

## CHAPTER 4

# COLLABORATIVE PARTNERSHIPS IN AN INCLUSIVE APPROACH TO THE ACQUISITION OF ENGLISH AS LANGUAGE OF LEARNING AND TEACHING

*A mind that is stretched by a new experience can never go back to its old dimensions (Holmes, as cited by Apel, 2001a:96).*

### 4.1 INTRODUCTION

The role-players who are involved with multilingual learners acquiring ELoLT in the South African context are challenged to adopt new and expanded roles in intervention. To meet this challenge, they need to determine the most appropriate manner in which they can provide effective services to multilingual learners in the larger school context.

Political changes in South Africa have had an impact on education which resulted in culturally and linguistically diverse school populations. In addition, global trends of limited resources and a rising awareness of human rights have combined in the movement towards *inclusive education*. South Africa's Department of Education (DoE) responded to this movement by releasing White Paper 6 on Special Needs Education in July 2001, which introduced inclusive education to South Africa (Swart, 2004:232).

Inclusive education acknowledges that all learners are different and have different learning needs, and advocates that *all* learners, irrespective of their diverse needs, be accommodated in inclusive classrooms (Lewis, 2004:37). The fact that *all* learners need to be accommodated indicates that inclusive education is not only about learners with disabilities (Van Rooyen, Le Grange

& Newmark, 2004:6), but also includes ELoLT learners with their specific linguistic needs.

The phrase *all learners* further implies that inclusive education accommodates individual differences in *preschool learners*. According to Eloff (2001:68), numerous studies have revealed successful inclusion of learners at preschool level. These studies mostly reported more appropriate social interaction and increased levels of social play in learners with learning and developmental needs. Clinical practice indicates that these preschool learners have been accommodated relatively successfully in South African preschools. This successful inclusion in preschools, where informal, less structured programmes are followed, may be ascribed to the fact that less academic demands are made on preschoolers, allowing preschool learners with diverse needs to progress through the preschool years with more ease than learners with diverse needs during the formal school phases.

As language is integrally involved in reading, writing, and academic achievement in the formal school phases (Ukrainetz & Fresquez, 2003:285), the DoE stated in White Paper 6 that special efforts need to be made in inclusive education to address learning barriers arising from, among others, differences in learners' home language (L1) and schools' Medium of Instruction (Mol) (RSA, 2001b:49). Currently, the most effective approach to support these learners in their challenge to acquire proficiency in the schools' Mol – which is often English – appears to be the Whole Language approach, in which all learning areas are used as opportunities to expand learners' language skills. This is also known as *language across the curriculum* or *integrated language instruction* (Genesee & Cloud, 1998:63; 64).

Inclusive education and the Whole Language approach can only be successful if role-players collaborate and are supported to create learning environments that meet the needs of learners acquiring ELoLT (Swart, 2004:233). To provide comprehensive support to learners, the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCESS) proposed a

partnership between teachers and educational support professionals (RSA, 1997:64). Collaborative partnerships provide role-players, such as preschool teachers, speech-language therapists, and parents or caregivers, opportunities to share knowledge and skills in the interest of every ELoLT learner.

Such collaboration is an effective process for problem solving and consensus building between professionals from different disciplines (Hixson, 1993:43). In collaboration, the different professionals are released from their traditional roles and ideas are shared (Throneburg, Calvert, Sturm, Paramboulas & Paul, 2000:17). Collaboration provides a bridge that merges their separate knowledge domains into a new and expanded vision of the learner. In the preschool context, collaboration in language intervention primarily involves speech-language therapists, preschool teachers, and parents or caregivers sharing assessment data, intervention planning, and language facilitation. The benefits of collaboration between team members are numerous, such as creative problem solving (Mafisa, 2001:37; Venter, 1998:44), facilitating language abilities outside the therapeutic situation (Hadley, Simmerman, Long & Luna, 2000:291; Venter, 1998:44), the generalisation of language skills to the classroom curriculum and home setting (Throneburg et al., 2000:10; Tiegerman-Farber, 1995:157;194; Hixson, 1993:45), increasing speech-language therapists' knowledge about the curriculum (Throneburg et al., 2000:10), increasing teachers' strategies for learners acquiring ELoLT (Mafisa, 2001:37; Throneburg et al., 2000:10), actively involving parents or caregivers in the educational process (Tiegerman-Farber, 1995:157), creating a positive school climate, and fostering team work (Mafisa, 2001:37).

In the South African urban preschool context, collaboration has an additional advantage in that a larger population of *at risk* learners could be reached and served, and disadvantaged learners who do not have the financial means for therapy could be reached through teachers incorporating team knowledge into their own skills (Hadley et al., 2000:291). Ultimately, collaboration could result in a better outcome for the individual ELoLT learner than could be achieved by role-players addressing the learner's linguistic needs in isolation.

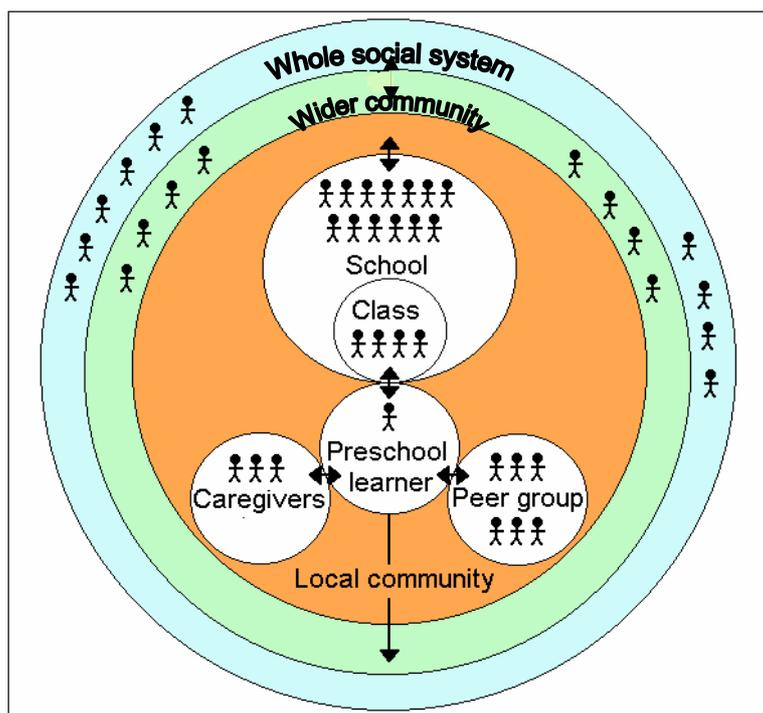
The aim of this chapter is to provide an overview of collaboration between speech-language therapists and teachers in the South African preschool and formal school contexts, and to discuss collaboration against the background of interaction in an eco-systemic model, inclusive education, and the specifications of the Revised National Curriculum Statement (RNCS). The role of speech-language therapists in a collaborative approach towards assessment, intervention planning, and language development in ELoLT acquisition is described and the process of role release highlighted. Barriers to collaboration are explored to provide insight into obstacles that may prevent successful collaboration.

