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Building Upon Success:

A multi-perspective study of Speech, Language and

Communication Needs in adolescence

A thesis submitted to Trinity College, The University of Dublin,
for the degree of Doctor of Philosophy

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Declaration

I declare that this thesis has not been submitted as an exercise for a degree at this or any other University and it is entirely my own work. This thesis may be lent by the library of Trinity College upon request.

Signed: _____
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Acknowledgements

Summary

Background

Adolescence is a life stage characterised by important and significant growth in the areas of physical, cognitive, social and language development, which have a strong influence on individual outcomes in adulthood.

It is estimated that around 10% of adolescents have speech, language and communication needs (SLCN). Having SLCN in adolescence can have a pervasive negative impact on academic achievement, mental health, and social interaction, among others. However, certain protective factors, such as good support and prosocial attitudes can mitigate the negative impact of SLCN. Furthermore, intervention studies show that speech and language therapy (SLT) interventions can be effective with this age group.

Given the potential impact of SLCN in adolescence, speech and language therapists (SLTs) and other professionals have a duty to try to prevent such negative repercussions. Increased knowledge and awareness about protective factors and effective interventions should be integrated to more fully inform our understanding of adolescents with SLCN. Gaining a more holistic view of adolescents with SLCN requires consultation with the adolescent him/herself and associated networks of family, school and SLT services.

Aims

The aims of this research were (i) to identify the social, communicative and learning experiences of adolescents with SLCN, as perceived by those closest to them and by the adolescents themselves and (ii) to find out how speech and language therapists can best meet the needs of adolescents with SLCN holistically, with these social, communicative and learning experiences in mind.
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Methods

Participants, including SLTs, adolescents, parents and educators, were recruited to explore their experiences as related to SLCN. A number of methods were used to collect data from these key stakeholders, as follows:

1. online survey of SLTs (n=50)

2. online survey of a generic sample of adolescents (n=91) (adolescents with SLCN were not excluded)
3. semi-structured interviews with parents of adolescents with SLCN (8 participants)
4. focus groups with educators in mainstream secondary schools (three focus groups)
5. focus group with adolescents with SLCN (5 participants) using visual/participatory methods

A variety of both quantitative and qualitative methodologies were used to analyse the data, as follows:
descriptive statistics (1,2), Interpretative Phenomenological Analysis (IPA) (3) and Thematic Analysis (4,5).

Results

A rich and diverse set of results was obtained. These results help inform how adolescents and their networks experience SLCN and consequent impact, which in turn can inform tailored and realistic SLT services and supports for all stakeholders. Key results were identified in six areas (a) the impact of SLCN on people's lives, (b) social functioning, (c) services and supports, (d) educational achievement, (e) psychological wellbeing and (f) thinking about the future/preparation for life. Taking due account of - yet moving beyond - the negative impact of SLCN was key to the experience of all concerned.

Discussion and Conclusions

Results suggest that a philosophical shift is needed from a narrow, impairment-focused view to a multi-dimensional understanding of adolescents with SLCN. The multi-dimensional view should take into account the broad impact of SLCN on the lives of adolescents and the lives of those around them.

Secondly, results indicate that the best outcomes for adolescents with SLCN are obtained when there is a focus on experiencing success. It is proposed that the principle of *Building Upon Success (BUS)* should be adopted by service providers to enable adolescents with SLCN to experience repeated success (despite their SLCN) in the activities they participate in. The experience of success builds confidence and promotes psychological wellbeing. The implications of adopting the BUS principle in practice are discussed with respect to *the person, the process(es)* and *the organisations* involved.

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List of Abbreviations

AAC - Alternative and Augmentative Communication
ADHD – Attention Deficit Hyperactivity Disorder
ASD - Autism Spectrum Disorder,
BUS - Building Upon Success
CA - Chronological Age
CAMHS - Child and Adolescent Mental Health Service
DLD - Developmental Language Disorder,
ID - Intellectual Disability
IQ - Intelligence Quotient
IPA - Interpretative Phenomenological Analysis
LCA - Leaving Certificate - Applied
MMR - Mixed Methods Research
PLI - Pragmatic Language Impairment
SEBD - Social, Emotional and Behavioural Difficulties
SEN - Special Educational Needs
SES - Socio-Economic Status
SLCN - Speech, Language and/or Communication Needs
SLI / SSLI - Specific Language Impairment / Specific Speech and Language Impairment
SNA - Special Needs Assistant
TA - Thematic Analysis

CHAPTER 1: INTRODUCTION

This chapter will provide an overview of the area of study in this thesis. Some information about the author's motivation to undertake the project will be presented first, followed by a general outline of the relevant areas which will be discussed.

1.1 Motivation[1]

The motivation for this research project originated in my work as a speech and language therapist (SLT). I work with a mixed client group of children and adolescents who have speech, language and communication needs (SLCN). I work in a paediatric disability service, as part of a multi-disciplinary team of health professionals. The majority of my clients are children of primary school age (ages 6-12 years). I also work with a small number of adolescents who are attending mainstream secondary schools or specialised units attached to these schools (e.g. units for children with Autism Spectrum Disorder [ASD]). Apart from direct contact with clients in a one-to-one setting, my work generally involves working with parents and liaising with educators to facilitate generalisation of the therapy goals and interventions set up with the individual client.

Around the time I embarked on my doctoral studies, I remember the sense of inadequacy I felt when faced with adolescent clients in my clinic. I asked myself questions like *Will they want to attend the sessions or will they have to be coerced into attending?* and *What methods and materials should I use to engage them in therapy?* I felt I had very little to offer them.

One day I was discussing potential service improvements with my manager at the time and I brought up the issue of adolescent clients. Through this discussion, I realised that this feeling of having little to offer these clients gave me a sense of something being fundamentally wrong. Perhaps what I was missing was the confidence that a therapist builds up from previous, successful experiences of offering a helpful and meaningful service to clients.

I remember, in particular, the encounters I had with two adolescent clients who were referred to my team with query Autism Spectrum Disorder (ASD). Both were attending mainstream secondary schools. One adolescent was a 15-year-old male and the other was a 14-year-old female. Both had reportedly experienced significant bullying in school due to differences in their

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[1] The writing style used in this section is different from the rest of this thesis. It is written in the first person, as it conveys better the personal experience being discussed. Subsequent sections will revert to the traditional third person style.

interests and social interaction style. I remember feeling shocked when I learned that the bullying behaviour continued outside school on a regular basis. The impact on the individual and on the whole family was devastating. The adolescents themselves wanted to change school.   There was significant anxiety linked to going to school, not to mention the anger these adolescents felt at being subjected to sustained ridicule. The scale of the impact left a deep mark on me. These were obviously deep-set, complex problems that would not be resolved easily. I felt a strong desire to have something helpful to offer to ameliorate their situation, both on a professional and on a human level.

In the long-term, both adolescents were discharged from the service, as they did not meet the criteria for ASD. One adolescent was referred to a mental health service, as his difficulties were deemed to be of that nature. The other adolescent did not require onward referral. Her difficulties seemed to be linked to external factors, rather than communication or personal difficulties.

These experiences raised a number of questions that gave me the drive to embark on this research project. For instance, I asked myself: Are SLTs doing enough for adolescents? What is the impact of having SLCN in adolescence? What is the best service that SLTs can offer adolescents with SLCN?

As I started reading about the topic of adolescents with SLCN, I gradually began to realise that I was not alone in feeling that there was potential for improving SLT services for adolescents. I remember coming across two editorial articles (Nippold, 2010; Vance & Clegg, 2010) that deepened my understanding of the challenges faced by these adolescents. Issues discussed in the international literature seemed to apply equally well to Ireland. There was, however, a notable absence of research literature originating from Ireland at the time (although some papers have been published since). These initial explorations affirmed my idea that this area of SLT practice was worthy of further study and that significant contribution could be made to existing knowledge.

1.2 A brief overview of the area of study

It is well documented that language development extends into adolescence, young adulthood and beyond. For instance, there are developments in the lexicon, syntax and social use of language that occur long after early childhood (Nippold, 2016b). Developing communicative competence

takes many years and takes place in a series of connected and interdependent phases. Early language acquisition is of critical importance, though certainly not the ultimate stage of language development.

The use of language in adolescence goes through a significant transformation. Adolescents make the shift from oral language competence to *literate language* (Westby, 2005). Literate language is the type of formal language one would expect to find in a textbook, with a 'denser, more specified lexicon and complex syntax' (Benson, 2009, p. 174). It is more abstract and complex than oral language (Paul & Norbury, 2012). For adolescents, conversation and socialisation with peers become an important way to spend free time (Whitmire, 2000) and 'talking' takes on a more central role in friendship (Raffaelli & Duckett, 1989; Weimer, Kerns, & Oldenburg, 2004). The ability to use slang terms easily with peers signals 'group membership' between peers (Nippold, 2016b).

In recent decades, SLTs' work has been grounded in the early intervention philosophy (e.g. American Speech-Language-Hearing Association, 2004, 2008), which holds that early treatment of communication disorders has the greatest impact on communication skills, educational attainment and socio-emotional functioning in later years (e.g. Children's Communication Coalition, 2010; Department for Education & Department for Health, 2011a; Department for Education & Department for Health, 2011b; Roulstone, Law, Rush, Clegg, & Peters, 2011). Nevertheless, not all individuals presenting with communication difficulties in early childhood resolve their difficulties. A number of adolescents present with speech, language and communication needs, with some estimates stating that 10% of all adolescents have spoken or written language disorders (Nippold, 2014b). It is thought that numerous individuals are never officially diagnosed with SLCN due to concomitant difficulties which are more prominent (e.g. emotional/behavioural difficulties; Joffe & Black, 2012; Karasinski, 2013).

Research shows that SLCN in this age group are complex and often linked to difficulties in other areas of functioning. Academic achievement, social interaction, psychological and emotional wellbeing can all be affected (e.g. Lindsay & Dockrell, 2012; Nippold, 2016a). Adolescents' long-term outcomes can be marred by problems like lack of academic qualifications, mental health difficulties, illiteracy, unemployment and delinquency (e.g. Johnson, Beitchman, & Brownlie, 2010). There is a high cost to the individuals themselves, as well as to their families and to society as a whole (Hartshorne, 2011).

International reports have highlighted how, despite these complex needs, adolescents with SLCN are often underserved by SLTs (e.g. Nippold, 2010). Younger children tend to be prioritised under the early intervention mantle, while adolescents miss out on vital services on the basis of their age alone (Hollands, van Kraayenoord, & McMahon, 2005).

This situation raises questions about what can be done to serve adolescents with SLCN better. How are their needs best understood and what can be done to meet these needs? Do we simply need more resources on the ground or do we need to do something differently? These are some of the questions that have guided this project from its inception to its completion.

This thesis will start with a review of literature relating to adolescent development, SLCN in adolescence, SLT for the adolescent age-group and other relevant topics. Gaps in the literature will be presented, leading to the research questions that guided this project. A rationale for the research methods employed in this project will be provided, followed by a detailed description of how each part of the research was conducted. A series of five chapters will report the results of each study carried out. The results will be integrated in a summary chapter. The main results will be discussed, giving special consideration to their contribution to theory and to practice. Finally, the limitations of this project and suggestions for future research will be presented.

CHAPTER 2: LITERATURE REVIEW

This chapter contains five parts. Part 1 provides an overview of typical adolescent development, while the focus of Part 2 is on the language development that takes place in adolescence. Part 3 examines speech, language and communication needs (SLCN) in adolescence and Part 4 reviews how the needs of adolescents with SLCN are being met, leading to Part 5, which highlights gaps in the existing literature and the research questions generated for this project.

Part 1: Adolescent Development

2.1.1   Definition of Adolescence

The word *adolescence* originates from the Latin word *adolescere*, which means 'to grow up' or 'to come to maturity' (Harper, 2017). Adolescence is a transitional life stage between the immaturity of childhood and the maturity and independence of adulthood, characterised by changes in the biological, psychological, social and economic developmental domains (Steinberg, 2017). The boundaries of adolescence vary across cultures and societies, although it is claimed that all societies view adolescence as a distinct developmental phase (R. W. Larson, Wilson, & Rickman, 2009).

The World Health Organization (WHO) considers young people between the ages of 10 and 19 to be adolescents (World Health Organization, 2017). The onset of adolescence is often marked by the physical changes that occur in puberty. Changes in other areas of functioning are, perhaps, less immediately obvious. In studying and working with adolescents, all areas of development need to be considered (American Psychological Association, 2002) and a holistic view of development is essential for meaningful and relevant research . The key areas of development in adolescence will be outlined in separate sections in this chapter, broadly grouped into physical development, cognitive development and social development. Language and communication development will be examined separately, due to its relevance to the topic of interest in this project.

Before considering the main developmental areas, it is worth noting that, for many individuals, adolescence is a long developmental phase, spanning a number of years. Individuals at different points within this life stage can face very different developmental tasks (e.g. completing primary education versus commencing college education). Some researchers, therefore, conceptualise adolescence as a series of phases, rather than a single developmental phase. One commonly-

used system divides adolescence into three broad phases, namely *early* adolescence (roughly ages 10-13 years), *middle* adolescence (roughly ages 14-17 years) and *late* adolescence (roughly ages 18-21 years) (Steinberg, 2017). The boundaries between each stage vary for each individual and cannot be demarcated definitively. The concept of 'emerging adulthood' (Arnett, 2004, 2007) has been proposed as an overlapping, additional stage, covering the broad period between the late teenage years up to the mid- or late twenties. This may be a useful concept nowadays, given that many individuals in this age group, living in industrialised countries (like Ireland), are spending a longer time in education/training and committing to long-term relationships at an older age (Arnett, 2007; Central Statistics Office, 2017). Further analysis of these stages and corresponding educational stages will be carried out in a later section dealing with the education system in Ireland (Section 2.4.3).

2.1.2   Theories of adolescent development

Several theories of adolescent development have been proposed. Steinberg (2017) explains that, at one extreme, there are theories that focus on the biological changes in adolescence, while at the other extreme, there are theories that emphasise the influence of the environment on the developing adolescent. Other theories occupy a position somewhere between these two extremes.

The best known of the biological theories is that proposed by G. Stanley Hall (1904). His comprehensive work is often summarised in one key idea that adolescence is a period of "storm and stress". Adolescence is seen as a turbulent and stressful period, both for adolescents and for those around them, caused primarily by the hormonal changes in the body and related biological impulses. Psychoanalytic theorists, in particular Anna Freud (1969), built upon the 'storm and stress' view. In these theories, the upheaval experienced by adolescents originates from the resurgence in the sexual impulses that had been suppressed in early childhood. These impulses create a psychological 'imbalance' which manifests as volatile or antisocial behaviour (Freud, 1968). 'Storm and stress' theories depict this life-stage as a difficult one (more than other stages) and mostly include three central aspects: conflict with parents, mood disruptions and risk-taking behaviour (Arnett, 1999). As adolescents mature and develop intimate relationships, this imbalance is gradually redressed and they move on to reproduce and rear children, thus contributing to the survival of the species (Berk & Meyers, 2016).

Theories that emphasise the influence of the environment also date back to the early twentieth century. Renowned anthropologist, Margaret Mead, conducted research in the Samoan Islands,

where she observed that adolescents did not display the turbulent behaviour typically associated with this age group (Mead, 1928/1977). The contrasting presentation was attributed to Samoan society's relaxed attitudes towards sexuality and social relationships. In Mead's view, the troubled behaviour of adolescents observed in westernized societies was due to the influence of the social environment. Ruth Benedict, in a similar fashion, added to the view that the rituals of adolescence are socially constructed, following her research on primitive societies in America (Benedict, 1935).

Since these early writings, numerous studies have been published that have led to a more eclectic view of adolescence. Modern theories take into account biological, psychological and social factors (Berk & Meyers, 2016). A recent paper by Hollenstein and Lougheed (2013) points out that biological changes in adolescence are universal, although the age at which they happen vary widely. The authors highlight that there is a link between these biological changes and adolescents' behaviour, which is mediated by the social environment. For example, aggressive behaviour can be linked to an increase in testosterone levels and the establishment of hierarchical relationships in peer groups. The manifestation of socially-dominant behaviour is a way for adolescents to establish their place in the hierarchy of the peer group. The notion of 'synaptic pruning' can be applied to explain the interaction between experience/behaviour and biological changes in adolescence (Laviola & Marco, 2011). Synaptic pathways are created or improved in response to certain experiences, while others are disregarded or diminished. Hence, individual characteristics develop in response to the adolescent's experience and environment, many of which are carried into adulthood.

Hollenstein and Lougheed (2013) also underline the significant variability in the emotional and behavioural changes in adolescence. Firstly, each adolescent experiences emotional/behavioural changes in different domains with different levels of intensity. For one adolescent, it might be the experience of depression which is most prominent, whilst for another, it might be a propensity to risk-taking. Secondly, each individual will deal with these changes or impulses with some form of regulation (from themselves or from others), which also varies between individuals and between domains. For example, the response (or absence of) from parents, peers or teachers is likely to be diverse. The resulting variability supports theories that take into account both the influence of biological changes and each individual's unique social environment.

Over time, adolescents continue to develop and enhance their ability to self-regulate their emotions and levels of arousal. Neurological research on adolescent brain development indicates that not all functions of the brain follow the same trajectory (Casey, Jones, & Somerville, 2011;

Steinberg, 2008, 2010). Most crucially, the limbic system and other systems that are linked to arousability, develop early in adolescence (nonlinearly), while systems linked to emotional regulation and executive functioning develop gradually over the entire stage of adolescence (linearly). The different course taken by these systems means that, for a period of time, some systems are more prominent than others, leading to the observed tendency towards arousability (e.g. impulsive behaviours). By the late adolescent years and early adulthood, executive function is fully developed, leading to well-integrated systems functioning with greater harmony (Steinberg, 2017).

Finally, some researchers (e.g. Coleman, 2011; Steinberg, 2017) stress the *continuity* in human development. Adolescent development is influenced by the events and developmental features that occur earlier in childhood. It is also evident that some of the challenges of adolescence are similar to those of individuals experiencing other transitions in life, such as retiring from employment. From this perspective, it is important not to view adolescence as a developmental phase which is cut off from previous or subsequent development. The skills, patterns of behaviour and personality traits developed in childhood are brought into adolescence, which in turn cascades into adulthood.

Some theorists link the continuity in individual development to the context in which it occurs. These theories are collectively known as Developmental Contextualism theories (Coleman, 2011). One of the best known theories in this domain is the Ecological Model of Human Development, developed by Urie Bronfenbrenner (1979) and further developed in his later works with his colleagues to become known as the Bioecological Model (e.g. Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006). This model emphasises the need to study human development in the context in which occurs, as the interaction between individual and context impacts on their development over time. The concept of 'context' is broad and ranges from family influences to broad societal influences, such as sociocultural values. The role of time is also acknowledged, to illustrate how the influence of these individuals/systems changes over time. Such models are particularly useful because they can adequately account for a lot of the individual variability in adolescent development (Coleman, 2011).

Sadly, much media attention is devoted to negative reports about adolescent behaviour or incidents. For example, a recent newspaper headline, "*Dublin teens in three-day queue for €188 Kanye West trainers*" (Lally, 2017), might suggest that adolescents are materialistic or have misguided priorities. These media portrayals of adolescents are fuelled by and continue to fuel popular stereotypes about adolescence. Depictions of adolescents as troublemakers, risk takers,

libidinous, lazy individuals, to mention a few, are all too common in society (Coleman, 2011). This type of stereotyping can lead to self-fulfilling prophecies, as several studies have indicated (e.g. Buchanan & Hughes, 2009; Madon, Willard, Guyll, Trudeau, & Spoth, 2006). Parents, teachers, health professionals and other individuals whose role it is to support adolescents, are also immersed in these stereotypes and can be influenced in their beliefs and expectations of adolescents. It is important that a balanced view of adolescence is adopted, where both *positive* and *negative* attributes of adolescent behaviour are considered (Steinberg, 2017).

The next section will provide an overview of the physical development that occurs in adolescence.

2.1.3   Physical development in adolescence (Puberty)

As stated in the previous section, physical changes in adolescence are essentially universal. They happen in all adolescents, irrespective of the environment (space/time) they are living in (Hollenstein & Lougheed, 2013). Physical changes happen as a result of hormonal development that starts before birth and continues throughout childhood (Steinberg, 2017). The most observable changes are the growth spurt (in both males and females), the build up of muscle tissue in males and the addition of body fat in females, as well as the development of primary (sexual organs) and secondary (e.g. pubic hair) sexual characteristics.

Physical changes tend to start earlier in females (around 10 years of age) than in males (around age 12) (Coleman, 2011). The age of onset and the tempo of puberty vary greatly between individuals and also vary by time and place. For instance, a rise in obesity levels has led to an earlier average age of first menstruation ('menarche') in girls (Currie et al., 2012). It has also been found that, over a number of decades, menarche is occurring earlier in industrialised societies (Morris, Jones, Schoemaker, Ashworth, & Swerdlow, 2011). Some authors attribute these differences to improved nutrition and health. Other factors are also linked to the age of onset of puberty, in particular heredity but also engagement in physical exercise, socioeconomic status and family environment (Berk & Meyers, 2016). Children (especially girls) who experience parental separation, family conflict or unsupportive parenting tend to reach puberty earlier than those who grow up in stable and supportive family environments (Belsky, Ruttle, Boyce, Armstrong, & Essex, 2015; Hartman, Li, Nettle, & Belsky, 2017). It is important to note that these findings are correlational, rather than causal and the precise nature of these observed links is still unknown.

The age of onset of puberty is significant to this project because of the societal influences and expectations of adolescents with regard to body image and sexual behaviour. An idealistic body image is relentlessly portrayed in advertising and social media, where the ideal male is portrayed as muscular and lean, while the ideal female is portrayed as slim and tanned (SpunOut, 2012). These portrayals abound, even though they are unrealistic and not representative of the majority of people. Inextricably linked to these portrayals are the steps that individuals are willing to take to conform to these ideals (e.g. use of steroids, dieting, use of artificial tanning) and the negative repercussions that taking these steps can lead to (e.g. eating disorders, impact on fertility) (e.g. Dunn & White, 2011; Neumark-Sztainer, Cafri, & Wall, 2007). There are also negative effects on the self-image and self-esteem of those who feel (or are told) that they do not conform to these ideals, resulting in higher levels of 'body shame' and 'body surveillance' (Dakanalis et al., 2015; Ghaznavi & Taylor, 2015; Salomon, 2017; Tiggemann & Slater, 2013).

Similarly, adolescents are bombarded by media images and messages about 'normal' sexual behaviour. For example, adolescents are portrayed as being promiscuous, confident in sexual matters, happy to share sexually-explicit images of themselves with friends or on social media, willing to engage in sexually explicit text messaging ('sexting') and so on (Doornwaard, Ter Bogt, Reitz, & Van Den Eijnden, 2015). These can be challenging pressures for adolescents, especially those who reach puberty early and have not matured in other developmental areas, such as self-regulation. There can be a negative impact on individuals who do not 'fit in' with these behaviours. They can be victimised by their peer group and their self-image/self-esteem might suffer (Berk & Meyers, 2016).

The cognitive changes that take place in adolescence will be reviewed next.

2.1.4   Cognitive development

Adolescents develop an ability for *abstract* thinking, which is more versatile and sophisticated than the *concrete* thinking style of younger children (Christie & Viner, 2005). Adolescents are able to think about multiple possibilities and are able to consider hypothetical situations. One can say that adolescents think in a multidimensional way, since they are able to consider multiple factors in their evaluation of a situation.

Consider the following example: an adolescent with well developed abstract thinking would be better able than a young child to understand why it might be better to focus on practising one sport, rather than three different ones. A child might believe that the latter option triples his/her

chances of winning prizes. The adolescent, on the other hand, might reason that focusing on one sport might help him/her hone specific skills related to that sport and excel in it, possibly leading to prize-winning.

Children tend to think in absolute terms ('black and white' thinking), while adolescents can think in relative terms (considering multiple shades) (Steinberg, 2017). Using an extension of the previous example, imagine that the individual competed in a race which he/she did not win. The child might think the other runners are better runners than him/her and that running is not such a great sport after all. The adolescent might think that, despite training hard for the race, it was a wet day and he/she had just recovered from a cold. Perhaps, if conditions were better, the race would have been a closer affair. The adolescent also knows that some of the other athletes train with the national team and have access to good coaching and facilities. The adolescent might then resolve to persevere with training and focus on getting plenty of rest before the next race. He/she might also consider ways to increase his/her chances of being selected for the national team.

There are two main theoretical stances on adolescents' cognitive development. The first stance is derived from the theories of Jean Piaget and his colleagues (Inhelder & Piaget, 1958), who posited that adolescents reach the stage of formal operations. In this stage, adolescents can generate thoughts, ideas and inferences without the need for concrete objects or events. One type of reasoning that is characteristic of the formal operations stage is *hypothetico-deductive reasoning*, whereby an individual can formulate a hypothesis and test its accuracy by identifying and isolating variables systematically. For example, if an adolescent is expecting a phone call but does not receive it, they might think of and check several possible reasons why (e.g. their phone signal, their battery charge, etc.). They can rule out these possibilities before concluding with certainty that there is nothing impeding the phone call from happening from their side.

The second type of reasoning in the Piagetian approach is *propositional thought*, whereby an individual is able to think about abstract concepts. Adolescents can apply more sophisticated logic to judge statements or ideas, analogies, symbols, metaphors, proverbs and other abstract forms. Verbal reasoning plays a significant part in this type of thought and language ability and, consequently, is important for furthering propositional thinking (Berk & Meyers, 2016). An adolescent can think about an abstract statement like 'The best things in life are free' and generate ideas for and against the statement. For instance, he/she might say that love is free but maintaining a relationship will probably require time and money. Adolescents are able to think about other abstract concepts which have greater personal and societal relevance, such as

politics, religion and interpersonal relationships (Steinberg, 2017). As a result of this newfound faculty, adolescents appear to take a greater interest in these matters than younger individuals. Becoming skilled at this type of abstract thinking requires training and practice, which are typically developed through formal education. Not all adults are equally capable at this type of thinking due to differing levels of engagement with education and training. Moreover, individuals can gain domain-specific deductive proficiency which is not transferred to other areas (Kuhn, 2009). Later sections will explore the link between language ability, abstract thinking and academic achievement (Section 2.3.3).

The other theoretical stance is the Information-Processing approach. This approach comes from the results of numerous brain imaging studies that highlight the mechanisms behind the improved cognitive skills that develop in adolescence. It is not within the scope of this thesis to review these studies in detail (see Arnett (2014) for a detailed review). Instead, some of the skills will be outlined briefly below. Most importantly, adolescents develop greater *metacognitive awareness* and skills. This means that they are aware of their own mental processes, such as thinking, learning, remembering and comprehending. For example, these skills would allow an individual to distinguish which parts of a theory they could not understand from the rest of the theory. Metacognitive skills enable adolescents to realise *how* they learn and what conditions help them to learn best. Other skills that improve in adolescence are *attention*, which becomes more focused and selective, as well as *planning*, which allows an adolescent to make bigger and more refined multi-step plans. *Self-inhibition* and *self-regulation* develop further, helping students to block out internal/external stimuli and to control their impulses. An adolescent gains the ability to micro-analyse their thought processes and actions, for example, being able to identify at which exact point they went wrong in a complex plan.

Elkind (1967) identified two features of adolescent thinking that arise from the cognitive developments that occur during this life stage. Adolescents tend to have a heightened self-consciousness, a phenomenon known as the *imaginary audience*. For example, an adolescent might believe that everyone would notice if they went to the cinema without applying make-up. The second feature is known as the *personal fable*, which entails an 'inflated' sense of self or self-importance. Such a perception would lead an adolescent to hold, for instance, extreme views about their romantic relationships. Thinking that *nobody* has ever felt so 'in love' before is not uncommon. Believing that if a relationship breaks down, there will *never* be another suitable romantic partner can also happen. The personal fable way of thinking can also make adolescents feel that they are invulnerable to certain risks (Alberts, Elkind, & Ginsberg, 2007), a notion sometimes referred to as 'the bulletproof self' (Christie & Viner, 2005). Elkind proposed that the

adolescent 'egocentric' way of thinking resolves through social intimacy, whereby the brain learns the truth of what others think from sustained contact with partners and close friends. The importance of relationships with peers will be discussed further in the next section.

Since adolescents are able to think about multiple ways of doing things, they gain a greater ability to think about what is 'ideal' (Berk & Meyers, 2016). Adolescents can develop strong beliefs about what an ideal world would be like and what needs to be done to build such a world. For example, they might think about the best ways to eradicate poverty from the world or to end religious and political conflict. This idealistic way of thinking can also lead adolescents to become critical of others (e.g. family members, school teachers), who do not subscribe to the same views of the world.

The next section will review social development in adolescence, with respect to changes in family and peer relations, the development of identity and autonomy and the risks and protective factors related to these changes.

2.1.5   Identity and Social Development

The best known work in the area of identity development in adolescence is that of Erikson (Erikson, 1950, 1968). His theory is based on the premise that adolescents experience an *identity crisis*, during which they weigh up their current and past identity against the many different possibilities of their future selves. A comprehensive re-examination of multiple aspects of identity takes place, including family and peer relationships, community roles, political and religious beliefs. While this search is challenging, both for the individual and those around them, it helps the adolescent clarify what their values and goals are. Erikson referred to this process as *identity versus role confusion*. The successful completion of this phase, known as *identity achievement*, helps the individual take definite directions in their future plans, such as selecting a career or a course of study, making relationship choices and peer group associations. Interestingly, while identity development is ongoing throughout adolescence, it is felt most strongly in late adolescence and emerging adulthood (Arnett, 2014).

Adolescents' relationships with parents change as they start to seek to better define their identity and to gain greater autonomy (McElhaney, Allen, Stephenson, & Hare, 2009). These changes are prompted by the physical and cognitive changes that take place in adolescence. Adolescents start seeing themselves as emotionally separate from their parents, increasingly able to support themselves and make their own decisions. As adolescents gain a greater understanding of social

relationships, it is said that they *deidealise* their parents (Steinberg, 2017), adopting a more realistic view of them. The rules and boundaries set out by parents in childhood are likely to be challenged at this age and need to be renegotiated between the adolescent and their parents. Adolescents still rely on parents for guidance and emotional support and a balance needs to be reached between parents allowing the adolescent freedom and autonomy, while being supportive and providing guidance.

Peer relationships gain greater importance in adolescence. Coleman (2011) explains that there are two schools of thought on the development of friendship. One of these views, informed by attachment theory (Bowlby, 2005), is that friends fill the gap created when adolescents start to gain greater autonomy from their families. The second view, informed by social identity theory (Tanti, Stukas, Halloran, & Foddy, 2011; Tarrant et al., 2001), is that friends help adolescents in their quest to define their identity. Adolescent friendships feature greater self-disclosure and intimacy than childhood friendships (Bauminger, Finzi-Dottan, Chason, & Har-Even, 2008), leading to greater trust between friends and more value being placed on loyalty. Friends provide companionship and support, especially in times of stress.

Research has shown that friends tend to share many similar features. For example, they tend to have similar levels of social status and popularity (Dijkstra, Cillessen, & Borch, 2013), similar attitudes towards school achievement, politics, religion and respect for authority/laws (B. B. Brown & Larson, 2009). The more similarities friends share, the longer their friendships tend to last (Hafen, Laursen, Burk, Kerr, & Stattin, 2011).

On a broader level, peer groups are often subdivided into *cliques* and *crowds* (Whitmire, 2000). A clique is a group of friends, who tend to share similar interests and attitudes. Inclusion and exclusion criteria for clique membership can be strict and there are hierarchies even within small cliques (Pattiselanno, Dijkstra, Steglich, Vollebergh, & Veenstra, 2015). While cliques tend to attract individuals who are similar, the clique itself can shape its members' attitudes and behaviours, making them more alike. For instance, an Irish research study found that adolescents felt under pressure to fit in with the norms of the peer group about body image and physical appearance (Kenny, O'Malley-Keighran, Molcho, & Kelly, 2016). A crowd is a looser and broader group, which can include a number of cliques. Membership of the crowd is based on adherence to a certain set of values or a stereotype (Berk & Meyers, 2016). For example, in Ireland there might be a 'rugby' crowd (a group of individuals who play or follow rugby), a 'gamers' crowd

(individuals who are passionate about video gaming) or a GAA[2] crowd (individuals who play or follow GAA sports).

The use of social media and technology has become an integral part of how friendship and cliques/crowds work in many countries. Research findings indicate that many of the dynamics and criteria that exist in face-to-face friend/peer interaction are replicated in online interaction (e.g. Davis, 2012; Selfhout et al., 2010; Subrahmanyam & Greenfield, 2008). Social media and technology are believed to carry greater inherent risks for individuals to be excluded, bullied or victimised. One study in the United States (Osgood et al., 2013) also showed that social media can raise the status and attractiveness of 'undesirable' behaviours, like alcohol consumption, where those who drink were shown to enjoy larger numbers of friends than those who do not drink. Large numbers of adolescents report being, or having been involved in, cyber-bullying (as perpetrators or victims), with figures varying widely between 7% and 40% (e.g. Cénat et al., 2014; Kenny, Sullivan, Callaghan, Molcho, & Kelly, 2017; Kim, Colwell, Kata, Boyle, & Georgiades, 2017; Lee & Shin, 2017; Palermiti, Servidio, Bartolo, & Costabile, 2017).

2.1.6   Adolescent wellbeing

Adolescent psychological wellbeing has been correlated with many different factors. The quest to achieve identity resolution is itself influenced by external factors, such as the peer group, the family, cultural/ethnic factors, school, neighbourhood and community. The emotional attachments formed with parents and friends allow adolescents to explore identity options from a secure base, which they can come back to if needed (Berk & Meyers, 2016).

Links between adolescent variables and long-term psychological wellbeing have been investigated in several studies. Adolescents who scored high on 'connectedness' or 'belongingness' to their family, peers, school and neighbourhood enjoyed good psychological wellbeing in the long-term (Gillison, Standage, & Skevington, 2008; Jose, Ryan, & Pryor, 2012; Van Ryzin, Gravely, & Roseth, 2009). Definitions of connectedness in these studies emphasise the quality of the relationship between the adolescent and those around them, with an understanding that the feelings are reciprocal (e.g. the adolescent feels that teachers care about him/her and he/she cares about the teachers). Adolescents who feel safe and supported in the social spheres of their family, peers,

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[2] GAA - Gaelic Athletic Association. The GAA is a big organisation across the island of Ireland which organises and promotes gaelic games, especially gaelic football, hurling and camogie. Most Irish parishes have a GAA club in the parish. Many Irish children and adolescents participate in GAA training, at school or at their club. Every Irish county has a county team which competes in inter-county competitions. See https://en.wikipedia.org/wiki/Gaelic_Athletic_Association for more information.

schools and neighbourhoods enjoy better long-term health and wellbeing (Viner et al., 2012), as well as better academic achievement and mental health (Wang & Sheikh-Khalil, 2014).

Adolescents' *self-efficacy* has been identified as a positive contributor to wellbeing. Self-efficacy is a person's belief in their ability to plan and carry out the necessary actions to achieve a desired outcome (Bandura, 1997). It comprises several internal and external components, such as motivation, behaviour and social environment (Carey & Forsyth, 2017). Self-efficacy was shown to be a good 'coping resource' to help adolescents cope with daily stressors (Cicognani, 2011). Several studies that measured self-efficacy found that it correlated positively to happiness, life-satisfaction and wellbeing (e.g. Caprara, Steca, Gerbino, Paciello, & Vecchio, 2006; Salami, 2010).

In an academic context, self-efficacy contributes to students' engagement in learning and their ability to learn independently. For example, one study showed an improvement in students' listening skills was made by training them and increasing their awareness of listening strategies (Graham, 2011). These students' self-efficacy was increased by prompting them to reflect about what helped them to listen attentively in class. Parental expectations of their children's academic efficacy was correlated with their child's academic aspirations and achievement, which in turn was related to positive traits, like prosocial behaviour and emotional wellbeing (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996). Therefore, the interest taken by parents in their child's academic engagement and their beliefs about what they can achieve may be important factors in determining the adolescent's success in school (Froiland & Davison, 2014).

Broader health issues also contribute to the wellbeing of adolescents. The quantity and quality of adolescents' sleep impact on their wellbeing (Fuligni & Hardway, 2006). The amount of time spent on electronic media (e.g. television, video games) was linked to poorer health behaviour and overall wellbeing (Mathers et al., 2009). On a more positive note, adolescents who engaged in one hour or more of physical activity per day were found to have fewer emotional problems (Wiles et al., 2008).

While this is not a comprehensive review of the area of adolescent psychological wellbeing, the objective here is to show the *range* of diverse aspects that impact on adolescents' wellbeing. Additional issues like romantic relationships, sexual orientation, gender identity, suicide, smoking, drug use, state examinations and career choices can also impact on adolescent wellbeing. In a later section, the role of speech, language and communication in relation to some of these areas will be highlighted.

Summary of Part 1

Adolescence is the transitional life stage between childhood and adulthood, roughly ranging between 10-19 years of age. Theories of adolescence emphasise the physical changes that take place in adolescence and the environmental influences on each individual. There is continuity between adolescent development and the preceding childhood development and later adult development. Negative stereotypes about adolescents are common in society and the media and can lead to negative beliefs about adolescents.

Physical development in adolescence is universal but the timing and tempo varies between individuals. Early puberty can have a significant impact on adolescents, due to potential issues around self-image arising from media and societal influences about the ideal body type. Adolescents gain the ability to think about abstract concepts, multiple hypotheses and multiple possibilities. Language ability has a role in the development of this abstract thinking, as does formal education. Improved metacognitive skills, attention and self-regulation are seen during this lifestage. Adolescents can develop idealistic views of moral and political issues.

Adolescents seek greater autonomy from parents, whilst at the same time developing stronger relationships with peers. Friends tend to share many similarities in their behaviour and beliefs. Cliques and crowds are common in adolescent peer relationships and occupy an important role in their lives.

Important factors for adolescent wellbeing are connectedness to parents, peers and school/others and self-efficacy. Sleep and exercise are also important.

While the different areas of adolescent development have been analysed separately here, it is good to remember that the various developmental areas are all interlinked. In the next section, typical language development in adolescence will be reviewed.

Part 2: Language and literacy development in adolescence

Language development is an ongoing, long-term process in human development. It extends beyond the 'critical period' (Lennenberg, 1967), that was once believed to exist. It may be better to think of this 'critical period' as an optimum period for laying the foundations of language. These foundations allow language to continue growing and developing for many years, spanning into adolescence and adulthood (Nippold, 2016b). Similarly, these advances in language ability are accompanied by advances in the area of literacy, which are essential for students' academic success (Goldman, 2012). Some of the key areas of typical language and literacy development in adolescence will be reviewed in this section. The aim here is to show:

(a) what areas of language and literacy develop in adolescence

(b) that adolescent language and literacy development is different from earlier development

(c) that language and literacy development is intrinsically linked to the developmental goals of adolescence.

Each of these areas will be explored below.

2.2.1   What language and literacy development takes place in adolescence?

Various areas of language undergo significant changes and growth in adolescence. Firstly, the lexicon of adolescents expands in size and in quality. Nippold (2016b) highlights that a 15-year old who is typically-developing would be expected to understand the meaning of over 30,000 words. In comparison, a ten-year old would normally understand over 20,000 words and a 25-year old over 50,000. The adolescent develops a better understanding of words with multiple meanings, including ones with both physical and conceptual meanings (e.g. *harsh*). There is an overall better understanding of abstract words and the defining features of each word (Nippold, Hegel, Sohlberg, & Schwarz, 1999). Adolescents gain the ability to define such abstract words through an explanation of these features, without necessarily using concrete examples (e.g. defining the word *priority* as something of greater importance than other things). The morphological mechanisms linked to words are also increasingly better understood (Nippold & Sun, 2008). For example, an adolescent generally would understand the difference in meaning between words like *measure*, *measured* (adjective) and *measurement*.

A more advanced and well-developed lexicon is also seen in expressive language use, including written language (e.g. Benson, 2009; Sun & Nippold, 2012). Adolescents typically develops skills in decoding, analysing and understanding words which have greater morphological complexity

(e.g. words like electromagnetic, molecular, etc.), which allows them to comprehend more complex academic texts (Nippold, 2017).

The area of syntax also undergoes significant development. In general, adolescents are able to make longer and more complex sentences, through the use of various types of syntactic devices. Nippold (2006) divides these devices into key syntactic structures and low-frequency syntactic structures. Key syntactic structures include relative clauses (e.g. The team <u>that won the championship in 2016</u> was Dublin), nominal clauses (e.g. I am going to catch <u>the first train to Cork</u> in the morning) and adverbial clauses (e.g. You will not pass your examinations <u>unless you study regularly</u>). Low-frequency syntactic structures include use of the passive voice (e.g. The murder <u>was committed by a notorious criminal</u>), infinitives (e.g. <u>To win a holiday to the Caribbean</u> would be my dream) and complex auxiliary verbs (e.g. <u>He might have</u> seen the accident, had he been looking). This increase in syntactic complexity makes the language skills of adolescents different from those of younger children (Scott, 2004). The expanded syntactic abilities of adolescents allow them to better understand texts containing complex sentences, which tend to be longer and contain multiple embedded clauses (Westby, 2005). Interestingly, there is a relationship between lexical development and advances in syntactic complexity. This phenomenon is known as the lexical-syntax interface (Berman & Nir, 2010). For example, recent studies found links between the use of metacognitive verbs (verbs of thinking, feeling, perceiving like *knew*, *decided*, *believed*) and a greater syntactic complexity (Nippold, Vigeland & Frantz-Kaspar, 2017; Sun & Nippold, 2012).

It is worth noting that use of complex syntax is related to the requirements of the communicative task. Studies have shown that tasks like narrative writing, explaining conflict resolution and explaining the rules of games/sports involve greater syntactic complexity than everyday conversation (e.g. Nippold, 2009; Nippold et al., 2014; Nippold, Mansfield, & Billow, 2007). Hence, conversation skills alone may not reveal an adolescent's competence in the use of complex syntax. This point will be revisited in a later section talking about speech and language therapy services to adolescent clients.

Adolescents who are typically-developing gain competence in understanding and using figurative language (e.g. metaphors, idioms, proverbs). They normally have a better understanding of idioms than younger individuals and can define them according to their core elements (Chan & Marinellie, 2008). For example, the definition of the idiom *to beat around the bush* would contain the notion of avoidance. Non-literal interpretations of figurative language, such as proverbs, are reached with greater ease in adolescence (Duthie, Nippold, Billow, & Mansfield, 2008). Similarly,

adolescents develop greater *theme comprehension* as part of their reading comprehension, which younger children do not possess (Narvaez, Gleason, Mitchell, & Bentley, 1999; Walker & Lombrozo, 2017) . This type of comprehension entails the ability to understand the ethical or moral message a given story or text, rather than just factual understanding or basic contextual inferences.

In social interaction, slang frequently becomes an important feature of the language used within adolescent peer groups (Whitmire, 2000). Understanding and using slang words marks one's inclusion in a clique. On the other hand, those who 'deviate' from the language norms of their peer group may be subjected to sanctions, such as exclusion (Willoughby, Starks, & Taylor-Leech, 2015).

Conversation skills are employed to a greater extent in adolescence, as more time is spent socialising with peers during free time. Friends usually spend more time 'talking', which becomes a more important part of their friendship (Raffaelli & Duckett, 1989; Weimer et al., 2004). The nature of conversational exchanges becomes more refined, with more skilful ways of expressing ideas and bringing the conversation to life. Adolescents generally have a greater ability to employ and appreciate humour, as well as to understand and use sarcasm (Martin, 2007).

While this is not an exhaustive review of language and literacy development in this age group, it conveys a sense of the (significant) scale of development that takes place. Since adolescent language development is different in nature from early childhood development, it can easily be overlooked. Further key differences between development in adolescence and in childhood will be examined next.

2.2.2   How is adolescent language and literacy development different from early childhood development?

Language development in adolescence is distinct from that in childhood in its "speed, salience and substance" (Nippold, 1993, p. 27). Language develops rapidly in young children and is more evident, due to large gains made in a short space of time. On the other hand, in adolescence, development is more gradual and builds on previously acquired language. Since adolescents are refining existing vocabulary and linguistic mechanisms, their development may be less noticeable (Nippold, 2016b). An adolescent can express a feeling more accurately than a child by using more sophisticated words. For example, they might say that they are *distraught* rather than just *sad*.

Adolescents progress from oral language competence to *literate language* competence (Westby, 2005). Literate language is more abstract and complex than oral language. It is the style of language that is found in books and other forms of written communication (Paul & Norbury, 2012). Benson (2009) describes literate language as having a 'denser, more specified lexicon and complex syntax' (p.174). Literate language competence is reliant on a number of other skills, such as the metalinguistic skills required to interpret words/phrases with multiple meanings with greater ease (Paul & Norbury, 2012). The developments in the lexicon, syntax and figurative language described in the previous section are also essential elements of literate language competence.

The way adolescents learn language is largely different from how children learn language. Children rely on the spoken language in their environment as their main input for language acquisition. Adolescents, however, are mostly dependent on their literacy skills to further their language development (Nippold, 2016b). Here, the term 'literacy' is being used in the broad sense of the word, to include activities like reading a variety of media (e.g. books, websites magazines, etc.) and engaging in formal academic tasks (e.g. summarising, paraphrasing, evaluating, etc.). Engaging with literate language forms develops adolescents' proficiency in literate language comprehension and use. Literacy skills become the vehicle for learning. Children are learning to read, while adolescents are *reading to learn* (Goldman, 2012). Adolescents rely on the reading and writing abilities gained in childhood (e.g. word-decoding) to engage with literacy at a deeper and more abstract level, gaining insight into new knowledge and multiple perspectives (Nippold, 2016b). These reading and writing skills combine with the adolescent's knowledge of topics (world knowledge) and their language skills to allow them to fully understand what they read (Catts & Kamhi, 2017).

Due to a host of individual differences, preferences and environmental factors, adolescent language learning is widely variable. It varies between individuals and between domains. For example, an adolescent with an interest in fashion might spend a great deal of time reading blogs, magazines and following social media content related to fashion. As a result, they are likely to become conversant with the terminology and discourse genres used in this content. Parental and peer interest in the same topic can lead to increased exposure and motivation to engage with literature about the topic. The adolescent might decide to write their own blog or to contribute an article to the school magazine, thus using these language skills expressively. Spoken or written exchanges with peers are other examples of receptive and expressive use of these domain-specific developments. Another adolescent might live in an environment where engagement with books and other forms of literature is not highly valued. Perhaps, practical and hands-on

activities are more important in their environment. In this case, oral language skills would retain a greater importance for this individual in their environment. Exposure to literate language forms might be reduced and their motivation to engage with same might be reduced as a result.

Due to the wide range of variables that can influence language and literacy development in adolescence, as exemplified above, there are no strict age-related milestones for adolescents (Nippold, 2016b). Furthermore, since a certain degree of language development can be domain-specific (e.g. in the lexicon), the development may not manifest equally across all areas. The ability to hold generic conversations and to speak clearly are important but tend to reflect earlier development, rather than the more subtle, secondary development that is age-appropriate in adolescence. Hence, measuring language development in adolescence is not straightforward (*ibid.*) and similarly, different tests of reading comprehension have been shown to vary greatly in capturing an individual's ability (Kamhi & Catts, 2017). It is often the adolescent's success (or otherwise) in developmental tasks that indicates how well their language is developed (Westby & Washington, 2017). For example, a student may have no difficulty with social interaction but may struggle with comprehension of academic texts for their age. It is therefore important to keep in mind how language and communication interface with the developmental goals in adolescence (see next section).

2.2.3   How is language and literacy development in adolescence linked to the developmental goals of adolescence?

Some of the main developmental goals of adolescence occur in cognitive areas and social areas (outlined in Section 2.1.4 and 2.1.5 respectively). In cognitive areas, adolescents develop abstract thinking, hypothetico-deductive reasoning and propositional thinking. They also develop improved information processing through better attention and meta-cognitive skills. In social areas, adolescents strive to gain greater autonomy, they renegotiate boundaries with parents and develop closer ties with peers.

All the goals mentioned above are linked with language and literacy development. Adolescents use newly acquired language skills to achieve these goals but the goals themselves trigger further language and literacy development to facilitate achievement of the same goals. Abstract thinking requires language for thoughts and concepts to be understood and expressed (Nippold, 2014a). The reliance on concrete items or events ends and multiple possibilities can be considered. Many of these possibilities are often conceived, refined and conveyed through language (Berk & Meyers, 2016). Thus, adolescents are able to discuss hypothetical situations, such as, *What if*

there was a third world war? or *What if the nation's wealth was redistributed equally among all its citizens?*. Improved attention and metacognitive skills allow adolescents to focus more intently on certain topics (Arnett, 2004; Steinberg, 2017). Self-directed learning becomes possible through these newly acquired skills (reading to learn) (Goldman, 2012). Their lexicon and complex grammar are developed further by this reading and exposure (e.g. reading about politics, participating in debates). In fact, a recent UK study found strong links between vocabulary and educational attainment in 16 year-olds (Spencer, Clegg, Stackhouse, & Rush, 2017). Development in cognition and language is inextricably linked.

Further complementarity is seen between cognitive improvements and language and literacy use in academic contexts. Numerous authors (e.g. Nippold, 2016b; Paul & Norbury, 2012; Vinson, 2007; Wallach, 2008) have provided examples of the language demands made by the secondary school curriculum. Students are expected to glean knowledge from a variety of sources, including lectures, notes, websites and text (language and reading comprehension). They are required to evaluate this knowledge and make judgements on what constitutes important information, for example, when taking notes, preparing for examinations and writing assignments. The ability to think critically is expected across most secondary school subject areas (e.g. National Council for Curriculum and Assessment, 2009; National Council for Curriculum and Assessment, 2012). Critical thinking involves comparing different points of view and generating hypotheses. Knowledge has to be demonstrated in a variety of formats, including written and oral language. In fact, these forms of expression are often used to formally assess students' knowledge and learning (Nippold, 2016b). Success on reading and written language tasks requires sophisticated levels of integration between language and cognitive skills (Nippold, 2017; Wagner et al., 2011), for example in being able to process or to write large amounts of information, often based on abstract concepts.

Students at this level should be able to demonstrate proficiency across a variety of discourse types, both in comprehension and expression, such as descriptions, narratives and step-by-step explanations. One specific genre of discourse that has received considerable attention in the SLT literature is *expository discourse*. This genre can be considered one of the hallmarks of the secondary school curriculum because it features prominently in textbooks, teaching and academic writing tasks. Expository texts often introduce unfamiliar topics and new concepts. Unlike the narrative genre, these concepts are typically introduced and defined initially but explanations tend not to be repeated in subsequent text (Tatershall, 2002), making it all the more important to have a strong understanding of language. The concepts are explained in more complex, formal language and, as a result, expository discourse sounds very different from an everyday

conversational style (Fang, 2008). Due to these differences, adolescents have to become conversant with this new form of discourse in order to succeed in school. This development follows a known set of stages (Scott, 2005) and continues beyond adolescence into adulthood (Nippold, Hesketh, Duthie, & Mansfield, 2005).

In the social developmental goals (as outlined above), adolescents use language to socialise and interact with friends. Use of slang is an important part of peer group membership (Spencer, Clegg, & Stackhouse, 2013). Being able to switch between appropriate registers for formal (academic) and informal settings (with peers) is a reflection of the enhanced level of metalinguistic skill in adolescence (Nippold, 2016b). More sophisticated narrative abilities are useful in both social and academic contexts. Adolescents can produce interesting or entertaining accounts of events (real or fictional), as part of their socialising. Puns, sarcasm, irony and other forms of humour can enhance these peer interactions (e.g. Cotterell, 2007; Sanford & Eder, 1984). Narrative skills also provide a way to share experiences with others in order to convey one's feelings and gain understanding and emotional support from friends (Nippold et al., 2014; Steinberg, 2017). Greater skill in social perspective taking allows adolescents to fine-tune their conversations with peers (e.g. comparing one's own situation with his/her friend's). They can use their narrative skills in their creative writing and other creative endeavours, both in school and elsewhere (e.g. a drama group).

In attempting to gain greater autonomy from their parents, adolescents seek to renegotiate the rules and boundaries imposed by their parents in childhood. Language is the major bargaining tool in these exchanges. Through language, adolescents try to provide compelling reasons why they should be allowed greater freedom and autonomy (e.g. going out without parental supervision, spending longer time with friends, etc.). Equally, they are expected to comprehend and remember parents' conditions, which are part of the new arrangements.

Summary of Part 2

Language and literacy development continues in adolescence. The main areas of language development are the lexicon, syntax, figurative language and social use of language. These linguistic advances are key to enhanced skills in reading comprehension. This period of development is important and cannot be overlooked.

Adolescent language development is different from earlier language development in its "speed, salience and substance" (Nippold, 1993, p. 27). Adolescents progress from oral language to

literate language competence, a more formal and academic type of language. Individual and domain-specific differences exist in the language development that takes place in adolescence and is very much influenced by each adolescent's engagement with literate forms.

There is a complementary relationship between the developmental goals of adolescence and the advances adolescents make in their language and literacy skills. Cognitive developments (e.g. abstract thought, thinking about multiple possibilities) are interlinked with more sophisticated language (e.g. syntax, lexicon, etc.). Academic requirements necessitate the understanding and use of more advanced language forms, like expository discourse. Social goals (e.g. closer peer relationships) rely on enhanced social communication skills (e.g. use of slang, narrative, perspective taking).

Part 3: Speech, Language and Communication Needs (SLCN) in Adolescence

2.3.1 What are Speech, Language and Communication Needs?

Not all adolescents develop language and communication skills as expected. These skills can be an area of difficulty for some adolescents. There are a host of different reasons why their development in these areas might follow a different route. For some, it is the continuation of earlier language and communication difficulties that manifest in adolescence, while for others, these difficulties are secondary to difficulties in other areas, such as learning ability, hearing impairment or mental health (Johnson et al., 1999; Paul & Norbury, 2012). Some adolescents may acquire a language or communication difficulty in adolescence, as a result of a medical condition or trauma.

In this thesis, the preferred way to refer to the group of adolescents mentioned above will be 'adolescents with speech, language and communication needs (SLCN)'. The term *speech, language and communication needs* (SLCN) has been used widely in the speech and language therapy literature in the last decade. In particular, the publication of the Bercow review of speech and language therapy services for young people in the United Kingdom (UK) (Bercow, 2008) seemed to popularise the term. The definition of SLCN used in the Bercow report is:

> The term speech, language and communication needs (SLCN) encompasses a wide range of difficulties related to all aspects of communication in children and young people. These can include difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say, and using language socially. (Bercow, 2008, p. 13)

This definition is intended to be broad and inclusive of a range of types of difficulties and a range of degrees of severity. Separating speech, language and communication is useful because not all three areas may be affected, although a difficulty in one is likely to influence the others (Paul & Norbury, 2012). Dockrell, Lindsay, and Ricketts (2012) point out that the term can lead to confusion, as it is used by the Department for Education in the UK as a category of special educational need (SEN). This category includes only those with primary difficulties in speech, language and communication. Individuals with difficulties in speech, language and communication that are secondary to another condition (e.g. ASD) are covered by other categories.

The broader definition of SLCN is being adopted in this thesis. The scope of the project does not allow for consideration of all variants of SLCN. Nonetheless, the author believes that the

considerations presented here will apply across many of these variants. The large part of the review in the subsequent sections will focus mainly on research about adolescents with primary language impairments. Some of the most frequently occurring characteristics in these adolescents' presentation are described in Table 1. Broader references to other diagnostic groups will be made where applicable.

Table 1: Characteristics of adolescents with SLCN

Area of Functioning	Challenges
Comprehension	• May not accurately or fully understand aspect and tense in sentences (Stuart & van der Lely, 2015). • Difficulty understanding inferences, especially distant inferences (linked to working-memory difficulties) (Karasinski & Weismer, 2010). • May not consider multiple or alternative interpretations of sentences during processing of language, due to lexical integration deficits (Borovsky, Burns, Elman, & Evans, 2013).
Complex Syntax	• May have difficulty understanding/producing sentences with complex syntax (e.g. multiple embedded clauses) (Durrleman & Delage, 2016; Nippold, Mansfield, Billow, & Tomblin, 2009; Riches, Loucas, Baird, Charman, & Simonoff, 2010).
Vocabulary	• Reduced size of receptive vocabulary compared to peers (Rice & Hoffman, 2015). • Reduced ability to define vocabulary correctly and with similar levels of detail as peers (McGregor, Oleson, Bahnsen, & Duff, 2013).
Narrative Skills	• Adolescents with SLCN have greater difficulty with story-telling than peers. They require more support and prompts from their conversational partners in narrative tasks (Wetherell, Botting, & Conti-Ramsden, 2007). • Narratives are less detailed and informative than those of their peers (Vicki A. Reed, Patchell, Coggins, & Hand, 2007).
Reading difficulties	• May have difficulties with decoding words and with comprehension of vocabulary (Palikara, Dockrell, & Lindsay, 2011), as well as difficulties with reading comprehension (Nippold, 2017).
Social Interaction	• Difficulties with social interaction can increase in adolescence, especially if the adolescent has difficulties in pragmatics (St Clair, Pickles, Durkin, & Conti-Ramsden, 2011). • Psychosocial difficulties (e.g. anxiety) have also been reported in individuals with language impairment (Lewis et al., 2016)

The terminology around language impairment and corresponding definitions have been the subject of extensive debate in the SLT literature (e.g. Bishop, 2014; Bishop, Snowling, Thompson, Greenhalgh, & Catalise-consortium, 2016; Bishop, Snowling, Thompson, Greenhalgh, & Catalise-

consortium, 2017; Reilly et al., 2014). Some of the commonly used terms, like *Specific Language Impairment* (SLI) and *Specific Language Disorder* (SLD) were linked to definitions of language impairment based on exclusionary criteria. For example, the SLI criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) of the American Psychiatric Association (1994) were based on a mismatch between verbal and non-verbal cognitive ability and the exclusion of other aetiologies. The Department of Education and Skills (DES) in Ireland currently uses the term *Specific Speech and Language Disorder* and bases its criteria on the discrepancy between a non-verbal IQ score (>90) and a standardised assessment of speech/language (> -2 standard deviations below the mean). This definition has been a key part of official circulars (Department for Education and Science, 2005) which set out the criteria for determining which students receive additional teaching supports in school. Unfortunately, the strict cut-off criteria have led to a situation where students with language impairments miss out on access to supports because they do not meet the specific diagnostic criteria on paper, irrespective of their need and functioning in everyday life (National Council for Special Education, 2013). A new model for allocation of supports (National Council for Special Education, 2014) based on students' needs (rather than diagnosis) is being implemented in Irish primary schools in September 2017 (Department of Education and Skills, 2017a).

Recent collaborative work (Bishop et al., 2016, 2017) has sought to establish an international consensus for the definition and terminology used in the study of language impairment. The adoption of the term *Developmental Language Disorder* (DLD) has been recommended by these researchers, in an attempt to replace the numerous, varying terms used thus far internationally. Participants reached a consensus on the important defining features of DLD, including that:

a) The term is used for individuals whose language difficulties are long-term (persisting into middle-childhood and later years), with a significant impact on social interaction and/or educational achievement,

b) A diagnosis of DLD does not require a mismatch of verbal and non-verbal ability,

c) Risk factors (biological, environmental) do not exclude a diagnosis of DLD and should be seen as co-occurring rather than causal.

The term "Language disorder associated with X" is proposed to describe language impairment in individuals who have biomedical conditions that impact on their language development (e.g. Down Syndrome, ASD) (Bishop et al., 2017). It is worth noting that the use of *Speech, Language and Communication Needs* is recommended as a 'superordinate term' (*ibid.*), which can be useful for grouping together the different types of speech, language and communication difficulties.

The Irish Association of Speech and Language Therapists (2017) has adopted the terminology proposed above in a newly published position paper. Based on the recommendations of this position paper, the terms that will be used in this thesis are:

- Developmental Language Disorder (for unexplained language impairment)
- Language disorder associated with X (where a biomedical condition is the primary diagnosis)
- Speech, Language and Communication Needs (to encompass the above and all other related conditions, such as speech disorders and fluency disorders)

2.3.2   Prevalence of SLCN in adolescence

Prevalence rates of SLCN in adolescent years vary significantly, depending on the methods and inclusion criteria used by researchers. McLeod and McKinnon (2007) found that the percentage of students registered with 'communication disorder' as their primary learning need was between 11% and 15% in the first year of secondary school (Year 7; CA 12-13 years). In a slightly older age group (Year 9; CA 14-15 years), the range was between 11% and 13%. This study was conducted in Australia.

Nippold (2014b), writing in the USA, believes that at least 10% of secondary school students have spoken and written language disorders. I CAN, a UK charity for children with SLCN, estimates that 10% of children and young people in the UK have SLCN (Hartshorne, 2011). On the other hand, one UK study (Lindsay & Strand, 2016) found that 2.2% of students between Year 1 and Year 11 had SLCN as their primary or secondary SEN. Government figures from England (Department for Education, 2017) show that the overall percentage of all students with SEN is 14.4%. Of these, the percentage of students with SLCN as their primary need was 13.7% at age 10 and 7.8% at age 15.

Some important findings in the above studies are summarised below:

- SLCN are more prevalent in males than females (Lindsay & Strand, 2016; McLeod & McKinnon, 2007)
- SLCN are more prevalent in areas of social disadvantage (Banks & McCoy, 2011; Department for Education, 2017; Lindsay & Strand, 2016)
- Higher SLCN are reported among certain ethnic groups (Lindsay & Strand, 2016)
- SLCN reported prevalence tends to reduce as students progress through secondary school, due to re-classification under a different primary need, school leaving or resolution of difficulties (McLeod & McKinnon, 2007). A separate study by Meschi, Micklewright, Vignoles, and Lindsay (2012) supports the same observations.

It is worth noting that most of these studies are based on school reports of categories of SEN. This type of data can be limiting because some children with SLCN might not have SEN (e.g. speech difficulties, fluency disorders) or may have SLCN that are secondary to other areas of need, meaning that they would not be accounted for in official statistics. The large discrepancies between figures reported in different studies can be unhelpful in gaining a clear understanding of the numbers of adolescents affected by SLCN.

To the author's knowledge, no specific prevalence figures are available in Ireland. Banks and McCoy (2011) estimate prevalence of SEN in all students in Ireland at 25%. However, they identify several difficulties in estimating such data, due to differences in definitions of categories of SEN and methods of recording data in Ireland. It is hoped that the *Growing up in Ireland* study (a current longitudinal study) will shed more light on these figures (The Economic and Social Research Institute & Trinity College Dublin, 2017). The lack of data on the prevalence of SLCN in Ireland can be a stumbling block when decision-makers are trying to allocate adequate resources and supports for adolescents with SLCN.

2.3.3   Undiagnosed SLCN

Beside the challenges of obtaining accurate prevalence figures of adolescents with SLCN, there is the likelihood that some individuals have SLCN which are undiagnosed. Studies have shown that there is a greater risk of undiagnosed SLCN in areas of social disadvantage. For example, a UK study (Spencer, Clegg, & Stackhouse, 2012) compared two adolescent cohorts from an area of social advantage and an area of social disadvantage. They found that language difficulties in the area of social disadvantage were approximately four times higher than for the social advantage cohort. Undiagnosed language difficulties were greater in the social disadvantage group, although the exact numbers depended on how stringently the criteria for determining language difficulties were applied. Another study found that socio-economic background was correlated to students' GCSE[3] examination attainments in English Language (Spencer, Clegg, Stackhouse, et al., 2017).

Other groups that are 'at risk' of undiagnosed SLCN are young offenders and children in residential care. Several studies have consistently found the presence of language impairments in young offenders, as outlined in a systematic review by Anderson, Hawes, and Snow (2016) which reviewed 17 studies in this area. Large prevalence figures of between 30%-60% have been reported in different studies (e.g. Bryan, Freer, & Furlong, 2007; Bryan, Garvani, Gregory, & Kilner,

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[3] General Certificate of Secondary Education - an academic qualification awarded to students completing compulsory education in England and Wales

2015; Hopkins, Clegg, & Stackhouse, 2017). About two thirds of a sample of 30 adolescents in residential care were also found to have communication profiles indicative of language impairments and ASD (McCool & Stevens, 2011). This study did not involve a detailed speech and language assessment of participants. Findings were based on a screening measure (the Children's Communication Checklist) (Bishop, 2003) and qualitative information from social care staff. More empirical studies investigating the prevalence of SLCN in 'looked after' children are clearly required, given that these early indications are indicative of high rates of SLCN.

The SLCN of individuals in these 'at risk' groups can remain undiagnosed, particularly because difficulties in other areas (e.g. behaviour) can be more prominent (e.g. Karasinski, 2013; Starling, Munro, Togher, & Arciuli, 2011). This association was confirmed by a study which measured social, emotional and behavioural difficulties (SEBD) in students with suspected SLCN (low academic and language performance) and found significantly higher presence of SEBD in this group, compared to students in the control group (Joffe & Black, 2012). Further examination of the link between SLCN and associated areas of functioning (e.g. social, behavioural, emotional functioning and mental health) will be reviewed in subsequent sections in Section 2.3.6.

The likelihood of adolescents with undiagnosed SLCN in Ireland would seem high, given the evidence produced in other countries. Clearly, more data about the prevalence of SLCN in adolescents in Ireland is required. One of the issues around prevalence figures is that they report population trends but do not specify *how* individuals are affected. SLCN impact on many areas of adolescents' lives, not just communication. The impact on these different areas will be reviewed next.

2.3.4   Impact on academic achievement, further education and employment

Individuals with DLD and other language impairments tend to fare worse than their peers in their academic achievement (Conti-Ramsden & Durkin, 2016). Studies at primary (e.g. Durkin, Mok, & Conti-Ramsden, 2015), secondary (e.g. Conti-Ramsden, Durkin, Simkin, & Knox, 2009; Dockrell, Lindsay, & Palikara, 2011; Durkin, Simkin, Knox, & Conti-Ramsden, 2009; Snowling, Adams, Bishop, & Stothard, 2001) and post-compulsory education levels (e.g. Conti-Ramsden & Durkin, 2012; Snowling et al., 2001) have demonstrated this gap. A longitudinal study investigating the adult outcomes of individuals with DLD reported that participants did not obtain any formal qualifications after leaving school at the age of 16 (Clegg, Hollis, Mawhood, & Rutter, 2005). These findings were based on a cohort of 17 male participants, who had been diagnosed with severe DLD in middle childhood and attended residential or special educational placements.

These results may not be applicable to individuals with milder SLCNs. The findings of Clegg et al. (2005) are in line with those from other studies, which reported that individuals with DLD achieved *fewer* qualifications than individuals in control groups (Conti-Ramsden & Durkin, 2012; Dockrell et al., 2011; Snowling et al., 2001). However, other studies with larger participant groups appear to show a more positive trend of individuals with DLD achieving at least vocational qualifications, rather than the mainstream qualifications like GCSEs (Clegg, Ansorge, Stackhouse, & Donlan, 2012; Conti-Ramsden & Durkin, 2012; Snowling et al., 2001).

A Canadian longitudinal study followed up a large group of participants with speech and language impairments at four time points over twenty years, including Time 3 in late adolescence (Johnson et al., 1999) and Time 4 in young adulthood (Johnson et al., 2010). At Time 3, participants were, on average, 19 years old. A total of 114 participants with speech and/or language difficulties (S/L group; 64% male) were compared to 128 individuals in the control group (66% male), across a number of speech and language, cognitive and academic measures. A larger percentage of individuals in the control group were in school (70%), compared to the S/L group (70%). On standardised tests of reading, spelling and Math, individuals in the control group performed significantly better than the subgroup of individuals with language impairment (language impairment, n=78). However, individuals who had a history of speech difficulties with no language impairment (speech only, n=36) achieved results that were lower but comparable to those in the control group. There was a similar pattern with measures of Full Scale, Performance and Verbal IQ, which need to be taken into consideration when considering academic achievement.

At Time 4 (Johnson et al., 2010), participants were, on average, 25 years old. Measures taken at this point compared participants (*n*=112; speech only *n*= 37, language impairment *n*= 75) with a control group (n-132) on reading comprehension and Math assessments. In a similar fashion to the earlier study (Time 3), the control group performed significantly better than the group of participants with language impairment on both measures. The difference on the Math measure was smaller although still significant when statistically tested. The participants who had speech but no language difficulties performed at the same level (Math) or marginally below (Passage Comprehension) individuals in the control group. Furthermore, the authors gathered data on participants' highest level of education attained. Individuals in the control group and the speech-only group had significantly higher levels of achievement in education than individuals with language impairments. Out of the latter group (language impairment), 76% of participants completed high school, which was significantly lower than the 92% rate in the other two groups. On the whole, these two studies (Johnson et al., 2010; Johnson et al., 1999) provide substantial

evidence of the long-term impact of SLCN on academic achievement, although there is considerable variability in achievement depending on the type of SLCN. Individuals with language impairments are most at risk of low academic achievement.

It appears that one of the greatest influential factors on academic achievement is the impact of DLD on literacy (Dockrell, Ricketts, & Lindsay, 2012; Ricketts, Sperring, & Nation, 2014; Snowling et al., 2001). Studies have found that literacy is a strong predictor of academic success in adolescents with DLD (Dockrell et al., 2011; Whitehouse, Line, Watt, & Bishop, 2009). Other predictors were identified in different studies, such as language ability (Durkin, Conti-Ramsden, & Simkin, 2012), vocabulary (Armstrong et al., 2017; Spencer, Clegg, Stackhouse, et al., 2017) and nonverbal IQ (Snowling et al., 2001; Spencer, Clegg, Stackhouse, et al., 2017). This array of evidence shows the inter-relatedness of each area of functioning, as well as the diverse set of abilities required for school success. Other areas of difficulty linked to DLD, such as peer interaction problems (Durkin & Conti-Ramsden, 2010; St Clair et al., 2011), are likely to exacerbate the negative impact of SLCN on academic functioning. It comes as no surprise, therefore, that individuals with DLD struggle to achieve positive school outcomes (Conti-Ramsden & Durkin, 2016).

The majority of individuals with a history of DLD who take up employment tend to have lower-paid jobs with less responsibility than their peers who do not have DLD (e.g. Conti-Ramsden & Durkin, 2012; Johnson et al., 2010; Whitehouse, Watt, Line, & Bishop, 2009). These jobs typically require fewer or more basic qualifications than those occupied by their peers (e.g. shelf stacker, crèche assistant). Differing data exists for the employment status of young adults with a history of DLD. For example, two studies found comparable overall levels of employment between participants and individuals in control groups/national averages (Conti-Ramsden & Durkin, 2012; Johnson et al., 2010). On the contrary, other studies reported large discrepancies (Elbro, Dalby, & Maarbjerg, 2011; Law, Rush, Schoon, & Parsons, 2009); for example, in the Danish study 56% of the sample were employed, compared to the national employment average of 84% (Elbro et al., 2011).

Although the data showing similar levels of employment is encouraging, the differences in type of employment are somewhat concerning. Johnson et al. (2010) provide a breakdown of participants' occupations and compare them using a formal socio-economic rating scale. They found a large, statistically significant discrepancy between the socio-economic ratings of occupations of individuals with language impairment, compared to those with speech-only impairments and individuals in the control group. For example, greater proportions of individuals

with language impairment were employed in sectors like the food industry than in Information Technology. These findings about occupation type are supported by a UK study with similar findings (Whitehouse, Watt, et al., 2009), albeit with a smaller group of participants. This study included comparisons between participants with different types of SLCN and found that those with Pragmatic Language Impairment (PLI) obtained better employment outcomes than individuals with ASD and individuals with DLD. Other studies also showed that greater numbers of individuals with a history of DLD did not complete any further education or training than in comparison groups (Conti-Ramsden & Durkin, 2012; Elbro et al., 2011).

On the whole, the evidence reported above shows that individuals with SLCN enjoy less favourable prospects in educational attainments and employment outcomes than those with no SLCN, especially where unresolved language impairments persist into adulthood.

2.3.5   Impact on social interaction and family

Several studies have shown that adolescents with SLCN are more likely to experience social difficulties than peers who do not have SLCN. Studies on adolescents with DLD found that they had significantly greater social problems than peers (Conti-Ramsden, Mok, Pickles, & Durkin, 2013; Mok, Pickles, Durkin, & Conti-Ramsden, 2014; St Clair et al., 2011) and the quality of their friendships was poorer (Durkin & Conti-Ramsden, 2007; Wadman, Durkin, & Conti-Ramsden, 2011). Research on adult outcomes of individuals with a history of DLD provides the same indications (Clegg et al., 2012; Törnqvist, Thulin, Segnestam, & Horowitz, 2008; Whitehouse, Watt, et al., 2009).

Comparisons between different types of SLCN show some interesting findings. For example, adolescents with speech sound disorders (SSD) alone did not experience the same problems as those with combined SSD and language impairment (Lewis et al., 2016). Another study, which examined psychosocial outcomes in adulthood, found that while individuals with a history of DLD did have social problems, they were less pronounced than those in participants who had PLI or participants who had ASD (Whitehouse, Watt, et al., 2009).

Fujiki and Brinton (2015) comment that, although the challenges of individuals with DLD in social tasks are evident, language difficulties alone do not provide a good explanation as to why this is the case. Individuals with DLD present with more withdrawn behaviour (Fujiki, Brinton, Morgan, & Hart, 1999), social anxiety (Voci, Beitchman, Brownlie, & Wilson, 2006) and greater shyness (Wadman, Durkin, & Conti-Ramsden, 2008; Wadman et al., 2011) but are also reported to rate

well for sociability, that is *wanting* to socialise (*ibid.*). This juxtaposition may seem paradoxical but it indicates that adolescents with DLD *want* to interact socially but have problems doing so. It is likely that there are additional mediating factors at play, especially aspects of pragmatic abilities (St Clair et al., 2011) and social cognition (e.g. theory of mind problems, emotional recognition; Botting & Conti-Ramsden, 2008; Fujiki & Brinton, 2015) that are at play.

It appears that having SLCN has a mixed impact on family relationships. Research evidence based on parental perspectives of adolescents and young adults with SLCN shows that these parents have significant worries about their son/daughter with SLCN. They are concerned, for example, about different aspects of functioning, including socialisation, independence, employment and their ability to manage their finances (Clegg et al., 2012; Roulstone, Coad, Ayre, Hambly, & Lindsay, 2012; Roulstone & Lindsay, 2012). Andrea Kaye, a mother of a teenage girl with Asperger Syndrome and a muscular condition that affects speech clarity provides an insightful account into her experience with her daughter. Kaye contributed a book chapter (Kaye, 2011) detailing how her daughter does not fit in, both with the world of the disabled (because her needs are too mild) and with the world of the 'fully-functioning'. She compares it to being on a bridge between the two worlds and not fitting in with the world on either side. This quote illustrates the challenges experienced by both mother and daughter:

> "Her disability is cruel, and means that almost always she is marginalized from society, on the outside, looking in, knowing she's different, wanting to get involved but just not in possession of the skills to do so. Life is - and will continue to be - so very hard for P, and if you were to say to me, 'We can make it better, but for payment we'll have to chop your arms off', I'd roll up my sleeves and tell you to cut where you like" (Kaye, 2011, p. 6)

Kaye's words are stark. No further elaboration on the pain experienced by Kaye and her daughter is required.

A qualitative study on the experiences of siblings of children with speech impairment found that their lives were affected significantly (Barr, McLeod, & Daniel, 2008). The participants reported that their siblings with SLCN received greater attention from their parent/s and that they had feelings of resentment due to this unequal attention. In social situations, siblings took on roles of 'protector' and 'interpreter' in relation to others. A different study found that it was challenging for siblings of children/adolescents with ASD to deal with their brothers' negative behaviours and limited communication (Moyson & Roeyers, 2011).

Despite these concerns, family relationships were perceived positively both by individuals with SLCN and by their parents (e.g. Conti-Ramsden, Botting, & Durkin, 2008; Johnson et al., 2010; Törnqvist et al., 2008). In one of the studies involving parents of adolescents with DLD (Conti-Ramsden et al., 2008), participants reported similar levels of rewarding experiences compared to parents of adolescents who did not have DLD. The most concerning factor for parents of adolescents with DLD was their son/daughter's lack of independence and the impact this would have on their likelihood of leading an autonomous adult life. One researcher points out that for adolescents with SLCN (specifically users of Alternative and Augmentative Communication - AAC) who *are* trying to achieve autonomy and independence, their mode of communication itself poses additional challenges (M. M. Smith, 2015) in reaching these goals.

In summary, the studies cited above indicate that there are significant difficulties for adolescents with SLCN in social interaction and some aspects of family relations, although the latter tend to be a positive experience for the adolescents and their families.

2.3.6   Impact on emotional and behavioural functioning and mental health

Existing evidence shows that the mental health of individuals with SLCN is affected from a young age. Various types of difficulties (e.g. attention problems, anxiety, depression, emotional and behavioural difficulties) are reported across child, adolescent and young adult participants. It is important to acknowledge that the onset of these difficulties in adolescents with SLCN may have occurred in childhood; several studies have documented emotional, behavioural and mental health difficulties in younger children with SLCN (e.g. Fujiki, Brinton, & Clarke, 2002; Lindsay, Dockrell, & Strand, 2007; Maggio et al., 2014; Petersen et al., 2013).

Adolescent studies suggest similar trends to studies with younger age groups. Yew and O'Kearney (2013) carried out a meta-analysis of prospective cohort studies which compared the emotional and behavioural outcomes of children/adolescents with DLD with children/adolescents whose language was developing typically (TLD).   They concluded that children/adolescents with DLDs were twice as likely to experience psychosocial problems, such as anxiety, low mood, ADHD and conduct problems as those in the TLD groups. Children/adolescents with DLD had significantly higher scores than those in the TLD groups on overall Internalising, Externalising and ADHD-type difficulties at the time of follow up. While this meta-analysis included a relatively small number of studies (19 studies based on 8 cohorts), it follows robust quality criteria. The authors conclude that their results "quantify the relative increase in risk to later psychological problems for the average SLI child as ranging from small-to-moderate" (Yew & O'Kearney, 2013, p. 523).

SEBD and other adverse psychosocial outcomes were identified in multiple studies of adolescents with DLD (e.g. Conti-Ramsden et al., 2013; Durkin & Conti-Ramsden, 2010; Joffe & Black, 2012; Lindsay & Dockrell, 2012; Snowling, Bishop, Stothard, Chipchase, & Kaplan, 2006). One longitudinal study (St Clair et al., 2011) used data from a cohort of participants with DLD who took part in the Manchester Language Study (Conti-Ramsden & Botting, 1999a, 1999b). St Clair and her colleagues studied data collected at four time points (CA:7-16 years) via the *Strengths and Difficulties Questionnaire* (Goodman, 1997). They found that, while overall levels of SEBD did not change significantly from childhood to adolescence, individual aspects of SEBD changed when examined separately. Their main findings were that behavioural difficulties decreased to average levels over time, while emotional difficulties decreased somewhat but remained evident. On the other hand, social difficulties became more prominent. The authors found a significant correlation between the increase in social difficulties and pragmatic language difficulties. One limitation of this study is that it only used one measure (SDQ) of the construct being investigated (SEBD), although steps were taken to ensure that informants in the latter stages (secondary school teachers) were not under-reporting difficulties when compared to previous informants (primary school teachers).

Adult studies paint a similar picture to the studies above, showing that individuals with a history of DLD are more likely to have persisting mental health problems (e.g. Johnson et al., 2010; Law et al., 2009; Lewis et al., 2016). Correlational analyses of a number of different variables with mental health outcomes revealed mixed results. Lewis et al. (2016) cite reading difficulties and ADHD as predictors of mental health outcomes, while others claim that the severity of language difficulty is the main predictor of poor mental health in adulthood (Schoon, Parsons, Rush, & Law, 2010).

The evidence from these studies carried out across different age groups indicates that the comorbidity between DLD and emotional, behavioural and mental health difficulties is widespread. Persisting language difficulties are likely to co-occur with enduring mental health difficulties. More research is needed to better understand the relationship and directionality between DLD and mental health difficulties. Furthermore, many of the studies cited in this section examine mental health issues together with problems in social functioning (discussed in Section 2.3.5), indicating that there are extensive ramifications of these difficulties.

One specific aspect of mental health that has received attention in the literature is bullying and victimisation. Knox and Conti-Ramsden (2007) found that 17% of adolescent participants with DLD reported experiencing bullying at the time of the study, compared to 2.4% in the control group. A significant portion (13%) were the victims of persistent bullying since childhood. Other studies, conducted with younger age groups (Conti-Ramsden & Botting, 2004; Lindsay, Dockrell, & Mackie, 2008; Redmond, 2011) and with other populations, such as adolescents who have ASD (e.g. Humphrey & Symes, 2010) and those who stutter (e.g. Blood & Blood, 2004, 2007) also reported findings of higher levels of bullying in participants compared to peers. A tutorial article for speech and language therapists (SLTs) (Hughes, 2014) offers an interesting insight about children/adolescents with SLCN, with respect to bullying. It is suggested that these individuals can be 'provocative victims' due to deficits in social interaction and social skills that draw the attention of the bullies.

It is worth remembering that the mental health issues explored above also occur in individuals whose SLCN are undiagnosed (e.g. Joffe & Black, 2012). In the same vein, studies that investigated individuals 'at risk' of or with diagnosed mental health difficulties found a higher occurrence of DLD compared to controls. For instance, Cohen, Farnia, and Im-Bolter (2013) studied a sample of adolescents who were referred to a mental health service for young people. The researchers found that 45% of the sample presented with higher order language impairment, compared to 15% in the comparison group.

