



AN ACCOUNT OF INTERVENTION PROGRAMME FOR INFANT AGE CHILDREN WITH COMMUNICATION DISORDERS WITHIN A LARGE METROPOLITAN LAGOS COMMUNITY

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Abstract

This is a chronicle of a remedial programme implemented to address the learning problems of children with communication disorder in a location in Lagos State. The report presents the history of educational programme of the community, and the nature of the intervention which includes the policy framework with which the intervention was packaged, the staffing involved, parental involvement, the integration of the programme into the regular school and the curriculum of the programme. The report also provided information on the success recorded in the programme and suggestions for its sustenance

Keywords: intervention programme, infant age children, communication disorders

1. Introduction

A vibrant society is that which has concern for every citizen irrespective of any feature that makes one different from the other. In particular, a society becomes functional and progressive when special attention is devoted to those members who have special needs. It is common knowledge that in a large metropolitan community like Lagos, there are individuals with different physical needs such as communication disorder. Such individuals get abandoned if recognition is not made of them since it is pretty difficult for them to voice out their needs. Communication skills are crucial to experience of life, especially for beginning children in language development as this is critical to

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cognitive development and learning. Forms of language needed by an average individual include reading, writing, gesturing, listening, and speaking. All of these are necessary for communication. Learning takes place through the process of communication. The ability to participate in active and interactive communication with peers and adults in the educational setting is essential for a student to succeed in school. This piece is therefore targeted at addressing the challenges of this group of individuals and the strategies to bring them on board.

2. Historical perspectives

Community authority in Lagos like most others had no specialist provision for pupils with communication disorders in the early 1970s. The particular needs of these pupils were frequently not recognised. Most were attending ordinary schools with whatever support an understaffed speech therapy service might provide, or were placed in special schools, usually for those categorised educationally subnormal. A few were placed in one of the specialist language schools.

The impetus for developing more appropriate educational provision for these children came from a group of professionals working out from a hospital-based Child Development Centre and involved in the diagnosis and assessment of children with communication difficulties. The three professionals concerned - the principal educational psychologist, a speech therapist and a pediatric neurologist recognised the existence of a group of children "*who, even with regular speech therapy and fair cognitive ability, were not going to succeed*" in ordinary schooling and yet were not in need of the highly specialised approach of a special school. They felt it was their responsibility and a challenge too - to develop some form of middle ground alternative.

Fuller consideration of the matter revealed that there were "no precedents to go on". Whatever form this provision took it would inevitably be a pioneering activity, "a shot in the dark", as one of those involved later was to describe it. They opted to establish two Language Development Units for infant age children with specific language disorders.

Having presented this plan to the Education Committee and secured agreement for it, they set about putting it into practice. The psychologist drew upon his knowledge and experience of the authority's schools in order to determine suitable locations for the classes. In both instances, he was able to capitalise upon his sound relations with the head teacher. The classes, which opened in April and September 1974 respectively, were intended from the beginning to be quite small (a maximum of six later increased

slightly). Language disorder is less prevalent than many handicapping conditions. Those responsible obtained an indication of the likely incidence level from a study carried out in another urban authority in the 1960s. This suggested a prevalence rate of specific language disorder among school age children of normal intelligence of around one per 1000. Subsequent experience was to prove this figure a reliable working guide - roughly one per 1250 of the child population of primary school age and normal intelligence is in the language classes.

A notable feature of the planning and initiation of this provision was the very informal way in which it was handled - "*nothing is written down*". This informality was considered an asset on account of the flexibility it gave. Particularly in a new situation where there were few precedents or existing working models to draw on, it was felt that formal written procedures would have held up the development. Some staff did acknowledge, with the benefit of hindsight, that the absence of explicit agreements did have drawbacks. "*We should have had a common plan*" to guard against uncertainty and to "*clarify the roles [of the school staff involved]*". It was felt too that the provision was vulnerable to staff changes; it could be seriously affected, for example, by a new head teacher who had different priorities or was unsympathetic to the mode of working that had evolved.

It should be noted that these classes were part of a comprehensive attempt made through the 1970s to meet the needs of all pupils experiencing problems with their language development within the authority (and four or five neighbouring authorities which had little or no provision of their own). Thus, two more classes, located at an open-air school and a maladjusted school respectively, were opened to provide for junior age pupils who, in addition to language problems, also had slight physical or emotional problems. A fifth class was attached to a special school for children (aged 5-13) with moderate learning difficulties. The 'language team' based upon the Child Development Centre seeks to use the provision available in a flexible way.