## **4.2 AN ECO-SYSTEMIC MODEL**

An eco-systemic model presents a systems theory to understand the complex interrelationships between individual learners and their contexts, and a developmental model to understand individual change and growth in learners over time (Green, 2001:3). A learner's development results from interaction between the learner and his or her environment, and the learner's behaviour evolves as a function of this interaction (Bronfenbrenner, 1979:16). In a systems theory, the individual multilingual learner exhibits behaviours that result in actions or changes, reflecting the learner's relationship to the surrounding environment. Such a theory therefore provides a useful way of understanding the complex influences and interactions apparent in education, schools and classrooms.

The multilingual preschool learner can simultaneously be part of a number of systems, for example a caregiver system, a school system, and a peer system. All of these systems contribute to the multilingual learners' lives by offering opportunities and imposing constraints (Green, 2001:7). This means that factors in any of the contexts may contribute to potential language problems experienced by the multilingual learners and create barriers to ELoLT acquisition (RSA, 1997:54). These barriers may be created by factors relating to the multilingual learners themselves, family life, classroom and school dynamics, education factors, community processes, or social factors.

On the other hand, the contexts may provide a responsive learning environment to the multilingual learner, where problem solving and development come from within. Such an asset-based approach is by implication an approach within the eco-systemic model (Eloff, 2001:75). A visual representation of the preschool learner within an eco-systemic model is presented in Figure 4.1.



**FIGURE 4.1: THE LEARNER IN AN ECO-SYSTEMIC MODEL**

Source: Green (2001: 9).

Figure 4.1 illustrates that human society is conceptualised in the eco-systemic model as a system with different levels that are in constant and dynamic interaction. The causative patterns in the system are recursive or circular rather than linear, indicating the essential interrelatedness and interdependence of the phenomena (Engelbrecht, 2001:21; Nelson, 1998:16). For multilingual preschool learners, systems such as the school or home have the capacity to function as contexts for development, depending on the existence and nature of social interrelations between systems – including joint participation, communication, and sharing of information between parents or caregivers and preschool teachers (Bronfenbrenner, 1979:6). This highlights

the importance of parents or caregivers and preschool teachers interacting with preschool learners, and the equal importance of interconnectedness between individuals in the school and home systems.

The multilingual preschool learner is primarily part of the dynamic system of his or her family or primary caregivers. This system consists of several subsystems of individuals who interact with each other. Although families have common characteristics, the boundaries of a system may differ across cultures (Battle & Anderson, 1998:217). Educational changes in the multilingual preschool learner may affect the family system, and it may be important to facilitate the family's active involvement with such changes. Empowering the parents or caregivers through their involvement in education develops their role as active decision makers in the educational process (Tiegerman–Farber, 1995:43), and may result in a responsive environment for ELoLT acquisition at home.

Besides the family or primary caregivers system, the school, and specifically the preschool, is the only other system that serves as a comprehensive context for individual development from the early years (Bronfenbrenner, 1979:132; 164). Bronfenbrenner (1979:165) states unequivocally that, from an eco-systemic viewpoint, the impact of preschools on family systems and society at large may have greater consequence than any direct effects for the development of individuals in modern societies. According to Green (2001:3), an eco-systemic understanding of issues is important in the accommodation of preschool learners in South African preschools, as barriers to learning and development in these learners do not necessarily reside only in themselves, but may also reside within the learning system.

From an eco-systemic perspective, external barriers to effective learning and development, such as social and economic issues, may also have an impact on learning (Green, 2001:13). Addressing both internal and external systems may therefore be vital in the accommodation of multilingual learners with diverse needs. As a result of the dynamic interconnectedness between systems, support professionals, like speech-language therapists, have to

realise that their services to preschool learners, instead of being provided in isolation, need to be seen as an integral part of the social system within which they function (Engelbrecht, 2001:19, 21). To create change in preschoolers' language behaviour, an integrated perspective of the learner's abilities by all professional disciplines, as well as parents or caregivers, needs to be established. Intervention planning therefore needs to be based on a valid assessment of the multilingual learner as a participant within a complex system of environments, interacting individuals, and expectations, and requires collaboration from all role-players, including speech-language therapists (Hixson, 1993:44).

To bridge the worlds of home, school and clinical setting, speech-language therapists in South Africa may have to modify their intervention approach and extend their professional capacities to include eco-systemic and inclusive values, within a holistic approach to service delivery (Engelbrecht, 2001: 21;22). This approach requires a change from rational thinking about linear relationships to holistic thinking about interactions (Nelson, 1998:18). Such reorientation necessitates interdisciplinary collaboration, bringing together different systems and coordinating support within an eco-systemic framework (Engelbrecht, 2001:22). Changes in speech-language therapists' attitudes, roles, and practices may result in a better understanding of multilingual preschool learners and their unique learning and developmental needs. It is particularly important to employ an eco-systemic approach in the interpretation of inclusive education, where educators and therapists have to understand the importance of context and how to adapt the school system to accommodate learners with diverse needs.

### **4.3 INCLUSIVE EDUCATION**

The term *inclusive education* describes the educational policies and practices that allow all learners to have access to a single education system responsive to diversity (Green, 2001:4; RSA, 1997:54). This philosophy of inclusive education has been adopted by numerous countries around the globe (Swart, 2004:231). In South Africa, inclusive education was adopted, among others, to

eradicate the inequities of apartheid, where segregation of learners on the basis of race was extended to incorporate segregation on the basis of disability (RSA, 2001b:9). Inclusive education in South Africa is seen as a call for action to establish a caring and humane society that embraces the principles of social justice, educational equity, and school responsiveness (Swart, 2004:232).

In South Africa, inclusive education is shaped by two major policy developments, namely White Paper 6 on Special Needs Education and the RNCS (Lewis, 2004:37). The core agenda is to make it possible for all learners to access the curriculum. All schools have to respond to learner diversity by transforming the curriculum and to minimise, remove, and prevent barriers to learning and development (Oosthuizen, 1998:4). The system, rather than the learners, therefore has to change. A realistic time frame of 20 years for the implementation of inclusive education was proposed in 2001, the target being 380 special schools, 500 full-service schools and colleges, district support teams, and 280 000 out-of-school learners and youths by 2021 (RSA, 2001b:42; 43).

This vision of inclusive education differs from policies implemented in the past, for example *integration*, where learning needs were supported through additional input in unchanged mainstream classrooms (Swart, 2004:236; Prozesky, 1999:24), and *mainstreaming*, which suggested that learners had to conform to fit the school system (Prozesky: 1999:24). In both these policies, learners were supported by specialist professionals who used a pull-out model with which support was focused on changing the learner to fit into the system (Swart, 2004:236). In inclusive education, the support services will have to be appropriate and adequate for this new philosophy of *changing the learning environment*. One of the most important insights emerging from the policy of inclusive education is that the focus will be shifted from learners' weaknesses to emphasising and building on their strengths. This approach is in agreement with the asset-based approach that focuses on individuals' capacities, skills, and assets rather than weaknesses and problems (Eloff & Ebersöhn, 2001:149; 151).

An important asset and the best predictor of the successful implementation of inclusive education in South Africa may be the positive attitude of teachers. In a study investigating these sentiments, Prozesky (1999) found that South African teachers, although accepting the philosophy of inclusion, were ignorant about the contents of the policy. They had no previous training in inclusion, but were willing to participate in interdisciplinary teamwork to facilitate learners with barriers to learning and development (Prozesky, 1999:81). Such teamwork, where teachers and various educational support professionals collaborate in effective working relationships to enhance the development of the teaching and learning environment, is endorsed by the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCESS) (RSA, 1997:60). This collaborative approach poses many challenges and opportunities to all educational support professionals, including speech-language therapists, as it provides the opportunity for sharing knowledge and skills with teachers to the benefit of every learner.