Broader 'at risk' groups, such as individuals who live in areas of social disadvantage, youth offenders and individuals who come into contact with the law (as perpetrators or victims) also present with higher levels of mental health difficulties and SLCN. Considerable evidence of these connections has emerged in these fields. Hopkins et al. (2017) reported that language assessments carried out with a sample of 52 youth offenders revealed high rates of DLD (40-95%, depending on cut-offs used). An expository discourse measure, which highlighted the greatest differences between youth offenders and non-offenders, is particularly noteworthy. As highlighted earlier, expository discourse is an area that sees greater development in adolescence than in childhood and is heavily dependent on formal academic input for its development (see Section 2.2.3). A systematic review of earlier studies of language abilities in youth offenders (Anderson et al., 2016) compiled clear evidence of higher rates of DLD than in comparison groups. The rates of DLD varied greatly across studies, for example from 14-20.6% (Gregory & Bryan, 2011), 52% (Bryan et al., 2007; Snow & Powell, 2008) and even higher in other studies. What is notable across studies is that the difference between youth offenders and comparison groups was consistently large. The majority of participants in these studies who met criteria for DLD have,

reportedly, never been linked with speech and language services (e.g. Bryan et al., 2015). Naturally, the mechanisms of causality are complex and multiple factors (e.g. family support, SES, school attendance, etc.) may have influenced participant outcomes.

A lesser known but related area concerns victims and witnesses of crime. These groups are also likely to have higher incidence rates of DLD than the population average (Snow, Powell, & Sanger, 2012). It is often the case that youth offenders were themselves the victims of abuse or maltreatment (Snow & Powell, 2011). A longitudinal study of females with a history of DLD in childhood (Brownlie, Graham, Bao, Koyama, & Beitchman, 2017) found that 43% of the sample reported sexual abuse experiences in childhood, compared to 16% in the control group. The outcomes of research about the involvement of young people with the law (be they victims or perpetrators) need to be considered in light of the linguistic demands of the legal system (Snow et al., 2012). Some of the language skills required are narrative skills (to provide a coherent report of events that happened), understanding of forensic interview questions and understanding of courtroom language discourse (Snow & Powell, 2011). All these skills are very challenging for these young people, especially taking into consideration the high rates of DLD mentioned above, leading to potential inaccuracies in those legal processes. Adolescents with DLD may struggle to navigate the often complex language used in the legal arena. The consequences of their limited participation in the process could impinge greatly on their wellbeing and their future. These interactions also have an effect on the functioning of the society in which they live. It is in the interest of society that these adolescents are supported adequately during and around legal processes (e.g. through advocacy by SLTs) to ensure that they are not penalised as a result of their SLCN (Snow et al., 2012).

2.3.7   Impact on confidence and self-esteem

The specific phenomena of confidence and self-esteem are relatively understudied in populations of adolescents with DLD (Lindsay, Dockrell, & Palikara, 2010). Perhaps, this is because they are included in the gamut of research on broader mental health issues. The few studies that exist seem to offer mixed results, although the general trend in findings suggests that confidence and self-esteem are negatively affected by DLD.

A recent research paper on this topic (Durkin, Toseeb, Botting, Pickles, & Conti-Ramsden, 2017) compared groups of individuals aged 17 (n=90) and 24 years of age (n=84) with age-matched

peers (n=91 CA=17, n=88 CA=24) at on measures of shyness, self-esteem, and social self-efficacy[4] (SSE). Participants were recruited from the Manchester Language Study cohort (Conti-Ramsden & Botting, 1999a, 1999b). It is important to note that only 64 individuals with DLD were involved in both groups. Results showed that at both points in time, there were statistically significant differences between the two groups on measures of shyness (higher in the DLD group) and self-esteem (lower in the DLD group). The SSE measure was only used at the second time point and could not be compared. This measure indicated significant differences between the two groups, in line with the self-esteem and confidence differences measured. Statistical analysis revealed that language ability at 17 years predicted shyness, which was associated with low self-esteem. The authors highlight the need for professionals to try to prevent these negative outcomes linked with DLD through their interventions.

Two earlier studies (Lindsay et al., 2010; Wadman et al., 2008) also studied self-esteem in adolescents with a history of DLD. The first study (Lindsay et al., 2010) made noteworthy distinctions between different areas of self-esteem (e.g. scholastic and job competence, self-image, athletic ability etc.). Improvements in scholastic/job self-esteem and global self-worth were found between the ages of 16 and 17 years. The authors suggest that these improvements were most likely due to the transition from compulsory education to post-compulsory courses (e.g. vocational courses), where students could experience greater autonomy in their learning. Interestingly, the social aspects of self-esteem (social acceptance, close friendships and relationships) did not improve. The second study (Wadman et al., 2008) was also conducted with adolescents aged between 16 and 17 years. The study reported lower global self-esteem in participants with DLD than in peers in the control group, together with higher shyness ratings. Previous studies with younger cohorts also indicate lower self-esteem in individuals with DLD (Jerome, Fujiki, Brinton, & James, 2002; Lindsay, Dockrell, Letchford, & Mackie, 2002)

On the whole, existing evidence suggests that adolescents with a history of DLD do not enjoy the same levels of self-esteem and confidence as their peers. In a study of personal wellbeing in young adults with a childhood history of DLD, Conti-Ramsden, Durkin, Mok, Toseeb, and Botting (2016) reported similar ratings for personal wellbeing between participants and their comparison group. They offer an insightful interpretation of this finding, suggesting that individuals with a history of DLD may be more 'vulnerable' to adversity than their peers, rather than the SLCN being the direct cause of poor confidence and self-esteem. This interpretation is attractive because it

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[4] Definition of social self-efficacy (SSE): "an individual's confidence in her/his ability to engage in the social interactional tasks necessary to initiate and maintain interpersonal relationships" (Smith & Betz, 2000, p. 286, as cited in Durkin et al., 2017)

takes into account that there can be different outcomes in adolescents with DLD, due to multiple variables that are outside language ability (e.g. family and school support).

2.3.8 Protective factors

The impact of SLCN on virtually all spheres of functioning in adolescence is evident. One might argue that the number of studies carried out is small. Yet, the cumulative evidence across the various areas of functioning outlined above leaves little room for doubt about the pervasive impact of SLCN. One should remember, however, that findings from group studies hold 'on average' and do not necessarily apply to each individual case (Conti-Ramsden & Durkin, 2016). As various studies have documented, some individuals experience successful outcomes (e.g. Conti-Ramsden et al., 2016; Durkin et al., 2009; Johnson et al., 2010). The variability in outcomes can be attributed to the heterogeneity of SLCN and the influence of several mediating factors that can protect individuals from the negative repercussions of adverse experiences. What are the protective factors that support positive outcomes in adolescents with SLCN?

By far, the most important protective factor for adolescents with SLCN appears to be the quality of support received, as shown in multiple investigations (e.g. Catherine Carroll & Dockrell, 2010, 2012; Clegg et al., 2012; Conti-Ramsden et al., 2009; Palikara, Lindsay, & Dockrell, 2009). Positive outcomes and an enhanced quality of life can be achieved when good supports are in place for these adolescents (Joffe, 2015). Support from family networks, friends, educators, SLTs and other health professionals can all make a difference, if this support is set at an appropriate level and made available on a consistent basis.

Friendship is an important type of support in the adolescent years, as already highlighted in the outline of typical adolescent development (Section 2.1.5). Adolescents who report having close relationships (e.g. with a friend or romantic partner) experience better self-esteem and psychosocial adjustment (Wadman et al., 2011). It has also been reported that adolescents with SLCN who have friends carry a reduced risk of being bullied or victimised (Conti-Ramsden & Botting, 2004; Redmond, 2011; Salmon, 2013). A qualitative study of adolescents and young adults attending a youth club for young people with SLCN (Myers, Davies-Jones, Chiat, Joffe, & Botting, 2011) outlines the numerous benefits experienced by the young people. The findings also include the views of their parents. For instance, most parents interviewed reported that the young people were presenting with increased confidence and had gained novel experiences.

A study of young adult outcomes showed that subjective ratings of wellbeing were related to self-ratings of overall health, employment and relationship status (Conti-Ramsden et al., 2016). It would follow, therefore, that encouraging and supporting adolescents with SLCN to take an active role in managing their own health (e.g. exercising, actively learning about health) can benefit their sense of wellbeing. To the author's knowledge, the influence of health factors (e.g. amount of exercise, sleep, etc.) on the wellbeing of adolescents with SLCN has not been investigated. Similarly, supporting adolescents to develop the skills required to find employment can also benefit them, as shown by studies of adolescents in post-compulsory education enrolled in vocational and job-oriented programmes (e.g. Lindsay et al., 2010).

Other important protective factors are prosociality[5] and self-efficacy. Toseeb, Pickles, Durkin, Botting, and Conti-Ramsden (2017), in a longitudinal study which examined the course of prosociality in individuals with DLD, found that this had protective effects in the social functioning of their young adult participants. Prosociality promoted greater integration in the community and was linked to fewer friendship difficulties in this study. Self-efficacy[6] was linked to emotional health in a study of young adults with DLD (Botting, Durkin, Toseeb, Pickles, & Conti-Ramsden, 2016). Good language ability was correlated with better self-efficacy, which in turn was related to better emotional health. The benefits of self-efficacy reported in this study are similar to findings for adolescents who do not have SLCN (see Section 2.1.6: Adolescent Wellbeing). The findings of Botting et al. (2016) suggest that working towards greater independence and autonomy with adolescents who have SLCN could benefit their overall wellbeing. Developing language abilities, in order to improve self-efficacy, should be part of this process.

Summary of Part 3

The term *Speech, Language and Communication Needs* (SLCN) is an umbrella term that covers a diverse group of conditions (e.g. difficulties with speech sounds, fluency, language development, social use of language). The term *Developmental Language Disorder* (DLD) has recently been agreed upon by a group of international experts as the term of choice for describing language impairments of unexplained aetiology.

The prevalence of SLCN in adolescence is not clear from existing studies. Some authors suggest that approximately 10% of adolescents have SLCN. There is evidence for high rates of

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[5] Prosocial behaviour is behaviour that is intended to help others, such as sharing, offering help, volunteering, donating and so on
[6] Self-efficacy is a person's belief in their ability to plan and carry out the necessary actions to achieve a desired outcome (Bandura, 1997)

undiagnosed SLCN in 'at risk' populations, such as those living in areas of social deprivation, young offenders and adolescents with social, emotional and behavioural difficulties (SEBD).

The impact of SLCN on adolescent functioning is wide-ranging. Adolescents with DLD fare worse than adolescents who do not have DLD on measures of academic success, especially when they have difficulties in the areas of literacy and vocabulary. The numbers of adolescents and young adults with a history of DLD in further training or employment can be lower than peers, although some studies report similar levels. The type of employment reported by adolescents and young adults with SLCN, however, tends to be less skilled, with fewer responsibilities and lower pay than individuals who do not have SLCN.

Social functioning in adolescents with SLCN is affected negatively, with more peer problems reported than in comparison groups, depending on variables such as pragmatic ability. Good ratings for sociability indicate that these adolescents *want* to interact but find it hard to do so successfully.

The influence of SLCN on the family is significant, with parents reporting multiple worries about their sons/daughters with SLCN, especially in their ability to function independently. Siblings seem to experience negative feelings towards the individual with SLCN, for example resenting the amount of attention given by parents to the child with SLCN. At the same time, they felt they had to protect their siblings or 'interpret' their speech in social situations. Family relationships were nevertheless a strength and an important source of support for adolescents and young adults with SLCN.

Greater mental health difficulties were reported in individuals with SLCN, starting from a young age and often continuing into adulthood. Issues like social, emotional and behavioural difficulties (SEBD), anxiety, low mood and conduct problems were all reported in the literature. The nature of the relationship between DLD and mental health difficulties is not well understood and requires further research. Furthermore, adolescents with SLCN are more likely to suffer bullying and victimisation. There is also significant evidence showing high rates of DLD in young people involved with the law (young offenders, victims and witnesses of crime).

Adolescents with SLCN appear to have lower confidence and self-esteem than peers. Some authors suggest that individuals with SLCN are more vulnerable to adverse psychosocial experiences than those without SLCN.

Not all individuals are impacted in the same way and the heterogeneity of outcomes must not be overlooked. Several studies identified protective factors that mitigate negative outcomes. These factors include receiving appropriate and consistent support, having close friends or relationships, prosocial attitudes and greater self-efficacy.

The next part of this chapter will review literature discussing how society is currently meeting the needs of adolescents with SLCN.

Part 4: How the needs of adolescents with SLCN are being met currently

This part of the chapter will review how the SLT needs of adolescents with SLCN are provided for in Ireland and internationally. A general overview of SLT services (to all age groups) will be presented first, followed by a detailed look at the provision of SLT services in Ireland, the structure of the education system and some considerations on relevant legislation. Evidence which shows that adolescents are underserved by SLT services will be presented next. This evidence will be followed by a review of existing models of service delivery and an overview of intervention studies with adolescents with SLCN. Finally, the gaps in existing literature will be highlighted and the research questions guiding this projected will be presented.

2.4.1   The current context of SLT services

The study of SLT services offered to adolescents must be considered in the broader context of SLT services generally. Using this 'wide-angle' lens is helpful to understand where adolescents with SLCN fit into the wider context of SLT services.

In recent decades, there has been a significant shift in speech and language therapy (SLT) provision towards *early intervention*. This shift has significantly influenced the way services are delivered in several countries where the SLT profession is strongly established (e.g. American Speech-Language-Hearing Association, 2004, 2008). The early intervention philosophy is based on the principle that early treatment of communication disorders has the greatest impact on communication skills, educational attainment and socio-emotional functioning in later years (e.g. Children's Communication Coalition, 2010; Department for Education & Department for Health, 2011a; Department for Education & Department for Health, 2011b; Roulstone et al., 2011). Many also believe that prioritisation of young children is the most cost-effective use of resources, when resources are limited (Malcolm & Myers, 2001).

Another development has been in the awareness among health care professionals of the role of the SLT in the rehabilitation of adults with acquired communication disorders (e.g. communication disorders resulting from stroke, motor-neuron disease, Parkinson's disease, traumatic brain injury etc.) (American Speech-Language-Hearing Association, 2007; Royal College of Speech and Language Therapists, 2006). This awareness has led to SLTs occupying a more central role in multi-disciplinary and allied health teams. The model of care being provided is more comprehensive, taking into consideration functional and quality of life aspects that go beyond the medical needs of the individual.

Furthermore, SLTs are now involved in the management of eating, drinking and swallowing disorders (EDS). SLTs working in this area carry huge responsibilities due to the life and death risks associated with EDS (Body, 2009). There is debate within the SLT community on whether management of EDS should come under the remit of SLTs. Some would argue that it consumes a disproportionate portion of the resources at the disposal of SLTs. The life and death nature of EDS, inevitably, results in EDS taking precedence over other aspects of the SLT role (Body, 2009; Code & Heron, 2003).

These developments in the role of the SLT have led to a greater allocation of resources into these areas, namely early intervention, adult acquired communication disorders and EDS management. Speech and language therapists are involved from very early on in the care of children at risk of developing communication impairments. Some are involved from the first days of life, for instance, in paediatric hospital settings. Other SLTs are closely linked to preschools or primary schools. Some initiatives have attracted considerable funding under the umbrella of early intervention, such as the *Sure start* projects in the UK (e.g. Sawyerr & Bagley, 2017). SLTs have developed strong links with those in a position to contribute to the early identification of children with, or at risk of developing, speech, language and communication needs (SLCN) – for instance, public health nurses in Ireland or health visitors in the UK (e.g.Broomfield & Dodd, 2004). Similarly, SLT posts have been increasingly allocated to teams providing services to adult clients with acquired communication disorders or EDS. For example, an increase of 7% staffing level of SLTs working in the Acute Hospitals care group of the Health Service Executive (HSE) in Ireland was reported between March 2009 and March 2013 while Primary Care posts decreased by 17% in the same time period (Williams, 2013)[7]. This increase facilitates the timely provision of services that ensures the preservation of existing communication skills, promotes the best possible recovery where a loss of skills has occurred and prevents medical complications resulting from EDS difficulties.

The broader context of SLT services provided to adolescents is, therefore, characterised by competing demands on resources from other areas of practice that may be given greater priority by policy makers and service providers.

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[7] These figures need to be interpreted with caution, since SLTs working in the mentioned care-groups may be working with a mixed caseload e.g. a primary care SLT may have under-18s, as well as adults on their caseload.

2.4.2   The SLT profession in Ireland

The SLT profession in Ireland dates back to the 1960s (Irish Association of Speech and Language Therapists, 2006). From its humble beginnings back then, the profession has expanded significantly. There are now four universities in Ireland that provide courses leading to a recognised qualification in SLT (Irish Association of Speech and Language Therapists, 2006). The profession is regulated by CORU since the introduction of mandatory registration in 2016 (CORU, 2017). Speech and language therapists in Ireland are represented by the Irish Association of Speech and Language Therapists (Irish Association of Speech and Language Therapists, 2016). In the author's experience, the large part of SLT services in Ireland are delivered under the health services umbrella. The largest employer of SLTs is the HSE, which funded 604.7 whole-time posts in 2013 (Conroy & Noone, 2014). Some SLTs (140 whole-time posts) work for voluntary organisations that are funded by the HSE and tend to follow a similar service model. At the time of writing, there were 1,633 SLTs registered with CORU (Makk, 2017).   To the author's knowledge, very few SLTs are employed in the education sector.

The provision of SLT services to adolescents is generally delivered as part of paediatric health services that are put in place to cater for *all* children (in the legal sense of the word) up to the age of 18. Where an early intervention service exists, paediatric services may cater for school-age children aged between 6-18 years. There are three main types of paediatric service in Ireland: primary care services, disability services and mental health services. Since all services are health based, much of the intervention tends to take place in health centres. Liaison and consultation with schools is common and well developed in some areas.

By and large, resources are rarely allocated *specifically* to services for adolescents. This set up often seems to lead to channelling of resources towards the services offered to the younger children in this age bracket. Typically, the younger children are greater in number and there is widespread belief that early intervention will result in prevention of complex communication difficulties in later years. The resources available for SLT provision to adolescents can therefore be much reduced.

2.4.3   The education system in Ireland

The provision of education for adolescents in Ireland falls under the auspices of the Department of Education and Skills (DES), formerly known as the Department of Education and Science. An overview of the Irish educational system was published by the DES in 2004 (Deparment of Education and Science, 2004). Some relevant information from this document will be presented

here. Compulsory education in Ireland is between the ages of 6 and 16 years. Second-level education is divided into two cycles: the Junior Cycle (12-15 years) and the Senior Cycle (15-18 years). Most students start the Junior Cycle at the age of 12. The Junior Cycle lasts three years, at the end of which students take a state examination known as the Junior Certificate. After the Junior Cycle, students can opt to enrol in a Transition Year (TY). The aim of the TY is to further students' personal development and social awareness. For example, work experience, group work, community initiatives and small projects of entrepreneurship are often included. The Transition Year is followed by two further years of education which are part of the Senior Cycle. At the end of the Senior Cycle, students take a state examination known as the Leaving Certificate. There are three programmes that can be taken by students in the Senior Cycle which prepare them for the Leaving Certificate, which has three formats: the Established Leaving Certificate, the Leaving Certificate Vocational Programme and the Leaving Certificate Applied (Wikipedia, 2017). The latter two programmes are designed for students who do not intend to continue in third level education. In the Established Leaving Certificate (popularly known as *The Leaving Cert*), students take six to seven subjects at Higher or Ordinary level.

There tends to be a lot of media attention given to the state examinations (McMahon, 2017). The examinations are often debated, with different views expressed about their format, their usefulness, the amount of pressure students experience and whether rote learning is being rewarded above other learning (De Barra, 2017; Donnelly, 2017).

The DES recognises that some students have special educational needs (SEN) and puts supports in place for them. Special Education Teachers (formerly known as Resource Teachers and Learning Support teachers) are employed by the DES to work specifically with students with SEN who are attending mainstream schools (Department of Education and Skills, 2017b). These staff teach students in a one-to-one or small group environment. In some cases, schools opt to embed their supports in the mainstream environment via 'team teaching', that is co-teaching with the mainstream teacher in the mainstream classroom. Students with 'care needs' are granted the support of a Special Needs Assistant (SNA). This support is governed by strict criteria set out by the DES (2014). While many SNAs have a personal interest in furthering their training and developing their role, there has been limited input from the DES to support this development (Rose & O'Neill, 2008; Spens, 2013).

Some mainstream schools have specialised units attached to them for students with SEN, particularly students with ASD. These units are often referred to as 'autism units'. There are also special schools set up to cater for the needs of students with Intellectual Disability (ID), often

catering for both primary and secondary students. Special schools often have a smaller number of students enrolled per class and a higher staff to student ratio.

2.4.4   The legal context of SLT services to adolescents in Ireland

A general backdrop of the legal context in Ireland will be presented in this section. The Irish constitution (Ireland, 1937) provides the guiding principles for SLT provision. It legally entitles Irish citizens to good quality health care, which nowadays includes SLT services. The Constitution obliges the state to protect vulnerable individuals. Adolescents with SLCN can be vulnerable due to their age and communication difficulties and should therefore be entitled to protection. The Constitution recognises that all individuals have a right to an adequate occupation. Speech and language therapy services can be instrumental in improving individuals' prospects for finding gainful employment. Citizens are entitled to be treated equally and any sort of discrimination in the provision of public services is forbidden. In Ireland, SLT is mainly offered as a public service and therefore needs to be offered in an equitable manner to adolescents and other users alike.

Under Irish law, all individuals under 18 years of age are considered to be children (Department of Justice, 2001). The classification of adolescents within this legal bracket helps to safeguard their rights and wellbeing. There is a recognition that it might be best to leave certain important decisions, which can have a long-term impact on the individual, in the hands of more experienced adults who have the child's interests at heart. These adults are the parents or legal guardians of the adolescent. One can debate the ethical and practical side of classifying adolescents as children but this is not within the scope of this discussion. This classification of adolescents impinges on the organisation of public services. As mentioned earlier, SLT services for adolescents are part of 'paediatric services' which generally cover *all* individuals below the age of 18 years.

The right to education for all individuals is enshrined in the Irish Constitution (Article 42). The Irish state currently provides free primary and secondary level education for all children younger than 18 years. Ireland is also a signatory of the United Nations Convention on the Rights of the Child (United Nations, 1989). This convention binds the state to safeguard the rights of children (persons under 18 years of age) in many different areas. Under the convention, all children have a right to good quality education (Article 28). Children should be encouraged to continue to access education to the highest level possible. Education is seen as an opportunity to develop individual strengths and to instil positive values, such as respecting others and respecting the environment (Article 29). In the case of children who have a disability, the right to access special

education and specialist support is seen as key to the holistic development of children and their prospects for the future (Article 23).

There is no specific act of law that governs SLT provision. There is a regulatory body which ensures that the public is protected by regulating registered SLTs (CORU, 2017). Registered practitioners have to be abide by the code of ethics put in place by the registration board. However, the Children's Ombudsman points out that services such as SLT "appear not to have any statutory underpinning" (O'Reilly, 2012). In a general sense, all the above-mentioned acts of legislation apply to SLT services at some level. Yet, the absence of specific laws governing SLT services directly can be problematic, since it can lead to a lack of clarity on what citizens' entitlements are and what health providers' obligations are (O'Reilly, 2012). For example, the standard of 'good healthcare provision' can change significantly in an economic recession due to resource limitations. Until specific legislation is enacted, this lack of clarity will continue to be a problem.

2.4.5   The international context: Evidence suggesting that adolescents are a 'forgotten' group

In the international literature, several researchers have expressed the view that adolescents have been underserved by the SLT profession. "The priority on early intervention across paediatric speech-language pathology services has resulted in older children missing out on support based on age alone" (Hollands et al., 2005, p. 126). This quote is taken from an Australian study that surveyed the views and experiences of SLTs working with adolescents. Out of 157 respondents working in health/school settings, 30% did not have any adolescents on their caseloads and 60% had between 1-20 adolescents. Half of the respondents who had more than 20 adolescents on their caseloads stated that these were 12 year olds. This study also highlighted that a large percentage of children seen were offered an assessment-only service (40% of school-based therapists and 70% of health-based therapists reported this). The quote succinctly conveys a state of affairs that has been echoed by numerous authors from various countries.

Another Australian study (McLeod & McKinnon, 2010) looked at the involvement of outside agencies for students with additional learning needs. The vast majority of students (75%) had no outside agency involvement. Some students received a consultative service (12%), while other students were seen for short-term intervention (6%) or in the case of a few, long-term intervention (5%). This study provides further support for the claims made by Hollands and her colleagues, that is, adolescents are missing out on the basis of age alone.

In the UK, the Bercow report (2008) was commissioned to carry out a national, in-depth evaluation of speech and language therapy services. It reported finding little evidence of services in place for adolescents in secondary and post-secondary schools. In response to the Bercow report, the UK government commissioned a large scale research programme which included a survey of over 500 SLTs (Roulstone, Wren, Bakopoulou, Goodlad, & Lindsay, 2012). In line with the Bercow report, this survey found that only a small percentage of participants (c. 7%) were working primarily in secondary schools. The Bercow report points out that this situation did not arise as a result of a strategy based on identified needs. On the contrary, it acknowledges evidence showing that SLCN were prevalent in secondary schools, citing Sage (2006) as an example. Hartshorne (2011), writing on behalf of I CAN (a UK children's communication charity), highlights how the concept of *early intervention* tends to be applied exclusively to the early years. The Bercow report (2008) underlines the need to redefine early intervention as *prompt intervention*, that is, intervening in a timely manner before SLCN make a negative impact on the person's life, whatever their age. The emphasis on timely intervention has been reiterated by others (e.g. Ramsbotham, 2011). Furthermore, Joffe (2015) outlines extensive policy developments with respect to SEN provision in the UK that may allow SLTs to develop their practice with adolescents. In particular, Joffe highlights that parental and service user involvement in decision making can be increased, together with improved collaboration between the health, education and social care sectors.

A similar scenario has been reported in the US, with one set of authors claiming that clinicians and researchers often "give up on adolescents" with SLCN (Fallon, Katz, & Carlberg, 2015, p. 15). In relation to resource allocation, Nippold (2010) claims that most SLTs working in public schools focus their resources on treating preschool or school-aged children. Adolescents in middle-school or high-school consequently receive little attention as a result. Out of the 1,806 respondents of the American Speech-Language-Hearing Association (ASHA) schools survey (2016), 14% were working in secondary schools, compared to 69% who were working in primary schools or preschools. Other authors (V. L. Larson & McKinley, 2003) have described adolescents as an 'underserved population', compared to their younger counterparts. Reed (2005) gives a detailed analysis of the factors that cause the 'cycle of neglect' (p.184) of adolescents with DLD, showing that the scale of the problem is similarly big in the US. Recent legislation passed into US federal law[8] places an onus on SLTs to contribute to the success of *all* students, especially through collaboration with educators to support students' literacy development (Nippold, 2016a).

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[8] (Every Student Succeeds Act (2015), as cited in Nippold, 2016a)

To the author's knowledge, very little has been published on this matter in Ireland. Leahy and Dodd (2002) conducted a study in Ireland in which they highlighted the poor prognosis for adolescents with SLCN. They echo the views of authors overseas (V. L. Larson, McKinley, & Boley, 1993) who consider SLTs to have ethical obligations to provide intervention to adolescents with SLCN in order to prevent long-term repercussions in later years (as shown in Sections 2.3.4 - 2.3.7).

In summary, the international evidence indicates that adolescents are missing out on SLT services on the basis of their age. Resources are generally prioritised in favour of younger children. Despite the paucity of research on the state of affairs in Ireland, it would be reasonable to believe that a similar situation exists in this country. The author's personal experience and anecdotal evidence would suggest the same.

2.4.6 Models of service delivery for adolescents

The previous section outlined research which indicates that more needs to be done for adolescents with SLCN. It is natural to ask what *adequate provision* for adolescents with SLCN should entail. Should an SLT service that caters effectively for adolescents be radically different from a service aimed at other age groups? How should SLTs approach the needs of adolescents who may benefit from SLT intervention? What forms of intervention and support are adolescents willing to receive? This section examines the models of SLT service delivery that have been reported in the literature.

A common feature of the published models for delivering SLT services to adolescents is that of working in secondary schools, either through the training of educators or through direct intervention with the adolescents. There is general consensus that working collaboratively with schools facilitates a greater integration between communication development and learning (e.g. Fallon et al., 2015; Hartas, 2004; Karasinski, 2013; Lindsay & Dockrell, 2002; McKean et al., 2017; J. A. Wright & Kersner, 2004). As discussed in Section 2.2.2, language development and learning in the teenage years are interdependent. A good, integrated model of service-delivery can overcome the negative repercussions associated with the 'pull-out' model (V. L. Larson et al., 1993). Traditionally, the pull-out model has been the *modus operandi* for SLTs (e.g. American Speech-Language-Hearing Association, 2010; V. L. Larson & McKinley, 2003; Paul & Norbury, 2012). The most obvious disadvantage of the pull-out model is that it makes SLT clients stand out in relation to their peers, bringing "undesired visibility" to the students leaving class (V. L. Larson & McKinley, 2003). It can place undue emphasis on a student's differences or difficulties, which

can lead to undesirable social repercussions. There is plenty of evidence showing that adolescents with SLCN are likely to be bullied or stigmatized (see section 2.3.6). While it is not always possible to avoid the difficulties associated with the pull-out model, alternative models seek to integrate SLT goals/interventions within the bigger framework of teaching and educational goals.

Training educators seems to be an attractive option for SLTs working with adolescents with SLCN. Well-trained educators can communicate with students more effectively and facilitate their learning in school. Communication goals can be implemented in real-life, functional contexts, as opposed to the sheltered environment of an SLT clinic. If communication skills are learned in school, they may be generalised more easily to enhance a student's academic performance and social functioning. One study that explored such training of educators was Starling et al. (2012), where they carried out a randomised control trial which highlighted the gains made by students with SLCN when teachers modified their language use during instruction. Four different aspects were targeted: teachers' spoken language, written language, information-processing measures (e.g. structure of handouts) and direct vocabulary instruction. An SLT delivered the training programme over ten sessions and observed three lessons in class. A manual for the programme was produced to ensure consistency of delivery. The programme outcomes were generally positive. Students in the 'trained school' made significant improvements on standardised tests of written expression and listening comprehension. However, the same students did not show significant gains on tests of oral expression and reading comprehension, when compared to the control group. Post-training data showed that all teachers who were trained in the programme became users of the language modification techniques (to different degrees). Follow up data showed that the trained teachers were able to continue using these techniques over time, with no significant changes in their scores. This study provides encouraging results, showing that the training of teachers can benefit students with SLCN in certain areas.

Joffe (2012), on the other hand, reported how *teaching assistants* were trained as part of the ELCISS[9] project. They were trained to deliver SLT intervention programmes to first and second year students with language impairment. The programmes targeted vocabulary enrichment, narrative therapy and a combination of both. A whole-school training and awareness session was offered for all the staff. Positive outcomes were reported for this programme as well. Small changes were seen on standardised measures of language but the improvements on non-standardised measures were greater. This programme appears to have been successful because it targets language skills which are highly valuable for the academic demands of secondary school.

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[9] Enhancing Language and Communication in Secondary Schools

The training offered increased educators' awareness and empowered them to feel they could actively contribute to the language development/support of their students.

An approach that has gained momentum internationally is the Response to Intervention model (RTI), where SLTs are involved at three different tiers of working: universal, specialised and intensive (Gascoigne, 2008). This model has been implemented in Ireland (Murphy, 2013) in a service set up between the National Behaviour Support Service[10] of the DES and the University of Limerick. The service is based in secondary schools in areas of socio-economic deprivation. A range of measures was implemented in the three tiers. For example, awareness training for teachers and school staff (universal), whole-class social skills interventions (targeted) and direct one-to-one or group interventions (specialised). A specific study (Murphy et al., 2016) was conducted as part of this service, where a whole-class vocabulary teaching approach was used. The programme was delivered by a teacher of English, supported by an SLT. The results showed significant gains made by the intervention group.

An interesting model based on RTI has been proposed for working with youth offenders (Snow, Sanger, Caire, Eadie, & Dinslage, 2015). This model shows how the framework can be adapted for the youth justice setting. For instance, it would need to take into account that participants may be in that setting for a limited time and that more Tier 3 (intensive) intervention may be required to begin with. Interventions may need to be pitched at lower levels than they would in mainstream schools, due to the participants' limited literacy and language abilities.

Another study that focused on vocabulary teaching, in contrast to other studies, did not attempt to measure the direct benefits to students with SLCN. Instead, Wilson, Nash and Earl (2010) sought to demonstrate the changes in teachers' knowledge and understanding of vocabulary teaching through the use of concept maps (as described by Kinchin, Hay, & Adams, 2000). The researchers worked in close collaboration with three secondary school teachers, over an 8-10 week period, to implement the principles of robust vocabulary teaching suggested by Beck, McKeown and Kucan (2002, 2008). The collaboration included joint work to select appropriate vocabulary, plan lessons and prepare suitable teaching materials. Concept maps were used before and after the period of collaborative working to demonstrate changes in teachers' knowledge and understanding of vocabulary teaching (using this particular approach). The authors postulate that these changes lead to long-term changes in a teachers' practice. While this is a small-scale, preliminary study, all three teachers demonstrated changes in their knowledge,

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[10] The National Behaviour Support Service is a service set up by the Department of Education and Skills to support secondary schools in addressing concerns related to student-behaviour (see www.nbss.ie)

suggesting that collaborative practice can lead to changes in teaching methods that can benefit students with SLCN.

While the option of SLTs targeting the communication skills of adolescents with SLCN through the training of educators seems to be gaining support, a contrasting model of service delivery, proposed earlier by Larson and McKinley (2003), continues to be relevant. In essence, the 'Comprehensive Service Delivery model' comprises the delivery of SLT services through "a course that has the same requirements as any other course the student takes" (V. L. Larson & McKinley, 2003, p. 189). The course rewards students who enrol in it through the award of credits, in the same way that students are rewarded for extra-curricular activities. It can be offered as an elective or a compulsory course, depending on circumstances and need. The traditional elements of assessment, programme planning, intervention and follow-up are all included in the model. Undoubtedly, the prevailing feature of this model is that it is the complete reversal of the pull-out model. Instead of taking students out of class to partake in SLT intervention, the intervention is brought into the classroom, via a format that the whole class can benefit from.

The type of model described above can seem idealistic and possibly difficult to implement for many SLTs working in challenging conditions, whether employed directly or indirectly in secondary schools. Ehren (2009) describes the challenges that SLTs face when working in secondary schools in detail. She bases her description on the experience of SLTs taking part in a literacy initiative in Virginia, in the US. She outlines, for instance, how it can be hard to ensure that school principals understand and value the work being carried out by SLTs in schools. As a response to these challenges, Ehren provides practical advice to SLTs who want to be successful in their collaborative work with secondary schools, through a set of recommendations, such as, having regular contact with teachers and administrators, adopting a flexible daily schedule and volunteering skills/services wherever possible. Such measures may seem obvious to experienced SLTs but the pressures of day-to-day service provision can easily lead to a reduction in the quality of collaborative work.

Similar to Ehren's model, Fallon et al. (2015) propose what they call a 'Balanced Intervention' model. This model seeks to combine the targeting of specific language/literacy skills and strategies with metacognitive and metalinguistic skills. The authors also recognise the importance of promoting 'student buy-in', that is motivating and engaging students, as well as involving other stakeholders (e.g. parents, friends, counsellors, siblings, etc.), where appropriate.

Regardless of what intervention model is adopted, Nippold (2010) highlights the need for SLTs to be adequately prepared for working with adolescents. She suggests that preparation should start from University level, by providing more course work on the nature of adolescent communication difficulties and gearing a component of clinical placements towards adolescent client groups. An interesting initiative has been set up by Reed and her colleagues (2013) in some US universities. They have designed a module that is offered in Masters level post-graduate programmes, in which they train SLTs to resist established trends or cultures that discriminate against adolescent clients.

All in all, the published work on SLT service delivery to adolescents is still limited. There seems to be a preference towards placing the focus of SLT efforts on the training of educators, which has benefits that have been clearly demonstrated. Nevertheless, very little has been reported about which models might be successful in providing direct intervention to adolescents with SLCN. It is an area that poses numerous challenges, such as not highlighting a student's difficulties in a way that can stigmatise them. The steps to success are easily identifiable but may be hard to implement in practice. Teacher training and direct intervention could possibly be combined as part of an eclectic approach that encompasses the characteristics of the individual models described in this section. However, the question about which approach is best remains largely unanswered. Research on a broader scale is required in this field to provide more conclusive answers.

2.4.7   SLT intervention studies with adolescents (International and in Ireland)

In the author's experience, the received wisdom is that providing intervention to adolescents with SLCN is not effective because adolescents 'plateau' (i.e. they reach their potential and cannot develop their speech and language skills any further) or do not want to attend SLT services. Nippold (2016a) affirms this view when she states:

> Far too often we hear that it is too late to intervene with these older students, that we don't know what to do, that no resources are available, or that their earlier language problems have resolved (Nippold, 2016a, p. 275).

There is a growing number of studies that show that intervention with adolescents who have SLCN can be effective. The evidence from research about the long-term consequences of unresolved SLCN in adolescence places an onus on service providers to pay heed to these studies and use their findings to implement effective interventions for their adolescent service users.

Interventions with adolescents have focused on a range of different areas. Vocabulary learning appears to be an important area targeted in intervention studies. This target is in keeping with what is known about typical language development in adolescence (see Section 2.2.1). Some studies that target vocabulary teaching have already been discussed in the previous section (see Section 2.4.6) (e.g. Murphy et al., 2016; Starling et al., 2012). A recent study was based on a ten-week programme for teaching cross-curriculum words (e.g. summarise, evaluate, discriminate) to a group of young adolescents who were deemed at risk of low educational attainment (Spencer, Clegg, Lowe, & Stackhouse, 2017). Outcome measures showed that participants made positive gains in their ability to define these words which are important for academic functioning across subjects. A different, small-scale study that targeted specific science-curriculum vocabulary (Lowe & Joffe, 2017) also reported positive gains in participants.

An investigation about the effectiveness of semantic therapy for improving word-finding skills in a small group of students with significant DLD (CA 9;11 - 15;11 years) was carried out in the UK (Ebbels et al., 2012). The authors found that even a brief amount of semantic therapy intervention (twice weekly 15 minute sessions for eight weeks) was sufficient to result in significant gains on a measure of word-finding ability. The gains were maintained when participants were reassessed five months later.

Interventions aimed at improving syntactic and reading comprehension have also been reported. A study led by the same principal investigator (Ebbels, Marić, Murphy, & Turner, 2014) examined an aspect of complex syntax comprehension. The researchers used shape-coding therapy to teach a group of adolescents with severe DLD (CA 11;3-16;1 years). The method uses visual supports to teach syntactic structures explicitly (Ebbels, 2007). This particular study focused on teaching coordinating conjunctions (e.g. but/not, neither/nor, not only X but also Y). Similar to Ebbels' study above (Ebbels et al., 2012), after a total of four hours of therapy, participants made significant gains on tests of receptive grammar and the gains were maintained when reassessed after four months.

More recently, an Irish intervention study (A. Wright, Mitchell, O'Donoghue, Cowhey, & Kearney, 2015) investigated the benefits of a multi-strategy reading comprehension programme delivered in a mainstream class. The custom made programme was delivered over eight weeks by two SLT students, under supervision and comprised four hours of intervention. Participants had mixed language and literacy abilities and were aged between 12-13 years of age. Large gains were reported on a measure of reading comprehension taken before and after the intervention period.

Some interventions have had a more specific population as their focus, such as young offenders and older adolescents with SLCN. An interesting intervention study was conducted by Gregory and Bryan (2011) with a group of adolescents taking part in a programme for young offenders. After each individual was assessed, an SLT trained a member of the programme staff to work on language and communication goals set out specifically for each adolescent. What is interesting is that the programme staff came from very diverse educational and training backgrounds, and many of them did not have any third level qualifications. Post-intervention measures showed that the majority of participants (75%-88%) scored higher on assessments of sentence repetition, understanding spoken paragraphs and social skills. The interventions resulted in positive outcomes, despite conditions that on paper may appear less than ideal.

An innovative area for SLT intervention was presented in a research study by Mathrick, Meagher, and Norbury (2017), which explored interview skills training with a small group of older adolescents. Participants (CA 17-19 years) had mixed profiles of SLCN (e.g. DLD, ASD, ADHD). The training package, devised by the first two authors, was delivered over twelve group sessions, varying in duration between 45-90 minutes. The study showed that there were significant changes in the use of 'positive' (i.e. desirable) verbal and non-verbal communication strategies. The large differences between individual outcomes suggest that more research is needed in the area, perhaps involving a more homogenous group of participants.

Summary of Part 4

Evidence from countries like Australia, the US and the UK suggests that adolescents are often missing out on vital SLT services based on their age alone. There is no reason to believe that the situation is different in Ireland.

The Irish context of SLT services to adolescents with SLCN has its own unique characteristics. The bulk of SLT services are delivered under the health umbrella, where adolescents are included in the larger framework of paediatric services (0-18 years). This grouping means that resources for early intervention, school-age children and adolescents have to be shared. Another feature of the Irish context is the way the education system is divided into the Junior Cycle (12-15 years) and the Senior Cycle (15-18 years). The system is geared towards the taking of state examinations at the end of each cycle, namely the Junior Certificate and the Leaving Certificate.

Various models of services to adolescents have been proposed in the literature. Collaborative working between SLTs and educators is core to most models, including shared training and

development. Unlike services for younger children, adolescent models aim to provide in-class or in-school supports to minimise the repercussions of pull-out interventions.

Intervention studies with adolescents are based around the main areas of development in adolescence, which are vocabulary, complex syntax and use of language for social interaction. There is a growing number of studies which show that intervention with this age group is effective.

Part 5: Gaps in the literature and research questions

Adolescence is an important developmental phase, both in general development and in language and communication development. The continuity in human development means that the gains (or lack of) made in childhood and adolescence are carried through into adulthood and can be built upon as these skills continue to develop. While language and communication development in adolescence can be subtle, the cumulative effect of these developments is great. Being familiar with typical development (including language and communication development) is important for those wishing to support adolescents with SLCN holistically.

The negative repercussions of SLCN in adolescence can be wide-ranging. These repercussions include the impact on learning, social interaction, mental health and independence. It is ethically and morally incumbent on SLTs, educators and other professionals to do their utmost to prevent or minimise these repercussions. What can be done to reduce these negative consequences?

A growing body of evidence from intervention studies with adolescents with SLCN indicates that there is hope for this age group. Language and communication interventions can be effective in reducing the degree of impairment in adolescents with SLCN. Studies also show that there are protective factors that mitigate the negative effects of having SLCN (e.g. good quality support, having a close friend/relationship, etc.). Nevertheless, the role of SLTs and other stakeholders in promoting and utilising these protective factors appears not to have been explored systematically. Existing studies have typically investigated individual areas, such as improving vocabulary or literacy. It is good that these studies have focused on areas of development relevant for adolescents. Is there a need, however, to go beyond a simple impairment-intervention approach? Interventions do not necessarily apply in the same way to all adolescents with SLCN, considering the broad range of individual characteristics that are included under the umbrella of 'adolescents with SLCN'. Factors such as age, developmental stage, strengths and weaknesses in various interconnected areas of development are all dimensions of adolescence that require further exploration vis-à-vis their potential influence on intervention with this population. The evidence from the growing body of intervention studies needs to be married to evidence from qualitative research of individual experiences of SLCN. How can evidence from the various research strands be combined to produce more a meaningful understanding of SLCN in adolescence and more holistic services to meet their needs? Is there perhaps an underlying concept (or set of concepts) that can unify knowledge about effective interventions with knowledge about individual experiences, including strengths and protective factors?

The purpose of this project was to try to understand better what the needs of adolescents with SLCN are. By this 'understanding', a comprehensive and holistic view is intended, which takes into account the adolescents' experiences in the various domains of their life (e.g. as a student, a family member, a peer). With this understanding, it will be easier to say how the needs of adolescents with SLCN can be met. In summary, the research questions guiding this project are:

Main Research Question:

What are the social, communicative and learning experiences of adolescents with SLCN, as perceived by those closest to them and by the adolescents themselves?

Secondary Research Question:

How can speech and language therapists meet the needs of adolescents with SLCN holistically, with these social, communicative and learning experiences in mind?

CHAPTER 3: METHODS 1

This chapter is the first of two methods chapters. It will cover the conceptual background of the overall project design, followed by the theoretical framework (ontology and epistemology) chosen by the author and an outline of how the overall design evolved. Personal influences (as a potential source of bias) will be outlined next. Finally, the ethical permissions obtained for each part of the project will be detailed. The next chapter (Methods 2) will describe the methods used in each of the five studies that make up this project.

3.1 Conceptual background of the project design

The objectives of this project, as outlined at the end of the previous chapter, were (1) to learn about the social, communicative and learning experiences of adolescents with SLCN and (2) to find out how SLTs can best meet their needs. Since SLCN can have a pervasive impact on multiple areas of functioning (e.g. academic, social, mental health), a holistic understanding needs to take into account all of these different areas. Rather than examining these areas of functioning separately, an integrated theoretical model that combines the various areas of functioning was adopted.

The Bioecological Model, developed by Urie Bronfenbrenner and refined in various stages (Bronfenbrenner, 1979; Bronfenbrenner & Ceci, 1994) has been adapted to the area of study in this project. A graphic displaying the systems in this Model and how they apply to the area of study is presented in Figure 1.
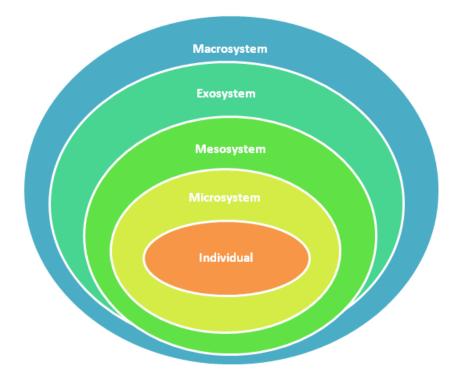
The basic premise of the model is that human development occurs within a system of internal and external influences which range from proximal (direct) to distal (indirect) influences. There are five systems around the individual that combine together in the Bioecological Model:

1. **Microsystem**: The microsystem is the network around the individual, consisting of interpersonal relationships, such as those with family, friends, peers and teachers. The individual engages directly with these parts of his/her network.
2. **Mesosystem**: The mesosystem encompasses the interactions and relationships between the parts of the microsystem. For example, the relationship between the adolescent's parents and the SLT is part of this system, as well as the relationship between the parents and the adolescent's teachers.

3. **Exosystem**: The exosystem refers to qualitative factors in the structures of the microsystem that do not affect the adolescents with SLCN directly. For example, this system may include parent employment status, availability of resources in school, availability of clubs and extracurricular activities in the community.

4. **Macrosystem**: The macrosystem includes broader influences, like social, cultural and political beliefs and issues that affect an individual's environment. For example, societal beliefs about disability, political unrest, social norms about friendships and relationships can all be relevant influences at this level.

5. **Chronosystem**: The chronosystem (not shown in the figure below) was added in later iterations of the model to show how the parts of the model are not static and change over time. For example, family situations might change or the individual's circle of friends.

It is believed that by using this model, it would support the view that the adolescent is part of a system of persons, processes and contexts that are not static. Metaphorically speaking, the 'living organisms' in this ecological model can be studied in themselves but also in their interaction and relationships with each other. In the field of SLCN in adolescence, the area of study might include the 'living organisms', that is the individuals involved (e.g. the adolescent, the parent, the teacher) or the phenomena (e.g. communicating, learning, socialising). The interaction between them could be, for instance, the adolescent's experience of socialising with peers or the teacher's experience of educating an adolescent with SLCN. The context of these interactions must also be studied, as it can have a bearing on the quality and outcomes of each experience.

In this project, data was collected from informants who are/can be part of the Microsystem of adolescents' with SLCN. These informants were: SLTs, adolescents (generic sample not including/excluding adolescents with SLCN), parents, educators and adolescents with SLCN. It was hoped that these individuals who are proximal to the adolescent with SLCN could provide a rich data that could be used to answer the research questions.

The Bioecological Model as applied in this project

Individual	Microsystem	Mesosystem	Exosystem	Macrosystem
•Adolescent with SLCN (own unique characteristics e.g. age, gender, type of SLCN)	•Parent/s •Siblings •Friends •Educators •Health Professionals	•Relationships between family and school •Relationships between school and health service	•Resouces within SLT Dept •School set up •Availability of extracurricular activities in the community	•Societal attitudes towards inclusion •Beliefs about state exams •Stereotypes about friendships

Figure 1: The Bioecological Model as applied in this project

3.2 Ontological and epistemological position

The basic ontological position in this project is essentially *relativist*. According to Raskin (2008), "relativism is simply the idea that knowledge always comes from an evolved perspective or point of view" (p. 13). Put in other words, one truth is relative to another truth and many possible interpretations of observed realities can exist simultaneously. In a related vein, the epistemology

of the research questions of this project is *interpretivist*. This epistemological position is based on the belief that humans are 'sense-making creatures' (J. Smith, Flowers, & Larkin, 2009). The project aimed to explore what are the main 'phenomena' in the lives of the participants (e.g. the people, experiences, relationships, values) that are important and meaningful to them. Secondly, the exploration gave attention to how participants made sense of these phenomena, hence the interpretive aspect. In this sense, an overall understanding of the whole is achieved by studying the parts and yet the parts are best understood in relation to the whole (*ibid.*).

It is important to qualify that, despite declaring these ontological and epistemological positions, the author was not constrained by strict adherence to these positions. As will be seen, different types of data were collected in this project. The paragraph above is merely a statement of the most basic assumptions underlying this work, that is, that every human being's experience is different and subject to interpretation and interaction with other contextual factors.   Further elaboration will be made for specific methods used in different parts of the project. A general outline of these methods will be presented next.

3.3 Evolution of the design

A number of different methods were used in this project (see Table 2). Initially, the project design had been conceived in the form of a pyramid structure, moving from a broad-based information gathering about the context of SLT services in Ireland (quantitative methods) to a more specific exploration of the experience of affected individuals (qualitative methods). Over the course of the project, the author's conception of the design evolved into a more symmetrical framework (as shown in Figure 1), based on the idea of adolescents with SLCN occupying different roles in different contexts, involving different stakeholders. The original design explains why the first two sets of data were collected using quantitative methods.

Table 2: Data collection methods used with different stakeholders

Stakeholder	Data Collection Method
1. **Speech and language therapists**	Online Survey
2. **Adolescents (generic sample)**	Online Survey
3. **Parents of adolescents with SLCN**	One-to-one semi-structured interviews
4. **Educators**	Focus groups
5. **Adolescents with SLCN**	Focus group using visual/participatory techniques

Each of these methods will be described in detail in the next chapter (Methods 2). In subsequent sections, each of the five stakeholder data collections will be referred to as a 'study' and will be numbered in the order used above. For instance, the online survey of SLTs will be Study 1, the online survey of adolescents will be Study 2 and so on. The term 'project' is being used to denote the overall research endeavour being reported in this thesis. One should note that Studies 1-5 were connected and carried out sequentially, with no attempt to isolate previous findings. At the same time, the available findings were used to inform subsequent studies. For example, insights from parental interviews were used during focus group discussions with educators. This reference system is primarily being used for ease of reference in the write-up. At the start of the next chapter, a more detailed breakdown will be provided in Table 3, using the numeration assigned to each study.

3.4 Use of Mixed Methods in research

A variety of data collection methods and data analysis was used in this project. The term 'Mixed Methods Research' (MMR) is often used to describe research designs which combine quantitative and qualitative methods (O'Cathain, 2009). MMR developed within a paradigm of pragmatism (Glogowska, 2011), that is, rather than adhering strictly to a qualitative/quantitative methodology, with their contrasting epistemological positions, MMR recognises that some designs are useful to address certain research questions, while other designs are useful to answer others.

Adopting mixed methods was viewed as the best approach in this project because:
(a) the area of study (SLCN in adolescence) is complex and multidimensional. The combination of methods allowed the researcher to delve into different complex phenomena without being restricted by the limitations of one type of research method. Mixed Methods Research recognises that humans are complex and so are their issues (Glogowska, 2011).

(b) combining methods allows for a more comprehensive approach to addressing research questions (Fetters, Curry, & Creswell, 2013; Glogowska, 2011; O'Cathain, Murphy, & Nicholl, 2007; O'Cathain, Nicholl, & Murphy, 2009), such as the type posed in this study.

(c) integrating methods, via triangulation, for example, facilitates the 'bigger picture' to emerge. Through the process of triangulation, findings can be combined and consolidated. Triangulation is defined as "a process of studying a problem using different methods to gain a more complete picture" (O'Cathain, Murphy, & Nicholl, 2010, p. 1147). The design of the project was intended to achieve 'complementary' data, which, when integrated, would provide more powerful results than the individual studies alone would.

Using MMR entailed certain challenges that need to be acknowledged. Firstly, the researcher was inexperienced in the use of mixed methods, which meant that more time and guidance was required to become familiar with its conventions. Secondly, greater attention had to be paid to ensuring that quality criteria for assessing the rigour of the research being carried out and its reporting would be applied equally across all methods used (O'Cathain, Murphy, & Nicholl, 2008). Thirdly, since all studies in the project were carried out by one researcher, care was needed to reduce the risk of diluting the methodological robustness of each individual study. The author believes that, through the use of quality criteria for each study (described in subsequent sections), a sufficient level of quality was maintained.

3.5 Use of proxy informants

The design of this project includes the contribution of participants as proxy informants to learn about the experiences of adolescents with SLCN (especially Study 3 - Parents and Study 4 - Educators). It is important to be aware of potential benefits and limitations of using proxy informants. These individuals can provide additional contextual information related to the adolescents themselves (e.g. what route was taken to access SLT services). As outlined in Section 3.1, the proxy informants who took part in this project were seen as 'stakeholders', rather than just informants. These individuals have an important role in the area of study due to their relationship/s with adolescents who have SLCN. Furthermore, the multidimensional nature of SLCN (detailed in Part 3 of the Literature Review) calls for an exploration which takes into account multiple perspectives, in order to shed light on as many of these dimensions as possible. Proxy informants may be able to convey information about SLCN more effectively than the adolescents, if they are not affected by SLCN.

One should note, however, some possible shortcomings in the use of proxy informants, as suggested by Saczynski, McManus, and Goldberg (2013). It is not a given that the views of the informant are the same as those of the adolescent with SLCN. For instance, a parent might believe that their son/daughter has never been victimised when, in fact, this might have occurred but was never disclosed to the parent. It may also be the case that the informants have greater awareness and understanding of some areas of functioning than other areas. For example, teachers might have a better sense of a student's learning and academic achievement than their understanding of their social interaction in/out of school. As outlined in the previous section, the use of MMR can help to triangulate information from proxy informants and can counteract some of the limitations mentioned here. The participation of adolescents with SLCN in Study 5 was intended to add further authenticity to the findings by making their voices heard in this project.

3.6 Personal influences

It is important to acknowledge the author's personal influences in this project in order to be transparent. Personal influences can lead to bias in the design of data collection measures and the interpretation of the data. The most prominent of these influences is the author's dual position as researcher and as an SLT. The author's full time occupation is that of an SLT, working in Ireland with a caseload that includes adolescents with SLCN. Thus, while this position may provide valuable insight and anecdotal evidence, it can also lead to biased views about service provision, service user and service provider attitudes and other related areas. Furthermore, the project was motivated by a desire for change and enhancement of services for adolescents with SLCN (see Section 1.1 Introduction). Such a motivation could be seen as a source of bias, given that there is an assumption, at some level, that there is room for improvement in the current provision of SLT services. This assumption may be reasonable but has not been scientifically tested. Therefore, the assumption should be acknowledged as a possible source of bias in the overall scheme of the project.

In order to minimise any unwanted impact on the quality of this project, the author's dual role was discussed regularly during meetings with the author's supervisor. These meetings were a good opportunity for reflection and discernment of which stances were objectively sound or inherently biased. Indeed, on numerous occasions the supervisor helped to clarify the differences between these stances. The supervision process was also useful to evaluate when this personal knowledge and experience was useful and conducive to the overall objectives of the project.

3.7 Ethical Approval

Each study was approved by the Research Ethics Committee of the School of Linguistic, Speech and Communication Sciences at the University of Dublin, Trinity College. A copy of the letter of approval for each study is included in APPENDIX 1. One study (Study 3) required additional approval from a Health Service Executive (HSE) Primary Care ethics committee, since the participants in the study were HSE service users who were recruited through HSE staff. A sample of ethics documentation is provided in Appendix 2. Any other ethical considerations will be reported in the method description of each study (Methods 2), as these considerations were too diverse to summarise here.

The next chapter will report the methods used in each study, together with background information about other studies that used similar methods or that had similar objectives. Measures to ensure quality and rigour will also be reported, together with any ethical considerations

CHAPTER 4: METHODS 2

This chapter details the methods used in each of the five studies that were part of this project. The methodology for each study is presented separately in sections throughout this chapter. Each section will contain the following information:

a) aim/s of the study

b) research question/s

c) method description and methodological background (how the study method relates to methods used in other studies)

d) recruitment procedure

e) ethical considerations

f) data analysis

g) measures of quality/rigour

A summary table is provided below to guide the reader (Table 3).

Table 3: Summary of methods used in Studies 1-5

	Participants	Recruitment Method	Data Collection	Data Analysis	Quality Measures
Study 1	SLTs (n=50)	Mailing list of SLT managers; Mailing list of IASLT	Online Survey	Descriptive statistics & qualitative evaluation of comments	Piloting, review of data and analysis (supervisor)
Study 2	Adolescents (generic sample) (n=91)	Mailing list of secondary schools; Personal contacts	Online Survey	Descriptive statistics & qualitative evaluation of comments	Piloting, review of data and analysis (supervisor)
Study 3	Parents of adolescents with SLCN (n=8)	Mailing list of SLT managers	One-to-one semi-structured interviews	Interpretative Phenomenological Analysis	Bracketing, use of Yardley's criteria (2000)
Study 4	Educators (teachers and special needs assistants (n=5, n=4, n=8)	Convenience sample via professional contacts	Focus group Interviews	Thematic Analysis	Transcript and coding review (supervisor), use of Braun & Clarke's (2006) 15 point checklist
Study 5	Adolescents with SLCN (n=5)	Convenience sample (direct contact with participant from study 4)	Focus group using visual/participatory techniques (Graffiti wall & Diamond ranking exercise)	Thematic Analysis	Transcript and coding review (supervisor)

4.1 Study 1: The role of the speech and language therapist with adolescents with SLCN attending secondary schools[11]

a) Aims

An online survey was distributed among speech and language therapists (SLTs) working in Ireland. The aim of the survey was to capture data about:

- current speech and language therapy (SLT) provision to adolescents
- the views of SLTs in relation to adolescent clients
- other factors that may influence provision of existing or potential services to adolescents

These aims led to the formulation of specific research questions for this study, as outlined below.

b) Research Question/s

(1) What is the level of engagement of adolescent service users with SLT services, based on their experience of SLTs?

(2) What are the views of SLTs about what would constitute an ideal service for existing or potential adolescent service users, if any?

c) Method and methodological background

The survey was created by the author on a specialised website (www.surveymonkey.com). The survey questions are reported in full in Appendix 3. This website is often used by researchers for survey administration. It offers a range of tools to facilitate the creation and administration of online surveys. Using an online survey format has numerous advantages. It allows for rapid and extensive distribution of the survey. Participants can fill in the survey anonymously on their personal computers. Postage and printing costs are minimised. The collection and synthesis of data is quicker and more precise, thanks to the tools provided on the website.

The survey was anonymous and care was taken not to request any identifying details. A short piloting phase[12] was held before the questions were finalised. The survey consisted of 18 questions and was intended to be brief, with an estimated completion time of 10 to 15 minutes. A mix of question types was used, including:

- eleven multiple-choice questions (e.g. Q7[13]: most likely type of contact with adolescents)
- three questions that required a numerical answer (e.g. Q5: total caseload size)

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[11] The title of each study is the same as those used in the Ethics documents in Appendix 1
[12] The piloting procedure is reported at the end of the section under *Measures of quality/rigour*
[13] 'Q' denotes question - e.g. Q1 refers to Question 1

- three questions that required rating a statement on a Likert scale (e.g. Q16: rating the attendance/reliability of adolescents' attendance)
- one final open-ended question that required a descriptive response for capturing any other information

With most questions, participants had the option to comment or add information wherever they felt the need.

The questions were targeted towards specific areas, including:

1. relevant factors reported in previous studies, particularly around reports that adolescents are underserved by SLT services (see Section 2.4.5). Questions aimed to find out information such as the number of adolescents on participants' caseloads, the types of settings in which they were seen, sources of referrals and the typical route followed by most adolescent clients (e.g. referral in adolescence versus referral in childhood).

2. other factors based on anecdotal evidence from the author's personal experience working as an SLT in Ireland. For example, these questions related to the impact of limited resources, attendance of SLT sessions by adolescent service users, adolescents' interest in receiving a service and the experience of liaising with secondary schools.

Similar surveys of SLTs were conducted by other researchers and the method appears to be used regularly, albeit on a larger scale. For instance, Hollands et al. (2005) surveyed 208 SLTs in Australia via a postal questionnaire that contained 34 questions. In this survey they asked participants about the nature and type of service provision they offered to adolescents. In the UK, Pring, Flood, Dodd, and Joffe (2012) conducted an online survey of 516 SLTs using the same website (www.surveymonkey.com). The part of the survey they reported in the cited paper contained 19 questions aimed at finding out information about SLTs' use of clinical time and working practices. Another UK study, which used a mixed-methods approach (Roulstone, Wren, et al., 2012), surveyed SLTs (n=541) about the nature of the interventions they offered to service users in different age-groups. While their survey was also carried out online, it was hosted on a dedicated website for the research project. The authors do not specify the number of questions included, since different question sets were administered to different categories of respondent.

d)   Recruitment procedure

A web link to the survey was circulated via email among SLTs working in Ireland.   The author made contact with the administrators of two mailing lists in order to obtain the widest circulation possible. These mailing lists were:

- a mailing list of an SLT-managers' group
- a members' mailing list of the Irish Association of Speech and Language Therapists (IASLT)

This method is frequently used to circulate such surveys among SLTs practising in Ireland. Both groups represent members from across the whole country and thus provide a broad distribution for the survey. The SLT-managers were requested to circulate the survey among the staff in their department. Similarly, the IASLT was requested to circulate the survey among its members. No deadline was set for completion of the survey.

e) Ethical considerations

No explicit consent was required, since this was an anonymous survey. Consent was implied by the respondents' participation. Participants were given the option to discontinue the survey at any stage.

f) Data analysis

The results of the survey were collected and analysed four months after sending the emails. Descriptive statistics of results were compiled, including measures of spread, central tendency (mean/mode) and distribution (normal/tail-end), where applicable. Microsoft Excel software was used to make all calculations. Where possible, a graphical representation of data was generated. No statistical tests were conducted as no hypotheses were being tested. In the case of open-ended questions, answers were listed in a text file and, as the amount of data was very small (less than one A4 page), a formal qualitative analysis was not suitable. However, key points were noted for later use in the presentation of results.

g) Measures of quality/rigour

The survey was piloted with two of the author's colleagues, to ensure that the wording of questions and instructions was clear. The author discussed the questions with these colleagues to confirm that the intended meaning of the questions was comprehensible. Minimal changes in wording were required. The piloting exercise also allowed the author to estimate how long it would take respondents to complete the survey.

4.2 Study 2: Communication skills in adolescence

a)   Aims

An online survey was carried out among a generic sample of adolescents in Ireland. The aim of the survey was to obtain an overview of the types of demands placed on adolescents' communication skills in challenging situations, such as negotiating with people in authority. The survey also sought their views, priorities and preferences with regard to communication and various communication skills, such as those involved in online social networking. These aims led to the formulation of specific research questions for this study, as outlined below. While there was an understanding that the majority of respondents would not have SLCN, the sample is described as generic because no measures were put in place to exclude individuals with SLCN from participation.

b)   Research Questions

(1) How do adolescents employ their communication skills in challenging situations?

(2) Which communication skills do adolescents rate as most important and what are their preferred forms of communication?

c)   Method and methodological background

An online survey was created by the author on the same specialised website mentioned in Study 1 above (www.surveymonkey.com). The survey questions are reported in full in APPENDIX 4. The choice of questions was broadly based on a previous study that examined which communication skills adolescents valued most in their peer relationships (see Henry, Reed, & McAllister, 1995, p. 272). Adaptations were made to include questions on social networking and communication skills that are linked to academic performance (e.g. comprehension of text, explaining ideas clearly). Questions on communication skills related to peer interaction and body language followed similar lines to those in Henry et al. (*ibid.*). However, the main objective in that study was to rank the communication skills in order of perceived importance as judged by adolescents, relative to each other. In the current study, communication skills were not ranked in terms of their importance by respondents. Instead, respondents were asked to say whether they felt certain communication skills were important or not.

The survey was completely anonymous. A short piloting phase[14] was carried out before question content was finalised. The survey consisted of 22 questions and was intended to be completed in less than 15 minutes. A mix of question types was used, including:

- two questions about the respondent's age and gender (Q1, Q2)
- five questions that required a 'yes-no' answer (e.g. Q6: *When you hang out with a group of friends, is it ok if you don't have something to say?*)
- eleven multiple-choice questions (e.g. Q8: *What is the best thing to do when you are slagged or teased?*)
- seven questions that required rating a statement on a Likert scale (e.g. Q10: importance of understanding the other person's point of view in conversation)
- two open-ended questions that required a descriptive response (e.g. Q4: one advantage and one disadvantage of social networking websites)

Participants were given the opportunity to comment on their responses where they felt this was appropriate.

The target population for this survey consisted of adolescents enrolled in Transition Year (TY)[15] in mainstream secondary schools. The average age of students in TY is 16 years old. The TY programme is substantially different from the curriculum taught in the other secondary school years, with a focus on personal development and social awareness (see section 2.4.3). Transition Year students are required to work in groups on various projects, including an entrepreneurship project (Jeffers, 2011). They obtain work experience in various settings and are exposed to community initiatives in different fields, such as volunteering with charities or disability services.

The scope of the survey seemed to fit with the nature of the programme followed in TY, since communication and interpersonal skills are among its objectives. The survey also included questions focused on skills like negotiation, conflict resolution and interpreting body language, all of which play a part in the projects that are included in the TY programme (Jeffers, 2011). The author envisaged that, if teachers wished, they could use the survey to generate learning points and group discussion that could lead to greater awareness of communication skills.

d) Recruitment procedure

An introductory email was sent to 45 mainstream secondary schools across the North Dublin area in an attempt to recruit 100 respondents or more. The North Dublin area is a large, densely

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[14] The piloting procedure is reported at the end of the section under *Measures of quality/rigour*
[15] An optional year-long programme at the start of Senior Cycle (see Section 2.4.3)

populated urban area that encompasses a range of schools of varying socio-economic status. The list of schools was obtained from the Department of Education website (www.education.ie). The email was addressed to the School Principal and it suggested nominating a teacher who would be able to liaise with the author. Only one school responded to the first wave of requests.

Follow-up emails were sent to schools after four weeks. No new responses were received after these follow up emails. Given the lack of success of recruitment via email, the author visited some schools in person. One school accepted the invitation to participate when this type of contact was made. The author also used his personal contacts in four secondary schools in the geographical area designated for the study. Two of these contacts facilitated the participation of another two schools.   While these steps were not originally intended, they were deemed necessary due to the poor initial response. As the author was contacting gatekeepers (not participants), these contacts were deemed to be within the ethical permission received for the study. In total, four schools responded to the request.

e)   Ethical considerations

Explicit consent was not sought, since this was an anonymous survey. Consent was implied by the respondents' participation. Participants were given the option to discontinue the survey at any stage. Parents were informed about the study through a letter. Consent from parents was not sought.

f)   Data analysis

The results of the survey were collected and analysed eight months after contacting schools for the first time. The author compiled descriptive statistics of results, including measures of spread, central tendency (mean/mode) and distribution (normal/tail-end), where applicable. Microsoft Excel software was used to make all calculations. Graphical representations of data were generated where possible. Since no hypotheses were being tested, no statistical tests were carried out. Descriptive data, from comments or open ended questions, was compiled. The amount of data was relatively small and easy to group together (e.g. the advantages and disadvantages of social media use fell into a limited number of topic categories). This descriptive data was not intended for formal qualitative analysis. Salient points were highlighted for inclusion in the presentation of results.

g)   Measures of quality/rigour

A brief piloting phase with three typically-developing adolescents was implemented to ensure that the wording of the questions was clear and that the estimated time for completion was

correct. The author discussed the questions with the adolescents after completing the survey to confirm that their understanding and impressions of the questions were in line with the intended targets of the survey. Some minor revisions were necessary after piloting.

4.3 Study 3: The experience of parents of adolescents with SLCN

a) Aims

A set of a set of semi-structured interviews was conducted with eight parents of adolescents who have SLCN. Previous studies in the project (Studies 1 and 2) used quantitative methods in the form of online surveys. This study constituted the main qualitative aspect of the project and sought to explore the experience of SLCN in adolescence in greater depth. The objective of the interviews was to explore the current and past experience of parenting a child with SLCN, paying particular attention to their interactions with educational and support services. It was also expected that through the parental accounts, insight into the experience of their son's/daughter's SLCN would be gained. These aims led to the formulation of the specific research question for this study, as outlined below.

b) Research Question

What is the participants' experience of parenting a child with SLCN? What are their perspectives on educational and support services to meet the needs of adolescents with SLCN?

c) Method and methodological background

A set of five open-ended questions was developed for the interview schedule. For example, two of the questions were: Q2: What is your experience of parenting an adolescent with speech, language or communication needs (now)? and Q3: What are the challenges you and your son/daughter face? Three of the questions had linked sub-questions to probe for further elaboration, if needed. For instance, the latter question (Q3) was linked to sub-questions about challenges in learning, taking examinations, independence, socialising and keeping friends. The interview schedule is presented in full in APPENDIX 5.

The questions were based on relevant areas that emerged in the literature review, such as the reported lack of services for adolescents in Ireland (see 2.4.1) and the reported impact of SLCN on academic achievement (2.3.4) and social interaction (2.3.5). Other questions asked parents which supports and resources they had found helpful and their views on what supports and services

would be like in an ideal world, based on literature that reports that good quality support was a major protective factor in adolescents' outcomes (2.3.8). The author consulted an academic colleague and a work colleague for a second-opinion on the relevance and wording of the questions. No changes were required to the wording.

d)   Recruitment procedure

A request for identifying potential participants was made to SLTs working in Ireland. Initially, an email was circulated via two mailing lists, namely those of the SLT-managers' group and the IASLT members, as was done in Study 1. The email to the SLT-managers requested circulation among the SLT staff in their departments.

The inclusion criteria stated that any parent of an adolescent who had a SLCN and was currently attending secondary school was eligible for participation. Participation was open to parents residing in any part of Ireland, irrespective of nationality, socio-economic status (SES) and level of education. No restrictions were made on the type or severity of SLCN. The study was open to parents of adolescents enrolled in any type of educational placement (mainstream school, special class attached to a mainstream school, special school). Participation was also open to parents of adolescents who attended SLT services in the past.

Table 4: Summary of inclusion criteria in Study 3 (Parental Interviews)

Summary of Inclusion Criteria
• parents of adolescents who have a SLCN and currently attending secondary school
• parents of adolescents who have a SLCN and attended SLT in the past
• no restrictions on parental place of residence, nationality, SES, level of education, adolescents' type of SLCN, adolescents' type of school placement

Any SLTs who identified potential participants sought their verbal consent to pass on their contact details to the author. An information leaflet and consent form were sent to potential participants by post. Consent forms were returned to a gatekeeper appointed for the study. The author contacted each participant by phone to arrange a date and venue for the interview.

Several SLTs showed an initial interest in facilitating recruitment but not all of them followed up on the offer. Fifteen potential participants were identified. Of these, eight participants returned consent forms to the gatekeeper. The participants were recruited through six different SLTs, ensuring there was significant diversity in the group.

All the interviews were held in a place of convenience for the participant. All the interviews were recorded using two digital audio recorders (SONY ICD-PX333), one of which served as a backup device. The author made notes and observations after each interview, detailing the context of the interview, any additional observations and any personal feelings or reactions during the interview. These notes were kept in a research diary and later typed up on the author's personal computer in an anonymised format. A sample of a page from this diary (related to Study 4) is presented in Appendix 10 - B.

The audio recordings were transcribed at a later stage and all data was stored securely, with no identifying or sensitive information included.

Each participant was offered the opportunity to request a copy of the interview transcript, although none did. No follow-up interviews were deemed necessary.

e)   Ethical considerations

Verbal consent was sought at the start of each interview, confirming that the participant understood what was involved and that they could withdraw from the study if they wished. The author reiterated that the interviews were confidential, as stated on the written documentation provided to each participant prior to the study. Furthermore, the author explained to all participants that, during the interview, his role would be that of a researcher, rather than an SLT. Participants were told that the researcher's role was to ask questions and listen and that there were no right or wrong answers.

f)   Data analysis

This study (Study 3) generated the largest data set in this project and required the greatest data analysis. This section will therefore be presented in greater detail than Studies 1 and 2. The chosen approach for data analysis in this study was Interpretative Phenomenological Analysis (IPA), as described by J. Smith et al. (2009).

- What is Interpretative Phenomenological Analysis (IPA)?

Interpretative Phenomenological Analysis is a recently developed approach to qualitative research in the field of psychology. It became prominent in the mid-1990s, following the publication of a seminal paper by Jonathan Smith (1996). In this paper, Smith argued for a new approach to psychology that could bridge the gap between qualitative research and the more traditional positivist, experimental approaches (J. Smith et al., 2009). The IPA approach is founded on older philosophical perspectives that underlie a broad range of phenomenological approaches. The

works of Husserl, Sartre, Merleau-Ponty and Heidegger are the principal influences on phenomenological research (J. Smith et al., 2009). Interpretative Phenomenological Analysis can be linked to three main philosophical traditions: phenomenology, hermeneutics and idiography (J. Smith, 2011). This analytic method studies the *lived experience* of people and their ways of making sense of these experiences (phenomenology). The researcher is inextricably involved in interpreting the participant's sense-making endeavours, meaning that there are two layers of interpretation (known as double hermeneutics). Researchers who use IPA are interested in exploring each case in itself, a person's experience within their own context (idiography).

- Use of IPA in previous SLT studies

Several research studies in the field of SLT have employed IPA as an analytic method. For instance, studies on stuttering (Bricker-Katz, Lincoln, & Cumming, 2013; Leahy, O'Dwyer, & Ryan, 2012; Weingarten, 2012), aphasia/stroke (K. Brown, Worrall, Davidson, & Howe, 2012; Edwards, 2012), hearing impairment (Hilton, Jones, Harmon, & Cropper, 2013; Pálsdóttir, 2009) and developmental language disorder (DLD) (Hambly, 2014). Studies of a more generic nature, such as parental involvement in the therapeutic process (Finley, 2012) and the therapeutic relationship from the eyes of the child (Fourie, Crowley, & Oliviera, 2011) also used IPA. The goals of these studies can be summarized broadly into three aims:

- to develop a deeper understanding of a phenomenon, within a particular context
- to present the voice of the service user, with a view to evaluating and improving a service
- to demonstrate the usefulness of particular technique

These aims are explained briefly below, in the context of examples from the studies they were used in.

Firstly, studies were conducted *to develop a deeper understanding of a phenomenon, within a particular context*. Being specific about the nature of the phenomenon *within a particular context* of relationships, psychosocial factors and other factors is important. For instance, Hilton et al. (2013) interviewed adolescents who had received a second cochlear implant and discussed the adolescents' experiences and sense-making of identity development.

The second aim of such studies using IPA was to *present the voice of the service user, with a view to evaluating and improving a service*. Two of these studies were in the field of stroke/aphasia care (K. Brown et al., 2012; Edwards, 2012).

The third aim, that of *demonstrating the usefulness of a particular technique* was used in Leahy et al. (2012). These researchers used IPA in a case study used *to* evaluate Narrative Therapy with

persons who stutter. This was the only study that explicitly stated the goal of evaluating a therapy approach.

Authors of previous studies provide a variety of rationales for choosing IPA. Some researchers claimed that IPA is suitable for presenting multiple perspectives on the phenomena being studied. For instance, both Hambly (2014) and Brown et al. (2012) used this multiple-perspective approach very effectively and gained a well-rounded, holistic view of the lived experience of DLD and aphasia respectively. Similarly, IPA emerged as an approach that can capture the breadth and complexity of multi-faceted conditions (e.g. Bricker-Katz et al., 2013; Pálsdóttir, 2009), while affording researchers flexibility in its methods of data collection (e.g. Fourie et al., 2011; Hambly, 2014).

- Rationale for choosing IPA as an approach for this study and possible drawbacks

Various key characteristics were identified by the author that justified the choice of IPA as the method of data analysis in this study. A range of qualitative methods were considered for the studies in this project which deal directly with service users in order to focus on individual cases, rather than general trends. By choosing IPA, which is informed by idiography, each case could be studied in its own context. The IPA approach places importance on the uniqueness of each case, valuing any aspects which may not be in line with the perceived 'norms' of the experience of parenting adolescents with SLCN. In this sense, IPA differs from other phenomenological approaches, such as that of Giorgi (1997). IPA highlights both convergence and divergence in the data, whereas Giorgi's approach emphasises the commonalities between participants' accounts (Pringle, Drummond, McLafferty, & Hendry, 2011). One should also note the difference between IPA and other approaches, such as Grounded Theory (e.g. Charmaz, 2006), which use larger participant samples. In the IPA approach, a smaller number of participants is typically recruited, with a greater level of depth pursued in the analysis of each participant's account. The smaller participant group can entail a potential shortcoming of IPA when it comes to informing theory (*ibid.*). However, while the proponents of IPA claim that it can contribute to theory development, they say that this is done *cautiously* (J. Smith et al., 2009). In other words, the contribution to theory needs to take into account the limitations posed by sample size and the sampling procedure, which seeks to obtain a fairly homogenous participant sample (*ibid.*).

Secondly, since IPA is an interpretative endeavour, it had the potential to reveal how participants were making sense of their experiences of parenting an adolescent with SLCN. In the author's experience, such reflection is rarely pursued in any great depth in the clinical practices of SLTs and the day-to-day interactions of the SLT process. By choosing IPA, attention was directed to the

voice of the parents, who are an important part of the service user group of SLT. There is a second level of interpretation involved in this process, namely the researcher trying to make sense of the participants' experiences and sense-making of same. The role of the IPA researcher as a key part of the sense-making process was appealing, as it highlights the active role of the researcher. This role however brings up the issue of preconceptions and the influence of the researcher's background and own experiences. One of the criticisms of IPA is the influence of prior knowledge on the interpretative process and how effective the use of bracketing is (Finlay, 2011). Coming from an SLT background is desirable in some ways, as it means that there is a sensitivity to the participants' experiences and interpretation. On the other hand, having preconceptions is more likely and therefore, there is a greater need to be transparent and aware of any preconceptions as much as possible, as suggested by J. Smith et al. (2009). They also stress the importance of adhering to the sequence of steps described in their method, in order to obtain the necessary level of rigour in the data analysis. The bracketing procedures used in this study will be described under *Measures of quality/rigour* below.

Finally, IPA was chosen because it suited the multifaceted nature of the area of study. Similar to some previous studies in SLT that have used IPA, the area of SLCN in adolescence is complex, with many factors that need to be considered. The developmental stage of adolescence, in itself, is multifaceted. The same can be said about the experience of parenting. It was envisaged that the interview data would capture a range of facets, such as educational, social and vocational factors. One consideration in this regard is how these multiple facets of experience are conveyed, that is, mostly through language used by participants in interviews. Compared to other analytic approaches, IPA has been criticised for not giving sufficient importance to the role of language in conveying these experiences (Willig, 2013). While language use is not a primary concern of IPA, the method nonetheless recognises that experience is conveyed through language and emphasises the need to ground themes and subthemes in the participants' own words, through the use of transcript excerpts wherever possible (J. Smith et al., 2009)

- How the analysis was carried out

The steps recommended by J. Smith et al. (2009) were followed in analysing the data of Study 3. The author listened to and transcribed all the interviews. The transcription process presented a good opportunity for familiarisation with the data and to 'hear the voice' of each participant.

For each interview, a hard copy of the transcript was first read a number of times to allow fuller engagement with the data. The author noted his initial reactions and thoughts (discussed later under *Measures of quality/rigour*). Exploratory notes were made freely during initial readings and

handwritten on the hard copy. Between subsequent re-readings, these notes were typed up and more explicitly labelled as 'descriptive, linguistic or conceptual' comments (J. Smith et al., 2009, p. 84) to inform later phases of analysis.

During the next stage of analysis, exploratory comments were analysed for emergent themes. As before, these were made quite tentatively at first. During subsequent readings, the author was able to evaluate how emergent themes for particular chunks of text related to the whole interview. For instance, a later/earlier point may have appeared contradictory and required further analysis to confirm whether this apparent contradiction was faithful to the participant's sense-making. Any revisions or new themes were added and typed up on the author's electronic copy of the transcript.