Finally in this section, a brief mention of the particular schools chosen to house the two classes. One was a nursery/infant school with about 250 children while the other was a small city-centre school with about 150 across the primary age range. Both the principal psychologist and the respective head teacher readily welcomed the suggestion that their schools should house this specialist provision - indeed, one head's view was, "*I don't see how you can treat them anywhere else.*" She spoke from personal experience, having a child of her own with a communication disorder. Having handicapped children attend ordinary schools was to her a means of "*releasing a normal*

child into a normal world". Their handicap was such that "they might never have broken out of it" if placed in a special school where they might hear little normal language. There was also the perceived benefit of "peer competitively" which they would experience in an ordinary school - "he probably wouldn't have been stretched 10 the same way that he is here by his peers" if attending special school.

Additional factors in the choice of these schools included: availability of space' the fact that one of the schools had already taken children with language problems - "We've always had them before, it's just that they've been screened out"; and the presence on one of the school staffs of a teacher who had a general interest in language development and who furthermore, was regarded by her head as "*a well-organised infant teacher who had already proved herself in a large class setting*".

There was no formal consultation or preparation of the school staffs, though one head made a point of discussing it with staff and emphasising that it was an honour for the school to be chosen for this development. The teachers in charge, upon being appointed, did a good deal of informal dissemination about what was proposed, what these children's difficulties were and so on. Each saw it as her responsibility to win an acceptance for her children in the school. It undoubtedly helped that in both instances the teacher appointed either was or had been a member of the school staff and was thus not a total stranger about the school. Both were appointed one term before their class took in its first pupils. This was deliberate - to facilitate their own preparation and to strengthen relations with the parent school. As one head observed, it meant that the teacher was not "*an expert who suddenly appeared in the staffroom*".

3. Aims and Organisation of the Intervention

The two classes served the parent authority together with a few neighbouring authorities which had little or no suitable provision of their own. Their primary function was in relation to children of infant age and normal intelligence who had a specific speech or language disorder. This was directly related to the goal of eventual integration of a child back into his or her local school. (This included placement in an 'opportunity class' for children who face general difficulty in their learning.) This goal directly influenced the choice of pupils for the classes since those who were unlikely to be able to cope with ordinary schooling subsequently would not be considered well placed. When the classes first opened, there was an idea in currency that the specialised intervention would only be for a short term (perhaps as little as six months). One head teacher had held out against this - "*I insisted they must spend the whole of their infant career*

here." It was subsequently agreed that pupils would be attached to the language class for a considerable period of time, at least two years in the majority of cases.

Another important facet of the working philosophy behind these classes is the notion that specialist support should be provided within a context of 'normality'. A written account by a member of the speech therapy service explains further:

'The aim of the language units is to give the children the specialist help they needed while keeping them within the context of a normal school and home life...

"We aim to enable the children to re-integrate into an ordinary school class; initially in the school where they attended a language unit but eventually, whenever possible, in a similar school in their own neighbourhood. We felt it to be a major disadvantage of the "unit" system that as children's language and communication skills improve, we are able gradually to "wean" them out of the unit and into an ordinary class, while keeping them "attached" as long as necessary to the unit, to which they return for special help'.

There is also a strong concern that any intervention should commence from as early an age as possible. This is contingent upon early referral which in turn necessitates that the provision is known about by referring agencies and that criteria for admission exist and have been publicized.

Considerable time and energy have been devoted to this end. Diagnosis and assessment are undertaken by a central language team based in the Child Development Centre. This team sees itself as co-ordinating service overall conducting assessments and co-ordinating assessments done by teachers, recommending particular placements to the authority's Placement Committee, providing the requisite specialist intervention in part, monitoring children's subsequent performance, and recommending discharge or further specialist attention at the close of infant schooling.

