a preliminary site visit to the school, to meet the principal and two teachers involved in the project
- a follow-up site visit to the school to ‘shadow’ the speech pathologist working with the teachers in planning and delivering the literacy sessions
- classroom observations of lessons conducted by teachers and speech pathologists.

Site visits were completed in October and November 2012 and a follow up site visit and sector consultations were completed in December 2013.

Description of activity

CESA identified a concern regarding limited speech pathology provisions in South Australian Catholic schools. Services have been principally dependent on individual school leaders negotiating with private practitioners and/or parents meeting the costs of such services. Moreover, where services have been accessed, they have largely centred on assessment and diagnosis and one-to-one therapy sessions with students withdrawn from classrooms.

On the basis of anecdotal and research evidence suggesting that increasing numbers of students are entering primary schools with oral language learning difficulties, CESA trialled an alternative model of service delivery involving:

- specialised professional learning for junior primary school teachers on oral language development, assessment tools, screening tools and intervention programmes
- a speech pathologist working in the classroom with teachers to model and implement some strategies for students with speech/language disabilities
- teachers implementing strategies and reporting back to CESA on outcomes.

Speech pathologists also assist teachers to monitor and record evidence of student progress. The model is supported by a significant research base which suggests that a model of team teaching involving a speech pathologist and class teacher is more effective in terms of student gains than that of an intervention model where individual students are withdrawn for one-to-one therapy.

This case study has been selected for further follow up and will be updated in 2014.