Once these steps had been carried out for all eight interviews, a list of emergent themes for all interviews was printed. For each interview annotations were made of every instance where the theme occurred in the interview transcript. The author then examined the tables of themes and looked for initial connections between themes across interviews. Colour coding was used on the hard copies to facilitate the process of grouping themes. New documents were created for each grouped theme. These documents stated the theme and all the places where it occurred in the data. In the new documents, the wording of some themes was revised for greater consistency, if the same themes were being expressed through different wording. Care was taken not strip the themes of any meaningful differences between them.

The final step was the development of superordinate themes. After an eyeball examination of the compiled list of themes, tentative overall themes were written on blank sheets of paper and spread across a large table. Emergent themes were handwritten under one or multiple superordinate themes (some themes fitted more than one superordinate theme). Grouping the themes together enabled the author to modify or adjust the superordinate themes or create new ones. A master table of themes and superordinate themes was created to guide the writing up of the results.

g) Measures of quality/rigour

The aim of this study was to explore the experiences of adolescents with SLCN, as perceived by their parents. By taking this approach, the author hoped to give prominence to the voice of service users in the wider research project. There was a risk that the author's background as an SLT, both from a work and academic perspective, could emerge as a dominant voice in this project. Bracketing procedures were used to make this 'voice' distinct from the voice of the

service user. Comments and thoughts were recorded in the author's research diary. For example, the author noted that some participants may have experienced SLCN themselves. He also noted his own 'defensive' feelings when participants complained about service provision. Using the bracketing technique was useful to make these thoughts explicit and reduce any unwanted influence on the analysis.

Each analysed interview transcript was checked by the author's academic supervisor. As a result of this process, the supervisor pointed out some additional comments or themes that could add to the richness of the analysis. In particular, linguistic comments (e.g. presence of emphasis, repetition etc. in participants' accounts) were suggested for consideration. Later stages of analysis were also reviewed and discussed in supervision.

An independent audit would have been desirable but was not carried out due to the large volume of data and time pressure. J. Smith et al. (2009) recommend the use of a set of four criteria proposed by Yardley (2000, as cited in J. Smith et al., 2009) to assess the quality of a study using qualitative methodology. These criteria are *sensitivity to context*, *commitment and rigour*, *transparency and coherence* and *impact and importance*. A summary of the measures taken to adhere to these criteria is provided in the table below (Table 5).

Table 5: Measures taken in Study 3 to enhance the quality and rigour of the study

Criteria	Measures taken in this study
Sensitivity to context	• Author familiar with the area of study and literature before interviews were carried out • Choice of IPA as a method to emphasise unique aspects of individual experience (idiographic) • Showing sensitivity in organising and conducting interviews (e.g. meeting in a place chosen by participant, showing empathy during the interview) • Showing sensitivity to the data. Claims and observations made in the write up are backed up by extracts from the data.
Commitment and rigour	• The author engaged in meticulous preparation for interviews (e.g. knowing the interview schedule, having necessary equipment and documentation, being punctual) • Interviews were conducted with care and attention, being guided by the participant (e.g. the pace and duration of the interview) and using the interview schedule flexibly • Transcription and analysis were allocated the necessary time for multiple reviews of the data to make the processes thorough and exhaustive
Transparency and coherence	• The method used in the study was that advocated by Smith et al. (2009) and is described here in detail • Coherence between the write up and the overall aims of the project were reviewed by the author and his research supervisor • The ontological and epistemological position of the author have been stated openly in the previous chapter (see Methods 1, Section 3.2)
Impact and importance	• The write up appears to present significant and important claims about the experience of parents and adolescents with SLCN

4.4 Study 4: What is the experience of teachers working with secondary school students with SLCN? A focus group study

a) Aims

The fourth study consisted of three focus groups, with secondary school educators as the main informants. The aim of these focus groups was to gain insight into the experience of educating adolescents with SLCN. Participants were also asked about their views on the challenges faced by these adolescents and what elements could improve their school experience and lead to successful outcomes. These aims led to the formulation of two specific research questions for this study, as outlined below.

b) Research Questions

(1) What are educators' experiences of working with adolescents with SLCN?

(2) What factors do they consider important for improving the adolescents' school experience?

c) Method and methodological background

A set of four warm-up questions and six probe questions was developed for the focus groups. The warm-up questions were factual in nature and the probe questions were open-ended and exploratory. For example, some of the warm-up questions were *What does your current role entail?* and *How often would you come across students with SLCN?*. Examples of the probe questions include *How would you describe the learning needs of students with SLCN?* and *Are you aware of any other impact that SLCN may have on these students?*. The complete set of questions is included in APPENDIX 6.

The author sought a second-opinion from an academic colleague and a secondary school teacher on the wording and content of the questions to ensure that they were appropriate and relevant. The questions were based on the main themes highlighted in the literature about the experience of students with SLCN at secondary school level. For example, questions about the additional learning needs experienced by students with SLCN, the impact of SLCN on other areas of functioning (such as social interaction) and the types of supports that these students might find helpful.

d) Recruitment procedure

The three groups of participants were recruited from three different schools, using convenience sampling. The author used professional contacts to identify potential schools for participation. Letters were sent out to school principals requesting permission to carry out the study. The

author subsequently got in touch directly with his contacts to ensure a timely follow up to the invitation letter sent to the school principal. Convenience sampling was deemed to be an appropriate method of recruitment, given that potential participants were not vulnerable individuals and knew the author in a professional capacity. Since the wider recruitment attempts in Study 2 via emails sent to secondary schools had a very poor response, they were not attempted here. Once the school principal agreed to the study, they appointed a teacher to act as a link person. In all three cases, the teacher was the same person that the author had made contact with initially. The link persons were all involved in special educational teaching in their respective schools. The link person in each school disseminated information about the project and distributed consent forms to other school staff who were involved in special education (i.e. special education teachers and special needs assistants [SNAs][16]) and acted as gatekeeper. The link person arranged a date that was convenient to participants. All three focus groups were held within the respective schools, during school hours and at one of the time slots that was normally allocated for a weekly meeting between teachers working in special education within the school. Hence, the duration of the group was bound by the length of this time slot (circa 35 minutes), although in some cases the focus group ran slightly longer.

The author circulated the probe questions through the link person in each school, prior to the sessions. The focus group sessions were recorded on two digital-audio recorders (SONY ICD-PX333), one of which served as a backup device. The author noted details about the context of the interview, such as the number of participants, start and end time and any additional observations. Any reactions or feelings experienced by the author during/after the focus groups were also noted. These notes were held in a research diary and then transferred to the author's personal computer in an anonymised format.

As an incentive for participation, the author offered to deliver a training presentation on techniques for supporting students with SLCN to the schools that participated. All three schools that participated in the focus group study availed of the training opportunity. In the first two schools, the presentation was delivered at a later date. In the third school, the presentation followed immediately after the conclusion of the focus group session, due to difficulties finding a suitable later date.

The audio recordings were transcribed at a later stage and all data was stored securely, with no identifying or sensitive information included. Each participant was offered the opportunity to

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[16] These educators would generally have more frequent contact with students with diagnosed SLCN. Most resource teachers are involved in both mainstream and special education teaching. See section 2.4.3 for more information about the roles of resource teachers and SNAs.

request a copy of the interview transcript, although none did. No follow-up focus group sessions were deemed necessary.

e) Ethical considerations

The author provided a verbal overview of the aims of the study at the start of the focus group session. Consent to participation was confirmed verbally at the start of each focus group, and participants were reminded that they could withdraw from the study if they wished. The author highlighted the confidential nature of the focus group, as stated on the participant information leaflets provided to each participant prior to the study. It was explained that any identifying or sensitive information would not be included in the transcript. However, other participants would be aware of any views expressed during the group. Participants were told that they would be able to request a copy of the transcript at a later stage and could ask for removal of any extracts involving them that they were not comfortable with. The role of the author as researcher, rather than an SLT, was explained. It was stated that the participants were the 'experts' on the topics being explored and the author's role was to gather information on their views and experiences on these topics.

f) Data analysis

The focus group data was analysed using Thematic Analysis (TA), as described by Braun and Clarke (2006).

- What is Thematic Analysis (TA)?

In the words of Braun and Clarke, "Thematic Analysis is a method for identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79). Various proponents of the method have developed different procedures to carry out TA (e.g. Attride-Stirling, 2001; Tuckett, 2005). Braun and Clarke (2006) emphasise the active role of the researcher, who engages with the data, highlighting and reporting patterns and themes that are salient and interesting. While stating that TA is not 'wedded' to any one epistemological position, they recommend that authors are explicit about their theoretical framework and underlying beliefs for greater transparency and trustworthiness.

- Use of TA in previous studies

Several studies in the field of SLT have used TA, including studies conducted in Ireland. The flexibility of the method can be seen in the range of areas for which it was employed. McCurtin and Carter (2015) used TA to study focus group data on the use of evidence and clinical decision-making by SLTs. Another Irish study (O'Toole & Hickey, 2013) analysed interview data from SLTs

and psychologists dealing with the diagnosis of DLD in bilingual children. Miao, Power, and

O'Halloran (2015) sought to gain an understanding of 'barriers and facilitators' of SLTs'

implementation of national stroke management guidelines in Australia. Similarly, McKean et al.

(2017) studied barriers and facilitators between SLTs and other professionals working with

children with SLCN in England. Interview data was analysed by Ferguson and Spence (2012) to

explore SLTs' views on health promotion and how it related to their role. The range of theoretical

and practical issues that TA is used for provides good evidence of the flexibility of the approach.

This flexibility was key in the rationale for using TA in the current study.

- Rationale for use in this study

The data collected in the three focus groups contained a broad range of content that included

participants' experience and theoretical insights. Hence, a flexible method that could be used for

both practical and theoretical data was highly important. Other advantages of TA that were

considered were that the method is quick and easy to learn (Braun & Clarke, 2006) and can be

used to capture important features of large sets of data, including insights that were not

anticipated (*ibid.*). An alternative TA approach (Attride-Stirling, 2001) was also considered. The

thematic networks approach did not fit as well with the author's preferences for presentation of

results and was thus ruled out.

- How the analysis was carried out

The six phases recommended by Braun and Clarke (2006) were followed in the analysis. The

author listened to and transcribed the three recordings and read each transcript several times.

After the author became sufficiently familiar with the entire data set, initial codes were generated

by the author on a hard copy of the transcripts. These codes were then typed up on the

electronic version of the transcript. Using blank sheets of paper, some of the frequently occurring

codes were handwritten and grouped into tentative themes. Codes which did not fit easily into

themes were grouped in a miscellaneous page. The emergent themes were then typed into the

transcript and checked for consistency with the codes and data extracts. Following the

adjustments made during this process, a thematic map was produced, showing the major themes

and linked subthemes. A separate document was produced showing where each subtheme

occurred to facilitate access to data extracts that informed the write up of the study.

g) Measures of quality/rigour

Braun and Clarke (2006) provide a detailed fifteen-point checklist of criteria to ensure that a TA

study is of good quality. Some of the main criteria which were met in this study are reproduced in

the table below (Table 6). The entire list of criteria is not being reported to keep this write up concise.

Table 6: Criteria for good Thematic Analysis (adapted from Braun & Clarke, 2006)

Criteria for quality and how they were met in this study
Detailed and accurate transcription took place over several cycles of transcription, listening to the original audio clips and re-reading of transcripts
Steps were applied consistently across all three transcripts
A broad and comprehensive range of extracts was used to inform each theme
All occurrences and extracts were documented systematically
Themes were checked for consistency with the original text and against each other in the thematic map
Themes were defined to ensure that they were distinct from each other and consistent across different occurrences
Each step of the process was conducted systematically and comprehensively, without any attempts at taking shortcuts
The write up contains a balance between the author's analytic account and participants' extracts that illustrate the emergent themes
The write up of the study is intended to be as consistent as possible with the stated ontological/epistemological position of the project. This consistency was attempted by reporting participants' experiences and views and showing where they made sense of them in similar or dissimilar ways

4.5 Study 5: The experience of adolescents with SLCN

a)   Aims

The fifth and final study in this project was carried out with adolescents with SLCN. The aim of this focus group was to explore the experiences of a small group of adolescents with SLCN, particularly in the social, communicative and learning domains. The study also sought their views on important adolescent issues, such as relationships, academic success and independence. Research questions based on these aims were formulated as outlined below.

b)   Research Questions

(1) How do adolescents with SLCN define and describe their social, communicative and learning experiences?

(2) What are the perceptions of adolescents with SLCN with respect to the importance of relationships, academic success and independence, now and for the future?

c)   Method and methodological background

The focus group employed two visual/participatory methods, namely the Graffiti Wall method and the Diamond Ranking exercise (O'Kane, 2008). The Graffiti Wall exercise can take different forms. Participants are provided with stimulus materials (e.g. pictures, statements, videos) to elicit their views or experiences of the phenomena being studied. They are then encouraged to respond to these stimuli by contributing 'graffiti' onto a 'wall'. The graffiti can consist of drawings, writing or objects, while the wall can be a whiteboard, a large sheet of paper, a flip-chart or any similar large, blank item (including an actual wall). The idea is to elicit a range of views which are not restricted by space or other constraints (e.g. the format of a questionnaire).

The Diamond Ranking exercise involves the ranking of 'statements' (normally nine) in order of importance. A small group of participants is given a set of statements. They discuss these statements and decide how to rank them. The ranking exercise is carried out by placing the statements in a pre-set pattern of a diamond. The most important statement is placed at the top. Two statements of equal importance are placed at the second level. Three statements are placed in the third and middle level (the widest part of the diamond). The order of importance continues to decrease, with two more statements on the fourth level and one last statement at the bottom of the diamond (fifth level). The value of this task is the discussion it generates between participants when they are deciding how to rank the statements.

The rationale for using these participatory methods was to offer participants a variety of ways to express themselves, including visual methods (e.g. drawing, writing, use of colour) as well as verbal expression. It was expected that these methods would be conducive to greater sharing and discussion than traditional qualitative interviewing, which relies heavily on language skills.

Including the voices of young people in research is important, especially where policy and programme development that concern them are involved (Liebenberg, 2017). McLeod (2011) uses the International Classification of Functioning Disability and Health: Children and Youth Version framework (ICF-CY, World Health Organization, 2007) as the theoretical context for consulting adolescents. She states that:

> Specifically, the International Classification of Functioning Disability and Health: Children and Youth Version (ICF-CY, WHO, 2007) defines several domains for considering the health and wellness of children with the goal of full participation in society... the views of children, young people and their parents must be consulted to incorporate the domains of Activities and Participation, Environmental and Personal Factors within speech and language therapy practice. (McLeod, 2011, p. 28)

The Graffiti Wall method and Diamond Ranking exercise (O'Kane, 2008) have been employed by several researchers in SLT. Hill et al. (2016) applied these methods and found that children with multiple and complex needs attending special schools could be included in participatory research using these methods. The importance of good planning and using more than one technique was highlighted by Coad and Hambly (2011). A large-scale consultation study with children and young people with SLCN used a range of visual methods to learn about their 'preferred outcomes' in life (Roulstone, Coad, et al., 2012). If used judiciously, these methods appear to be useful ways of exploring the voices of young people with SLCN in an open and non-prescriptive way.

The focus group was held in the students' school on a regular school day. Five students took part (details of the recruitment method are presented under the next heading). The session was carried out in the participants' school, in a spacious and quiet room. Two consecutive school periods of 35 minutes each were allocated for the focus group session, resulting in a 70 minute total time slot. The author led out on the session, with the assistance of a teacher from the school. Prior to the session, it was agreed that the author would be the main facilitator of the session, although the teacher would be able to contribute when she felt it was relevant (more details on the teacher's role are given under 'Ethical Considerations').

The session started with a warm-up exercise, intended to help the author establish a rapport with the participants and create a friendly atmosphere. The exercise consisted of a turn-taking activity, where each participant introduced themselves by saying their name and something about one of their interests. When each participant had taken their turn, they were given a second turn to recall what the person to their right had said. For example, *'The person beside me is Mark, he is 15 years old and he loves video games, especially car racing games'*. This exercise was followed by an icebreaker task, where a set of prompt cards prepared by the researcher was used to generate discussion. Each participant took a turn to choose a card and say something about it. The cards consisted of a photo and a quote (a 'meme') that was either humorous or controversial. The quotes were taken from famous persons in the public arena, such as Donald Trump (President of the United States) and Kanye West (a rap singer). A sample of the cards is included in Appendix 8-D.

After the warm up exercise, the author explained the subsequent tasks and invited participants to suggest ground rules that they thought would be useful. Following a short discussion, five key rules were agreed and listed on a large sheet of paper. These included listening and respecting each other. The author left the ground rules on display on a desk in the room.

Once the ground rules had been established, the Graffiti Wall was set up. The physical setup consisted of three large A1 boards that were positioned vertically. Each board contained two statements/questions (see Appendix 8 - A for images). The author explained that participants were allowed to write, draw or contribute in any way they thought appropriate. Sticky note pads in a variety of colours were provided, together with a range of writing instruments (ballpoint pens, felt tip pens and coloured markers) of different colours to suit different preferences. Participants were told that they were free to contribute on sticky notes or directly onto the boards. They were also informed that they could include both 'good things' and 'bad things' about each prompt. They were encouraged to be creative in their contributions. The three statements were:

- What is it like to be ... (me)?
- Life as a student... / What I think of school
- My hopes for the future... / If I could change something in my life, I would change...

The author allocated 20 minutes to this task. Participants were invited to comment on their contributions. The discussion was recorded using two digital audio recorders (SONY ICD-PX333) and brief notes were made immediately after the session by the author.

When the task reached a natural end (i.e. there were no further contributions to the discussion), the Diamond Ranking exercise was set up, while participants were given a short break. Two groups of participants were formed. Each group was given a set of nine statements, which they were asked to rank in order of importance. The statements were printed on cards and related to a range of areas: school, social life and friendships, independence and autonomy. For example, a statement related to social life and friendships was *'To spend time/go out with my friends'*. Each card contained both the statement and a related image to support comprehension and recall of the statement. A large board with nine 'places' for each of the statements was given to each group. The nine positions were arranged in the shape of a diamond, meaning that certain statements could be rated as having the same importance. The statement strips had velcro material attached on the reverse side, which meant that they could be placed easily in any of the nine possible places without falling or moving out of place. Participants were asked to rank the statements as a group, from the most important (at the top of the diamond) to the least important (at the bottom of the diamond). The two groups were given a different set of statements, although the themes were similar. The statements can be seen in APPENDIX 7.

When each group had finished their ranking, participants were invited to give reasons for their choices, especially about the most/least important ranking, in a group discussion with all participants present. Participants were encouraged to comment and express their thoughts about their own, as well as the other group's choices. The discussion was facilitated by the author and the teacher and audio-recorded, as with the previous exercise.

The session lasted approximately 50 minutes. The Graffiti Wall and Diamond Ranking charts were photographed at the end of the session, in case any information was lost or displaced during transportation of the boards. The boards were placed in a large bag and transported to the author's home without making any changes to their composition.

d)   Recruitment procedure

A convenience sample was recruited through a teacher who had participated in Study 4. The teacher, who knew participants and their parents well, acted as gatekeeper. Five participants returned consent forms to the teacher and took part in the study.

e)   Ethical considerations

Since participants were a vulnerable group, having a trusted person (the teacher) as gatekeeper was important. None of the participants had met the researcher before. The teacher was present

in the group session to help participants feel at ease. The teacher also provided supervision and support during the tasks themselves and contributed to the flow of the group discussion.

At the start of the session, the author explained the nature of the session using clear language and avoiding technical jargon. Participants were told that the study was confidential and that they could withdraw from the study at any point if they wished. They were also informed that they could speak to their teachers or parents if they had any concerns about the study.

The author was careful not to influence participants' content when they required support, providing only information about the process. None of the participants appeared to be distressed or nervous at any point during the session. The author gave each participant a token of appreciation at the end of the session. The token was a cinema voucher with a value of €10 that could be redeemed at a local cinema. The teacher who helped in the organisation had arranged refreshments for participants following the activities.

f) Data analysis

The audio recordings were transcribed by the author and analysed using Thematic Analysis, as described by Braun and Clarke (2006). The visual content of both the Graffiti Wall and the Diamond Ranking exercise was analysed systematically, also using TA. The photographs of the boards were catalogued by first labelling each item on each board (see APPENDIX 8 - A) using text boxes and connecting lines in the Microsoft Word software. Then, a table was compiled that included a description of the content (words, drawings) and visual elements (e.g. colour used, type of script, size). This procedure was done as systematically as possible. The table is included in Appendix 8-B.

Both the audio recording transcript and the table of visual content were coded using Braun and Clarke's (2006) six step procedure. The flexibility of TA was useful in its application to the different types of data. Themes and linked subthemes were identified and all their occurrences were recorded for use in the write up of the study.

g) Measures of quality/rigour

Several steps were taken to ensure that the study, although small, would be of high quality and sufficient rigour. These steps are outlined in the table below (Table 7).

Table 7: Measures of quality and rigour in Study 5

Steps taken to ensure quality and rigour
Several measures put in place to ensure adherence to ethical principles, given the vulnerable nature of participants (e.g. presence of a trusted person, choice of familiar venue)
Use of *visual* methods supported participation of students with SLCN (less reliance on spoken language in data collection)
Availability of a range of artistic materials, appropriate to the adolescent age group and in line with the scope of the session and available time
Systematic transcription/recording of all available content (audio, visual)
Review of coding and thematic development by research supervisor

Summary of Methods 1 and 2

The two Methods chapters have outlined the overall design of this project which is based around the principle of adolescent roles in the different contexts of their life, namely in their families, in school, with their peers and in SLT. Five studies were designed to collect data from five groups of stakeholders in the area of SLCN in adolescence. A variety of methods was used for data collection and data analysis in these studies. The data collection methods were two online surveys (with SLTs and a generic sample of adolescents), one-to-one semi-structured interviews (with parents of adolescents with SLCN), three focus groups (with educators) and one focus group using visual/participatory methods (with a group of adolescents with SLCN). A table summarising the research questions, methods and participants in each study is provided below (Table 8).

The principal analytic methods chosen were Interpretative Phenomenological Analysis (J. Smith et al., 2009) and Thematic Analysis (Braun & Clarke, 2006). Measures of quality and rigour applied in each of the five studies were also presented.

Table 8: Summary of research questions

Study	Research Questions
Overall Research Questions	**Main Research Question:** What are the social, communicative and learning experiences of adolescents with SLCN, as perceived by those closest to them and by the adolescents themselves? **Secondary Research Question:** How can speech and language therapists meet the needs of adolescents with SLCN holistically, with these social, communicative and learning experiences in mind?
Study 1 - online survey - SLTs	(1) What is the level of engagement of adolescent service users with SLT services, based on the experience of SLTs? (2) What are the views of SLTs about what would constitute an ideal service for existing or potential adolescent service users, if any?
Study 2 - online survey - generic adolescent sample	(1) How do adolescents employ their communication skills in challenging situations? (2) Which communication skills do adolescents rate as most important and what are their preferred forms of communication?
Study 3 - 1 to 1 interviews - parents of adolescents with SLCN	What is the participants' experience of parenting a child with SLCN? What are their perspectives on educational and support services to meet the needs of adolescents with SLCN?
Study 4 - focus groups - educators	(1) What are educators' experiences of working with adolescents with SLCN? (2) What factors do they consider important for improving the adolescents' school experience?
Study 5 - focus group (visual/ participatory methods) - Adolescents with SLCN	(1) How do adolescents with SLCN define and describe their social, communicative and learning experiences? (2) What are the perceptions of adolescents with SLCN with respect to the importance of relationships, academic success and independence, now and for the future?

CHAPTER 5: RESULTS 1

This chapter presents the results of Study 1, *The role of the speech and language therapist with adolescents with SLCN attending secondary schools*. This was the first of five studies in this project and consisted of an online survey conducted with speech and language therapists (SLTs) working in Ireland. The aim of the survey was to capture data about current SLT provision to adolescents, the views of SLTs in relation to adolescent clients and information about any other factors that may influence provision of existing or potential services to adolescents. For a description of the methodology employed in this part of the study, please refer to Methods 2.

5.1 Participants

Fifty participants (*n*=50) took part in this survey. All participants were SLTs who were practising at the time of the survey. There were 32 participants who completed the survey in full, while another 18 participants responded to the survey but did not complete all the questions. The results reported in this section will include all responses provided (i.e. 32 or more, where more than 32 answered the question) and will be expressed as percentages for ease of comparison.

Results are presented using descriptive statistics, as no specific hypotheses were being tested. Measures of spread and central tendency are provided, where appropriate.

The survey questions are provided in full in APPENDIX 3, together with any additional information provided to participants. For example, participants were provided with explanatory information about terms used to classify service user status on waiting lists (e.g. current, waitlist, etc.).

In the current section, responses to questions are grouped thematically. A brief explanation about the type of information gathered through each question or group of questions is provided. References to the question/s being addressed are provided, with a simple notation in parentheses, such as the following: Question 1 = (Q1), Question 2 = (Q2) and so on.

5.2 Work context of participants

Participants were asked first about the age-groups of the service users they work with (Q1, *n*=50). The majority of respondents reported that they work with primary school-aged children (96%), with a similarly high number reporting that they also work with adolescents (94%). Nearly two-

thirds included having infants on their caseloads (64%), while some participants reported working with adults (28%) and older people (18%) (see Figure 2 below).

It is important to note that this question was not a measure of the number of adolescents the SLTs were working with, compared to other service user groups. The question dealt solely with whether adolescents were included or excluded on a participant's caseload. Interestingly, there was a large overlap between SLTs working with primary school-aged children, adolescents and, to a lesser degree, infants. This means that, for most of the respondents, adolescents were grouped on the same caseloads as their younger counterparts. This result will be discussed later vis-à-vis possible implications for resource allocation to various service user groups and the 'fit' of the service model for adolescent service users within this grouping.
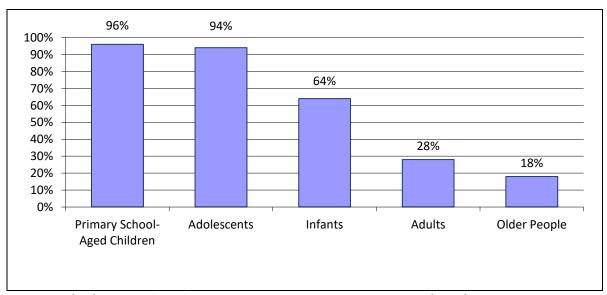
Figure 2: (Q1) Which of the following age groups do you work with? (*n*=50)

Respondents were asked whether their role is *designated* to include adolescent service users (Q2, *n*=50). 94% of respondents said 'Yes' in response to this question. This means that *all* of those SLTs whose role was designated to include working with adolescents actually had adolescents on their caseloads. It was important to confirm this, as it is possible that some SLTs may be in a role which caters for adolescent service users but who actually have no current adolescent service users (for various possible reasons e.g. low referral rate, discharge at an earlier age, etc.).

Participants were also asked to indicate the nature of their work setting (Q3, *n*=50). Responses showed that the highest proportion of respondents were working in a Primary Care setting (62%), while the next biggest group reported working in community-based disability services (26%). This group was followed by SLTs working in child and adolescent mental health services (16%), special

schools (14%) and mainstream schools with special classes (14%). Finally, there were a number of respondents working in paediatric autism services (12%) and other specialised-centre disability services (10%) (see Figure 3 below). One should note that these categories were not mutually exclusive. As expected (from the author's experience), some participants were working across more than one setting. The number of SLTs working in this way was not measured, as it was not deemed relevant to the research question.
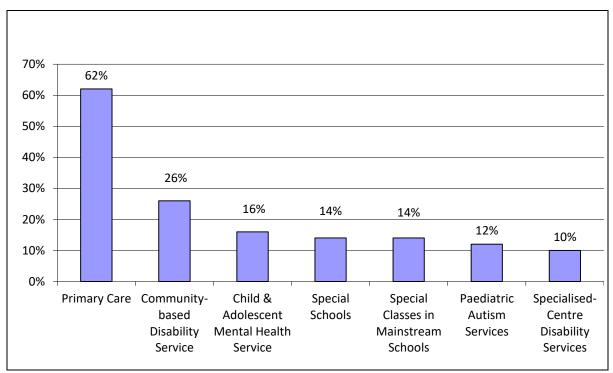
Figure 3: (Q3) Which of the following best describes your work setting? (*n*=50)

5.3 Number of adolescents on caseload

Two of the questions asked about the number of adolescent service users on participants' caseloads (Q4, *n*=35) and their total caseload (Q5, *n*=34). On average, adolescents formed 21% of the total caseload of respondents. All but one respondent reported having between 1 and 33 adolescents on their caseloads. The remaining respondent reported having 118 adolescents on his/her caseload (out of a total caseload of 130). This data is shown in Figure 4 below, which shows that nearly half of participants (49%) had 10 adolescent service users or less, while a combined total for the first two columns shows that three-quarters of the participant group had 20 adolescent service users or less.
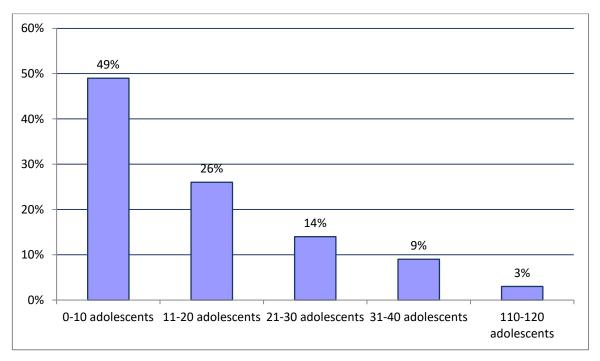
Figure 4: (Q4) How many adolescents are on your caseload? (*n*=35)
(including current/review/waitlist service users)

The total caseload size for each respondent (Q5, *n*=34) varied widely, ranging between 6 and 600 service users. The average (mean) total caseload was 140 service users. The majority of respondents had fewer than 150 service users on their caseload. The caseload figures are shown in Figure 5 below. Since the data has a tail-end distribution (positive skew), meaning most responses fell into one side of the chart, it is more useful to consider the mode (29% = 0-50 service users on caseload) as a representative measure. The three largest groups (71% in total) reported having a caseload of 150 service users or less. Participants were asked to only consider the part of their caseloads where adolescents might be included. For instance, if a participant worked in a post divided equally between a paediatric and an adult setting, only the paediatric caseload number was considered. Participants were instructed to include service users who were on their waiting list. It is possible that some respondents were working in part-time posts and would, therefore, be carrying a smaller total caseload.
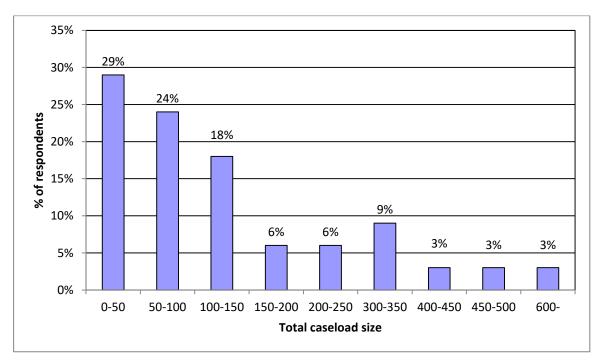
Figure 5: (Q5) What is your total caseload size? (*n*=34)
(include only part of caseload which is designated to include adolescents)

5.4 Setting/s of services to adolescents

A number of questions were aimed at finding out information about the setting or contexts in which SLT services to adolescents were delivered by participants. One question asked about the most likely location where adolescent service users are seen by participants (Q6, *n*=34), while another question asked about the format of the service delivered (Q7, *n*=32).

Respondents indicated that services offered to adolescents are mainly clinic-based (88%). A smaller percentage was school-based (12%). Four participants specified other settings, such as a hospital in-patient setting.

Participants responded that the *most likely* form of contact with adolescent service users was through 1-to-1 therapy (37.5%), 1-to-1 reviews (31%) or group sessions (25%) (see Figure 6).
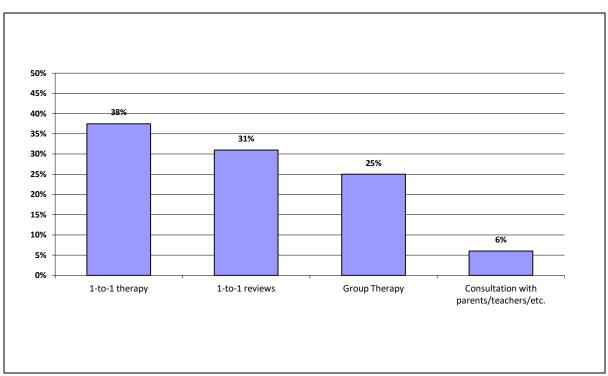
Figure 6: (Q7) Types of SLT service offered to adolescent service users (*n*=32)

Consultation meetings with parents, teachers or other carers (with the adolescent present) were only reported by 6% and no participant reported consultation meetings where the adolescent was not present.

Two questions explored the pathway followed by the majority of adolescents on participants' caseloads (Q14, *n*=30) and the most frequent origin of their referral (Q15, *n*=26). Around half of the respondents (53%) indicated that the pathway followed by the majority of their adolescent service users seems to start in childhood and continue into adolescence, with periods of interruption. A smaller number reported that the majority of their adolescent service users have received an uninterrupted service since childhood (20%), while some participants said that they were discharged from the service in childhood and returned as adolescents (16%). A small percentage of respondents (10%) indicated that most of the adolescents on their caseload accessed the service for the first time as adolescents. A participant reflected that "*I think it's a good message to give children that they are doing ok and that they can come back if things get tough again*" (P47[17]). With respect to the origin of referrals of adolescent service users, most participants indicated that they mainly came from educators (36% of participants) or health professionals (33% of participants). Some participants (9%) included educational psychologists as the main source of referrals in their comments. It is worth noting that referrals made by parents

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[17]This notation (P1, P2, P3, etc.) will be used for comments made by participants, where P stands for 'participant' and the digit is the unique identifier for each participant in the survey.

were relatively few, where only 9% of participants reported this as the main source of referrals of adolescent service users.

5.5 Resource Issues

A key question (Q8, *n*=33) dealt with the issue of resources. Participants were asked whether they felt that the number of adolescents on their caseloads would differ if resources were not an issue. There was a roughly even split between responses provided. Just over half of respondents (51.5%) said there would probably be more services offered, while others (48.5%) said they would probably be the same. One participant commented that *"due to resourcing issues we are limited as to what we can offer adolescents once they enter secondary school"* (P6). Another respondent (P28) referred to travel restrictions for SLTs as a factor that limited the effective implementation of school programmes, since the SLT cannot go to the school to demonstrate to the adolescent's educators how programme activities should be carried out. The same participant also stated:

> The adolescents on my caseload have received a lot of therapy and work tends to be around functional skills such as visual learning strategies and curriculum specific vocabulary, I would prefer to be able to provide this in the school setting with support from teaching staff in identifying upcoming topics and important related vocabulary (P28).

5.6 Participants' experience of working with secondary schools

When asked about working with secondary schools (Q11, *n*=32), all respondents reported having liaised with a secondary school at some point, as part of their work with adolescents. A follow-up question (Q12, *n*=32) required participants to rate on a Likert scale how easy/difficult their experience of liaising with secondary schools was. It is worth noting that most ratings were placed between the median (31%) and above the median (41%) ratings. This distribution suggests that most participants found the experience somewhat hard/challenging. The complete distribution is presented below (Table 9).

Table 9: (Q12) How would you rate your experience of liaising with secondary schools? (*n*=32)

	Easy/ Straightforward				Hard/ Challenging
Liaising with Secondary Schools	15.6%	9.4%	31.3%	40.6%	3.1%

5.7 Participants' views on good service provision to adolescents

Participants were asked to rate the attendance and reliability of adolescents using SLT services, based on their own experience (Q16, *n*=30). Attendance levels were not highlighted as a problematic area. Most respondents (97% in total) rated attendance between the midpoint and the positive end of the scale ('good'). Details about participants' ratings are presented in Table 10 below.

Table 10: (Q16) How would you rate the attendance/reliability of adolescents attending SLT services? (*n*=30)

	Good				Poor
Attendance/ reliability	26.7%	36.7%	30%	6.7%	0%

On a similar note, participants were asked for their opinion on whether they felt that adolescents with speech, language and/or communication needs (SLCN) are *interested* in receiving SLT support (Q9, *n*=32). Over half of the respondents (56%) gave a positive response. Several respondents felt that the interest and motivation they saw depended heavily on individual circumstances, citing factors such as the family's attitude to SLT, heavy workloads at school, stigma and their level of involvement in extracurricular activities. One participant (P39) remarked that *"In general I find they are happy to come but wouldn't choose to come if their parents didn't bring them"*. Another explanation offered was *"I have found some adolescents have had so much SLT input during primary years that they don't want any in second level and are very aware of being taken out of school/class to receive support"* (P8).

Similarly, another respondent (P6) highlighted the benefit they saw in 1-to-1 therapy, saying that:

> I generally find that when I explain to them the low level of service I can offer they are relieved as they generally do not want to attend the clinic. I do find though that they respond well to someone sitting down with them and explaining the nature of their difficulties. (P6)

A subsequent question (Q13, *n*=30) asked participants directly what factors they felt were important when working with adolescent service users. According to the participants, the most important factors when working with adolescents are consulting them about their preferences regarding the service being offered (90%) and adopting an open and friendly approach (86%).

Other factors were rated lower: working indirectly through parents/teachers (46%) and working in groups (43%). Figure 7 below summarises the most popular factors.
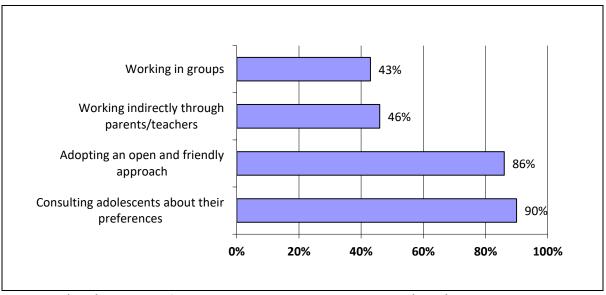
Figure 7: (Q13) Important factors when working with adolescents (*n*=30)

Participants suggested that another important factor is to involve adolescents in the therapy process, by setting goals jointly. One respondent (P49) highlighted that *"being flexible and working in partnership rather than being the 'expert'"* is necessary for working with adolescents. Such responses suggest that participants were aware of the unique developmental stage of adolescence, compared to those of younger service users, that calls for a specific approach of working in partnership.

Mixed views emerged in a related question about what types of services participants felt that adolescents would be most open to (Q10, *n*=29). Indirect approaches, such as consultation with teachers/parents, were rated highest by over a third of respondents (34%). Intervention in groups outside school was rated at 24%, while clinic-based intervention was rated at 20%. Intervention in schools received a lower rating of 13% (1-to-1) and 6% (groups) (see Figure 8 below).
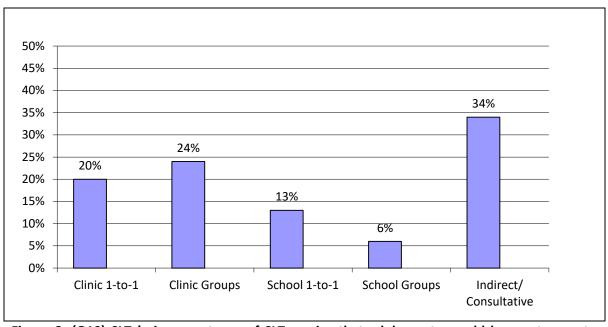
Figure 8: (Q10) SLTs' views on types of SLT service that adolescents would be most open to (*n*=29)

Finally, participants were asked how *optimistic* they felt that SLTs can offer a service which is beneficial to adolescents, given the challenges it entails (Q17, *n*=30). Responses were recorded on a Likert scale, ranging between 'Highly Optimistic' and 'Not Optimistic'. Participants' ratings leaned towards a positive answer (50% in the 'optimistic' side of the scale), as opposed to 23% who chose the mid-point rating and 27% who leaned towards a negative answer (see Table 11 for distribution). It appears that, on the whole, despite the positive trend in responses, participants' opinions were divided. This information possibly points towards a certain degree of uncertainty about SLT involvement with adolescent service users and clearly warrants discussion about the reasons for such doubts.

Table 11: (Q17) How optimistic do you feel about SLTs being able to offer a service which is beneficial to adolescents, given the challenges it entails? (*n*=30)

Highly Optimistic				Not Optimistic
13.3%	36.7%	23.3%	26.7%	0%

5.8 Additional participants' comments

Respondents were given the opportunity to make additional comments at the end of the survey (Q18, *n*=8). Several topics were covered in these comments and will be explored below.

Working with schools

Some participants highlighted the need for SLTs to have greater involvement in schools when providing a service to adolescents. For example, P15 wrote:

> I feel that a school based service would best suit adolescents, however, I don't think that it will be put in place in the near future given current economic difficulties and the fact that the HSE in undergoing a lot of change at the moment. It's unfortunate. (P15)

Another participant felt that the involvement of SLTs in school should be more indirect, through education for secondary school staff: *"I feel part of our role includes general provision to schools about SLT needs in adolescence and how to refer on with concerns/support students in schools on a day-to-day basis"* (P3).

Service Model

Other participants made general comments about the need for a different model of service provision generally. One contribution stated: *"I feel the structure of service provision (i.e. not clinic based) would need to be changed in order to provide effective support to this service user group"* (P27). On a practical level, clinic opening hours tend to clash with secondary school hours, as outlined in the following comment:

> I have found the adolescents who attend are mostly enthusiastic but school hours vs clinic open times are challenging for attendance and contacting school staff can be tricky. Holiday times sound like a good idea but often adolescents 'need' a break from busy term times!!!! (P7).

While not stated explicitly, these comments may lend support to the concept of working more closely with secondary schools.

Service delivery and joint goal setting

Two additional comments made specific reference to different contexts where an alternative model of service delivery is already in place, namely a special school setting and an in-patient environment. The first participant stated:

I can offer groups on an annual basis to adolescents as I am based in a special school and I am familiar with school staff so we can devise targets together. Behaviour is an issue in this school and class sizes are no greater than 13 pupils (P41).

This comment suggests that joint goal setting works well in this environment, where the SLT and school staff have a close working relationship.

The second participant, referring to the in-patient setting, commented:

SLT provision for adolescents works well within an in-patient environment, as it is seen as part of their overall programme, and can be offered in a number of ways within the Unit, groups etc, however it can be more difficult to make intervention meaningful in outpatient settings (P26).

A similar notion of integration with overall goals can be seen in this comment.

A different respondent described the importance of joint goal setting, as part of an intervention plan, without making a specific reference to the type of setting:

We use individual intervention plans with service users where joint goals are set at the start of an intervention. I think this is really important. I don't think adolescents should be called back for therapeutic intervention *ad infinitum*. They need to have choices and to be able to access services when they feel they might be helpful (P47).

The participant highlights the process of bringing the episode of therapy to a timely conclusion when goals have been reached or evaluated as important. He/she states the need to give service users choices within decision-making in SLT intervention.

Finally, a comment made by a participant (P6) raises questions about where the focus of SLT intervention with adolescents should lie. The participant points out the importance of social interaction and communication for adolescents, compared to other age-groups. The same participant goes on to explain how SLT services may use access criteria (e.g. based on one formal assessment protocol) that are not sufficiently attuned to the difficulties that adolescents experience in social interaction or communication. In the participant's own words:

Social interactions and social communication play a large role with this age-group which may well be overlooked in traditional SLT approach with limited resources that may use CELF4 as a cut off for service. Difficulties at this age level are often more subtle and less likely to be picked up through formal assessment. It is an age-group that warrants SLT input though the focus might need to be on communication and wider issues (P6).

The participant's conclusion, regarding the choice of focus of intervention for adolescent service users merits consideration. Should SLTs prioritise adolescents' social functioning over language or speech issues? Might a focus on broader communication issues be unrealistic without addressing the building blocks of communication? These questions will be explored in the Discussion chapter (Chapter 11), taking into account results from the other four studies in this project.

Summary of Results 1:

- Fifty participants took part in the survey, the majority of whom were working in a Primary Care setting and/or community-based disability services.
- All the participants whose role was designated to include adolescent service users, *did* have adolescents on their caseloads, suggesting that, in the work context of this group of SLTs, adolescents *were* accessing SLT services.
- Speech and language therapists who were working with adolescents were also working with primary-school aged children and infants. This may have an impact on resource distribution and whether any resources are allocated specifically for adolescents.
- Number of Adolescents on caseload: of those who responded (*n*=34), approximately 21% of their total caseload consisted of adolescent service users (range 1-33 adolescent service users for all but one respondent who reported having 118 adolescent service users). This is a considerable portion of their work and, in the author's opinion, warrants consideration as to how best deliver a quality service to meet their needs.
- Setting/s of services to adolescents: most adolescents seen by participants (*n*=34) were seen in a clinic setting (88%), while a smaller percentage (12%) were offered school-based services. The suitability of clinic-based services should be explored in the light of respondents reporting that it is the main type of setting in which they see adolescent service users.
- Participants (*n* = 32) reported that, typically, service users were reportedly offered 1-to-1 therapy (38%), 1-to-1 reviews (31%) or group sessions (25%). Parent or teacher consultations without the adolescent were relatively few (6%).
- Thirty six per cent (36%) of participants (*n*=26) reported that the majority of their adolescent referrals came from educators and 33% said health professionals - 9% indicated parents as

the primary referral source. It would be interesting to compare these figures with referral sources for other service user age-groups reported in the literature.

- Resource Issues: there was a roughly even split between participants (*n*=33) who said that probably more services would be offered to adolescents if resources were not an issue (51.5%) and those who said that probably there would not be more services offered (48.5%).

- Participants' experience of working with secondary schools (*n*=32): most participants rated their experience of liaising with secondary schools as somewhat hard/challenging.

- Participants' views on good service provision to adolescents (*n*=30): adolescent service users' attendance of SLT sessions was not highlighted as an area of difficulty. Over half of participants' (56%) felt adolescents are interested in receiving SLT support. Participants cited a wide range of factors that they felt are important to successfully engaging adolescents, especially consulting them about their preferences regarding the service offered (90%) and adopting an open and friendly approach (86%).

- Service Model: participants suggested that adopting a different model of service delivery would be beneficial. Their comments suggest that developing closer ties with secondary schools is needed.

- Service delivery and joint goal setting: participants highlighted different contexts where alternative delivery models already exist. Other comments outlined the importance of joint goal setting and focusing on goals that are important to adolescents, such as social communication skills.

The next chapter (Results 2) will outline the results of another online survey, conducted with a mixed group of adolescents (i.e. no criteria applied to include/exclude adolescents with SLCN).

CHAPTER 6: RESULTS 2

This chapter reports the results of the second study in this project, namely *Communication skills in adolescence.* The data for this study was collected through an online survey. The aim of the survey was to obtain an overview of the types of demands placed on adolescents' communication skills in challenging situations (e.g. negotiating with people in authority) and to gain insight into participants' views, priorities and preferences with regard to communication and various communication skills (e.g. online social networking) . See Methods 2 for a detailed description of the methods used.

The survey contained 22 questions, which are provided in full in APPENDIX 4. The wording of each survey question is included in footnotes to guide the reader. Questions are grouped by theme and are not always presented in the same sequence used in the survey. Additional information, such as explanatory notes, is not included but can be viewed in APPENDIX 4.

6.1 Response rate

A total of 91 adolescents took part in the survey. Participants were recruited from four mainstream secondary schools in an area in the East of Ireland. All participants were enrolled in a Transition Year programme. No attempt was made to include/exclude adolescents with SLCN. It is quite possible that the sample included some adolescents with SLCN, given that its prevalence is estimated at 10% in the general population (see 2.3.2). The desired number of respondents was 100 or more. This number was not reached due to a very limited response from the secondary schools contacted during recruitment.

Some participants did not answer all the questions. Hence, each question had a different number of respondents. Responses will be presented as percentages, where appropriate, to facilitate data analysis.

6.2 About participants

The first two questions (Q1[18], *n*=91 and Q2[19], *n*=89) asked participants to state their age and their sex. There was a similar number of male and female respondents, with a slightly higher number

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[18]   Q1. How old are you?
[19]   Q2. Are you male or female?

of females (47% - male, 53% - female). The majority of participants were 16 years old (60%), as expected. See Figure 9 for a more detailed breakdown.
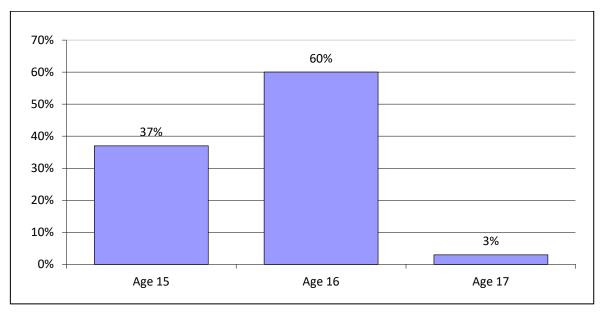
Figure 9: Survey of typically developing adolescents: Age breakdown of participants (*n*=91)

6.3 Social networking

The next set of questions (Q3[20], *n*=87 and Q4[21], *n*=87) concerned social networking. Participants were asked to indicate (from a list of popular options) any social networking websites they were using. The most popular social networking website used by participants was Facebook (86%), followed by Twitter (53%). Some participants reported not using social networking websites (7%), suggesting that the majority used social media (to some degree). In response to Q4, participants suggested a variety of advantages and disadvantages associated with using social networking websites. The most common responses are presented in the table below.

Table 12: Advantages and Disadvantages of using Social Networking Sites (*n*=87)

Advantages	Disadvantages
• Help you communicate and keep in touch with friends/others* • Making new friends • Keeps you informed • Easy to use	• May expose you to cyber-bullying* • Distracting/time-consuming • Addictive • Decreases face-to-face interaction

* denotes the most popular answer in each category

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[20] Q3. Do you use any of the following social networking websites? (Facebook, Twitter, Myspace, Bebo, Other?) Which is your favourite?

[21] Q4. Can you think of one advantage and one disadvantage of social networking websites?

These results were in line with expectations, in terms of the proliferation of social media use among adolescents (and other age groups). The respondents' perceptions as regards advantages/disadvantages of social media were also as expected and similar to anecdotal reports in the media.

6.4 Communication in group interaction

The next question (Q5[22], *n*=89) was divided into two subquestions aimed at finding out information about the importance assigned by students to various communication skills in interacting with groups, especially their peer group.

Participants' rated the ability to understand humour more highly than the ability to produce it. Table 13 below shows how the ratings for 'understanding humour' leaned towards 'Very Important' / 'Important' ratings (83% in total). Participants felt less strongly about the ability to produce humour, although it appears they still consider it important (ratings spread between the *Very Important - Moderately Important* range)

Table 13: How important is it to understand/produce humour (*n*=89)

	Very Important	Important	Moderately Important	Of Little Importance	Unimportant
Understand Humour	38.2%	44.94%	15.73%	1.12%	0%
Produce Humour	16.09%	31.03%	44.83%	6.9%	1%

Respondents were then asked (Q6[23], *n*=88 and Q7[24], *n*=88) about conversations in a peer group situation. The majority (81%) felt that it was 'ok' not to have anything to say in a group situation. Respondents (63%) also stated that, in group situations, it was not always the same person/s who talked.

The next questions (Q8[25], *n*=83 and Q9[26], *n*=88) focused on respondents' reactions to taunting behaviour. The most common response to Q8 was to 'have a laugh about it' (71%). Others chose the option that you should 'say something back' (36%) or 'smile and accept it' (12%).

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[22] Q5. In a social situation, how important is it to be able to: (a) understand humour? (b) produce humour?
[23] Q6. When you hang out with a group of friends, is it ok if you don't have something to say?
[24] Q7. Is it always the same people who talk in the group?
[25] Q8. What is the best thing to do when you are slagged or teased?
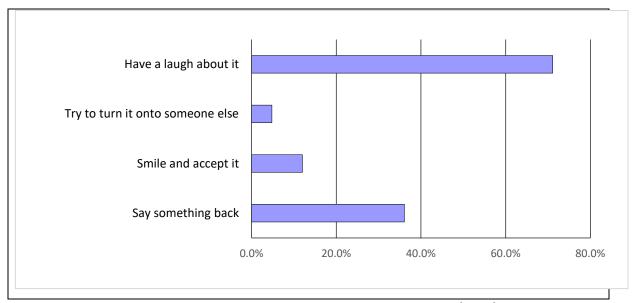
Figure 10: What is the best thing to do when you are slagged or teased? (*n*=88)

It was noted that 57% of participants said that sometimes they do not know what to say when they are slagged. Some of the comments made by participants are reproduced below in Table 14. The comments provide some insight into different ways of receiving slagging/teasing. Clearly some respondents find it hurtful, while the majority appear to handle it more positively.

Table 14: Participants' response to slagging or teasing

- Sometimes the slagging is too good to respond!
- Since all my friends know each other well, we just joke about stuff like that.
- Takes a minute to think of a good comeback!
- I always am able to throw in a cheeky comeback.
- If someone slagged you it would hurt you so you would not know what to say back.
- Sometimes, if it really hurts, you should say so.
- Sometimes when someone says something bad, you automatically kind of stand there, afraid to open your mouth just in case you'll say something you might regret. Also if you do say something back when they slag you, there's more of a chance it could get worse.

These comments suggest that adolescents react differently to slagging. Some might appreciate the humorous side of it and respond accordingly. Others might feel hurt or offended. The last comment indicates that there may be deeper and more complex reactions, such as anxiety, in response to being slagged.

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26   Q9. When you are slagged, do you ever feel you do not know what to say in response?

Respondents were also asked (Q16[27], *n*=83) about the importance of using 'in' words or popular phrases when in the company of their peer group and showed mixed opinions. This was rated as *Moderately Important* by 40% of respondents, while 24% rated it as *Important* and 18% chose *Little Importance*.

Table 15: Importance of using words popular with peer group (*n*=83)

	Very Important	Important	Moderately Important	Of Little Importance	Unimportant
Importance of using 'in' words	11%	24%	40%	18%	7%

There were 23 participants who commented about their rating. A selection of these comments is being presented in the text box below:

- Me personally don't try to 'fit in' so using words people don't use doesn't bother me
- They will understand more what you are saying
- Makes you more involved sometimes
- You don't need to constantly speak "slang" to fit in
- You should say whatever you like to say
- It depends on whether you are new in the group and you wasn't to make a good impression in them, or if it's your best mates you should feel like you could say whatever words you like
- We have a lot of terms synonymous with our group
- For humorous purposes

6.5 Interpersonal skills

The survey also included a number of questions intended to examine different aspects of respondents' capabilities in dealing and interacting with others.

From their responses to Q10[28] (*n*=90), all participants seemed to recognise the importance of being able to understand another person's point of view in conversation. They rated this ability as 'Very Important' (39%) and 'Important' (59%). Several commented on the reasons *why* it is

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[27] Q16. Is it important to use words or expressions that are popular among your peer group ('in' words)?
[28] Q10. In conversation, rate how important it is to be able to understand the other person's point of view? Why?

important, such as "Everybody is entitled to an opinion, whether it is similar or different to yours" and "So you can make a fair judgment of their thoughts".

The next question (Q11[29] n=89) dealt with interactions with people in authority, on the subject of which students rated the following two skills as highest:

1. explaining one's ideas clearly
2. being respectful

Participants gave less importance to the next two skills:

3. showing you really mean it
4. not giving up too easily

They also did not feel that 'offering something in return' was as important as the other four skills. Full details of the ratings are provided in Table 16 below.

Table 16: Important skills when negotiating with people in power (n=89)

	Very Important	Important	Moderately Important	Of Little Importance	Unimportant
Not giving up too easily	36%	48%	14%	1%	1%
Explaining your ideas clearly*	58%	35%	5%	1%	1%
Being respectful*	53%	33%	12%	0%	2%
Showing you really mean it	37%	53%	8%	0%	2%
Offering something in return	11%	24%	46%	15%	4%

* denotes highest rated skills

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[29] Q11. When trying to negotiate with people in authority (e.g. teachers, parents), how important would you rate the following?

Another question (Q14[30] *n*=85) addressed the resolution of disagreements with others. Contrary to what popular belief may suggest, the preferred method for resolving a disagreement was conversation (high preference = 78%), followed by text messaging (moderate preference = 36%) and phone calls (moderate preference = 35%). The other options (e-mail, contacting through a friend or writing a letter) received a lower rating, between 53% - 64% low preference). The majority of participants (84%) felt it was possible to disagree with others without offending them. Some participants qualified their choices by adding comments, such as, "You should say what you think in the nicest possible way" and "Some people will get offended no matter what".

Table 17: Resolving disagreements with others (*n*=85)

	High Preference		Moderate Preference		Low Preference
Conversation	80%	12%	7%	0%	1%
Text message	18%	18%	33%	11%	20%
Phone call	18%	23%	33%	13%	15%
E-mail	1%	4%	13%	20%	62%
Contact them through a friend	3%	5%	11%	22%	59%
Letter	4%	4%	14%	13%	66%
Other					

The finding that conversation is, by far, the preferred way to resolve a disagreement is interesting. Despite the proliferation of technology and social media as a means of communication, participants still expressed a preference for conversation to help address such a situation. This result affirms the importance of good conversation skills for conflict resolution.

When asked (Q17[31] *n*=84) whether it is possible to disagree with someone without causing offence, the majority of participants (85%) agreed that it is possible, while the rest disagreed. Some of the participants' comments are presented in the text box below:

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[30] Q14. Which form of communication would you prefer if you were trying to resolve a disagreement with someone?
[31] Q17: Is it possible to disagree with others without offending them? What is your experience of these situations?

- Just don't say something mean in a mean way, say it in a nice way e.g. 'I don't really think you should do that, it's a good idea though' instead of 'No that's not good at all, what were you thinking?'
- You can always get your point across in a nice way that hurts no one's feelings.
- It depends on how you say it
- You need to be strong with your opinion and explain why you disagree and be respectful toward their opinion.
- I would argue all day if I had to but you have to be careful how you phrase a lot of your points
- Sometimes they might get offended and other times they won't depending on the topic in question
- It is possible, yet it is not always the most popular response.
- Most people are sensitive so disagreeing makes them sad
- Cause they will say or do something bad for you

Respondents were also asked (Q19[32] *n*=76) about their communications strategies when a breakdown in communication occurs (such as an interruption). They reported mixed preferences for their repair strategies, as shown in Figure 11 below. The most popular response was to 'keep going', while 'start again' and 'checking in' received similar ratings (34%-32%).
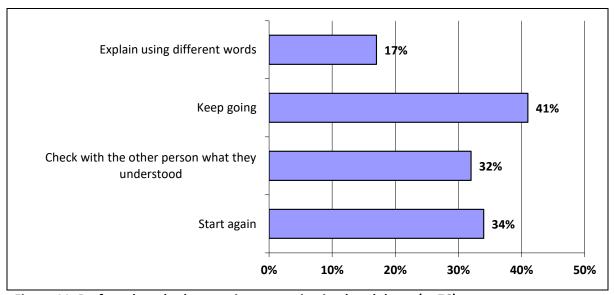
Figure 11: Preferred method to repair communication breakdown (*n*=76)

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[32] Q19. What do you do when there is an interruption/difficulty in communication during conversation? (e.g. someone cuts across your conversation, a misunderstanding, a noisy background, etc.)

There were seven participants who ticked 'Other'. Some of the responses were unrelated or irrelevant; the relevant ones are presented below.

- I'm kind of shy in a way so I'd usually give up talking
- Tell them to let me finish
- Leave it altogether
- Wait until they can hear again

The mixed set of responses is again interesting because it shows that there are adolescents who will not use repair strategies in conversation. This result could be linked to several possible related factors, such as shyness (as stated in the first comment), withdrawn behaviour or anxiety. On the other hand, the second and fourth responses seem more assertive. The potential repercussions of avoidant approaches to communication breakdown (in comparison to confident/assertive approaches) warrant further investigation.

When students were asked (Q20[33] *n*=83) to indicate from a set of examples which type of situation they feel they need to adapt their style of communication for, they gave varying answers. A summary of these responses is presented in Figure 12 below. Results suggest that there is a widespread awareness of changes in communication style necessitated by the different communication needs which specific partners or situations bring with them.
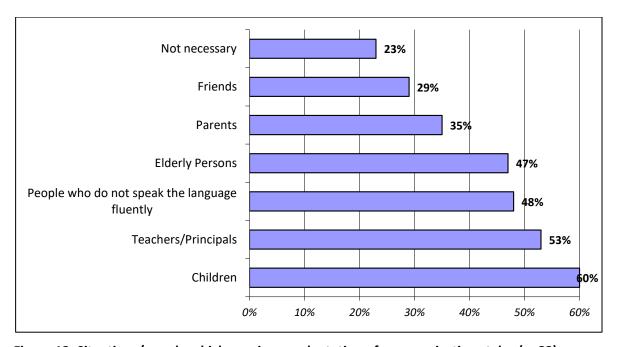
Figure 12: Situations/people which require an adaptation of communication styles (*n*=83)

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[33] Q20. Are there any situations where you feel you need to adapt your style of communication?

6.6 Non-verbal communication

The survey included two questions (Q12[34], *n*=84 and Q13[35], *n*=76) which tackled respondents' awareness of the non-verbal elements present in communication and the importance they attached to them. Paying attention to others' body language was rated as 'important' by most participants (Very Important = 29%; Important = 49%; Moderately Important = 19%). The full distribution of ratings is shown in Table 18.

Table 18: Importance of paying attention to other people's body language during interaction (*n*=84)

	Very Important	Important	Moderately Important	Of Little Importance	Unimportant
Paying attention to body language	29%	49%	19%	2%	1%

The aspects of body language that participants considered most important were eye contact and facial expression. Some individual participants or small numbers of participants mentioned other types of body language, for example posture and tone of voice.

6.7 Comprehension

Participants were asked (Q15[36] *n*=83) what they would do if they were reading a passage that they found hard to comprehend. The preferred choices for this question are shown in Figure 13. The results suggest that most participants would use some form of strategy to tackle their difficulty understanding the passage. Only 11% of participants said they would leave the passage altogether. The respondents who ticked 'Other' gave diverse responses. Three of the respondents said they would 'collaborate with another student' or 'ask/copy a smart kid'.

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[34] Q12. Is it important to pay attention to other people's body language during interaction? (e.g. eye-contact, facial expression, posture)

[35] Q13. Are there any aspects of body language which you feel are particularly important to be attentive to?

[36] Q15. Imagine you are reading a passage for school that is hard to understand. What would you do?
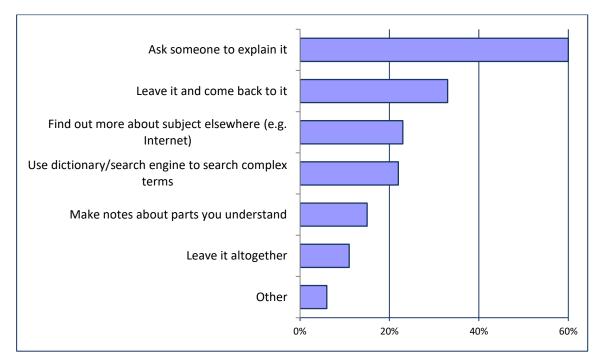
Figure 13: Preferred action if reading a passage that was hard to understand (*n*=83)

6.8 Emotional wellbeing

Participants were also asked whether they felt that communication affects their emotions (Q18[37], *n*=82) and the majority (78%) agreed with this. Nine participants added comments, some of which are presented below[38]:

- You get frustrated because you can't get your message across

- Yes, makes a big difference

- It depends on the day that is in it and depends on how strong your emotions are that day too. It could also depend on the topic of conversation

- Depends on how well you can cope with keeping things to yourself

- Because when you don't have the good communicate they will feel uncomfortable and don't want talk you about it anymore

- I kinda can't, and do feel like a right eejit about it

- Yes because you can feel suppressed if you don't have a voice

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[37] Q18. Do you feel that the way we communicate influences our feelings? (e.g. if you communicate your ideas well, you may feel good about yourself. If you struggle to communicate a message, you may feel bad about it)

[38] Comments are presented as submitted by participants. No spelling or grammatical changes were made.

From the comments it appears that respondents focused on the negative repercussions of ineffective communication, while the positive effect which good communication can have on emotions does not seem to have been considered.

Answering a specific question (Q21[39] *n*=83) about the importance of communication in relationships with friends, all respondents except one felt that good communication skills were important for people in this area. The distribution of ratings leaned towards the 'very important' rating. See Table 19 below for a detailed breakdown of these ratings.

Table 19: Importance of good communication skills in making people feel close to their friends (n=83)

	Very Important	Important	Moderately Important	Of Little Importance	Unimportant
Importance of good communication skills	53%	36%	10%	0%	1%

Some comments given by participants to illustrate the reasons for their ratings are provided here[40]:

* If you cannot communicate well, people can misunderstand you
* You need to have good communication skills in order to have a good social life
* Without solid communication, relationships can be forgotten about
* It shows your comfortable around your friends

Conversely, when questioned about the impact of communication problems (Q22[41], *n*=80), participants showed a clear understanding that communication difficulties could lead to isolation (41%) or loneliness (56%). Some participants (34%) indicated that a good friendship would not be affected by such difficulties. One participant commented that, "It shouldn't matter but they still feel left out", while another one said, "Their friends might feel the person dislikes them"

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[39] Q21. Are good communication skills important in making people feel close to or 'connected' with their friends?

[40] Comments are presented as submitted by participants. No spelling or grammatical changes were made.

[41] Q22. If a person found it difficult to communicate effectively with his/her friends, what would be the consequences?
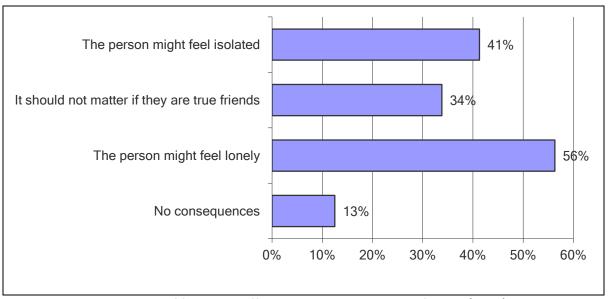
Figure 14: Consequences of finding it difficult to communicate with friends (*n*=80)

Summary of Results 2

This survey was conducted to explore the views and attitudes of typically-developing adolescents about various aspects of communication. The main results were:

Social Networking: Most participants were using social media (93%). They were able to highlight different advantages and disadvantages of using social media. The most cited ones were: keeping in touch with family/friends (advantage); risk of cyber bullying (disadvantage).

Communication in Group Situations: Participants rated the ability to *understand* humour higher than the ability to produce it. They indicated that it was *ok* not to have something to say in a group situation and they recognised that it was not always the same person/s who spoke in a group.

The majority of participants (71%) said that the best thing to do if you are slagged/teased is to 'have a laugh about it'. A considerable number of participants (57%) said they sometimes do not know how to respond to teasing.

Interpersonal Skills: Respondents felt it was important to be able to understand another person's point of view in conversation (very important - 39%, important - 59%). When negotiating with people in authority, they rated highly the need to explain one's ideas clearly and to be respectful.

The preferred way to resolve a disagreement was through conversation. Most participants (85%) felt it was possible to disagree with someone without offending them. There was a widespread

awareness of the need to adapt one's style of communication to the listener e.g. when communicating with children or with a teacher.

Non-verbal communication: Paying attention to others' body language was deemed 'important' by 49% of respondents, 'very important' by 29% and 'moderately important' by 19%. Eye contact and facial expression were the aspects of body language that most participants felt it was important to pay attention to.

Comprehension: Participants showed that they would use a strategy if they found it hard to comprehend an academic text. The most popular strategy was to ask someone to explain the text (60%).

Emotional Wellbeing: Many participants (78%) felt that communication and emotions are interlinked. The vast majority rated good communication skills as very important (53%) or important (36%) in making people feel connected with friends. Similarly, they indicated that persons who find it difficult to communicate with their friends could feel lonely (56%) or isolated (41%).

The next chapter (Results 3) will provide a detailed account of the data collected in a series of 1 to 1 interviews with parents of adolescents with SLCN.

CHAPTER 7: RESULTS 3

This chapter presents the results of Study 3. One to one, semi-structured interviews were conducted with parents of adolescents with speech, language and communication needs (SLCN). The aim of these interviews was to explore participants' current and past experience of parenting a child with SLCN, paying particular attention to their interactions with educational and support services. It was also expected that insight into their son's/daughter's experience of SLCN would be gained.

Eight participants were recruited in total: seven mothers and one father. No couples took part in the interviews. In all eight cases, the adolescents were attending secondary school. Four adolescents were enrolled in a mainstream school, while four others were attending a special educational placement, either in a special school (one adolescent) or in a designated unit attached to a mainstream school (three adolescents). Participant information is summarised in Table 20 below.

Table 20: Participant information (Study 3)

	Relationship to adolescent	Adolescent's name (pseudonym)	Adolescent's Age	Reported diagnosis or presentation	School Placement	Interview Duration (minutes)
P1	Mother	Mary	14	DLD	Mainstream secondary school	23
P2	Mother	Andrew	14	DLD, ADHD	Mainstream secondary school	56
P3	Mother	Peter	17	DLD, Dyslexia	Special School for students with mild ID	50
P4	Mother	Niamh	14	ASD, Epilepsy	ASD Class	72
P5	Father	Rebecca	15	DLD	Mainstream secondary school	37
P6	Mother	Ciarán	13	ASD, Mild ID, Dyspraxia	ASD Class	65
P7	Mother	Paul	15	Mild-moderate ID	Mainstream secondary school	32
P8	Mother	Lucy	13	ASD, Dyslexia	ASD Class	50

Abbreviations: ASD - Autism Spectrum Disorder, DLD - Developmental Language Disorder, ID - Intellectual Disability, ADHD – Attention Deficit Hyperactivity Disorder

As Table 20 shows, there was a diverse range of circumstances for each participant (e.g. age of adolescent, diagnosis, type of school placement). Hence it was difficult to make any inferences based on these factors, due to the heterogeneity of the participant group and the small number of participants.

All of the interviews were held in a place of convenience for the participant. Six of the interviews were held in the participant's home. One interview (P7) was held in a quiet part of a hotel lobby and another interview (P6) was held in the participant's local health centre. All interviews were audio-recorded and transcribed after the interview. No follow up interviews were required. The interviews lasted between 23 and 72 minutes. The data was analysed using Interpretative Phenomenological Analysis (IPA), based on the methods outlined by Smith, Flowers and Larkin (2009). An example of a coded transcript is presented in Appendix 9 – A, together with the table of themes for the same interview (Appendix 9 – B).

Four major themes emerged from the analysis of the interview data. These themes are summarised in Table 21, together with linked minor themes.

Table 21: Major themes and minor themes in Study 3 (Parental Interviews)

Theme 1: Fitting in and looking for a good fit	•Accessing and attending services •Enabling access to the school curriculum
Theme 2: The adolescent as an individual and a social being	•Seeing their strengths •Seeing their challenges •Relating to others
Theme 3: The role of the parent	•The various roles of the parent •The relationship with the adolescent
Theme 4: SLCN shading people's lives	•Manifestation/s of SLCN •Impact of SLCN

Each major theme will be reported and explored sequentially in this chapter. Some degree of overlap may be seen in the minor themes, as many were not mutually exclusive by the very nature of the richness and complexity of the data. A separate table (Table 22) which includes the subthemes linked to minor themes is provided as a summary at the end of this chapter.

7.1 Theme 1: Fitting in and looking for a good fit

This theme relates to the difficulties seen and experienced by participants, whose adolescent children, were seemingly trying to fit into a world that, in many ways, is not designed and set up for people with SLCN. For most participants, the issue of *fitting in* was prominent in relation to attending school and support services like speech and language therapy (SLT). Furthermore, the experience of supports being put in place for their child was significant for parents. In some cases, the experience of a *lack of* support came to the fore. Perhaps unsurprisingly, each participant's story was unique. Their sense-making of a variety of experiences will be used to illustrate this theme. Each linked subtheme will be explored in detail below.

7.1.1. Accessing and attending services

7.1.1.1 Identification

The process of identification was an important experience for some participants. Some of them spoke at length about the period when their child was identified as having SLCN. A range of different feelings were linked to this period, such as uncertainty and concern. For instance, P3 recalled *we thought he was just, you know, that he'd catch up* but then there was a gradual realisation that *when he was around other kids his age that he didn't and at times he wouldn't know what we were saying to him* [P3: 41-47]. At times, the SLCN and associated academic difficulties can be subtle and take long to emerge, such as in the case of P1, who reported that *Mary had no problems all the way through school. But when we got to 6th class and she was nearly finishing…we could see problems* [P1: 43-46].

The role of health and/or education professionals in identification was noted by some participants. For example, P2 told how it was the school principal who approached her over concerns about Andrew's behavioural presentation in school, with seemingly a very direct request to take action:

Extract 7.1[42]

> P: He wasn't concentrating or he was- He was known as the class clown, and messing and
> not being able to sit properly or anything. And it was the principal that asked could I get
> him diagnosed for ADHD [P2: 62-66]

Yet, for other participants, there was no such period of realisation. Developmental and communication difficulties were apparent form early on and the parent was under no illusion about these difficulties. For instance, P4 stated that *Niamh was a very difficult child* [P4: 15]. The directness of her words leave little doubt about how evident the difficulties were. In relation to communication, she continued by saying *she didn't speak at all. I think she was about 3½, 3 - 3½… It was screaming more than words* [P4: 19-24]. The reported behaviour and lack of communication conveys a vivid image of Niamh's early presentation. In such cases, the input of others was not required to point out that there might be a communication difficulty.

Identification of the child's SLCN was often followed by engagement with support services, which is reported in the next subtheme.

7.1.1.2 Attending services

Participants reported a diverse range of experiences in attending support services, ranging from positive to negative experiences. They expressed both satisfaction and dissatisfaction for different aspects of their experience of engaging with services and with professionals. One of the greatest sources of reported dissatisfaction was around delays to access services. Several participants also remarked about the smaller-than-expected quantum of service offered, that is, the frequency of the SLT sessions or their duration. As one participant said, *there wasn't enough time* [P1: 398-399] allocated for each session:

Extract 7.2

> P: I still found the half an hour sessions just weren't enough.
>
> I: Ok
>
> P: I think she was only kind of sitting down and we were nearly going out the door you
> know [P1: 391-398]

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[42] Extracts are numbered sequentially and include a reference to the chapter in which they occur. For example, the first extract in Chapter 7 is Extract 7.1, the second extract in Chapter 7 is Extract 7.2 etc.

Her words are suggestive of a lack of depth in the type of engagement experienced during SLT sessions. Another participant (P7) appeared frustrated that, despite her son being registered with a service-provider, there were no services being offered actively. Her frustration comes out in her use of the negative form to show what she believes could be offered as a support to her son but in fact is not being offered:

Extract 7.3

> P: He's with a team but, what team is he with? He's not going to any clubs, he's not accessing any services, you know, so - do you see what I'm saying? [P7: 1570-1574]

One could easily imagine P7's comments being addressed to the service provider, rather than the interviewer.

Some participants reported that waiting times to access SLT were long, up to four years in one case [P3: 288]. This delay or the less than expected quantum of service prompted some parents to 'go private', as P6 explains:

Extract 7.4

> P: they were giving him speech therapy and a little bit of occupational therapy but not an awful lot, so again we went private [P6: 287-289]

One participant (P7), who also accessed private SLT for her son because of a reported small quantum of service, felt that the supports received through the public SLT services had not been helpful. She was categorical in her evaluation, stating that it had been of *zero help and a complete and utter waste of time* [P7: 73-75].

The views of P7 were not shared by other participants. For instance, P4's report conveyed the comprehensive support (*bombarding*) received by Niamh, thanks to good teamwork with professionals (e.g. SLT and Occupational Therapy):

Extract 7.5

> P: Yeah, and then there was a teamwork cause you had your speech and language, the teacher and me and no matter where she went, somebody was bombarding her with speech and language, with OT
>
> I: Yes
>
> P: It was constant, it wasn't 'Oh we have that appointment in 3 months' [P4: 218-227]

Some parents seemed to come to the realisation that some forms of SLT intervention, particularly group therapy, were not a good fit for their child and their needs. For example, P8 reported that *Lucy wasn't great in groups whilst pointing out that she needed one to one. So it didn't really work* [P8: 97-103].

Participants whose children were engaged with services over a long period of time reported experiencing a reduction in services (*less and less*) as their children got older [P8: 168]. Lucy's mother felt that the services would have been helpful (*we could have done with it*), if they had been provided, as she explains below:

Extract 7.6

> P: there was times we could have done with it, do you know what I mean, I, I never refused any help, do you know what I mean, I was happy to get, I always thought these classes were good for her [P8: 174-178]

Through P8's wording (*I never refused any help*), one gets a sense of the reduction being one-sided and out of the parent's control. Her repetition of the phrase *do you know what I mean* seems to indicate P8's efforts to show that, from her side, there was no lack of motivation to engage with support services. Another participant, P2, did not seem as concerned about the reduction in supports (*it's just a break at the moment* [P2: 1030]), perhaps because she knew she could *pick up the phone and ring* [P2: 525] the professionals they were linked with, *if I had any problems or if I had any queries* [P2: 527].

7.1.1.3 Positive Experiences

Positive experiences in attending and engaging with services were reported frequently. Several participants went into detail on what they found helpful or satisfactory when attending services. Some parents felt that certain professionals had been *great* because of the positive rapport developed. For instance, Mary's mother said that *Mary finds them great, she can speak to them and you know* [P1: 352-354]. This comment is significant because, in other places, Mary was said to *hold back* [P1: 286] and *pulls back into her little shell* [P1: 301-302].

P2 found it helpful that she could rely on (*come back to*) Andrew's SLT and ring her if any problems arose [P2: 1046-1049]. Similar reports of feeling supported were provided by participants in relation to educators (e.g. school principals), some of whom had had an ongoing involvement with their child (*she knew the case from the beginning* [P5: 207-208]). This

consistency contrasted with reported frequent changes of staff (*every time is somebody different* [P5: 199]).

Parents were appreciative (*we were kind of happy*) of professionals and educators who gave them guidance. To some, this guidance felt like a clear direction (*a lot of things started to make sense*) at a time when they appeared to feel lost. For instance, P8's experience of receiving a diagnosis was a critical time (*shocked*) for receiving guidance and support, as demonstrated in the following extract:

Extract 7.7

> P: and I remember [SLT name] actually saying she'll be with us, now until she's 18, our services and thinking. I think I was only thinking, initially at the time, I was thinking, 'Oh my God, she's going to be still like this at 18', d'you know? Yeah, d'you know, shocked but we were kind of happy that she had a diagnosis and a lot of things started to make sense then [P8: 154-162]

P8's shock at realising the long-term nature of Lucy's ASD (*Oh my God, she's going to be still like this at 18*) contrasts with the new perspective and understanding gained (things starting to *make sense*).

Another participant (P3) spoke about the first visit with her son to a special school. There is a sense of kindness and empathy conveyed (*Bring him down and let him play for a while; they didn't make him do things he didn't want to do*) when she speaks about her first contact with the school:

Extract 7.8

> P: they said, 'Bring him down and let him play for a while, and come in for half a day'. So, it was only 8 kids in the class, so we have left him and when he came back, he ran out and he said, 'I want to go to this school, I understand what-'. He understood the books, they didn't make him do things he didn't want to do. [P3 344-351]

Divergence in the data could be seen in that experiences of receiving guidance and support were not shared by all participants. One mother (P4) described how hard it was to find an educational placement for her daughter (*you were ...passed from Billy to Jack to Jill* [P4: 117-118]) because *nobody wanted to know a 4 year old who had behavioural problems and speech and language problems* [P4: 111-113].

P3 reported feeling she had been blamed (*our fault*) for her child's difficulties, both by the SLT and by the child's teacher. According to P3, the SLT *basically said it was our fault 'cause of the way we were talking to him* [P3: 265-274] at the initial assessment. With regard to school, P3 felt that Peter's presentation was being misunderstood (*but he was so tired because…*) and attributed to parenting (*he needs to go to bed early*). The following extract illustrates P3's experience of lack of support on this occasion:

Extract 7.9

> P: The teacher kept telling me, 'He's tired, he's tired. He needs to go to bed early' and I would say 'He is going to bed'. But he was so tired because he had to concentrate so much on trying to read and keep up, that's why he was so tired, you know
>
> [P3: 204-209]

7.1.1.4 Collaboration

Communication and collaboration with and between services and professionals were positive elements (*fantastic*; *it was just brilliant*) [P2: 135; 140] in participants' experiences of accessing and engaging with services. P1 felt that *the communication between the school and the [service provider] is brilliant* [P1: 425-426], while P2 praised the joint work that took place between the teachers, SLT and parents in the primary school years: *so we all just worked together… And it was just brilliant* [P2: 138-140].

The positive impact of these collaborative experiences warrants further discussion as to how such collaboration between services and professionals can be increased or enhanced.

7.1.2. Enabling access to the school curriculum

A broad range of subthemes emerged from the data in relation to enabling students to access the curriculum. Participants reflected on what had been helpful and what they wish had been done differently. Each subtheme will be explored separately below.

7.1.2.1 Access to supports in school based on diagnostic labels

All participants reported that their child had received some form of support in school. This support, ordinarily, took the form of special educational teaching and was more prominent in the primary school years (*he got more resource over in the primary school* [P2: 358-359]). For some, it

continued into secondary school, normally with a different setup. P1 reported that she was happy with the support Mary was receiving because *she's getting the help that she was told that she was getting* [P1: 265-266]. For others it may have been linked to the type of school placement they were accessing. For example, students in a special educational placement had access to these supports through the classroom setup.