Education support professionals are challenged to move away from the medical deficit approach to learning and educational needs, and to adopt an approach that combines the unique knowledge and skills of all team members involved (Engelbrecht, 2001:18; 19). If support professionals in education can address the challenges of change and adopt a collaborative team approach, they may have an important role to play in supporting *all learners* in an inclusive education system (Engelbrecht, 2001:19). Creating the ideal inclusive learning environment for learners requires an inclusive school climate, a shared vision, and a culture of collaboration among all professionals involved in education.

#### **4.4 COLLABORATIVE INTERVENTION**

The collaborative approach to intervention in inclusive education empowers team members through participation, as opposed to external experts solving problems and forcing decisions on others (Eloff & Ebersöhn, 2001:149).

Professional team members who have been trained as experts in a particular discipline may experience domain conflicts when other professionals attempt to cross disciplinary borders. In order to adopt a collaborative team approach, a change in rules, responsibilities, perceptions, and behaviour is required from educational support professionals. Speech-language therapists, in particular, have been challenged to move away from a problem-orientated approach, to extend the nature of their professional activities, and to adopt a contextually relevant approach within the South African preschool context (Engelbrecht, 2001:22; 24).

In 1993, the American Speech-Language-Hearing Association (ASHA) recognised collaborative intervention in the discipline of Communication Pathology as an appropriate model for communication intervention, and guided interdisciplinary collaboration in intervention. Speech-language therapists were advised to integrate the learners' therapy with academic skills and expand their role into the classroom (Farber & Klein, 1999:83; Seymour, 1998:103). Although the new directions pointed to the sharing of responsibilities for learners' success, and were much debated in the 1990s (Christensen & Lockett, 1990; Norris & Hoffman, 1990; Elksnin & Capilouto, 1994; Ellis, Schlaudecker & Regimbal, 1995), the question arose whether collaboration could be successfully implemented. A recent study by Hadley et al. (2000) in the United States of America (USA) added to the growing literature on collaboration in which researchers explored the effectiveness of collaboration in vocabulary development and phonological awareness of preschool learners. After a six-month period of weekly joint curriculum planning by the speech-language therapist and the preschool teacher, superior gains were noted in the learners' receptive vocabulary, expressive vocabulary, beginning-sound awareness, and letter-sound associations (Hadley et al., 2000:280). This research serves as an example of successful collaboration.

In South Africa, it is widely accepted that speech-language therapists play a central role in meeting multilingual preschool learners' linguistic needs within a collaborative approach to support. However, schools in urban South Africa

appear to be lagging behind, despite the promise shown by collaboration between speech-language therapists and teachers in language intervention. Venter (1998) conducted research on South African speech-language therapists' collaboration intervention practices in ELoLT acquisition, and found that they had limited consultation and collaboration with teachers. In fact, only 27% of speech-language therapists in the study were involved in any form of collaboration at all. Venter (1998:114) speculated that the reasons for non-collaboration might be the therapists' limited knowledge of L2 development, their burden of large case-loads, or, alternatively, therapists being unapproachable. Venter (1998) maintained that the teachers were unaware of their own needs and, consequently, not prepared or receptive for consultation and collaboration. Barriers to consultation therefore existed in both professions, which prevent them from creating a positive environment for collaboration.

Collaboration between speech-language therapists, teachers, and parents or caregivers creates an effective process by which a valid description of the learner's abilities may be established (ASHA, 1998:26; Hixson, 1993:48), and provides the basis for shared planning so that curricula may be adapted to meet learners' needs. Shared planning also reduces the exclusion of speech-language therapists from the curricula (Engelbrecht, 2001:17). Collaborative planning enables speech-language therapists to modify the English language input in the classroom, making it more comprehensible to learners with limited English proficiency. Teachers may also be assisted by therapists to modify their own language input, and may be empowered with knowledge of techniques and approaches to language intervention (Venter, 1998:39; Jordaan, 1993:57; Meyers, 1993:49-54). In such collaboration, the teacher remains responsible for the planning of activities to meet the curriculum goals (Driscoll & Nagel, 2002:354; Hadley et al., 2000:281; 285; ASHA, 1998:26).

In the South African urban preschool context, Du Plessis (1998b) found that collaborative planning between speech-language therapists and preschool teachers resulted in more appropriate language lessons when compared to individually prepared lessons. The conclusion was reached that collaboration

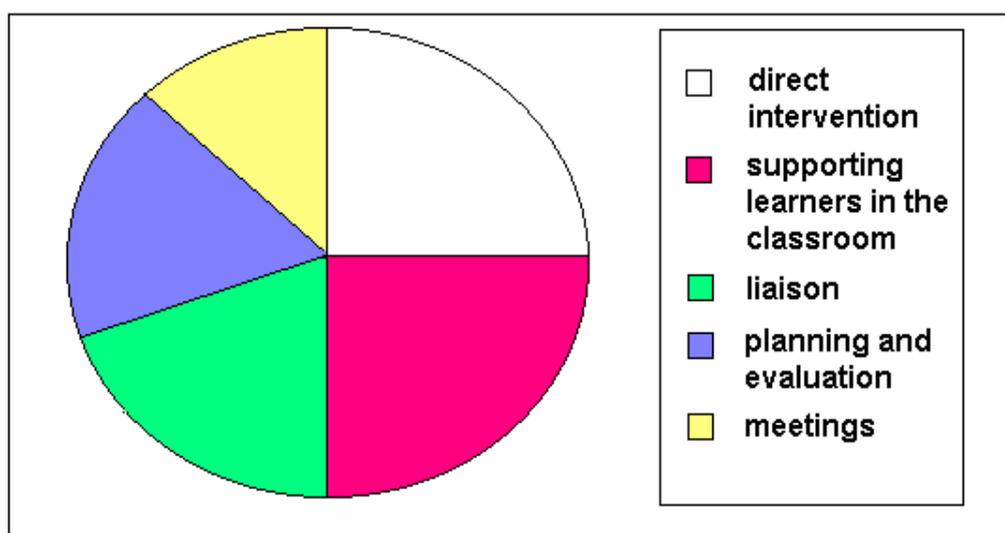
between these two professions requires adaptations and role release from both, the most significant being the teacher having to release autonomy of her classroom (Ehren & Ehren, 2001:235; Du Plessis, 1998b:62), and speech-language therapists requiring a better understanding of the classroom context and curriculum in order to provide appropriate support to teachers (Lewis, 2004:37). Successful collaborative intervention in inclusive education therefore depends on a shared understanding of the curriculum. The challenge in South African preschools remains to define the roles of team members within inclusive education and to utilise all the available expertise in a collaborative approach with shared responsibility (Engelbrecht, 2001:24).

An important part of a collaborative effort is to expose preschool learners to various contexts and situations which may provide them with opportunities to generalise their language skills across systems and disciplines. Collaboration between teachers, speech-language therapists, and parents or caregivers is critical for such generalisation of skills. The natural setting of the home represents the learners' primary system and needs to be mobilised to facilitate newly acquired language skills (Tiegerman-Farber, 1995:198; 203). In addition to being facilitators, parents or caregivers need to be allowed to function as decision makers, thereby contributing to the collaborative team effort. In collaborative decision making, professional team members, such as teachers and speech-language therapists, need to reach mutual decisions with parents or caregivers, thus employing the individual expertise of *all* team members to meet the learners' learning and developmental needs (Tiegerman-Farber, 1995:54).