Both classes are subsumed under the parent schools, each teacher in charge being answerable to the head teacher - though at one school the organisational arrangements were not clear-cut. The head teacher, appointed after the class started, stated repeatedly that he was unsure of the precise relationship that the authority intended between school and language class - "*I would like to have it in black and white where I stand with this unit*" - and implied that this lack of clarification was a considerable drawback. Certainly, there are unexpected differences between the two classes. For example, while both teachers in charge are paid out of special services, only in one case is the teacher regarded as a full member of staff (with position guaranteed in the event of the class

closing or moving). Again in one school the teacher has a formal responsibility for language development across the school as a whole (this is intended as justification for paying the special schools allowance); in the other the teacher while also involved with colleagues does so from her own initiative rather than through a formal appointment by the school. Both teachers have a good deal of autonomy in their working, though again the two locations differ in regard to how this has come about. In the one, it seems to reflect the fact that the teacher is the language expert in the school; in the other it is a function rather of the distancing of the class from the main school consequent on the lack of clarity as to who has formal responsibility for it. Some of these differences reflect a difference in style and approach on the part of the respective heads. In one case the head has been directly involved in the development of the language class from the outset and has a strong personal commitment to it. The other head, while not neglecting the language class, inherited it on arriving at the school and was never given a clear brief for its working and relationship to the rest of the school. In his eyes, it had to take its place along with the other three areas of the school (nursery, infant and junior).

4. The Pupils Involved in the Intervention

While it was clear from the outset that these units would be concerned with infant age children of normal intelligence who had specific language or speech disorders, some difficulty was experienced in formulating a precise admission policy. The main problem lay in isolating communication disorder, as distinct from other factors, as the primary handicapping condition in children of pre-school age. Of the initial batch of 12 or so entrants, it became evident in the case of some that their language problems were merely an aspect of general learning difficulties. Given the concern to feed children eventually into full-time ordinary schooling those working in the service had sought to eliminate misplacements of this kind. With time staff felt they had achieved this; late in our fieldwork the consensus was that the vast majority of prospective candidates were being picked up, that misplacements had been virtually eliminated, and that admission criteria were not too high or unrealistic. It was affirmed that pupils with language problems who were not placed in one or other of the classes were being capably dealt with elsewhere: "*Language disordered children requiring less intensive therapy worked with speech therapists in other departments of the local service.*"

The framework that was worked with was to ask the precisely question, what kind of language difficulties do children who are accepted exhibit? In the main, they will have severe difficulties with comprehension and/or expression. Some have an

associated phonological disorder. Occasionally a child is admitted who has an exceptionally severe phonological disorder but no serious language disorder. Children with additional physical handicaps are routed elsewhere. Those children with additional learning difficulties are directed to the language class attached to an ESN (M) school. Children with significant hearing loss, or with emotional disorder of which their language is a symptom rather than a cause, are not accepted

Great emphasis is placed upon the earliest possible referral. This was a particular difficulty in the early days but has since been largely resolved. The existence of the two classes was not always known to would-be referring agencies. In some cases, children's language difficulties remained undetected, largely because of insufficient knowledge about language disorder within professional and lay communities. (A particular problem was the rather common attitude that 'things will right themselves of their own accord in time'.) For these and other reasons, late referrals were common in the early days. Nowadays, however, children are being identified much earlier - at two or three years of age. This has highlighted the need for further provision at pre-school level. While nursery schooling and speech therapy on a weekly basis can be provided for most pre-school children, those with significant language problems would benefit from more intensive support.

Most children reach the classes by way of the Child Development Centre where they are assessed by the language team. (A minority are picked up within the schools' own nurseries.) The majority of referrals are from speech therapists, educational psychologists or GPs. The assessment undertaken by the language team is multi-disciplinary and involves the following personnel: pediatric neurologist; speech therapist; and educational psychologist. A senior clinical medical officer, also based at the Child Development Centre, examines the children, particularly their hearing and vision. Each child will also be seen by a social worker who completes a social workers' SE form, SE(SW), peculiar to the authority. Assessments carried out by the language team are *typically informal* but wide-ranging. Their basis is getting the *child* to carry out various *practical* tasks and observing *his* or *her* reactions, supplemented by questioning of the *child*. There is relatively little use of *formal* testing. The concern is to pick up on the child's "*general level of symbolic thinking ... What can he copy or write? How quickly does the child learn, pick up ideas? What sort of social skills - feeding, dressing, washing does he have? Can this child stand being away from the home for long? What's the nature and level of his play with other children?*" The various members of the multi-disciplinary team interact easily and freely: "*We tend to all do our own thing and everybody else's thing ... We tend to look at the total child within our own sort of background and discipline*" (psychologist) - rather

than each professional concentrating on his or her particular specialism and reporting on it later. It is emphasised by the team that assessment must be a continuous activity rather than a once for all decision. In this regard, the speech therapist is a crucial liaison agent between the school and the rest of the team.