P2 found that the model of supports had worked better in primary school (*a hell of a lot easier* [P2: 363-364]) but there was a downside to being *taken out* from class for one-to-one teaching:

Extract 7.10

> P: He was taken out during other subjects and that to do it. But ehm, his other subjects then did fail [P2: 125-127]

This observation raises questions about the usefulness of the pull-out model of supports (see section 2.4.6). P8's daughter, Lucy, reportedly experienced a reduction in the support (*wasn't having it all the time* [P8: 293]) she was receiving from a special needs assistant (SNA) due to resource cutbacks. The participant felt that the reduction in Lucy's support took place even though *she needed it* [P8: 294]. However, P8 observed that the experience of primary school was 'good' because as Lucy got older *she got a little more help and they understood her a lot more* [P8: 305-306]. P8's observation highlights the pitfalls of a system of allocating resources based on diagnostic labels, rather than students' needs.

Other participants reportedly went through a similar experience. P7, for example, reported that accessing supports was difficult in that Paul *ticks no boxes* and no supports could be allocated officially *because he hasn't got a label* [P7: 187-189]. It seems that any supports the school provided came from their goodwill (*I couldn't fault them for their help* [P7: 194-195]) and flexibility (*they definitely did the best for him* [P7: 195-196]).

P6 too reflected on the fact that resource allocation in the education system is based on diagnostic labels and that *having that label, it just opens so many doors* [P6: 485-486]. Being aware of how the system works, she explained how she worked hard to get Ciarán re-assessed, in order to obtain a label (*on the spectrum*) that truly reflected his complex presentation and which would give him access to additional supports (*part-time SNA*) in secondary school:

Extract 7.11

P: he wouldn't have got any, ehm, support in secondary school. He might have got 1 or 2 resource hours because of his learning disability but because they, he stayed on the spectrum and because that was on the report from [multidisciplinary team], then I sent in the reports, he now has a part-time SNA in secondary school, which has made massive difference to him [P6: 493-501]

The participants' experiences raise questions about how students who do not fit 'neatly' into a category or label are being supported in school.

7.1.2.2 Communication and goal setting with parents

Some participants reported that less communication happened between school staff and parents in secondary school, compared to primary school. A fall-out from this reduction in communication was the experience of feeling less involved in goal setting. For instance, P2 reported that Andrew *gets the few bits of resource now over there but they're not as inclined to be in contact with me* [P2: 400-402]. She was not certain (*I suppose*) as to why there was not the same amount of contact and considered several possible reasons:

Extract 7.12

I: ...what would you put it down to?

P: Just, I suppose, a bigger group, ehm, their age I suppose, thinking that at that age, they should be capable of doing it and possibly relaying it to us themselves [P2: 400-418]

Contrastingly, P2 had made earlier remarks [P2: 138-140] on how well the liaison between school staff, health services and herself had functioned when Andrew was in primary school.

In a similar way, P5 reported a reduction in the number of *reports* that he received from school, saying that they were *plenty of reports* in primary school whereas in secondary school there were *no more reports* [P5: 370-372].

Interestingly, accounts of parents of students attending special educational placements suggested that they were less affected and were still consulted in goal setting. P3, for example, told how this consultation took place *every few months* and even her son Peter is involved in identifying what they feel *he needs to improve on* (i.e. goal setting), as seen in the extract below:

Extract 7.13

P: They come back to me every few months and they write, ehm, myself and Peter sit down and we write, what we think he needs to improve on and that goes back to the school. Then I get a report back saying that they're going to do, and, and then the three of us sign it and that's what they work on with him. [P3: 842-849]

Other differences in the experience of participants whose children were attending special educational placements will be outlined in the next section.

7.1.2.3 School Placement

Participants' reported experiences of special educational placements were mostly positive. It seems from accounts that good supports were in place and the academic goals set for students were well matched to their needs. P3 felt that Peter's special school staff had been *fantastic* and *brilliant* [P3: 591] and that *he wouldn't be where he is now without the help of all the teachers and the speech therapists and all in there*. [P3: 594-596].

Nevertheless, P3 also felt that Peter should not have been in a special school to begin with, given that his primary difficulty was with literacy, not an intellectual disability. She felt strongly (repetition of *I'd love to see*) about the need to support these students in mainstream school:

Extract 7.14

P: I'd love to see, I'd love to see people like Peter, who like I said, are so normal, and they just have to struggle with reading and numeracy, I'd love to see that there'd be help for them in mainstream school, so they're not taken away and put into, like there's something wrong with them [P3: 669-677]

The final wording (*like there's something wrong with them*) perhaps suggests that, in her view, literacy difficulties should be seen as a learning difficulty, rather than a disability.

P4 and P8 both reported that their children had positive experiences in their placement in a special class for children with ASD. P4 seemed highly satisfied (*they've been very good*) with the way school staff had managed to integrate the structured support of an ASD class with flexible access to activities in the mainstream (see 'listing' of these measures below), so that she would not stand out as being *different*:

Extract 7.15

P: they've integrated her in such a way that she's part of her class. She has a locker, so do her peers. They go to sports, so does she. There's rugby at lunchtime, so does she, you know. There is no 'Oh no no you can't do that because you're -

I: Because you're in the Unit

P: Yeah. She just, she does not want to be different. She wants to be like everybody else.

[P4: 467-483]

On the other hand, P8 appeared to place more value on how the special class placement 'suited' Lucy because the curriculum was tailored to her abilities. P8 saw the benefit of Lucy being *on a totally different programme,* because *it's a programme to suit her* [P8: 1249-1251], with the emphasis being on meeting the adolescent's learning needs.

This is not to say that participants were unhappy with mainstream school experiences. P1 reported being satisfied that Mary was getting the help she needs, while P7 reported that Paul had enrolled in a new mainstream secondary school and she was pleased with the supports provided (*has been well looked after* [P7: 479]) and the flexibility they had shown around his needs. For example, a SNA who officially *belongs to somebody else... in the morning times she makes sure he's all his stuff and in the evenings time, she makes sure that he's all his stuff* [P7: 518-524]. Interestingly, P7 reported having considered the special school option but felt that such a placement *would actually pull him back* [P7: 584-585], if his schoolmates presented with behavioural difficulties (*some of the going on might be a bit silly* [P8: 986-987]).

7.1.2.4 Adaptations made to suit students' needs
Participants spoke about numerous ways in which schools had made changes to adapt academic demands to their child's needs. In some cases, the number of subjects being studied was reduced. For example, Niamh had started with a small number (not specified) of subjects but now that she was able to cope with an increased workload, her mother (P4) was going to try to *get her up to 6 subjects* [P4: 1933]. This change was intended to give her a better chance of passing the state examination (*she needs to pass 5 to actually have passed through Junior Cert* [P4: 1934-1935]). P7 too reported that Paul was studying a reduced number of subjects (six), which was a much more reasonable target compared to the usual eleven subjects, which was *crazy* [P7: 469].

Other types of adaptations made were also reported. P1 told how Mary was given an exemption from the study of Irish, which freed up time for one to one teaching [P1: 442-444]. P7 had the

support of a SNA to overlook his organisation when using the school locker and preparing for class or for going home [P7: 521-524]. Examination supports (*someone writing for her and, someone reading for her* [P8: 809-810]) were promised to P8 for Lucy, which was reassuring, given that, according to the mother, *Lucy does worry, do you know what I mean, she worries about things like that now* [P8: 799-801]. Note the repetition of 'worry', suggesting that this is a significant concern for P8.

It would seem that these adaptations had a positive impact on the students' school experience and their chances to achieve.

7.1.2.5 Desired Supports

Participants expressed their views on what supports would be desirable. P3 (Extract 7.14) and P7 [P7: 949-956] wished that there would be special educational placements ('classrooms') for students like Paul, *who would have a learning disability* [P7: 949-950] available that would be linked to a mainstream school. This would mean that they could stay closer to their friends. P3 felt that the special school option had been damaging for Peter from a social perspective, given that he had *to be taken from his friends and his school- and put into a school, where he's nothing in common with anybody* [P3: 587-591].

P2 had strong feelings (*hope*; *change*; *that they understand*) about the state examinations system. In her view, the current system was setting up students with SLCN (*students like Andrew*) to fail. She said:

Extract 7.16

> P: I hope he does his Junior Cert, I hope something comes about for him, that they change the Junior Cert cycle, that they understand that children with difficulties do not reach the same level, the same requirements as a normal child and until something is done about it they are setting him up to fail [P2: 1135-1142]

P2 stressed the importance of setting goals that were realistic for students (the stress comes out in P2's juxtaposition of 'achievement' and 'failing'), in order to achieve, which in turn builds their confidence and self-belief:

Extract 7.17

P: Set Andrew up in school to have goals to meet, set by the school and he's failing them, that's a knock-on effect, rather than going, 'right, well Andrew, this programme is laid out for you. If you can reach this, brilliant'. And then he's able to reach it and then that's an achievement. Again, it will bring him up, give him more confidence and he'll get there but I think the layout of the system, there's too many children [P2: 1076-1085]

P2's observations about the chain of related experiences between good goal setting, achievement, increased confidence and the experience of success (*getting there*) are key in the overall scheme of this project and will be revisited later.

Some participants (e.g. P2, P3) believed that teacher-training needed to improve to prepare young ('only fresh out of college') teachers better to cater for the needs of students with SLCN and not just typically-developing children: *it's like they only learn for kids who are perfect* [P3: 685-686]. P2 felt that better training (*more equipped … more training…* [P2: 1086]) would make teachers *more understanding* when dealing with students with SLCN, *rather than just seeing them as being lazy or anything like that* [P2: 1086-1091].

Summary of Theme 1

It is clear that there are a number of factors that can facilitate individuals with SLCN to fit in. With good communication and a degree of flexibility, it seems that integration can become a more realistic target for all students.

7.2 Theme 2: The adolescent as an individual and a social being

The second theme that emerged in this analysis relates to the participants' views of their adolescent child as an individual in their own right. In the first theme, factors that were external to the adolescent were considered. In the current theme, the parents see the child as a being who is autonomous, an individual who is separate from them and has both strengths and challenges. This individuality seems to be particularly affirmed when the child is seen in the context of the social world. Reportedly, how their sons and daughters relate and interact with others highlights their individuality outside the family context. Parents are witnesses to their child's interactions with the social world, especially their peers. Although their views are subjective, it is interesting to examine the image they form of their child, with strengths and challenges, and other areas where, perhaps, they have limited control or influence over the outcomes of their child's development.   Hence, the following themes emerged to inform this second theme: *Seeing their strengths, Seeing their challenges, and Relating to others.*

7.2.1. Seeing their strengths

7.2.1.1 'Traditional' strengths

All participants spoke about aspects of their child's life that were strengths. In some instances, these were strengths in the traditional sense of the word. Some might call them talents or gifts, an uncommon skill that makes the individual stand out from others. For example, P3 spoke of her son's artistic ability (*he's great with his hands*) and his handwriting skills (*he's won lots of competitions*), and how successful he has been in this regard.

P2 highlighted her son's strength in hands-on work: *His practical work in school, he's acing it, he's fantastic, hands-on, he's brilliant* [P2: 596-598]. Her wording (*he's acing it*) shows how strongly the mother feels about her child's strengths in this area.

7.2.1.2 Personality Strengths

In other instances, participants spoke about strengths that were related to their child's personality or some of their personal traits. It may be possible that, in some instances, parents were comparing their child to children with similar diagnoses, rather than typically-developing children. This comparison was not always stated explicitly, although it seemed to emerge more clearly from parents of individuals with a diagnosis of autism. P6 spoke of her son's (*caring*) and (*gentle*) nature and how people (*take to him straight away*):

Extract 7.18

> P: But we're lucky that we have, he's an extremely gentle child, very loving, very caring, very open and- he's just a lovely child, he's got a lovely personality, which, I think has helped him extremely well along the way, because anybody who meets him, ehm, just kind of take to him straight away
>
> I: Ok
>
> P: and he's very friendly, so he's a very easy child to work with and I think maybe that's why he has done as well [P6: 28-41]

P3 emphasised her son's popularity with his friends and their parents and how he has the *gift of the gab*:

Extract 7.19

I: Can you tell me more about how he gets on with the group and -?

P: Brilliant. They're all very fond of him. All the parents love him. Eh, they're always going- like I say, he's a great sense of humour, he's very easy to get on with, Peter is, and he has the gift of the gab kind of, do you know that way? [P3: 786-794]

A mother of a girl with autism (P4) pointed out how her daughter was not reluctant to try out new things, as one would normally expect from an individual who has autism: *She doesn't like anything too out of the ordinary but she loves to do everything. If there's any sports, if there's any art, anything, she will try and do it.* [P4: 437-440]

7.2.1.3 Self Care and Independence

Adolescents' ability to carry out self-care tasks was prominent in participants' reflections on their strengths. The parents also shed light on areas where they felt their child was independent and able to do things for themselves. P7 made an interesting comparison between her son and his siblings to show that his self-care skills (*he'd make himself a toasted sandwich* [P7: 603-608]) are typical for his age. She also highlighted that her son and his siblings were at a similar level of ability: *He wouldn't cook a dinner but, none of my children would cook it* [P7: 603-608].

P2 reported that she could see these skills emerging in her son:

Extract 7.20

P: His independence, I suppose, getting himself something to eat, he's starting to cook for himself, he looks after his own hygiene, all of that now he's very much independent [P2: 972-976]

In P8's case, personal care is carried out independently by her daughter, as part of her daily routine for example*, gets dressed, gets cleaned, gets ready, lunch box ready for school.* [P8: 984-988]

7.2.1.4 School and academic strength

A father (P5) felt that his daughter's positive disposition towards school was a sign of being content. He spoke of how *she feels happy. She feels happy, because, if she going to school, she always ready to go to school, so she have no problem*. [P5: 453-455]

Another participant (P4) described how her daughter's motivation to do well in Maths allows her to help weaker students. P4 reported how in her daughter's class there are *children with no special needs in her class and she helps them*. [P4: 986-1000]

The variety of strengths that emerged in participants' narratives is notable. It is ironic, in certain ways, that the areas of strength reported above are often cited as challenges for individuals with SLCN. For example, the friendliness and sociable disposition of someone with a diagnosis of autism is not typical, although each individual case is unique. A range of social strengths was also mentioned. These strengths will be discussed in a later section dealing specifically with the child in the social world (Section 7.2.3 *Relating to others*).

7.2.2. Seeing their challenges

A number of challenges were discussed by participants, as one would expect. The majority of these challenges were related to the adolescents' SLCN. The SLCN challenges will be a separate theme (Theme 4). The current subtheme looks at non-SLCN challenges, to consider these challenges separately. In reality, challenges are often connected and a degree of overlap would be expected. The reason for this separate treatment is to allow a greater focus on the SLCN theme, which is more central to this study. Similarly, social difficulties are discussed in the following minor theme (*Relating to others*).

7.2.2.1 Co-occurrence of difficulties

A theme that ran across participants' data was the fact that difficulties of different types often co-occurred. When combined, these difficulties add to the complexity and the scale of the challenges experienced by adolescents and parents. For example, P7 told how her son receives help from a Special Needs Assistant in school with his organisation, telling the interviewer how *she makes sure he's all his stuff and in the evenings time, she makes sure that he's all his stuff* [P7: 521-528], an essential skill for survival in secondary school.

Other participants outlined how the accumulation of difficulties had an impact on their learning and performance in school: *School is a very big challenge for him because the-the- I suppose the concentration, the memory, and his vocabulary* [P2: 307-309]. In P6's case, one gets a sense of the co-occurring difficulties outweighing the progress made in other areas.

Extract 7.21

P: you'd look at him and you'd go, he's so friendly and he's communicating so well, he's getting on very well in school ehm but at that stage, in second class, the mild developmental delay and the learning disability were starting to kick in a bit [P6: 265-271]

Other areas that were mentioned were sensory issues, behavioural difficulties and medical conditions with one parent commenting that they *did discover, when she was 11, 10, 10 I think, that she was also epileptic*. [P4: 309-310] These difficulties can have an impact on basic daily functions, such as meals and family activities. For example P4 reports how *at dinner time, she has ketchup with everything, everything you give her* [P4:889-890]. She also tells how her daughter *doesn't do cinema at all, far too* loud [P4:801]. Regarding behavioural difficulties, P4 reflected that:

Extract 7.22

P: she's difficult, she still is quite a difficult child, she has, she's behavioural issues, she can be quite [pause] oppositional [P4 280-282]

P4's words give us a sense of the scale (*difficult* repeated twice) and complexity (note the pause before P4 uses the word *oppositional*) of the challenges that Niamh, her family and other people around her have to deal with. It suggests that the challenges entail more than a communication problem.

7.2.2.2 Awareness of own difficulties

Most participants made reference to their child's awareness of their difficulties. This issue is especially pertinent to adolescents with SLCN, as younger individuals may not have developed such an awareness. Some participants discussed the child's awareness of the difficulty, while others spoke about the awareness of difficulties in relation to their peer group. P1 and P7 spoke about the awareness of the difficulties on a generic level. P1 highlighted that Mary *knows she struggles* [P1: 327], while P7 reported how her son would say he wants to *get his brain checked because he can't remember things, because he can't grasp things* [P7: 1021-1027].

Other participants made reference to their child's awareness of their difficulties when compared to others. P2's words are stark (*went down*) and suggest a loss of innocence:

Extract 7.23

P: But that's when he just went down and he knew he was different to everybody else
and he struggled, big time [P2: 489-491]

In the case of P6, one gets a sense of the child trying to come to grips with a developing self-image, marked by his awareness of different aspects of his condition (*he's conscious*), using wording that might be hurtful to parents (e.g. *freak*; *weirdo*):

Extract 7.24

P: But since going to secondary school, he's definitely more aware that he's different, you
know, he asked me a couple of weeks ago, 'What's a freak?', 'Am I a bit freaky?', 'Am I a
bit of a weirdo?' [P6: 848-852]

7.2.2.3 Learning difficulties

Some participants highlighted the struggles their children face with learning, for a host of different reasons. P8's daughter, for instance, has autism and her learning is *driven by her interests*, which can make it very narrow in its focus:

Extract 7.25

P: if she'd no interest in it, no. She's only reading it for the sake of it but she's looking all
around and she's

I: Ok

P: Yeah

I: So she's very much driven by her interests

P: Abs- very very much, yeah, very much. And very hard to change her [P8: 647-658]

P2 tells how *everything had to be repetitive with him and it was just over and over again*. [P2: 296]
She emphasises the repetitiveness of it all with words like *repetitive*, *over and over* and later
constantly and *learning it again*. These words give a sense of being unable to reach the goal, to
assimilate and move on, suggesting that this must have been a huge challenge for both parent
and child.

Other participants, such as P5, simply refer to the severity of the difficulties, using words such as
challenge.

Extract 7.26

P: Uh huh Learning, that was, very very challenge for Rebecca [P5: 292-293]

For P5, the repetition of the word *very* intensifies the intended meaning of how significant the educational challenges for his daughter are.

7.2.2.4 Gap with peers

The challenges faced by participants' children in learning were often placed in the context of the relative progress made by their peers. Participants used wording like being *behind* (P2) to convey this notion. P2, for example, tries to measure the scale of her son's delay and his slow rate of his progress in years: *I'd say, nearly come 5th Class, he was still nearly 2 years behind* [P2: 156-158].

She later focuses on homework to show how, even on a daily basis, things were much harder for Andrew. P2 explains how *the normal child would take 10 to 15 minutes to do the homework. It would take Andrew 2 to 3 hours* [P2: 277-280].

P3's words also suggest a feeling of being left behind with one parent telling how they felt that their child *seemed to be staying the same learning-wise* [P3: 70-73], as others progress. Other participants (e.g. P6, P8) use the comparison with peers to place their child's progress in context for what is typical of a child of the same age.

Extract 7.27

> P: he's in mainstream secondary school. He is coping but he finds things an awful lot more difficult than his peers [P6: 21-23]

7.2.2.5 Lack of independence

There were mixed experiences reported on the subject of independence. While it seemed to be a strength for some individuals (e.g. P3, P7), it was a challenge for others (e.g. P1). P1 described how she needs to *push* her daughter to be more independent, for instance when they are out shopping together:

Extract 7.28

> P: Just, to get her going now, you know. It's harder to push her you know sometimes but she is getting there, you know.   [P1: 578-581]

P6, who reported that she encourages Ciarán to try to do things for himself at home, feels that in the greater scheme of things he lacks the skills to be independent, stating how *he's not an independent child by any manner of means*. [P6: 1282-1283]

Similarly, P8 tells how a system was put in place for Lucy to ensure that she is always accompanied during the transitions between school and home: *There's always someone there to bring her to the car* [P8: 1037-1046]. She says that she would be *worried* and leads the listener to understand that she would be worried about what might happen in that situation, if Lucy was unaccompanied: *Now she probably would be fine, do you know what I mean, but I'd just be, yeah, she wouldn't be, you know* [P8: 1037-1046].

The challenges described above were themes common to several participants. One can form a picture of the range and scale of difficulties faced by the adolescents in question. The strengths and challenges of adolescents with SLCN should both be taken into account to obtain a balanced view of their presentation.

7.2.3. Relating to others

The theme of relating to others captures the relationships developed by participants' children with others, in particular with their peer group. All participants seemed to understand the importance of their sons/daughters having friends. They spoke about the friendships their children had and the quality of these friendships. For most, it seems, that there were friendships or good relationships but it seems that their quality was not deep or mature. The theme is broken down into three subthemes: *Having friends and being accepted*, *Mixing with others,* and *Maintaining friendships:*

7.2.3.1 Having friends and being accepted

Most participants reported that their children had friends. P3's account stood out as the most positive, claiming that her son was doing very well in this area and it was clearly one of his strengths: *He's very easy to get on- His friends all- He's very popular like amongst his friends, they all get on great* [P3: 798-800].

P1 seemed happy that her daughter had several friends: *She has lots of friends, yes and they're lovely girls like* [P1: 251-252] but reported that she needed longer than others to develop friendships:

Extract 7.29

> P: it might take her a little bit longer than anyone else kind of to [pause] start a friendship, but she does, she'll just take, she'll just be that little bit slower going in like [P1: 548-552]

For some participants, seeing their children engage in friendships was a rare occurrence. P6 [P6: 49-54] and P8 [P8: 868-878] below, both spoke about friendships being nearly unrealistic, due to their children's autism traits. P6 highlighted Ciarán's sociable disposition and yet *he doesn't have any friends*. It is as if regular friendships cannot happen because of having a different make-up:

Extract 7.30

> P: he's very friendly, he's open to meet new people, if he came in here, he'd smile at you, he'd say hello, ehm, but yet at the same time he doesn't have any friends because he finds it so difficult to fit in with his peers [P6: 49-54]

Similarly, P8 pointed out that Lucy had limited interest in friendships but had shown an interest in one other child. P8 alludes to the same notion of the friendships being difficult for individuals on the autism spectrum, due to a different make up.

Extract 7.31

> P: she's the only child that Lucy actually asked about or, you know, talked about , or whatever, so- She gets on really well with this girl but I find, Lucy, how would I put it, like kids on the spectrum, kids, she'd have more in common with -
>
> I: Ok
>
> P: D'you know and she gets on more, well, with them [P8: 868-878]

In contrast, P4, whose daughter Niamh also has autism, spoke differently. Niamh clearly wants to have friends but often goes about it the wrong way. For example P4 explained that Niamh can often take *nosiness to a whole new level* or as she described it *stalkerism* [P4: 1569-1570]. Later Niamh's mother spoke of a recent sleepover she was invited to and how successful it had been:

she was great and she came back overexcited. Cause she had been away. Because she doesn't go anywhere [P4: 662-668].

P4 appeared to have been apprehensive before the sleepover, possibly fearing the worst, given the degree of Niamh's challenges. In this case, being invited was a definite signal of acceptance on the part of Niamh's friend. Likewise, being able to see the sleepover through without mishaps was a definite way for Niamh to prove herself worthy of this acceptance, hence the thrill she felt after the sleepover.

7.2.3.2 Mixing with others
Some participants spoke about their children mixing with others in a way which was distinct from having friends. They showed that their child did not have any issue being in a social environment and did not withdraw from social interaction. P2 said that Andrew goes to social events, such as his *youth club* or the local discos. It is an enjoyable experience for him and he looks forward to it:

Extract 7.32

> P: he'll go to the disco or he'll go, he's part of a youth club and he goes to the [Youth Club name],
>
> I: Ok
>
> P: And it would be no problem for him to go down on his own and he'll mix down there, you know [P2: 798-806]

P1 says that things improved for Mary. She goes out with her friends now, whereas in times gone by she would have been more withdrawn with her mother remembering a time when *she'd sit in here the whole summer* [P1: 591-596]. P1 sees this as a sign that things are going well, with only a little bit of support required.

Peter, P3's son, has achieved independence in this area and clearly has no issues mixing with others ('he does all that stuff'). Peter's mother recounted how *he's out, like, we rarely see Peter over the weekend, he's out with them all the time* [P3: 811-815].

Mixing in school was an area of strength highlighted by P7, which she is pleased with:

Extract 7.33

P: they would put him in to first class, first year group, you know and he likes that you know, he's mixing, we'd have no problem at all with him in the school, we'd have no worries [P7: 817-820]

Nevertheless, while several adolescents were reported to have this ability to mix, it did not always lead on to the next step, which would be making and keeping friends. This challenge is reported in the next section.

7.2.3.3 Maintaining friendships

This theme emerged in the accounts of the majority of participants. The theme was informed by some clear statements on this topic, for example, by P2 talking about her son Andrew:

Extract 7.34

P: I would say he has no problem going out and making friends. But he does have a problem keeping friends. He's grown up here practically all his life and he doesn't have a best friend [P2: 734-737]

It is interesting that she uses the idea of having *a best friend* almost as a 'minimum standard' for success in the area of friendships. She seems to say that Andrew hasn't achieved a basic feature of development as regards to forming friendships, despite having had all the opportunities to do so. She continues by saying that Andrew does not connect that well with his peer group and appears to have a better connection with younger children (*rather than the older group*) in the neighbourhood:

Extract 7.35

P: he wouldn't have many people knocking for him, you know, I actually find it's the young kids that would maybe call for him, you know and I think that's just the wavelength that Andrew is on, rather than the older group [P2: 761-766]

Perhaps this explains why he has difficulty keeping friends, although it is not clear why the younger children cannot be counted as friends.

P7 spoke of a similar difficulty with her son, whereby the older he got, the fewer social invitations he seemed to receive:

Extract 7.36

> P: everybody seems to, 'Well Paul', you know, 'Well Paul', like they'd all say hello to him and ehm, they're all, if you met somebody, 'Oh yeah, they all love Paul' but he wouldn't, like, they wouldn't be inviting him to their house or that type of thing, he would never really have that.
>
> I: Ok
>
> P: Like he wouldn't have had any play dates really.
>
> I: Is that going back to -
>
> P: Yes, yes, well a bit at the beginning. The older we got, the less play dates he would get, you know [P7: 542-559]

It is interesting to note that P4 empathises with others who would have to make allowances for Niamh's challenging behaviour, acknowledging that there are limits to how many allowances they can make: *She can be challenging behaviour that people kind of thinking 'Oh, I don't know if I can do that all night long' you know* [P4: 672-674].

P6 too seems to provide a detailed analysis of the reasons why Ciarán does not have friends, indicating both a lack of know-how and also a lack of interest:

Extract 7.37

> P: he's so friendly though, he tries, you know, he tries, he's aware, he's aware that he, at this stage now, he's aware that he doesn't have any friends, he and he wants friends [pause] but he doesn't know how to get a friend and to keep a friend
>
> I: to keep them yes
>
> P: And he doesn't really have the interest in maintaining a friendship. He likes to sit on his own, having lunch [P6: 749-760]

One might wonder whether not having friends should be considered problematic, if the individual does not feel there is a problem. The question arises if it could be more of an issue for everyone else, rather than the individual.

Related to this idea, P5 makes an interesting statement where he stresses the importance of having friends and the benefits (*helpful for her*, *more experience*) it would have for his daughter: *Friends, that's eh can building more eh more experience, more knowledge* [P5: 741-748].

Summary of Theme 2

When considering the presentation of adolescents with SLCN it is important to take into consideration both their strengths and their challenges to maintain a realistic picture. Friendships appear to be a challenging area for adolescents with SLCN but there appear to be good foundations to build on.

7.3 Theme 3: The role of the parent

Rich and varied parental accounts provided insight into the multi-faceted role of parents of adolescents with SLCN. While each participant's personal situation was unique, some commonalities emerged. Perhaps, some of these aspects of the parental role are extensions or projections of the typical role of all parents. Even if this is the case, it is worth examining how these aspects of the parental role are influenced and forged by their individual situation and set of circumstances.

7.3.1. The various roles of the parent

7.3.1.1 The role of the parent as a support to their child

Parents were concerned with supporting their child to fit in well into various contexts: within the family, socially, in school and any other relevant context. Mary's mother, P1, explained how she often gently encouraged Mary to become involved in social conversation.

Extract 7.38

> P: we were out at the weekend, she'll just be sitting there, I think, there, there was another, guy and girl, they were young as well, only fourteen, fifteen, and she's sitting there, I said, 'Come on, move over and talk to the younger people' I said like, you know what I mean like and it took a bit longer but she does, she can manage it [P1: 553-561]

It is interesting to note the sense of belief that she has in Mary, that is, that she is encouraging her to do something she believes she is able to do. It may feel difficult for Mary but P1 can see that she is capable of it. The theme of belief in the child's abilities will be explored separately (Subtheme 3.1.4).

P4, on the other hand, depicts some interesting scenarios in the home situation. She has special jobs for Niamh. She feels that these jobs, while seemingly tedious on a superficial level, give her a sense of worth and importance. One can see that P4 goes out of her way for these jobs to remain Niamh's and is very deliberate in her approach:

Extract 7.39

> P: She needs to be needed, she constantly needs to be needed, even to the point where she- ha ha I do laugh at her, 'cause I'd hoover all downstairs and leave the hoover deliberately on the bottom of the stairs, 'Niamh, when you're going up, will you put that up for me, please [pleading tone] I'm so old, these bones won't take me upstairs'. And she'd do the whole, '[huffs] Why now me' but I know out of the corner of my eye she's going [smile] because that's hers, I never need anybody else to put it upstairs [P4: 1686-1698]

It is interesting to note how the participant enacted the scenario to provide a vivid description.

Other parents spoke about the emotional support they provide to their adolescent children. They encourage them to persevere with challenging tasks, typically academic tasks. P6 reports that she has talked to her son about the fact that *maybe you have to work harder at some things but there's nothing wrong with working hard and it makes you a better person* [P6: 1724-1727].

P3, on a similar note, sums up the challenges entailed in living with dyslexia: *Yeah, it's made out to be not a big deal but it is for, for the kids that are going through it, it is. And the parents* [P3: 1343-1346].

Participants also made reference to the support required to help adolescents accept their differences with peers, when they start to notice them. P6, for example, puts it succinctly in this quote:

Extract 7.40

> P: I say to him, 'People are different, in lots of different ways and that's what makes the world so interesting and so- ', I said, 'It's ok to be different', so, I never want to give him a reason not to try [P6: 1716-1720]

7.3.1.2 The role of the parent as a mentor

The support aspect of the parental role at times extended into a mentoring or coaching role. This role could be seen in situations where the parent invites the child to carry out a specific task with the intention of helping their skills in certain areas improve, for instance, their memory and retention or their ability to carry out tasks independently.   P2 gives a practical example in the following scenario:

Extract 7.41

> P: I'd send Andrew to the shop as part of a memory programme, ehm I wouldn't see it as being independent ehm, I, we do the memory exercises and that with him and it would be giving Andrew say 5 items to get from the shop and he'd come back with them, do you know what I mean? Now, the odd time, he wouldn't but he wouldn't have the cop on, well he's starting to have the cop on now, that if I send him over for Brennan's pan and they didn't have Brennan's pan, he wouldn't think, 'Sure, I'll get this white pan', you know, but he's starting to show 'But Ma, this one was the cheapest one', so he's shown, you know that he's using the brain [P2: 999-1013].

The participant's 'enacting' of the scenario provides a snapshot of her experience of Andrew's development of *cop on*.

Her words were echoed by P1, who is targeting greater independence for Mary: *it's kind of, now it's got to 'Ok, well can you go down to the shop for me?', it's just things like that I'm making her do now like, to get her out, as I say, make her independent* [P1: 609-613].

An interesting thought was brought up by P2, where she seems to say that there are limits to the amount of hand-holding that can be done. She explains that *she used to sit down with Andrew, do his work, go through it step by step and he'd get it done. But this year he's definitely on his own* [P2: 579-582].

P2's words above (*make her independent*), suggest that a parent may have to step back and let their child fend for themselves, in order to promote their independence. This approach implies some degree of learning from failure, which, one would imagine, no parent likes to see.

The mentoring or coaching role might not always be easy to fulfil. Some aspects of the child's development might not change or might be very resistant to change. It can be difficult for parents

to accept this challenge. P6 speaks about how hard she is finding it to try to improve her son's social skills: *I genuinely don't know how to improve his social skills, I really don't* [P6: 1255-1257].

For a variety of reasons, participants took on a protective role with their adolescent sons and daughters. Aside from the obvious legal role of protecting a minor, there were a number of other factors that called for the protection of the adolescent.

Participants saw ways in which their child was vulnerable, more so than their peers perhaps. They felt the need to protect them from situations where their vulnerability could be exploited by others. For instance, being out late was something that P2 would not allow Andrew to do, as it carries too many risks:

Extract 7.42

> P: he's only 14 and he's [pause] he would be easily led and he'd do anything for the laugh
> and he wouldn't see the seriousness of it and I certainly wouldn't put him in the situation
> where anything like that could happen. [P2: 907-913]

However, not all adolescents were equally vulnerable and some were perceived to have good awareness around bullying and victimisation, such as in the case of Paul, whose mother said *one thing he'd be aware of, he wouldn't let you bully him* [P7: 775-776]

Adolescents who use social media were also deemed to be at risk for exploitation, according to some parental accounts. P4 provided some anecdotes on how use of social media had become a worry for her, prompting her to take action to put boundaries in place to protect her from potential abuse. She explained that *they did have an open policy here and it went great for a while that you only used Facebook only ever went on there [points to computer] because I'm always here in the kitchen* [P4: 1599-1610]. P4, however, also related how she wanted to check Niamh's online presence and made the following discovery: *And my sister came around one morning and we got into her Facebook, eventually. And she had nine hundred and something friends* [P4: 1616-1619]. Upon this discovery P4 *lost the cool completely and I blocked her off Facebook* [P4: 1645-1647]. This example seems to show the importance of parental awareness of their child's online interactions as a way of keeping them safe online.

Other participants alluded to a certain amount of background monitoring they carried out. In a sense, this is a kind of safety measure. For instance, P3 said she would keep an eye on Peter's

books or writings, in his room: *I would see them because I would be up noseying [laughs] in there* [P3: 1187- 1188].

Such information may not be forthcoming from the adolescent or, in some cases, intentionally concealed from their parents. Niamh's mother gives a colourful description of how she would like to know more about Niamh's thoughts and feelings, as it *frustrates* her when her daughter opts to keep her *mouth shut*:

Extract 7.43

P:	Niamh would come and have her dinner and would keep her mouth shut. That frustrates me -	
I:	Ok that's -	
P:	'Cause whatever is going in your head, I need you to tell me.	
I:	- and there's nothing you can do to help to, to support her	
P:	No, I'd love to chop off her head and have a good look inside -	
I:	[laughs]	
P:	and I wouldn't even rearrange her, I wouldn't fix her, I wouldn't do anything. But just to know what's going on in there [P4: 1181-1200]	

This description from P4 uses powerful language to describe the desire of a parent to know what their adolescent is thinking in what would appear to be a wish to protect them. The lack of information offered by the adolescent may result in greater vulnerability and might make the parent's protective role harder to carry out.

P5 appeared to take a different approach in this matter. He trusted that the school would let him know, if there was a problem: '*yeah, they will called me, to explain what happened to Rebecca*' [P5: 851-853]. It is not entirely clear whether he is referring to a specific type of problem here (e.g. educational, SLCN-related) or any problem, on a general level.

A different type of protection emerged in the interview with P6. She was concerned about the potential for ridicule sparked by visible differences in behaviour and presentation (motor tics). The emotional component of the protection (*don't want to see your child upset or hurt*) she wishes to offer Ciarán comes through in this excerpt:

Extract 7.44

P: Because they just bring attention, it's another thing, that is just separating him from their peers. And of course, nobody wants their child to be looked at, and somebody to call them, you know, 'You're a freak' or 'You're - '. For himself, for his, his feelings, you don't want to see your child upset, or hurt or - But unfortunately it's not something I can do anything about it, I can try -

I: Yes

P: and help him contain but can't cure [P6: 978-990]

Interestingly, this excerpt strikes a contrast with an earlier one [P6: 1716-1720], where she explained how she motivates Ciarán by reminding him that everyone is different and that it is 'ok' to be different. Perhaps, this raises a question on whether there are differing scales of 'acceptable' differences in society.

7.3.1.4 Parents believing in their children

Several participants showed their belief in their children's potential to succeed. P2, for instance, highlighted how, despite differences in academic attainment when compared to his peers, she felt that Andrew was achieving well for his ability: *he's 14, I know he's not at the level where all the other kids are but for what he does he's, to me, he's very much up there but yeah* [P2: 1017-1020].

P1 echoed the same feelings about Mary's venturing out of her comfort zone to interact socially. She appears to be 'slower': *she's a bit slower but is showing achievement: but she's no problem doing it now* [P1: 614-620].

The idea of 'thinking ahead' of the child was brought up in other interviews [P4: 491], [P6: 1255], [P7: 918-925,] where participants made reference to their endeavours to find ways to help their child succeed. These endeavours ranged from P3 trying to find work experience ([P3: 724], [P3: 771-772] and [P3: 1238]) for Peter to P6 wishing to access a youth club for Ciarán. She expands on her rationale in the following excerpt:

Extract 7.45

P: he is becoming aware that he is different, and he, he is struggling emotionally and mentally and stressful situations and just for his mental wellbeing, for maybe for him to know that he, he fits in somewhere, that there's somewhere where he can just be himself. He can relax, he can be happy, you know and have fun, maybe play pool, you know, maybe just computer games, just somewhere like that I suppose

I: Ok

P: Just somebody, you know, that, there's somewhere there, a youth club. [P6: 1398-1412]

7.3.1.5 Making important decisions

Something that stood out in participants' accounts was the reference to the key moments when important decisions had to be made. These decisions often were linked to significant emotional components, meaning that they were not easy decisions to make.

P1 spoke about certain points in Mary's progress through primary school, where there was a 'reality check': *We could see problems* [P1: 46] and the parents felt that action needed to be taken: *We kind of said, OK, before she leaves primary we need to get in and see what the situation is so* [P1: 100-102]. P1 reported the following:

Extract 7.46

> P: Shocked with the prices, I think it was- we paid, a quote of 500 Euro and 400 Euro, but, I mean, it had to be done, and we got it, we got her was tested [P1: 114-117]

The child's wellbeing was prioritized over everything else. Likewise, P8 placed the focus on Lucy's wellbeing when selecting a secondary-school placement for her. It was not an easy decision, because Lucy's father reportedly had a different point of view. Lucy's happiness provides good justification for the decision and P8 felt it was a good decision in the end:

Extract 7.47

> P: Do you know what I mean, so, like she needs, there's no point in saying, 'I'll put her into mainstream and see how she gets on'. I just know it just wouldn't work
>
> I: wouldn't work, yeah
>
> P: So the best thing was putting her into that autism unit, it just suits her and she's happy and it's her level and -
>
> I: good
>
> P: you know, and she is, like she's happy everyday coming home, you know what I mean, what she did. It's working for her. [P8: 1274-1289]

Some decisions were linked to more acute situations and required immediate or drastic action. P4's daughter, for example, displayed concerns of a mental health nature. P4's wording is interesting and again vivid: *I just thought this, something red flagged and I thought, no, we're not right here* [P4: 1236-1237]. The wording (*red flagged*; *not right*) suggests the perceived seriousness of the situation.

7.3.2. The relationship with the child

7.3.2.1 Openness, trust and support

A big decision that parents had to face up to was whether to disclose the diagnosis to their child and, if so, how to do it and when to do it. It seems that most participants had, in fact, discussed with their children what their difficulties were and sought to reassure them that it was 'not their fault'. For example, P3 said:

Extract 7.48

> P: he knows he's dyslexic, he knows he has an auditory problem, you know, it's, he he knows it's not his fault or anything that
>
> I: Ok
>
> P: He knows that he, he knows in our family there's a history of this type of stuff, in our family, so, you know [pause]   [P3: 562-571]

The openness and trust in the parent-child relationship can been seen in the following two excerpts from P1 and P2, where there is a sense of difficulties being acknowledged and tackled jointly:

Extract 7.49

> P: her father has been quite open with that to let her know, what's been done and what help she's getting and whatever problem she has she'd say to us and I'd say it at the next meeting and, which is great like, you know what I mean [P1: 315-321]

Extract 7.50

> I: Do you think Andrew understands what his difficulties are?

P: He does, he does understand them because I'm very open with both of them and I'll explain to Andrew he needs to do this, even though it's tough and it's hard. And he'll tell me he can't. I said 'But you're going to, you're gonna have to push yourself [P2: 689-697]

P8 felt strongly about the need to be open about her child's diagnosis with others and with Lucy herself. As she explains, it led to acceptance and the ability to be at ease with who Lucy is and how she presents. She describes how she came to the decision to disclose Lucy's diagnosis to Lucy herself and to others. This decision appears to have been beneficial to Lucy (*she's proud*) [P8: 440-456] and to P8 herself:

Extract 7.51

P: I heard other children saying, [mimics accent] 'What's wrong with her? Why does she speaking like that?'. So after that, after I heard that that day, I started telling everybody -

I: Ok

P: *she had autism. So, it was easier. Instead of trying to make her out something she's not, I think lot- and even parents with kids with autism, as soon as they accept it [pause], it's so much easier* [P8: 1400-1415].

Conversely, P6 gave her reason as to why she feels she should not disclose the diagnosis to Ciarán, fearing that it may become an excuse not to apply himself to his goals in life. Considering how far they had come with Ciarán, she does not want to take this risk: *But I always fear that if I tell him, 'You have autism', he's gonna say, 'Oh', he's gonna give up* [P6: 1735-1737]

These divergent views show the subjective nature of these decisions suggesting that there is probably no hard and fast rule, and that every case has to be considered in its own context. Nevertheless this appears to be a challenging decision for parents to make.

7.3.2.2 Looking to the future

A sense of hope was expressed by some participants regarding the future. P7 showed that she and her husband were keeping an open mind about what the future might bring: *Like I say, we take every day, every week as it comes* [P7: 836-837].

P6 used her past experience to illustrate how it is important to have hope and to persevere, even when other people may give you indications to the contrary:

Extract 7.52

> P: That's what we're working towards, I never say never, you know, when we, when he
> was quite young, people would say to us, 'He might never talk' or 'He'll never ride a bike'
> and then he rode a bike. 'He'll never ride a bike without stabilisers' and then he rode a
> bike - you know, we would, he will ride a bike, we were determined you know, we got him
> out, so he rides a bike without stabilisers and- we, we aim towards independent living for
> him, we definitely do [P6: 1268-1278]

The way she contrasts what was predicted and what was achieved serves as evidence that
predictions may not always be correct.

Naturally, participants also had worries about the future. P3, for example, appeared to grapple
with the challenge of finding suitable employment for Peter. P4's worries, on the other hand,
were about how Niamh's behaviour might make her stand out as she gets older, with people
possibly being less sympathetic or tolerant:

Extract 7.53

> P: She's very like, 'I don't give a shit' and that to me, as she gets older and older and
> older, is where we're going to get difficult
>
> I: mm hmm
>
> P: Because it's being, it's nothing to do with being age-appropriate, it's to do with the
> older she gets, the more different she looks and behaves and that's it. And her diff- her,
> we learned to adapt with that, I think she life, but the older she gets, the more people are
> looking at her and going, 'What is wrong with this thing?' and I find that the hardest part
> [P4: 1500-1514]

Participants showed that they had gained certain wisdom from their past experiences. This
wisdom enabled them to plan for the future in a smart way, whereby they would not set up their
children for failure. P2 expresses this theme very clearly below:

Extract 7.54

> P: to be realistic with him, you know, he's struggling already so much, you know. Ehm Do
> I want to put my child on the border where it gets too much for him and it gets too much
> altogether or do I let him keep going at his own pace, which is exactly what I will do? [P2:
> 1146-1152]

Summary of Theme 3

This theme provided evidence of the diverse role of participants as parents of adolescents with SLCN, including supporting and protecting them directly, mentoring them, and facing the difficult task of making important decisions such as choosing a school placement and adjusting the academic workload to their needs. Thinking and worrying about the future was also evident among participants.

7.4 Theme 4: SLCN shading people's lives

The fourth theme relates to living with SLCN. The participants' recounts tell us how SLCN manifests in daily situations and the kind of impact it has on the adolescent and those around them. The impact needs to be considered because it is clear from the data that it is inevitable. The data suggests that one cannot live with SLCN and not be affected by it. As earlier themes showed, there are areas of strength, which must not be ignored. Here the focus is on what specific types of SLCN were included in participants' accounts and how they saw them impacting on their lives. There was often overlap between the description of the SLCN and the information given about its impact.

7.4.1. Manifestation/s of SLCN

7.4.1.1 Language comprehension difficulties

Participants spoke about a range of SLCN. For many, there were comprehension difficulties, which had started in early childhood and became more pronounced in adolescence. These difficulties spanned across the social and academic context. In the social context, for instance, Peter's mother explained how she is so tuned-in to this difficulty, that she is able to read the signs that Peter is not understanding what is said to him:

Extract 7.55

> P: Like, I'm used to Peter. I'm used to kind of, at times, answering for him or explaining things to him. I know now by the way he looks at me that he doesn't know what someone's saying, so I just explain it out to him. So that's a worry, obviously, for when he's working [pause] [P3: 299-305]

Andrew's mother told about his difficulty with understanding social or colloquial language (*lingo*), which leads to ridicule and vulnerability:

Extract 7.56

> P: He struggles. He doesn't understand the lingo that they speak, you know, the social aspect and he doesn't pick up on it and then when he does, he picks up on it wrong and then, they laugh. There is another lad here that is the same as Andrew. He's adhd and I have found that a couple of the other lads, of their peers, have persuaded them to do things. Do you know what I mean? They say, 'Oh come on lads', you know and they are, they are easily persuaded [P2: 738-748]

In the two examples above, the implications of the comprehension difficulty are clearly indicated by the parents and are of concern to them.

Comprehension in an academic context was a concern for most participants. It is hard to learn or to answer questions when the adolescent does not understand what is being conveyed or what is being asked. The breakdown often occurred at the language-comprehension level. In many cases, the adolescents find it hard to figure out the meaning of the question. For example, P8 reported:

Extract 7.57

> P: You know, if like, say I wrote a, or read a problem, a Maths problem and I said it to her and she's looking at me like 'I don't understand it'. If I put it in an easier version then she-
>
> I: she would understand it
>
> P: Yeah, you know. And that's a lot of things, things have to be said in a different way
>
> [P8: 254-263]

Perhaps this indicates that the use of simpler language, in a supported environment, could allow students with SLCN to enjoy greater access and participation in learning.

On a related area, participants highlighted how adolescents tended to do well in the practical part of a subject but struggled to grasp the theory. For instance, Andrew's mother used woodwork as an example, saying that he was doing well in the hands-on part, but not in the theory part:

Extract 7.58

P: if you combine the theory part, he fails it because he's not able for the theory part because although he knows what he's doing, he just can't put it down on paper, so he struggles there. [P2: 618-621]

7.4.1.2 Reading and processing information

Difficulties related to reading were a major stumbling block in learning and progressing academically. Some adolescents had a formal diagnosis of dyslexia, while for others there seemed to be a reading difficulty combined with other difficulties, such as comprehension or attention difficulties.

Peter's mother returned to the issue of reading a number of times (e.g. [P3: 406-409] and [P3: 1102-1106]). It seemed to be her focal point when she reflected on where Peter had come from and his prospects for the future. The choice of school placement centred around his reading ability. His ability to learn, in her view, was curtailed by his challenges in reading: *He only has the learning- the reading ability now of an 8-year old. And that's with all the one-on-one help he's after getting in [Special-School Name]* [P3: 406-409] with the parent elaborating: *but the problem with Peter is with reading, he's not taking it in, he's not processing it, he's not remembering what he's after reading* [P3: 1102-1106].

Lucy, whose main diagnosis is autism, also has dyslexia. Her mother provided an example of how it affects her learning:

Extract 7.59

P: Yeah, you see, the dyslexia as well would have a lot to do it with it. Like she, if she's seen a sum, figures

I: Yes

P: she'd be ok, but when she sees a written problem, like she couldn't.   [P8: 579-586]

7.4.1.3 Pragmatics and social communication

Most participants expressed their concerns around their child's ability to communicate in social situations. In a number of cases, participants felt that the adolescent's conversation skills were poor and gave rise to negative social repercussions. Both P6 and P7, for example, went into detail, describing how despite the fact that turns were taken, the conversation did not come together as a meaningful and rewarding experience for the parties involved in it:

Extract 7.60

> P: Oh yeah, he'd be very friendly, you'd be worried that he'd be over friendly to people
> and shaking their hands but he wouldn't, you find, that he wouldn't be having a
> conversation, you know, not a conversation really. He wouldn't sit and he'd answer your
> questions and that or he might ask you simple things but -
>
> I: Ok
>
> P: he wouldn't have, you know, wouldn't have like a conversation, you can't have a
> conversation with him
>
> I: Would you feel kind of, that's the main reason why he -
>
> P: Yes, he doesn't friends, yes, yes [P7: 571-588]
>
> P: he might go up to a boy and ask a question but he won't wait for the answer then, he
> might just go off. He doesn't have really the attention span to sit and have a long
> conversation [P6: 733-737]

Other participants experienced frustration and worried about their child's lack of sharing of
information. They worried about being unable to protect or support their child, due to the limited
information volunteered by their child. It seems that the adolescent, in some cases, did not feel
the need to share information. This withholding happened to such a degree that it could be
considered unusual and problematic. P4, for instance, told how her daughter had *a big abscess*
over Christmas and did not eat for two days. Niamh did not speak up about her physical pain,
until eventually P4 brought her to the doctor and was referred to casualty. She summed up her
frustration and worry, as follows:

Extract 7.61

> Because that time she would not tell me and the doctor said, 'She had to be in agony, she
> had to be'. No, wouldn't tell me, wouldn't - I don't know [P4: 1452-1455]

It was remarkable, however, that in other situations, Niamh's parent reported that she can be the
complete opposite, going into a lot of detail when it would be inappropriate.   As P4 put it, it is
one extreme or the other:

Extract 7.62

P: You know, it's either a huge amount or nothing. There's no happy medium. She wouldn't be just sociable. You know, hello how are you - no. My neighbours, God help them, she knows everything about them. Everything.   [P4: 1538-1543]

P6 experienced similar frustration when trying to support her son to express his emotions. She describes how *Ciarán is finding it very hard to communicate his emotions to us, how he's feeling, he's not great at telling us what's going on in school* [P6: 1460-1464].

She went on to describe how, on a recent occasion, he burst into tears on arriving in school and was unable to explain why. P7 and her husband were trying to support their son, who was bed-wetting at night. They found it very difficult to get him to discuss with them why this might be happening: *we try to speak to him ourselves but he doesn't want, he doesn't say much, he doesn't want to talk about it, even, you know, he doesn't want to, to talk about it* [P7: 445-448].

The lack of communication makes it hard for parents to problem-solve with their child and attempt to find solutions.

7.4.1.4 Other issues
Numerous other types or aspects of SLCN were portrayed by participants in the interviews. A difficulty with language-learning in general was noted. P1 stressed that, while other academic subjects were not an issue, English was a big challenge for Mary:

Extract 7.63

P: Life in school? [sighs] As I say, English now would be the struggle out there, she'd be outside, she'd go through everything, then she comes to English and it's like a stop [P1: 223-227]

P1's sigh, preceding her answer, conveys her sense of frustration around Mary's challenges with English as a school subject. She points out that learning Irish was another growing challenge for Mary and an exemption from the study of Irish had been sought and obtained.

On a different note, P6 highlighted [P6:48-49] how Ciarán's speech lacked clarity and can be quite hard to understand at times. Speech issues were not mentioned by any of the other participants. Perhaps, such issues had resolved by the teenage years or they were not of great concern, given the bigger picture of other achievements and challenges.

P8 reported that her daughter had residual expressive language difficulties, described as follows: *Now funny enough, she's 13 now, she would still have problems with, words and order, you know, they wouldn't be put in the right way* [P8: 45-48]

While these 'problems' did not appear to be a major worry, it is important to acknowledge that some residual difficulties from childhood can remain.

7.4.2. Impact of SLCN

The impact of SLCN on adolescents and their families was evident across the data set. In participants' accounts, the particular needs of each adolescent were often inextricably intertwined with the impact it had on them and those around them. Hence, there will inevitably be some degree of overlap in the reporting of these results.

7.4.2.1 Withdrawal

Some participants observed that their child was withdrawn due to their communication difficulties and their ramifications. P1 conveys the sense of withdrawal very effectively through the use of a metaphor: *Pulls back, yeah, pulls back into her little shell yeah* [P1: 301-302].

She provides examples of how she withdraws both in school and at home. In school, she is reluctant to ask questions in class. At home, she avoids engaging with visitors: *people coming into the house and that, she's kind of, she holds back, she'd nearly go up to her room rather than get involved in conversation* [P1: 285-288].

P5 appears to be referring to the same phenomenon when he says: *But friendly no. Sometimes. But is no really really friendly* [P5: 470-471]. Perhaps he is encompassing other difficulties with social interaction in this comment. In any case, his daughter's lack of social participation is clearly a worry for him.

P3 expresses her son's withdrawal from group learning situations due to his difficulties with reading:

Extract 7.64

P: he wouldn't go with a group of, because he'd feel like he's slowing them down, maybe he didn't understand what the person is saying, so there's nothing, there's really there isn't, they're not taken into account at all [P3: 931-936]

7.4.2.2 Social Exclusion

In other cases, the lack of social interaction could be linked to exclusion by others rather than by the adolescent's own choice. One could argue that withdrawal or self-exclusion could easily be linked to others' behaviour. This interaction between the two could well be the case and, naturally, cannot be ruled out. Nevertheless, several participants alluded to exclusion that came about despite their child's willingness to interact socially: *he wouldn't have many people knocking for him you know* [P2: 762-764].

P7 exemplified this social exclusion when she described how Paul, who is very friendly and independent, does not have friends because of his inability to hold a conversation. She also noted that there were fewer play date invitations and party invitations received, as Paul got older.

Extract 7.65

P: Yes, yes, well a bit at the beginning. The older we got, the less play dates he would get, you know

I: Ok, ok. Ehm. And do you know why that is so?

P: Because you just can't interact with him, you know, like any other, like any normal, regular child, like his [siblings], you know [P7: 557-566]

It is worth noting that participants did not seem to view the exclusion as being deliberate or mean but rather an inevitable consequence, as in the case of Lucy who *likes being on her own* [P8: 270-271].

7.4.2.3 Impact on psychological wellbeing

The impact of SLCN on adolescents' psychological wellbeing was evidenced extensively in the data. The term 'psychological wellbeing' is being used an umbrella-term here to include constructs like the adolescents' confidence, self-image and mood. It is very hard to imagine that an adolescent would be unaffected by SLCN, given the crucial role of communication in daily experiences of social interaction and learning.

P2 spoke at length about Andrew's confidence, motivation and self-esteem. She made a number of links between his experiences and his psychological wellbeing. P2 explains some of these links below:

Extract 7.66

> P: because his vocabulary is so limited, he gets bored very quickly because he doesn't understand it and then he beats himself up over being stupid, thick, and it has a knock-on effect. Now unfortunately, it can turn into very bad tempers, which he has had. He went through a stage when he thought he was so stupid ehm [pause] he wanted to be more like everybody else, you know and that was a very hard time [P2: 319-328]

One can see that she has traced the behaviours to their causes and has made elaborate connections that explain how the difficulties are connected. This understanding of Andrew's challenges in a more comprehensive way might be helpful to P2 when supporting Andrew and managing her own feelings about his difficulties. It may well be the case that not all parents are able to develop this level of understanding.

With Peter, issues of psychological wellbeing were connected to his reading difficulties and were present from an early age. P3 provides a vivid image (*nervous*) and (*terrified*) of his anxiety and fear when he was attending a mainstream primary school:

Extract 7.67

> P: He used to be terrified of the teacher, so I would be down. Or he used to bite his clothes.
>
> I: All right
>
> P: Just a nervous thing. And ehm, I would, I think the teachers were sick of looking at me, 'cause I used to have to go down to say, 'Please don't ask him to read. You know he can't read out. Don't ask him, he's terrified' [P3: 320-330].

In the present day, some of that fear and anxiety seems to be still present when he thinks about employment. P3 describes how *it scares Peter the thought of going out and having to- in case he doesn't understand what someone's sayin' it to him or, like he wouldn't be quick, like he'd count money and all but in his own time* [P3: 483-487].

It is foreseeable that these adolescents have to learn how to deal with these aspects of their psychological wellbeing. They might develop certain compensatory strategies and find mechanisms through which they can obtain support. P3 gave one such example, where she explained how Peter had developed a way to have the right amount of change prepared before going to the cinema [P3: 816-828]. Developing more of these strategies may be the way forward to minimise the negative psychological impact of SLCN.

7.4.2.4 Impact on learning

The challenges with learning experienced by most of the participants' children have already been highlighted under the earlier subtheme of 'Challenges' (Section 7.2.2 above). Whether it is a causal factor or a co-occurring factor does not feature within the scope of this analysis. In this section, it is the way that participants saw their child's SLCN having an impact on their learning that is explored.

P8 suggests that Lucy's comprehension and reading difficulties have created some level of dependency on another person to break down information for her: *She's in a classroom and they're going through something, she needs somebody there to explain it to her in their version* [P8: 294-297].

In a way, this is not desirable because it limits what Lucy can learn independently. On the other hand, one could argue that an individual like Lucy can be enabled to learn, if provided with the right supports.

In a similar fashion, P6 makes explicit links between Ciarán's comprehension difficulties and his learning of academic subjects:

Extract 7.68

> P: So, needless to say, that's effecting his English, it's affecting his history, his geography, his science, ehm, Maths he's good on Maths when it's basic [P6: 677-680]

> P: once it's comprehension based, it's like blankness, he can't, he can't process but then if I write down 8 boys, 7 girls and he can see it as a simple addition or sum, so it is, it is impacting greatly on him in school [P6: 690-694]

P6 too highlights how, Ciarán is able to understand information when it is broken down into manageable stages.

Summary of Theme 4

A range of areas were shown to be affected by SLCN, including comprehension difficulties, literacy and pragmatic language difficulties. The negative impact of SLCN was also reported. Parents witnessed withdrawal and social exclusion. There was also an impact on psychological wellbeing, e.g. confidence and self-esteem, as well as impact on learning.

Summary of Results 3

Eight parents of adolescents with SLCN were interviewed by the researcher. A semi-structured interview format was used. The interviews were recorded and transcribed by the researcher. Interview data was analysed using Interpretative Phenomenological Analysis (IPA).

Data analysis revealed four major themes in the data. Each major theme encompassed two to three minor themes. Furthermore, each minor theme was broken down into a number of subthemes. A table outlining all the themes that emerged from the data analysis is provided at the end of this chapter (Table 22).

The first theme (*Fitting in and looking for a good fit*) was based on the endeavours of parents and other individuals to find a good fit between the child and the world around them. The experiences of attending support services, such as SLT, were discussed by participants. A range of experiences were recounted by participants. Some felt they had been well supported and could rely on the supports offered. Other participants found it hard to deal with issues like long waiting lists or the gradual reduction in services. Similarly, putting supports in place in the school environment was not always straightforward, especially where a definite diagnostic label was required to access these supports. Positive experiences were reported by participants when they could see good communication and joint working between professionals, educators and themselves. The flexibility shown by schools was another positive feature highlighted by some participants. Children who were enrolled in special educational placements seemed to benefit from a good network of resources without parents having to fight to put them in place.

The second theme (*The adolescent as an individual and a social being*) was built around the strengths and challenges displayed by adolescents and their interactions in social environments. Strengths varied widely, with some participants reporting their child having a friendly or sociable disposition and others reporting good self-care and independence. On the other hand, some adolescents were facing significant challenges in these same areas. Some were said to be happy in their own company. Others, despite being sociable, did not have the skills to maintain friendships. Participants spoke about their worries where they felt their child was vulnerable, either in face-to-face social situations (e.g. in their neighbourhood) or using social media (e.g. Facebook). In some cases, the co-occurrence of a number of difficulties was clearly adding to the complexity of their child's challenges.

The third theme (*The role of the parent*) reflected the multiple roles that participants fulfilled. They supported their child along the way by encouraging them to persevere with challenging goals. They protected them from harm or exploitation by putting boundaries in place. Making key decisions was another facet of the parental role, for instance when choosing an appropriate secondary school placement. Most participants were open with their child about their diagnosis or their difficulties. Almost all participants reflected about what the future might hold for their child, often with a degree of uncertainty and worry.

Finally, the fourth theme (*SLCN shading people's lives*) centred around the various ways in which the child's speech, language and/or communication were affected. The presentation of the SLCN had changed over time for most individuals, although residual difficulties were often present. In many cases, participants spoke about how the SLCN had had an impact on the child's life and the lives of those around them (e.g. parents, family). Some participants reported their child to be withdrawn or socially isolated, due to their difficulties with conversation. Other adolescents had difficulties with their self-image or their confidence.

The results from this part of the study involving parental accounts reveal a complex, varied picture of individuals and families who are living with SLCN. Their journey from childhood to adolescence brought up different issues, while their prospects for the future seem likely to entail new challenges. The author believes that it is important to disseminate the key factors that were highlighted by participants as a positive part of their journey, in order to support other individuals with SLCN in the future. In particular, these factors are listed as follows and will be further taken up and discussed in Chapters 11 and 12:

- Flexibility of support services and schools around the individual

- Tailored curriculum, teaching methods and assessments
- Good communication and collaboration between professionals, educators and parents

Table 22: Table of Major themes, minor themes and subthemes in Results 3 (Chapter 7)

Theme 1: Fitting in and looking for a good fit

1.1 Accessing and attending services

1.1.1 Identification

1.1.2 Attending services

1.1.3 Positive Experiences

1.1.4 Collaboration

1.2 Enabling access to the school curriculum

1.2.1 Access to supports in school based on diagnostic labels

1.2.2 Communication and goal setting with parents

1.2.3 School Placement

1.2.4 Adaptations made to suit students' needs

1.2.5 Desired Supports

Theme 2: The adolescent as an individual and a social being

2.1 Seeing their strengths

2.1.1 'Traditional' strengths

2.1.2 Personality Strengths

2.1.3 Self Care and Independence

2.1.4 School and academic strengths

2.2 Seeing their challenges

2.2.1 Co-occurrence of difficulties

2.2.2 Awareness of own difficulties

2.2.3 Learning difficulties

2.2.4 Gap with peers

2.2.5 Lack of independence

2.3 Relating to others

2.3.1 Having friends and being accepted

2.3.2 Mixing with others

2.3.3 Maintaining friendships

Contd.

Theme 3: The role of the parent

3.1 The various roles of the parent

3.1.1 The role of the parent as a support to their child

3.1.2 The role of the parent as a mentor

3.1.3 The protective role of the parent

3.1.4 Parents believing in their children

3.1.5 Making important decisions

3.2 The relationship with the child

3.2.1 Openness, trust and support

3.2.2 Looking to the future   Contd.

Theme 4: SLCN shading people's lives

4.1 Manifestation/s of SLCN

4.1.1 Language comprehension difficulties

4.1.2 Reading and processing information

4.1.3 Pragmatics and social communication

4.1.4 Other issues

4.2 Impact of SLCN

4.2.1 Withdrawal

4.2.2 Social Exclusion

4.2.3 Impact on psychological wellbeing

4.2.4 Impact on learning

CHAPTER 8: RESULTS 4

This chapter reports the results of Study 4, *What is the experience of teachers working with secondary school students with SLCN? A focus group study*. The aim of this study was to gain insight into the experience of educating adolescents with SLCN. Furthermore, participants were asked about their views on the challenges faced by these adolescents and what elements could improve their school experience and lead to successful outcomes. Data for this study was collected in three focus groups conducted in three secondary schools in Ireland (see Methods 2 for details of how the groups were conducted). Table 23 below shows information about the participants in each group. Participants were all female and the majority were teachers.

Table 23: Participant information (Study 4)

Group Number	Participant Code	Role in School
Group 1	G1, P1	Teacher (Mainstream & SEN) SEN co-ordinator
	G1, P2	Teacher (Mainstream & SEN)
	G1, P3	Teacher (Mainstream & SEN)
	G1, P4	Teacher (Mainstream & SEN)
	G1, P5	Teacher (Mainstream & SEN) ASD Unit co-ordinator
Group 2	G2, P1	Teacher (Mainstream & SEN)
	G2, P2	Teacher (Mainstream & SEN)
	G2, P3	Teacher (Mainstream & SEN) SEN co-ordinator
	G2, P4	Teacher (Mainstream & SEN)
Group 3	G3, P1	Teacher (Mainstream & SEN), SEN co-ordinator
	G3, P2	Teacher (Mainstream & SEN)
	G3, P3	SNA
	G3, P4	Teacher (Mainstream & SEN)
	G3, P5	Teacher (Mainstream & SEN)
	G3, P6	Teacher (Mainstream & SEN)
	G3, P7	SNA
	G3, P8	SNA

Three participants were special needs assistants (SNAs). One participant in each group was the co-ordinator for special education in the school (SEN co-ordinator). The data from the focus group interviews was transcribed and analysed using Thematic Analysis as described by Braun and Clarke (2006). The analysis revealed five themes encompassed in the data set. These themes are presented in Figure 15 below. Each theme had between one and three subthemes. A complete table of themes and subthemes is presented in Table 24. Note that a further breakdown of certain subthemes is provided for a richer description of the subtheme. Each theme and associated subthemes will be explored in detail in this chapter, with supporting extracts from the data. An example of a coded transcript is presented in APPENDIX 10 - A, as well as a table used to generate and refine themes across the dataset (Appendix 10 - C).
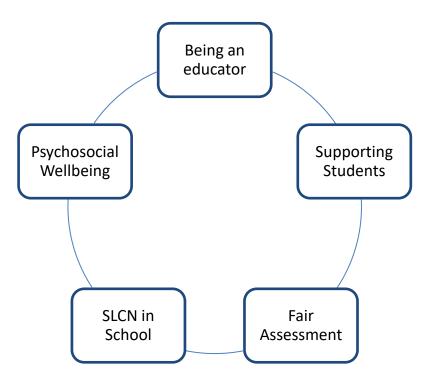
Figure 15: Major themes in Study 4 data set

The three focus groups in this study are referred to as Group 1, Group 2 and Group 3, based on the chronological order in which the data was collected. In the text, these group names are abbreviated to G1, G2 and G3 when providing references to the transcript. Similarly, participants' codes in each group are abbreviated to P1, P2, P3, etc. and PX, where the participant could not be identified in the recording. As there was significant overlap between some of the themes, cross-referencing is made where this overlap occurs.

Table 24: Table of themes and subthemes in Study 4
(subthemes are numbered e.g. 1.1, 1.2 etc.)

Theme 1: Being an educator

    1.1 Educating for life

    1.2 Protecting and safeguarding

- *Protecting and safeguarding students by being sensitive to needs*
- *Protecting and safeguarding through information sharing*

    1.3 Challenges of the role

- *The challenge of large class sizes*
- *The challenge of time pressure*
- *The challenges of finding suitable textbooks and differentiating homework*
- *The challenge of limited training and awareness about SLCN*

Theme 2: Supporting Students

    2.1 Organising supports and resources effectively

- *Class sizes and lesson duration*
- *Information sharing*
- *Structured programmes*
- *Model of Support*
- *Imaginative use of physical space*

    2.2 Proven or helpful strategies

- *Language supports*
- *Teaching strategies*
- *Differentiation strategies*

Theme 3: Fair Assessment

    3.1 Exam preparation

    3.2 Differentiation of assessment types

Theme 4: SLCN in School

    4.1 Presentation of SLCN in the school context

- *Fluency and speaking difficulties*
- *Expressive language difficulties*
- *Receptive language difficulties*
- *Literacy difficulties*

Theme 5: Psychosocial Wellbeing

    5.1 Confidence and self-esteem

    5.2 Social isolation

    5.3 Victimisation

8.1. Theme 1: Being an Educator

This theme looks at the diverse roles of educators. It became apparent through the data analysis that teachers' and SNAs' roles are much broader than merely teaching the curriculum. In the case of students with SLCN, their role is even more diverse. It was also noted that participants protect students' wellbeing in school, for example, by ensuring that information about each student is disseminated to all staff. The challenges faced by participants, such as large class sizes and time pressure, are outlined.

8.1.1: Educating for life

Across the dataset, participants revealed how their role went beyond preparing students for examinations, informing this subtheme of *Educating for life*. They detailed how they teach and support students in many different ways. One participant told how, in their school, educators were focused on *building personal responsibility and independent learning and that sense of resilience* [G3, P1: 848-849]. Several ways, by which this is done, were highlighted. For instance, all students in First Year were given a lecture about different learning styles [G3, P3, 824-825] to support independent learning and to accept each other's differences. Students were reportedly also being taught how to offer and accept criticism appropriately [G3, P6 & P1, 564-567]. According to P1, it is the educator's role to *build that safe environment whereby it is ok to be critical* [G3, P1, 567].

Any learning goals or challenges faced by students were often examined by participants in the context of life in the outside world. They appeared to be highly conscious of the demands of life for their students after leaving school. Participants cited hypothetical scenarios as a way to assess how well they were carrying out their jobs as educators. For example, P6 [G3] felt that being able to stand up and speak in class was a crucial step towards being able to speak up in challenging situations in the future:

Extract 8.1

> P6: Literally, I mean, you can't speak? You are speaking! you know, and there you go and you do it, everybody, everybody does - even if it's just a line or two. We do it here as well, you know, in Resource, I mean you've got to speak about a certain topic. You stand up and you do it. Whether it's two sentences and even if you're shy as anything and - you know, because they are going to be in those situations, where they grow up and they're going to have to speak for themselves, they're going to have to defend themselves in situations, you know, or going into places and ask about tax or do whatever it is -

I: Mm hm

P6: - you know, you have to prepare them for that and-

P1: It's a huge life skill [G3, P6, 546-559]

It emerged from the data that school life affords students a certain protection or shelter that may not be available elsewhere, for example, in a work context. One participant [G1, P2] shed light on how the process of assessing students' learning could potentially have a very significant impact on students' prospects when they leave school [G1, P2, 528-536]. She reflected that students can be offered supports in school examinations that could lead to achieving grades that do not reflect their actual ability. As a consequence, their expectations could be unrealistic and they could set themselves goals which they will not be able to achieve. P1 went on to say that, on the other hand, with a realistic sense of their own ability, a student can focus on a goal and go about achieving it with the skills and abilities they possess. The following extract highlights P1's point:

Extract 8.2

P1: there has to be some sort of realistic 'this is the level you're working at'. And on their own, in the world, that will be it, they won't have the supports, so, for them to go out even with the confidence of 'That's what I'll get, so that's what I'll do'. I don't know. Cruel? Harsh? Life? [G1, P1, 536-540].

Interestingly, P1's questions at the end of the above extract suggest a tension between two of the educators' goals: support in the short-term challenges of school and preparation for the long-term challenges of life. Another example of this same tension was provided in an anecdote where a student with ASD did not receive the usual sanction for not producing their homework. While the special education teacher, when consulted, felt that the student should face the consequences of their actions, the mainstream teacher, to whom the homework was due, decided not to apply the sanction. As the extract below suggests, there was *no lesson learned*

Extract 8.3

P5: Anyway, the teacher caved and said, 'No, no, it's fine, you're ok'. And the child came up to the SNA to the end of the lesson and said, 'Got away with it'. So, [pause]

P3: Yeah

P5: So no lesson learned, other than 'I'm getting away with it' [G1, P5, P3, 786-792]

Keeping in mind the importance of life after school, numerous examples were given where the traditional curriculum was put on hold, in favour of other goals that were more beneficial to students in the long-term. Teachers and SNAs engaged students in a broad range of activities that help them to develop their life-skills. For example, P3 in Group 2 helped students to carry out mock interviews in preparation for their Transition Year interview [G2, P3, 855-868]. She felt that there would be several students who *wouldn't know what language to use and how to use it* [G2, P3, 865-866] in these types of situations. P3 added that it was important for students to be 'prepped' for these situations [G2, P3, 867].

P3, in Group 1, reported how she brought students to the school office to practice their telephone skills in seeking work experience during their Transition Year. She highlighted how, despite being able to converse socially, some students found it hard to communicate on the telephone. P3 elaborated by pointing out that informal social conversation and formal telephone conversations require two sets of very different communication skills [G1, P3, 397-408]. She went on to make the link between developing these skills now and their importance for students' futures when seeking employment [G3, P1, 428-430].

Participants in Group 3 outlined how they put up activities like a yearly play [G3, P2, 467-468] and *mini-speeches* or oral presentations [G3, P6, 525-526]. While these activities were not part of the subject curriculum, teachers set them up because they believed they brought great benefit to the students, especially in increasing their confidence [G3, P2, 507]. P4 explained the importance of creating these opportunities in school as, in her opinion, it might be the only chance for some students to gain these experiences:

Extract 8.4

> P4: But I think that was their Britain's Got Talent, in a sense. They may never go on the school stage again. They're not going to be the kids who put themselves forward for the TY[43] show [G3, P4, 611-613].

P3 in Group 3, referring to these activities, also alluded to the need to expose students to realistic experiences, rather than overprotecting them (similar to P1 in G1 above, Extract 8.2).

Extract 8.5

---

[43] Transition Year

P3: I think there was probably a tendency years ago to ignore the child with speech and language difficulty to protect them, out of kindness. But in a way, what you're saying [P6], it normalises the thing that's not normal for them. I think that's probably a good strategy to let everybody see, you know, we can all speak and just because you speak differently to me or you're hesitant, you know, there's nothing wrong with that, so that's probably really good to make it normal for everybody in the group [G3, P3, 631-637].

It is therefore clear, from the accounts informing this theme, that part of the role of being an educator involves thinking about the bigger picture and preparing students for life, rather than just examinations. The ways in which this is achieved are varied but it appears that, in many cases, educators are coming up with their own initiatives to create opportunities that are not necessarily part of the traditional curriculum.

8.1.2: Protecting and safeguarding

The data provided evidence of many ways in which students' wellbeing was protected by participants, thereby informing the subtheme of *Protecting and safeguarding*. Educators hold a duty of care to *all* students registered in their school. In the current data set, the protection and safeguarding of students with SLCN was of particular interest and will be dealt with in this section. The notion of 'protecting and safeguarding' is being used in the widest sense of the word here and not just in the traditional understanding of protection from abuse and/or neglect (see subtheme 5.3 for analysis of this type of protection).

As outlined in the previous section (Subtheme 1.1), participants were concerned with creating a *safe environment* for communication [G3, P1, 567]. There were several examples provided of structured activities that staff set up to promote oral language use in a safe environment (e.g. setting up a play, training students to deliver oral presentations, etc). This environment affords students with SLCN the safety they need to develop their language and communication skills, without the risk of ridicule or failure. P4 felt that gaining the trust of students is an important part of the process:

Extract 8.6

P4: You can't undervalue how important it is that they actually trust you to work with them. Because even though we are asking some of these kids to really put themselves out there. [G3, P4, 575-577].

Protecting and safeguarding students with SLCN requires educators to have an awareness of SLCN and being able to identify them. Some participants made reference to a greater awareness of SLCN nowadays in secondary schools. They remarked that it was rarely discussed by teachers ten years ago [G3, P6, 400-401] and it did not feature much in their Special Educational Needs (SEN) postgraduate training in the past [G3, P4, P1, 428-433]. On the contrary, teachers who were undertaking this SEN training now received better training about SLCN as part of their course. P4 [G1] provided an example of a case she had studied in her course which illustrated how SLCN could go unnoticed if students' language/communication skills were only observed superficially [G1, P4, 147-160]. A participant stated that several students were now enrolled in her school with an 'official' SLCN diagnosis that was not secondary to another condition [G1, P2, 53-54]. However, the same participant felt that identification of SLCN still remains an issue because there are students with SLCN who are not formally identified [G1, P2, 53-56].

Awareness and identification are related. The latter cannot happen without good awareness of SLCN in adolescents. One teacher [P6, G3] recounted her experience with one particular student from *a foreign language background* [G3, P6, 241]. She appeared shocked that she had not identified that the student had a communication difficulty:

Extract 8.7

> P6: - but there just wasn't so obvious with her as it has been to me with prior students.
>
> [G3, P6, 306-307].

Even though P6 was an experienced teacher, with plenty of exposure to students with SLCN, she found that identification of SLCN can, at times, be elusive. While not the only reason, students who speak English as an additional language (EAL) seem particularly prone to late identification of SLCN needs. The participants in this group [G3] were aware of this risk and provided a number of examples of students in their school who were identified late [see G3, P1, 315-331].

Protecting and safeguarding students by being sensitive to needs
Another way in which participants protected and safeguarded students was by being sensitive to their needs. Participants in Group 1 were surprised by how many parents sent in notes requesting that their child not be asked to read out loud in class [G1, P4, 247-249]. Some of these students were reported to be high-achieving students [G1, P4, 246]. Participants felt that their judgment and sensitivity to students' needs were, at times, unfairly overlooked as highlighted in the following extract:

Extract 8.8

> P3: It's cra-, I think that's crazy, you know. I think as teachers we're always sensitive to people's needs
>
> PX: Mm hmm
>
> P3: and we know the students in the class who have difficulties with expressive language, like that boy I'm thinking that 'I'll ask him questions rather than make him read'
>
> [G1, 335-342].

Another participant [G3, P4] pointed out that educators cannot focus solely on the curricular aspects of school, as certain students might find *the day-to-day social interactions* more challenging than the academic part itself [G3, P4, 203-205]. This is another way how educators are sensitive to students' needs.

The role of SNAs was given particular attention when talking about how these needs are met, despite some reporting that it was not part of their official designation [G3, P1, 666-681]. SNAs were involved in supporting students to implement strategies in social situations, or in one participant's words, *delivering the social skills* [G3, P6, 741-742]. Being sensitive to students' needs was seen as an integral part of the SNAs' role as they had to use their judgment constantly to know how much support to offer and where/when to offer it [G3, P1, 736-738]. One example was mentioned in Group 1, where a SNA had weekly, informal meetings with a student to *find out how the week went* [G1, P3, 451-452].This type of sensitivity and support was seen as invaluable in the schools. Participants said that, without SNA support, some students would have had limited success in school. As P6 [G3] put it:

Extract 8.9

> P6: Like we've had incredible successes here. I'm thinking of [name], [name] and a few others we've had over the last couple of years who, without the input of the SNAs, I mean, would be floundering in life. Absolutely. [G3, P6, 746-749].

This type of tribute is indicative of support being delivered by a team of people working together and at different levels. On a related note, one school had a system in place whereby a teacher acted as a 'go-to' person for the group of students with SEN in each year group [G3, P6, 87-94]. This role was known as the 'anchor' (e.g. First Year anchor). Formalising a role of this type suggests great awareness of students' needs, facilitating their ability to cope in school and the likelihood of feeling supported.

Protecting and safeguarding through information sharing

The importance of sharing information between school staff was underlined by participants as an important practice in ensuring the protection and safeguarding of students, on a number of different levels. One participant said that, *without effective communication between us staff and students, it doesn't work* [G3, P1, 710-711]. On a school level, there were formal mechanisms in place to bring vulnerable students to the attention of all staff. Group 1, for instance, had a pastoral care team that carried out this role throughout the school year [G1, P3, 745-750]. A different school had a SEN register that drew staff's attention to any learning difficulties [G3, P1, 291-293]. Any *unusual or difficult* situations that arose for students with SEN were communicated to staff during the year [G3, P1, 820]. SNAs were reported to be fulfilling an important role in communicating students' needs to teachers [G3, P1, 172].

8.1.3: Challenges of the role

The role of being an educator entails a number of challenges. Participants spoke of these challenges, sometimes with great frustration. The challenges informing this subtheme of *Challenges of the role* are not specific to teaching students with SLCN. It is worth remembering that most of the participants were, in fact, dealing with a much larger body of students. Such challenges can also apply to the other students they teach. The more generic challenges will be addressed first in the analysis below. Next, the analysis will move on to more specific challenges relating to students with SLCN.

The challenge of large class sizes

Informing this theme of *Challenges of the role* was the issue of large class sizes. Participants felt that large class sizes were a major factor that impinged on the quality of their day-to-day teaching. As one teacher commented, *you don't have a minute with 30 students* [G1, P1, 183-184]. Participants reported teaching classes of 30 students, on a daily basis. With such a large group, it was hard for participants to offer individual or differentiated attention to students [G1, P1, P4, 171-184]. Interestingly, one of these participants (P1) felt that even a small reduction in class size could make a big difference. Note the emphasis she places on the word 'huge' in the following extract:

Extract 8.10

> P1: I personally feel that the difference between a class with 25, 26 in it and a class of 30, is huge [emphasis], huge [G1, P1, 374-375].