Interdisciplinary support teams need to be established with the shared objective of teaching and learning providing the foundation for collaboration between speech-language therapists, teachers, and parents or caregivers (Lewis, 2004:37). These teams need to meet regularly to develop inclusive practices in schools (Swart, 2004:239), and such meetings need to be accommodated in the team members' working schedule. In Figure 4.2 the proposed amount of time allocated for planning in speech-language therapists' working schedules is compared to their other functions in the

school context to give an indication of their role in a collaborative approach to language intervention.

Figure 4.2 illustrates how collaboration with preschool teachers can be accommodated in the speech-language therapist's working schedule. Different *bases of needs* were used in the allocation of time that may ultimately result in a better outcome for individual learners than when addressing their learning and developmental needs in isolation. In a collaborative approach to intervention, the supporting role of speech-language therapists may focus on learner-based needs, class-based needs, teacher/therapist-based needs, and school-based needs (Wren et al., 2001: 109). To address these needs and to fulfil their role in collaborative teams, speech-language therapists' involvement ranges from direct contact with learners to the provision of service on an indirect level through consultation. At the least direct level (school-based needs), system-centred consultation may focus on collaborative system-wide efforts of the school to respond to learners' language needs, for example when speech-language therapists share information on language acquisition with a large number of teachers (Engelbrecht, 2001:25;26).



**FIGURE 4.2: PROPOSED ALLOCATION OF SPEECH-LANGUAGE THERAPIST'S TIME SPENT IN THE SCHOOL CONTEXT**

Source: Adapted from Wren, Roulstone, Parkhouse and Hall (2001:112).

The time allocations proposed in Figure 4.2 may be presented to school principals to create an understanding of the demanding professional functions that collaborative teamwork requires from speech-language therapists, apart from their direct intervention with learners. Collaboration requires support from principals to provide teams with time to plan, discuss, share, and develop roles, rules, and responsibilities (Swart & Pettipher, 2001:39). Without the support of management, collaborative intervention cannot be applied (ASHA, 1991:46). In fact, school principals need to be integral members of collaborative service delivery teams. As team members, principals need to be role models and support collaborative decisions to establish inclusive climates and cultures at schools (Swart & Pettipher, 2001:39).

Collaborative partnerships between caregivers and educational professionals involved with multilingual preschool learners have numerous benefits. They include the following:

- Collaboration emphasises the value of parents or caregivers as important members of intervention teams, and empowers them as decision makers (Rivers, 2000:67; Tiegerman-Farber, 1995:43);
- collaboration encourages parents or caregivers to express their needs, concerns, and priorities, and allows intervention teams to develop a support plan based on the learners' and parents; or caregivers' needs, priorities, concerns, and resources (Engelbrecht, 2004:256; Rivers, 2000:67);
- collaboration promotes a holistic view and provides cultural specific information of learners, allowing intervention teams to develop culturally appropriate services (Driscoll & Nagel, 2002:365; Madding, 2000:10; Rivers, 2000:67);

- collaboration results in creative problem solving as team members share information, knowledge, and skills which transcend disciplinary borders (Engelbrecht, 2004:256; Venter, 1998:44);
- collaboration reduces and even eliminates the fragmentation of intervention services as intervention goals are integrated, and learners are less often pulled out of classrooms for therapy (Du Plessis, 1998b:63);
- collaboration has the potential to deliver high quality outcomes as collaborative curriculum analyses by team members may identify ELoLT skills critical for academic success, and these skills may be facilitated in learners outside therapeutic situations and generalised to classroom and home contexts (Engelbrecht, 2004:256; Hadley et al., 2003:291; Throneburg et al., 2000:10; Tiegerman-Farber, 1995:194);
- collaboration challenges all professional team members to reflect on their own professional practice, and to grow and improve in knowledge and practice within their disciplinary boundaries as they contribute to the knowledge of all team members (Engelbrecht, 2004:254);
- collaboration expands the knowledge of speech-language therapists and preschool teachers regarding the relationship between language and curriculum outcomes (Du Plessis, 1998b:63);
- collaboration leads speech-language therapists to acquire knowledge on the nature of the classroom curriculum and its associated language demands (Gerber, 1987:120);
- collaboration empowers speech-language therapists to improve their knowledge and abilities to work in classrooms such as, among others, discipline skills and group handling techniques, as they move from the traditional medical model to adopt an educational model of intervention (Tiegerman-Farber, 1995:90; Du Plessis, 1998b:61);

- collaboration empowers preschool teachers with knowledge regarding the nature of language and how to facilitate language acquisition in the classroom context, adding clinical knowledge to their repertoire of professional skills (Gerber, 1987:120);
- collaboration creates a positive school climate where teamwork is fostered as team members share knowledge and communicate on a regular basis, while affiliations and alliances develop among group members (Engelbrecht, 2004:256; Mafisa, 2001:37).

Research has shown that collaborative partnerships between speech-language therapists and teachers can indeed be successful (Du Plessis, 1998b). The key to successful collaboration appears to be intensive support of the partnership by speech-language therapists at the onset of the project. As teachers become more comfortable with the language enhancement activities and facilitation techniques, and role release occurs, it may be possible to reduce the time that speech-language therapists spend in the classroom (Hadley et al., 2000:291). The success of the collaboration process depends largely on the competency of speech-language therapists to redefine their role as team members of interdisciplinary teams providing services to multilingual learners in preschool contexts.

#### **4.5 THE ROLE OF SPEECH-LANGUAGE THERAPISTS IN A COLLABORATIVE APPROACH TO INCLUSIVE EDUCATION**

The role of speech-language therapists in inclusive education is to empower teachers to solve learners' communication problems in the learning environment, rather than being decision makers who make recommendations that have to be followed (Eloff & Ebersöhn, 2001:49). A major goal of speech-language therapists in inclusive education needs to be the introduction of the concept of clinical teaching to teachers. This concept may include the

acceptance of learners at their present communication level of performance; the assumption of responsibility to analyse patterns of communication needs and to guide communication progress from present levels of performance to higher levels of performance; as well as the planning of communication intervention programmes based on knowledge about the nature of language and factors effecting change in performance (Gerber, 1987:119). Speech-language therapists therefore convey their knowledge of typical and atypical communication development and naturalistic language facilitation techniques to the knowledge base of the teachers.

Through consultation and collaboration, professional team members and parents or caregivers may jointly identify communication needs in ELoLT learners and seek common solutions. Such sharing of information, interaction, and creative problem solving among team members may enhance and provide understanding of the specific ELoLT needs of multilingual preschool learners. In the multilingual preschool environment, speech-language therapists may, therefore, introduce strategies and interventions to guide teachers in coping with the diversity of learning and teaching needs (RSA, 2001:10). According to Venter (1998:44), speech-language therapists may include the following information during consultation and collaboration with team members in order to facilitate multilingual preschool learners' ELoLT acquisition in ecologically valid contexts:

- Speech-language therapists may provide information on ELoLT acquisition in order to support the language and communication needs of all learners in the class;
- Speech-language therapists may provide instructional strategies in order to contextualise and facilitate language development in ELoLT learners;
- Speech-language therapists may recommend and provide appropriate material in order to facilitate ELoLT acquisition and make instructional language more concrete for the learners;

- Speech-language therapists, with knowledge of the curriculum, may suggest modifications to assignments, activities, and assessment material for ELoLT learners in order to ensure non-biased procedures when assessing and documenting learners' progress;
- Speech-language therapists may provide information on the facilitation of pragmatic skills in ELoLT learners in order to support the development of the learners' communication functions;
- Speech-language therapists may recommend coping strategies for the management of ELoLT learners in order to enhance the development of insight into the influence of language on school performance and social behaviour;
- Speech-language therapists may suggest ways in which to include caregivers in learners' instructional programmes in order to improve school-home partnerships (Venter, 1998:44).