The team's placement recommendation is forwarded to the Placement Committee. This comprises the following personnel: assistant director of education (special education); senior medical officer (child health); principal educational psychologist; social services representatives and an administrator. None of these will normally have personal knowledge of the children being discussed. They will have received SE forms 2 and 3 and the SE(SW). The Committee normally endorses the recommendations presented to it, and it would be considered exceptional if it reached a contrary decision.

Both of these language classes accept only infant age children. At the end of infant schooling, various forward placements are possible: opportunity class; regular class; a further language class; or even special schooling. Thirty-six pupils left the two classes in the six years from April 1974 to July 1980. Thirty-five of these were retained within various local provisions as follows:

- 12 to an ordinary class in their local junior school
- 4 to a top infants class in their local school
- 3 to an ordinary class in their local school but still receiving regular speech therapy
- 2 to an opportunity class in their local school
- 6 to a junior language class attached to an ESN (M) school (one of these no longer needs speech therapy)
- 8 to junior language classes attached to other types of special school (at least two later transferred to an ordinary or opportunity class in their local school).

With regard to following up pupils when they have left, it is the speech therapist's responsibility to maintain a watching brief. Pupils are formally discharged one year after leaving the language class unless there is continuing need of regular or occasional speech therapy. It is considered important to allow sufficient time to ensure progress is satisfactory over a reasonable period of time.

5. Staffing of the Intervention Programme

Each class has its own teacher in charge. In one case, there are two classroom assistants, one of whom is a trained NEB; in the other, there is only one assistant. This difference is

a historical one. The head teacher in question was asked if she would be willing to accept a boy with severely disturbed behaviour. She agreed on condition that a full-time assistant was provided for him. When he later transferred to a special school, the head managed to retain the assistant by agreeing to a rise in the number of children in the unit from six to eight.

Both teachers have been through ordinary teacher training; neither has a specialist qualification in language disorder. (Until 1979 no relevant training had been available apart from the dual speech therapy/ teaching qualification.) Both had been on the staff of the school prior to this appointment. One had taught at the school for three years. Having left the area for some time she returned, applied for the position and was appointed. As part of her preparation, she taught in a school for pupils with severe learning difficulties for one term, as well as visiting various types of special school. She also sat in on speech therapy sessions and visited language units outside the authority. She attended a two-term evening course on language disorder and was pursuing a specialist course of training at the time of her appointment. The second teacher also spent time before her class opened visiting relevant provisions elsewhere, speech therapy clinics and so forth.

As regards the assistants, one is a trained NEB with an interest in language development. Two of them have been in post since the start. Considerable importance was attached by one head to having a stable staff - particularly since there was a deliberate intention of providing training 'on-the-job'. The nursery nurse had accompanied the teacher in charge and head teacher on a part-time evening course organised by the speech therapy service.

The involvement of outside agencies, in particular the speech therapists from the language team, is a notable feature of this provision. There are two therapists, each with responsibility for one of the classes. Each spends one full day per week in school, providing individual therapy, conducting specialised assessment as necessary and liaising with the teacher in charge over the programming of the individual children. The educational psychologist visits more occasionally, at the minimum termly, or when requested by one of the teachers in charge. His routine visits are directed toward ensuring children are progressing; visits requested by a teacher will be for a more specific purpose, eg helping to treat a particular child who is manifesting disturbed behaviour. In the past links with social services have been very sound, though on most of our visits, social workers were on strike and no social worker involvement was possible. It should be noted that the classes suffered from a high turnover rate of staff

from these agencies in the early days, with numerous changes of psychologist, speech therapist and social worker. Better continuity has been achieved in recent years.

6. Accommodation and Resources

Both classes are housed in classrooms within the body of the parent school. In one case the location is quite central, just off the hall which is extensively used for assembly, PE, music and movement and so forth. In the other case, the classroom is relatively isolated within the school as a whole, though it is close to the nursery and the reception class with which there is most contact. Playground space is very limited in this school, with no grassed area. In both cases, the classrooms are quite spacious, an important factor given the hyperactive nature of some of the children.

Both classes are financed off the special education budget. Thus, necessary items of equipment, classroom consumables and so on are financed separately from the main school. The capitation allowance for pupils in these classes is approximately three times that of a child in the parent school. Both classes are well-resourced and possess adequate stocks of curricular and play materials.