Another teacher highlighted succinctly the benefits of teaching a smaller group, saying that it was *an enriching environment, for both parties, the learner and the teacher* [G2, P1, 425]. This statement, she added, was true irrespective of whether the group of students had SEN or not [G2, P1, 418-419].

The challenge of time pressure

Time pressure was another factor that emerged within this theme of *Challenges of the role*. The majority of participants found that the duration of lessons, in their respective school contexts, was too short. Classes last 35 minutes and a good part of this time can be taken up by practicalities, such as arriving and settling in class and logging into the computer. One teacher, thinking about her timetable, said that she was *constantly moving* [G1, P2, 97]. The lack of time had a negative impact on the quality of the teachers' work, with 'differentiation' of work for students with SLCN being affected, as illustrated in this extract:

Extract 8.11

> P1: - I just think, in the real world, it's very difficult. And the idea of differentiation in a class of 30 in a class period of 35 minutes and with the pressure of trying to cover the curriculum and attain grades-
>
> I: Mm hmm
>
> P1: - at state examination level, these are all the obstacles that we drum on about- [G2, P1, 402-408]

Participants were also aware that, due to these time pressures, it was hard to offer students with SLCN *that minute extra* for processing information or answering a question [G1, P2, 114-117]. Lessons had to be faster-paced because of the limited time, resulting in a possible negative impact on students with SLCN.

An interesting point was made about the difficulties of students with SLCN being 'masked' in short lessons. The allocated time is so short that *it doesn't allow to get to that deeper point* [G1, P1, 198]. As one participant explained:

Extract 8.12

> P4: but like that because you're restricted with time in the class, sometimes, you never get beyond the initial conversation stages so you never actually find out the greater difficulties that are there [G1, P4, 141-143].

On a broader note, some participants spoke about how the limited time available in school made it difficult to target a broad range of goals, for example trying to marry the curricular (academic) goals with the non-curricular ones (social/communication) [e.g. G3, P4, 210-211].

The challenges of finding suitable textbooks and differentiating homework
Various teachers discussed their difficulties in identifying suitable textbooks for students with SLCN. For example, P4 said that she *wouldn't touch* the English textbook [G2, P4, 777]. A number of participants reported adapting content from existing books for students with SLCN. Some individuals spoke about how they went through all the textbooks on the *official list* and felt that none of them were written in accessible language [G2, P2, P4, 790-802]. As a result of this difficulty in finding a suitable book, P4 said:

Extract 8.13

I have to adapt and photocopy and do my own versions of everything [G2, P4, 818-819].

It is noteworthy that one participant [G2, P3, 451-464] believed that there was a lack of differentiation in homework for students with SLCN. She felt that only students who were *extremely weak* would have clearly differentiated homework. In P3's opinion, more students should be *receiving that level of differentiation with homework* and expressed doubt whether this differentiation happened *on the ground* [G2, P3, 451-464].

The challenge of limited training and awareness about SLCN
Across the data set, participants felt that more specialist training on SLCN should be offered to educators, including those working with mainstream students. One teacher felt this was important, *given the way the curriculum is moving* (probably referring to a greater emphasis on oral language in the curriculum) [G3, P4, 444]. She went on to say that such training would provide educators with *the tools* to help them identify SLCN in class [G3, P4, 449]. In another group [G2], some participants [P3, P4] questioned the awareness that educators have about SLCN as a separate condition or one *in its own right* from other learning difficulties, as outlined below:

Extract 8.14

P3: People just see it blends into the other disabilities-

I: Yes

P3: - you know that kind of a way, don't see it as a disability on its own

I: Yes, on its own

P4: in its own right   [G2, P3, P4, 656-664].

Summary of Theme 1

Analysis of the accounts informing this theme of *Being an Educator* revealed that participants'
roles are diverse, ranging from teaching the curriculum to supporting students' wellbeing.
Education emerged as a constant process, which prepares students for life, rather than a process
that only targets examination preparation. A big object of concern for participants seemed to be
how to adapt learning content and material to students' learning abilities and needs. Participants
impressed as being equally concerned with motivating and empowering students to access
learning content.

Another theme emerging from participants' accounts was the protection and safeguarding of
students' wellbeing. It was apparent that participants' protected and safeguarded students'
wellbeing by creating a safe environment for them, by being sensitive to students' needs and by
sharing information between staff.

The multiple challenges which the roles of the educator entail were the third theme that emerged
from the analysis. These challenges described by participants included systemic challenges, such
as large class sizes and time pressures. There were also more specific challenges, such as finding
the right textbooks to suit students' needs and a need for greater awareness and training about
SLCN.

8.2. Theme 2: Supporting students

A second theme, *Supporting students,* emerged from participants' reflections on the supports that students received in school. They put forward their views on how resources should be organised to provide effective support for students. These resources included use of time, class sizes and use of the physical space in school. Some of these measures were already in place, while others were measures that they would like to see introduced or changed. Participants also spoke about specific strategies that they use with students with SLCN, which they have found to be useful or effective (e.g. differentiating homework, highlighting key words). Strategies were mostly implemented by individual participants, rather than on a school level.

8.2.1: Organising supports and resources effectively

The subtheme of *Organising supports and resources effectively* was informed by a broad range of issues raised by participants in the data. The existing setup of large class sizes and short lessons was reported to be having a negative impact on how students were supported in school. The data also revealed positive setups, such as the ways information about students with SLCN was shared between staff.

Class sizes and lesson duration

Participants reported that there were aspects of resources and supports that could be organised more effectively. As seen in subtheme 1.3 ('Challenges of the role'), participants expressed the view that a smaller class size would be conducive to students being given more individual attention. One of the teachers believed that any learning in a small group was an *enriching environment* for students and educators alike [G2, P1, 425].

Lessons of a longer duration were seen as another organisational aspect that could lead to improvement. Participants found it hard to deliver the curricular content and support students with SLCN or SEN in a 35-minute lesson. One participant said that *even another 5 minutes, if all the classes were 40 minutes, I think you'd get- it would make a difference* [G1, P2, 371-372].

A different participant summed up these systemic issues in the following quote, referring to them as *obstacles*. The participant highlighted that these were decisions made at a higher level, not within the school. A sense of frustration is evident in their words:

Extract 8.15

> P1: - I just think, in the real world, it's very difficult. And the idea of differentiation in a
> class of 30 in a class period of 35 minutes and with the pressure of trying to cover the
> curriculum and attain grades-
>
> I: Mm hmm
>
> P1: - at state examination level, these are all the obstacles that we drum on about-
>
> P3: Yeah
>
> P1: - over and over again, and it's depressing that nothing changes-
>
> I: Yes
>
> P1: - and not within the management of the school's fault, like, but, as a, coming down
> from the Department like, those are the real pressures like [G2, P1, P3, 412-417].

Information sharing

An existing practice that was reported to be helpful was information sharing. Several participants
felt that information sharing was important to help them protect and safeguard students'
wellbeing (see Subtheme 1.2). Information sharing occurred both on a formal and informal level.
For example, on an individual level, staff were briefed by the SEN team about certain students
with complex needs [G3, P1, 820-822]. On a more formal level, participants reported having the
support of pastoral care teams, who would brief the whole school about vulnerable students [G3,
P1, 851-853]. An interesting comment was made by P1 [G1], when she spoke about doing their
very very best with the resources at their disposal:

Extract 8.16

> P1: You know and, and, it's just such a busy place [pause] you know, but I do believe that
> as a school, we have an excellent pastoral care team and we, you know, do pick up on it.
> Does that mean that mean that nobody falls through the cracks? No, we can't say that.
> Nobody is perfect. But I do think we, we certainly do our very very best, with all the
> resources that, that we have to hand [G1, P1, 764-768].

What P1 seems to be saying is that this system of information sharing and support, despite
occasional problems, works well. The collaboration between staff in the school seems to be a key
factor that results in effective supports for students.

Structured programmes

It was reported that schools were running formal, structured programmes to support students with SLCN, vulnerable students and students with social skills difficulties. Participants in two of the three groups reported running the *Friends for Life* programme, which targets positive mental health among students (Henefer & Rodgers, 2013). One of the participants in Group 2 said that the programme was *a support in itself* [G2, P4, 704]. In a different group, participants linked the programme to the development of positive traits, such as *building personal responsibility and independent learning and that sense of resilience that they have to have* [G3, P1, 848-849 and G3, P4, 1037]. It appears that this programme is well-established in the two schools and participants can see the benefits it has afforded to students.

On an individual basis, programmes were put in place to meet the specific needs of particular students. These programmes do not contribute directly to curricular learning but they help to develop the life skills and social communication skills of students. P4 [G2] gave examples of the contents of these programmes. They would deal with skills such as:

Extract 8.17

> P4: how they speak to a teacher, how they interact with their peers, ehm, how do they communicate their own needs to their teachers [G3, P4, 207-208].

It can happen, however, that these individualised programmes are implemented *at the expense* of the curricular needs [G3, P4, 209]. Another participant pointed out that not all staff were equally *knowledgeable* in setting up such programmes [G3, P1, 172-175].

As already referred to above, a type of support that was in place in the same school was the designation of a teacher as a 'go-to' or 'anchor' person for children receiving SEN supports (see Subtheme 1.2 above for a detailed description).

Model of Support

One of the groups reported that students who are allocated resources formally through the Department of Education and Skills are supported through team teaching. This model involves a learning support teacher working in the mainstream class with the subject teacher. No students are withdrawn from class to access supports in the Junior Cycle (i.e. First Year to Third Year). Some students are facilitated in a small group, if they have been granted an exemption from the study of Irish. The team teaching model was reported to be *the school's policy* [G1, P1, 12-26] and, interestingly, no positive/negative comments were made about this way of working.

In the other groups, the traditional 'pull-out' model appeared to be in place. Group 3 participants remarked about the positive attitude among students towards attending resource teaching. P6 said that it was rare to encounter a student who *feels stigmatised by resource* [G3, P6, 867-868]. Students were reported to speak openly about attending resource teaching*, as if it's a subject* [G3, P3, 801]. This participant [P3] felt it was down to the school ethos that this attitude existed in the school [G3, P3, 800]. An interesting reflection was made about fostering this positive attitude in school:

Extract 8.18

> P3: - and that permeates right around the school I think, they feel it is a safe place to come to. But I don't know how you build that in a school if it's not there? [G3, P3, 814-815].

This statement suggests that this positive attitude is not present in all secondary schools and that it might be hard to develop.

Imaginative use of physical space

A noteworthy initiative that had resulted in positive outcomes for students was highlighted in Group 2. The school had set up a games room and students with SEN often went there during lunch breaks [G2, P3, 693-697]. Participants found that this space had become a *safe haven* [G2, P3, 730] where students could go and meet others. This quote illustrates how beneficial it had been to two of the students in reducing their isolation:

Extract 8.19

> P3: Like I see a guy in there and there's a little fellow [name] and they met over a pool table
>
> P2: Ah! [laughs]
>
> P3: 'Cause you know, really! 'Cause neither of them had friends, now they're not exactly friends now really either because I don't know if much goes on in between because they haven't got to that point yet but they meet every day in there. Like imagine, imagine being on your own, for the whole of lunch. At least in their heads they know they have that, d'you know what I mean
>
> P4: Yeah

P2: Somewhere to go [G2, P3, P4, 734-747].

Another participant in the same group pointed out that, since this initiative had been put in place (coupled with the *Friends for Life* programme), isolation had been reduced. The participant said that it was less common to see students *walking around on their own* [G1, P1, 714] during lunch breaks.

8.2.2: Proven or helpful strategies

The subtheme of *Proven or helpful strategies* was informed by references to methods that participants had put in place and found helpful. These strategies ranged from initiatives that were adopted on a wider, school level to strategies that had been implemented by individual teachers. There was also a variety of formal, overt strategies and embedded strategies that were built into other activities.

Language supports

Various types of language supports were reported by participants in the different groups. The teaching of 'key words' was one of the main strategies adopted. P3 [G1] reported that there was a focus across the school on teaching *key words* across different subject areas [P3, G1, 514-515]. In Group 2, P4 also reported using the same strategy, stating that she found it useful to pre-teach vocabulary [G2, P4, 337-343] before topics were covered in class.

The use of technology was linked to the vocabulary strategies mentioned above. P4 [G2] praised the usefulness of data projectors in displaying images to go with key words, meaning that students *can make a connection immediately* [G2, P4, 342]. Other technologies were reportedly being used at home, such as e-readers, which can provide definitions of unfamiliar words, and audio books [see G2, P4, 360-370].

On the other hand, a teacher in the same group [P1] used a flipchart as an effective visual support. She explained how she used it:

Extract 8.20

P1: Indeed, it's simple strategies. In my classroom I have a flipchart and a white board, a regular board -

I: Mm hmm

P1: - so I have some students who would be very slow to understand the instruction -

I: Ok

P1: - but I need to be rubbing off what I put up, to keep the class moving. If it's, if it's where I'm writing, maybe a sample answer, so on the other flipchart what I do is a much simpler version-

I: Ok

P1: - of that. And that can stay there for the whole class [G2, P1, 127-143].

Furthermore, the participant added that the flipchart content remains available for students in the days and weeks after the lesson. *It means it's there the next day and the next day* [G2, P1, 155]. As a result, students who are working at a different pace from the rest of the class can refer back to this information, without disrupting the class and antagonising other students.

Another way for supporting language use in the classroom, as reported by participants, involves the 'scaffolding' of expressive language. This technique involves the use of prompt questions to elicit more expressive language or to improve its content or level of detail. Simple questions, such as *What do you mean by-?* [G3, P1, 647] help students to provide more information and expand on what they are saying. The same participant identified the role of SNAs in 'teasing out' information from the students they are working with [G3, P1, 665-666]. Another participant [P5] pointed out that support can be provided to students to sequence information correctly, which can lead to longer conversations or descriptions [G3, P5, 652].

As regards receptive language, P4 [Group 2] explained how information given to students has to be modified to suit their requirements. As an educator, *you've got to bring the information to them* [G2, P4, 116]. The implication here is that educators have to adapt how they provide information to students, based on their language ability. As one participant remarked, *you can't give 5 or 6 instructions in one fell swoop to a child who has speech and language difficulties* [G3, P1, 436-437].

Teaching strategies
Further informing this theme were insights offered into some of the more traditional teaching strategies. Participants spoke about two specific strategies, namely the use of repetition and the use of questioning. According to P1 [Group 2], repetition is *built into* [G2, P1, 204-205] the everyday classroom strategies and information is repeated and reinforced. Questioning was reportedly used to revise previous information. The technique is used carefully and discriminately, depending on the student being asked, as explained by P1:

Extract 8.21

> For the like of a child with maybe with language issues, we would frame our questions
> very carefully, do you know? [G2, P1, 214-215].

Differentiation strategies

Participants believed that an effective way to support students was by differentiating the work expected of them. Given that every student in class had different abilities, they felt that the success of each student should be based on working towards goals that are commensurate with their ability. P4 [G2] explained *It's about scaffolding their learning in small achievable targets, so that there is success* [G2, P4, 344-345]. She felt that students should be praised for *the smallest amount of achievement* [G2, P4, 344], which in turn leads to building confidence and motivation.

Participants in Group 2 suggested that the expectations of educators for each student should also correspond to their ability. A student who *came out with two lines* [G2, P1, 476] might be achieving at their best and should be praised or rewarded for their effort.

An interesting strategy outlined by P2 [G2] involved working variety into the homework assigned to the whole class:

Extract 8.22

> P2: Sometimes, I, I'll give them all the same homework but I'll make sure there's a variety,
> say of written and then maybe, doing a mind-map, or doing a piece of artwork for the, so
> that it's not just all the same [G2, P2, 466-468].

P3, in the same group, felt that this level of differentiation was rare in mainstream classes and only students who were *extremely weak that it would be very obvious that they have a disability* [G2, P3, 542-453] received differentiated homework.

Summary of Theme 2

From the emergent themes discussed above, it seems that educators are working within a school setup where they do not always have control over the way resources and supports are organised. For example, the duration of lessons and class sizes are decided upon by authorities outside the school. In other cases, it was shown that there are school-wide initiatives that appear to work

well, such as the team-teaching model, the key words strategy and the setting up of a games room. On an individual basis, educators report applying a variety of strategies, such as using visual supports to pre-teach vocabulary and to allow students to work at their own pace. Setting targets that are commensurate with the individual's ability was deemed an important way to achieve success and build confidence.

8.3. Theme 3: Fair Assessment

This theme of *Fair Assessment* emerged from participants' reported concerns about assessing the learning and progress of students with SLCN in a fair way. All participants reported assessing their students' learning in school on a regular basis. Teachers also had to prepare students for State examinations (e.g. the Junior Certificate). The data showed that the State examinations reportedly pose a particular challenge for students and teachers, as they offer limited differentiation of assessment types. It seems that students with SLCN could be at a significant disadvantage due to the linguistic demands of State examinations. Participants discussed how best to prepare students with SLCN for State examinations and possible alternatives to the current system.

8.3.1: Examination preparation

This theme arising from discussion of examination preparation seemed to focus on how well students with SLCN can understand examination questions. Some students with SLCN can *have trouble with the language of the papers* [G1, P2, 546] due to receptive language difficulties. Furthermore, participants felt that the language used in examination papers was often too complex. P3 (G1) said that examination questions can be *so hard to figure out* [G1, P3, 556]. Referring to one specific example, she remarked that the language was so complex that *it was unbelievable* [G1, P3, 561]. Trying to meet this challenge, teachers regularly spend time preparing students for examinations by training them to decipher examination questions. One of the participants justified the time spent training students for examination questions as follows:

Extract 8.23

> P2: it's a state examination they're going to sit and they're going to have to be able to look and to read and understand that language that's there and there can be a big gap between the two [G1, P2, 550-552].

The *big gap* she referred to is the one between the language used in the examination paper and the students' language ability. While not stated specifically, there might have been an underlying sense of unfairness being expressed by participants. Students who know the subject area may not be able to demonstrate their knowledge because they do not understand the question correctly.

8.3.2: Differentiation of assessment types

Participants acknowledged that there was a divide between assessment within the school and assessment in State examinations. They reported that the local assessment devised and corrected by teachers themselves can take into account students' abilities. State examinations, on the other hand, provide an undifferentiated, uniform assessment for all students, irrespective of their ability. This *controversy* is captured well in the following quote:

Extract 8.24

> P2: I suppose it's kind of, with any state examination, there's kind of controversy around that anyway but, ehm, yeah I kind of go based on what I know is their best effort and then gauge their progress based on that -
>
> I: Yes
>
> P2: - but then it can be difficult then, I suppose if it's not me correcting it or not me or someone who knows the student and what they're capable of [G2, P2, 491-498].

The benefits of a differentiated assessment were evident in participants' views on the Leaving Certificate Applied programme (LCA). It is a structured programme with a range of assessment measures. Students who enrol in LCA *have a real sense of achieving* [G2, P1, 549-550]. In one participant's words:

Extract 8.25

> P1: it's interview based, it's oral, it's aural, it's written as well but there is an opportunity to shine, that isn't there in the traditional Leaving Cert [G1, P2, 550-552].

According to participants, students' success, or otherwise, in examinations has serious implications for their confidence and wellbeing. Participants described the experience of some students who, prior to LCA, were *so used to failing that they almost come in with a negative attitude* [G2, P1, 562-563]. Thanks to this differentiated type of assessment, however, *they can very quickly turn it around* and *see themselves succeed* [G2, P1, 564-565].

Participants disagreed with the discontinuation of the Foundation level examinations that, in the past, had allowed students who *genuinely cannot attain even an ordinary level* examination to *achieve some reward that's recognised* [G2, P1, 531-534]. The key point here is the student's sense of achievement, rather than the level attained, as P1 shows in this extract:

Extract 8.26

> P1: And if it's Foundation level, it doesn't matter, it just means that they can actually say 'I passed'-
>
> P4: Yeah
>
> P1: -'that examination' and I think that's being critical for that student's confidence to progress to Senior level [G2, P1, P4, 534-540].

From the participants' accounts, it seems that the State examinations can have a demoralising effect on students with SLCN who cannot attain the required level to pass.

Summary of Theme 3

This theme centred on participants' efforts to provide a fair assessment to students with SLCN. A lot of the difficulty related to assessment seems to be caused by State examinations. From the accounts presented, teachers argue that local examinations can be differentiated and adapted to students' abilities. State examinations, it seems, do not take into account the individual's abilities or their efforts. Teachers, therefore, invest time and energy into preparing students for state examinations by training them to understand what is being asked in examination questions. It appears that students with SLCN would stand a greater chance of success if assessment was differentiated, such as in the case of the Leaving Certificate Applied programme. Participants seemed very aware that a lack of success in examinations, irrespective of the level at which they are taken, appears to impact greatly on students' confidence and attitude towards learning going forward.

8.4. Theme 4: SLCN in School

This theme *SLCN in School* captures the various ways in which SLCN manifests in the school environment, as reported by participants. Some of the presentations described fit in with traditional SLT diagnoses (e.g. word-finding difficulties), while others are more generic in nature (e.g. written language difficulties). Some of the co-occurring features of SLCN that participants highlighted are included in this section (e.g. avoidance of speaking situations).

8.4.1 Presentation of SLCN in the school context

This subtheme captures the traditional forms of SLCN as perceived by teachers in the daily school activities.

Fluency and speaking difficulties

Participants reported that some students with SLCN presented with fluency and/or speaking difficulties. Referring to students with SLCN on a general level, P6 [G3] felt that *they're all different and they all hesitate* [G3, P6, 302] to some extent. She went on to highlight how a student in her class had a fluency problem which, she felt, was the manifestation of a difficulty with vocabulary. *It's almost like she acts like she has a stutter but she doesn't at all* [G3, P6, 307]. The participant felt that the student was *hesitating over every word* [G3, P6, 258] due to her *very limited vocabulary* [G3, P6, 263]. On the other hand, a student in the same school was reported to have a specific difficulty with fluency, as well as a speech and language difficulty. This student encountered very significant difficulties in classroom speaking situations. The following quote captures how hard it was for him to participate in class:

Extract 8.27

> P1: He would crawl under the table sometimes rather than answer the question
>
> [G3, P1, 286-287]

A teacher in Group 1 reported that it was very common for students to go up to her at the end of a lesson to ask questions *because they didn't want to ask that question in front of the class* [G1, P3, 78-79]. The same observation was made by P2, who said that students with SLCN can lack confidence and *they're afraid nearly, they're afraid to speak out in a larger group* [G1, P2, 60-61].

There was divergence in the data however, as these speaking difficulties are not the case with every student with SLCN. Participants observed that some individuals present with good, even

terrific, conversation ability, despite their other difficulties. The following extract is an example of this ability:

Extract 8.28

> P1: I think the language depends on the student really. I mean the student I'm seeing at the moment would have terrific conversational skills -
>
> I: Ok [laughs]
>
> P1: You know, he wouldn't be put off at all about chatting away, very happily
>
> I: Ok
>
> P1: It very much depends on the need [G2, P1, 844-853].

On a related note, several students were reported to have good social skills despite their speech, language or academic difficulties. For example, some students were said to be polite and courteous - *a total gentleman* in one specific example (G3, P1, 1001). A humorous anecdote was provided in Group 3 in relation to social skills. The participants were talking about a student who had language difficulties. The speech and language therapist advised the teachers to be aware of the student's limited ability to learn language. They were told to target up to a maximum of five new items of vocabulary each week, which the teachers found very little (see G3, P5, P1, P6, 940-947). The participants are talking about the same student in the following extract, where despite these language difficulties, he reportedly was planning to *go on the mitch* (i.e. play truant), an activity that would require skills like planning and social negotiation with peers:

Extract 8.29

> P1: But his social skills then are really good-
>
> P4: - Well they're so good that himself and 2 of the others who have social skill difficulties have a plan to go on the mitch! -
>
> P1: I know, I thought that was very funny!
>
> P4: - so I actually consider that a huge achievement! [G3, P1, P4, 960-965].

It is interesting to note the reports of a mix of strengths and weaknesses that students with SLCN can present with. Such mixed presentations call for professionals not to make assumptions about students based solely on their diagnosis.

Expressive language difficulties

Reports of students' expressive language difficulties also informed this theme. Sometimes these difficulties manifested in the form of not speaking in class. Some students were reported to be *very monosyllabic* [G3, P5, 647]. They would *get to the main point as quickly as possible and not expand on it* [G3, P1, 660-661]. Other students were said to present with a lack of vocabulary [G3, P6, 263] or, as one participant put it, *for some of them it's probably not having the language to use, that's definitely, one of the issues* [G1, P3, 519-520].

It is worth reiterating an earlier observation made by participants (under subtheme 1.3) who pointed out that expressive language difficulties can sometimes be concealed. For example, in short lessons, expressive language difficulties might be harder to identify. It seems that these difficulties can also be masked in conversation, especially if the content is generic [see G1, P4, 134-137, 141-143, 147-150, 158-160].

A number of participants said that *word-finding difficulties* were often part of the presentation of students with SLCN: *I suppose word-finding difficulties would be a huge thing* [G1, P3, 510]. One participant [P2, G1] explained that she tries to cover subject material *using communication and language* to try to give students with these difficulties the opportunity to practice their oral language [G1, P2, 41-44].

Receptive language difficulties

Receptive language difficulties were also encapsulated in this theme. Participants spoke about these difficulties under various forms. P4 [G2] observed that both expressive and receptive language were important:

Extract 8.30

> P4: You have to have the two, otherwise you can't access, you know, the curriculum but also daily things, you know, if you can't communicate... [G2, P4, 38-40].

The issue of understanding examination questions was discussed under a previous theme (see Subtheme 3.1). It is a very significant challenge for students and probably one that has the greatest impact on their achievements in school.

For some students, receptive language difficulties were evident when they misunderstood instructions or interpreted things literally [G3, P1, 167-169]. The classroom context is often permeated with verbal instructions: *instructions are given, bam, bam, bam* [G1, P3, 74], which can

challenge students with receptive language difficulties. For other students, one teacher said *they might process things a little slower than everybody else and just need a bit of extra time* [G1, P3, 85-86]. As discussed earlier (Subtheme 1.3), participants said that this time may be scarce in a 35-minute lesson and often cannot be afforded to these students [G1, P3, 86-87].

Literacy difficulties

References to reading difficulties and written language difficulties also informed this theme of *SLCN in School* [G3, P6, 133-135]. In Group 2, P2 noted that oral language issues can *come across* in the written language of her students [G2, P2, 92-97]. Limited detail was given about this area but some specific examples of individual students were furnished. For instance:

Extract 8.31

> P1: Because this particular student he's just- you know- has a really, ehm, finds it very difficult to write [pause] [G2, P1, 159-160].

Summary of Theme 4

This theme dealt with the daily manifestation of *SLCN in School*, as seen by participants in many different forms in their daily work. They referred to various types of needs. Reportedly, speaking out in class can be difficult for students, either because of fluency problems or because of hesitation. Other students seem to volunteer minimal spoken input because of an underlying expressive language difficulty. Some participants reported that students presented with word-finding and vocabulary difficulties. There were also cases of students presenting with receptive language difficulties. These students found it challenging to understand examination questions and to process information or instructions in class. Finally, the overlap between language difficulties and literacy difficulties was also highlighted as a frequent occurrence.

8.5. Theme 5: Psychosocial Wellbeing

This theme, *Psychosocial Wellbeing,* centres around the relationship between SLCN and students' psychosocial wellbeing. Confidence and self-esteem in students with SLCN can be negatively affected. Some individuals, however, are able to maintain or develop good confidence and self-esteem despite their SLCN. Participants noted that students with SLCN can become socially isolated. Some students can also be victimised because of the vulnerability arising from their needs (e.g. on social media).

8.5.1: Confidence and self-esteem

The inter-relationship between SLCN and confidence/self-esteem was a prominent subtheme across the data set. Participants noted how strong this connection was, remarking that confidence issues can be *a huge thing* [G1, P2, 60-61] for students. The ramifications of confidence and self-esteem issues were expounded by participants, as illustrated in the following quote:

Extract 8.32

> P4: It affects, their self-esteem as well, they lose their belief in themselves, their ability to achieve, which can be potentially dangerous you know, for when they're at school but also when they leave school, you know [G2, P4, 239-241].

The indirect impact of SLCN was also part of the discussion that informed this theme. According to participants, academic achievement can suffer as a result of students' SLCN. The lack of academic achievement, in turn, can be the cause of poor confidence and self-esteem. An earlier quote (Subtheme 3.2) about students who are *so used to failing* that they develop a negative attitude, illustrates this relationship [see G2, P1, 562-563]. As the same participant said, the inability to achieve examination success can be *demoralising* [G2, P1, 532].

Due to the long-term risks linked to poor confidence and self-esteem, educators appeared highly concerned with taking steps to improve these areas of psychosocial wellbeing. The data set contained numerous examples of measures they put in place. Examples of direct initiatives were provided, like putting on a play [G3, P2, 467-468], delivering *mini-speeches* [G3, P6, 525-526] and practising telephone skills to seek work experience [G1, P3, 397-403]. One participant conveyed a sense of urgency in working directly on developing confidence in the extract below:

Extract 8.33

> P6: Well for me, definitely, knocking the shyness out of them as soon as you can
>
> I: Ok [laughs]
>
> P6: Literally, literally
>
> P1: [laughs] that's one way to put it! That's exactly what we do!
>
> P6: Literally, I mean, you can't speak? You are speaking! you know, and there you go and you do it, everybody, everybody does - even if it's just a line or two
>
> [G3, P6, P1, 538-547].

Some of these initiatives appeared to have a very positive influence on students. Speaking about the play, Group 3 participants felt *it was the turning point* for students who took part [G3, P2, 507]. A lot was achieved under *value* for this group of students [G3, P6, 481].

Examples of indirect measures taken by educators to improve confidence and self-esteem were also prominent. In Group 1, P2 observed that learning in a small group allows educators to support students' communication. The experience of good communication *can help their confidence levels. And if you can do that, then they're more likely to take part actively in a class or in a larger group* [G1, P2, 63-64]. Other participants put forward similar ideas about confidence being built on the experience of success. Setting *small achievable targets* for learning is conducive to success [G2, P4, 344-345] and *when you build confidence there is a willingness to try* [G2, P4, 351].

Similarly, it emerged that developing confidence can also be achieved by refraining from doing certain things. One teacher [P1, G2] said that educators need to recognise the achievements of some students, even though it might seem very little compared to their peers. They should not put students under unnecessary pressure:

Extract 8.34

> P1: And that where one student might write a very long paragraph, for that particular child, if he came out with two lines, you'd be delighted with that, you know. You don't put them under such pressure they become negative about it. Again, it's as [P4] was saying, you just reward what they do, with praise, or you know [G2, P1, 475-479].

The data showed that SNAs have a delicate role in promoting students' confidence when supporting them in class. Participants reflected that they have to be judicious in their interventions. For example, it is often more beneficial to the student if the SNA does not speak up for them and lets them communicate and speak up for themselves [G1, P1, 473-483].

8.5.2: Social isolation

Further informing this theme of *Psychosocial Wellbeing* were references to how students with SLCN can become socially isolated. At least one clear example was offered in Group 2, where a student's SLCN was *impacting on her interaction in a huge way…because she can't really comprehend the language that's going on around her, she can't process it properly* [G2, P3, 227-228]. Students in this situation risk becoming socially isolated in the future. P3 added that SLCN was one of a number of variables, suggesting a level of complexity in the student's presentation [G2, P3, 226].

Social isolation seemed to be a prevalent issue for some students with a diagnosis of autism spectrum disorder. These students can *have a lot more difficulties than just speech and language* [G1, P5, 636-637]. In fact, it was clear that some of them deliberately chose to *self-isolate* [G1, P5, 724] and sabotage others' attempts to include them socially. Over time, their peers ran out of patience and stopped making an effort to *pick them up* [G1, P5,724-725].

In Group 1, participants broadened the context of the subtheme of social interaction and social isolation. They discussed how students who do not have SLCN can also be withdrawn or socially isolated and it was not always clear why. These students *get on fine* in class and chat to others *but at lunchtime they're on their own* [G1, P3 675-676]. Another participant in the same group argued that there could be very good reasons for the apparent isolation:

Extract 8.35

> P1: Again, and I think, I'm not saying this is not a speech and language thing but some students are happy to be on their own, they find a class of 30 is mad -
>
> P3: Yeah
>
> P1: - and we don't know what they have at home. A very busy house, that in fact it may be the only calm time in their little heads in the day! [G1, P1, P3, 679-685].

The role of technology was reportedly another significant factor in the broader context of social isolation. Participants commented that technology, such as mobile phones and tablet computers,

allows the withdrawal [G1, P2, 218] and *allows them to be silent* [G1, P2, 212]. It can lead to an 'isolation by choice', where some individuals *hardly would speak to anybody all day* [G1, P2, 240].

8.5.3: Victimisation

A subtheme of *Victimisation* also emerged within the overall theme of *Psychosocial Wellbeing*. Participants reflected on examples where students with SLCN had been victimised. One teacher witnessed a student with SLCN being ridiculed and had to intervene, as reported below:

Extract 8.36

> P2: I have heard other members in my tutor group, you know, if he makes a mistake, you know, a simple grammar mistake, I'll hear them snigger or I'll hear them repeat it back and I've had to reprimand them, so presumably he heard it as well, so there would be a certain amount of that, yeah, yeah
>
> P3: And he's very clued in, you know
>
> P2: He is, yeah
>
> P3: It's not as if he wouldn't notice [G2, P2, P3, 288-298].

Another example provided was that of a student who was victimised on social media. Other students were *slagging her, she doesn't know that they're slagging her* [G2, P3, 315]. Reportedly, school staff had to intervene to end this abuse. The same participant observed that social media can be *just another way of bullying students* [G2, P3, 317].

This subtheme rendered examples which show that there is a vulnerability in students with SLCN and they require monitoring and safeguarding to prevent abuse.

Summary of Theme 5

The theme of *Psychosocial Wellbeing* showed that SLCN can have a significant impact on students' confidence and self-esteem. It is not the case for all students with SLCN, as some can present with good confidence and social skills. It is evident that participants gave a lot of importance to promoting students' psychosocial wellbeing, through direct initiatives (e.g. setting up a school play) or indirect measures (e.g. setting achievable targets to promote success). Some students with SLCN can reportedly become socially isolated, although it is clearly something that affects other students as well. From the accounts of participants, it seems that technology can facilitate social withdrawal and some students seem to isolate themselves deliberately. Participants

revealed that students with SLCN can sometimes be victimised. It is important that their wellbeing is monitored, as they can be vulnerable to such abuse.

Summary of Results 4

A broad range of themes emerged from the data analysis of the focus group interviews. There were five main themes, each of which encompassed between one and three subthemes.

Educators' Role

The first theme explored the diverse roles of the educator in school. Participants reflected on how they are responsible for teaching the curriculum but they are also preparing students for life after school. It emerged that students need to be protected while they are in school, so participants approach their role with sensitivity to their needs. Participants were conscious of the likelihood of a reduced level of support or protection when students start life after school. They therefore felt the need to foster qualities like confidence, independence and resilience to empower students.

This theme also captured participants' efforts to adapt teaching content and material to students' learning abilities and needs. These efforts were met with significant challenges because school resources (e.g. textbooks) may not be suitable for the needs of students with SLCN. Other challenges that informed this theme were the systemic challenges outlined by participants, such as large class sizes and short lessons. Unfortunately, participants often had no say on these matters, as they were based on decisions made outside the school.

Supporting Students

In the context of the second theme that emerged in this analysis, participants elaborated on cases where resources were being used effectively and were of benefit to students (e.g. the team-teaching model, the key words strategy and the setting up of a games room). Participants reported putting in place their own initiatives to support students, such as using visual supports to pre-teach vocabulary and to allow students to work at their own pace. The importance of setting targets that were achievable (based on the student's ability) was another concept that informed this theme. Participants believed that by setting achievable targets, students could experience success which, in turn, builds their confidence.

Fair Assessment

The third theme explored participants' concern with providing a fair assessment to students with SLCN. They expressed a number of concerns around state examinations. Assessment within the school could be differentiated and take into account the students' abilities and efforts. State examinations, however, did not offer a broad enough range of differentiated assessment types. Across the data set, students were frequently reported as finding it hard to understand what is being asked in examination questions. On the other hand, participants believed that through differentiated programmes (e.g. Leaving Certificate Applied), students with SLCN are offered more ways to demonstrate their learning. A prominent observation by participants was that examination failure has a negative impact on students' confidence and their attitude towards learning.

SLCN in School

The fourth theme centred around the various types and manifestations of SLCN in students encountered by participants in their daily work. They felt that speaking out in class is often hard for students with SLCN. Fluency problems and hesitation were included within this theme. Students with language difficulties were observed to volunteer little information in class. Some participants reported that students presented with word-finding and vocabulary difficulties. Receptive language difficulties in the school context were also reported by participants. Students' challenges in understanding examination questions and processing information in class were an important part of this theme. Participants also pointed out that students with language difficulties can often present with literacy issues.

Psychosocial Wellbeing

The fifth theme emerged from discussions around confidence and self-esteem issues which, according to participants, can be affected by students' SLCN. There was divergence in the data where it was shown that some students with SLCN enjoy good social ability and confidence. Participants felt it was very important to promote students' psychosocial wellbeing by engaging students in targeted initiatives (e.g. taking part in a play). Participants also implemented indirect measures to support their psychosocial wellbeing (e.g. setting achievable targets to promote success). The data showed that some students with SLCN experience social isolation, although this is not exclusive to this group of students. The victimisation of students with SLCN was explored under this theme. Participants felt that it is important that the wellbeing of students with SLCN is monitored, as they can be vulnerable to such abuse.

CHAPTER 9: RESULTS 5

This chapter reports the results of Study 5, *The experience of adolescents with SLCN*. The aim of this study was to explore the experiences of adolescents with SLCN, particularly in the social, communicative and learning domains. Participants' views on important adolescent issues (e.g. relationships, academic success, independence) were also sought.

Data for this study was collected in a focus group carried out with a group of five adolescents who have SLCN. Participant information is provided in Table 25 below. All participants were between 14 and 15 years old and were at least in their second year in the school. Two data collection methods were used, namely a 'Graffiti Wall' exercise and a Diamond Ranking exercise (O'Kane, 2008). A detailed description of these exercises is provided in Methods 2.

Table 25: Participant information (Study 5)

Participant Code	Sex	Chronological Age (years)	Reported SLCN / primary diagnosis (from SEN teacher)
P1	Male	15	ASD
P2	Male	15	DLD & EAL
P3	Female	14	DLD
P4	Female	15	DLD
P5	Male	14	Mild ID

Abbreviations: ASD - Autism Spectrum Disorder, DLD - Developmental Language Disorder, EAL - English as an additional language, ID - Intellectual Disability

Graffiti Wall

For the purposes of analysis, the author prepared 'plates' of each Graffiti Wall (see APPENDIX 8 - A). A high-resolution photograph of each 'wall' (board) was taken by the author, using a Canon photo camera. The photographs were downloaded onto the author's personal computer. Each photograph was pasted into a Microsoft Word document. The author numbered each item that the participants had contributed on the Graffiti Wall. A table was then compiled to record all the text and visual elements of the three Graffiti Walls. Text was replicated as faithfully as possible from the original by using the same spelling, punctuation, line distribution and any other specific features. Each item was described according to its visual characteristics, such as colour, size and the type of ink used. The table can be seen in Appendix 8 - B. A Thematic Analysis of the content was then carried out, using the method described in Braun and Clarke (2006).

Diamond Ranking Exercise

Images of the final arrangement of the two boards are included in Appendix 7. As part of the Diamond Ranking exercise, participants were asked to discuss the reasons for their choices in ranking each statement. This discussion was audio recorded and transcribed by the author after the session. The transcript was analysed using Thematic Analysis. A copy of the transcript is included in Appendix 8 - C.

A thematic map of the themes and subthemes that emerged from the analyses of the two data collection tasks is presented below (Figure 16), followed by a detailed exploration of each of these themes and references to the data collected. It is important to note that some of the content offered limited scope for interpretation, due to the nature of the data collected. In particular, the Graffiti Wall data provided glimpses of important themes in the use of certain words and phrases. While the lack of additional detail constrained interpretation, this data was still informative in its own right.
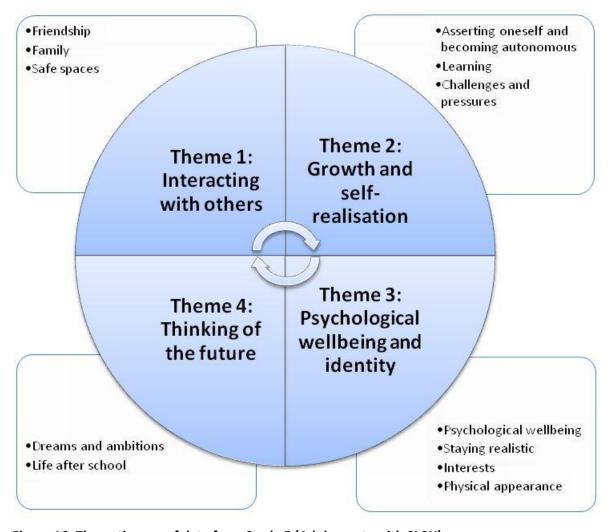
Figure 16: Thematic map of data from Study 5 (Adolescents with SLCN)

Notation

The Graffiti Wall exercise is denoted by GW in the text. Each of the three plates has been numbered (Plate 1, Plate 2, Plate 3). Each item on the plates has been numbered sequentially, generally in a top to bottom and left to right direction. For example, the topmost item on Plate 1 will be labelled 'Plate 1, Item 1' and so on.

The Diamond Ranking exercise is denoted by DR. Participants' codes are abbreviated to P1, P2, P3, etc., while 'I' denotes the Interviewer and 'T' denotes the Teacher who was present during the group exercise.

9.1. Theme 1: Interacting with Others

Description / definition

The theme of 'Interacting with Others' is informed by students' references to interactions or relationships with their families, friends and peers. These references appeared to indicate both positive interactions and possibly some avoidance of social interaction.

9.1.1: Friendship

Friendship emerged as an important subtheme across the data set. Several aspects of friendship were explored, such as trust, the pros and cons of having many friends and the development of romantic relationships. On the Graffiti Wall, friendship was included on all three plates. A student wrote *Always out with my friends* [Plate 1, Item 5] in answer to the prompt question 'What is it like to be (me)?'. The item was accompanied by a drawing which suggests positive social interaction (a stick-person line drawing of three persons joined together, possibly representing holding hands, all with shoulder length hair). Similarly, friendship was seen as a feature of what 'Life as a student' entails [Prompt question, Plate 2]. Two items on this plate, *Being with friends* [Plate 2, Item 2] and *Having friends* [Plate 2, Item 13] were linked to friendship. A student indicated that one of their hopes for the future [Plate 3] was to *Hang out with Friends and Family more* [Plate 3, Item 10].

Some of the deeper aspects of friendship were discussed in the Diamond Ranking exercise. Participants felt it was important to have friends you can trust, particularly in an age where social media dominates. Three participants explained how one needs to be able to trust their friends online in the following excerpt:

Extract 9.1

P2: - Facebook and [unintelligible] you know, you need to trust your friends

I: Ok.

P1: Yeah

I: Can you explain that a bit more?

P2: Like, your friends on the internet, they spread it. It can be spread easily. You need to be trusted. You should know they're trust

P3: Trustworthy [DR, P1, P2, P3, 18-29].

Another aspect of good friendship was brought up by P3 [DR, P3, 181-187]. The participant linked the statement 'To be listened to' with being valued and respected by friends: *you would want others to hear what you think, so you kind of feel important towards your friends* [DR, P3, 182-183]. The participant went on to explain that feeling valued and respected by friends enables an individual to be assertive and to have their say in group decisions [DR, P3, 184-187].

Interestingly, participants held different views on whether it was important to have lots of friends. P3 suggested that if you have many friends, it would not necessarily mean that all of them can be trusted [DR, P3, 173-175]. P4, on the other hand, proposed that *if you have lots of friends, you would have, like, support* [DR, P4, 177]. P3 highlighted that by having more friends, one would have more options and could spend time with friends outside a particular group [DR, P3, 270-276].

A connection was made between friendship and romantic relationships. Both P3 and P4 suggested that a friendship could develop into a romantic relationship. Such a progression comes with greater trust, rather *than just going out with somebody random* [DR, P3, 233-234]. A different participant [P1] jested that teenagers' attitudes to romantic relationships can be overly dramatic or that they can over-rate their importance:

Extract 9.2

You know, how most teenagers react, 'Oh I must need one! I need one now! Oooh' [DR, P1, 229-230].

The teacher in the group commented that the statement 'To have a boyfriend or a girlfriend' had been discussed at length in one of the groups. She remarked that *Some felt it was very important* [DR, T, 255].

9.1.2: Family

The subtheme of *Family* was identified in the Graffiti Wall data, informed by the topics of family relationships and family conflict. On Plate 1, which contained the prompt statements: 'What is it like to be... (me)? / If I could change something in my life, I would change...', one student wrote *The arguments my family have* [Plate 1, Item 13]. Presumably, this conflict is something they would like to change in their life. Another item on Plate 1, *I don't get along with my little sister* [Plate 1, Item 2] suggests that the student's relationship with their sibling was perhaps a prominent feature of their daily life.

When participants were expressing their hopes for the future [Plate 3], one participant included their family in a statement about who they wanted to spend more time with [Plate 3, Item 10]. This item suggests a more positive relationship with family members. On a similar note but perhaps under different circumstances, a student stated that they wished to *Go back to India & live there with my family* [Plate 3, Item 14]. A number of different motives may be behind such a hope for the future. For instance, the student might miss having regular contact with relations in the family's home country. Perhaps there is a different type of connection with the extended family, on a cultural and linguistic level, that he or she does not enjoy in Ireland.

9.1.3: Safe spaces

The subtheme of *Safe Spaces* was informed by indications that some students valued 'safe spaces' where interaction was not required. While not stated explicitly, it appeared that for some participants, it was preferable to opt out of some types of social interaction. On Plate 2, which contained the prompts 'Life as a student / What I think of school', a student wrote *I like the distraction the school gives from home* [Plate 2, Item 10]. This item echoes some of the feelings expressed in Subtheme 1.2 (Family), where family relationships appeared to involve conflict for some participants. The participant might feel that school was a safe space where negative relationships between family members could be left behind.

Item 9 on Plate 1 read *The isolation of my bedroom* [Plate 1, Item 9]. These words may also indicate a safe space, in this case in the participant's home. The intended meaning, however, is

not entirely clear, as other interpretations are possible. Perhaps this item was an indication of feeling isolated and a wish to spend more time interacting socially.

Another possible reference to a safe space was Item 5 on Plate 2, where a student wrote *I like the walks from class to class* [Plate 2, Item 5]. This could be a time when a student can 'switch off', with no pressure to interact with other students or teachers. Once again, the intended meaning could be different here, as it could also be a time to engage in social interaction.

Summary of Theme 1

Thematic analysis of the data set showed that the theme of 'Interacting with Others' was important for participants. The theme was informed by the subthemes of interacting with 'Friends' and with 'Family'. Participants felt it was important to have friends they could trust, friends who valued them and listened to them. Having lots of friends was considered to have both pros and cons by students. They highlighted that romantic relationships could develop from a friendship. Family relationships were, reportedly, important and seemed to entail conflict. Some participants appeared to value the 'Safe Spaces' where interaction with others was not required.

9.2. Theme 2: Growth and Self-Realisation

The second theme of *Growth and Self-Realisation* was informed by participants' views on asserting themselves and becoming autonomous. Insights were also offered into learning and the types of challenges and pressures they faced.

9.2.1: Asserting oneself and becoming autonomous

The subtheme of *Asserting oneself and becoming autonomous* emerged from data gathered in the Diamond Ranking exercise. Participants reported their views on why they thought these goals were important and gave examples of how these goals can be achieved.

P1 said it was important to *have your voice be heard, have your opinion be heard* [DR, P1, 63], for example with one's friends [DR, P3, 183-187] or with one's parents [DR, P1, 67]. P3 expressed a similar belief linked to the development of autonomy, stating that *you don't want to be treated like a child* [DR, P3, 196]. According to participants, increased autonomy leads to learning and is beneficial in the long-term [DR, P3, 199]. After all, parents *can't always be there for you in life* [DR, P3, 201]. Participants felt it was important that adolescents be allowed to *learn from their*

mistakes [DR, P4, 210] but also afforded protection by their parents, as expressed by P3 in the following extract:

Extract 9.3

> I: So, what would you do if you were a parent?

> P3: I would kind of let them do their own thing but then again, keep them safe from danger [DR, I, P3, 203-206].

The data suggests that participants had good insight into the need to assert oneself and become autonomous, understanding why it is important and the implications of achieving/not achieving these goals.

9.2.2: Learning

The subtheme of *Learning* was prominent in various parts of the data and emerged across a number of different contexts, ranging from learning in school to learning life lessons.

In Plate 2, which contained the prompts 'Life as a student / What I think of school', learning was linked to getting a good job [GW, Plate 2, Item 7]. Another item [GW, Plate 2, Item 14] seemed to classify learning as one of three key points that summarise what being a student is about: *Learning, Homework, Having friend*.

The connection between learning and good comprehension of textbooks was ranked highly by one of the groups in the Diamond Ranking exercise. One participant (P3), speaking on behalf of the group, explained how learning often depends on good comprehension and the ramifications this relationship has for examinations and future learning:

Extract 9.4

> P3: If you understand what it says in your books, you'll be able to do examinations, subjects, understand them a lot more than if you don't know anything, how are you supposed to learn what it's gonna be like in the future?

> I: So is it something that is gonna help you, like learning for the future?

> P3: Yeah [DR, P3, I, 123-129].

The same ideas are reiterated by P3 at a later point [DR, P3, 155-158], further reinforcing the centrality of this link. Furthermore, good comprehension and learning were also reported to be key requirements for being successful in one's areas of interest [DR, P3, 268-270].

An interesting insight was provided by P1, who believed that learning is, by its very nature, challenging. The participant's view was that *if you get homework and tests that are not too hard, you ain't learning anything at all!* [DR, P1, 88-90]. This idea is discussed further in a later section of this chapter (under Subtheme 3.2: Staying Realistic). P1 also claimed that help was available for those who needed assistance with learning: *you can always get help* [DR, P1, 104].

9.2.3: Challenges and pressures

The subtheme of *Challenges and pressures* was informed by a range of items on Plate 2 of the Graffiti Wall (Prompts: Life as a student / What I think of school). One of the main pressures identified by participants was the workload expected of students. For instance, Item 2 stated *Too much work* [GW, Plate 2, Item 1] and similarly, another item contained the words *Homework (lots)* [GW, Plate 2, Item 12]. Other items were possibly indicative of the workload, saying that there were *Books everywhere* [GW, Plate 2, Item 3] and that *having a heavy bag with books* [GW, Plate 2, Item 9] was part of what life as a student was like. One participant wrote *The time!* [GW, Plate 2, Item 4], which perhaps suggests that the participant felt there was not enough time to get everything done.

The wide range of subjects [GW, Plate 2, Item 8] was written on one of the items put up on the wall. One of the possible interpretations might be that students find it challenging to adapt to the demands of diverse school subjects. Another possible interpretation might be related to the amount of work expected of students being greater than that in primary school. A positive interpretation might have been intended for this item. Perhaps, it is a way of saying that school is more interesting because of the diversity of subjects offered to students.

One participant wrote *Lots of hard examinations* and made a line drawing of a sad face [GW, Plate 2, Item 6]. This item suggests that the student in question finds school examinations hard, possibly to a greater extent than their peers.

The challenges and pressures experienced in school might lead some students to disengage from the learning process. Two items on Plate 2 may be reflective of this type of attitude towards school. *School is boring* [GW, Plate 2, Item 11] and *I hate homework* [GW, Plate 2, Item 15] were

both placed on this plate. While no further reasons were offered, one explanation could be that the everyday challenges are too much for some students.

Summary of Theme 2

The theme of *Growth and Self-Realisation* was informed by three subthemes. In the first subtheme of *Asserting oneself and becoming autonomous*, participants highlighted the importance of making one's voice heard with parents or friends. Within the second subtheme of *Learning*, an important link was made by participants between comprehension and learning. They gave clear indications that this link had implications for all aspects of learning and for a student's future. The third subtheme of *Challenges and Pressures* was informed by the students' exploration of some of the challenges that school brings with it, for example, a heavy workload. Some of the principal challenges were stated on the Graffiti Wall, including homework and time pressure.

9.3. Theme 3: Psychological wellbeing and identity

The theme of *Psychological wellbeing and identity* was informed by four subthemes. Participants demonstrated an awareness of factors that influence their *Psychological wellbeing*. The importance of *Staying realistic* about one's own capabilities was a subtheme that emerged from the data. Participants related their *Interests* to their sense of identity. For some students, aspects of their *Physical Appearance* were also related to identity.

9.3.1: Psychological wellbeing

Analysis of the Diamond Ranking exercise discussion revealed various insights that informed the subtheme of *Psychological wellbeing*. Students in one of the groups rated 'To be happy and content' as the most important statement because of the link between positive emotions and self-esteem. The following extract illustrates this point, where the positive emotion of being happy led to an improvement in self-esteem:

Extract 9.5

> P1: All right. 'To be happy and content': we think that's the most important because if you're happy, it boosts your self esteem and it makes you feel good about yourself
>
> I: Ok
>
> P1: It makes you wanna do more good things. [DR, P1, 7-13].

It is worth noting that P1 makes a further link between positive self-esteem and motivation, showing a good understanding of how different areas of psychological wellbeing are interlinked. P1 and P2 added to this point at a later stage by suggesting that spending time and going out with friends can also *help you be happy and content* [DR, P1, 50-51]. In the same fashion, an individual who was being bullied could not be happy or enjoy good self-esteem [DR, P2, 42-43 and P1, 49].

In the Graffiti Wall exercise, Item 1 on Plate 1 (What is it like to be... (me)? / If I could change something in my life, I would change...) contained the words *That god gave* (me) *gift's that other people don't have* [GW, Plate 1, Item 1]. This item suggests that the participant in question has an awareness and an appreciation of their positive attributes and unique characteristics. Such an appreciation may be an important contribution to the individual's psychological wellbeing.

In contrast, one participant wrote in black marker and in large, bold script that something they would have liked to change was *My self esteem/confidence* [GW, Plate 3, Item 16]. This contribution suggests that the student in question may perceive weaknesses in areas of their psychological wellbeing that they would like to improve or build on.

9.3.2: Staying realistic

The subtheme of *Staying realistic* was informed by participants' views on the negative psychological impact of achieving goals without needing to work for them. As P1 explains, such achievement could lead to an unrealistic view of life and of oneself:

Extract 9.6

> P1: if you just get what you want, it's gonna boost your ego and it's gonna make you keep thinking that you're gonna get everything that you ever wanted [DR, P1, 72-74].

P1 explained that having a bigger ego is like being *more cocky* [DR, P1, 78].

In an academic context, learning needs to entail a challenge. If not, it could lead to unrealistic views of learning and one's perception of their own ability:

Extract 9.7

> P1: Exactly, they aren't challenging you at all. You're probably just thinking it's super-easy and you're just getting right through it [DR, P1, 98-99].

The need to stay realistic connects to the previous subtheme of psychological wellbeing, as it helps to maintain a positive and balanced outlook towards oneself and one's abilities. It also related to the previous subtheme of *Learning* (Subtheme 2.2), where participants identified that learning needs to challenge the individual.

9.3.3: Interests

The subtheme of *Interests* was informed by students' references to their personal interests on the Graffiti Wall. The prompts in Plate 1 (What is it like to be... (me)?) elicited most of the items related to their interests, suggesting that participants linked their interests to their sense of identity. Some interests were related to physical appearance and fashion choices. For example, *I love doing my make-up* [GW, Plate 1, Item 3] and *Love getting my nails done* [GW, Plate 1, Item 6]. Other interests reported were based around technology, such as *Love video games* [GW, Plate 1, Item 10] and *YouTube* [GW, Plate 1, Item 11]. There seemed to be some connection between interests and participants' hopes for the future (Plate 3). For instance, Item 2 contained to *Become a Fashion Designer* with a pink line drawing of a dress beside the text [GW, Plate 3, Item 2] and Item 6 said *YouTube* [GW, Plate 3, Item 6], perhaps suggesting that the student would like to create content for YouTube.

9.3.4: Physical appearance

The subtheme of *Physical appearance* was informed by Graffiti Wall content on Plate 1 (See Subtheme 3.3 *Interests* above) and items on Plate 3 (Prompts: My hopes for the future... / If I could change something in my life, I would change...). The latter contained comments about changes to physical appearance or fashion choices that participants reportedly desired. Item 12, for example, said *To be taller* [GW, Plate 3, Item 12], while Item 13 said *I'd like to be tanner* (i.e. more tanned) [GW, Plate 3, Item 13]. Fashion-related items included changes to *My hair style* [GW, Plate 3, Item 15], and *To change the style that I wear* [GW, Plate 3, Item 13]. These items suggest that some participants related their external appearance to their sense of identity.

Summary of Theme 3

The theme of *Psychological wellbeing and identity* was informed by the four subthemes, namely *Psychological wellbeing*, *Staying realistic*, *Interests* and *Physical appearance*. Participants appeared to have a good awareness of factors that influence their psychological wellbeing and how important they are. The need to engage in work that is suitably challenging was identified by students as conducive to staying realistic about one's abilities and maintaining a balanced self-

image. Participants' sense of identity emerged through contributions related to their personal interests and their physical appearance or fashion choices.

9.4. Theme 4: Thinking of the future

The theme of *Thinking of the future* was informed by two subthemes. The subtheme of *Dreams and ambitions* emerged from participants' expressions about things they would like to do or achieve in the future. Views and insights about *Life after school* formed the basis of the second subtheme.

9.4.1: Dreams and ambitions

The subtheme of *Dreams and ambitions* was informed by content relating to goals that participants said they would like to pursue in the future. On Plate 3 of the Graffiti Wall, (Prompts: My hopes for the future... / If I could change something in my life, I would change...) a number of contributions gave indications of participants' hopes and dreams for their future. Some items expressed ambitions related to employment, such as *To get a good job* [GW, Plate 3, Item 3] and *To get a job I'm good at* [GW, Plate 3, Item 9]. One similar ambition was expressed with, perhaps, a sense of anxiety. The student in question wrote *To not get fired from my job* [GW, Plate 3, Item 1], possibly showing an awareness of the challenges that holding a job might entail. Other items were related to the students' interests, as detailed in Subtheme 3.3 (Interests) above. For example, one item said *To become a Fashion Designer* [GW, Plate 3, Item 2].

Other *Dreams and ambitions* were based on where participants wanted to live in the future. Two items expressed the student's desire to move to a different country. For example, Item 7 said *Move to Canada* and contained a line drawing with blue marker and red ink, possibly representing a maple leaf from the Canadian flag or a map of Canada [GW, Plate 3, Item 7]. On the other hand, Item 8 simply said *I would like to change where I live* [GW, Plate 3, Item 8], suggesting perhaps that the student's focus was to move out from the family home or to move to a different geographical area.

9.4.2: Life after school

Participants' discussions around the importance of thinking about the future informed the subtheme of *Life after school*. P3 identified good comprehension in school as a key factor for a student to achieve examination success and *to learn what it's gonna be like in the future* [DR, P3, 125]. The same idea was reiterated later by the same participant [DR, P3, 156-158].

Two students believed that leaving the family home was a way of achieving independence. If one stays at home, *they'd have rules you'd have to follow* (i.e. parents) [DR, P3, 135-136]. P4 summarised the idea as follows:

Extract 9.8

>P4: You'd want to, say, get more independent

>I: Ok. So if you leave -

>P4: - you'd do things for yourself [DR, P4, 138-142].

This extract suggests that the participants appreciated the need to progress to greater independence when they leave school and start living an adult life.

Summary of Theme 4

The theme of *Thinking of the future* was informed by the subthemes of *Dreams and ambitions* and *Life after school*. Participants expressed their dreams and ambitions for their future through contributions about employment and about places where they would like to live. They believed that it was important to understand academic content to facilitate their examination success and knowledge about life after school. Participants also reported that they felt it was necessary to achieve greater independence, later on in life, by leaving the family home.

Summary of Results 5

A group of five adolescents took part in Study 5, which was a focus group study consisting of two different visual/participatory tasks: a Graffiti Wall exercise and a Diamond Ranking exercise. Thematic analysis of the data gathered across the two tasks produced four main themes and several linked subthemes. Within the first theme of *Interacting with others*, participants expressed their beliefs about friendship and family relationships. 'Trust' and 'being valued/listened to' were qualities that participants considered important in friendship. Family relationships appeared to be central in students' lives and in some cases seemed to entail conflict.

In the second theme of *Growth and self-realisation*, participants held the view that it is important for adolescents to voice their opinion with family and friends. They believed that good comprehension is crucial for learning and that this link has serious implications for a student's

future. Several challenges linked to being a student were reported, including workload and time pressure.

In the third theme of *Psychological wellbeing and identity*, factors that impact on psychological wellbeing were highlighted and discussed by students (e.g. link between emotions and self-esteem). Their sense of identity was expressed through references to their interests, physical appearance and fashion choices.

In the fourth theme of *Thinking of the future*, participants spoke about their dreams/ambitions for future employment and where they wanted to live. Learning and examination success were linked to being equipped for independent living later on in life.

All in all, despite the limited amount of data gathered, this study produced informative and diverse results. These results will contribute to the project's aim to answer the research questions of how adolescents with SLCN should be understood and how their needs can be met. The next chapter will attempt to integrate the results from the five studies, before moving on to discussing the implications of these results in theory and practice.

CHAPTER 10: RESULTS 6

The previous five chapters (Results 1-5) have reported in detail the results of data collected from five different groups of informants related to the research questions:

Main Research Question:

What are the social, communicative and learning experiences of adolescents with SLCN, as perceived by those closest to them and by the adolescents themselves?

Secondary Research Question:

How can speech and language therapists meet the needs of adolescents with SLCN holistically, with these social, communicative and learning experiences in mind?

The five stakeholder groups that participated in the project were:

- Speech and language therapists (Study 1)
- Adolescents (Study 2)
- Parents of adolescents with SLCN (Study 3)
- Educators of adolescents with SLCN (Study 4)
- Adolescents with SLCN (Study 5)

The involvement of the key stakeholders in the area of SLCN in adolescence gives these results a broad reach in terms of their relevance. As one would expect, the data collected produced a rich and diverse set of results. Naturally, each study has its limitations, which will be discussed at the end of the thesis. The current chapter will attempt to integrate some key results by highlighting some of the main themes[44] that emerged *across* various data sets. It is important to note that, while overlap of certain important themes exists across individual studies, themes do not appear across the entire data set. In fact, there was no attempt to develop or refine an overarching set of results and this chapter should not be seen as such. Each of the five studies was driven by different approaches, such as different methodologies which were tailored to the specific stakeholder group involved, within the scope, resources and boundaries of the project.

Overlaps or connections between results are naturally present because of the central focus on adolescents with SLCN. While overlaps might suggest that a theme is important, themes that occur in only one data set are not necessarily less important. It is also the case that overlaps

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[44] The term *themes* is not being used here in with reference to any specific qualitative methodology. The term is being used in the generic sense of the word.

between themes occurring across datasets do not always imply uniformity or similarity. In some cases, different groups adopted an entirely different perspective of the same theme. Even within the same group of informants, participants sometimes expressed different views or experiences. Caution is therefore advised in reading this chapter to avoid eroding the richness and diversity of the results. Instead, this chapter should be read as a broad and generic summary of some of the important themes. These themes are summarised in Table 26 and discussed briefly in the subsequent write up.

Table 26: Table of important themes across the dataset

a) Impact of SLCN on people's lives: Altered lives

b) Social functioning of adolescents: Living in a social world

c) Services and supports: Helping and hindering

d) Educational achievement: Closing the gap

e) Psychological wellbeing: Healthy minds

f) Thinking about the future and preparation for life: Fending for themselves

a) Impact of SLCN on people's lives: Altered lives

The main informants for this topic were parents (Results 3) and educators (Results 4). Parents reported that their child's SLCN can have a negative impact on their confidence, especially when it was linked to poor academic achievement or literacy problems. SLCN was seen as being conducive to withdrawal and isolation. For example, some parents reported that their child withdraws from social situations with unfamiliar people (e.g. visitors at home). In some cases, the withdrawal was mixed with social exclusion caused by others. For instance, some parents reported that social invitations for play dates diminished as their child got older. In other cases, the isolation was by choice, whereby the adolescent with SLCN preferred to be alone (e.g. the child was happy in their routine).

The educators' group (Results 4) highlighted the impact of SLCN on students' confidence in speaking up in class. Students were reported to hesitate and avoid speaking situations. When answering questions or making a contribution in class, some students were said to offer minimal amounts of information because of an underlying expressive language difficulty. A significant challenge for students with SLCN, according to teachers and SNAs, was the comprehension of examination questions. It was noted that students with SLCN may also have literacy difficulties. The parental data (Results 3) also included references to literacy difficulties for some of the adolescents with SLCN and the negative impact it had on them.

Naturally, not all adolescents are affected in the same way. For instance, some adolescents were reported to present with good confidence or social ability. Nevertheless, the impact of SLCN is definite and well documented in the data.

b) Social functioning of adolescents: Living in a social world

The theme of social functioning occurred across the majority of the data sets. The informants who addressed this theme were parents (Results 3), educators (Results 4), adolescents with SLCN (Results 5) and typically developing adolescents (Results 2).

Parents detailed the isolation and exclusion experienced by some adolescents, as described in the previous section. Other parents that were interviewed reported more positive aspects of their child's social ability. Some adolescents were said to have a friendly disposition. One adolescent was reportedly very popular with his friends. Another adolescent was described as needing encouragement to approach others and make friends. Several parents reported that their child had a good ability to mix with others. In some cases, however, they found it difficult to keep friends and this was of concern to parents. On a related note, parents were often concerned about their child's vulnerability in a social context. For instance, participants felt their child might be easily led or that they would misuse social media.

The educators group also provided data relating to adolescents' social functioning. They reported witnessing isolation in some students with SLCN, especially those with autism. The educators, however, noted that other students who are seemingly typically-developing were observed to prefer being alone in school. Some students with SLCN were reported to be vulnerable and were sometimes the victims of snide comments in school or abuse on social media. On a positive note, the educators' group provided a wealth of examples that showed that good social functioning can be promoted in school through different initiatives, such as the 'Friends for Life' programme and the setting up of a games room.

Adolescents with SLCN gave importance to friendships and highlighted the qualities they value in friends. They also made references to places they considered to be 'safe spaces', where they did not have to interact with anyone, perhaps suggesting that communication and social interaction can be challenging for them.

Typically-developing adolescents appeared to acknowledge that social communication entailed challenges. More than half of the respondents (57%) reported that sometimes they do not know

how to respond to teasing. They felt that it was acceptable to be in a group and not to have something to say. However, they felt it was important to understand humour in a group situation. The respondents placed value on good communication skills. For example, the majority (80%) said that conversation would be their preferred way to resolve a disagreement.

c) Services and supports: Helping and hindering

The experience of accessing services and supports following identification was different for each parent interviewed (Results 3). Some children faced delays in accessing supports (due to long waiting lists), which the parents found dissatisfying. The quantum of service provided did not always meet parental expectations. Parents who were engaged with services for long periods found that there was a gradual reduction in the services that were being offered to their child. Some participants were of the opinion that group therapy did not suit their child's needs. According to parents, the most positive experiences were achieved when there was joint working between all professionals involved (e.g. SLTs, teachers). Good outcomes were reportedly achieved when goals were set jointly and everyone involved with the child worked towards reaching the same goals.

SLTs (Results 1) were asked whether they felt adolescents were interested in receiving SLT support. Just over half of respondents (56%) felt that adolescents were interested in receiving SLT support, indicating that there were mixed views on this matter. Some participants suggested that adopting a different model of service delivery would help improve SLT services for adolescents. For example, working closely with secondary schools, placing greater emphasis on joint goal setting and focusing on goals that adolescents find important were all highlighted as ways of improving the service model.

d) Educational achievement: Closing the gap

The broad theme of educational achievement featured in all the studies. In particular, it was a substantial theme for the educators (Results 4), parents (Results 3) and adolescents with SLCN (Results 5) groups. Different angles or aspects were addressed by each group.

The educators believed it was important to set achievable targets for students. These targets need to be in line with the students' abilities and each student needs to be supported to reach their goals. Teachers and SNAs praised the role of differentiated programmes, such as the Leaving Certificate - Applied, which gave students a sense of achievement. Participants noted how demoralising examination failure is for students.

Parents of adolescents with SLCN gave positive accounts of schools that were flexible in the approach they took with their children. For example, parents were involved in discussions with educators about how many and which subjects their child would pursue. Parents reported negative experiences when supports provided were based on diagnostic labels, rather than the child's needs. Participants whose children were enrolled in a special educational setup appeared to be happy with the benefits the placement had for their child. For instance, there seemed to be a better integration between educational goals and therapeutic interventions.

Adolescents with SLCN recognised the importance of education in their lives. They pinpointed the importance of good comprehension to help them succeed in school and gain knowledge that was useful for later goals in life. They also highlighted the challenges they faced while being enrolled in school, particularly in handling a large workload and dealing with time pressures.

e) Psychological wellbeing: Healthy minds

The psychological wellbeing of adolescents was addressed by numerous informants. The parents interviewed (Results 3) felt that SLCN impacted on their child's psychological wellbeing. It was therefore important, according to these parents, to set achievable goals for adolescents. Such goals would, in the parents' view, help the adolescents experience success and build their confidence. Parents pointed out some of the strengths their children possessed, such as a friendly or likeable personality, independence in self-care and independence outside the home setting (e.g. taking the bus to school, running an errand in a shop).

Educators (Results 4) felt it was part of their role to promote students' psychological wellbeing. They appeared aware of the negative impact that SLCN can have on students. Various initiatives were reportedly put in place to promote students' confidence, as already outlined in this chapter. Participants believed that, if students' psychological wellbeing was fostered, students would be enabled to participate more actively in education and reap its rewards, both in the present and in the future. Some participants were of the opinion that it was good for students to have a realistic sense of their own ability, so that they could set themselves realistic targets for the future. This opinion was linked to discussions about how the achievement of students with SLCN should be assessed. Some participants argued that, if there was no set standard for measuring students' abilities objectively, students could develop an unrealistic sense of what their ability is, leading to disappointment at a later stage.

Typically-developing adolescents (Results 2) showed a good understanding of the links between good communication and psychological wellbeing. The majority of participants (78%) believed that communication and emotions are linked. Most participants rated good communication skills as 'very important' or 'important' in making people feel connected with friends. On a related question, they indicated that persons who find it difficult to communicate with their friends could feel lonely (56%) or isolated (41%).

Adolescents with SLCN (Results 5) also appeared to have a good awareness of factors that influenced their psychological wellbeing. For example, they made a link between having good self-esteem and feeling motivated to achieve. Some participants expressed the view that students need to be suitably challenged. According to these participants, if academic work is not challenging enough, it would give rise to unrealistic views about oneself that are not beneficial for their sense of self.

f) Thinking about the future and preparation for life: Fending for themselves

Thinking or preparing for the future was a theme that was prevalent in the dataset. The prospect that adolescents will be living adult lives in the near future made this theme highly pertinent. In the parental interviews (Results 3), participants expressed both hope and worry about what the future holds for their child. Such talk included questions over whether their child would be able to find employment, the type of further education options available and the child's wellbeing in the future. Some parents said that, through past experience, they had learned the importance of being realistic with their child when planning for the future.

In the educators group (Results 4), participants felt they occupied an important role in preparing students for life after school. For example, they felt it was important for students to be able to speak up for themselves. Educators engaged students in activities to learn skills that would be useful for life, such as making phone calls and giving oral presentations. They also reported initiatives to help students increase their resilience and independence. For example, in one school, students were taught about learning styles and were encouraged to critique each other, in order to learn how to give and receive criticism appropriately.

The adolescent participants with SLCN (Results 5) appeared to give substantial importance to what life after school would bring. The data contained several references to their hopes for finding employment and the types of employment they wished to pursue. The participants were also concerned with where they would live, with some participants expressing a desire to move

out of the family home or to move to a different country. High value was placed by the students on the importance of learning (in school and outside school), in order to be equipped for the future and to achieve independence.

Conclusion of Results Chapters

This chapter recapitulated some of the main results across the entire dataset of Studies 1-5. While some themes emerged in the data collected from different informants, this is not an attempt to rate the themes in order of importance. The data is broad in its scope and its richness would be impoverished if such an exercise were to be attempted.

The uniqueness of this data needs to be stressed, particularly in the Irish context. The results provide a sense of the depth and breadth of the area of study (SLCN in adolescence). The variety of methods used have tapped into some of the deeper aspects of the service user experience that might not be immediately apparent in the day-to-day work of SLTs and other providers of support-services. The initiatives that were highlighted at a local level in secondary schools were both interesting and surprising. The dissemination of such results has the potential to benefit the SLT community in advancing its practice with this age group.

Divergence in the data was also present, such as in the variety of strengths and ways of coping that parents spoke about in their accounts. The next chapter will discuss in detail the significance of these results in a systematic manner and the multiple contribution they can make to the understanding of adolescents with SLCN and the provision to meet their needs.

CHAPTER 11: DISCUSSION 1

Contribution to Theory

The aim of this project was to identify the social, communicative and learning experiences of adolescents with SLCN, as perceived by those around them and the adolescents themselves, in an effort to fully appreciate the needs of SLCN and how SLTs may respond holistically to those needs. The design of the project was based on the Bioecological Model of Bronfenbrenner (Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006). This model was used to place the study of SLCN in adolescence in the broader context of significant individuals, processes and organisations and the multi-directional interactions and influences between them. The relationships of adolescents with SLCN that were explored directly were those of:

- service users (current/past/potential) of SLT, using SLTs as informants (Study 1)
- friends/peers, using a generic group of adolescents as informants (Study 2)
- sons/daughters, using parents as informants (Study 3)
- students, using educators as informants (Study 4)
- self - adolescents' own views were sought, using adolescents with SLCN as informants (Study 5)

Six main themes emerged from the data collected with the five informant groups (summarised at the end of the Results chapters - see Results 6 - Integration Chapter).

The themes were:

a) Impact of SLCN on people's lives: Altered lives

b) Social functioning of adolescents: Living in a social world

c) Services and supports: Helping and hindering

d) Educational achievement: Closing the gap

e) Psychological wellbeing: Healthy minds

f) Thinking about the future and preparation for life: Fending for themselves

Each of these themes will be discussed in detail in the Discussion chapters (Chapter 11 and 12) in light of existing research, to capture the contribution of this project to our understanding of the experiences of adolescents with SLCN, as per the main research question. Themes (a)-(c) mainly inform Chapter 12 (Contribution to Practice), while themes (d)-(f) are more closely linked to Chapter 11 (Contribution to Theory; see Figure 17 for a graphical representation of the distribution of themes in the Discussion chapters). It is important to note that the distribution of

these themes into separate areas is not mutually exclusive, since there are several implications for each theme that resonate within and across both theoretical and practical considerations.

A unifying principle underpinning theory and practice, that is *Building Upon Success*, will be presented as the main contribution of this project and will be discussed at the end of this chapter. For now, a brief outline of this central idea will be presented at the start of the next section.
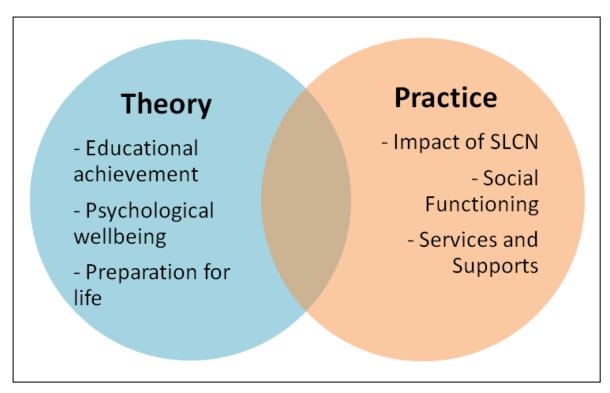
Figure 17: Themes informing Chapter 11 (Contribution to Theory) and Chapter 12 (Contribution to Practice)

Contribution to theory

The main contribution that is being proposed in this thesis is based on a new principle, called the *Building Upon Success* (BUS) principle. This principle states that:

> **The BUS principle**: Services for adolescents with SLCN should aim to enable these adolescents to experience repeated success (despite their SLCN) in the activities they participate in. The experience of success builds confidence and promotes psychological wellbeing.

A case will be made for the validity of this principle through a detailed discussion of themes (d)-(f), starting with the area of educational achievement.

11.1. Educational achievement: Closing the gap

11.1.1. The educational experiences of adolescents with SLCN

It was not surprising to learn from this project's findings that adolescents with SLCN face significant challenges in secondary school education. Previous studies have provided extensive evidence of the types of challenges faced by students with SLCN (Conti-Ramsden et al., 2009; Durkin et al., 2012; Durkin et al., 2009; Elbro et al., 2011; Snowling et al., 2001). This project did not set out to measure the extent of these challenges but rather to find out more about how they are experienced and lived.

Some of the parental accounts about their child's educational experience were characterised by feelings of being 'left behind' as peers progressed (Results 3, Subtheme2.2.4). These feelings were based on functioning in various academic areas. Completing homework was reported to take longer than it was meant to and to require more support from the parent. Abstract or theoretical components of learning were found to be challenging, compared to the more hands-on or practical aspects. Some participants reported that their child found it hard to read or process written information, which is essential for learning in secondary school (e.g. Nippold, 2017; Ukrainetz, 2015). Parents expressed concern on whether their child would be able to sit their examinations. In some cases, an agreement was reached between parents and school to reduce the number of subjects the child was studying in order to focus their resources on specific areas and make the level of challenge more manageable.

The social dimension of going to school might seem peripheral in determining student achievement. Yet, there were plenty of indications in this project to show that social functioning bears influence on academic outcomes. The views expressed by participants were consistent with humanistic theory, in particular Abraham Maslow's hierarchy of needs (1968, 1970), in which the needs of *belongingness* and *esteem* are considered to be more basic needs that have to be met in order for *self-actualisation* to be achieved. Parents highlighted the novel challenges brought about by a greater self-awareness in adolescence (Results 3, Subtheme 2.2.2). In the educator focus groups (Results 4, Subtheme 1.1.2), it was pointed out that sometimes *the day-to-day social interactions* had to be prioritised over academic content [G3, P4, 203-205]. The support of SNAs was reportedly crucial for facilitating social functioning for adolescents with SLCN. Educators' reports of successful outcomes for students were largely based on flourishing socially and psychologically, by growing in confidence and independence. Educators clearly feel that supporting students socially is a core part of their education and cannot be ignored at the expense of purely academic goals. The adolescent focus group findings confirmed how important participants considered their social relationships with friends (Results 5, Subtheme 1.2). While

Maslow's theories have been criticised on various accounts (e.g. lacking empirical evidence, conceptual 'vagueness') (Schunk, Meece, & Pintrich, 2012), the experiences perceived by educators and parents seem to echo Maslow's principles.

The challenges of secondary school education for adolescents with SLCN feature heavily in their experience of education, often constituting a defining factor in their experience. It is important to acknowledge this reality and to remember that the challenges are multi-dimensional (learning, social, concomitant conditions, etc.). Given the challenging nature of the educational experience for adolescents with SLCN, there is a risk that these adolescents might lose their motivation to engage in education to the best of their ability (see Literature Review, section 2.3.4). How can existing knowledge about motivation be used to minimise this risk?

11.1.2. Theories of Motivation: An adequate level of challenge is good
Helping students to achieve successful educational outcomes does not mean that all forms of challenges should be removed. Achievement Motivation theories (Atkinson & Feather, 1966; Wigfield & Eccles, 2002) propose that learning tasks of intermediate difficulty lead to beliefs that the outcome is attainable and provide the student with a sense of achievement. Tasks that are too hard lead to a high fear of failure and are not beneficial. The data collected from adolescents with SLCN (Study 5) showed that participants felt that learning should entail a challenge; if not, it could lead to unrealistic perceptions of one's own ability. Their views are in line with Achievement Motivation theories, which recognise that tasks that are too easy are not beneficial in building confidence, since students will attribute their achievement to external factors rather than their own efforts (Atkinson & Feather, 1966; Wigfield & Eccles, 2002).

Perhaps this insight from the adolescent informants helps to fine-tune the efforts of those working with adolescents with SLCN, placing their focus not on how to reduce the educational challenges for students with SLCN but rather on how to identify an adequate level of challenge for each student with SLCN.   This view overlaps with a concept proposed by Vygotsky (1978), known as the Zone of Proximal Development, which stipulates that learning can be promoted when individuals are supported by others to carry out tasks that they would not be able to carry out independently. Being challenged is desirable and this is another dimension that needs to underlie the implementation of supportive measures in education and other services provided to adolescents with SLCN.

Setting challenges at a suitable level needs to be accompanied by objective ways of assessing and reviewing how these challenges are being met. What is the purpose of assessment in education

and in other fields? Should assessment measure one's ability or knowledge in a certain area against a given standard? Or should it reward individuals for their effort and hard work, irrespective of their ability?