The role of speech-language therapists in optimal interdisciplinary collaboration appears to be the sharing of ideas and resources while planning and working together with team members to coordinate goals and objectives. Such a redefinition of the speech-language therapist's role and functions requires teachers and parents or caregivers to discard the notion that *only* speech-language therapists may provide communication intervention. In multilingual preschools, the role of speech-language therapists may involve the traditional assessment, intervention planning, as well as ELoLT facilitation, but these services need to be provided in collaboration with preschool teachers and parents or caregivers, as will be discussed forthwith.

#### **4.5.1 Assessing communication proficiency**

Assessment of communication provides the guidelines for intervention (Venter, 1998:33). In multilingual preschoolers, the purpose of communication assessment is to establish their level of proficiency in ELoLT (Venter, 1998:23; 33), by assessing the learner's abilities to meet everyday linguistic demands in social and educational contexts. This implies that speech-language therapists need to consider language to be more than the individual parts of form, content, and use, but need to observe and assess the language of multilingual learners in the context in which it occurs (Brice & Perkin, 1997:21). In collaboration with other team members, learners need to be assessed in the context of a larger social system by using multiple perspectives across professional domains. The process of collaborative assessment across disciplines, and involving parents or caregivers, seeks to establish an integrated view of the learners' communication abilities (Hixson, 1993:44).

Speech-language therapists are also required to broaden the communication assessment process to include more than only standardised normative test data, as it is generally accepted that such tests may be culturally biased if not standardised on multilingual ELoLT learners (Laing & Kamhi, 2003:44; Tabors, 1997:158; Hixson, 1993:47; Vaughn-Cooke, 1983:31). Multilingual learners' communication may be assessed by incorporating procedures such as criterion-referenced measures (where a learner's performance on a specific language skill, grammatical structure, or linguistic concept is compared to independently predetermined criteria) (Laing & Kamhi, 2003:46); language sampling (where a spontaneous or elicited language sample of a learner is obtained in natural settings) (Laing & Kamhi, 2003:46); ethnographic observations (where the learner is observed in natural settings like the classroom or home, using language, communication patterns, and interactional patterns that are familiar to the learner) (Laing & Kamhi, 2003:46; Brice & Perkins, 1997:21); and dynamic assessment (where the focus is on improving communication performance) (Laing & Kamhi; 2003:48).

A promising communication assessment procedure for ELoLT learners is the use of *dynamic assessment*. Dynamic assessment is an interpretation of Vygotsky's concept of a *zone of proximal development*, which is the difference between a learner's current level of independent performance on a task and how he or she succeeds with guided assistance at the same task (Laing & Kamhi, 2003:48). Dynamic assessment not only evaluates the learner's current level of functioning, but also assesses the best method to mediate further learning. The assessor, therefore, actively engages the learner in a learning interaction and attempts to promote positive changes (Lidz & Peña, 1996:368).

The dynamic assessment models yield non-normative data and the learner's responses to intervention-within-assessment appear to offer a more meaningful basis for diagnosis than normative test data (Lidz & Peña, 1996:371). Evidence suggests that speech-language therapists have used dynamic assessment as a valid base to differentiate between ELoLT learners who are language impaired as opposed to language different, as the latter is not a disorder and should not be treated as such (Roseberry-McKibbin & Brice, 2000:5; ASHA, 1998:4; Seymour, 1998:108; Dawber & Jordaan, 1999:35). The use of dynamic assessment procedures by speech-language therapists may clarify the important distinction between a language disorder and typical difficulties associated with ELoLT acquisition. Another advantage of dynamic assessment is that this model enhances the linkage between assessment and intervention, which fits the recommendation of the RNCS.

Learner assessment as part of Curriculum 2005 is conceptualised as being a continuous and flexible process where a variety of strategies may be employed (Oosthuizen, 1998:5). If the vision of inclusion, namely access to education for all, is taken into account, detailed and costly procedures may not benefit the implicated responsibility of inclusion to provide services to meet the needs of all learners. However, appropriate approaches to communication assessment, such as dynamic assessment, may be applied by interdisciplinary teams in inclusive education to provide a shared view of the learner, and facilitate the possibility of increased coherence of team

assessments. The role of speech-language therapists may be to observe the learner in multiple contexts, to consider multiple sources of information such as parents or caregivers and teachers, and to provide a collaborative format for team-based conclusions regarding the learners' linguistic strengths and needs in ELoLT. The DoE envisages that educational support professionals, including speech-language therapists, will involve and support teachers in the assessment of learners. By improving the teachers' confidence, skill, and knowledge on communication assessment through a process of role release, educational support professionals may focus on other roles, such as intervention planning (RSA, 1997:84).

#### **4.5.2 Intervention planning**

Intervention planning by speech-language therapists in inclusive education needs to be guided by the RNCS, which is the curriculum, and also by the specific barriers to learning and development that ELoLT learners may experience. The primary focus of intervention planning needs to be meeting the needs of ELoLT learners (Prelock, 2000:213). To understand their needs and to guide the intervention planning, critical assessment information on the learners' ELoLT proficiency needs to be organised into a logical and cohesive framework. The aim of intervention planning is to support teachers in delivering the curriculum to learners with linguistic barriers within the school context, and to plan targets for the Individual Education Plan (IEP) by means of collaborative consultation (Wren, Roulstone, Parkhouse & Hall, 2001:109; 116).

The development of IEPs ensures that the needs of learners with barriers to learning and development are met by schools (Rivers, 2000:64). Teachers need to assume overall responsibility for the development of learners' IEPs, while speech-language therapists contribute to IEP development in areas related to their expertise in Communication Pathology (McCormic, 1984:370). The learners' IEPs need to include statements of their present performance levels; long- and short-term goals; support services needed; dates for initiation and termination of support services; assessment criteria and assessment

schedules (McCormick, 1984:360). It is highly desirable that parents or caregivers participate in IEP planning together with teachers and speech-language therapists to make meaningful decisions towards providing appropriate and effective language intervention.

It is clear that intervention planning cannot be based on single-discipline perspectives. Parents or caregivers and professional team members need to be an integral part of the team and need to determine the level of role release between them (Giangreco, as cited by Prelock, 2000:214). Speech-language therapists, teachers, and parents or caregivers need to plan the manner in which ELoLT acquisition in multilingual learners will be facilitated by utilising the knowledge of speech-language therapists to analyse the language content of the curriculum, the specific content knowledge of teachers concerning the learning areas, and the parents' or caregivers' identification of priorities and meaningful contexts for communication (Palinesar, Collins, Marano & Magnusson, as cited by Prelock, 2000:215; Hixson, 1993:50). In addition, strategies to support the learner's access to the curriculum need to be determined and negotiated through collaboration between these team members (Ehren, as cited by Prelock, 2000:216).