7. Curriculum

The working philosophy of both classes is one of concentrated individual or small group teaching based upon sound infant school practice, allied to specialised therapy and attention in regard of the specific language disorder. In general terms, basic skills work occupies each morning with creative and play activities in the afternoon. Children's individual programmes reflect their particular problems, which can vary widely. All will have difficulties with specific aspects of language development (eg an immature or abnormal 'speech sound' or phonological system, or an expressive language delay) accompanied in many instances by difficulties with general educational development (eg poor short-term memory, an inability to sequence, poor fine or gross motor skills, extremely limited reading ability). The children keep in contact with the work their age peers are engaged in through the particular programmes followed in the language classes together with opportunities for integration, as detailed below.

A careful balance is maintained between specialist language work and the normal school curriculum. These are the primary responsibility respectively of the speech therapist and the teacher. The former conducts detailed assessment determines a programme of work and provides individual treatment. The latter follows the normal

infant curriculum as much as possible, as well as carrying out practice on speech or language exercises devised by the speech therapist. The speech therapist's contribution is clearly a critical part of the specialist provision on offer. The following account of their involvement in the curriculum, as it obtained toward the end of our study, has been offered by the therapists in post:

"The two speech therapists ... have a broadly similar approach. Variations (eg in the amount of time devoted to group work) are the result of differences in the individual styles of therapists and teachers, and in the particular needs of the children in a given unit at a given time."

"After initial detailed assessment, long-term aims are arrived at and broken down into short-term aims with a time scale of weeks. A programme of specific activities is drawn up which is designed to achieve these aims and is suited to the individual child. Assessment is continuous and both therapy techniques and long-term aims are modified in the light of a child's progress..."

"The speech therapist's assessment covers the general areas of language comprehension, expressive language and the intelligibility of speech. Language comprehension is looked at in relation to established developmental norms supplemented by standardised tests of receptive language, in particular the Reynell Developmental Language Scales."

The child's receptive and expressive vocabulary is also assessed. A somewhat arbitrary division of expressive language into structure content and use is found useful in assessment and therapy planning. Where detailed assessment of structure is needed the LARSP profile, developed by Crystal and his colleagues, is used. Content and function of language are linked with a child's more general symbolic abilities....

"The intelligibility of a child's speech is also assessed. Difficulties here may be due to poor monitoring by the child or to a delayed or deviant phonological system. Less frequently, they may be due to an articulation disorder - ie poorly co-ordinated motor control for speech. Occasionally a child will have a very specific problem, such as hyper-nasality due to a poor mobility of the soft palate. Where a phonological disorder is the problem, the therapist will analyse the child's deviant 'speech sound' system. On the basis of this analysis, and bearing in mind the normal developmental pattern of speech, the therapist will devise work to help the child develop a normal and intelligible system."

"In both units the therapist and teacher jointly keep a work book for each child in which long and short term aims are recorded, together with the specific activities involved in the daily therapy programme (eg games to help establish the use of verb-plus-object utterances; minimal pair work to establish a particular contrast in the "speech sound" system). As well as weekly discussion of these programmes and of the group work associated with them, both teacher and therapist make notes in the book of how the child copes with the work and of the progress made.'"

8. Progress Monitoring

There are both informal and more formal measures taken to appraise pupils' progress. The former are the personalised diaries which the teachers in charge keep, in which are entered particular things of note (eg an unexpected or pronounced improvement, a persistent failure in some aspect of schoolwork). The first part of each entry typically focuses upon the child's personality and emotional or social development; this is the teacher's subjective appraisal. The second part details progress in the area of language and number and is somewhat more objective. These diaries are completed on a fortnightly basis. In cognisance of the amount of time they take, one teacher has two free periods each week partly in order to maintain this diary. They are acknowledged to have most meaning for the teacher herself, who has the necessary detailed knowledge on each child against which these comments and observations must be 'read'. They were described by one head teacher as an "educated opinion" about the child's educational development, as opposed to the more definitive pronouncements expected of an educational psychologist who has formal tests at his disposal. The workbooks jointly maintained by the teacher and speech therapist are a further informal means of monitoring progress.