11.1.3. Assessment and learned helplessness

In a school context, assessment occupies a central role in determining a student's learning and achievement in school. The educators in Study 4 reported how they try to use assessment methods for students with SLCN which could increase their motivation. For example, some teachers provided differentiated homework and used their knowledge of the student's ability as their benchmark for grading the student's work (Results 4, Subtheme 2.2). In one participant's words, this is the concept of *knowing their best effort* (G2, P2, 491-492), which is likely to be different for each student. This educator's approach fits in with the principles of Achievement Motivation theories (Atkinson & Feather, 1966; Wigfield & Eccles, 2002), since it allows students to experience success as a result of their effort (rather than luck or because the task was perceived as being too easy).

The biggest stumbling block in the educators' endeavours seemed to be the state examinations. While the state examinations provide some level of differentiation to suit different abilities, the overarching feeling was that state examinations are detrimentally undiscriminating (Results 4, Theme 3). Some participants could not see the point in setting goals which suit the student's ability but will not meet the required standard in the state examinations. Success or failure in the state examinations carries high value in the Irish educational system, as it bears a strong influence on one's route to further education and/or employment prospects. Is it helpful to support students with SLCN in the school environment, in the knowledge that those supports will not be available during the state examinations?

There is an argument to be made for having a standard which is reliable and consistent on a national level. As one participant explained, it helps employers, educators and others know what to expect when recruiting or working with individuals (G1, P1, 536-540 - Results 4, Subtheme 1.1). It can also help students to be realistic about what their capabilities are and setting themselves goals that they can achieve (*ibid.*). In theory, this reasoning is good. In reality, however, examination failure takes a toll on individuals and could have significant consequences for their sense of self-worth and their psychological wellbeing. The impact on the adolescent's psychological wellbeing was a major theme in the parent and educator studies (Results 3, Subtheme 4.2.3 and Results 4, Theme 5). Repeated failure can lead to negative attributional patterns and low self-efficacy, better known as 'learned helplessness' (Dweck, 2000; Maier &

Seligman, 1976). Students with learning difficulties can experience learned helplessness if they feel their educational outcomes are independent of their efforts (i.e. they fail despite putting in the effort and hard work). Deficits in cognition or language alone do not account for the degree of failure but it is believed that the student's loss of agency and self-efficacy beliefs exacerbate the effects of any difficulties with learning (Schunk, 2012). On the other hand, one of the main schools of thought on learning, Social Cognitive Theory, proposes that students' motivation from learning depends on two principal factors, namely positive outcome expectations and high self-efficacy beliefs (Bandura, 1986, 1997). Students need to believe that their goals can be achieved (positive outcome expectations) and that they are capable of performing the behaviours necessary to achieve those outcomes (self-efficacy). Based on the principles of Social Cognitive Theory, if adolescents with SLCN perceive that state examinations are not attainable, it is unlikely that they are going to be motivated to engage fully with the education system.

Some parents felt that setting realistic goals was important, in order to enhance students' sense of achievement and success (Results 4, Subtheme 1.2.5). Andrew's mother, in particular, felt strongly about the need for realistic goal setting. She held the belief that the state examination system was setting up students like Andrew to fail. Her view echoes the educators' views about the pitfalls of a system of assessment which does not reward individual ability and effort for students like Andrew. This case is a prime example of fertile conditions for a sense of learned helplessness to develop, which is not conducive to experiencing success.

The next section will discuss some theoretical considerations arising from the views of parents and educators. This discussion centres on what measures can help students develop the self-efficacy to achieve at a level that is suited to their ability.

11.1.4. Enhancing self-efficacy beliefs

A central tenet of Social Cognitive Theory (Bandura, 1986, 1997) is that self-efficacy beliefs increase when individuals perceive that they are making progress in relation to the goals they have set. The findings of this project supported this tenet, with the strongest evidence emanating from the educator focus groups (Study 4). Participants in these groups described several initiatives through which students with SLCN experienced success (e.g. putting on a play, public speaking activities). According to participants, through being conducive to the experience of success, these initiatives strengthened students' positive outcome expectations and their self-efficacy beliefs.

The author believes that by adopting these approaches at a school-wide level, additional value was gained from these initiatives. Achieving a desirable reward or outcome helps individuals build their sense of self-efficacy (Caprara, Vecchione, Alessandri, Gerbino, & Barbaranelli, 2011; Diseth, 2011) but can also produce ripple effects in generating a positive attitude towards learning initiatives in the wider school environment (Wang & Degol, 2016). Measures put in place for individual students might be perceived as an 'act of kindness' by an educator, perhaps arranged subtly, so that other students are not aware of it. These measures might lead to stigma, if not carefully monitored by educators. Conversely, the school-wide initiatives are part and parcel of the school's *modus operandi*. They appear to enjoy a more positive status and have the potential to transform the attitude of students and staff. For instance, one participant reported how, in their school, there was a positive attitude towards going to resource classes and nobody seemed to suffer from any related stigma. The same participant believed that this attitude was due to two factors: the positive ethos in the school and the proactive measures put in place in the school, such as the lectures about learning styles delivered at the start of the school year (G3, P3, 824-825, Results 4, Subtheme 1.1).

Parents also seemed to feel that school climate played in important role in promoting their child's self-efficacy beliefs. In particular, those whose children were enrolled in a special educational placement or newly set up mainstream schools reported greater flexibility to help their son/daughter reach their learning goals. Research on school 'climate' has found that the support provided for such initiatives (by school administrators and other staff) contributes to a positive school climate, which in turn impacts on student engagement and achievement (Wang & Degol, 2016)

One possible threat to self-efficacy development is lack of teacher training. Teacher training was a concern for some parents, as they felt that teachers who had taught their child over the years were not adequately trained to support a child with SLCN (Results 4, Subtheme 1.2.5). Participants expressed their wish for teachers to be more knowledgeable and better equipped for working with students with SLCN, which is understandable, given that educators are likely to be proximal in an adolescent's microsystem (Bronfenbrenner & Morris, 2006). Educators' reports of gaps in knowledge or training about teaching students with special educational needs (SEN) have been widely reported (e.g. Copfer & Specht, 2014; Dockrell & Lindsay, 2001; Mahony, 2016). Enhanced training for educators could be one of the dimensions which helps to implement differentiated goal setting and teaching in school.

The next section will discuss the importance of promoting psychological wellbeing in adolescents with SLCN.

11.2. Healthy minds: Psychological wellbeing

11.2.1. The dynamics of the SLCN experience in adolescence and psychological wellbeing

The experience of SLCN in adolescence is closely linked to other important areas of functioning. This project provided evidence of a vicious circle that adolescents with SLCN can be caught up in. A figure depicting the dynamics of this vicious circle is presented below (Figure 18) and elaborated in the subsequent text.
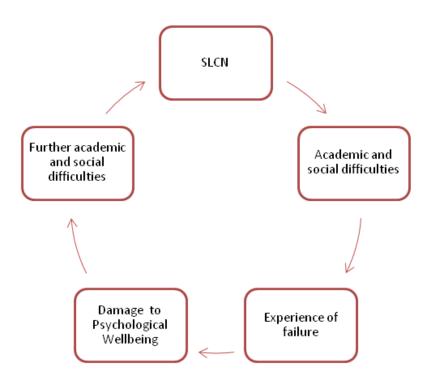
Figure 18: Vicious circle of SLCN, failure and demoralisation

SLCN can have a serious negative impact on adolescents' social interaction and academic achievement. The experience of failure or lack of success in these two domains of functioning can, in turn, have a knock-on effect on various aspects of psychological wellbeing, such as confidence, self-esteem, self-efficacy beliefs and morale (see Results 3, Subtheme 4.2.3 and Results 4, Theme 5). Damage to psychological wellbeing can impinge negatively on the social interaction and academic achievement of those students, as they get older (Results 3, Subtheme 4.2.2 and 4.2.4). The academic and social interaction difficulties combine with the existing SLCN to create a potent vicious circle that may be hard to overcome. The relationship between SLCN and psychological wellbeing cannot be ignored. This result is in line with previous studies, which

have documented the impact of SLCN on other areas of functioning (see Literature Review, sections 2.3.4-2.3.7), as well as research showing that the comorbidity between SLCN and SEBD is high (e.g. Clegg et al., 2005; Conti-Ramsden et al., 2013; Maggio et al., 2014; Petersen et al., 2013; Yew & O'Kearney, 2013).

Learning theorists posit that the *frequency* of failure experienced by students may be an important factor in determining their learning outcomes: the more frequent the experience of failure, the greater the likelihood of learned helplessness developing (Schunk, 2012). It could well be the case that parents and educators who reported the features that informed this vicious circle were talking about students who had experienced frequent failure. The question that arises from this observation is *What can be done to reduce or eliminate the frequency of adolescents experiencing failure as a result of SLCN?*

The author believes that the data collected in this project provides consistent indications that an experience which leads to success, on whatever scale, helps to break the negative cycle of failure and demoralisation. Imagine the third element in Figure 18 ('Experience of Failure') being replaced by a different element, the 'Experience of Success'. The subsequent elements in the cycle would probably look different. Psychological wellbeing might improve and the adolescents' social and academic experiences might benefit as a result. The negative repercussions of the SLCN on other areas of functioning would start to be curtailed. Understanding the dynamic influences between SLCN and other areas is vital, as it holds the key to undoing the additional challenges resulting from the vicious circle described above.

11.2.2. Applying Goal Theories to the field of SLCN in adolescence
The proponents of Goal Theories make a distinction between different orientations towards learning. This area of study is an important construct in Goal Theory (Senko, Hulleman, & Harackiewicz, 2011) and proposes that there are two types of goal orientations, namely Mastery goals (also known as Learning goals) and Performance goals (Dweck, 1986). Students who are oriented towards mastery goals aim to learn by increasing their knowledge and skills, while students with a performance goal orientation aim to achieve a desired outcome (e.g. achieving a certain grade in an examination) (Darnon, Dompnier, & Marijn Poortvliet, 2012).

The relevance of this construct lies in the relationship between goal orientations and the different evaluations of learning and achievement they give rise to. According to Dweck (1986, 2000), performance-oriented students will compare themselves with others and feel they have failed, if they do not attain the same outcomes. On the other hand, individuals who are focused on

mastery goals will feel they are succeeding if they experience learning of new knowledge and skills.

Some students with SLCN may be naturally inclined towards mastery goals, while others may have a performance goal orientation. A mastery goal orientation can be fostered if educators create a classroom environment which is emotionally supportive and allows students to exercise autonomy in their learning (Ruzek et al., 2016). If adolescents with SLCN are encouraged to adopt mastery-oriented goals, they may be less likely to experience repeated failure in their learning. If these adolescents feel that they are learning new skills and knowledge, they are more likely to experience success in their learning, with all the benefits that this might bring.

A key issue highlighted in the data was that the goals or criteria for success have to be broken down into sufficiently small steps that are commensurate with the adolescent's ability (Results 4, Subtheme 2.2). This finding is in line with constructivist theories, such as Vygotsky's Zone of Proximal Development (Vygotsky, 1978) outlined earlier (see Section 11.1.2). It appears, therefore, that the philosophy of promoting success needs to be implemented by skilled individuals, who can help adolescents with SLCN set the right goals. Educators and professionals will require a certain level of skill to support adolescents in choosing goals which are realistic (Schunk, 2012). These goals will need to provide an adequate level of challenge (see Results 4, Subtheme 2.2 and Results 5, Subtheme 3.2) to promote student motivation and engagement (see Achievement Motivation theories: Atkinson & Feather, 1966; Wigfield & Eccles, 2002 discussed in Section 11.1.2).

The need for adolescents to have a realistic sense of their ability will form part of the discussion in the next section.

11.2.3. Developing a realistic sense of one's own ability

There are clear benefits to having a realistic sense of one's own abilities, as highlighted in the application of Goal Theory outlined at the end of the previous section. In this application, educators can support students to set realistic and achievable goals. What is the best way for adolescents with SLCN to develop a realistic sense of their ability?

In the educators' focus groups (Results 4, Subtheme 1.1), some participants felt that state examinations provided a benchmark for each student's ability to be assessed against, benefitting the individual by providing them with a realistic indication of what their ability is. This benchmark

was said to benefit other interested individuals, such as potential employers. However, one would wonder about the weighting assigned by the participant in Study 4 to the role of examination results in informing students about their abilities. It seems that there are inherent risks in relying on examination results as an indicator, given their relatively late timing in secondary education. It would be more sensible, in the author's opinion, to build this awareness of a student's own ability gradually. The adolescent with SLCN can be guided to select goals that are commensurate with their ability and offer an intermediate level of challenge (Atkinson & Feather, 1966; Schunk, 2012; Wigfield & Eccles, 2002). Once appropriate goals have been set, educators and other professionals have a key role to play in providing feedback on the adolescent's progress, especially to reinforce effort and perseverance (Schunk, 2012; Schunk et al., 2012). The idea is that adolescents with SLCN should arrive to the examination stage *already* equipped with a sense of their own ability, rather than potentially facing into the unknown.

There is a potential pitfall in the process of supporting adolescents with SLCN to develop a realistic sense of their ability. This pitfall is that the adolescent's ambitions could be unnecessarily curtailed through adult feedback that is not balanced, leading to their achievement falling short of their potential. The role of the adult (SLT, teacher, parent) is therefore delicate and the feedback provided to the adolescent regarding their progress towards their goals should be balanced and accurate.

11.2.4. The construct of friendship

There is probably consensus on the connection between good social relationships and healthy psychological functioning in adolescents with SLCN (e.g. De-la-Iglesia & Olivar, 2015 [adolescents with ASD]; Hartup & Stevens, 1999 [typical population]; Johnson et al., 2010; Toseeb et al., 2017 [DLD population]). If friendships and good relationships can be formed by adolescents with SLCN, their psychological wellbeing could benefit as a result. What 'criteria' need to be met for a relationship to be a good relationship or friendship? Research has shown that despite reporting prosocial behaviours, adolescents with a history of DLD still report significant problems in peer relationships (Conti-Ramsden et al., 2013).

The criteria for a good friendship are, in the author's opinion, somewhat flexible. One study of the friendships of "disabled teens" (Salmon, 2013) found that adolescent participants defined their friendships on different grounds to adults who knew them. Parents and professionals may, at times, focus on what is *missing* from the adolescent's social functioning (e.g. see Results 3, Section 7.2.3: *he doesn't have a best friend* [P2: 734-737]). The influence of the wider societal beliefs, part of Bronfenbrenner's *Macrosystem* (Bronfenbrenner & Ceci, 1994; Bronfenbrenner &

Morris, 2006), may dictate what is accepted as a good friendship. Some of the existing norms about friendship can be challenged by individuals or groups who do not conform to friendship stereotypes (Salmon, 2013). Hence, one might question what is understood by the construct of friendship: is it a fixed phenomenon or is it fluid and dependent on the individuals involved? A change of mindset may be required to expand the societal understanding of friendship into a construct which is inclusive enough for adolescents with SLCN.

Romantic relationships and internet dating can be used as an analogy here. Internet dating is a relatively recent phenomenon that has changed people's ideas about how romantic relationships start. Since it has become more popular, there has been a decrease in the sense of stigma linked to it (A. Smith & Anderson, 2016). Similarly, why can adolescents with SLCN not make friends with like-minded individuals, based on, for example, a specially formed club or programme?

It may be more helpful to think about developing *feasible* types of social relationships, rather than *ideal* relationships. For instance, a friendship that has come about through a supported setting like the one described in Myers et al. (2011) could fulfil some, if not all, of these 'criteria' for a good friendship. If a broader, more inclusive view of friendship is adopted, there can be a greater acceptance of diverse types of relationships to suit individual needs. Such interactions, if supported and valued by others, can safeguard the psychological wellbeing of adolescents with SLCN.

The next section will discuss the role of educators, SLTs and other stakeholders in equipping adolescents with SLCN for their future needs.

11.3. Thinking about the future and preparation for life

11.3.1. What is the goal of education? Preparation for life or preparation for examinations?

It was encouraging to see that the subtheme of preparing students for life emerged strongly in the data gathered in the educators' focus groups. This subtheme suggests that the participants held a clear, long-term view of students' compulsory education as a preparation for life after school. If seen through the lens of the ICF-CY model of health and wellbeing (World Health Organization, 2007), these educators were directly targeting skills and activities that can increase participation (e.g. participation in a work environment), rather than a narrow focus at the impairment level.

The education system is a multi-layered organisation that is larger than individual educators. The data gave evidence of certain barriers that can hinder efforts to promote participation. Apart

from the generic barriers, such as large class sizes and short class periods, working on life preparation at times conflicted with teaching the curricular content. For example, the participants who reported putting on a play with students with SLCN, said that they had to *play catch up* (G3, P2, 472) with the subject course content. This comment suggests that the current set-up for teaching the curriculum might not always facilitate the inclusion of practical or applied activities. Examining this scenario at a theoretical level, using the Bioecological model (Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006), one might perceive a conflict between the individual's interests and other interests. The school, which is part of an adolescent's microsystem, is influenced by broader factors in less proximal systems, such as government policy, the national curriculum, and societal beliefs about education and state exams. On the other hand, the school is trying to meet the individual needs of each adolescent, where these needs may be better served by approaches that are not aligned to the wider influences.

It is not clear whether all educators feel supported to the same extent to engage students with SLCN in structured activities that promote students' skills for the future. Perhaps school management or parents might feel that spending time on such activities will impinge negatively on the students' chances of examination success, leading to a school climate that does not support those educators (Darnon et al., 2012; Wang & Degol, 2016). It might also be the case that having students of mixed abilities (and with different learning goals) in the classroom can make it hard to engage all students at a level that is commensurate with their abilities and needs. It would be worth investigating whether the curriculum and current teaching practices can evolve to accommodate these initiatives to a greater extent, without educators having to compromise between teaching course content and beneficial activities for students' life-preparation. In theory, these life-preparation skills are already part of the underlying principles of the curriculum (National Council for Curriculum and Assessment, 2009, 2012) but may need to receive greater attention in practice.

11.3.2. Applying an ICF lens to SLT input with adolescents

Preparing adolescents with SLCN for the future is not the sole responsibility of educators. Other stakeholders, such as SLTs, may also have a role to play. This goal is aligned to the principles of the ICF (WHO, 2001) and the ICF-CY (WHO, 2007), which stress that the focus of interventions should extend outside the realms of structured, clinical contexts to functional, naturalistic contexts (Dempsey & Skarakis-Doyle, 2010; Westby & Washington, 2017). Given that the ICF is widely identified as the recommended framework for SLTs to be working within (e.g. ASHA, 2004; Gascoigne, 2006), it is important to reflect on how SLTs can contribute to preparing adolescents with SLCN for the future.

The educators who took part in this project appeared to be highly committed to preparing their students with SLCN for independence after they leave school. From the current data in this project, it is not clear to what extent SLTs working with adolescents are geared towards this goal. It would be interesting to explore SLTs' beliefs on the importance of preparation for the future and of promoting the independent functioning of adolescents with SLCN.

The sense of urgency felt by educators about this type of preparation was striking (Results 4, Subtheme 1.1). Perhap this urgency was present because adulthood is imminent for some of their students who are coming to the end of compulsory education. The SLT's role with the adolescent service user might require greater awareness of what life will be like for their clients in the future, in order to prepare them for effective communication at that stage. Targeting isolated skills in a clinical situation may be too detached from real-life situations, where skills have to be well-integrated to achieve life-goals. A more explicit focus on applied skills, on the part of SLTs, could be of great benefit to the adolescent clients in achieving increased societal participation and independence, which are highlighted by the ICF-CY (WHO, 2007) as characteristic of the stage of adolescence.

It could be argued that some adolescent clients might lack the motivation to improve their communication skills, thus making it challenging to work on these long-term goals. The next section will suggest ways of obtaining positive engagement through increased attention to adolescents' interests and ambitions.

11.3.3. Employing Achievement Motivation Theory in SLT and learning processes of adolescents with SLCN

Motivation can be increased by weaving in these personal interests into learning or therapeutic activities (Whitmire, 2013). Using the principles of Achievement Motivation theory (Atkinson & Feather, 1966; Wigfield & Eccles, 2002), personal interests can make outcomes more attractive to students, thus increasing their motivation. Greater motivation to engage in these activities could be conducive to improved engagement and learning.

The adolescents with SLCN who took part in this project (Study 5) expressed their interests when defining who they were (Results 5, Subtheme 3.3). Their hopes and dreams for the future (GW, Plate 3) often seemed to be connected to these interests. For example, an interest in fashion and make-up was expressed on one of the Graffiti Walls (GW, Plate 2, Items 3 and 8) and an ambition

to become a fashion designer was written on another Graffiti Wall (GW, Plate 3, Item 2). Although some overlap exists, each student will probably have a unique set of interests and ambitions for the future, given that they are influenced by a multitude of factors (e.g. opportunities, exposure, family set-up, etc.). The personal nature of these interests may have contributed to the students' sense of identity. Defining one's identity is a well-known developmental goal of adolescents (e.g. Erikson, 1950, 1968; McElhaney et al., 2009; see Chapter 2, section 2.1.5 for a detailed review), for example by adopting a particular style of dress that is normal for the particular 'clique' (Whitmire, 2000). Therefore, if adolescents already place importance on their interests and ambitions, they could be employed by educators and professionals to the advantage of students.

In the next section, the main discussion points in this chapter will be integrated into the main contribution of this project: the Building Upon Success (BUS) principle.

11.4. The Building Upon Success (BUS) principle

The principle of Building Upon Success (BUS) states that services for adolescents with SLCN should aim to enable these adolescents to experience repeated success (despite their SLCN) in the activities they participate in. The experience of success builds confidence and promotes psychological wellbeing.

Previous ways of thinking might have been driven by impairment-based approaches (e.g. What areas of functioning are not on a par with peers and need to be further developed?). Cautionary notes have emerged from ethnographic research which indicated that the SLT, unwittingly, can have an agenda and play a part in keeping alive the perceived communicative 'incompetence' of service users (Kovarsky, Kimbarow, & Kastner, 1999). The difference between the impairment approach and a BUS approach is that the target functional outcomes are prioritised over the component skills, so that the experience of success becomes habitual, the new 'normal' for these adolescents, even though some of the underlying skills might be impaired. The ripple effects on other areas, such as increases in motivation, positive attitudes and self-belief, outlined earlier in this chapter, are all highly desirable.

In the author's view, this principle should be entrenched in the design of programmes and interventions for adolescents with SLCN. Using this principle, the core aim of programmes and interventions becomes the following: *What conditions need to be put in place for the adolescent to experience repeated success in this programme?*

The BUS principle was derived from the data collected to answer the research questions of this project. The main research question asked what are the social, communicative and learning experiences of adolescents with SLCN, as perceived by those closest to them and by the adolescents themselves. Many challenges in the adolescents' lives were documented, including school failure and demoralisation, as well as social isolation in some cases. A key result of this project was that adolescents with SLCN benefit greatly from experiencing success (see Results 3 and Results 4), with indications that it applies across the different areas of functioning (e.g. educational, SLT, etc). The second research question asked how SLTs can meet the needs of adolescents with SLCN holistically, keeping in mind their social, communicative and learning experiences. The main contribution of this project, that is the principle of Building Upon Success, constitutes the answer to this question.

Summary of Discussion 1

This chapter discussed the theoretical implications of the findings of this project. In the area of educational achievement, the experiences of adolescents with SLCN was characterised by significant academic and social challenges. The two types of challenges were linked to each other and appear to echo the needs of *belongingness* and *esteem* in Maslow's (1968, 1970) hierarchy of needs.

It was proposed that, in line with Achievement Motivation theories (Atkinson & Feather, 1966; Wigfield & Eccles, 2002), adolescents with SLCN should be engaged in learning tasks of intermediate difficulty. Such tasks allow students to believe that the outcomes are attainable, giving rise to feelings of achievement. Repeated failure can give rise to Learned Helplessness (Dweck, 2000; Maier & Seligman, 1976) and it is important for students to feel that their goals can be achieved in order not to impact on their engagement and motivation (Bandura, 1986, 1997). If adolescents feel they are making progress in attaining their goals, their self-efficacy beliefs will increase (*ibid.*).

The vicious circle connecting SLCN with the experience of failure and feelings of demoralisation was presented. Based on the findings of this project, it appears that the experience of success can potentially break the vicious circle. Using the principles of Goal Theories (Dweck, 1986), promoting a greater focus on *Mastery Goals* over *Performance Goals* can be of benefit to adolescents with SLCN by increasing their experience of success in learning. Educators and professionals can support adolescents through appropriate feedback in relation to their effort and perseverance (Schunk, 2012; Schunk et al., 2012).

The influence of societal beliefs on friendship types and educational assessment (state examinations) was highlighted as potentially being in opposition to the interests of adolescents with SLCN. It is important for those working with adolescents with SLCN to support their participation and independence in unstructured settings, in line with the principles of the ICF-CY (WHO, 2007).

The main contribution of this project was stated in the Building Upon Success principle, which stresses that services for adolescents with SLCN should aim to enable these adolescents to experience repeated success (despite their SLCN) in the activities they participate in. The experience of success builds confidence and promotes psychological wellbeing.

The next chapter will examine how these principles can be applied in practice by SLTs and other stakeholders.

CHAPTER 12: DISCUSSION 2

Contribution to Practice

The previous chapter discussed the main theoretical contribution of this project. The discussion was based on three themes (Educational Achievement, Psychological Wellbeing and Preparation for Life) that emerged from the results of Studies 1-5. These themes highlighted some of the challenges faced by adolescents with SLCN and those around them, such as the challenges they face in education and the vicious circle resulting from the experience of repeated failure. Contributions related to various areas, such as goal setting and increasing the motivation/engagement of adolescents with SLCN were discussed.   The theoretical discussion led to the proposal of the BUS principle as the main contribution to this project. This principle states that services and interventions should aim to promote the experience of repeated success for these adolescents, since success builds confidence and drives them to achieve.

The current chapter is divided into two parts. Part 1 will discuss three further themes that emerged from the results:

g)   Impact of SLCN on people's lives: Altered lives

h)   Social functioning of adolescents: Living in a social world

i)   Services and supports: Helping and hindering

These themes bear a greater influence on practice and will be discussed here from a practice-focused perspective. See Figure 17 in the previous chapter for a graphical representation of the alignment of themes to the two Discussion chapters (Chapter 11 and 12). As outlined at the start of the previous chapter, this distribution of themes into theory and practice is not mutually exclusive. Some themes presented here will also bear implications for theory.

Part 2 of this chapter will discuss broader applications to practice, based on the Bioecological Model (Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006), under the headings of Implications related to the Service Users, Service Provision and Service Providers.

Part 1

12.1.   Impact of SLCN on people's lives: Altered lives

12.1.1. Whose life is altered? Impact on more than just the individual

This research project has shown that SLCN can have a big impact on people's lives. It is hard to imagine an individual who has SLCN and has not been affected by it. In fact, taking into account the various perspectives gathered in this project, there is considerable evidence that SLCN affects not only the individual (in this case the adolescent) but also the people around them in their Microsystem. This is not to say that the impact is the same on all concerned. If anything, the results suggest that individuals are affected in diverse ways. What is being proposed is that the lives of many are altered by SLCN. The differences may be big or small, positive or negative. It would be simplistic to think of the adolescent as the only person affected by their SLCN.

As previous studies have shown, adolescents with SLCN can be affected in more areas than communication alone. For instance, there can be repercussions on their academic achievement (e.g. Conti-Ramsden et al., 2009; Durkin et al., 2012; Durkin et al., 2009; Elbro et al., 2011; Snowling et al., 2001), their social interaction (e.g. Conti-Ramsden et al., 2013; Fujiki et al., 2002; Fujiki et al., 1999; St Clair et al., 2011; Törnqvist et al., 2008), their psychological wellbeing (e.g. Conti-Ramsden et al., 2013; Conti-Ramsden & Botting, 2008), their progression into further education (e.g. Conti-Ramsden & Durkin, 2012; Durkin et al., 2009) and their employment prospects (e.g. Conti-Ramsden & Durkin, 2012; Elbro et al., 2011). The impact of SLCN on the adolescents themselves is clearly documented. The results of this project appear to be in line with the evidence from previous research. The parental interview results, for instance, showed that their adolescent children's SLCN had had an impact on their learning (Results 3, Subtheme 4.2.4) and psychological wellbeing (Results 3, Subtheme 4.2.3). Both areas were discussed in the previous chapter (Discussion 1). Some of the adolescents had experienced withdrawal and social exclusion (Results 3, Subthemes 4.2.1 and 4.2.2; Results 4, Subtheme 5.2). Areas like further education and employment did not feature prominently in the findings due to the fact that the project did not extend its focus to the experiences or needs of young adults with SLCN. Generally speaking, the needs and challenges of adolescents with SLCN identified in this project are in line with previous research.

A new contribution to our understanding of the needs of adolescents with SLCN, however, is that it has placed greater emphasis on the influence adolescents' SLCN and associated difficulties have on parents, families and other individuals. Parents (Results 3, Minor theme 3.1) were engaged in

setting up and maintaining supports for their children, such as attending SLT (public/private) and participating in educational planning. They often had to advocate on their behalf (e.g. Andrew's mother with his primary school teacher) and lots of important decisions had to be made, which had implications for their child's future. For instance, the type of educational placement they wanted their child to pursue was one of these decisions. Parents acted as mentors, provided support and had a protective role with their child. At face value, these roles sound similar to the typical role of a parent, not least one of an adolescent. It is, however, the nature and the quality of the role that is different. For example, some parents had to support their child to engage in conversation with peers or with the extended family, instead of withdrawing from these communicative contexts that they found daunting (e.g. Mary's mother). One would imagine that the typically developing adolescent would not require support for these types of interaction, although encouragement or guidance might be given. Similarly, some of the parents (e.g. mothers of Andrew, Niamh and Lucy) reported that their child's vulnerability necessitated a greater level of monitoring than would be typically expected for an adolescent. Parents reported that they often worried about the future. They detailed how much time they spent trying to think of possible employment (e.g. Peter's mother and Paul's mother) or social outlets (e.g. Ciarán's mother). One might argue that supporting adolescent children, monitoring their safety and thinking about their future are features of many parents' experiences, whether the child has SLCN or not. It is perhaps the *extent* to which it featured in the participants' lives that made it noteworthy. In the author's view, previous studies have not documented sufficiently possible differences in the parental role of parents of adolescents with SLCN. This project has provided new information about the impact of the adolescent's SLCN on their role. These parents may benefit from guidance and support. A detailed discussion of how this guidance and support might look will be provided in Discussion 2, Section 12.4.3.

The lives of educators too were affected in their professional role. With the student who does not have SLCN, their teaching might be geared towards progressing to further education, for which success in state examinations is critical. In contrast, with the student who has SLCN, state examinations need to be kept in perspective. The same standards might be unattainable for students with SLCN, triggering a different set of learning goals, as suggested in the previous chapter (*Mastery goals*). For example, developing confidence and the ability to speak up for oneself were seen as important learning goals (Results 4, Subtheme 1.1). The methods and techniques used by educators had to be rethought for students with SLCN and were often self-devised. For instance, one teacher found a way of putting up key information on a flipchart for students with SLCN or learning needs, so that they could process the information in their own time (Results 4, Subtheme 2.2). Very few teachers appeared to have received relevant training

for working with students with SLCN (Results 4, Subtheme 1.3). Finding suitable textbooks for students with SLCN was challenging (*ibid.*). Educators were also concerned with protecting those students with SLCN who were vulnerable or were being victimised (Results 4, Subtheme 1.2). Students with SLCN are not the only students who require specialised teaching approaches. Nevertheless, there is a significant overlap between SLCN and other conditions (e.g. dyslexia, Developmental Coordination Disorders), as they often co-occur (e.g. Snowling, Bishop, & Stothard, 2000). It appears, thus, that educators' ways of working had to be adapted significantly for students with SLCN.

All in all, there is considerable evidence that SLCN affects not only the individual but also those they come in close contact with. The ripple effects on other people in their Micro- and Macrosystems have not been documented extensively in previous research (Clegg et al., 2012; Roulstone, Coad, et al., 2012; Roulstone & Lindsay, 2012) and need to be emphasised more. Perhaps it is time to shift some of the focus of research from *Who has SLCN?* to *Who is affected by SLCN?*. A caring and inclusive society should take these groups of people into consideration in order to be more understanding and to provide care and support which is as comprehensive as possible, while still providing support to the adolescents themselves.

The next section will discuss how speech, language and communication are not the only areas of functioning affected in adolescents with SLCN.

12.1.2. SLCN impact well beyond communication

As highlighted in the previous section, research has shown that SLCN affects other areas of functioning (e.g. academic achievement, social interaction, employment prospects). Perhaps the most important areas shown to be affected in the current project were learning, social interaction and psychological wellbeing. There can be overlap between the different areas of functioning and the directionality of influence can be in both directions. For example, comprehension difficulties can affect learning (e.g. Lucy, Andrew - Results 3, Subtheme 4.1.1). Poor literacy skills can be another factor involved in the mix of language and learning difficulties, impinging on the acquisition of literate language (e.g. Peter's mother, Andrew's mother - Results 3, Subtheme 4.1.2). Lack of achievement in an academic context can lead to loss of confidence and self belief (e.g. Andrew - Results 3, Subtheme 4.2.3). Expressive language difficulties can impinge on an adolescent's confidence in both academic and social situations (e.g. Mary - Results 3, Subtheme 4.2.1). The lack of successful social interactions can lead to a loss of motivation to try to interact and, as a result, social communication skills do not seem to evolve and mature. Both parents and educators described how certain adolescents held back in social situations or in class, possibly

leading to isolation (e.g. Results 4, Subtheme 5.2). The adolescent group themselves made references to the challenges they experienced in school and the preference for safe-spaces where communication was not required (Results 5, Subtheme 1.3). These interactions with other areas of functioning have been documented in previous studies that explored the psychosocial outcomes of individuals with DLD (see Chapter 2, sections 2.3.4 - 2.3.7 - e.g. Lindsay et al., 2010; Lindsay & Dockrell, 2012; Törnqvist et al., 2008; Wadman et al., 2008).

An interesting finding of the current project was that some of the negative impact of SLCN on other areas of functioning can possibly be reversed. For example, data from the educators' focus groups showed how students' confidence started to rebuild when they experienced success, in spite of their continuing communication difficulties (Results 4, Subtheme 1.1). This success was achieved through initiatives like public speaking or performing a play. Certain students were reported to develop a new attitude to learning when they enrolled in the Leaving Certificate Applied programme (Results 4, Subtheme 3.2; see Chapter 2, section 2.4.2 for information about state examinations), as it allowed them to experience learning through a variety of modes (oral, aural, interview-based). This is similar to the findings of Lindsay, Dockrell and Palikara (2010), who found that the self-perception of students' with DLD in post-compulsory education improved once they entered this new educational context. In the parental interview data, there were similar indications, although the experiences reported tended to be less structured. For example, parental accounts indicated that confidence was built through successful social experiences, such as sleepovers (e.g. Niamh, Results 3, Subtheme 2.3.1), independent shopping trips (e.g. Mary, Results 3, Subtheme 2.2.5) and the educational experiences afforded by an adapted curriculum, such as those in a special educational placement (e.g. Lucy, Results 3, Subtheme 3.1.5). This result is encouraging because of the potential implications for supporting students. It may be more important to create experiences that lead to success (as suggested in the BUS principle) than focusing attention solely on improving the speech/language/communication impairment. This way of thinking, that is focusing on success rather than addressing the impairment, can be counter-intuitive. In a UK-based research study, parents of children with SLCN revealed that their desired outcomes for their children were to achieve independence and social inclusion by improving their communication skills (Roulstone, Coad, et al., 2012; Roulstone & Lindsay, 2012). In the author's view, there could be limitations to what can be achieved by endeavours that focus solely on enhancing communication skills in adolescents. Greater benefit might lie in channelling some of these efforts into creating opportunities for experiencing success, despite the communication difficulties present. Further discussion of how this shift in focus could be achieved in practice will be presented in Part 2 of this chapter.

12.1.3. What factors help people to 'cope' with SLCN?

The notion of 'coping' may be interpreted differently by different people. It is an ability that might fluctuate over time and the feeling of 'coping' is probably subjective. Rather than trying to define and demarcate what coping with SLCN entails, a more fruitful discussion might explore what factors appear to help adolescents with SLCN, their families and their educators to live a fulfilling life, despite the challenges of SLCN.

School placement and the school environment appeared to be influential in determining individuals' ability to cope. The parental interview data showed that those who had chosen a special educational placement appeared satisfied with their choice (Results 3, Subtheme 1.2.3). The supportive environment and the adapted curriculum were identified as being helpful, although one parent felt the fit was not ideal (Peter's mother's). For those who opted for mainstream education, the best experiences reported occurred when there was good three-way collaboration between teachers, parents and health professionals (e.g. Mary's mother, Andrew's mother, Results 3, Subtheme 1.1.4). Furthermore, it was clear that tailor-made programmes for students with SLCN (formal or informal) were excellent ways to promote their ability to cope (Results 4, Subtheme 2.1. For example, the *Friends for Life* programme (Henefer & Rodgers, 2013), the Leaving Certificate Applied and students' exposure to lessons involving giving and receiving criticism contributed to good coping skills and long-term success.

In one particular school, a clever use of the school's physical environment had led to the creation of opportunities for social interaction for students with SLCN (Results 4, Subtheme 2.1). A designated space (games room) had been very useful in providing students with SLCN with a place to go to during lunch breaks. In some cases, friendships were forged in this space, which otherwise may not have come about. It would appear that a good setup of the school environment can reduce the risk of social isolation, victimisation (that could occur in the wider school environment which cannot be monitored as closely) and provide students with SLCN with the opportunity to access meaningful activities during their free time.

The role of SNAs emerged as an important support for students within the school, hence contributing to coping mechanisms (Results 4, Subtheme 1.2). They were said to help students implement target strategies in day-to-day interactions. Their focus extended beyond a strict functional or practical remit into a more supportive and affirming role. Comments during Focus Group 3 (Study 4) indicated that this type of support was not part of the SNAs' official designated role, as set out by the Department of Education and Skills (2014). The support offered, however, was reinforced and valued highly within schools. There is already evidence which suggests that

the role of SNAs, in practice, is broader than their designated role (e.g. Rose & O'Neill, 2008; Spens, 2013).

It is worth considering whether the official role of the SNA could be expanded from a strictly 'practical' role based on 'care needs', to a more flexible and supportive role, which can include support and liaison to deal with broader issues as they arise. For example, the SNA might be the first port of call for a student who has experienced a challenging lunch break, due to social interaction difficulties. Listening to the student and finding out what happened might be more important in the short-term than, for instance, helping the student retrieve their books from their locker. There are alternative mechanisms in the school structure that are set up to support students with such challenges (e.g. school counsellors). Nevertheless, if the evidence suggests that an expanded role for SNAs can support students with SLCN or special educational needs (SEN) to cope better in school, it is worth exploring this possibility further. This expanded role should include plans for more comprehensive Continuing Professional Development (CPD), as suggested in a recent study (Kerins et al., 2017) and greater recognition of the role carried out by SNAs.

From the parents' point of view, they appear to have found that being open with their child regarding their diagnosis or their difficulties was beneficial to 'coping' (Results 3, Subtheme 3.2.1). In one case, Lucy's mother felt strongly about the benefits of being open about the ASD diagnosis, both with Lucy and with others. It was of benefit to Lucy because she saw it as a unique and positive part of who she was. It was of benefit to others, such as Lucy's family, because other people became more accepting of Lucy the way she was, without commenting or speculating on why she appeared different. While disclosure and openness seemed to be a beneficial approach for most parents, this was not the case for all. For example, one parent (Niamh's mother) reported that her daughter had tried to use her diagnosis to her advantage in certain situations (e.g. if she got into trouble for making inappropriate comments about others, she would blame it on her autism). Another parent (Ciarán's mother) was afraid that her son might have a reason not to strive to achieve because of his diagnosis. On balance, it would appear that despite possible drawbacks, openness about the diagnosis or difficulties is an important step to adapting and coping with the challenges presented by SLCN. Existing literature about parental disclosure of a diagnosis to their child seems to originate mainly in the field of autism. There is a widespread view that a diagnosis should be disclosed to the child (e.g. The National Autistic Society, 2017; Wheeler, 2003) but there is no consensus on when or how it should be done. There are also reports of parents fearing stigmatisation and loss of privacy after disclosure (Jack, 2016), which might have to be weighed up against the benefits of disclosure. Further research is clearly

required in this area, especially in discussing other SLCN diagnoses with young people. The efforts of a group of international experts to achieve consensus in the terminology used may help to achieve broader recognition and understanding of a diagnosis of DLD (Bishop et al., 2016, 2017). Media campaigns, such as the RADLD[45], aimed at raising awareness of DLD as a 'hidden disability' are also helpful (Conti-Ramsden, Bishop, Clark, Norbury, & Snowling, 2014).

Support from parents was another factor that appeared to help coping in adolescents with SLCN. The type of support varied greatly for different individuals. Mary's mother, for instance, supported her by encouraging her to go forward and interact socially (Results 3, Subtheme 3.1.1). Ciarán's mother, on the other hand, supported him by encouraging him to persevere with challenging tasks. Some parents took a more subtle approach by working in the background. For example, parents advocated for their child with schools and services, as well as monitoring their social interactions without the adolescent knowing. It is likely that the parent's approach needs to suit the circumstances and needs of each adolescent. In many ways, the need for an adolescent with SLCN to feel supported by their parent is not that different from any other adolescent. For the adolescent with SLCN, the parents may be the best placed people to understand their child and their needs, which means that they can provide support that is highly specific to their particular set of needs. This view is in line with a previous research which highlighted the quality of support received (including parental support) as the most important protective factor for adolescent outcomes (see Chapter 2, section 2.3.8). For example, a group of older adolescents with a history of DLD reported that the people they shared their emotions with most frequently were their mothers or their parents (Palikara et al., 2009). Furthermore, a study by Lindsay, Dockrell and Strand (2007) showed how the needs and presentation of young adolescents transitioning into secondary school changed across context and time. Parents who witness these changes will probably understand their child's background better than others. On a general level, the involvement of parents in their child's education, is linked to better overall health, academic achievement and mental health (Viner et al., 2012; Wang & Sheikh-Khalil, 2014; see also Chapter 2, section 2.1.6).

Having friends was an important aspect of identity indicated by adolescents with SLCN who participated in the focus group. It can be a strong protective factor when it comes to coping with the challenges of SLCN or challenges in other areas (De-la-Iglesia & Olivar, 2015; Hartup & Stevens, 1999; Johnson et al., 2010; Toseeb et al., 2017; see also Chapter 2, section 2.3.8). Participants pointed out, for example, that having friends that one can trust was important for

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[45] Raising Awareness of Developmental Language Disorders (RADLD, formerly RALLI) - https://www.youtube.com/user/RALLIcampaign

using social media safely (Results 5, Subtheme 1.1). One participant explained how individuals who feel valued and respected by friends, feel more included and assertive in group decisions. It is worth noting that the parent data, suggested that not all adolescents with SLCN enjoy the same levels of friendship. Some parents reported a lack of close friendships (Results 3, Subtheme 4.2.2), in line with existing research (Wadman et al., 2011; see also Chapter 2, section 2.3.5). Perhaps the notion of what constitutes a friendship is interpreted subjectively and may be influenced by societal norms (Macrosystem). It is also possible that adolescent participants who had difficulties in this area did not feel comfortable speaking about it. These individuals might be more vulnerable to negative repercussions of SLCN, especially where friendships are concerned.

12.1.4. Keeping adolescents' strengths in the foreground is crucial

Speech, language and communication needs impact on people's lives, both directly and indirectly. The SLCN may be significant in people's lives but the data from the various studies indicate that their lives are not defined solely by SLCN. These needs are only one aspect of their lives. Most participants in the various studies of this project, talked about the diverse strengths that individuals with SLCN possess. For instance, in the parental interviews (Results 3, Subthemes 2.1.2 and 2.1.3), some adolescents were praised for their friendly personality, which made it easier for others to befriend them or work with them (e.g. Ciarán, Peter). Good skills in hands-on work was another strength identified (e.g. Andrew). Other adolescents appeared to have good self-efficacy, such as being able to prepare food or go shopping independently (e.g. Paul, Mary).

The educators' groups also pointed out strengths in the students they work with, in some cases within the realm of communication itself (Results 4, Subtheme 4.1). For example, some students were said to have good social or conversational skills, despite language or speech difficulties. The sense of humour of adolescent participants was apparent during some parts of the adolescent focus group[46]. Other students were said to be sociable, polite or courteous.

The findings of the various data collected in this project point to the need to maintain a balanced view of who the adolescent with SLCN is. The SLCN should not eclipse the greater sense of who the person is, with their strengths and their challenges. One could argue that this should always be the case, with every human being. It is not uncommon, in the author's experience, that a very

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[46] Sense of humour did not emerge as a theme in the data. This extract, however, provides anecdotal evidence of their sense of humour:
P1: And the last one, 'To get help when I need it' - it's not important because you can always get help. It doesn't really matter whether you need it or you want it   *continued* on next page.
P2: Say if I want my shoe laces to be tied, I'll just ask [points]
P1: Just ask me any time, I guess!
[laughter]   [DR, P1,P2, 103-111]

narrow view can be adopted due to the nature of various stakeholders' day-to-day work, where solutions are being sought and the focus might be on finding a remedy for the impairment. Broadening the focus to have a more inclusive view of the person's mix of abilities can help shift the focal point from the impairment to successful participation in activities, where strengths can be utilised to achieve success. The concept of 'participation', as understood in the framework of the ICF-CY (WHO, 2007) was discussed in the previous chapter (Discussion 1) and will be revisited in Part 2 of this chapter.

12.2. Social functioning of adolescents: Living in a social world

This section will examine how adolescents with SLCN fare in a world which is social in nature. Social interaction is considered typical human behaviour and the world around us is organised to facilitate interaction between people.

12.2.1. The challenges of isolation, vulnerability and victimisation

Adolescents with SLCN, as studied in this project, face challenges in social functioning. Some of the main challenges that emerged across the various studies were the experiences of isolation, vulnerability and victimisation. This result is in line with previous research and was expected to be so (e.g. Conti-Ramsden & Botting, 2004; Conti-Ramsden et al., 2013; Hughes, 2014; Knox & Conti-Ramsden, 2007; Lindsay et al., 2008; Redmond, 2011).

Some of the participants in the parental interviews reported and discussed isolation under various forms. For example, there were difficulties maintaining friendships, not having a best friend and a tendency to mix better with younger children than with peers (Results 3, Subtheme 4.2.2). Fewer social invitations were reportedly received as the child got older. The educators consulted in this study provided examples of students whose social interaction was directly affected by their language difficulties or their social communication difficulties (Results 4, Subtheme 5.2). It seems, therefore, that isolation is a complex phenomenon, with multiple factors playing a part. It can increase gradually, perhaps indicating that the adult facilitation that was useful in childhood is not as effective in adolescence. Subtle differences in interaction may be more noticeable between peers in adolescence. Conscious efforts by others to include the adolescents with SLCN may only be reciprocated at a superficial level, leading to a lack of depth in the quality of the interaction. The parental interpretation of 'isolation' may be different from the adolescent's own feelings or perception. The adolescent focus group data suggested that 'safe spaces' can be sought sometimes (Results 5, Subtheme 1.3), which can be interpreted by others as a negative, rather than as a way of coping. The idea of the 'safe space' is not exclusive to the adolescent population

and has been proposed elsewhere (e.g. the idea of 'positive withdrawal' in adults with schizophrenia, discussed in Sells, Stayner, & Davidson, 2004). The reports that some adolescents who have ASD sabotage others' attempts to include them ("self-isolate") were concerning (Results 4, Subtheme 5.2). As the participant pointed out, there is more at play than social communication difficulties and multiple factors need to be considered when supporting these adolescents (e.g. cognitive factors, mental health). Previous research with individuals who have DLD (e.g. Conti-Ramsden & Durkin, 2016; Johnson et al., 2010) supports the need to take into account the interactions between these multiple factors in supporting adolescents with SLCN.

Vulnerability is also present in some adolescents with SLCN, as was apparent in the findings of this project. Parents described how a high level of monitoring was required for some adolescents, either overtly or in a subtle way (Results 3, Subtheme 3.1.3). For example, some participants monitored their child's use of social media (e.g. Niamh's mother), while others described safety measures or boundaries put in place when their child was outside the family home (e.g. Lucy's mother). A variety of contributory elements were cited by parents, not all of which were communication-related. A prominent element seemed to be the desire for acceptance (e.g. Niamh, Andrew). These adolescents were described as being willing to go to great lengths to please others and be accepted. Peer acceptance is an important goal for all adolescents (Coleman, 2011; see also Chapter 2, Section 2.1.5). However, in vulnerable individuals, like many adolescents with SLCN, their desire for acceptance can be abused by others who have bad intentions. Perhaps a vicious circle is created, whereby the adolescent with SLCN who engages in dares or extreme behaviours in an effort to be accepted by their peers, becomes more isolated and vulnerable because of the same behaviours. They may become known for being vulnerable and 'easily-led' and may end up engaging in delinquent behaviour (e.g. Bryan et al., 2007; Bryan et al., 2015). Parental protection is necessary and important to break this cycle which could otherwise have very serious consequences.

It is worth pointing out that this type of vulnerability was not the case for all adolescents whose parents were interviewed (Results 3, Subtheme 3.1.3). Paul's mother, for instance, said that one of his strengths was that he would not let others bully him. Peter seemed to have a healthy relationship with his peer group, in most ways. Other adolescents, perhaps due to a lack of insight associated with comorbid conditions such as ASD, would not have been aware of the level of monitoring around them and did not find it hard to accept (e.g. Lucy). Hence, vulnerability appears to be a challenge for some but possibly not all adolescents with SLCN and needs to be addressed accordingly. Most importantly, though, individuals who are at risk require careful monitoring and protection.

Episodes of victimisation were reported in the educators' focus groups (Results 4, Subtheme 5.3). For example, anecdotes were provided where a student who made grammatical errors in their speech was ridiculed. Similarly, a vulnerable student was being ridiculed ('slagged') through social media interactions without the student realising it. This result is in line with previous research reporting a higher incidence of bullying among adolescents with SLCN (Hughes, 2014; Knox & Conti-Ramsden, 2007; see Chapter 2, section 2.3.6)). Interestingly, no reports of such victimisation were provided in parental interviews. No conclusive inferences can be made from this apparent mismatch. One could surmise, however, that parents may not be in a position to witness this type of victimisation taking place. The form of victimisation may be subtle and possibly harder to identify. Parents may need to be made aware of possible forms of victimisation to help them monitor their child's safety. Educators may be more tuned in to these potential situations, through their work in the school environment. Some of the systems put in place for students' safety (e.g. pastoral care team briefings to all staff Results 4, Subtheme 1.2) are useful for alerting staff to possible risk of victimisation.

The reasons for the challenges discussed in this section, namely isolation, vulnerability and victimisation, can be complex and may involve more than communication alone. Cognitive or mental health difficulties may be a part of an adolescent's presentation. A restricted set of interests may not be conducive to an open and balanced style of social interaction. While every individual is different, it is important to know that these challenges exist and will often feature as part of a complex presentation of an adolescent with SLCN. It is obviously a concern for the adolescents, their parents, educators and other stakeholders. Challenges in the area of social interaction could have knock-on effects on the individual's wellbeing, especially in the area of mental health. While this is not a new finding *per se*, it adds to the body of evidence already available (see Chapter 2, sections 2.3.4-2.3.7) which highlights all the additional ramifications of SLCN in adolescence.

12.2.2. Making the most of existing social strengths

It was encouraging to note that strengths in aspects of social functioning were noted for many of the adolescents through the various informants. A number of parents reported that their child had a friendly or prosocial attitude when it came to social interaction (Results 4, Subtheme 2.1.2). It was often the case that the adolescent's intentions were positive but the implementation required development or refinement. For example, Mary's mother explained how she often had to prompt her to go up to peers and initiate conversation. In her view, Mary had the skills to interact but lacked the confidence to initiate it. Rebecca's father also felt that his daughter was too withdrawn and would benefit from more social interaction and friendship (Results 4,

Subtheme 4.2.1). Other parents said their child was happy to go out and mix with others but found it hard to keep friends and develop the friendship further. It would seem, therefore, that there are positive foundations to build on when trying to support adolescents with SLCN to develop their social skills. Prosocial behaviours are generally linked to more positive outcomes in individuals with SLCN (Conti-Ramsden et al., 2008; Toseeb et al., 2017; Wadman et al., 2011). While there could be significant individual variability, it is likely that the adolescent with SLCN will present with certain strengths. A good approach to goal setting with these adolescents might be to refine and develop further the existing skills and build on their successful application, before attempting to develop new skills.

The data from the adolescent focus groups (Study 5) suggests that some participants had a good appreciation and understanding of friendship (Results 5, Subtheme 1.1.3). As discussed earlier, friendship is an important protective factor for adolescents' mental health and wellbeing (see Section 2.3.8). Participants were able to verbalise what aspects of friendship they valued and some insights into the nature of friendship. Again, this understanding and appreciation can be viewed as something positive and a foundation to build on and develop further.

Perhaps the identification of existing social strengths in adolescents with SLCN has not been emphasised enough in previous research and has received limited attention (e.g. Conti-Ramsden et al., 2013; Durkin et al., 2015). The current project provides evidence that each individual adolescent brings their own set of strengths and weaknesses in social interaction. Using this evidence as a starting point, some of the guiding questions for working with adolescents with SLCN might become:
- o What unique skills does the adolescent already possess?
- o How can these skills be exploited for positive social interaction?
- o How can these skills be enhanced and further developed?
- o How can the skills that are not evident be developed?

A subsequent section in the current chapter (section 12.2.5) will explore some of the initiatives reported in the data that successfully supported the social interaction of adolescents with SLCN. Prior to considering those initiatives, there are two findings of this project that need to be considered in the next two sections: the presentation of same-aged peers and the role of safe-spaces.

12.2.3. Same-aged peers can struggle with social interaction
In the course of the educators' focus groups, some participants furnished contextual information about social interaction in the school (Results 4, Subtheme 5.2). They pointed out that there were

other students, not just students with SLCN, who showed a preference for being alone during break times. There was no obvious reason why some students chose to be on their own. One of the teachers hypothesised that the home environment might be very busy or that being in a class of thirty students was 'mad' [G1, P1, P3, 679-685]. The same students were reported to present differently in class, displaying no social or communication difficulties.

Interestingly, one student in the adolescent focus group echoed the feelings expressed in the teacher's hypothesis on the Graffiti Wall (Results 4, Subtheme 1.3). They wrote that school provided a welcome distraction from home. Another participant identified that something they would like to change was 'the arguments' within their family. Despite the small group of participants in the adolescent focus group, it would appear that adolescents with SLCN are just as likely to be exposed to the same factors that other students might be exposed to and might influence their social behaviour. However, adolescents with SLCN might not be as well equipped to deal with these factors and they could have a negative impact (See Section 2.3.6).

The increased use of technology (e.g. mobile phones) was said to be another factor which allowed students to be 'silent', as noted by a participant in the educators' focus groups (Results 4, Subtheme 5.2). This contextual information is important to bear in mind, as choosing to be alone might not be as atypical as some might think. A distinction needs to be made between being alone by choice and being alone as an unintentional result of failed attempts at social interaction. When the latter is the case, adequate supports need to be available for those affected.

12.2.4. The role of 'safe spaces': to be encouraged or not?
On a related note, there were indications in the adolescent focus group that some adolescents might seek 'safe spaces' where there was no pressure to communicate or interact socially (Results 5, Subtheme 1.3). A 'safe space' could be sought anywhere, from an adolescent's bedroom to a quiet corner on the school grounds - in fact any environment where communicative demands can be avoided. Having such a space available seems like a sensible approach to help individuals find respite from situations they might find overwhelming. An interesting question lies in trying to recognise when the use of the safe space becomes a form of avoidance and a maladaptive way of coping. Somehow, it seems like a useful mechanism that needs to be used judiciously in supporting adolescents to interact socially, taking into consideration the bigger picture outlined above, that is, that not all adolescents are interacting socially all the time.

12.2.5. Initiatives that promote confidence and social functioning

Some of the most successful experiences of promoting social functioning in adolescents with SLCN were found in the data from the educators' groups (e.g. games room, public speaking, play/performance) (Results 4, Subtheme 2.1). It is worth exploring what elements made these initiatives successful. From the information available, it seems that these initiatives were successful because they were tailor-made for these particular students. A structure was created with the purpose of supporting adolescents with SLCN, with a good match between the structure and their needs. These initiatives filled a void in a mainstream-oriented environment, which caters for students with the typical range of skills.

Some examples from the data might illustrate this point. The games room, in one particular school, was set up in response to an earlier school context where students with SLCN would have been observed to be isolated during break times (Results 4, Subtheme 2.1). Having the games room provided a place where these students could go. It was a sheltered space (smaller numbers and easier to monitor for school staff) that was accessible and optional. Friendships and companionship were said to have developed in this place, even if they were not friendships in the traditional sense of the word. It gave the students a focus and a purpose during the unstructured time of the school day. It may also have afforded them some protection from potential victimisation. The success of this simple initiative begs the question whether too much of an emphasis is sometimes placed on trying to make students fit into the mainstream mould, when it might not suit who they are and how their needs can be met?

Another example, from a different school, can be used to shed more light on the mainstream versus specialised debate. Some educators reported putting up a set of 'mini-speeches' with their students (Results 4, Subtheme 2.1). This was, in their words, the students' *Britain's Got Talent*[47] (G3, P4, 611-613) that is, their talent show and their opportunity to shine. The participants highlighted how these students will never be able to avail of 'mainstream' opportunities, such as the transition year talent show. The initiative was said to help students overcome their shyness or withdrawal in relation to speaking and communicating. They described it as a turning point in their confidence levels and self-esteem. Again, one has to ask why this initiative brought so much benefit to the students who took part. Surely, the experience of success was the key ingredient that brought on their confidence. Crucially, the activity allowed success to be experienced because it was created and designed with this intention in mind. The demands of auditioning and participating in the traditional, 'mainstream' talent shows or activities may have been unrealistic for these students, especially if no supports were available in that context. A high level of

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[47] A popular talent show on British television which is also followed by Irish audiences

communicative competence may have been required, as normally the nature of auditions is competitive. This particular activity started out with the acknowledgement that the participants had some type of communication need and, yet, could still achieve something that they had not done before. One participant's words capture the spirit of the activity: *You cannot speak? You are speaking!* (G3, P6, 546). Once again, one has to ask whether too much effort is sometimes invested to make individuals 'fit' into mainstream channels, in the spirit of being more inclusive. Perhaps it is 'ok' to be different, to speak differently, to have a limited understanding of language, if this is recognised at the start and built upon when setting goals for success. This idea mirrors some of the broader debates in speech and language therapy (SLT) about difference versus disorder (e.g. Saad & Polovoy, 2009).

12.3.   Services and supports: Helping and hindering

12.3.1. Early contact with services: Identification, access and continuity

Participants in the parent interviews (Study 3) had mixed experiences of engaging with services (Results 3, Subthemes 1.1.1 and 1.1.2). Each participant appeared to have arrived to services via a different route. Educators were often involved in alerting parents to potential communication difficulties. Other parents became involved with SLT services after some form of contact with a health professional (e.g. public health nurse developmental check-up). The exact details were not volunteered by all participants. Most participants did not report any major issues around engaging with services. Two participants provided detailed descriptions of their experience that were of interest. In one case (Mary's mother), identification had happened in the later primary school years. There was a sense of possible missed opportunities to act and, consequently, a sense of guilt on the parents' side. In the other case, (Peter's mother), the participant felt that they (the parents) had been blamed for their child's language difficulties, resulting from inadequate language input at home. It is worth considering why these participants went into greater detail than other participants about this part of their experience. Perhaps, the negative feelings associated with this period of their child's life make it stand out in their memories. While this type of evidence is anecdotal and there are multiple factors at play, it may be a concept worth exploring further. Negative experiences or feelings in the early stages of contact with services are frustrating; this is not solely related to SLT but has also been reported in other services, like occupational therapy (e.g. McAllister, Pickstone, & Body, 2009; Rodger & Mandich, 2005). These negative experiences might be damaging in the long-term and could possibly be avoided in certain cases, if the nature of these early stages of contact was better known. A recent survey by Barnardo's[48] in Ireland showed that parents of children who were on SLT waiting lists

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[48] A charity that works with vulnerable children and their families

believed that this delay was impacting negatively on their children's communication and functioning in other areas, such as school performance (Barnardo's, 2017).

The next stage of engaging with services was gaining access to services. There were mixed experiences in this regard, with some participants complaining of long delays while others appearing satisfied with the engagement or, at least, not commenting about it. Interestingly, the same two participants (Mary's mother and Peter's mother) reported excessive delays in accessing a public speech and language therapy service. One would wonder here how the quality of the service user experience at this point of engagement affects the therapeutic relationship between parents, child and professional in the long-term. Quite possibly, it may be put aside, once active engagement begins and the relationship moves forward. It may, however, create a sense of antagonism between the service and the family. This is an area that might require further investigation in the future and, to the author's knowledge, has received limited attention in SLT research. There was one case in particular, Paul's mother, who appeared to hold a negative view about the overall quality of the service offered to her son over the years, in its various forms (Results 3, Subtheme 1.1.2). In contrast, she was more positive about the supports offered in school, commenting that the educators involved with her son had done their best for him. The opposite stance taken on educational services and health services is somewhat surprising. Why was the former helpful and the latter not? This is not a simple question to answer. Perhaps school staff were perceived as more accessible and flexible when setting up supports. Maybe health services were harder to access, due to waiting times and limited resources. The services did not meet parental expectations, irrespective of whether they were realistic or unrealistic. The next section will discuss the importance of discussing and managing service user expectations openly.

12.3.2. Putting service user expectations on the agenda: does a greater quantum of service lead to better outcomes?

One of the aspects of the service that several participants commented upon was the quantum or nature of service being offered (Results 3, Subtheme 1.1.2). At different points in their engagement with the service, participants reported a gap between what was offered and what they expected or would have liked. For instance, they commented on the duration of sessions (too short), the frequency (being reduced, especially as the child got older) or the type of intervention (group vs. one-to-one). A number of participants remarked that group sessions did not suit their child. The participants' reports raise a number of points for discussion.

Firstly, one has to ask how much consultation occurred between service user and service-provider about decisions affecting the way the service was delivered. Lack of consultation could lead to a feeling that decisions are one-sided and outside the service user's influence. It is widely accepted that service user consultation constitutes good practice (e.g. McLeod, 2011; Royal College of Speech and Language Therapists, 2006). It may be the case that when services are stretched for resources and struggling to cope, it is harder to offer choices or impractical to implement tailored intervention programmes for individual clients. One also has to consider the possibility that not all service users avail of consultation opportunities to the same level. Beliefs that the professional is the expert and knows what is right could be present (Clare Carroll, 2010). Such beliefs could stifle service users' active participation in the therapeutic process, for example, in goal setting and voicing expectations. An educational component may need to be integrated into the therapeutic process to enable service users to make effective use of the resources at their disposal through the service they are engaging with.

Secondly, the rationale for offering a certain pathway of care may not always have been made clear to the service user. A good rationale, which highlights the benefit for the service user, can bring about a different perception of a particular type of service delivered, through increased understanding of the decision-making process. Consulting the service user is an important part of evidence based practice (Roulstone et al., 2015) that sometimes can be overlooked by SLTs. The service user may attribute a certain approach to different reasons than those adopted by the professional. For instance, the provision of group therapy may be interpreted as a resource-efficient approach by the service user (i.e. adopted because it makes economical sense). The service provider, on the other hand, might have considered the group therapy format as an opportunity for the child to practice social skills in a supported environment. It is important that rationales are provided for decisions, as they are not necessarily inferred by the service user. Greater understanding may lead to enhanced engagement and can be conducive to greater generalisation of therapeutic goals outside the clinical setting.

Thirdly, there is the question of expectations. Setting expectations, managing expectations and meeting expectations are aspects of the engagement process that need to be addressed actively. If there is a mismatch between what service users expect and what is actually offered, it is highly likely that there will be a sense of disappointment on the service user's part. On the contrary, if service users know what to expect, they are more likely to have a positive experience in their engagement with the service (Clare Carroll, 2010).

Knowing what to expect can also help service users make informed choices. For instance, they might consider attending a different service, such as a private service. Service user involvement in decision-making can be facilitated through good management of expectations, as well as consultation. For instance, a service user could request the timing of intervention to be changed, if they felt it suited their child/adolescent better. They might decide to engage in some other form of activity or service, such as a social group, to promote their child's/adolescent's social interaction, if they knew that there was going to be a waiting time for intervention.

Discussing expectations can help the service provider understand what the service user knows or believes about the service, as has been indicated in both SLT and non-SLT literature (e.g. Clare Carroll, 2010; Vîslă, Constantino, Newkirk, Ogrodniczuk, & Söchting, 2016). For example, the service user may think that the larger the quantum of service, the greater the chances that the impairment is going to be remediated. The service provider, on the other hand, may be less focused on targeting the impairment and giving priority to greater participation in social activities. Service users may believe that a larger quantum of service will lead to better outcomes. The quality of the outcomes may, in fact, depend on a multitude of factors. Greater discussion about service users' expectations and service providers' ways of working could lead to a better understanding of what can be realistically achieved through engagement with the service.

12.3.3. *What model of SLT service delivery would be best suited for adolescents?*
Some service users are engaged with services from a very young age. The long-term nature of engagement with services was documented in both the parental interviews (Results 3, Subtheme 1.1.1) and the SLT survey (Results 1, Q14). Over half of the SLTs surveyed (53%) reported that the majority of the adolescents on their caseload had started their engagement with SLT in childhood and continued into adolescence, with periods of interruption. If the period of engagement can span over several years, it is worth considering how this engagement is experienced by service user and service provider. Researchers have already made robust suggestions for service delivery models for adolescents with SLCN (e.g. Fallon et al., 2015; Joffe, 2015). A continuous period of involvement might lead to a mismatch of expectations about what the service is going to provide, as discussed in the previous section. Hence, it is worth considering whether the service user experience could be improved through some form of structuring of the period of engagement. A possible alternative structure for SLT services will be discussed further in Part 2 of this chapter (Implications related to Service Providers).

In the SLT survey there were mixed findings relating to what model of service delivery would work best for adolescent service users. For example, more respondents felt that adolescents would be

open to clinic-based services than school based services (Results 1, Q10). Indirect approaches were rated higher than direct intervention. Several respondents' comments revealed a belief that building closer ties with secondary schools could improve the service provision model. The survey data would suggest that there is room for enhancement of existing models of service delivery, although views on how it is best done were mixed. These potential improvements will be discussed in the next chapter.

12.3.4. Collaboration benefits - how can we replicate this? Working in schools?

Some of the best service user experiences occurred where there was good collaboration between professionals, educators and parents. Several parents reported feelings of satisfaction when there was good three-way collaboration (Results 3, Subtheme 1.1.4). For example, Andrew's mother reported this type of model working very well when Andrew was in primary school. Niamh's mother had a similarly positive experience when Niamh enrolled in a special school and services were well-integrated with the school and home.

The educator focus groups did not make any significant reports of experiences of collaboration with professionals. They did, however, point out the benefits of good collaboration between staff within the school, such as the sharing of information between teachers, SNAs, the pastoral care team and the SEN teachers (Results 4, Subtheme 1.2). Parent-involvement or consultation did not feature significantly in the educator focus group data. Perhaps there is an expectation for students in this age group to be more autonomous, leading to fewer routine interactions with parents.

The underlying theme appears to be that collaboration is beneficial for the service user. It empowers parents in the younger years of their child's education and engagement with services. This is not a novel concept, as it has been explored in other studies (Hartas, 2004; Joffe, 2015; Lindsay & Dockrell, 2002; J. A. Wright, 1996; J. A. Wright & Graham, 1997). Unfortunately, the positive experiences of collaboration in the earlier years did not appear to continue into later years. In the secondary school context, collaboration is needed to provide a cohesive approach to manage a student's school experience and engagement in learning, taking their abilities and needs into account. A broader concept of collaboration may need to be developed especially for the adolescent age-group. How can collaborative endeavours be enhanced to integrate the educators, parents, professionals and the adolescents themselves (where appropriate)? The adolescents' developmental goals, such as striving to achieve autonomy, should be borne in mind when considering what good collaboration should entail. The sub-theme of *Asserting oneself and becoming autonomous* featured prominently in the findings from the adolescent focus group

(Results 5, Subtheme 2.1). These developmental goals vary between individuals, based on their age, ability, preferences and needs at the time.

There are multiple factors which can impact on collaboration. Working under different organisational structures (Health and Education; see Chapter 2, section 2.4.1) can create barriers to collaboration. Differing views on service provision might give rise to conflict or unclear communication (e.g. parents and educators may believe that a more direct SLT involvement is required; teachers may feel that SLTs are asking them to do their jobs) (e.g. Band et al., 2002; Law et al., 2002). Successful periods of collaboration may be hard to sustain in the long-term because of staff changes or rotation. SLTs cannot link with all the teachers who are working with one of their service users, necessitating that one of the teachers takes on the role of receiving and disseminating information. Collaboration is clearly not as straightforward as it sounds in theory. It is, however, a good ideal to strive for, as it has great potential for service users and service providers. Further discussion about implementing collaborative efforts in practice will be discussed in Part 2 (Implications related to Service Provision).

Summary of Discussion 2, Part 1

The impact of SLCN is not restricted to the individuals themselves (i.e. the adolescents) but it also affects the people around them (e.g. family, educators). Therefore, a broader view of SLCN is needed to support *all* affected individuals. The findings in this project were in line with those of previous studies, which show that the impact of SLCN extends to other areas, not just communication (e.g. psychological wellbeing).   Several factors that helped participants cope were reported (e.g. good collaboration, tailor made initiatives, good SNA support) and should be used to promote adolescents' wellbeing and long-term outcomes, as should the many strengths which adolescents with SLCN were shown to possess.

Results about social functioning in adolescents with SLCN were similar to previous studies, showing that experiences of social isolation, vulnerability and victimisation are common, although not everyone is affected in the same way. Indeed, certain social strengths were documented by some participants, such as displaying friendly and prosocial attitudes. It emerged that adolescents who do not have SLCN can also be affected by these difficulties. School initiatives aimed at promoting confidence in communication (e.g. oral presentations or 'mini-speeches') were clearly helpful for the social functioning of adolescents with SLCN.

Mixed experiences of support services were discussed with respect to the possible long-term impact of negative early engagement experiences. It was suggested that discussing service user

expectations and providing them with rationales and information about pathways of care is important. The benefits of collaboration between parents, educators and professionals are clear and the concept of collaboration may need to be developed further in SLT practice with the adolescent age-group, as will be discussed in Part 2 of this chapter.

Part 2

This part of the chapter will present implications for practice in the fields of SLT, education and other relevant areas. These implications are founded on the theoretical aspects discussed in the previous chapter (Chapter 11, Discussion 1) and the main practical considerations highlighted in Part 1 of this chapter, particularly Section 12.3 (Services and supports). The applications of the BUS principle in practice will form a key part of the discussion presented herein.

As explained earlier (Methods 1), the Bioecological Model of human development (Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006) was used as a framework to structure the conceptual design of this project. Based on this model, the adolescent with SLCN is viewed as being part of a system of influences, both internal and external. The influences are bidirectional and different parts of the system influence each other. Persons, organisations and cultural beliefs are all parts of the system. The elements are arranged in ecological systems, according to their level of proximity to the individual. In this part of the chapter, the discussion will be organised under headings which are broadly aligned with three of these systems, as outlined in the table below:

Table 27: Implications for Practice and corresponding systems in the Bioecological Model

Type of Implication for Practice	Corresponding Bioecological Model systems
Implications related to Service Users	Microsystem (adolescent, parents)
Implications related to Service Provision	Mesosystem (therapy, teaching, supports)
Implications related to Service Providers	Exosystem (Health services, Educational Institutions)

The division into discrete areas is presented with an understanding that the different elements in each system are connected and bear an influence on each other. None of the elements that will be discussed below exist in isolation. There is no service without service users. There is no service provider with services and service users. Service users may cease to be service users at a later point in time. This holistic view of the ecology in which human development occurs should be maintained when reading the subsequent sections in Part 2.

12.4. Implications related to Service Users

This section will discuss implications related to service users, that is adolescents with SLCN (actual/potential) and their parents or guardians.

12.4.1. A philosophical shift to adopt a broader understanding of SLCN in adolescence

As discussed in Part 1 (Section 12.1), SLCN impacts on the adolescent with SLCN and on several others around them. For example, it can impact on their parents, their siblings (or other family members), their educators and others. Besides possibly affecting a whole network of individuals in their Microsystem, SLCN has knock-on effects on multiple areas of functioning (e.g. learning, social interaction and psychological wellbeing) and this is often the reason why a vicious circle of failure and demoralisation ensues. However, the influence between SLCN and other areas of functioning can be bidirectional and can be both positive and negative. For instance, the experience of successful social interaction can enhance one's social communication skills, whereas negative social interaction experiences could lead to withdrawal and loss of confidence in communication. As proposed in the previous chapter, adopting the BUS principle is being proposed as the main approach to break the vicious circle described above.

Why is it important to appreciate the broad impact of SLCN on multiple individuals and multiple areas of functioning?

Having an appreciation of how individuals' lives are impacted by SLCN is essential to be able to understand, to be with, interact with, work with and to support people with SLCN and those around them. BUS cannot work if a one-dimensional, impairment-focused understanding of SLCN is maintained. Such an understanding is insufficient and not conducive to enabling the experience of success. A philosophical shift from a narrow-focus to a broad, multidimensional view of SLCN in adolescence is required, in line with the views advocated by previous literature (Dempsey & Skarakis-Doyle, 2010; Westby & Washington, 2017) in relation to the implications of the International Classification of Functioning - Children and Youth edition (ICF-CY; World Health Organization, 2007).

Let us consider some of the practical changes in service planning that might occur if this different approach were to be taken:

- Goal setting would take into account the broader ramifications of SLCN into other areas of functioning, bringing about a more applied focus on areas where communication skills are used e.g. the goal of making a phone call to a prospective provider of work experience rather than the narrower goal of using correct syntax in sentences (see G1, P3, 397-408, Results 4, Subtheme 1.1).

- Support for individuals affected by the adolescent's SLCN (e.g. parents, siblings) might be consolidated e.g. relevant supports, such as counselling and education courses, would be offered to family members of adolescents with SLCN.

- Greater collaboration between professionals might be facilitated for joint goal setting and interventions delivered jointly. Parents reported how beneficial they had found this type of collaboration (see Section 12.3.4). e.g. the SLT, teacher and psychologist might meet to set goals that are not compartmentalised into discrete areas of functioning but draw on skills from multiple areas of functioning, such as the goal of working effectively in a group. A pro-active approach to such joint working could bring numerous benefits to the adolescent service users and to the stakeholders involved, in terms of their job satisfaction and role fulfilment.

- The training of professionals who are working directly with adolescents with SLCN might be enhanced or expanded to make them aware of what SLCN is and how it impacts on individuals. Participants in the educator focus groups felt that training for teachers in relation to SLCN could be improved further, remarking that the main input they had received had been in postgraduate training (Results 3, Subtheme 1.3).

Viewing SLCN in adolescence as a broad, multidimensional phenomenon is key to delivering effective and meaningful services to these adolescents that build upon experiencing success. If a narrow, impairment-focused view is maintained, there is a risk that adolescents with SLCN will only be offered services that target these discrete impairments without addressing the linked, broader needs of that can have such a large impact on their lives (see Section 11.2.1).

12.4.2. Implementing the BUS principle in practice

The BUS principle, explained in Discussion 1, is intended to benefit service users. In this section, some practical examples will be provided to illustrate the principle further. The area of social interaction can be used as an example. An impairment-based approach might target discrete skills, like learning how to greet others appropriately, how to take turns in conversation, how to compliment others and other similar skills. Using the BUS principle, the goal of the intervention would be to help the adolescent with SLCN experience successful social interaction. This might entail accessing or setting up a designated club or programme for adolescents with SLCN, such as the one described by Myers and her colleagues (Myers et al., 2011). The SLT might liaise with local or regional organisations, such as parent groups, youth groups and secondary schools, to set up such a club or programme. The SLT can fulfil a key role in this set up, given the expertise which SLTs possess about social communication skills and their understanding of language and communication needs (e.g. Irish Association of Speech and Language Therapists, 2016; Therapy

Project Office - HSE, 2008). The idea is to create a context where the conditions are conducive to facilitate repeated success, even if starting out on a small scale. Resources and circumstances may not always permit the investment needed to set up a new group or initiative. It may, however, be possible to participate in existing programmes and contribute SLTs' unique knowledge and insight there.

It should be made clear that while SLTs occupy an important role in creating opportunities to experience success, it is not solely the remit of SLTs. Educators, parents and other professionals can equally contribute and implement these initiatives and programmes. BUS requires flexibility and creativity to provide novel and alternative ways of working. For example, a student may experience success in giving an oral presentation by being allocated time to rehearse their presentation with a special needs assistant (SNA) or another student. They can improve their presentation through the feedback they receive. When presenting to a larger group, the student's chances of experiencing success would be greatly increased. The rehearsal and preparation may come at a cost, as they can be time-consuming and may need to be prioritised over other educational goals. However, the net reward to that student, in terms of learning, confidence, motivation and benefits to other areas of functioning, is likely to outweigh the time and effort invested on the part of the school. These benefits are consistent with the multidimensional view of SLCN in adolescence, outlined in the previous section.

For each individual adolescent, the criteria for success may vary. The interplay of abilities, challenges, environmental and personal factors means that each individual's starting point is likely to be different. Good goal setting is crucial to have clear aims for what is being targeted (Wallach, 2008) and for the adolescent to feel a sense of achievement (see goal orientations discussion in Section 11.2.1 earlier in this chapter). A subsequent section will discuss further the SLT's role in goal setting (section 12.5.1). Small incremental gains can lead to substantial increases in skills and self-belief over time (Conti-Ramsden & Durkin, 2016). The skills practised with the support of others may gradually be mastered to a more independent level. For example, the student who managed to deliver a presentation to their class might feel more confident about answering questions on that topic during future lessons. The adolescent who was supported by their parent to experience shopping independently might venture to go shopping with a trusted friend. Challenges are likely to persist due to the nature of SLCN being long-term (See Literature Review, Part 3). The experience of repeated successful engagement in activities can, nonetheless, counteract the demoralisation that adolescents with SLCN experience as a result of failure (see Results 3 and 4) and could hopefully lead to a more positive outlook.

The next section will discuss how parents of adolescents with SLCN can be supported and empowered in their parenting and guidance of the adolescent with SLCN.

12.4.3. Supporting and empowering parents of adolescents with SLCN

There is a strong rationale for supporting parents of adolescents with SLCN emerging from the data. The first part of this chapter (Part 1) discussed how the lives of parents are impacted by their child's SLCN. There are numerous difficult but important decisions which these parents have to make that parents of adolescents who do not have SLCN normally do not have to make (e.g. engaging with services [Results 3, Subtheme 1.1], reducing number of academic subjects [Results 3, Subtheme 1.2.4]). It also makes sense to support parents of adolescents with SLCN because they are the primary source of support for these adolescents (helping the helpers). In the previous chapter (Discussion 1, Section 11.2.3), the importance of providing feedback to adolescents in relation to their progress in achieving their goals was highlighted. Parents too have an important role to play in providing this type of feedback, which can help adolescents experience repeated success in their daily lives. SLCN can be thought of as a 'hidden' disability (Conti-Ramsden et al., 2014) and these parents may not find support as readily as parents of adolescents with other disabilities might find. How can these parents be supported?

The most valuable source of support, in the author's view, is through information and education. This support can take various forms, such as one to one discussions with professionals, parent education courses, written material and information sharing between parents. The goals of providing this information are multifold. It can let parents know what they should expect, in terms of the progression of SLCN into adolescence. Some parents may not fully appreciate the long-term nature of SLCN, perhaps thinking that it is a condition their son/daughter will 'grow out of'. The new consensus definition of DLD (Bishop et al., 2016, 2017), for example, makes explicit reference to the 'persisting' nature of the difficulties into middle childhood and later years (see Literature Review, section 2.3.1). It is important for parents to be made aware that there may be limitations to improvements in 'language capacity', which in turn may be mismatched to some of the demands of secondary education [e.g. mastery of expository discourse (Berman & Nir, 2010)]. Having this knowledge may be challenging to come to terms with initially but can equip parents with a deeper understanding of their son/daughter's long-term needs. Equipped with this understanding, some parents may, for instance, prioritise skills that promote self-efficacy over academic skills (as shown in Results 3, Subtheme 3.1.2). A practical example is presented in Scenario 1 in the text box on the next page.

Another potential benefit of educating parents is that they can develop an understanding of the range of educational and vocational options available to their child. For many parents, the traditional mainstream school options and the traditional state examinations might be all they are familiar with. Knowing what the various schooling options are and that there is flexibility to adapt learning goals to their child's needs can reduce worry significantly (see Results 3, Subtheme 1.2). This knowledge also empowers parents to advocate and seek out what they believe are the best options for their child. These parents might place less value on achieving the traditional state examinations, if they feel that these are not realistic targets to begin with. Instead, they might engage with their child's educators and the adolescents themselves to agree on functional learning goals that take into account their child's interests and ambitions, that might be of greater value to them in the future (see Results 3, Subtheme 1.2, Extract 7.17 and Discussion 1, Section 11.3.3). The parents might experience greater satisfaction in relation to their child's achievements and reinforce those achievements, rather than focusing on what has *not* been achieved (e.g. the Leaving Certificate).