The curriculum creates significant barriers to learning for ELoLT learners. These barriers to learning arise from the various integrated parts of the curriculum, such as content of learning programmes, ELoLT, management of classrooms, teaching styles, pace, time frames, materials and equipment, as well as assessment methods and techniques (RSA, 2001b:31). As the approach of inclusive education is to change the environment and not the learner, the curriculum needs to be individualised to meet the learner's needs (Swart, 2004:242). However, such curriculum development that endeavours to remove learners' barriers cannot be successful without collaboration between teachers and educational support professionals (Swart, 2004:242; RSA, 2001b:49).

The specific role of speech-language therapists in intervention planning may be to increase teachers' understanding of communication difficulties in class

and to add to their knowledge and strategies to manage these. The prerequisite language skills for each learning activity need to be identified and suggestions need to be made for classroom intervention through the differentiation of activities (Lewis, 2004:37). Speech-language therapists need to highlight the importance of language across the curriculum throughout the instructional day (Wren et al., 116; 118).

Developing language in an integrated way across the curriculum endorses the Whole Language approach (as discussed in Section 3.2). This approach integrates all aspects of language in personally meaningful activities to facilitate literacy (Westby, 1990:228). Speech-language therapists, being knowledgeable about the Whole Language philosophy and by incorporating their own language expertise, could be active members of a Whole Language team when developing curricula to fit the needs of learners. They need to consult with teachers when planning intervention programmes that address the language-learning requirements of the academic curriculum. Thus, the Whole Language approach provides an excellent opportunity for speech-language therapists to work as an integral part of interdisciplinary teams, seeking to overcome the learning barriers of ELoLT learners.

The team members of the interdisciplinary team are required to produce an integrated intervention plan, including the IEP, to establish linguistic changes across a variety of contexts, among others, home and classroom. Such an intervention plan needs to focus on meaningful ELoLT communication skills for multilingual learners. Team members, therefore, need to utilise the targeted interactional patterns to facilitate language development.

#### **4.5.3 Facilitating language development**

As the urban South African school context, in particular, is becoming culturally and linguistically more diverse, there is an increasing awareness of the role that speech-language therapists may play in this setting with its growing population of ELoLT learners. Research has established that speech-language therapists can significantly enhance the language development of

preschool learners (Hadley et al., 2000:292; Jordaan, 1993:iii). Jordaan (1993) explored the role of speech-language therapists in ELoLT acquisition by Black preschool learners in urban South Africa. The results indicated that the language skills of the group who received language intervention improved significantly more than those of the control group, which proved that language intervention provided by speech-language therapists can indeed improve ELoLT proficiency in preschool learners (Jordaan, 1993:ii). In fact, both the L1-impaired learners *and* the ELoLT learners gained from intervention. However, as the speech-language therapist is moving away from the traditional role of the expert seeking to change the learner in isolation, the question arises as to which service delivery model ought to be employed in the urban preschool setting. The following discussion will attempt to answer this question.

Traditionally, speech-language therapeutic services entailed the direct provision of individual treatment with the primary focus on remediation of identified limitations in communication abilities (Wilcox & Shannon, 1996:217). This model has been applied in medical and educational settings and is known as the *pull-out* model. Learners were removed from classrooms so that speech-language therapists could provide individual intervention treatment, during which dyadic interaction occurred between the speech-language therapist and the learner (Tiegerman-Farber, 1995:200). This model continues to have a place in intervention to the extent that it introduces and establishes communication behaviours (Hixson, 1993:50). Individual treatments may be necessary to establish or facilitate initial skills acquisition. With multilingual learners pull-out therapy can be used to pre-teach language demands of the curriculum (Dawber & Jordaan, 1999:35).

Since the 1990s, increasing emphasis was placed on the importance and necessity to provide speech-language therapy services that incorporate integrated practices, as required in inclusive practices in the classroom. As the learners' need to actively learn language in natural interactive contexts was identified, two service delivery models were developed – the *classroom-based* model and the *collaborative* model (Throneburg et al., 2000:10). The

classroom-based model refers to intervention in the classroom context by the speech-language therapist and the teacher, in such a manner that both of them are involved in various ways (one teaches and one observes; one teaches and one drifts; station teaching). Intervention is delivered in the classroom, but the therapist and the teacher work independently (Throneburg et al., 2000:11). Although this model requires collaborative planning to coordinate intervention aims, Paramboukas, Calvert and Throneburg (as cited by Throneburg et al., 2000:11) found that 76% of speech-language therapists providing services in classrooms did not have scheduled planning time with classroom teachers. They were, therefore, not engaging in collaborative intervention as propagated by ASHA in 1993 (Throneburg et al., 2000:11).

In the *collaborative* or *co-teaching* model the teacher and speech-language therapist co-teach lessons. This model appears to hold great potential, as indicated by the results of the following two studies. In the first study, Farber and Klein (1999) investigated this model of intervention in twelve preschool and Grade One classes to evaluate the effect of collaborative communication intervention by classroom teachers and speech-language therapists in these classes, and to compare the results with control groups. During the study, teachers and therapists planned and taught specified language skills together, and the results indicated that the learners who participated in this language enrichment programme did indeed demonstrate significantly higher abilities in vocabulary and cognitive-linguistic concepts. This research undoubtedly proved the efficacy of collaborative intervention during the preschool and early school years (Farber & Klein, 1999:89). In a similar research project, Throneburg et al., (2000) established that the collaborative model was more effective than the other two models for teaching vocabulary to all learners.

These conclusions are in agreement with the theoretical advantages of the collaborative model reported in the literature, and encourage the use of this approach for intervention in the school context (Throneburg et al., 2000:10). Such research-to-practice approaches are known as Evidence-based Practices. Evidence-based approaches to clinical services involve the conscious use of current theory and research to frame the services provided

(Gambill, as cited by Apel, 2001a:196). Research findings therefore support the implementation of certain intervention approaches and may be used to motivate changes in service delivery models. Du Plessis (1998b) investigated collaboration in the South African urban preschool context, and proposed the following Evidence-based model of collaboration:

- The speech-language therapist and preschool teacher plan language intervention collaboratively for at least 30 minutes every week.
- Apart from these planning times, the speech-language therapist is available for consultation with the preschool teacher on a daily base.
- The speech-language therapist continues to provide individual therapy to individual learners to facilitate specific language behaviours, or to pre-teach concepts (pull-out).
- Learners are grouped according to language abilities for specific intervention sessions provided by the therapist and the teacher separately, or collectively (classroom based).
- The speech-language therapist and teacher work collaboratively during intervention in the classroom (collaborative approach).
- Role release occurs as the teacher is being empowered by knowledge on communication intervention (Du Plessis, 1998b:155; 156).

It is clear that all three service delivery models (pull-out, classroom based, collaborative approach) may be employed in language intervention, and are compatible with integrated practices based on the classroom curriculum. If team members share information and skills during the various phases of services delivery, the probability for the delivery of truly integrated educational services will be enhanced. In the collaborative model, it is assumed that no individual or professional has an adequate knowledge base or sufficient

expertise to execute all the functions (assessing, planning, intervention) associated with providing relevant educational services to learners. Collaboration between teachers, speech-language therapists, and parents or caregivers is further critical for the successful generalisation of communication skills across disciplines, contexts, and situations. Generalisation not only strengthens the skill, but emphasises learning strategies (Tiegerman-Farber, 1995:221). At this level of programme implementation, outcomes are focused on providing eco-systemic based programmes to facilitate communicative skills across systems.