On a more formalised level, case conferences are held at least annually, at which the circumstances of each pupil in the unit will be comprehensively reviewed by a multi-disciplinary team comprised of: paediatric neurologist; educational psychologist; speech therapist; school medical officer; teacher in charge; and head teacher. In advance of the conference itself the three professional workers most closely involved (teacher, therapist and psychologist) produce a joint report which serves as the basis for discussion. This addresses various aspects of the individual's development: basic details including any changes in home background; physical attributes (eg appearance, vision, hearing); general development (including social independence, relationships with adults and peers); general ability (a general account from the psychologist, plus

information on the child's play); educational attainment (reading, writing, spelling, number); and language and speech (including comprehension, expression, language content, vocabulary and phonology). Also included are teaching objectives and specific therapy aims, together with an overall summary for the immediate future. These quite exhaustive reports are supplemented at the conference with tapes designed to illustrate the improvement a child has made or any area of continuing difficulty.

9. Integration of Pupils

All pupils attending these language classes experience some integration, but there are considerable variations in the nature and extent of the integration both between classes and within them depending on the progress of individual pupils. In broad outline, the difference between the classes is that in one integration tends to be for individuals whereas in the other the emphasis is on group activities. There are some group activities in the former case of course - music and movement, hymn practice, television, lunch and playtime (though language class children have the playground to themselves for part of each day). PE was taken with a class from main school at one stage, but the clumsiness and poor gross motor control of several of the children impeded the flow of the lesson, and it was decided it would be best for them to do it on their own.

This school has a definite strategy for feeding pupils into ordinary classes. The decision to initiate the process is taken by the teacher in charge, in consultation with the speech therapist and the class teacher involved. It is done carefully and on an individual basis - "*They are weaned out gradually from this very protective situation*" - and only when the pupil has given clear signs of progress in both basic attainments (reading, writing and number) and general language development. Typically, a pupil will begin by spending part of each afternoon in the ordinary classroom, participating in creative play activities. The amount of time spent there will be gradually increased, though care is taken to ensure that the progress made within the language class is not jeopardised. A pupil can easily be withdrawn should anything untoward occur. Ultimately, he or she may become a full-time member of the class, being withdrawn only for perhaps 15-20 minutes of specialised language work each day, before eventually being transferred to the local school.

The emphasis in the other class is, as noted, on more extensive integration for the group as a whole. This developed initially for two reasons: first, the teacher in the language class exchanged with the reception class so that her children would have contact with 'normal' children and also so that each teacher had a break from the

children she had primary responsibility for and could have experience of another group; secondly, both classes were timetabled for television and music and movement at the same time and "*it seemed sensible to put them together*". No attempt is made to integrate as a group into the infant class, mainly because children in the language class are considered too immature. However, four pupils have been individually integrated into this class, and a further two into the reception class. All told, they spend about 25 per cent of their time with classes in main school.

The teachers in charge of both language classes see themselves very much as an integral part of the parent school. In one case this union is formalised the teacher is a member of the school staff and also is responsible for language development within the school (she advises other teachers on the use of language materials, or where a child is presenting particular problems, and may even refer the child to the speech therapist). In addition, she takes a period of singing with the whole school once a week, and is in charge of a second year infant class one afternoon each week. At the second school, the very good personal relationships that obtain reflect the personality, tact and hard work of this teacher - helped by the small size of the school. Where there has been an exchange of pupils this has been done with the overall benefit to her own pupils in mind. Any advice upon language problems that this teacher offers is done informally and reflects her assimilation into the school.

In general terms, the children in both cases have found wide acceptance within the parent school. However, this has not always been the case. At one of the schools a good many of the children accepted in the early days had emotional and behavioural problems in addition to considerable communication difficulties and low ability. This was rather a shock to both the staff and to parents with children already at the school. It led to a good deal of isolation at first - they were regarded by some main school pupils as rather freakish. This necessitated patient explanation on several occasions from the acting head. The situation was eased with the arrival of further children whose behaviour was less erratic.

Since this time good relations have developed, subject to the limitations imposed by the children having to be transported to and from school. At one school, it was pointed out that friendship patterns closely reflected where the children came from - "*It takes a long time for anybody to be accepted, it's a very close-knit community.*" In the other location, both teachers in the school and the head were adamant that there had been no difficulties in the way of teasing or lack of acceptance. Individual personality was considered the significant factor in winning acceptance - more than, for example, level

of intelligibility. The age of the children also helps - infants become accustomed to abnormalities very quickly.