Scenario 1

Imagine a parent who is trying to promote their adolescent son/daughter's independence in the community. The parent might decide to organise a shopping trip, paying careful attention to making the task achievable, in order to experience success. The goal of the trip might be to purchase items of clothing, within a given budget. This goal encompasses skills like working memory, numeracy, literacy, vocabulary and social interaction. The parent might discuss with the adolescent what items he/she currently needs most (e.g. a new tracksuit). The parent might also discuss the adolescent's usual clothing size/s and perhaps devise a way to recall this information or have it stored in an accessible manner (e.g. in a memo saved on the adolescent's mobile phone or a photograph of clothes tags from the clothes they already own). A budget can be discussed and agreed upon (e.g. up to €40). Strategies for obtaining assistance might be rehearsed (e.g. asking a shop assistant for a different sized item). Both parent and adolescent might go to the shop together but the parent might wait outside or stay in a different section of the shop. The parent would be available, if a breakdown were to occur (e.g. the adolescent looks for the parent or contacts them by phone). The adolescent would proceed to go through the steps discussed at home and meet the parent once the steps are completed. One should note that the goal here is not simply to buy clothing but to do so independently. The parent invests time to ensure that as many variables as possible are covered, to minimise the risk of breakdown and maximise the opportunity for success.

Educating parents can empower parents to facilitate meaningful social experiences for their child, where they can experience success, without relying solely on 'experts' or professionals. As one parent remarked in Study 3, parents can be at a loss on how to engage their child meaningfully in successful social experiences: *I genuinely don't know how to improve his social skills, I really don't* [P6: 1255-1257]. They might, for example, link with other parents to organise a social outing for their adolescent children, applying careful judgment to evaluate how much support is required and where it is required. Without relevant knowledge about SLCN, they may not appreciate fully the negative impact that isolation might have on their child and might dismiss it as a teenage phase . While the parents of adolescents who do not have SLCN might let them organise their own social outings independently, these parents may need to adopt a more proactive approach. Even a small amount of encouragement can be helpful for some adolescents with SLCN as, for example, Mary's mother reported (Results 3, Subtheme 3.1, Extract 7.38). Part of the information given to parents might also highlight the preference for safe spaces (positive withdrawal) that can balance the demands of social interaction that some adolescents with SLCN experience (Results 5, Subtheme 1.3).

Summary of implications related to Service Users

This section, dealing with supports to the service users, started by presenting the need for a philosophical shift to view adolescent SLCN as a complex, multidimensional phenomenon. It is not simply a communication impairment. There are a variety of personal and environmental factors at play. It was argued that it is more important to seek to create opportunities for adolescents with SLCN to experience success, even on a small scale, rather than working solely on the impairment. This view of SLCN in adolescence is essential for implementing the BUS principle.

Practical applications of this principle were discussed next. Examples of initiatives and opportunities that could lead the adolescent service user to experience success were provided (e.g. a social and leisure club, preparing a presentation).

The need to support parents, particularly through education and information sharing, was laid out. When parents are supported, they can guide and facilitate their child's endeavours towards skills that are beneficial in the long-term. Engagement with their child's educators can also be enhanced and challenging decisions that need to be made might be easier when equipped with a deeper understanding of SLCN and its long-term progression.

12.5. Implications related to Service Provision

This section will discuss implications related to service provision, that is, ways of working used by SLTs, educators and other professionals.

12.5.1. Proactive promotion of psychological wellbeing

The BUS principle is aligned with the goal of supporting the psychological wellbeing of adolescents with SLCN that SLTs and other stakeholders strive to achieve in their everyday work (IASLT, 2016). A proactive, preventative approach in service provision for adolescents with SLCN is warranted, given the established links between SLCN in adolescence and difficulties in other areas of functioning, such as mental health, social interaction and academic performance (e.g. Clegg et al., 2005; Conti-Ramsden et al., 2013; Durkin et al., 2012; Johnson et al., 2010; Snowling et al., 2001). How can a more a proactive and preventative approach be put in place?

In the author's opinion, structures and programmes must be created *before* students start to fail. It is foreseeable that adolescents with SLCN are going to be enrolled in secondary schools on an ongoing basis, due to the prevalence of developmental language disorders, with estimates suggesting that up to 10% of students have SLCN (Nippold, 2014b). Studies have shown that students with language impairment in primary schools are often 're-classified' under different categories of special educational needs (SEN) at secondary school level (Joffe, 2015). The sooner SLCN are recognised as a SEN in their own right in secondary schools, the sooner measures can be put in place to counteract their repercussions (Bishop, 2014; Conti-Ramsden et al., 2014). Individuals in the adolescent's microsystem (Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006), such as SLTs and parents, need to advocate and raise awareness of SLCN and the need for an appropriate response (Conti-Ramsden et al., 2014).

Programmes to cater for the needs of students with SLCN (such as mentioned by participants in Results 4, Theme 2, Subtheme 2.1) can be set up on a long-term basis. As an analogy, one can consider the school basketball team. The team meets and trains every academic year. It is expected that some of the incoming students will have an interest in joining the team. The coach does not set up the necessary structures in response to a new group of students who have expressed an interest in basketball. The structures are already in place, both physical (e.g. the court, nets, balls, gear, etc.) and organisational (training days, match days, selection process, etc.). Similarly, if the programmes that support students with SLCN are already set up, it may be easier to invite/direct students with reported or perceived needs to enrol in them. Hence, not a reactive approach but a proactive or pre-emptive approach would be in place.

Flexible academic programmes can lead students to experience success in their academic goals. Data from the educators' focus groups (Results 4) indicated that a flexible, multi-modal learning programme (such as the Leaving Certificate Applied) can make a difference to students' achievement and engagement with learning. The flexibility in content and method of such programmes can allow educators to increase students' motivation by providing them with an adequate level of challenge and drawing upon their interests and ambitions for the future in setting learning tasks (See Discussion 1,, section 11.3.3).

These multi-modal programmes could make greater use of graphic organisers, highlighted key words and ideas, art work, drama and experiential learning can be combined to meet the needs of all learners (Starling et al., 2012). The mix of flexible content and methods may be conducive to more meaningful engagement in education, where success is repeatedly experienced, rather than failure. The experience of success brings benefits to the adolescents' with SLCN psychological wellbeing (see Results 3, Subtheme 1.2, particularly Extract 7.17 and Results 4, 6). An example demonstrating how students with different interests, abilities and preferences can be engaged meaningfully in learning, in line with existing curriculum principles (National Council for Curriculum and Assessment, 2009, 2012) is provided in Scenario 2. Flexibility to accommodate this diversity is essential to make this meaningful engagement possible, which can help to achieve positive psychological wellbeing.

Scenario 2

Consider, for example, a curricular topic on the 1916 Easter Rising in Ireland. The centenary was celebrated in 2016 and a great deal of emphasis was placed in the curricular content at all levels during that academic year (Department of Education and Skills, 2015). A traditional approach might entail reading excerpts from books, carrying out research at home and writing an essay about particular aspects of the Rising (e.g. the role of women in the Rising). A flexible approach for students with SLCN might expand the content to include their interests. A student who has an interest in fashion might be given a research assignment to learn more about popular fashion for young people in 1916. Flexible methods might include the sourcing of images that show the various types of garments. Perhaps a poster can be created, bringing together both visual and textual information. For another student, who has an interest in video games, the assignment might focus on the arms and artillery that were used in 1916. The student might be interested in drawing or sourcing diagrams of the weapons or perhaps even making a model. At class level, a creative teacher might decide to set students the task of writing a play which facilitates understanding of the experiences of the various factions involved in the Rising.

There is also a role for programmes or initiatives that facilitate social interaction and the development of friendships. The findings of the educator focus group (Results 4) suggested that the setting up of a simple games room in one of the secondary schools helped to reduce isolation in students with special educational needs (SEN). Based on this finding, a similar initiative that might be considered is the setting up of clubs, either generic or specific in nature, that would be accessible for students with SLCN. Specific clubs might focus on a particular type of activity, such as drama, video gaming, fashion, debating or other relevant activities. A generic club might provide a mixture of activities. These clubs can be created within a school context or outside. Obviously the context determines who organises the club (school staff, parents, older students, community volunteers etc.), although there can also be a mixed group of organisers. The key purpose of the club is that adolescents with SLCN are able to engage in activities within a social context, where they are not disadvantaged because of their SLCN. A culture of openness and acceptance of differences can be fostered in the club, where members are not ridiculed for the way they speak or communicate (as exemplified in Myers et al., 2011). The criteria for success are dependent on the goals set out at the start (Darnon et al., 2012; Senko et al., 2011), which can lead to adolescents with SLCN to enjoy meaningful and successful engagement in those activities. Scenario 3 outlines a specific example of such a club in a school context.

Scenario 3

Consider the broad goal of participating a debating club that meets in the school lunch break once a week. They might discuss topics of interest to them, such as whether make-up should be allowed in school or whether online content should be censored. A teacher or SNA might be the main organiser, with two student volunteers from Transition Year. Teams might be formed for the debate and they might prepare their views on the chosen topic jointly. The role of the volunteer may be to support the students with SLCN to put their points across, if needed. This support can be subtle and as unobtrusive as possible e.g. the volunteer might help prepare a slide which can be projected onto a screen during the debate. The slide serves as a visual aid (for both teams) and as a guide for the sequence of points that were prepared by the team. The potential benefits to the participants are numerous, such as experiencing meaningful social interaction and experiencing successful debating, which involves receptive, expressive and pragmatic language skills. Team working skills (e.g. negotiation), new syntactic structures, novel vocabulary and perspective taking can be learned or experienced. An audience can be invited at the end of the term, where the teams' debating skills can be showcased and the club may gain social currency in the school, if the event is pitched cleverly.

The scenario highlights potential benefits which are possible because the debating club is designed with SLCN students in mind. A traditional, mainstream debating club might assume that

all the underlying skills (organisational skills, language skills, etc,) are intact and no supports are provided, creating (unintentional) obstacles for students with SLCN to succeed in that environment (similar to the point made by P4 in Results 4, Subtheme 1.1, Extract 8.3 regarding unlikely participation of students with SLCN in the Transition Year show).

In summary, adopting the BUS principle would require services to have a proactive and pre-emptive orientation to facilitating repeated success. Various examples were provided to illustrate how adaptations to traditional methods can allow adolescents with SLCN to participate more easily and to experience success.

12.5.2. Collaboration: types, benefits, barriers

A success-focused philosophy (BUS principle) can be implemented more effectively when stakeholders collaborate and work together. This is not a novel idea and has been discussed in various literature over a number of years, especially collaboration between SLTs and teachers (e.g. Fallon et al., 2015; Joffe, 2015; J. A. Wright, 1996). The findings of this project support the reported benefits of collaboration, in particular the parental interviews. Participants reported that their best experiences were when everyone worked together (Results 3). Parents whose child was in a special educational placement seemed to report greater use of collaborative practices. This was also the experience of parents whose child had enrolled in a newly set up school. Smaller student numbers and different attitudes might be found more easily in these schools than in the well established mainstream schools.

Survey data from the SLT participants suggested that liaison with secondary schools can be somewhat challenging (Results 1). The structural set up of SLT services and secondary schools might, in some cases, impede collaboration. Speech and language therapists who wish to share information with educators might be at a loss as to how best to liaise with the number of teachers working with a particular adolescent. Educators might find it hard to share information or obtain advice, if a student with SLCN has been discharged from the SLT service they were linked with. Parents might feel they are not being given feedback as regularly as they were in primary school or that they are not consulted as frequently. Given these challenges, how can collaboration between SLTs, educators and parents be enhanced?

Collaboration can be enhanced through links on a number of different levels. The current section will discuss processes that can be put in place or further developed to strengthen collaborative efforts. Changes in the structure of services or organisations will be discussed in the last part of this chapter (Section 12.6).

Firstly, collaborative processes can be implemented on a generic level, not necessarily linked to specific students. The SLT or SLT department can work jointly with their local schools to share information and training with the educators. Such information sharing and training benefits both staff groups. SLTs can learn about curricular and non-curricular content that is covered in that school. They can gain greater insight about how students are expected to use their communication skills in the school's learning environment. This information allows SLTs to fine-tune therapeutic goals and activities for adolescent service users. Educators, on the other hand,

can learn strategies that facilitate content comprehension, strategies for vocabulary teaching and techniques for supporting students' expressive language in school. They can gain a deeper understanding of SLCN in the adolescent age group and the range of strengths and challenges that can realistically be expected of students with these needs. The benefits are mutual and an attitude of respect, skill-sharing and recognition of each other's expertise should underlie this type of collaboration.

Another possible form of collaboration could be in the design and setting up of programmes aimed at adolescents with SLCN. SLTs can have a role during the planning stage of these programmes, to advise how the programme can meet the needs of these adolescents. The unique blend of knowledge and skills that SLTs possess on SLCN and therapeutic processes means that they can enrich what is being offered to the adolescents. These programmes can be set up in schools or in the community. The SLT may opt for a role in the running of the programme, which could contribute to further refinements of the content and methods. Being involved in the planning and design of programmes can benefit a greater number of adolescents, not just the ones on an SLT caseload. This involvement can be seen as a role expansion for SLTs, in recognition of the fact that not all adolescents with SLCN will be linked with SLT services, for a number of different reasons (e.g. early discharge, direct therapy not indicated, other diagnoses becoming the primary diagnosis). This mode of working can be thought of as working at the Universal level, a form of health promotion for all children (Gascoigne, 2006) which is already happening with younger age groups in Ireland (e.g. Hayes, Keegan, & Goulding, 2013). Adolescents should not be excluded from health promotion, considering the impact that SLCN can have on their current and future functioning (Law, Reilly, & Snow, 2013).

SLTs can also participate in goal setting for specific students. Individual Educational Plans (IEPs) have become more widespread in secondary schools, providing a natural gateway for collaborative goal setting (Rose, Shevlin, Winter, O'Raw, & Zhao, 2012). Through education and information sharing, educators can develop a greater appreciation of what SLTs can contribute to the goal setting process. On the other hand, SLTs can link the educational goals to any work they are carrying out with the adolescent outside the school context. Parental involvement in goal setting can make it easier to merge social interaction and psychological wellbeing goals into the frame. Parents can also share information about their child's interests, ambitions and motivators. Participation from all stakeholders at this stage signals partnership and joint responsibility, with each person being fully informed about what is being targeted. This vision can sound idealistic in the real world, where resources might be stretched and work is carried out under pressure. Good collaboration requires good will and availability from all sides involved. This too can be hard to

achieve in a consistent fashion in the real world. Nevertheless, if there is recognition that multiple stakeholders have a role to play in comprehensive goal setting, a good platform for collaboration will be in place. Good goal setting is essential to implement the BUS principle, as every adolescent's goals will be individualised.

An interesting question is whether adolescents with SLCN should be involved in setting their own goals, both in school and outside school? There is no straightforward answer to this question, in the author's view. Every adolescent presents differently, with different levels of maturity, insight, motivation and different attitudes. An individual's presentation is likely to change over time and one should keep in mind that a willing participant at one point in time might be less willing in the future and vice-versa. It is reasonable to assume that involvement in goal setting is more likely to lead to buy-in from the adolescent's part, especially if success is experienced. It follows, therefore, that in principle, the adolescent should *always* be invited to participate in goal setting. The nature of the involvement should be fine-tuned according to the adolescent's presentation at the time (e.g. their age, their interests, their challenges). As the adolescent gets older, this can be another way of preparing them for an independent adult life, through forming and expressing their goals for the future and applying themselves to try to achieve them.

A good system of information sharing between all stakeholders should go hand in hand with collaborative efforts. Good information sharing practices are already present within the context of secondary schools, for example through their pastoral care team (Results 4, Subtheme 1.2). The system can range from a simple, hardcopy notebook that is available to all the parties to a more sophisticated electronic system. The ground rules for sharing information should be set as early as possible, for example at the start of the academic year. Regular meetings can reinforce the use of the system and clarify any misunderstandings. Good information sharing keeps all stakeholders informed of progress observed, challenges encountered and can spark off new ideas to help achieve goals. Duplication of work can be reduced, if each stakeholder knows exactly what the others are doing. Without information being shared, individuals might disengage from the collaborative process, especially if face-to-face meetings are infrequent.

The next section will discuss the improvement of service user satisfaction in SLT services, which also involves an information sharing component.

12.5.3. Improving service user satisfaction in SLT services

Some of the parental insights and comments about attending SLT services over the years (Results 3) provoke reflections about potential improvements for greater service user satisfaction. It is useful to consider what can be learned from parental accounts.

In keeping with the previous section, where information sharing was identified as an important component of good collaboration, good communication between service user and service provider is essential for service user satisfaction. Service users should know what is being done and why. They should also know what the next step is and what they can reasonably expect from it. If the service users are not in agreement, they can express their feelings and seek some form of remediation. Alternatively, they can make other provisions for achieving their desired goals.

As a practical example, consider the provision of service to an adolescent who was recently referred to an SLT service. Their needs were quite subtle and were not identified earlier. The adolescent and their parents would benefit from knowing the timeframes around waiting lists, assessment provision and intervention. Having this knowledge reduces the risk of disappointment if the timeframes are different from what they expect. Information about the format of the service should also be provided at an early stage. It helps to adjust expectations and empowers the service user to consider other avenues if they wish, such as attending a private service. Good communication does not imply that what is being communicated is always 'good'. The SLT can communicate with the family, for example, that there is going to be a 6 month waiting time to access the service through an initial consultation. This information may not please the service user but it lets them know exactly what to expect.

Communication needs to be two-way and the SLT should consult the service user on an ongoing basis about their views on the service and how it will meet their needs. Oftentimes, it seems that dissatisfaction arises from a mismatch between what is expected and what is offered. Good consultation and listening on the part of service providers enable them to incorporate the service user's goals and priorities into the service being offered. Personal interests are motivating for adolescents (see Results 5, Subtheme 3.3) and should be used to enhance their experience (e.g. Whitmire, 2013). Furthermore, consultation allows the SLT to learn about personal and environmental factors that are at play in the adolescent's activities and participation. It is a fundamental part of the ongoing assessment process that SLTs engage in with their service users.

The SLT can share with the service user their rationale for their decisions. If a multidimensional view of SLCN in adolescence is being adopted, there will be a wide range of factors that the SLT

will have considered in their decision-making. A service user who is more impairment-focused (i.e. fixing the problem) might not be taking into consideration the breadth of factors that will have a bearing on achieving meaningful, functional outcomes for the adolescent. For example, the SLT might propose working on the adolescent's effective use of text messaging. The adolescent's parents might feel that it would be more useful to focus on school-related goals, such as essay writing. The SLT might then explain the importance of achieving success in social interaction in adolescence and the impact it might have on other areas of functioning, including academic achievement.

On a broader level, through formal or informal methods, the SLT should provide information about the possible trajectories of SLCN in adolescence, into young adulthood. This information might include discussing with parents the long-term nature of SLCN, which they may not be aware of. Parents and adolescents may need to be told that even though impairments might endure, they should not give up on achieving success in the activities they deem important. The SLT can explain to parents that the experience of success, on whatever scale, will motivate their child to continue to participate in life activities, with the necessary supports in place. With more research being conducted in this area, SLTs are well placed to disseminate this information with their service users and other stakeholders they collaborate with. Having this information may transform service user perspectives, especially ones whose main focus is on obtaining a quantum of service in order to address the impairment ('more is better').

Summary of implications related to Service Provision
This section discussed potential ways of enhancing the service provision in SLT, education and other related areas. Three key aspects of service provision were discussed, namely promoting psychological wellbeing, collaboration and service user satisfaction.

The BUS principle is aligned with the goal of promoting the psychological wellbeing of adolescents with SLCN. Adapting mainstream structures to allow easier access and participation by adolescents with SLCN helps SLTs, educators and other professionals to promote their psychological wellbeing.

Collaboration through training and information sharing between stakeholders was identified as a good way of learning about each other's roles and how different areas of work/intervention can complement each other. SLTs and parents can be involved in the design and set up of programmes aimed at adolescents with SLCN in school and in the community. These two

measures can be applied at a universal, health promotion level. A joint approach to goal setting (educators, adolescents, parents, SLTs) was also recommended.

Service user satisfaction was linked to good communication with service users, especially around expectations on the format and timeframes of services offered. The importance of consulting service users on an ongoing basis and explaining rationales for clinical decisions or recommendations was highlighted. The role of SLTs in educating service users about the potential long-term nature of SLCN was underlined.

12.6.   Implications related to Service Providers

This section will discuss implications related to service providers, such as health services, schools, governmental structures and voluntary bodies.

12.6.1. Models of service: A dedicated service for the adolescent age group?

Previous literature have indicated that adolescent SLT service users are an underserved population, often missing out on the basis of their age (e.g. Bercow, 2008; V. L. Larson & McKinley, 2003; Nippold, 2010). The findings of the current project appear to support that claim. The survey of SLTs working in Ireland indicated that participants wanted to see the model of service for adolescents developed further (Results 1). Attendance rates of adolescent service users were not highlighted as an issue in Study 1 but what if adolescents were simply attending services because they were afraid of repercussions (for not cooperating with their parents' wishes)? How can SLT services be developed further to become a service that services users want to attend? The differences in each adolescent's individual circumstances, highlighted by SLT participants, call for a service that has the capacity to cater for different individual needs in a flexible manner. Participants in parental interviews reported a gradual reduction in services as their child grew older (Results 3). These findings, together with the views expressed in the international literature, raise questions about whether a different model of service should be developed for adolescents with SLCN.

One possible model that could work for adolescents with SLCN is a dedicated service for their age-group. In the same way that children transition from primary school to secondary school, an SLT service user would progress from a paediatric service to an adolescent service. The adolescent service would still come under the health services umbrella, which is in line with the existing

model. The option of moving services under the education umbrella would more than likely entail significant bureaucratic challenges.

Organising services in this way could bring great benefits for adolescent service users. The ethos of the service should be based on promoting the psychological wellbeing of adolescents with SLCN through experiencing success (BUS principle). The service can better focus on adolescent needs, which are different from those of younger children. For instance, there could be a greater focus on developing language for academic use and social interaction skills. The interests and ambitions of the adolescent service users can be incorporated into therapeutic goals and activities as the routine way of working. Rather than trying to 'fit' adolescents into a system that, in lots of ways, is geared towards younger children, this tailored model could provide a much better 'fit' to the adolescent age-group. The physical set up of clinic rooms and the resources could all be specific to adolescent service users.

SLTs working in this setting would be enabled to focus solely on adolescent service users, without 'competition' from the intake of younger service users, who are often prioritised in the current system. The nature of the role of these SLTs could facilitate greater collaboration with their local secondary schools. This collaboration could entail working at a universal/health promotion level, whereby the SLT becomes involved in the organisation and running of programmes that target language and communication skills in all students. Direct work with students who are on an SLT caseload can also take place, if warranted. The participation of SLTs in goal setting for their adolescent service users would probably be easier, if their role was dedicated to this age group.

A dedicated service for adolescents with SLCN could also bring benefits to the management and negotiation of expectations between service users and service provider. This transition might be similar to the transition from primary to secondary school, where students and parents have different expectations of the new school. They know that greater autonomy is expected, they understand that the school years have a specific structure (junior cycle/senior cycle, different term structure, etc.). Explaining the remit and goals of the service may be easier, especially when showing how certain aspects of the service might be different. For instance, the SLT might explain that they will be involved at the activity and participation level, rather than trying solely to address an impairment. This format of service might be different from parental expectations and would need to be discussed and negotiated at the point of transition.

There are many other possible considerations for the optimal model of service that should be offered to adolescents. For instance, there is the debate on whether services should be clinic

based or school based and whether SLTs working with this age group should be employed under the Education umbrella. There are also decisions about direct forms of therapy versus indirect interventions and how to collaborate with other health professionals, who may be working in a different model. The model proposed above is viewed as the most feasible one because it has numerous advantages. The main ones are that it would require the least drastic set of changes to be made from the existing system, where SLTs group all school-aged children on the same caseload. The second advantage is that it is a flexible system, geared towards flexibility in fact, that allows the SLT to liaise with schools, work directly or indirectly and to offer better tailor-made solutions for each individual service user's needs. Naturally, putting this system in place would require the support and flexibility from an administrative level that may not be as straightforward as it seems. With a good understanding of the rationale behind this proposed change (e.g. long-term outcomes for adolescents with SLCN who experience failure), there should be compelling reasons for effecting changes.

Some of the potential philosophical barriers to setting up such a service also need to be considered. Primarily, there are issues around assent and consent that would need to be considered. In the eyes of the law, adolescents are considered to be children/minors (see Literature Review, Section 2.4.4). A dedicated service for adolescents would have to tread very carefully to meet its legal obligations, while also recognising the growing sense of agency in adolescents. Secondly, service providers might have to justify why such a service is being set up and not others (e.g. a dedicated dysphagia service). Thirdly, decision-makers might have to be convinced that there is good evidence behind this proposal before allocating resources. It might be hard to provide compelling evidence to support a service that has not been trialled yet.

The next section will discuss ways around overcoming barriers to collaboration between organisations like health and education.

12.6.2. Bringing down barriers between organisations

The way services are nested under organisational structures can impact on the day-to-day working of SLTs, educators and other stakeholders in the area of adolescent SLCN. The work of educators, for example, is bound by the academic year lay out. On the other hand, SLTs do not operate on a term-time basis. Educators access training through education-based bodies, like the Drumcondra Education Centre[49] and the Special Education Support Service[50] (SESS). Continuous professional development for SLTs is offered through the professional body (IASLT), the Health

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[49] www.ecdrumcondra.ie
[50] http://www.sess.ie/professional-development

Service Executive, academic institutions and independently organised courses. Different regulatory bodies exist for health professionals (CORU) and teachers (Teaching Council), which set their own criteria for their registrants. External pressures on SLTs often zoom in on waiting lists and caseloads (e.g. Conroy & Noone, 2014), while educators might be subjected to pressures around staff-student ratios and examination success rates. Although there is overlap in the work carried out, these groups are working within different organisational setups that have the potential to inhibit collaboration. What changes could help the various stakeholders work more closely for the benefit of adolescents with SLCN?

Good working relationships need to be developed at all levels between the organisations. Educators who wish to implement novel approaches for adolescents with SLCN require the backing of the school administration. Similarly, SLTs who wish to participate in programme planning, goal setting and other interventions in secondary schools require backing from their managers. Health service managers and school administration officials need to communicate with each other at both formal and informal levels. Certain initiatives aimed at implementing the BUS principle may need to be backed up by formal agreements (contracts), where a commitment from each side is formalised and the details of long-term projects are agreed in advance. *Ad hoc* initiatives carry the risk of not being brought to completion, due to a lack of a supporting framework and contingency measures (e.g. no provisions made for changes in staffing levels).

Joint training and working has been advocated as a good way to promote interdisciplinary development (e.g. Starling et al., 2012; Wilson et al., 2010). Training can take many different forms, including co-delivered training by health and educational professionals. The areas complement each other and crossover between staff training can be found. For instance, working groups could come together to consider case-studies from the health and education angles. Evidence with implications for both sectors can be presented and studied jointly, perhaps in the form of an interdisciplinary journal club. Parent education courses could be co-delivered by educators, SLTs and other health professionals. Direct work with adolescents with SLCN can be organised and/or delivered jointly, with aspects of each others' roles being shared interchangeably (e.g. as in the ELCISS project, Joffe, 2012)

Excellent work has already started in Ireland, where an SLT service has been set up by the National Behaviour Support Service (NBSS) to work in secondary schools in areas considered 'at risk' of social deprivation (Murphy, 2013). With mutual understanding and flexibility from both health and education, initiatives like these can be replicated on a wider scale, even within the current set up of health and education structures. Perhaps, SLTs could be seconded to work in

the local secondary schools for one academic year, on a rotational basis if desired. Such a move would be justified by the evidence presented in this project. On the other hand, a teacher could, for instance, be released to help SLTs design a care pathway for their service that was more closely linked to the secondary school curriculum. There is a lot of potential for working collaboratively across organisations that can be exploited if the common goal of supporting adolescents with SLCN is placed at the forefront of each organisation's work in this area.

Summary of Implications for Service Providers

This section discussed the implications of this project's findings for organisations, such as health and education providers. A model was proposed whereby SLT services for the adolescent age group would become separate from other paediatric SLT services, similar to the educational setup of separate primary and secondary schools. Various advantages were highlighted, including greater flexibility to work collaboratively with schools and a greater focus on activities and participation to allow adolescents to experience success.

Ways of overcoming barriers between different organisations were discussed next, such as greater interaction and collaboration at an administrative/managerial level and increased opportunities for interdisciplinary training and development and joint delivery of interventions.

Final summary statement

This project started out by asking two research questions:

Main Research Question: What are the social, communicative and learning experiences of adolescents with SLCN, as perceived by those closest to them and by the adolescents themselves?

Secondary Research Question: How can speech and language therapists meet the needs of adolescents with SLCN holistically, with these social, communicative and learning experiences in mind?

The key findings and discussion points that answer these questions are that SLCN affect more than just the adolescent but whole networks of people in the different roles that adolescents occupy (e.g. they affect parents and siblings in the family context). Furthermore, SLCN affect more than communication alone but impact on other areas of functioning (e.g. academic social) and SLCN should be viewed as a multidimensional construct, not simply as a speech/language/communication impairment.

To meet the needs of adolescents with SLCN, SLTs and other stakeholders have to work to allow them to experience repeated success, in a way that it becomes habitual. This approach prevents the cycle of failure and negative consequences on psychological wellbeing from taking hold. Improvements to support services for adolescents with SLCN should aim to increase collaboration between all stakeholders (including adolescents themselves and parents), especially when it comes to goal setting. Good communication between service providers and service users is vital for greater service user satisfaction. Organisations providing support services should actively engage in trying to break down structural barriers that hinder collaborative efforts. A model which entails a dedicated adolescent age-group SLT service was proposed as a possible practical improvement in the structure of current services in Ireland.

The final section will highlight some of the limitations of this project and recommendations for future research.

Limitations

The previous two chapters have outlined the significance of the rich set of findings that emerged from the five studies in this project. It is important to acknowledge the limitations of the project in a number of different areas. Firstly, some reflections on the structure of the study should be made. Due to the long-term nature of the project, the author's ideas evolved over time. This evolution was due to new learning, as more up to date research was being published and information was being gained from completed parts of the project. This engagement with the literature and the data led to a deeper understanding of the area of study and adjustments in the design. Hence, with the benefit of hindsight, the question content in Study 1 would have covered areas that were not covered (e.g. addressing the impairment vs. addressing participation), rather than focusing almost exclusively on the model of service provision. Similarly, the online survey in Study 2 would have asked the adolescent participants about their learning goals (mastery vs performance) in school and other settings. A further question could have been aimed at finding out what motivates adolescents in school (e.g. a teacher who is supportive, good feedback, etc.). On the whole, it would have been preferable to follow a multi-perspective study design from the outset, as it would have allowed a better 'fit' of the type of data collected in the earlier studies.

Secondly, the structure of the project was composed of five smaller studies. Each study, taken in its own right, was relatively small in terms of the number of participants and the quantity of data collected. Generalisations from the findings of these studies need to be made cautiously, given the small number of participants. Recruitment of participants did not yield the desired number of participants in Studies 1-3 (online surveys, parent interviews). Having a greater number of participants would have been desirable to further support claims made. The challenges in recruitment also had an impact on the timeline of the studies, meaning that the final study was limited by the lack of time available (e.g. no follow-up session, if desired, would have been possible). The author believes that with the depth and diversity of data collected, the whole (i.e. combined project results) was greater than the sum of the parts (the five studies). More powerful claims can be made by considering the overall project findings than the individual study findings separately.

The *types* of data collected (quantitative and qualitative) also have implications for the types of generalisations that can be made. For instance, J. Smith et al. (2009) say that Interpretative Phenomenological Analysis (IPA) studies can make valuable contributions to theory but that these contributions have to be made cautiously, due to the idiographic nature of the data. There is an inherent recognition in IPA that each individual participant's case is unique. The fact that the

author was new to IPA may also be significant, as certain interpretations may have been missed. Further research to corroborate the claims made in this project (or indeed provide alternative or divergent views) would be welcomed. The BUS principle has not been researched in practice and it would require exposure to such testing to validate it.

Thirdly, one should keep in mind that the stakeholder groups who informed the study were related to the adolescent with SLCN in a theoretical sense and not their real life circumstances. In other words, they all had some connection to adolescents with SLCN but the adolescents in question were not the same for the stakeholder groups. For instance, the parents P1, P2 and P3 in Study 3 spoke about Mary, Andrew and Peter, while the educators in Study 4 were speaking about completely different adolescents with SLCN. Other multiple-perspectives projects have used a design centred around the same group of individuals (e.g. Cheak-Zamora, Teti, Maurer-Batjer, & Koegler, 2017; Roulstone & Lindsay, 2012). For example, Hambly (2014) interviewed a group of four school-aged children using arts-based methods and then interviewed their parents, siblings, friends, SLTs, teachers and learning support assistants. The author would have considered using this design, if recruitment of participants had not been as challenging. The differences between the two designs should be noted, as it has implications for the types of claims that can be made. In the case of the current project, claims have to be made more cautiously, as each stakeholder group was using a different adolescent/group of adolescents as their point of reference.

The personal influences of the author and possible sources of bias were outlined in Methods 1. Despite the conscious measures taken to reduce these influences, there may still have been an impact on the interpretation of data in the study. It should also be noted that no independent audit of the data analyses procedures was carried out on top of the checks carried out by the author's academic supervisor. These audits would have further strengthened the methodological rigour of the studies carried out.

Recommendations for future research

Several possible avenues could be taken in future research, directly building on the findings of this project.

Firstly, the BUS principle could be tested in empirical studies and as applied to different contexts. For example, the principle might be operationalised and hence tested with a group of adolescents with SLCN who did not achieve their desired educational outcomes (e.g. if they failed their formal examinations) and are at risk of disengaging from the educational process. If these adolescents were engaged in new activities that promote their experience of success and positive achievement, attitudinal and/or self-esteem measures before/after these interventions could show whether operationalising the BUS principle makes a difference in important areas of their lives, such as their motivation for, and engagement in learning, along with any changes in self-esteem. Both qualitative and quantiative methods could be used to to investigate such outcomes.

Additionally, to further operationalise the BUS principle, it may helpful to explore how it may be optimally and more explicitly integrated and evaluated in the collaborative working of SLTs, educators and other professionals (e.g. joint goal setting and evaluation). Related to this point is the possbility of further focused education and training for relevant stakeholders (SLTs, teachers, SNAs, parents) which could be formally evaluated in research studies. Such education might focus on increasing knowledge of typical development in adolescents, including knowledge about their language development and the potential impact of SLCN on the individual and those around them. Moreover, the BUS principle could be part of – or even underpin - this education. This type of education could serve as a health promotion initiative that may reduce the under-diagnosis of SLCNs in adolescents and better equip stakeholders for working with these adolescents. Such research could document possible changes in attitudes and perceptions, as well as stakeholders' own ideas/initiatives for meeting the needs of adolescents with SLCN more holistically.

Secondly, from a methodological viewpoint, the visual and participatory methods trialled in the study could be used in further research with adolescents who have SLCN, especially if they are backed up by other forms of data. One of the contributions of this project was to expand this type of methodological approach which makes participation in research more accessible to individuals who have SLCN. Such methods could be used to explore topics like adolescent views on therapeutic processes, educational methods and the impact of social media on their lives.

Thirdly, the network of individuals around the adolescent with SLCN could be explored in detail. For example, case studies could focus on particular networks around one individual. Alternatively, the needs of specific groups like parents of adolescents with SLCN, their siblings and even perhaps peers (as key communication partners), could be investigated to ascertain how SLCN impacts social communication and relationships or friendships. Such explorations could help to develop a broader understanding of SLCN in adolescence and its potential and personal impact on more than one individual.

Finally, additional research might evaluate service delivery models for adolescents with SLCN. A proposal made in Discussion 2 (Section 12.6.1), that of developing a dedicated service for the adolescent age group, could perhaps be trialled on a small scale, carefully incorporating some of the ideas arising from the findings in this thesis. For instance, a dedicated service could be tested in a specific SLT department where it might be easier to carry out as a pilot project before long-term structural or more pervasive changes are implemented. Furthermore, a BUS support group or special interest group could be set up to support SLTs who are trying to work in this new or different way. Alternative models of service delivery could also be explored with a view to offering comparative data about what might work best for the adolescent age group.

Hopefully, further research will continue to shed light on the needs of adolescents with SLCN and lead to innovative and practical solutions that help them to experience success. Both the benefits and challenges of implementing the BUS principle could be further elaborated, with a view to developing key stakeholders' understanding of how adopting this principle could make a difference to the lives of adolescents with SLCN.

REFERENCES

Alberts, A., Elkind, D., & Ginsberg, S. (2007). The personal fable and risk-taking in early adolescence. *Journal of Youth and Adolescence, 36*(1), 71-76.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders: DSM-IV* (Fourth ed.). Washington, DC: American Psychiatric Association.

American Psychological Association. (2002). *Developing adolescents: A reference for professionals* Retrieved from http://www.apa.org/pi/families/resources/develop.pdf

American Speech-Language-Hearing Association. (2004). Preferred practice patterns for the profession of speech-language pathology.   Retrieved 25th February, 2013, from http://www.asha.org/policy/PP2004-00191/#sec1.2.2

American Speech-Language-Hearing Association. (2007). Scope of practice in speech-language pathology.   Retrieved July 18th, 2013, from http://www.asha.org/policy/SP2007-00283/

American Speech-Language-Hearing Association. (2008). Roles and Responsibilities of Speech-Language Pathologists in Early Intervention: Position Statement.   Retrieved 25th February, 2013, from http://www.asha.org/policy/PS2008-00291/

American Speech-Language-Hearing Association. (2010). 2010 Schools Survey: SLP caseload characteristics.   Retrieved July 19th,, 2013, from http://www.asha.org/uploadedFiles/Schools10Caseload.pdf

American Speech-Language-Hearing Association. (2016). 2016 Schools survey. Survey summary report: Numbers and types of responses, SLPs.   Retrieved July 19th,, 2017, from http://www.asha.org/uploadedFiles/2016-Schools-Summary-Report.pdf

Anderson, S. A. S., Hawes, D. J., & Snow, P. (2016). Language impairments among youth offenders: A systematic review. *Children and Youth Services Review, 65*, 195-203. doi: http://dx.doi.org/10.1016/j.childyouth.2016.04.004

Armstrong, R., Arnott, W., Copland, D. A., McMahon, K., Khan, A., Najman, J. M., & Scott, J. G. (2017). Change in receptive vocabulary from childhood to adulthood: Associated mental health, education and employment outcomes. *International Journal of Language & Communication Disorders, 52*(5), 561-572.

Arnett, J. J. (1999). Adolescent storm and stress, reconsidered. *American Psychologist, 54*(5), 317.

Arnett, J. J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. New York, NY: Oxford University Press.

Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for? *Child development perspectives, 1*(2), 68-73.

Arnett, J. J. (2014). *Adolescence and emerging adulthood* (Fifth ed.). Essex, UK: Pearson.

Atkinson, J. W., & Feather, N. T. (1966). *A theory of achievement motivation*. New York, NY: Wiley

Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research, 1*(3), 385-405.

Band, S., Lindsay, G., Law, J., Soloff, N., Peacey, N., Gascoigne, M., & Radford, J. (2002). Are health and education talking to each other? Perceptions of parents of children with speech and language needs. *European Journal of Special Needs Education, 17*(3), 211-227.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory.* Englewood Cliffs, NJ: Prentice Hall.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: W. H. Freeman.

Bandura, A., Barbaranelli, C., Caprara, G. V., & Pastorelli, C. (1996). Multifaceted impact of self-efficacy beliefs on academic functioning. *Child Development, 67*(3), 1206-1222.

Banks, J., & McCoy, S. (2011). *A study on the prevalence of Special Educational Needs*. (NCSE Research Reports No. 9). Trim, Ireland: National Council for Special Education Retrieved from https://www.esri.ie/pubs/BKMNEXT198.pdf.

Barnardo's. (2017, 9th July 2017). Waiting lists affect child development. from https://www.barnardos.ie/assets/files/pdf/2017-Barnardos-Waiting-Lists-Briefing-Paper.pdf

Barr, J., McLeod, S., & Daniel, G. (2008). Siblings of Children With Speech Impairment: Cavalry on the Hill. *Language, Speech & Hearing Services in Schools, 39*(1), 21-32.

Bauminger, N., Finzi-Dottan, R., Chason, S., & Har-Even, D. (2008). Intimacy in adolescent friendship: The roles of attachment, coherence, and self-disclosure. *Journal of Social and Personal Relationships, 25*(3), 409-428.

Beck, I., McKeown, M., & Kucan, L. (2002). Bringing words to life: Robust vocabulary development. *New York: Guilford*.

Beck, I., McKeown, M., & Kucan, L. (2008). *Creating robust vocabulary: Frequently asked questions and extended examples*. New York, NY: Guilford Press.

Belsky, J., Ruttle, P. L., Boyce, W. T., Armstrong, J. M., & Essex, M. J. (2015). Early adversity, elevated stress physiology, accelerated sexual maturation, and poor health in females. *Developmental Psychology, 51*(6), 816-822.

Benedict, R. (1935). *Patterns of culture*. London: Routledge.

Benson, S. E. (2009). Understanding literate language: Developmental and clinical issues. *Contemporary Issues in Communication Science & Disorders, 36*, 174-178.

Bercow, J. (2008). The Bercow report: a review of services for children and young people (0-19) with speech, language and communication needs. Nottingham: Department for children, schools and families (DCSF).

Berk, L. E., & Meyers, A. B. (2016). *Infants, children and adolescents* (Eighth ed.). Boston, MA: Pearson.

Berman, R. A., & Nir, B. (2010). The language of expository discourse across adolescence: Development and disorders. In M. A. Nippold & C. M. Scott (Eds.), *Expository discourse in children, adolescents, and adults: Development and disorders* (pp. 99-121). New York, NY: Psychology Press/Taylor & Francis.

Bishop, D. V. (2003). *The Children's Communication Checklist - 2*. London, UK: The Psychological Corporation.

Bishop, D. V. (2014). Ten questions about terminology for children with unexplained language problems. *International Journal of Language & Communication Disorders, 49*(4), 381-415.

Bishop, D. V., Snowling, M. J., Thompson, P. A., Greenhalgh, T., & Catalise-consortium. (2016). CATALISE: A Multinational and Multidisciplinary Delphi Consensus Study. Identifying Language Impairments in Children. *PLoS One, 11*(7), e0158753. doi: 10.1371/journal.pone.0158753

Bishop, D. V., Snowling, M. J., Thompson, P. A., Greenhalgh, T., & Catalise-consortium. (2017). Phase 2 of CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development: Terminology. *Journal of Child Psychology and Psychiatry*. doi: 10.1111/jcpp.12721

Blood, G. W., & Blood, I. M. (2004). Bullying in adolescents who stutter: Communicative competence and self-esteem. *Contemporary Issues in Communication Science and Disorders, 31*, 69-79.

Blood, G. W., & Blood, I. M. (2007). Preliminary study of self-reported experience of physical aggression and bullying of boys who stutter: Relation to increased anxiety. *Perceptual and Motor Skills, 104*(3_suppl), 1060-1066.

Body, R. (2009). *Ethics in speech and language therapy*. Chichester, UK: John Wiley & Sons.

Borovsky, A., Burns, E., Elman, J. L., & Evans, J. L. (2013). Lexical activation during sentence comprehension in adolescents with history of Specific Language Impairment. *Journal of Communication Disorders, 46*(5), 413-427. doi: https://doi.org/10.1016/j.jcomdis.2013.09.001

Botting, N., & Conti-Ramsden, G. (2008). The role of language, social cognition, and social skill in the functional social outcomes of young adolescents with and without a history of SLI. *British Journal of Developmental Psychology, 26*(2), 281-300.

Botting, N., Durkin, K., Toseeb, U., Pickles, A., & Conti-Ramsden, G. (2016). Emotional health, support, and self-efficacy in young adults with a history of language impairment. *British Journal of Developmental Psychology, 34*(4), 538-554.

Bowlby, J. (2005). *A secure base : Clinical applications of attachment theory*. London, UK: Routledge.

Braun, V., & Clarke, V. (2006). Using Thematic Analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi: 10.1191/1478088706qp063oa

Bricker-Katz, G., Lincoln, M., & Cumming, S. (2013). Stuttering and work life: An interpretative phenomenological analysis. *Journal of Fluency Disorders, 38*(4), 342-355.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nurture reconceptualized in developmental perspective: a bioecological model. *Psychol Rev, 101*(4), 568-586.

Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In R. M. Lerner (Ed.), *Handbook of child psychology* (6th ed., pp. 793-828). Hoboken, NJ: John Wiley & Sons.

Broomfield, J., & Dodd, B. (2004). Children with speech and language disability: Caseload characteristics. *International Journal of Language & Communication Disorders, 39*(3), 303-324.

Brown, B. B., & Larson, J. (2009). Peer relationships in adolescence. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology* (Third ed., pp. 74-103). Hoboken, NJ: John Wiley & Sons.

Brown, K., Worrall, L. E., Davidson, B., & Howe, T. (2012). Living successfully with aphasia: A qualitative meta-analysis of the perspectives of individuals with aphasia, family members, and speech-language pathologists. *International Journal of Speech-Language Pathology, 14*(2), 141-155.

Brownlie, E. B., Graham, E., Bao, L., Koyama, E., & Beitchman, J. H. (2017). Language disorder and retrospectively reported sexual abuse of girls: severity and disclosure. *Journal of Child Psychology and Psychiatry*(Early view article). doi: 10.1111/jcpp.12723

Bryan, K., Freer, J., & Furlong, C. (2007). Language and communication difficulties in juvenile offenders. *International Journal of Language & Communication Disorders, 42*(5), 505-520.

Bryan, K., Garvani, G., Gregory, J., & Kilner, K. (2015). Language difficulties and criminal justice: The need for earlier identification. *International Journal of Language & Communication Disorders, 50*(6), 763-775.

Buchanan, C. M., & Hughes, J. L. (2009). Construction of social reality during early adolescence: Can expecting storm and stress increase real or perceived storm and stress? *Journal of Research on Adolescence, 19*(2), 261-285.

Caprara, G. V., Steca, P., Gerbino, M., Paciello, M., & Vecchio, G. M. (2006). Looking for adolescents' well-being: Self-efficacy beliefs as determinants of positive thinking and happiness. *Epidemiology and Psychiatric Sciences, 15*(1), 30-43.

Caprara, G. V., Vecchione, M., Alessandri, G., Gerbino, M., & Barbaranelli, C. (2011). The contribution of personality traits and self-efficacy beliefs to academic achievement: A longitudinal study. *British Journal of Educational Psychology, 81*(1), 78-96.

Carey, M. P., & Forsyth, A. D. (2017). Teaching tip sheet: Self-Efficacy.   Retrieved August 31st, 2017, from http://www.apa.org/pi/aids/resources/education/self-efficacy.aspx

Carroll, C. (2010). "It's not everyday that parents get a chance to talk like this": Exploring parents' perceptions and expectations of speech-language pathology services for children with intellectual disability. *International Journal of Speech-Language Pathology, 12*(4), 352-361.

Carroll, C., & Dockrell, J. (2010). Leaving special school: Post-16 outcomes for young adults with specific language impairment. *European Journal of Special Needs Education, 25*(2), 131-147. doi: 10.1080/08856251003658660

Carroll, C., & Dockrell, J. (2012). Enablers and challenges of post-16 education and employment outcomes: The perspectives of young adults with a history of SLI. *International Journal of Language & Communication Disorders, 47*(5), 567-577.

Casey, B., Jones, R. M., & Somerville, L. H. (2011). Braking and accelerating of the adolescent brain. *Journal of Research on Adolescence, 21*(1), 21-33.

Catts, H. W., & Kamhi, A. G. (2017). Prologue: Reading comprehension is not a single ability. *Language, speech, and hearing services in schools, 48*(2), 73-76.

Cénat, J. M., Hébert, M., Blais, M., Lavoie, F., Guerrier, M., & Derivois, D. (2014). Cyberbullying, psychological distress and self-esteem among youth in Quebec schools. *Journal of Affective Disorders, 169*, 7-9.

Central Statistics Office. (2017). *Marriages and civil partnerships: 2016*. Cork, Ireland: Central Statistics Office Retrieved from http://pdf.cso.ie/www/pdf/20170413100607_Marriages_and_Civil_Partnerships_2016_summary.pdf.

Chan, Y.-L., & Marinellie, S. A. (2008). Definitions of idioms in preadolescents, adolescents, and adults. *Journal of Psycholinguistic Research, 37*(1), 1-20.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative research*. London: Sage.

Cheak-Zamora, N. C., Teti, M., Maurer-Batjer, A., & Koegler, E. (2017). Exploration and Comparison of Adolescents With Autism Spectrum Disorder and Their Caregiver's Perspectives on Transitioning to Adult Health Care and Adulthood. *Journal of Pediatric Psychology*, jsx075.

Children's Communication Coalition. (2010). Engaging for their futures and our society: Improving the life chances of children with speech, language and communication needs. London: RCSLT.

Christie, D., & Viner, R. (2005). Adolescent development. *British Medical Journal, 330*(7486), 301-304. doi: 10.1136/bmj.330.7486.301

Cicognani, E. (2011). Coping strategies with minor stressors in adolescence: Relationships with social support, self-efficacy, and psychological well-being. *Journal of Applied Social Psychology, 41*(3), 559-578.

Clegg, J., Ansorge, L., Stackhouse, J., & Donlan, C. (2012). Developmental Communication Impairments in Adults: Outcomes and Life Experiences of Adults and Their Parents. *Language, Speech & Hearing Services in Schools, 43*(4), 521-535. doi: 10.1044/0161-1461(2012/11-0068)

Clegg, J., Hollis, C., Mawhood, L., & Rutter, M. (2005). Developmental language disorders– A follow-up in later adult life. Cognitive, language and psychosocial outcomes. *Journal of Child Psychology & Psychiatry, 46*(2), 128-149. doi: 10.1111/j.1469-7610.2004.00342.x

Coad, J., & Hambly, H. (2011). Listening to children with speech, language and communication needs using arts-based methods. In S. Roulstone & S. McLeod (Eds.), *Listening to young people with speech, language and communication needs* (pp. 131-141). London: J&R Press.

Code, C., & Heron, C. (2003). Services for aphasia, other acquired adult neurogenic communication and swallowing disorders in the United Kingdom, 2000. *Disability & Rehabilitation, 25*(21), 1231-1237.

Cohen, N. J., Farnia, F., & Im-Bolter, N. (2013). Higher order language competence and adolescent mental health. *Journal of Child Psychology and Psychiatry, 54*(7), 733-744.

Coleman, J. (2011). *The nature of adolescence* (4th ed.). East Sussex, UK: Routledge.

Conroy, P., & Noone, S. (2014). *The Case of Speech and Language Therapy*. Dublin, Ireland: Inclusion Ireland Retrieved from http://www.inclusionireland.ie/sites/default/files/attach/article/1158/thecaseofspeechandlanguagetherapy1.pdf.

Conti-Ramsden, G., Bishop, D. V., Clark, B., Norbury, C. F., & Snowling, M. J. (2014). Specific Language Impairment (SLI): The internet RALLI campaign to raise awareness of SLI. *Psychology of Language and Communication, 18*(2), 143.

Conti-Ramsden, G., & Botting, N. (1999a). Characteristics of children attending language units in England: A national study of 7-year-olds. . *International Journal of Language and Communication Disorders, 34*, 359-366.

Conti-Ramsden, G., & Botting, N. (1999b). Classification of children with specific language impairment: Longitudinal considerations. *Journal of Speech, Language and Hearing Research, 42*, 1195-1204.

Conti-Ramsden, G., & Botting, N. (2004). Social difficulties and victimization in children with SLI at 11 years of age. *Journal of Speech, Language, and Hearing Research, 47*(1), 145-161.

Conti-Ramsden, G., Botting, N., & Durkin, K. (2008). Parental perspectives during the transition to adulthood of adolescents with a history of Specific Language Impairment (SLI). *Journal of Speech, Language & Hearing Research, 51*(1), 84-96.

Conti-Ramsden, G., & Durkin, K. (2012). Postschool Educational and Employment Experiences of Young People With Specific Language Impairment. *Language, Speech & Hearing Services in Schools, 43*(4), 507-520. doi: 10.1044/0161-1461(2012/11-0067)

Conti-Ramsden, G., & Durkin, K. (2016). Language impairment and adolescent outcomes. In K. Durkin & H. R. Schaffer (Eds.), *The Wiley handbook of developmental psychology in practice: Implementation and impact* (pp. 407-439). West Sussex, UK: Wiley-Blackwell.

Conti-Ramsden, G., Durkin, K., Mok, P. L., Toseeb, U., & Botting, N. (2016). Health, employment and relationships: Correlates of personal wellbeing in young adults with and without a history of childhood language impairment. *Social Science & Medicine, 160*, 20-28.

Conti-Ramsden, G., Durkin, K., Simkin, Z., & Knox, E. (2009). Specific language impairment and school outcomes. I: Identifying and explaining variability at the end of compulsory education. *International Journal of Language & Communication Disorders, 44*(1), 15-35. doi: 10.1080/13682820801921601

Conti-Ramsden, G., Mok, P. L., Pickles, A., & Durkin, K. (2013). Adolescents with a history of specific language impairment (SLI): Strengths and difficulties in social, emotional and behavioral functioning. *Research in Developmental Disabilities, 34*(11), 4161-4169.

Conti-Ramsden, G., & Botting, N. (2008). Emotional health in adolescents with and without a history of specific language impairment (SLI). *Journal of Child Psychology and Psychiatry, 49*(5), 516-525.

Copfer, S., & Specht, J. (2014). Measuring effective teacher preparation for inclusion. In Chris
Forlin & Tim Loreman (Eds.), *Measuring Inclusive Education* (Vol. 3, pp. 93-113). Bingley,
UK: Emerald Group Publishing Limited.

CORU. (2017). What is CORU? Retrieved August 1st,, 2017, from
https://www.coru.ie/en/about_us/what_is_coru

Cotterell, J. (2007). *Social networks in youth and adolescence* (Second ed.). London, UK:
Routledge.

Currie, C., Ahluwalia, N., Godeau, E., Gabhainn, S. N., Due, P., & Currie, D. B. (2012). Is obesity at
individual and national level associated with lower age at menarche? Evidence from 34
countries in the health behaviour in School-aged Children Study. *Journal of adolescent
health, 50*(6), 621-626.

Dakanalis, A., Carrà, G., Calogero, R., Fida, R., Clerici, M., Zanetti, M. A., & Riva, G. (2015). The
developmental effects of media-ideal internalization and self-objectification processes on
adolescents' negative body-feelings, dietary restraint, and binge eating. *European Child &
Adolescent Psychiatry, 24*(8), 997-1010.

Darnon, C., Dompnier, B., & Marijn Poortvliet, P. (2012). Achievement goals in educational
contexts: A social psychology perspective. *Social and Personality Psychology Compass,
6*(10), 760-771.

Davis, K. (2012). Friendship 2.0: Adolescents' experiences of belonging and self-disclosure online.
Journal of Adolescence, 35(6), 1527-1536.

De-la-Iglesia, M., & Olivar, J.-S. (2015). Risk factors for depression in children and adolescents with
high functioning autism spectrum disorders. *The Scientific World Journal, 2015*.

De Barra, C. (2017, 5th June). 'The Leaving Cert is a valuable life lesson. If you want something,
you need to work hard to get it', *TheJournal.ie*. Retrieved from
http://www.thejournal.ie/readme/the-leaving-cert-is-a-valuable-life-lesson-if-you-want-
something-you-need-to-work-hard-to-get-it-3420757-Jun2017/

Dempsey, L., & Skarakis-Doyle, E. (2010). Developmental language impairment through the lens of
the ICF: An integrated account of children's functioning. *Journal of Communication
Disorders, 43*(5), 424-437.

Deparment of Education and Science. (2004). *A brief description of the Irish educational system*.
Dublin: Communications Unit, Deparment of Education and Science Retrieved from
https://www.education.ie/en/Publications/Education-Reports/A-Brief-Description-of-the-
Irish-Education-System.pdf.

Department for Education. (2017). *Special Educational Needs in England: January 2017*. (SFR
37/2017). London, UK: Department for Education Retrieved from
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/633031
/SFR37_2017_Main_Text.pdf.

Department for Education, & Department for Health. (2011a). *Families in the foundation years:
Evidence Pack*. Retrieved from
https://www.education.gov.uk/publications/eOrderingDownload/DFE-00214-2011.pdf.

Department for Education, & Department for Health. (2011b). *Supporting families in the
foundation years*. UK: Retrieved from

http://media.education.gov.uk/assets/files/pdf/s/supporting%20families%20in%20the%20foundation%20years.pdf.

Department for Education and Science. (2005). *Organisation of teaching resources for pupils who need additional support in mainstream primary schools*. (Circular SP ED 02/05). Dublin: Department of Education and Science.

Department of Education and Skills. (2014). *The Special Needs Assistant (SNA) scheme to support teachers in meeting the care needs of some children with special educational needs, arising from a disability DES Circular 0030/2014*. Ireland: Department of Education and Skills Retrieved from http://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0030_2014.pdf.

Department of Education and Skills. (2015). *Ireland 2016 centenary programme for the education sector DES Circular 0047/2015*. Dublin: Department of Education and Skills Retrieved from https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/Ireland-2016-Centenary-Programme-for-the-Education-Sector.pdf.

Department of Education and Skills. (2017a). Better outcomes for children with special educational needs is the key goal of new model – Minister Bruton [Press release]. Retrieved from https://www.education.ie/en/Press-Events/Press-Releases/2017-Press-Releases/PR2017-01-18.html

Department of Education and Skills. (2017b). *Special Education Teaching Allocation*. (Circular No 0014/2017). Athlone, Ireland: Department of Education and Skills. Retrieved from http://www.sess.ie/sites/default/files/inline-files/cl0014_2017.pdf.

Department of Justice, Equality and Law Reform. (2001). *Children Act*. Dublin: The Stationery Office.

Dijkstra, J. K., Cillessen, A. H., & Borch, C. (2013). Popularity and adolescent friendship networks: Selection and influence dynamics. *Developmental Psychology, 49*(7), 1242.

Diseth, Å. (2011). Self-efficacy, goal orientations and learning strategies as mediators between preceding and subsequent academic achievement. *Learning and Individual Differences, 21*(2), 191-195.

Dockrell, J., & Lindsay, G. (2001). Children with specific speech and language difficulties—The teachers' perspective. *Oxford Review of Education, 27*(3), 369-394.

Dockrell, J., Lindsay, G., & Palikara, O. (2011). Explaining the academic achievement at school leaving for pupils with a history of language impairment: Previous academic achievement and literacy skills. *Child Language Teaching and Therapy, 27*(2), 223-237.

Dockrell, J., Lindsay, G., & Ricketts, J. (2012). *Understanding speech, language and communication needs: Profiles of need and provision*. London, UK: Department for Education. Research Report RR247-BCRP-4. Retrieved from https://www.bettercommunication.org.uk/BCRP/DFE-RR247-BCRP4.pdf.

Dockrell, J., Ricketts, J., & Lindsay, G. (2012). Understanding speech, language and communication needs: Profiles of need and provision (2012).

Donnelly, K. (2017, 15th August). Leaving Cert assessment must change - university head, *Irish Independent*. Retrieved from http://www.independent.ie/irish-news/education/leaving-cert-assessment-must-change-university-head-36032920.html

Doornwaard, S. M., Ter Bogt, T. F., Reitz, E., & Van Den Eijnden, R. J. (2015). Sex-related online behaviors, perceived peer norms and adolescents' experience with sexual behavior: testing an integrative model. *PLoS One, 10*(6), e0127787. doi: https://doi.org/10.1371/journal.pone.0127787

Dunn, M., & White, V. (2011). The epidemiology of anabolic–androgenic steroid use among Australian secondary school students. *Journal of Science and Medicine in Sport, 14*(1), 10-14.

Durkin, K., & Conti-Ramsden, G. (2010). Young people with specific language impairment: A review of social and emotional functioning in adolescence. *Child Language Teaching and Therapy, 26*(2), 105-121.

Durkin, K., Conti-Ramsden, G., & Simkin, Z. (2012). Functional outcomes of adolescents with a history of specific language impairment (SLI) with and without autistic symptomatology. *Journal of Autism and Developmental Disorders, 42*(1), 123-138.

Durkin, K., & Conti-Ramsden, G. (2007). Language, social behavior, and the quality of friendships in adolescents with and without a history of specific language impairment. *Child Development, 78*(5), 1441-1457.

Durkin, K., Mok, P. L., & Conti-Ramsden, G. (2015). Core subjects at the end of primary school: Identifying and explaining relative strengths of children with specific language impairment (SLI). *International Journal of Language & Communication Disorders, 50*(2), 226-240.

Durkin, K., Simkin, Z., Knox, E., & Conti-Ramsden, G. (2009). Specific language impairment and school outcomes. II: Educational context, student satisfaction, and post-compulsory progress. *International Journal of Language & Communication Disorders, 44*(1), 36-55. doi: 10.1080/13682820801921510

Durkin, K., Toseeb, U., Botting, N., Pickles, A., & Conti-Ramsden, G. (2017). Social confidence in early adulthood among young people with and without a history of language impairment. *Journal of Speech, Language, and Hearing Research, 60*(6), 1635-1647.

Durrleman, S., & Delage, H. (2016). Autism spectrum disorder and specific language impairment: overlaps in syntactic profiles. *Language Acquisition, 23*(4), 361-386.

Duthie, J. K., Nippold, M. A., Billow, J. L., & Mansfield, T. C. (2008). Mental imagery of concrete proverbs: A developmental study of children, adolescents, and adults. *Applied Psycholinguistics, 29*(1), 151-173.

Dweck, C. S. (1986). Motivational processes affecting learning. *American Psychologist, 41*(10), 1040-1018.

Dweck, C. S. (2000). *Self-theories: Their role in motivation, personality, and development*. New York, NY: Psychology Press.

Ebbels, S. H. (2007). Teaching grammar to school-aged children with specific language impairment using shape coding. *Child Language Teaching and Therapy, 23*(1), 67-93.

Ebbels, S. H., Marić, N., Murphy, A., & Turner, G. (2014). Improving comprehension in adolescents with severe receptive language impairments: A randomized control trial of intervention for coordinating conjunctions. *International Journal of Language & Communication Disorders, 49*(1), 30-48.

Ebbels, S. H., Nicoll, H., Clark, B., Eachus, B., Gallagher, A. L., Horniman, K., . . . Turner, G. (2012). Effectiveness of semantic therapy for word-finding difficulties in pupils with persistent language impairments: A randomized control trial. *International Journal of Language & Communication Disorders, 47*(1), 35-51. doi: 10.1111/j.1460-6984.2011.00073.x

Edwards, L. (2012). *The Expectations and Experiences of the Speech and Language Therapy Service in Stroke Rehabilitation: The Perspective of the Spouse.* (BSc (Hons)), Cardiff Metropolitan University, Cardiff. Retrieved from http://hdl.handle.net/10369/4449

Ehren, B. J. (2009). Response-to-Intervention: SLPs as linchpins in Secondary Schools. *ASHA Leader, 14*(6), 10-13.

Elbro, C., Dalby, M., & Maarbjerg, S. (2011). Language-learning impairments: A 30-year follow-up of language-impaired children with and without psychiatric, neurological and cognitive difficulties. *International Journal of Language & Communication Disorders, 46*(4), 437-448.

Elkind, D. (1967). Egocentrism in adolescence. *Child Dev, 38*(4), 1025-1034.

Erikson, E. H. (1950). *Childhood and society.* New York, NY: Norton.

Erikson, E. H. (1968). *Identity, youth and crisis*. New York, NY: Norton.

Fallon, K. A., Katz, L. A., & Carlberg, R. (2015). Balanced Intervention for Adolescents and Adults with Language Impairment: A Clinical Framework. *Semin Speech Lang, 36*(01), 05-16.

Fang, Z. (2008). Going beyond the fab five: Helping students cope with the unique linguistic challenges of expository reading in intermediate grades. *Journal of Adolescent & Adult Literacy, 51*(6), 476-487.

Ferguson, M., & Spence, W. (2012). Towards a definition: what does 'health promotion' mean to speech and language therapists? *International Journal of Language & Communication Disorders, 47*(5), 522.

Fetters, M. D., Curry, L. A., & Creswell, J. W. (2013). Achieving Integration in Mixed Methods Designs-Principles and Practices. *Health Services Research, 48*(6pt2), 2134-2156. doi: 10.1111/1475-6773.12117

Finlay, L. (2011). *Phenomenology for therapists: Researching the lived world*. Chichester, UK: John Wiley & Sons.

Finley, V. B. (2012). *Parental involvement in speech-language intervention.* (BA), The University of Southern Mississippi, Mississippi.

Fourie, R., Crowley, N., & Oliviera, A. (2011). A Qualitative Exploration of Therapeutic Relationships from the Perspective of Six Children Receiving Speech-Language Therapy. *Topics in Language Disorders October/December, 31*(4), 310-324.

Freud, A. (1968). Adolescence. In A. E. Winder & D. Angus (Eds.), *Adolescence: Contemporary studies* (pp. 5-10). New York: American Book.

Freud, A. (1969). Adolescence as a developmental disturbance. In G. Caplan & S. Lebovici (Eds.), *Adolescence: Psychosocial perspectives* (pp. 5-10). New York: Basic Books.

Froiland, J. M., & Davison, M. L. (2014). Parental expectations and school relationships as contributors to adolescents' positive outcomes. *Social Psychology of Education, 17*(1), 1-17.

Fujiki, M., & Brinton, B. (2015). Social communication assessment and intervention for children with language impairment. In D. Hwa-Froelich (Ed.), *Social Communication Development and Disorders* (pp. 220-251). Sussex, UK: Psychology Press.

Fujiki, M., Brinton, B., & Clarke, D. (2002). Emotion regulation in children with specific language impairment. *Language, speech, and hearing services in schools, 33*(2), 102-111.

Fujiki, M., Brinton, B., Morgan, M., & Hart, C. H. (1999). Withdrawn and sociable behavior of children with language impairment. *Language, speech, and hearing services in schools, 30*(2), 183-195.

Fuligni, A. J., & Hardway, C. (2006). Daily variation in adolescents' sleep, activities, and psychological well-being. *Journal of Research on Adolescence, 16*(3), 353-378.

Gascoigne, M. (2006). *Supporting children with speech, language and communication needs within integrated children's services*. London, UK: Royal College of Speech and Language Therapists Retrieved from http://www.rcslt.org/docs/free-pub/Supporting_children-website.pdf.

Gascoigne, M. (2008). Change for children with language and communication needs: Creating sustainable integrated services. *Child Language Teaching and Therapy, 24*(2), 133-154.

Ghaznavi, J., & Taylor, L. D. (2015). Bones, body parts, and sex appeal: An analysis of# thinspiration images on popular social media. *Body Image, 14*, 54-61.

Gillison, F., Standage, M., & Skevington, S. (2008). Changes in quality of life and psychological need satisfaction following the transition to secondary school. *British Journal of Educational Psychology, 78*(1), 149-162.

Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of phenomenological psychology, 28*(2), 235-260.

Glogowska, M. (2011). Paradigms, pragmatism and possibilities: mixed-methods research in speech and language therapy. *International Journal of Language & Communication Disorders, 46*(3), 251-260. doi: 10.3109/13682822.2010.507614

Goldman, S. R. (2012). Adolescent literacy: Learning and understanding content. *The Future of Children, 22*(2), 89-116.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology & Psychiatry, 38*, 581-586.

Graham, S. (2011). Self-efficacy and academic listening. *Journal of English for Academic Purposes, 10*(2), 113-117.

Gregory, J., & Bryan, K. (2011). Speech and language therapy intervention with a group of persistent and prolific young offenders in a non-custodial setting with previously undiagnosed speech, language and communication difficulties. *International Journal of Language & Communication Disorders, 46*(2), 202-215.

Hafen, C. A., Laursen, B., Burk, W. J., Kerr, M., & Stattin, H. (2011). Homophily in stable and unstable adolescent friendships: Similarity breeds constancy. *Personality and Individual Differences, 51*(5), 607-612.

Hall, G. S. (1904). *Adolescence* (Vol. 1 & 2). New York: Appleton.

Hambly, H. (2014). *Children's, parents', peers' and professionals' experiences of language impairment:A multi-perspective study to identify psychosocial goals for intervention.* (PhD), University of West England, Bristol. Retrieved from http://eprints.uwe.ac.uk/23120/

Harper, D. (Ed.) (2017) Online etymology dictionary. online.

Hartas, D. (2004). Teacher and speech-language therapist collaboration: Being equal and achieving a common goal? *Child Language Teaching and Therapy, 20*(1), 33-54.

Hartman, S., Li, Z., Nettle, D., & Belsky, J. (2017). *External-environmental and internal-health early-life predictors of adolescent development.* Retrieved from http://www.danielnettle.org.uk/download/151.pdf

Hartshorne, M. (2011) Speech, Language and Communication in Secondary Aged Pupils. *I CAN Talk Series - Issue 10*. London: I CAN.

Hartup, W. W., & Stevens, N. (1999). Friendships and adaptation across the life span. *Current directions in psychological science, 8*(3), 76-79.

Hayes, N., Keegan, S., & Goulding, E. (2013). *Evaluation of the speech and language therapy service of Tallaght West Childhood Development Initiative*. Dublin, Ireland: Childhood Development Initiative.

Henefer, J., & Rodgers, A. (2013). 'FRIENDS for Life': A School-based Positive Mental Health Programme. Research Project Overview and Findings Navan, Ireland: National Behaviour Support Service.

Henry, F. M., Reed, V. A., & McAllister, L. L. (1995). Adolescents' perceptions of the relative importance of selected communication skills in their positive peer relationships. *Lang Speech Hear Serv Sch, 26*(July), 263-272.

Hill, V., Croydon, A., Greathead, S., Kenny, L., Yates, R., & Pellicano, E. (2016). Research methods for children with multiple needs: Developing techniques to facilitate all children and young people to have 'a voice'. *Educational & Child Psychology, 33*(3), 26-43.

Hilton, K., Jones, F., Harmon, S., & Cropper, J. (2013). Adolescents' Experiences of Receiving and Living With Sequential Cochlear Implants: An Interpretative Phenomenological Analysis. *Journal of Deaf Studies & Deaf Education, 18*(4), 513-531.

Hollands, K., van Kraayenoord, C. E., & McMahon, S. (2005). Support to adolescents experiencing language difficulties: A survey of speech-language pathologists. *International Journal of Speech-Language Pathology, 7*(3), 113-129. doi: doi:10.1080/14417040500125251

Hollenstein, T., & Lougheed, J. P. (2013). Beyond storm and stress: Typicality, transactions, timing, and temperament to account for adolescent change. *American Psychologist, 68*(6), 444-454.

Hopkins, T., Clegg, J., & Stackhouse, J. (2017). Examining the association between language, expository discourse and offending behaviour: An investigation of direction, strength and independence. *International Journal of Language & Communication Disorders*.

Hughes, S. (2014). Bullying: What Speech-Language Pathologists should know. *Language, speech, and hearing services in schools, 45*(1), 3-13.

Humphrey, N., & Symes, W. (2010). Perceptions of social support and experience of bullying among pupils with autistic spectrum disorders in mainstream secondary schools. *European Journal of Special Needs Education, 25*(1), 77-91. doi: 10.1080/08856250903450855

Inhelder, B., & Piaget, J. (1958). *The growth of logical thinking from childhood to adolescence : an essay on the construction of formal operational structures* (A. Parsons & S. Milgram, Trans.). London: Routledge & Kegan Paul.

Ireland. (1937). *Bunreacht na hÉireann - Constitution of Ireland*. Dublin Oifig an tSoláthair Retrieved from http://www.irishstatutebook.ie/eli/cons/en/html.

Irish Association of Speech and Language Therapists. (2006). History of speech and language therapy education in the Republic of Ireland.   Retrieved July 19th,, 2013, from http://www.iaslt.ie/about/index.php

Irish Association of Speech and Language Therapists. (2016). IASLT Scope of practice, 2016. http://www.iaslt.ie/newFront/membership/Documents/MemberDocuments/IASLT_Polici es/IASLT_Scope_of_Practice_2016_Final_Version.pdf

Irish Association of Speech and Language Therapists. (2017). *Supporting Children with Developmental Language Disorder in Ireland: Position paper and guidance document* Retrieved from http://www.iaslt.ie/attachments/DLD%20Position%20Paper%20FINAL%2023MAY2017.pd f

Jack, J.-L. (2016). *Parent experiences and coping processes when raising children with Asperger syndrome: Challenges, turning points and building resilience.* (PhD Thesis), Victoria University of Wellington, Wellington. Retrieved from http://hdl.handle.net/10063/4990

Jeffers, G. (2011). The Transition Year programme in Ireland. Embracing and resisting a curriculum innovation. *The Curriculum Journal, 22*(1), 61-76. doi: 10.1080/09585176.2011.550788

Jerome, A. C., Fujiki, M., Brinton, B., & James, S. L. (2002). Self-esteem in children with specific language impairment. *Journal of Speech, Language, and Hearing Research, 45*(4), 700.

Joffe, V. L. (2012). Enhancing language and communication in children with SLCN through narrative and vocabulary enrichment: Applying and extending the literature. from http://www.lsbu.ac.uk/ahs/downloads/psych/ELCISSinterventionsouthbank2012.pdf

Joffe, V. L. (2015). An International Perspective: Supporting Adolescents with Speech, Language, and Communication Needs in the United Kingdom. *Semin Speech Lang, 36*(01), 74-86.

Joffe, V. L., & Black, E. (2012). Social, emotional, and behavioral functioning of Secondary School Students with low academic and language performance: Perspectives from students, teachers, and parents. *Language, Speech & Hearing Services in Schools, 43*(4), 461-473. doi: 10.1044/0161-1461(2012/11-0088)

Johnson, C. J., Beitchman, J. H., & Brownlie, E. (2010). Twenty-year follow-up of children with and without speech-language impairments: Family, educational, occupational, and quality of life outcomes. *American Journal of Speech-Language Pathology, 19*(1), 51-65.

Johnson, C. J., Beitchman, J. H., Young, A., Escobar, M., Atkinson, L., Wilson, B., . . . Lam, I. (1999). Fourteen-year follow-up of children with and without speech/language impairments: Speech/language stability and outcomes. *Journal of Speech, Language, and Hearing Research, 42*(3), 744-760.

Jose, P. E., Ryan, N., & Pryor, J. (2012). Does social connectedness promote a greater sense of well-being in adolescence over time? *Journal of Research on Adolescence, 22*(2), 235-251.

Kamhi, A. G., & Catts, H. W. (2017). Epilogue: Reading Comprehension Is Not a Single Ability— Implications for Assessment and Instruction. *Language, speech, and hearing services in schools, 48*(2), 104-107.

Karasinski, C. (2013). Behavior problems and social functioning in adolescents with Language Impairment. *SIG 1 Perspectives on Language Learning and Education, 20*(2), 36-43.

Karasinski, C., & Weismer, S. E. (2010). Comprehension of inferences in discourse processing by adolescents with and without language impairment. *Journal of Speech, Language, and Hearing Research, 53*(5), 1268-1279.

Kaye, A. (2011). The bridge between the world of the disabled and the world of the fully functioning. In S. Roulstone & S. McLeod (Eds.), *Listening to children and young people with speech, language and communication needs* (pp. 7-9). London, UK: J&R Press.

Kenny, U., O'Malley-Keighran, M.-P., Molcho, M., & Kelly, C. (2016). Peer influences on adolescent body image. *Journal of Adolescent Research*. doi: 10.1177/0743558416665478

Kenny, U., Sullivan, L., Callaghan, M., Molcho, M., & Kelly, C. (2017). The relationship between cyberbullying and friendship dynamics on adolescent body dissatisfaction: A cross-sectional study. *Journal of Health Psychology*. doi: DOI: 10.1177/1359105316684939

Kerins, P., Casserly, A. M., Deacy, E., Harvey, D., McDonagh, D., & Tiernan, B. (2017). The professional development needs of special needs assistants in Irish post-primary schools. *European Journal of Special Needs Education*, 1-16. doi: 10.1080/08856257.2017.1297572

Kim, S., Colwell, S. R., Kata, A., Boyle, M. H., & Georgiades, K. (2017). Cyberbullying victimization and adolescent mental health: Evidence of differential effects by sex and mental health problem type. *Journal of Youth and Adolescence*, 1-12.

Kinchin, I. M., Hay, D. B., & Adams, A. (2000). How a qualitative approach to concept map analysis can be used to aid learning by illustrating patterns of conceptual development. *Educational Research, 42*(1), 43-57.

Knox, E., & Conti-Ramsden, G. (2007). Bullying in young people with a history of specific language impairment (SLI). *Educational and Child Psychology, 24*(4), 130.

Kovarsky, D., Kimbarow, M., & Kastner, D. (1999). The construction of incompetence during group therapy with traumatically brain injured adults. In D. Kovarsky, J. Duchan & M. Maxwell (Eds.), *Constructing (In)Competence: Disabling evaluations in clinical and social interaction* (pp. 291-312). Mahway, NJ: LEA Publishers.

Kuhn, D. (2009). Adolescent Thinking. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology* (Third ed., pp. 152-186). Hoboken, NJ: John Wiley & Sons.

Lally, C. (2017, June 23rd). Dublin teens in three-day queue for €188 Kanye West trainers, online, *The Irish Times*. Retrieved from https://www.irishtimes.com/news/consumer/dublin-teens-in-three-day-queue-for-188-kanye-west-trainers-1.3131520

Larson, R. W., Wilson, S., & Rickman, A. (2009). Globalization, societal change, and adolescence across the world. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology* (3rd ed., pp. 590-622). Hoboken, NJ: John Wiley & Sons.

Larson, V. L., & McKinley, N. L. (2003). Service Delivery Options for Secondary Students with Language Disorders. *Semin Speech Lang, 24*(03), 181-198. doi: 10.1055/s-2003-42824

Larson, V. L., McKinley, N. L., & Boley, D. (1993). Service Delivery Models for Adolescents With Language Disorders. *Lang Speech Hear Serv Sch, 24*(1), 36-42.

Laviola, G., & Marco, E. M. (2011). Passing the knife edge in adolescence: Brain pruning and specification of individual lines of development. *Neuroscience & Biobehavioral Reviews, 35*(8), 1631-1633.

Law, J., Lindsay, G., Peacey, N., Gascoigne, M., Soloff, N., Radford, J., & Band, S. (2002). Consultation as a model for providing speech and language therapy in schools: a panacea or one step too far? *Child Language Teaching and Therapy, 18*(2), 145-163.

Law, J., Reilly, S., & Snow, P. (2013). Child speech, language and communication need re-examined in a public health context: a new direction for the speech and language therapy profession. *International Journal of Language & Communication Disorders, 48*(5), 486-496.

Law, J., Rush, R., Schoon, I., & Parsons, S. (2009). Modeling developmental language difficulties from school entry into adulthood: Literacy, mental health, and employment outcomes. *Journal of Speech, Language, and Hearing Research, 52*(6), 1401-1416.

Leahy, M., & Dodd, B. (2002). Why should secondary schools come second? *RCSLT Bulletin*(601), 11-13.

Leahy, M., O'Dwyer, M., & Ryan, F. (2012). Witnessing stories: Definitional Ceremonies in Narrative Therapy with adults who stutter. *Journal of Fluency Disorders, 37*(4), 234-241.

Lee, C., & Shin, N. (2017). Prevalence of cyberbullying and predictors of cyberbullying perpetration among Korean adolescents. *Computers in Human Behavior, 68*, 352-358.

Lennenberg, E. H. (1967). *Biological foundations of language*. New York: Wiley.

Lewis, B. A., Patton, E., Freebairn, L., Tag, J., Iyengar, S. K., Stein, C. M., & Taylor, H. G. (2016). Psychosocial co-morbidities in adolescents and adults with histories of communication disorders. *Journal of Communication Disorders, 61*, 60-70. doi: http://dx.doi.org/10.1016/j.jcomdis.2016.03.004

Liebenberg, L. (2017). Editor's Introduction (Special Issue): Understanding Meaningful Engagement of Youth in Research and Dissemination of Findings. *International Journal of Qualitative Methods, 16*, 1-3.

Lindsay, G., & Dockrell, J. (2002). Editorial: Meeting the needs of children with speech language and communication needs: A critical perspective on inclusion and collaboration. *Child Language Teaching and Therapy, 18*(2), 91-101. doi: 10.1191/0265659002ct229ed

Lindsay, G., Dockrell, J., Letchford, B., & Mackie, C. (2002). Self esteem of children with specific speech and language difficulties. *Child Language Teaching and Therapy, 18*(2), 125-143.

Lindsay, G., Dockrell, J., & Palikara, O. (2010). Self-esteem of adolescents with specific language impairment as they move from compulsory education. *International Journal of Language & Communication Disorders, 45*(5), 561-571.

Lindsay, G., & Dockrell, J. E. (2012). Longitudinal patterns of behavioral, emotional, and social difficulties and self-concepts in adolescents with a history of Specific Language Impairment. *Language, Speech & Hearing Services in Schools, 43*(4), 445-460. doi: 10.1044/0161-1461(2012/11-0069)

Lindsay, G., Dockrell, J. E., & Mackie, C. (2008). Vulnerability to bullying in children with a history of specific speech and language difficulties. *European Journal of Special Needs Education, 23*(1), 1-16.