To be accountable, speech-language therapists need to provide services that lead to meaningful outcomes, as defined by the collaborative team. Speech-language therapists need to question their traditional service delivery role, trust the knowledge and skills of teachers, create a structure for their presence in the classroom, and provide the relevant support to achieve improved communicative skills in preschool learners (Giangreco, as cited by Prelock, 2000:215). As speech-language therapists move into the classroom, and the pervasiveness of language across the curriculum is recognised, one of the major components of their role in inclusive education is that of progressive role release, as found in the transdisciplinary model of teamwork which attempts to overcome the boundaries of individual disciplines.

#### **4.5.4 Role releasing**

Role release, a critical component of transdisciplinary teamwork, is considered an opportunity to provide integrated educational services in inclusive education (Lyon & Lyon, 1980:250). To put the transdisciplinary approach in perspective to the other models of teamwork, a comparison of the different team models in the educational setting is presented in Table 4.1.

**TABLE 4.1: COMPARISON OF TEAM MODELS IN EDUCATION**

ASPECTS IN TEAMWORK	MULTIDISCIPLINARY MODEL	INTERDISCIPLINARY MODEL	TRANSDISCIPLINARY MODEL
Assessment	Individual assessment by speech-language therapist and teacher	Individual or collaborative assessment by speech-language therapist and teacher	Collaborative assessment by speech-language therapist and teacher, or one team member assesses all developmental domains, or arena assessment
Intervention planning	Individual intervention planning by speech-language therapist and teacher	Collaborative intervention planning by speech-language therapist and teacher	Collaborative intervention planning by speech-language therapist, teacher, and parents/ caregivers
Intervention	Individual intervention by speech-language therapist and teacher	Individual intervention by speech-language therapist and teacher	Intervention by speech-language therapist or teacher under supervision of the other team member
Team meetings	Not necessarily any team meetings between speech-language therapist and teacher, but meetings may be used to monitor results and progress	Regular meetings for discussions and planning between speech-language therapist and teacher	Regular meetings between speech-language therapist, teacher, and parents/caregivers for discussions, planning, and training
Communication	Lack of open communication between speech-language therapist and teacher	Communication channels are open and communication between speech-language therapist and teacher is encouraged	Constant communication between speech-language therapist, teacher, and parents/caregivers to share information, knowledge, and skills
Philosophy	Speech-language therapist and teacher acknowledge each other's expertise	Speech-language therapist and teacher are willing to share information with each other	Speech-language therapist and teacher committed to collaborate across disciplinary borders
Staff development	Independent staff development within disciplines of education and communication pathology	Independent staff development in and outside of discipline	Staff development approach by speech-language therapist and teacher
Caregiver involvement	Parents/caregivers communicate individually with speech-language therapist and teacher	Parents/caregivers are parallel to the team process. Caregivers communicate with speech-language therapist and teacher	Parents/caregivers are centrally involved and are full team members
Model of service delivery	Parallel model of service delivery	Discipline specific model of service delivery	Indirect integrated model of service delivery
Financial cost	High financial cost	High financial cost	Financial cost lower than other two models

Source: Du Plessis (1998b:24).

Table 4.1 illustrates how team members in the different models of teamwork liaise to utilise the skills of each individual team member. There is a striking

difference in the levels of collaboration between the multidisciplinary team model and the transdisciplinary team model. Collaboration in the multidisciplinary model is limited to minimum interaction, as opposed to the transdisciplinary model that promotes maximum interaction. In the latter approach, information, knowledge, and skills are consciously shared across disciplinary borders. Such integrated service delivery results in a better understanding of learners and their specific learning needs. The transdisciplinary model includes the process of role release in which team members expand their professional role to incorporate, not only knowledge, but also responsibilities across disciplinary boundaries. Role release follows the following steps:

- In a process of *role extension* speech-language therapists and teachers increase their own knowledge and skills in their individual disciplines through intensive self-study;
- in a process of *role enrichment* speech-language therapists and teachers increase their knowledge outside their individual disciplines, and examine and integrate theoretical knowledge and basic concepts through team discussion and the attendance of interdisciplinary conferences;
- in a process of *role expansion* speech-language therapists and teachers consciously integrate ideas by making informed observations and programme recommendations outside their individual disciplines in evaluations across disciplinary boundaries and across all developmental domains;
- in a process of *role exchange* speech-language therapists and teachers, with adequate knowledge and skills across disciplinary borders, incorporate newly acquired skills into their own repertoire and implement intervention aims under each other's supervision;

- in a process of *role release* speech-language therapists and teachers incorporate techniques and specific performance competencies of each other's disciplines into their intervention through constant interdisciplinary consultation to progressively increase knowledge and refine skills;
- in a process of *role support* speech-language therapists and teachers support each other while certain skills are retained, as team members are legally prohibited from sharing these skills (Briggs, 1993:36).

The transdisciplinary model moves educational programming beyond the single-discipline approach as ELoLT acquisition in learners is facilitated while disciplinary borders dissolve. This approach in education can succeed if all team members are committed to the approach. Through shared information, technique demonstration, and joint problem solving, this model of collaboration can result in dynamic collaborative teams (Engelbrecht, 2004:254). Professionally, the opportunities to share responsibility for learners' linguistic, literacy, and academic success can be an enriching process for all the team members (Ukrainetz & Fresquez, 2003:285).

However, changing the educational practice within a school context is a complex process that involves team members' attitudes, actions, beliefs, and behaviour (Muthukrisna, 2001:46), and the success of the collaborative approach depends on the team members themselves. An inability to adapt theory to practice may be one of the barriers obstructing the process.

Various authors have emphasised that the theory of inclusive education can only succeed in practice if *learners and teachers* receive adequate *classroom* support (Swart, 2004:233; Prozesky, 1999:81). Currently educational support professionals in South Africa, including speech-language therapists, seem to experience difficulties in implementing the transformation of their services (Hay, 2003:135). In the following section the barriers to collaboration that may negatively impact on speech-language therapists' service delivery in inclusive education are discussed.

#### 4.6 BARRIERS TO COLLABORATION FOR SPEECH-LANGUAGE THERAPISTS

The barriers to collaboration experienced by speech-language therapists need to be viewed from an eco-systemic perspective, as such barriers affect learning and developmental needs and may be found in any system surrounding the ELoLT learners. Educational support professionals, like speech-language therapists, will have to address all systems which may influence collaborative communication intervention. These systems include, among others, the home, the school, and the community (Hay, 2003:136).

As discussed in Chapter Two (Section 2.4), some learners in South Africa experience personal and environmental stressors that put them at risk of emotional, behavioural, and academic difficulties. Learners may live in a society struggling to meet the fundamental needs of its citizens. In the home context, some caregivers are struggling to meet their family's basic needs of nutrition and shelter, and in the educational context, some schools have to deal with overcrowding, shortage of resources, and limited educational support (Engelbrecht, 2001:19). In such environments, often found in rural South Africa, collaboration by team members for communication intervention may not be a priority. In the urban areas of South Africa where educational support services like speech-language therapy are more available, speech-language therapists working with ELoLT preschool learners may encounter different barriers, including system barriers that involve the school systems where services are provided, and individual barriers that involve the people concerned (Ehren & Ehren, 2001:233).