Other relevant factors included the high visibility of the language class children in the school, and the degree of involvement in the life of the school by the teacher in charge.

10. Parental Involvement in the Intervention

Involvement with parents is seen by teachers in terms of general contact rather than engaging them in any specific, structured programme of language for their child. Structured involvement was not perceived by either of the language class teachers as necessary or appropriate. "*These kids have had intensive teaching here*" was one teacher's comment. She pointed to the presence of three adults in her class, which meant that when children were set work they were very closely supervised and could be quite tired by the end of the day. A head teacher, offering support for this view, noted, "*I feel it is much more important for that mum to be a mum.*" There was a general belief that the parents of many of the children would not be very forthcoming if their active involvement was requested. Parents were concerned and interested of course, but the common perception was that they were handing their children over to the experts and did not seek or want a direct involvement for themselves:

"A lot really don't want to know what you are doing although they are interested in the results." Contact between teachers and parents takes place on school premises, either on the occasion of open days, which are held termly, or when a parent takes up the open invitation to visit whenever he or she feels the need. The open day is particularly important in that the small number of children in the classes allows the teacher to spend a reasonable amount of time (up to 30 minutes) with each parent, seeking to get across the importance of proper attitudes toward the use of language, appropriate correction and so forth. From talking to a small number (four) of parents, there was every indication of satisfaction with the opportunity for contact afforded by such occasions. One criticism was voiced about the timetabling of parents' visits in one class; while this guaranteed each parent an exclusive session with the teacher it tended to preclude contact with other parents, something that many would have welcomed. The "free for all" arrangement that prevailed in open days in the other class led to a good deal of interaction between parents, and indeed resulted in some lasting friendships.

One particular factor which makes contact with the home more difficult to arrange, and effectively impedes contact between parents, is the distance most of these parents live from school. Teachers seek to get around this by relying on written communication. They emphasised that with regard to disseminating relevant information on a child, or consulting the parent over important issues - for example, transfer on at age seven - then parents were kept fully informed.

Speech therapists had a closer working involvement with families, but it was still much less than they would have liked. Constraints of time and distance (and lack of observation space in the schools) made it difficult to work in a close and structured way with parents. Their more modest aim is 'to visit each child's home at least twice a year and see some of them for weekly or small group intensive therapy during the school holidays'. There is also a home/school book for some children which contains specific weekly work for the parents to do with their children. Parents spoke in very positive terms about the benefits their children had obtained from attending the language classes. One mother, whose son had been attending for 15 months, remarked upon how he had "picked up smashing" in this time. He was able to talk now, while his reading and writing had "come on a treat". "*I don't think he would have come on the same if he hadn't gone there.*" Another mother, whose son had previously attended an ordinary infant school, noted, "*[Before] he couldn't write, he couldn't even count ... Since he has gone to this school he's marvellous ... Everyone can understand him now. Now I can send him on a message - before I used to give him a note.*" In a third case parents told of how their son's speech had previously been unintelligible and his behaviour quite uncontrollable at times. Now he was capable of holding a conversation and his behaviour was more consistent. His mother was particularly pleased with his progress at reading while his father fully endorsed the placement: "*If I knew any child in a similar situation I would recommend they go there.*"

11. Summary

This authority has comprehensive provision at primary level for pupils with speech and language disorders. There are five classes in all, supported by a language team operating from a hospital-based Child Development Centre. This account is focussed on the two classes located in ordinary schools, both for infant age children. These have developed effective ways of working with infants with speech and language disorders and have returned approximately half of their leavers to ordinary fulltime education.

They share a common approach and offer a broadly similar provision, though there are some significant differences.

The main questions for the future in a provision of this nature have perhaps to do with maintaining the momentum and level of service already achieved. There are a few further considerations, however:

1. Are the monitoring arrangements adequate when pupils are discharged from the language classes? Would a more long-term follow-up indicate, as it has done in some other instances, a need for a more prolonged involvement on the part of the language team?
2. Will it prove necessary to establish provision at secondary stage?
3. None of the classes for pupils over the age of seven is in an ordinary school. Will staff - and parents - be happy for this to continue?
4. Would children benefit if ways could be found of involving their families more actively and systematically in the effort to meet their special needs?
5. Are the classes sufficiently well established to cope with a change of head teacher, or being assigned a lower priority by one of the numerous support agencies?

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