In the preschool context, *system barriers* may be an obstacle to effective collaboration (Ehren & Ehren, 2001:236). These barriers include large case-loads (Ukrainetz & Fresquez, 2003:285; Ehren & Ehren, 2001:236), time constraints (Ehren & Ehren, 2001:236; Hadley et al., 2000:291; Throneburg et al., 2000:17; Venter, 1998:96), fixed timetables (Drake, 1993:20), financial cost (Throneburg et al., 2000:17), lack of administrative support (Ehren & Ehren, 2000:236), staff turnover (Drake, 1993:21), and leadership issues

(Drake, 1993:21). All of these external barriers challenge the South African speech-language therapists to engage in a growth process, prompted by an expanded research base and the reality of the South African educational environment. Speech-language therapists need to take control of their own professional destinies by acting to overcome the system barriers, as well as individual barriers to collaboration.

*Individual barriers* to collaboration are experienced by speech-language therapists within themselves, or are presented by other educators whom they encounter. Speech-language therapists need to explore the dimensions of their own attitudes, feelings, and knowledge, which may prevent them from assuming their role in the collaborative intervention with preschool learners (Ehren & Ehren, 2001:234). ELoLT intervention requires knowledge, skills, and competencies that therapists may have acquired through academic preparation and experience (ASHA, 1998:25). These include aspects such as normal language development (Hixson, 1993:53), additional language development (Roseberry-McKibbin & Brice, 2000:5; ASHA, 1998:25; Venter, 1998:97), culturally appropriate assessment (ASHA, 1998:25; Venter, 1998:100; Cole, 1983:25), knowledge of the curriculum (Venter, 1998:44), collaboration strategies (ASHA, 1998:25), and language policies (ASHA, 1998:25).

Venter (1998) highlighted the particular limitations in the knowledge about additional language acquisition of individual speech-language therapists in urban South African schools. Her research indicated that these therapists had below average knowledge of additional language acquisition (Venter, 1998:105), and only average knowledge of intervention with ELoLT learners (Venter, 1998:97). In addition, some speech-language therapists had limited knowledge of the development of Basic Interpersonal Communication Skills (BICS) and Cognitive Academic Language Proficiency (CALP), as well as the silent period associated with additional language acquisition (Venter, 1998:105). Their limited knowledge may result in these therapists feeling incompetent in the collaborative team, and they may, therefore, prefer to intervene without any collaboration with teachers. Professional competence is

a personal decision, a professional commitment, and an ethical mandate. Hence, it may be in the interest of all therapists, who historically have not been trained in additional language acquisition, to ensure that they have the necessary knowledge before intervening with learners acquiring ELoLT. To provide such a service without proper education, training, and experience is to violate the professional Code of Ethics (Seymour, 1998:106). Training institutions therefore need to incorporate such training in their pre- and post-graduate programmes, to overcome this individual barrier experienced by speech-language therapists.

Teachers may also present individual barriers to speech-language therapists. These barriers are usually unintentional, but inadvertently occur because of some teachers' lack of information, especially a misperception of the therapists' skills (Ehren & Ehren, 2001:235). Apart from being concerned about losing the autonomy of their classes (Ehren & Ehren, 2001:235; Du Plessis, 1998b:62), teachers may be misled with the term *speech therapist* or *speech teacher*, or *speechy* as therapists are called at school. These terms emphasise only the speech aspect, and exclude the other aspects of their work (Ukrainetz & Fresquez, 2003:288; Ehren & Ehren, 2001:235; Wiener, Berger & Bernstein, 1998:21). Terminology, it seems, does matter and although the South African Speech-Language-Hearing Association (SASLHA) added the word *language* to the speech pathology title decades ago in an attempt to improve communication with the public regarding the skills and domains of therapists, it appears that only communication professionals appreciate the specific distinction (Ukrainetz & Fresquez, 2003:295; Seymour, 1998:103; 105). These barriers need to be addressed or speech-language therapists may be excluded from collaborative planning sessions on language and literacy programmes, which may be detrimental to speech-language therapists' attempts to assume expanded roles in education.

Speech-language therapists need to play a role in the preparation of South African multilingual preschool learners for formal learning in the primary school. The challenge is to meet the needs of a diverse populace, while continuing to fulfil traditional roles and broad-based societal expectations

(Harris, 2003:80). Change is powerful and motivating, and therapists need to take notice of the changes in the discipline, evaluate them, and adapt (Apel, 2001a:196). One might speculate that if some speech-language therapists could improve their knowledge of additional language (L2) acquisition and the effect of multilingualism on learning, the areas of ELoLT assessment and intervention might become less of a barrier (Roseberry-McKibbin & Eicholtz, 1994:161). ASHA urged speech-language therapists to be innovative when performing their duties. Their intervention needs to be outcome based, stretching the boundaries. Therapists are encouraged to be more experimental within the context in which they are practising (Seymour, 1998:105; 106), and to market their skills to team members (Lazar, 1994:11). Through successful collaborative efforts to facilitate multilingual preschool learners' ELoLT skills, speech-language therapists could play a vital role in getting South Africa's learners ready to learn.

#### **4.7 CONCLUSION**

Unabated shortages of all types of learners' services in South African rural areas, geographically remote areas, and inner cities call for the most creative and efficient use of every available resource. In developing countries like South Africa, an eco-systemic approach to school improvement may be appropriate, rendering support to groups of learners and schools to encourage whole school development. The focus in whole school development is both organisation development and professional development of all role-players in education (Swart & Pettipher, 2001:33). Whole school development in inclusive education requires collaborative partnerships between all team members, that is parents or caregivers, teachers, and educational support professionals, all of whom are equally important and need to contribute knowledge towards a shared goal (Swart & Pettipher, 2001:34). Such multiple perspectives may be important to maximise academic and social success in inclusionary classrooms (Engelbrecht, 2001:24-27).

The challenge in the South African context is to redefine the roles of educational support professionals within inclusive education. Educational

support professionals need to broaden their roles and responsibilities away from the traditional, narrow focus of service delivery, which may not be appropriate in the inclusive approach to education (Hay, 2003:135; 137). Roles need to be transformed from an acontextual and individualised perspective to a contextually relevant and systemically sensitive approach (Engelbrecht, 2001:24-27). Team members, including speech-language therapists, who comprehend their new roles and release information and roles across disciplinary borders may be an asset in interdisciplinary teams.

Educational partners have the choice to collaborate and provide appropriate services to learners, or to continue outside this framework of change. If the challenge to collaborate in education is accepted, role-players will improve their skills and provide improved professional services. Should disciplines continue to provide services unilaterally, they will provide inappropriate services to learners with barriers to learning. Much potential will be wasted (Du Plessis, 1998b:12).

#### **4.8 SUMMARY**

This chapter described the importance of a collaborative approach to communication intervention from an eco-systemic perspective against the background of current changes in the South African education system, such as the introduction of inclusive education and the RNCS. In the quest to change the learning environment to accommodate learners with linguistic barriers to teaching and learning, it is suggested that speech-language therapists, teachers, and caregivers collaborate in assessment, intervention planning, and language development in ELoLT learners. The aim of the chapter was to provide insight into the supporting role speech-language therapists can play in a collaborative approach to inclusive education.