Lindsay, G., Dockrell, J. E., & Strand, S. (2007). Longitudinal patterns of behaviour problems in children with specific speech and language difficulties: Child and contextual factors. *British Journal of Educational Psychology, 77*(4), 811-828.

Lindsay, G., & Strand, S. (2016). Children with Language Impairment: Prevalence, associated difficulties, and ethnic disproportionality in an English population. *Frontiers in Education, 1*(2).

Lowe, H., & Joffe, V. (2017). Exploring the feasibility of a classroom-based vocabulary intervention for mainstream secondary school students with language disorder. *Support for Learning, 32*(2), 110-128.

Madon, S., Willard, J., Guyll, M., Trudeau, L., & Spoth, R. (2006). Self-fulfilling prophecy effects of mothers' beliefs on children's alcohol use: Accumulation, dissipation, and stability over time. *Journal of personality and social psychology, 90*(6), 911-926.

Maggio, V., Grañana, N. E., Richaudeau, A., Torres, S., Giannotti, A., & Suburo, A. M. (2014). Behavior problems in children with specific language impairment. *Journal of Child Neurology, 29*(2), 194-202.

Mahony, C. (2016). *Assessing teachers' attitudes towards inclusive education within an urban school district in Ireland.* (Higher Diploma in Arts in Psychology), Dublin Business School, Dublin, Ireland. Retrieved from http://hdl.handle.net/10788/3155

Maier, S. F., & Seligman, M. E. (1976). Learned helplessness: Theory and evidence. *Journal of experimental psychology: general, 105*(1), 3-45.

Makk, S. (2017, September 18th). [Number of speech and language therapists registered with CORU - Personal Communication].

Malcolm, A., & Myers, L. (2001). Challenges and opportunities for speech and language therapists in secondary schools. *International Journal of Language & Communication Disorders, 36*, 481.

Martin, R. A. (2007). *The psychology of humor: An integrative approach*. Burlington, MA: Academic Press.

Maslow, A. H. (1968). *Toward a psychology of being* (2nd ed.). New York, NY: Van Nostrand Reinhold.

Maslow, A. H. (1970). *Motivation and personality* (2nd ed.). New York, NY: Harper & Row.

Mathers, M., Canterford, L., Olds, T., Hesketh, K., Ridley, K., & Wake, M. (2009). Electronic media use and adolescent health and well-being: Cross-sectional community study. *Academic Pediatrics, 9*(5), 307-314.

Mathrick, R., Meagher, T., & Norbury, C. F. (2017). Evaluation of an interview skills training package for adolescents with speech, language and communication needs. *International Journal of Language & Communication Disorders*.

McAllister, L., Pickstone, C., & Body, R. (2009). Paediatric speech and language disorders. In R. Body & L. McAllister (Eds.), *Ethics in speech and language therapy*. Sussex, UK: Wiley.

McCool, S., & Stevens, I. C. (2011). Identifying speech, language and communication needs among children and young people in residential care. *International Journal of Language & Communication Disorders, 46*(6), 665-674.

McCurtin, A., & Carter, B. (2015). 'We don't have recipes; we just have loads of ingredients': explanations of evidence and clinical decision making by speech and language therapists. *Journal Of Evaluation In Clinical Practice, 21*(6), 1142-1150.

McElhaney, K. B., Allen, J. P., Stephenson, J. C., & Hare, A. L. (2009). Attachment and autonomy during adolescence. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology* (Third ed., pp. 358-403). Hoboken, NJ: John Wiley & Sons.

McGregor, K. K., Oleson, J., Bahnsen, A., & Duff, D. (2013). Children with developmental language impairment have vocabulary deficits characterized by limited breadth and depth. *International Journal of Language & Communication Disorders, 48*(3), 307-319. doi: 10.1111/1460-6984.12008

McKean, C., Law, J., Laing, K., Cockerill, M., Allon-Smith, J., McCartney, E., & Forbes, J. (2017). A qualitative case study in the social capital of co-professional collaborative co-practice for children with speech, language and communication needs. *International Journal of Language & Communication Disorders, 52*(4), 514-527.

McLeod, S. (2011). Listening to young people with speech, language and communication needs: Who, how and why? In S. Roulstone & S. McLeod (Eds.), *Listening to young people with speech, language and communication needs* (pp. 23-40). London: J&R Press.

McLeod, S., & McKinnon, D. H. (2007). Prevalence of communication disorders compared with other learning needs in 14,500 primary and secondary school students. *International Journal of Language & Communication Disorders, 42 Suppl 1*, 37-59.

McLeod, S., & McKinnon, D. H. (2010). Support required for primary and secondary students with communication disorders and/or other learning needs. *Child Language Teaching & Therapy, 26*(2), 123-143. doi: 10.1177/0265659010368754

McMahon, A. (2017, 7th June). The Leaving Cert is absurd and unfair but we are obsessed with it, *The Irish Times*. Retrieved from https://www.irishtimes.com/opinion/the-leaving-cert-is-absurd-and-unfair-but-we-are-obsessed-with-it-1.3109366

Mead, M. (1977). *Coming of age in Samoa : A study of adolescence and sex in primitive societies*. Harmondsworth, UK: Penguin. (1928)

Meschi, E., Micklewright, J., Vignoles, A., & Lindsay, G. (2012). *The transitions between categories of special educational needs of pupils with Speech, Language and Communication Needs (SLCN) and Autism Spectrum Disorder (ASD) as they progress through the education system*. (Research Report DFE-RR247-BCRP11). London, UK: Department for Education.

Miao, M., Power, E., & O'Halloran, R. (2015). Factors affecting speech pathologists' implementation of stroke management guidelines: a Thematic Analysis. *Disability & Rehabilitation, 37*(8), 674-685.

Mok, P. L., Pickles, A., Durkin, K., & Conti-Ramsden, G. (2014). Longitudinal trajectories of peer relations in children with specific language impairment. *Journal of Child Psychology and Psychiatry, 55*(5), 516-527.

Morris, D. H., Jones, M. E., Schoemaker, M. J., Ashworth, A., & Swerdlow, A. J. (2011). Secular trends in age at menarche in women in the UK born 1908–93: Results from the Breakthrough Generations Study. *Paediatric and Perinatal Epidemiology, 25*(4), 394-400.

Moyson, T., & Roeyers, H. (2011). The quality of life of siblings of children with Autism Spectrum Disorder. *Exceptional Children, 78*(1), 41-55.

Murphy, A. (2013, October). *An Emerging Role for SLT: Working with Adolescents with Challenging Behaviours in Mainstream Secondary Schools*. Presentation at the Mental Health Special Interest Group Study Day, Dublin.

Murphy, A., Franklin, S., Breen, A., Hanlon, M., McNamara, A., Bogue, A., & James, E. (2016). A whole class teaching approach to improve the vocabulary skills of adolescents attending mainstream secondary school, in areas of socioeconomic disadvantage. *Child Language Teaching and Therapy, 33*(2), 129-144. doi: 10.1177/0265659016656906

Myers, L., Davies-Jones, C., Chiat, S., Joffe, V., & Botting, N. (2011). 'A place where I can be me': A role for social and leisure provision to support young people with language impairment. *International Journal of Language & Communication Disorders, 46*(6), 739-750.

Narvaez, D., Gleason, T., Mitchell, C., & Bentley, J. (1999). Moral theme comprehension in children. *Journal of Educational Psychology, 91*(3), 477-487.

National Council for Curriculum and Assessment. (2009). *Senior Cycle: Key skills framework* Retrieved from http://www.curriculumonline.ie/getmedia/161b0ee4-706c-4a7a-9f5e-7c95669c629f/KS_Framework.pdf

National Council for Curriculum and Assessment. (2012). *Key skills of Junior Cycle* Retrieved from http://juniorcycle.ie/NCCA_JuniorCycle/media/NCCA/Documents/Framework-for-Junior-Cycle-2015-2.pdf

National Council for Special Education. (2013). *Supporting students with special educational needs in schools*. (NCSE Policy Advice Paper No.4). Trim, Ireland: National Council for Special Education Retrieved from http://ncse.ie/wp-content/uploads/2014/09/Supporting_14_05_13_web.pdf.

National Council for Special Education. (2014). *Delivery for students with special educational needs: A better and more equitable way.* Trim, Ireland: National Council for Special Education Retrieved from http://ncse.ie/wp-content/uploads/2014/09/Allocating_resources_1_5_14_Web_accessible_version_FINAL.pdf.

Neumark-Sztainer, D., Cafri, G., & Wall, M. (2007). Steroid use among adolescents: longitudinal findings from Project EAT. *Pediatrics, 119*(3), 476-486.

Nippold, M. A. (1993). Developmental markers in adolescent language: Syntax, semantics, and pragmatics. *Language, speech, and hearing services in schools, 24*(1), 21-28.

Nippold, M. A. (2006). Language development in school-age children, adolescents, and adults. In K. Brown (Ed.), *Encyclopedia of language and linguistics* (Second ed., pp. 368-372). Oxford, UK: Elsevier.

Nippold, M. A. (2009). School-age children talk about chess: Does knowledge drive syntactic complexity? *Journal of Speech, Language, and Hearing Research, 52*(4), 856-871.

Nippold, M. A. (2010). It's NOT too late to help adolescents succeed in school. *Lang Speech Hear Serv Sch, 41*(2), 137-138.

Nippold, M. A. (2014a). Language intervention at the middle school: Complex talk reflects complex thought. *Language, speech, and hearing services in schools, 45*(2), 153-156.

Nippold, M. A. (2014b). *Language sampling with adolescents: Implications for intervention* (Second ed.). San Diego, CA: Plural Publishing.

Nippold, M. A. (2016a). Language disorders in adolescents: Current needs and future directions. *Seminars in Speech and Language, 37*(04), 274-279.

Nippold, M. A. (2016b). *Later language development: School-age children, adolescents and young adults* (Fourth ed.). Austin, Texas: Pro-Ed.

Nippold, M. A. (2017). Reading Comprehension Deficits in Adolescents: Addressing Underlying Language Abilities. *Language, Speech & Hearing Services in Schools, 48*(2), 125-131.

Nippold, M. A., Frantz-Kaspar, M. W., Cramond, P. M., Kirk, C., Hayward-Mayhew, C., & MacKinnon, M. (2014). Conversational and narrative speaking in adolescents: Examining the use of complex syntax. *Journal of Speech, Language, and Hearing Research, 57*(3), 876-886.

Nippold, M. A., Hegel, S. L., Sohlberg, M. M., & Schwarz, I. E. (1999). Defining Abstract Entities: Development in Pre-Adolescents, Adolescents, and Young Adults. *J Speech Lang Hear Res, 42*(2), 473-481.

Nippold, M. A., Hesketh, L. J., Duthie, J. K., & Mansfield, T. C. (2005). Conversational versus expository discourse: a study of syntactic development in children, adolescents, and adults. *J Speech Lang Hear Res, 48*(5), 1048-1064.

Nippold, M. A., Mansfield, T. C., & Billow, J. L. (2007). Peer conflict explanations in children, adolescents, and adults: Examining the development of complex syntax. *American Journal of Speech-Language Pathology, 16*(2), 179-188.

Nippold, M. A., Mansfield, T. C., Billow, J. L., & Tomblin, B. J. (2009). Syntactic Development in Adolescents With a History of Language Impairments: A Follow-Up Investigation. *American Journal of Speech-Language Pathology, 18*(3), 241-251. doi: 10.1044/1058-0360(2008/08-0022)

Nippold, M. A., & Sun, L. (2008). Knowledge of morphologically complex words: A developmental study of older children and young adolescents. *Language, speech, and hearing services in schools, 39*(3), 365-373.

O'Cathain, A. (2009). Editorial: Mixed methods research in the health sciences: A quiet revolution. *Journal of Mixed Methods Research, 3*(1), 3-6. doi: 10.1177/1558689808326272

O'Cathain, A., Murphy, E., & Nicholl, J. (2007). Why, and how, mixed methods research is undertaken in health services research in England: a mixed methods study. *BMC Health Services Research, 7*, 85.

O'Cathain, A., Murphy, E., & Nicholl, J. (2008). The quality of mixed methods studies in health services research. *Journal of Health Services Research and Policy, 13*(2), 92-98.

O'Cathain, A., Murphy, E., & Nicholl, J. (2010). RESEARCH METHODS & REPORTING: Three techniques for integrating data in mixed methods studies. *BMJ: British Medical Journal (Overseas & Retired Doctors Edition), 341*(7783), 1147-1150. doi: 10.1136/bmj.c5487

O'Cathain, A., Nicholl, J., & Murphy, E. (2009). Structural issues affecting mixed methods studies in health research: a qualitative study. *BMC Medical Research Methodology, 9*, 82-89.

O'Kane, C. (2008). The development of participatory techniques: Facilitating children's views about decisions which affect them. In P. Christensen & A. James (Eds.), *Research with children: Perspectives and practices* (2nd ed., pp. 125-155). London: Routledge.

O'Reilly, E. (2012, February 7th). Health services and the law - some reflections. Address by Ombudsman & Information Commissioner at Medico-Legal Society of Ireland. Retrieved from http://www.ombudsman.gov.ie/en/News/Speeches-Articles/2012/Health-Services-and-the-Law-Some-Reflections.html

O'Toole, C., & Hickey, T. M. (2013). Diagnosing language impairment in bilinguals: Professional experience and perception. *Child Language Teaching & Therapy, 29*(1), 91.

Osgood, D. W., Ragan, D. T., Wallace, L., Gest, S. D., Feinberg, M. E., & Moody, J. (2013). Peers and the emergence of alcohol use: Influence and selection processes in adolescent friendship networks. *Journal of Research on Adolescence, 23*(3), 500-512.

Palermiti, A. L., Servidio, R., Bartolo, M. G., & Costabile, A. (2017). Cyberbullying and self-esteem: An Italian study. *Computers in Human Behavior, 69*, 136-141.

Palikara, O., Dockrell, J. E., & Lindsay, G. (2011). Patterns of change in the reading decoding and comprehension performance of adolescents with specific language impairment (SLI). *Learning Disabilities: a contemporary journal, 9*(2), 89-105.

Palikara, O., Lindsay, G., & Dockrell, J. E. (2009). Voices of young people with a history of specific language impairment (SLI) in the first year of post-16 education. *International Journal of Language & Communication Disorders, 44*(1), 56-78.

Pálsdóttir, K. (2009). *Parents experience when their child is diagnosed with hearing loss* (MSc), University of Gothenburg, Sweden.

Pattiselanno, K., Dijkstra, J. K., Steglich, C., Vollebergh, W., & Veenstra, R. (2015). Structure matters: The role of clique hierarchy in the relationship between adolescent social status and aggression and prosociality. *Journal of Youth and Adolescence, 44*(12), 2257-2274.

Paul, R., & Norbury, C. F. (2012). *Language disorders from infancy through adolescence: Listening, speaking, reading, writing and communicating* (4th ed.). St. Louis, MO: Elsevier.

Petersen, I. T., Bates, J. E., D'Onofrio, B. M., Coyne, C. A., Lansford, J. E., Dodge, K. A., . . . Van Hulle, C. A. (2013). Language ability predicts the development of behavior problems in children. *Journal of Abnormal Psychology, 122*(2), 542.

Pring, T., Flood, E., Dodd, B., & Joffe, V. (2012). The working practices and clinical experiences of paediatric speech and language therapists: a national UK survey. *International Journal of Language & Communication Disorders, 47*(6), 696-708.

Pringle, J., Drummond, J., McLafferty, E., & Hendry, C. (2011). Interpretative phenomenological analysis: a discussion and critique. *Nurse Researcher, 18*(3), 20-24.

Raffaelli, M., & Duckett, E. (1989). "We were just talking...": Conversations in early adolescence. *Journal of Youth and Adolescence, 18*, 567-582.

Ramsbotham, D. J. (2011). A duty to Listen. In S. Roulstone & S. McLeod (Eds.), *Listening to young people with speech, language and communication needs* (pp. 3-4). London: J&R Press.

Raskin, J. D. (2008). The evolution of constructivism. *Journal of Constructivist Psychology, 21*(1), 1-24. doi: 10.1080/10720530701734331

Redmond, S. M. (2011). Peer victimization among students with specific language impairment, attention-deficit/hyperactivity disorder, and typical development. *Language, speech, and hearing services in schools, 42*(4), 520-535.

Reed, V. A. (2005). *An introduction to children with language disorders* (3rd ed.). Boston, MA: Allyn & Bacon.

Reed, V. A., Hoffman, L., Agee, P., Aier, D., Freeman, L., Caskey, K., & Wilkerson, D. (2013, November). *Adolescents With Language Impairment: Improving Their Services by Fostering Novice SLPs' Resilience to Workplace Enculturation*. Presentation at the American Speech-Language-Hearing Association Convention, Chicago, IL.

Reed, V. A., Patchell, F. C., Coggins, T. E., & Hand, L. S. (2007). Informativeness of the spoken narratives of younger and older adolescents with specific language impairment and their counterparts with normal language. *Clinical Linguistics & Phonetics, 21*(11/12), 953.

Reilly, S., Tomblin, B., Law, J., McKean, C., Mensah, F. K., Morgan, A., . . . Wake, M. (2014). Specific language impairment: a convenient label for whom? *International Journal of Language and Communication Disorders, 49*(4), 416-451. doi: 10.1111/1460-6984.12102

Rice, M. L., & Hoffman, L. (2015). Predicting vocabulary growth in children with and without specific language impairment: A longitudinal study from 2; 6 to 21 years of age. *Journal of Speech, Language, and Hearing Research, 58*(2), 345-359.

Riches, N. G., Loucas, T., Baird, G., Charman, T., & Simonoff, E. (2010). Sentence repetition in adolescents with specific language impairments and autism: An investigation of complex syntax. *International Journal of Language & Communication Disorders, 45*(1), 47-60.

Ricketts, J., Sperring, R., & Nation, K. (2014). Educational attainment in poor comprehenders. *Frontiers in psychology, 5*.

Rodger, S., & Mandich, A. (2005). Getting the run around: accessing services for children with developmental co-ordination disorder. *Child: care, health and development, 31*(4), 449-457.

Rose, R., & O'Neill, A. (2008). The changing roles of teaching assistants in England and special needs assistants in Ireland: A comparison. *REACH: Journal of Special Needs Education in Ireland, 22*(1), 48-58.

Rose, R., Shevlin, M., Winter, E., O'Raw, P., & Zhao, Y. (2012). Individual Education Plans in the Republic of Ireland: an emerging system. *British Journal of Special Education, 39*(3), 110-116.

Roulstone, S., Coad, J., Ayre, A., Hambly, H., & Lindsay, G. (2012). *The preferred outcomes of children with speech, language and communication needs and their parents*. London: Department for Education D*f*E Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/219625/DFE-RR247-BCRP12.pdf.

Roulstone, S., Law, J., Rush, R., Clegg, J., & Peters, T. (2011). Investigating the role of language in children's early educational outcomes (Department for Education, Trans.) (Vol. Research Report DFE-RR134). Bristol: University of West England.

Roulstone, S., & Lindsay, G. (2012). *The perspectives of children and young people who have speech, language and communication needs, and their parents*. London: Department for Education D*f*E Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/219633/DFE-RR247-BCRP7.pdf.

Roulstone, S., Marshall, J. E., Powell, G. G., Goldbart, J., Wren, Y. E., Coad, J., . . . Coad, R. A. (2015). Evidence-based intervention for preschool children with primary speech and language impairments: Child Talk - an exploratory mixed-methods studyProgramme Grants for Applied Research (No. 3.5. ed.). Southampton (UK): Programme Grants for Applied Research. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/26312364. doi: 10.3310/pgfar03050

Roulstone, S., Wren, Y., Bakopoulou, I., Goodlad, S., & Lindsay, G. (2012). *Exploring interventions for children and young people with speech, language and communication needs: A study of practice*. London: Department for Education D*f*E Retrieved from http://dera.ioe.ac.uk/16328/1/DFE-RR247-BCRP13.pdf.

Royal College of Speech and Language Therapists. (2006). *Communicating Quality 3*. London: RCSLT.

Ruzek, E. A., Hafen, C. A., Allen, J. P., Gregory, A., Mikami, A. Y., & Pianta, R. C. (2016). How teacher emotional support motivates students: The mediating roles of perceived peer relatedness, autonomy support, and competence. *Learning and instruction, 42*, 95-103. doi: 10.1016/j.learninstruc.2016.01.004

Saad, C., & Polovoy, C. (2009). Differences or Disorders? *The ASHA Leader, 14*(6), 24-25. doi: 10.1044/leader.FTR7.14062009.24

Saczynski, J. S., McManus, D. D., & Goldberg, R. J. (2013). Commonly utilized data collection approaches in clinical research. *The American journal of medicine, 126*(11), 10.1016/j.amjmed.2013.1004.1016. doi: 10.1016/j.amjmed.2013.04.016

Sage, R. (2006). Communicating with students who have learning and behaviour difficulties. *Emotional and Behavioural Difficulties, 10*(4), 281-297. doi: 10.1177/1363275205059000

Salami, S. O. (2010). Emotional intelligence, self-efficacy, psychological well-being and students attitudes: Implications for quality education. *European Journal of Educational Studies, 2*(3), 247-257.

Salmon, N. (2013). 'We just stick together': How disabled teens negotiate stigma to create lasting friendship. *Journal of Intellectual Disability Research, 57*(4), 347-358.

Salomon, I. P. (2017). *The selfie generation: Examining the relationship between social media use and early adolescent body image.* (Master of Science), University of Kentucky, Lexington, KY. Retrieved from http://uknowledge.uky.edu/psychology_etds/112

Sanford, S., & Eder, D. (1984). Adolescent humor during peer interaction. *Social Psychology Quarterly*, 235-243.

Sawyerr, A., & Bagley, C. (2017). England's Sure Start Pre-School Child Care Centres: Public Policy, Progress and Political Change. *Open Journal of Political Science, 7*, 116-132.

Schoon, I., Parsons, S., Rush, R., & Law, J. (2010). Children's Language Ability and Psychosocial Development: A 29-Year Follow-up Study. *Pediatrics, 126*(1), e73-e80. doi: 10.1542/peds.2009-3282

Schunk, D. H. (2012). *Learning theories: An educational perspective* (6th ed.). Boston, MA: Pearson.

Schunk, D. H., Meece, J. R., & Pintrich, P. R. (2012). *Motivation in education: Theory, research, and applications* (4th ed.). Essex, UK: Pearson Higher Ed.

Scott, C. M. (2004). Syntactic ability in children and adolescents. In R. A. Berman (Ed.), *Language development across childhood and adolescence: Trends in language acquisition research* (pp. 111-133). Amsterdam: John Benjamins Publishing Company.

Scott, C. M. (2005). Learning to write. In H. Catts & A. Kamhi (Eds.), *Language and reading disabilities* (2nd ed., pp. 233-273). Boston, MA: Allyn & Bacon.

Selfhout, M., Burk, W., Branje, S., Denissen, J., Van Aken, M., & Meeus, W. (2010). Emerging late adolescent friendship networks and Big Five personality traits: A social network approach. *Journal of Personality, 78*(2), 509-538.

Sells, D. J., Stayner, D. A., & Davidson, L. (2004). Recovering the self in schizophrenia: an integrative review of qualitative studies. *The Psychiatric Quarterly, 75*(1), 87-97.

Senko, C., Hulleman, C. S., & Harackiewicz, J. M. (2011). Achievement goal theory at the crossroads: Old controversies, current challenges, and new directions. *Educational Psychologist, 46*(1), 26-47.

Smith, A., & Anderson, M. (2016). 5 facts about online dating. *FACTANK: News in the Numbers.* Retrieved 1st August, 2017

Smith, J. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and health, 11*(2), 261-271.

Smith, J. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review, 5*(1), 9-27.

Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, UK: SAGE.

Smith, M. M. (2015). Adolescence and AAC: Intervention Challenges and Possible Solutions. *Communication Disorders Quarterly, 36*(2), 112-118. doi: 10.1177/1525740114539001

Snow, P., & Powell, M. (2008). Oral language competence, social skills and high-risk boys: What are juvenile offenders trying to tell us? *Children & Society, 22*(1), 16-28.

Snow, P., & Powell, M. (2011). Oral language competence in incarcerated young offenders: Links with offending severity. *International Journal of Speech-Language Pathology, 13*(6), 480-489.

Snow, P., Powell, M., & Sanger, D. (2012). Oral Language Competence, Young Speakers, and the Law. *Language, Speech & Hearing Services in Schools, 43*(4), 496-506. doi: 10.1044/0161-1461(2012/11-0065)

Snow, P., Sanger, D., Caire, L., Eadie, P., & Dinslage, T. (2015). Improving communication outcomes for young offenders: A proposed response to intervention framework. *International Journal of Language & Communication Disorders, 50*(1), 1-13.

Snowling, M., Adams, J. W., Bishop, D. V., & Stothard, S. E. (2001). Educational attainments of school leavers with a preschool history of speech-language impairments. *Int J Lang Commun Disord, 36*(2), 173-183.

Snowling, M., Bishop, D., Stothard, S. E., Chipchase, B., & Kaplan, C. (2006). Psychosocial outcomes at 15 years of children with a preschool history of speech-language impairment. *Journal of Child Psychology and Psychiatry, 47*(8), 759-765.

Snowling, M., Bishop, D. V. M., & Stothard, S. E. (2000). Is Preschool Language Impairment a Risk Factor for Dyslexia in Adolescence? *The Journal of Child Psychology and Psychiatry and Allied Disciplines, 41*(5), 587-600.

Spencer, S., Clegg, J., Lowe, H., & Stackhouse, J. (2017). Increasing adolescents' depth of understanding of cross-curriculum words: an intervention study. *International Journal of Language & Communication Disorders*.

Spencer, S., Clegg, J., & Stackhouse, J. (2012). Language and disadvantage: a comparison of the language abilities of adolescents from two different socioeconomic areas. *International Journal of Language & Communication Disorders, 47*(3), 274-284.

Spencer, S., Clegg, J., & Stackhouse, J. (2013). Language, social class and education: Listening to adolescents' perceptions. *Language and Education, 27*(2), 129-143.

Spencer, S., Clegg, J., Stackhouse, J., & Rush, R. (2017). Contribution of spoken language and socio-economic background to adolescents' educational achievement at age 16 years. *International Journal of Language & Communication Disorders, 52*(2), 184-196.

Spens, E. (2013). Examining the role of Special Needs Assistants in Mainstream Post-Primary Schools. *REACH: Journal of Special Needs Education in Ireland, 26*(2), 104-117.

SpunOut. (2012, 2015, April 22nd). Body image in the media: There is no such thing as the perfect body. Retrieved August 25th, 2017, from http://spunout.ie/health/article/body-image-in-the-media?gclid=EAIaIQobChMIlPGF44jy1QIVLrvtCh2-rQXXEAAYASAAEgLYx_D_BwE

St Clair, M. C., Pickles, A., Durkin, K., & Conti-Ramsden, G. (2011). A longitudinal study of behavioral, emotional and social difficulties in individuals with a history of specific language impairment (SLI). *Journal of Communication Disorders, 44*(2), 186-199.

Starling, J., Munro, N., Togher, L., & Arciuli, J. (2011). Recognising language impairment in secondary school student populations. *Australian Journal of Learning Difficulties, 16*(2), 145-158. doi: 10.1080/19404158.2011.586712

Starling, J., Munro, N., Togher, L., & Arciuli, J. (2012). Training Secondary School Teachers in Instructional Language Modification Techniques to Support Adolescents With Language Impairment: A Randomized Controlled Trial. *Language, Speech & Hearing Services in Schools, 43*(4), 474-495. doi: 10.1044/0161-1461(2012/11-0066

Steinberg, L. (2008). A social neuroscience perspective on adolescent risk-taking. *Developmental Review, 28*(1), 78-106.

Steinberg, L. (2010). A dual systems model of adolescent risk-taking. *Developmental Psychobiology, 52*(3), 216-224.

Steinberg, L. (2017). *Adolescence* (11th ed.). New York, NY: McGraw-Hill.

Stuart, N. J., & van der Lely, H. (2015). Role of aspect in understanding tense: an investigation with adolescents with SLI. *International Journal of Language & Communication Disorders, 50*(2), 187-201. doi: 10.1111/1460-6984.12125

Subrahmanyam, K., & Greenfield, P. (2008). Online communication and adolescent relationships. *The Future of Children, 18*(1), 119-146.

Sun, L., & Nippold, M. A. (2012). Narrative writing in children and adolescents: Examining the literate lexicon. *Language, speech, and hearing services in schools, 43*(1), 2-13.

Tanti, C., Stukas, A. A., Halloran, M. J., & Foddy, M. (2011). Social identity change: shifts in social identity during adolescence. *Journal of Adolescence, 34*(3), 555-567. doi: 10.1016/j.adolescence.2010.05.012

Tarrant, M., North, A. C., Edridge, M. D., Kirk, L. E., Smith, E. A., & Turner, R. E. (2001). Social identity in adolescence. *Journal of Adolescence, 24*(5), 597-609. doi: 10.1006/jado.2000.0392

Tatershall, S. (2002). *Adolescents with language and learning needs: A shoulder to shoulder approach*. Albany, NY: Singular-Thomson Learning.

The Economic and Social Research Institute, & Trinity College Dublin. (2017). Growing up in Ireland: National longitudinal study of children. from http://www.esri.ie/growing-up-in-ireland/

The National Autistic Society. (2017). Telling your child about their diagnosis. Retrieved July, 2017, from http://www.autism.org.uk/about/diagnosis/children/recently-diagnosed.aspx

Therapy Project Office - HSE. (2008). Speech and language therapy competencies. http://www.iaslt.ie/newFront/membership/Documents/MemberDocuments/Academic%20and%20Clinical%20training%20of%20SLTs/TPO%20Therapy%20Project%20Office%20Summary.pdf

Tiggemann, M., & Slater, A. (2013). NetGirls: The Internet, Facebook, and body image concern in adolescent girls. *International Journal of Eating Disorders, 46*(6), 630-633.

Törnqvist, M. C., Thulin, S., Segnestam, Y., & Horowitz, L. (2008). Adult people with Language Impairment and their life situation. *Communication Disorders Quarterly, 30*(4), 237-254. doi: 10.1177/1525740108326034

Toseeb, U., Pickles, A., Durkin, K., Botting, N., & Conti-Ramsden, G. (2017). Prosociality from early adolescence to young adulthood: A longitudinal study of individuals with a history of language impairment. *Research in Developmental Disabilities, 62*, 148-159.

Tuckett, A. G. (2005). Applying Thematic Analysis theory to practice: a researcher's experience. *Contemporary nurse, 19*(1-2), 75-87.

Ukrainetz, T. A. (2015). Improving Text Comprehension: Scaffolding Adolescents into Strategic Reading. *Seminars in Speech & Language, 36*(1), 17-30.

United Nations. (1989). *Convention on the Rights of the Child*. New York: United Nations General Assembly Retrieved from http://www.childrensrights.ie/sites/default/files/submissions_reports/files/UNCRCEnglish_0.pdf.

Van Ryzin, M. J., Gravely, A. A., & Roseth, C. J. (2009). Autonomy, belongingness, and engagement in school as contributors to adolescent psychological well-being. *Journal of Youth and Adolescence, 38*(1), 1-12.

Vance, M., & Clegg, J. (2010). Editorial: Research and practice in the language and communication needs of adolescents in secondary education. *Child Language Teaching & Therapy, 26*(2), 101-103.

Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *The Lancet, 379*(9826), 1641-1652.

Vinson, B. P. (2007). *Language disorders across the lifespan: An introduction* (2nd ed.). San Diego, CA: Singular Publishing Group.

Vîslă, A., Constantino, M. J., Newkirk, K., Ogrodniczuk, J. S., & Söchting, I. (2016). The relation between outcome expectation, therapeutic alliance, and outcome among depressed patients in group cognitive-behavioral therapy. *Psychotherapy Research*, 1-11.

Voci, S. C., Beitchman, J. H., Brownlie, E., & Wilson, B. (2006). Social anxiety in late adolescence: The importance of early childhood language impairment. *Journal of Anxiety Disorders, 20*(7), 915-930.

Vygotsky, L. (1978). Interaction between learning and development *Mind in Society*. Cambridge, MA: Harvard University Press.

Wadman, R., Durkin, K., & Conti-Ramsden, G. (2008). Self-esteem, shyness, and sociability in adolescents with specific language impairment (SLI). *Journal of Speech, Language, and Hearing Research, 51*(4), 938-952.

Wadman, R., Durkin, K., & Conti-Ramsden, G. (2011). Close Relationships in Adolescents With and Without a History of Specific Language Impairment. *Language, Speech & Hearing Services in Schools, 42*(1), 41-51.

Wagner, R. K., Puranik, C. S., Foorman, B., Foster, E., Wilson, L. G., Tschinkel, E., & Kantor, P. T. (2011). Modeling the development of written language. *Reading and writing, 24*(2), 203-220.

Walker, C. M., & Lombrozo, T. (2017). Explaining the moral of the story. *Cognition, 167*, 266-281.

Wallach, G. P. (2008). *Language intervention for school-aged students: Setting goals for academic success*. St. Louis, MO: Mosby Elsevier.

Wang, M.-T., & Degol, J. L. (2016). School climate: A review of the construct, measurement, and impact on student outcomes. *Educational Psychology Review, 28*(2), 315-352.

Wang, M.-T., & Sheikh-Khalil, S. (2014). Does parental involvement matter for student achievement and mental health in high school? *Child Development, 85*(2), 610-625.

Weimer, B. L., Kerns, K. A., & Oldenburg, C. M. (2004). Adolescents' interactions with a best friend: Associations with attachment style. *Journal of Experimental Child Psychology, 88*(1), 102-120. doi: http://dx.doi.org/10.1016/j.jecp.2004.01.003

Weingarten, L. B. (2012). *The experiences of women who stammer.* (Doctoral Thesis), University of East London. Retrieved from http://roar.uel.ac.uk/3029/1/2012_DClinPsych_Weingarten.pdf

Westby, C. (2005). Assessing and facilitating text comprehension problems. In H. Catts & A. Kamhi (Eds.), *Language and reading disabilities* (2nd ed., pp. 157-232). Boston, MA: Allyn & Bacon.

Westby, C., & Washington, K. N. (2017). Using the International Classification of Functioning, Disability and Health in assessment and intervention of school-aged children with language impairments. *Language, Speech & Hearing Services in Schools, 48*(3), 137-152.

Wetherell, D., Botting, N., & Conti-Ramsden, G. (2007). Narrative in adolescent specific language impairment (SLI): a comparison with peers across two different narrative genres. *International Journal of Language & Communication Disorders, 42*(5), 583-605.

Wheeler, M. (2003). Getting started: Introducing your child to his or her diagnosis of Autism or Asperger Syndrome. *The Reporter, 9*(1), 1-5. https://www.iidc.indiana.edu/index.php?pageId=362.

Whitehouse, A. J. O., Line, E. A., Watt, H. J., & Bishop, D. V. M. (2009). Qualitative aspects of developmental language impairment relate to language and literacy outcome in adulthood. *International Journal of Language & Communication Disorders, 44*(4), 489-510. doi: 10.1080/13682820802708080

Whitehouse, A. J. O., Watt, H. J., Line, E. A., & Bishop, D. V. M. (2009). Adult psychosocial outcomes of children with specific language impairment, pragmatic language impairment and autism. *International Journal of Language & Communication Disorders, 44*(4), 511-528. doi: 10.1080/13682820802708098

Whitmire, K. A. (2000). Adolescence as a developmental phase: a tutorial. *Topics in Language Disorders, 20*(2), 1-14.

Whitmire, K. A. (2013). How do you motivate adolescents? : American Speech-Language-Hearing Association.

Wigfield, A., & Eccles, J. S. (2002). The development of competence beliefs, expectancies for success, and achievement values from childhood through adolescence. In A. Wigfield & J. S. Eccles (Eds.), *Development of Achievement Motivation* (pp. 91-120). San Diego: Academic Press.

Wikipedia. (2017). Leaving Certificate (Ireland).   Retrieved June 30th, from https://en.wikipedia.org/wiki/Leaving_Certificate_(Ireland)#cite_note-IRISH-2

Wiles, N. J., Jones, G. T., Haase, A. M., Lawlor, D. A., Macfarlane, G. J., & Lewis, G. (2008). Physical activity and emotional problems amongst adolescents. *Social Psychiatry and Psychiatric Epidemiology, 43*(10), 765.

Williams, D. (2013, June 24th,). [Personal communication with author via email].

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Berkshire, UK: Open University Press.

Willoughby, L., Starks, D., & Taylor-Leech, K. (2015). What their friends say about the way they talk: The metalanguage of pre-adolescent and adolescent Australians. *Language Awareness, 24*(1), 84-100.

Wilson, G., Nash, M., & Earl, G. (2010). Supporting students with language learning difficulties in secondary schools through collaboration: The use of concept maps to investigate the impact on teachers' knowledge of vocabulary teaching. *Child Language Teaching & Therapy, 26*(2), 163-179. doi: 10.1177/0265659010368749

World Health Organization. (2001). *International Classification of Functioning, Disability and Health: ICF*: World Health Organization.

World Health Organization. (2007). *International Classification of Functioning, Disability, and Health: Children & Youth Version: ICF-CY*. Geneva: World Health Organization.

World Health Organization. (2017). Adolescent health. *Health topics.* Retrieved August 20th, 2017, from http://www.who.int/topics/adolescent_health/en/

Wright, A., Mitchell, S., O'Donoghue, A., Cowhey, S., & Kearney, M. (2015). Making sense of it: A brief programme to improve reading comprehension in adolescents with language impairments in mainstream school. *International Journal of Language & Communication Disorders, 50*(6), 776-787.

Wright, J. A. (1996). Teachers and therapists: the evolution of a partnership. *Child Language Teaching and Therapy, 12*(1), 3-14.

Wright, J. A., & Graham, J. (1997). Where and When do Speech and Langauge Therapists Work with Teachers? *British Journal of Special Education, 24*(4), 171-174.

Wright, J. A., & Kersner, M. (2004). Short-term projects: The Standards Fund and collaboration between speech and language therapists and teachers. *Support for Learning, 19*(1), 19-23. doi: 10.1111/j.0268-2141.2004.00313.x

Yew, S. G. K., & O'Kearney, R. (2013). Emotional and behavioural outcomes later in childhood and adolescence for children with specific language impairments: Meta-analyses of controlled prospective studies. *Journal of Child Psychology and Psychiatry, 54*(5), 516-524.

APPENDICES

APPENDIX 1: Letters of Ethical Approval

Appendix 1 - A: Ethical approval for Study 1

COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH | TRINITY COLLEGE DUBLIN
Ollscoil Átha Cliath | The University of Dublin

22nd February, 2012

Application HT 10 Academic Year 2011/12

Applicant: James Degabriele

Title of Research: The Role of the Speech and Language Therapist with Adolescents with Communication Impairments attending Secondary Schools

Dear James,

Your submission for ethics approval for the research project above was considered by the Research Ethics Committee, School of Linguistic, Speech and Communication Sciences, Trinity College Dublin, on 22nd February, 2012, and has been approved. The committee appends a short list of suggestions, below, that you may wish to consider in discussion with your research supervisor. We wish you the very best in your research activities.

Best wishes,

Dr Lorna Carson
Chair, Research Ethics Committee
School of Linguistic, Speech and Communication Sciences
Trinity College Dublin

Suggestions

1) It is customary to state that the research is being carried out by a doctoral student, rather than a 'Principal Investigator' (see letter to participants); the Committee asks that you state your credentials as a doctoral researcher here, as 'PI' is not appropriate.

2) As the proposed software is *surveymonkey*, the applicant may wish to opt out of storing applicants' IP addresses; the default setting in this package means that IP addresses are collected as a matter of course, and this threatens respondents' anonymity.

An Lárionad Léinn Teanga agus Cumarsáide,
Scoil na nEolaíochtaí Teangeolaíochta, Urlabhra agus Cumarsáide,
Coláiste na Tríonóide,
Baile Átha Cliath 2, Éire

Centre for Language & Communication Studies,
School of Linguistic, Speech & Communication Sciences,
Trinity College,
Dublin 2, Ireland

T 353 (0)1 896 1560
F 353 (0)1 896 2941
clcsinfo@tcd.ie
www.tcd.ie/slscs/clcs

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Appendix 1 - B: Ethical approval for Study 2

COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH | TRINITY COLLEGE DUBLIN
Ollscoil Átha Cliath | The University of Dublin

09/01/2013

Application   MT 8 Academic Year 2012/13

Applicant: James Degabriele

Title of Research: **Communication Skills in Adolescence**

Dear James,

Your submission for ethics approval for the research project above was considered by the Research Ethics Committee, School of Linguistic, Speech and Communication Sciences, Trinity College Dublin, on Wednesday, 09 January 2013, and has been approved in full. We wish you the very best in your research activities.

Best wishes,

Dr Lorna Carson
Chair, Research Ethics Committee
School of Linguistic, Speech and Communication Sciences
Trinity College Dublin

Appendix 1 - C: Ethical approval for Studies 3 and 5 (joint application was made for the two studies)

COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH | TRINITY COLLEGE DUBLIN

Ollscoil Átha Cliath | The University of Dublin

27/06/2014

Application   Academic Year 2013/14

Applicant: James David Degabriele

Title of Research: The experience of adolescents with SLCN; the experience of parents
of adolescents with SLCN

Dear James,

Your submission for ethics approval for the research project above was considered
by the Research Ethics Committee, School of Linguistic, Speech and Communication
Sciences, Trinity College Dublin, on Friday, 27 June 2014, and has been approved in full. We
wish you the very best in your research activities.

Best wishes,

Dr Lorna Carson
Chair, Research Ethics Committee
School of Linguistic, Speech and Communication Sciences
Trinity College Dublin

Appendix 1 - D: Ethical approval for Study 3 (HSE Primary Care Research Committee)

"Keane, Shirley - National PCT Programme"
<shirley.keane@hse.ie>

13/03/2015 10:40

To<James.Degabriele1@hse.ie>

cc"Mary Wynne" <mary.wynne1@hse.ie>, "Hanrahan, Sheena"
<Sheena.Hanrahan@hse.ie>, "Emma Benton" <emma.benton@hse.ie>,
"Joe Clarke" <joe.clarke@hse.ie>
SubjectConfirmation of Approval for Research Request - James Degabriele - The
experience of parents of adolescents with Speech, Language and
Communication Needs (SLCN)

Dear James,

Re: Confirmation of Approval for Research Request – James Degabriele – The experience of parents of adolescents with Speech, Language and Communication Needs (SLCN)

I refer to your email below and amended application. I wish to confirm approval of your application by the Primary Care Research Committee. An expression of interest request will issue to the Primary Care Specialists and TDOs this morning for further circulation of your request to SLT Managers in the Areas with a return date for expression of interest being the 27th of February which is 2 weeks.

You will note that the PCRC protocol requires that the Primary Care Research Committee will have sight of the final draft report prior to publication and that their opinion will be considered in relation to the publication, in particular items that may have a bearing on the HSE's reputation, a copy of the protocol is available if required.

May I take this opportunity to wish you the best with your Research Project.

Kind regards,

Shirley on behalf of Chair, Primary Care Research Committee.

Shirley Keane,
Business Planning and Development Manager,
Office of Head of Planning, Performance and Programme Management,
Primary Care Division.

Tel: 091 775922
Mobile: 087 7975674
Email: shirley.keane@hse.ie

Appendix 1 - E: Ethical approval for Study 4

COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH | TRINITY COLLEGE DUBLIN
Ollscoil Átha Cliath | The University of Dublin

12/03/2015

Application   HT 39 Academic Year 2014/15

Applicant: James Degabriele

Title of Research: What is the experience of teachers working with secondary school students with Speech, Language and Communication needs (SLCN)? A focus group study.

Dear James,

Your submission for ethics approval for the research project above was considered by the Research Ethics Committee, School of Linguistic, Speech and Communication Sciences, Trinity College Dublin, on Thursday, 12 March 2015, and has been approved in full. We wish you the very best in your research activities.

Best wishes,

Dr Lorna Carson
Chair, Research Ethics Committee
School of Linguistic, Speech and Communication Sciences
Trinity College Dublin

APPENDIX 2: Sample of Ethics Documentation

Appendix 2-A: Participant Information Leaflet

COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH | TRINITY COLLEGE DUBLIN

Ollscoil Átha Cliath | The University of Dublin

Department of Clinical Speech and Language Studies	Tel: +353 1 896 1496
University of Dublin, Trinity College	Fax: +353 1 232 1005
7-9 South Leinster Street	Dublin 2
	email: cslssec@tcd.ie

Information for Participants

Dear Mr/Ms/Mrs_____,

I would like to invite you to participate in a research project about students with speech, language or communication needs. The aim of this project is to improve the quality of speech and language therapy services for adolescents with these needs. I am a senior speech and language therapist. I am carrying out this research as part of my doctoral studies at Trinity College, Dublin.

What does the study involve?

If you agree to participate, I will invite you to take part in a focus-group study. I plan to run the focus-group in your school. I will facilitate the group myself. I expect that there will be 3-6 participants in each group. The session should last around 60 minutes. The focus-group will be audio-recorded to help me use the information in my research.

During the focus-group, I will ask you some questions about your experience of teaching students with speech, language or communication needs. I am interested in finding out more about what challenges these students face, what strategies and supports are most helpful when teaching these students and any changes that you feel might improve their school experience.

Voluntary Participation

Your participation in this study is entirely voluntary.

If you choose not to participate, there will be no negative consequences. It will not impact on your entitlement to liaise with speech and language therapy services (or any other related services) as a result of your choice.

If you agree to participate, you can withdraw from the study at any time.

Benefits

This is an opportunity to share your experiences of working with students with speech, language and/or communication needs. You may derive support through the process of sharing these experiences with other educators.

You may learn more about speech, language and/or communication needs by participating in this group. Some of the useful strategies discussed by other participants may be of interest to you.

Your participation in this study will contribute to the development of speech and language therapy services for adolescents with speech, language and/or communication needs in Ireland.

Risks

No significant risks are envisaged in relation to this project. If you have any concerns at any stage, however small, you may contact me or my supervisor.

Confidentiality and Anonymity

The information you provide will be treated with the utmost confidentiality. I will not reveal your identity to any third parties.

I will transcribe the audio recording of our focus-group. I will replace any real names with fictitious names. I will alter any sensitive or potentially identifying information to protect participants' identities. I will erase the audio recording after I finish the transcription.

You are entitled to ask me for a copy of the transcript of the focus group session. You can ask me to erase any sections that contain information about you.

I will store any written records containing personal/sensitive information (e.g. your consent form) in a secure location, which is only accessible to me. I will not store any personal/sensitive information on my computer, mobile phone or any such devices. I will destroy these records after 5 years.

How will the information be used?

I may use extracts from the transcript in my thesis. I may also use extracts from the transcript in other research studies that I may publish in the future. The purpose of these studies will be to disseminate the results of my research among the academic community, professionals working in this area and the general public

Further Information:

Thank you for considering participation in this study. If you would like to participate in this study, a consent form will be available through your school principal. If you would like further information, you can contact me directly on the contact details below. You can also contact my supervisor in Trinity College, Dr. Irene Walsh. Her details are provided below.

James Degabriele	Dr. Irene Walsh
Dept. of Clinical Speech and Language Studies Trinity College, The University of Dublin, Dublin 2 Ph. 085 132 2390 E-mail: degabrij@tcd.ie	Dept. of Clinical Speech and Language Studies Trinity College, The University of Dublin, Dublin 2 Ph. 01 8961496 E-mail: ipwalsh@tcd.ie

Appendix 2-B: Letter to Principals seeking access

COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH | TRINITY COLLEGE DUBLIN
Ollscoil Átha Cliath | The University of Dublin

Department of Clinical Speech and Language Studies	Tel: +353 1 896 1496
University of Dublin, Trinity College	Fax: +353 1 232 1005
7-9 South Leinster Street	Dublin 2
	email: cslssec@tcd.ie

Date_____

Proposed Focus-Group Study with Teachers

Dear _____ (Principal's name),

I am a doctoral student at Trinity College. I am carrying out research on adolescents who have speech, language and/or communication needs.

As part of my research, I would like to collect qualitative data on the experience of educators teaching students with speech, language and/or communication needs, with a view to improving services for adolescents with these needs.

I am seeking your assistance in recruiting potential participants for a focus-group study. If you are happy to assist me, I would kindly ask you to disseminate information about the study among the teaching staff in your school.

If you agree to disseminate this information, I will subsequently provide you with consent forms for members of staff who may wish to participate in the study. (Under ethics guidelines, it is advisable to allow for a period of reflection between receiving information about the study and consenting to participate).

If there is a sufficient number of participants from your school, I will consult you about a suitable venue for the focus-group session. If possible, I would like to run the focus-group in your school, to make it as convenient as possible for participants.

You can find further details about the study in the attached Information Leaflet for participants.

Do not hesitate to contact me if you have any queries. You can contact me on:

Ph. 0851322390

Email: degabrij@tcd.ie

Thank you for your assistance.

Kind Regards,

James Degabriele

Appendix 2-C: Consent Form

COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH | TRINITY COLLEGE DUBLIN

Ollscoil Átha Cliath | The University of Dublin

Department of Clinical Speech and Language Studies	Tel: +353 1 896 1496
University of Dublin, Trinity College	Fax: +353 1 232 1005
7-9 South Leinster Street	Dublin 2
	email: cslssec@tcd.ie

Informed Consent

I have been invited to take part in a research study about adolescents with speech, language and/or communication needs. The study is being carried out by James Degabriele, a PhD student at the above university.

My participation in the study is voluntary. Even if I agree to participate, I can decide to withdraw at any stage. If I decide not to participate, there will be no consequences of any kind.

The study involves participation in a focus-group, facilitated by James Degabriele, in my school. The group should last around 60 minutes and between 3-6 participants will take part.

An audio-recording of the focus-group will be made. The recording will not be shared with any third parties. A transcript of the recording will be made, with any potentially identifying information removed. The audio-recording will then be erased.

Any information that could reveal my identity will be deleted or modified to protect my identity. Any records with my personal details will be stored securely and will only be available to James Degabriele.

I can request a copy of the transcript from James Degabriele. I can also ask for sections which contain information about me to be erased. There will be no negative consequences for making this request.

Benefits

By participating in this study, I may derive support from sharing my experiences of working with students with speech, language and/or communication needs. I may learn more about speech, language and/or communication needs and strategies that other educators find useful in working with these students. I will be making a contribution towards the development of future speech and language therapy services for adolescents in Ireland.

Risks

No significant risks are envisaged in relation to this project. If I have any concerns at any stage, however small, I can contact James Degabriele on ph. 0851322390 or degabrij@tcd.ie. Alternatively, I can contact Dr. Irene Walsh, who is supervising this project, on ph. 018961496 or ipwalsh@tcd.ie.

Signature of Participant

I understand what is involved in this research study and I agree to participate. I have received a copy of the Information Leaflet about the study and a copy of this Consent Form to keep.

_____   _____

Signature of Participant   Date

Signature of Researcher

I have informed the participant, to the best of my ability, what participation in the study entails. I believe that the participant is providing voluntary and informed consent to participate in this study.

_____   _____

Signature of Researcher   Date

APPENDIX 3: Survey Questions (Study 1 – SLT Survey)

Appendix 3: Survey of SLTs Working in Ireland – Survey Questions

Section A – *About the Respondent*

Work Context

1. Which of the following age groups do you work with? (you may tick more than one category)
- Infants
- Primary School-aged children
- Secondary School-aged children
- Adults
- Elderly people

2. Is your post/role designated to include working with adolescents?
- Yes __
- No __

3. Which of the following best describes your work setting? (you may tick more than one category if you work in multiple settings e.g. split-post)
- Primary Care
- Disability Service - Community
- Disability Service - Specialised Centre
- Special School
- Mainstream School with special classes
- Children's Hospital
- Language Class/Unit
- Autism service - paediatric
- Care of the Elderly Service
- Hospital – adults
- Mental Health service – child and adolescent
- Mental Health service – adults
- Private Practice
- Other _____

If your post is designated to include working with Secondary School-aged adolescents as identified in the criteria mentioned above (even a very small number), kindly proceed to Section B. From now on the term 'adolescents' will be used to refer to the study population.

Section B – *Number of Adolescents on Caseload and Type of Service offered*

4. How many adolescents are on your caseload?** _____

(to include current/review/waitlist clients; or using Healthstats terminology: open active, open inactive, open waiting, waitlist)

**As a guideline, a 12 year old who started first year in secondary school in September 2011 would have been born in 1999. Therefore, you should look at clients born in 1999 or earlier when calculating the figure above.

5. What is your **total caseload**? _____

(to include open active, open inactive, open waiting, waitlist)

(If you work in a split post, kindly provide total for the part of your post which includes adolescents).

6. Which is the **most likely** location for delivering the service you offer to the *majority* of these adolescents? (Choose 1)

- Clinic-based
- School-based
- Other: _____

7. Which is the **most likely** type of contact you would have with the adolescent or their carers? (Choose 1)

- Blocks of 1 to 1 therapy sessions
- 1 to 1 review sessions (e.g. every 3 months)
- Group sessions
- Meetings with parents/teachers/other caregivers where the adolescent is present
- Meetings with parents/teachers/other caregivers where the adolescent is not present
- Other:_____

Section C – Resources

8. If resources were not an issue, would you envisage that the number of adolescents on your caseload would be different? (Choose 1)

- Yes, there would probably be more ___
- Yes, there would probably be less   ___
- No   ___

Comment:_____

9. Do you feel that, in general, adolescents with SLCN have an interest in receiving SLT support?

- Yes ___
- No ___

Comment:_____

10. In your view, what kind of services are adolescents most open to? (Choose 1)

- Clinic-based
- School-based
- Indirect (e.g. Consultative with teachers/parents)
- Group setting – in school
- Group setting – outside school
- Other: _____

11. Have you ever liaised with a secondary school as part of your work with an adolescent?

- Yes ___
- No ___

12. If yes, how would you rate your experience of liaising with secondary schools?

    Easy/Straightforward   1 .... 2 .... 3 .... 4 5   Hard/Challenging

13. Which of the following factors do you feel are important when working with adolescents? (you may tick more than one)

- Consulting with adolescents about their preferences
  regarding the service being offered   __
- Working indirectly through parents/teachers   __
- Adopting an open and friendly approach   __
- Working in groups   __
- Other_____

14. Which of the following best describes the pathway followed by **the majority** of adolescents on your caseload? (Choose 1)

- Adolescents who have been on SLT caseload since childhood without interruption   __
- Adolescents who have been on SLT caseload since childhood with periods where service was interrupted   __
- Adolescents who accessed SLT service in childhood, were discharged and returned as adolescents   __

- Adolescents who accessed the service for the first time as adolescents   __
- Other: _____

15. Which of the following would you say is the biggest source of referral for adolescents on your caseload?
- Parents   __
- Educators   __
- Health Professionals   __
- Other: _____

16. How would you rate attendance/reliability of adolescents attending SLT services

    Good   1 .... 2 .... 3 .... 4 5   Poor

17. How optimistic do you feel about SLTs being able to offer a service which is beneficial to adolescents, given the challenges it entails?

    Highly Optimistic   1 .... 2 .... 3 .... 4 5   Not Optimistic

18. If you would like to contribute any other information, or add comments, kindly use the space below:

APPENDIX 4: Survey Questions (Study 2 – Adolescent Survey)

Appendix 4: Survey of Adolescents – Survey Questions

Dear Student,
Thank you for taking the time to take part in this survey. This survey is completely anonymous. You should be able to complete the survey in less than 15 minutes.

1. **About You: How old are you? __ years**

2. **Are you male or female? __**

3. **Do you use any of the following social networking websites?**
   Facebook   Twitter   Myspace   Bebo   Other?_____
   Which is your favourite? _____

4. Can you think of one advantage and one disadvantage of social networking websites?
   Advantage:_____
   Disadvantage:_____

5. **In a social situation, how important is it to be able to:**
   (a) **understand humour?**   V. Important / Imp/ Moderately Imp/Of little imp/ Unimportant
   (b) **produce humour?**   V. Important / Imp/ Moderately Imp/Of little imp/ Unimportant

6. **When you hang out with a group of friends, is it ok if you don't have something to say?**
   Yes/No

7. **Is it always the same people who talk in the group?** Yes / No
   Comment?:_____

8. **What is the best thing to do when you are slagged or teased?**
   Say something back / Smile and accept it / Try to turn it onto someone else / Have a laugh about it / Other? _____

9. When you are slagged, do you ever feel you do not know what to say in response? Yes / No

10. **In conversation, rate how important it is to be able to understand the other person's point of view? Why?**
    V. Important / Imp/ Moderately Imp/Of little imp/ Unimportant
    Reason:_____

11. **When trying to negotiate with people in authority (e.g. teachers, parents), how important would you rate the following:**

    V. Important / Imp/ Moderately Imp/Of little imp/ Unimportant

    - Not giving up too easily (V. Important / Imp/ Moderately Imp/Of little imp/ Unimportant)
    - Explaining your ideas and your reasons clearly (V. Important / Imp/ Moderately Imp/Of little imp/ Unimportant)
    - Being respectful (V. Important / Imp/ Moderately Imp/Of little imp/ Unimportant)
    - Showing you really mean it (V. Important / Imp/ Moderately Imp/Of little imp/ Unimportant)
    - Offering something in return (V. Important / Imp/ Moderately Imp/Of little imp/ Unimportant)
    - Other:_____

12. Is it important to pay attention to other people's body language during interaction? (e.g. eye-contact, facial expression, posture)
V. Important / Imp/ Moderately Imp/Of little imp/ Unimportant

13. Are there any aspects of body language which you feel are particularly important to be attentive to? _____

14. Which form of communication would you prefer if you were trying to resolve a disagreement with someone?

	High Preference		Moderate Preference		Low Preference
Conversation	○	○	○	○	○
Text message	○	○	○	○	○
Phone call	○	○	○	○	○
E-mail	○	○	○	○	○
Contact them through a friend	○	○	○	○	○
Letter	○	○	○	○	○

Other (please specify)

15. Imagine you are reading a passage for school that is hard to understand. What would you do?

Leave it and come back to it/ Use a dictionary or search engine to look up complex terms/ ask someone to explain it/ Leave it altogether/ try to find more about the subject elsewhere e.g. on the internet/ make notes about the parts you understand/ Other? _____

16. Is it important to use words or expressions that are popular among your peer group ('in' words)?
V. Important / Imp/ Moderately Imp/Of little imp/ Unimportant

17. Is it possible to disagree with others without offending them? What is your experience of these situations?
Yes / No
In my experience...._____

18. Do you feel that the way we communicate influences our feelings? (e.g. if you communicate your ideas well, you may feel good about yourself. If you struggle to communicate a message, you may feel bad about it)
Yes / No
Other:

19. What do you do when there is an interruption/difficulty in communication during conversation? (e.g. someone cuts across your conversation, a misunderstanding, a noisy background, etc.)

start again/ keep going/ check with the person what they understood/ explain using different words/ other?

20. **Are there any situations where you feel you need to adapt your style of communication? (see examples below)**

   Not really/ yes, when talking to teachers/principal/ yes, when talking to friends/ yes, when talking to elderly persons/ yes, when talking to children/ yes, when talking to my parent/s/guardians/ yes, when talking to people who do not speak the same language fluently/ Other (please specify)

21. **Are good communication skills important in making people feel close to or 'connected' with their friends?**

   V. Important / Imp/ Moderately Imp/Of little imp/ Unimportant

22. **If a person found it difficult to communicate effectively with his/her friends, what would be the consequences?**

   No consequence/ the person might feel lonely/ It should not matter if they are true friends/ the person might feel isolated/ Other (please specify)

APPENDIX 5: Interview Schedule (Study 3 – Parental Interviews)

Parent Interview schedule - Study 3

Interview Schedule

1. What was your experience of parenting a child with speech, language or communication needs?

    a. When was your son/daughter identified as having speech, language or communication needs?

    b. How did that come about?

    c. How did you manage with attending services?

    d. What was your experience of liaising with school/s?

    e. Looking back, what worked well for you, within the health/educational services?

    f. What is your involvement with services at this stage?

2. What is your experience of parenting an adolescent with speech, language or communication needs now?

    a. How does the speech, language or communication need affect your son's/daughter's daily in interactions at home, in school and socially?

    b. Does he/she talk to you about this ?

    c. In your view, what is your adolescent's understanding of his/her speech, language or communication need?

3. What are the challenges you and your son/daughter face?

    a. In learning?

    b. Taking examinations?

    c. Socialising and keeping friends? Developing close or romantic relationships?

    d. Independence?

4. What supports do you and your son/daughter find the most helpful?

5. Can you describe your vision for supports for adolescents with language/communication needs in the future under ideal circumstances?

APPENDIX 6: Focus Group Questions (Study 4 – Educators)

Focus Group questions for Educators - Study 4

Warm-Up Questions

What does your current role entail?

What is your experience of working with students with additional learning needs?

How often would you come across students with Speech/Language/Communication needs (SLCN)?

What type of context would you meet these students in? (classroom, one-to-one, etc.)

Probe Questions

What is your understanding of SLCN?

How would you describe the learning needs of students with SLCN?

Are you aware of any other impact that SLCN may have on these students?

What type of teaching strategies do you find most useful when dealing with students with SLCN?

Are there any supports that you would find useful when teaching students with SLCN?

Do you have any ideas or suggestions for improving the school experience of students with SLCN?

APPENDIX 7: Diamond Ranking Exercise Images (Study 5 – Adolescents with SLCN)

Images of Diamond Ranking exercise - Study 5 (completed by participants)

Diamond Ranking Exercise - Board 1

Diamond Ranking Exercise - Board 2

To be happy and content

Most Important ↑

To get a job when I finish school

To be trusted

Not to be bullied

To spend time/go out with my friends

To have my say

I THINK THAT...

To get homework and tests that are not too hard

To get help when I need it

To get what I want

Least Important ↓

APPENDIX 8: Graffiti Wall Exercise Images (Study 5 – Adolescents with SLCN)

Appendix 8 - A - Images of Graffiti Wall - Study 5 (completed by participants)
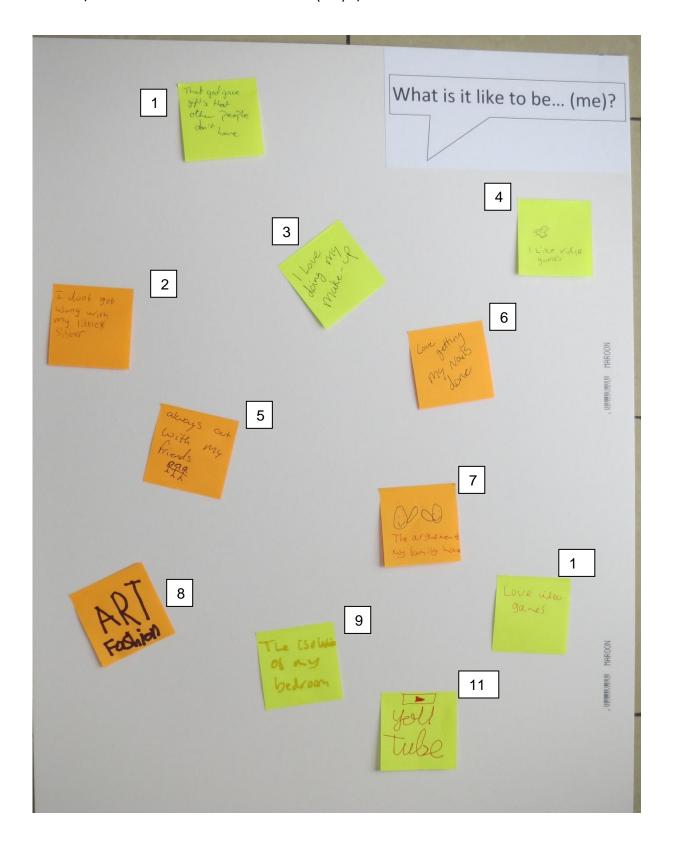
Appendix 8 - B - Graffiti Wall analysis with Codes and Themes

Appendix 8 - C - Diamond Ranking exercise transcript

Appendix 8 - D - Icebreaker Activity - Study 5

Appendix 8 - A - Images of Graffiti Wall - Study 5 (completed by participants)

Board 1 / Plate 1:   What is it like to be... (me)? /

Board 2 / Plate 2:   Life as a student

What I think of school

Appendix 8 - B - Graffiti Wall analysis with Codes and Themes

Adolescents with SLCN - Focus Group

Plate 1: What is it like to be... (me)?

Item content	Descriptive Comments	Code	Themes
1. That god gave gift's that other people don't have	Blue pen	Positive attributes / unique characteristics	
2. I don't get along with my little sister	Black pen	Family relationships; Conflict	Family relationships; Conflict
3. I Love doing my make-up	Black pen	Interests; physical appearance	Interests; Physical appearance
4. I like vidio games	Black pen; Line drawing - may represent a video game console controller	Interests	Interests
5. Always out with my friends	Black pen; Stick person line drawing of 3 persons joined together, possibly representing holding hands, all with shoulder length hair	Friendship; positive social interaction	Friendship; Social interaction
6. Love getting my Nails done	Black pen	Interests; physical appearance	Interests; Physical appearance
7. The arguments my family have	Red pen (text); Black pen line drawing of 2 faces, with speech bubbles	Family relationships; Conflict	Family relationships; Conflict
8. ART Fashion	Black marker; bold script; large script	Interests; physical appearance	Interests; Physical appearance
9. The isolation of my bedroom	Orange marker	Secure, safe space Loneliness? A place to be oneself?	Safe spaces
10. Love video games	Red pen	Interests	Interests
11. You Tube	Red pen; bold script; line drawing of You Tube logo	Interests	Interests

Plate 2: Life as a student / What I think of school

Item content	Explanatory Comments	Codes	Themes
1. Too much work	Red pen (text); Black pen line drawing of 2 adjacent piles of books	Workload pressure	Challenges and Pressures
2. Being with friends	Green marker	Social aspect - enjoyable	Social interaction Friendship
3. Books everyWhere	Black marker; Large bold script; Line drawing of an open book	Workload pressure? Physical environment Overwhelming?	Challenges and Pressures
4. The time!	Red pen; Line drawing of a clock	Time pressure? Feeling busy	Challenges and Pressures
5. I like the walks from class to class	Black pen	Movement, down-time. Time for self-regulation	Safe spaces
6. Lots of hard examinations	Black pen; Line drawing of a sad face	Examination pressure	Challenges and Pressures
7. able to learn thing's so that I can get a good job.	Orange marker	Learning linked to future employment, long-term goals?	Future goals
8. The wide range of subjects	Brown marker	Variety in learning; Greater challenges in adapting to needs of diverse subjects (flexibility)	Challenges and Pressures; Complex learning/ expectations
9. having a heavy bag with books	Black pen	Reflects workload pressure?; learning is more complex; physical tiredness	Challenges and Pressures
10. I like the distraction the school gives from home	Black pen	Removed from home situation; Applying oneself to tasks; Treated as individual separate from family	Family relationships; Safe spaces; Conflict?
11. School is Boring	Black pen	Does not feel engaged; School does not fit in with individual's interests? Academic/social/other challenges make it hard to feel engaged?	Challenges and Pressures; Engagement/ motivation
12. Homework (lots)	Red pen; Line drawing of an open book with the words 'Home work' written diagonally across	Volume of work feels large; workload pressure?	Challenges and Pressures
13. having freinds	Blue pen; Line drawing of 2 stick people smiling, not connected	Social aspect - enjoyable	Social interaction

14. Learning Homework Having friend	Mixed orange/black marker; Large bold script	Sense of achievement and development Workload component Social aspect - enjoyable	Self-development Social interaction Challenges and pressures
15. I hate homework	Black pen	workload pressure? School does not fit in with individual's interests? Academic challenges make it hard to feel engaged?	Challenges and pressures Engagement/ motivation

Plate 3: My hopes for the future / If I could change something in my life, I would change...

Item content	Explanatory Comments	Codes	Themes
1. To not get fired from my Job	Black pen	Anxiety about job retention, competence?	Employment as long-term goal
2. Become a Fashion Designer	Red marker; Bold script; Pink line drawing of a dress beside the sticky note, drawn directly on the board	Dreams and ambitions	Dreams and ambitions
3. To get A good Job	Black pen; 'Job' double underlined	Employment as long-term goal	Employment as long-term goal
4. To become a MUA	Black pen; Line drawing of a love heart beneath script; (MUA = Make Up Artist)	Dreams and ambitions	Dreams and ambitions
5. I want to be an architect	Black pen; Three-dimensional line drawing of a house, with arrows indicating measurements	Dreams and ambitions	Dreams and ambitions
6. You Tube	Black pen; 'Tube' underlined in bold red pen	Intended meaning not clear - perhaps employment related to Youtube or the internet sector? Or becoming a more proficient Youtube user?	Interests
7. Move to Canada	Blue marker; Line drawing with blue marker and red ink; possibly showing maple leaf from Canadian flag or a map	Dreams and ambitions Place of residence	Dreams and ambitions
8. I would like to change where I live	Black pen	Dreams and ambitions Place of residence	Dreams and ambitions
9. To get a Job I'm good at	Black pen	Employment as long-term goal	Employment as long-term goal
10. Hang out with Friends and Family more	Red pen	Successful social functioning, enjoyment of social interaction	Friendship; Social interaction
11. I'd like to be tanner	Black pen (suggesting being 'more tanned')	Physical appearance	Physical appearance
12. To be taller	Black pen; 'taller' double underlined	Physical appearance	Physical appearance
13. To change the style that I wear	Black pen	Physical appearance; Autonomy in decision-making?	Physical appearance
14. Go back to India & live there with my family	Red marker	Dreams and ambitions	Dreams and ambitions

		Place of residence	
15. My hair style	Black pen; Red pen line drawing of a smile face with neck-length hair	Physical appearance; Autonomy in decision-making?	Physical appearance
16. My self esteem/confidence	Black marker; Large bold script	Psycho-social wellbeing; Improving self?	Self development

Adolescent Focus Group - Diamond Ranking Exercise

[P=Participant, I=Interviewer, T=Teacher]

1 I: Well done to both groups. I like the way you're working together and giving 2 reasons for your answers. And I was going to ask the boys' group first, could you 3 maybe tell us a bit about eh some of the reasons why you chose to put those 4 particular cards as the most important and, maybe, that one there as the least 5 important? 6 7 P1: All right. 'To be happy and content': we think that's the most important 8 because if you're happy, it boosts your self esteem and it makes you feel good 9 about yourself 10 11 I: Ok 12 13 P1: It makes you wanna do more good things. Uhm, 'Good job when I finish 14 school': that's important because I'm probably gonna end up moving house some 15 day and probably gonna need a job so you can get money. Uhm, 'To be trusted': 16 that's important because - 17 18 P2: - Facebook and [unintelligible] you know, you need to trust your friends 19 20 I: Ok. 21 22 P1: Yeah 23 24 I: Can you explain that a bit more? 25 26 P2: Like, your friends on the internet, they spread it. It can be spread easily. You 27 need to be trusted. You should know they're trust 28	Emotions linked to psychological wellbeing Psychological wellbeing linked to motivation Links employment to goal fulfilment / financial means for same Trust important for friendship Trust important in social media use	Psychological wellbeing Psychological wellbeing Employment Life after school Friendship Friendship

29	P3: Trustworthy		
30			
31	I: So if it's a trusted person, then they won't -		
32			
33	P2: They won't -		
34			
35	I: - spread personal information about you?		
36			
37	P2: You need good friends	Trust important for friendship	Friendship
38			
39	P1: Uhm 'Not to be bullied': put that in the middle because, you've no way, we		
40	don't think -		
41			
42	P2: If you're being bullied, you know, you wouldn't be able to boost your	Awareness of impact of bullying	Psychological wellbeing
43	[unintelligible]	on wellbeing	
44			
45	P1: Yeah		
46			
47	I: So you couldn't be happy if you don't -		
48			
49	P1: You couldn't be happy if you're being bullied. 'Spend time/go out with my	Impact of bullying on wellbeing	Psychological wellbeing
50	friends': uhm, put that in the middle as well because, even though it does help you	Social inclusion linked to	Psychological wellbeing
51	be happy and content, uh, we just think the two above it are more important -	psychological wellbeing	
52			
53	I: Ok		
54			
55	P1: - and 'To have my say': same reason as the 'Go out', we just think, even though		
56	it helps you out, it just, the two above just help you out better		
57			
58	P2: Maybe more happy		
59			
60	I: Do you remember you guys explained to me what that means, 'To have your		
61	say'?		
62			

63	P1: Yeah, have your voice be heard, have your opinion be heard	Having your say is important	Assertiveness / autonomy
64			
65	I: Can you give me an example maybe, where you want your voice to be heard?		
66			
67	P1: With your parents	Expressing one's opinion with parents	Assertiveness / autonomy
68			
69	I: With your parents, ok		
70			
71	P1: I suppose, at the bottom there, 'To get what I want': that's the least important	Getting everything you want leads to unrealistic views of life / self	Staying realistic
72	because it doesn't help you out, if you just get what you want, it's gonna boost		
73	your ego and it's gonna make you keep thinking that you're gonna get everything		
74	that you ever wanted		
75			
76	I: Ok. Can you explain what this word means, 'to boost your ego'?		
77			
78	P1: Uhm, basically it makes you more cocky, it makes you, it makes you more, it's	Unrealistic views of life / self	Staying realistic
79	like -		
80			
81	P2: If I go to the shop with my mother and I say, 'Can I have that?', she gets me		
82	and the next time I think she's gonna get me the same thing -	Unrealistic views of life / self	Staying realistic
83			
84	I: - again		
85			
86	[inaudible]		
87			
88	P1: 'Get homework and tests that are not too hard': we put that there because, if		
89	you get homework and tests that are not too hard, you ain't learning anything at	Schoolwork and assessments need to challenge students in order to promote learning	Promoting learning
90	all!		
91			
92	[laughter]		
93			
94	P1: Seriously! It's true though!		
95			
96	P3: They aren't challenging		

97			
98	P1: Exactly, they aren't challenging you at all. You're probably just thinking it's	Unrealistic views of life / self if	Promoting learning
99	super-easy and you're just getting right through it	schoolwork and assessment are	Staying realistic
100		not challenging enough	
101	I: Does that mean that they should be -?		
102			
103	P1: Yeah, they should be more, they should be more difficult. And the last one,		
104	'To get help when I need it' - it's not important because you can always get help. It		
105	doesn't really matter whether you need it or you want it	Help is widely available	Promoting learning
106			
107	P2: Say if I want my shoe laces to be tied, I'll just ask [points]		
108			
109	P1: Just ask me any time, I guess!		
110			
111	[laughter]		
112			
113	I: And that's why, above it, you have 'Spend time with friends' because your		
114	friends can help you with a few little jobs like that!		
115			
116	P1: Exactly!		
117			
118	I: So, very good, thank you very much. That was very interesting! Ok, so we have		
119	another group		
120			
121	P3: We put up, 'To understand what it says in my schoolbooks' because you want	Links comprehension to learning,	Promoting learning
122	to understand it but you would want to be able to put it into your own words as	exam success and life after school-	Life after school
123	well. If you understand what it says in your books, you'll be able to do exams,	leaving	
124	subjects, understand them a lot more than if you don't know anything, how are you		
125	supposed to learn what it's gonna be like in the future?		
126			
127	I: So is it something that is gonna help you, like learning for the future?		
128			
129	P3: Yeah		
130			

131	I: Yeah, Ok		
132			
133	P3: 'Leave home when I'm an adult': you would want to leave home. You're gonna	Sees leaving home as a future goal for all individuals	Life after school
134	leave home some time in the future, so you would like, if you are going to stay in		
135	your mother's or father's house, like whoever owns the property, they'd have rules	Achieve independence and have own rules	Life after school
136	you'd have to follow, you'd want to do things yourself or anything		
137			
138	P4: You'd want to, say, get more independent	Achieve independence	Life after school
139			
140	I: Ok. So if you leave -		
141			
142	P4: - you'd do things for yourself	Achieve independence	Life after school
143			
144	I: [P5 name] what do you think about where you want to live in the future? Have		
145	you thought about it?		
146			
147	P5: No		
148			
149	I: Do you think you'll want to be in your own place some day?		
150			
151	P5: Maybe		
152			
153	I: Maybe? Yeah, it's still a few years away, so it's hard to know from now		
154		Links independence in academic	Promoting learning
155	P3: 'To be able to do my homework by myself': that kind of links to the top one,	functioning to good	
156	'To be able to follow what it says in my school books': you want to kind of	comprehension	
157	understand what you're learning and everything [school bell rings] to face your	Links comprehension to learning,	Life after school
158	exams and to do things well in the future so	exam success and life after school-	
159		leaving	
160	I: There is the other one there in the second row, which is kind of on the same		
161	lines, 'To do well in school subjects and exams' -		
162			
163	P3: Yeah		
164			

165 166 167 169 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198	I: So, I can see that there are, there are three on this side which are all related to school. These three here which are, this one's about 'School books', 'Subjects and exams' this one was about 'Homework'. They're kind of linked together P4: Yeah P3: 'To have good friends or lots of friends': you would want, that kind of links to their one, 'To be able to trust your friends more'. If you have good friends, you know you would be able to trust them. But if you have lots of friends, it kind of doesn't really matter because there would be someone in that group that, if you have lots of friends, you might not be able to trust them more than the rest P4: If you have lots of friends, you would have, like, support I: Ok. You're speaking about trust as well P3: 'To be listened to': that kind of relates to 'To have my say', on their one. 'Cause you would want others to hear what you think, so you kind of feel important towards your friends. 'Cause if you don't say what you actually think, they're kind of- you don't want to do something. Say if you wanted to go out, to the shops or something and you didn't want to, and you didn't say anything about it, that kind of things, they want you to, they w-, they're getting what they want, kind of, instead of getting what you actually want I: Ok. So then is it important to say what you think? P3: Yeah. I: Ok, that's good P3: 'Not to be treated like a child': when you're growing up and you're around our age, you don't want to be treated like a child, like you're the youngest in your family all the time. 'Cause there is going to be some point of view, say like there was going to be broken glass and you didn't see it, you could get cut. But if your	Trust important for friendship A wider circle of friends helps to find trustworthy friends?? (check audio??) A wider circle of friends helps to feel supported Importance of feeling valued and respected by friends Cannot be assertive if not valued and respected by friends Adolescents should be trusted with some responsibility by parents	Friendship Friendship Friendship Friendship Friendship Assertiveness/autonomy Autonomy

199	parents keep you away from that stuff, you're not gonna learn things in the future		
200	when you have your own house or something. They're not gonna be there for you.	Having responsibility leads to	Autonomy
201	You can't always, they can't always be there for you in life	learning and independence	
202			
203	I: So, what would you do if you were a parent?		
204			
205	P3: I would kind of let them do their own thing but then again, keep them safe	Adolescents should be trusted with	Autonomy
206	from danger	some responsibility by parents	
207			
208	I: Ok, so let them do their own thing but also learn -		
209			
210	P4: Let them learn from their mistakes, yeah	Mistakes are learning	Autonomy
211		opportunities	
212	I: So then, is it ok to make some mistakes?		
213			
214	P4: Yeah		
215			
216	I: Ok. [P5 name] what do you think, what would you do if you were a parent?		
217			
218	P5: Let them learn from their mistakes	Mistakes are learning	Autonomy
219		opportunities	
220	I: Ok, so learning from their mistakes. So that's a good thing then?		
221			
222	P5: Yeah		
223			
224	I: Now, the boyfriend or a girlfriend thing! Hmm, I thought this would be number		
225	one!		
226			
227	[laughter]		
228			
229	P1: You know, how most teenagers react, 'Oh I must need one! I need one now!	Views talk about romantic	Friendship
230	Oooh'	partners as being exaggerated at	
231		times?	
232	P3: You don't actually need one straight away when you're a teen, 'cause then,		

233 234 235	'cause, then again, you must want to trust your friends a bit more, 'cause as well, than just going out with somebody random	Good friendships must precede romantic relationships	Friendship
236 237	P4: It might not be somebody random, it might be someone you know for ages	A good friendship could lead to a romantic relationship	Friendship
238 239	P3: Yeah		
240 241 242	P4: Then when you grow up, yous could settle down together and then move out and then live together		
243 244	I: Ok, so, could they be one of your friends -		
245 246	P4: Yeah, it could be		
247 248	P3: Yeah		
249 250	I: - before they become your boyfriend or girlfriend?		
251 252	T: There was a lot of 'deciding' to decide where to put that particular card		
253 254	P4: Yeah		
255 256	T: There was a good bit of talk around that. Some felt it was very important		
257 258	[laughter]		
259 260	T: But it is important!		
261 262 263	I: It is important. And there's also the one about friends. The one about friends came just a little bit higher		
264 265	T: Yeah		
266	I: Ok		

267			
268	P3: 'To be good at the things I like': that is important but it isn't really important	Good comprehension leads to success in areas of interest	Promoting learning
269	than having, because you would want to actually be able to understand things to		
270	be good at the things you like more. But, then again, you would, instead of always		
271	putting, like, that first, you would want more friends outside of that group	A wide circle of friends is important	Friendship
272			
273	I: Ok		
274			
275	P3: I do [style]-dancing a lot, I do like the tonnes of people in that group but I	A wide circle of friends is important	Friendship
276	don't always want to only be with them. I would want more friends than just the		
277	one -		
278			
279	I: Just the one, the one thing that you do		
280			
281	P4: And 'To be good at the things you like': you're already good at the things you	Being successful at something leads to positive feelings about it	Psychological wellbeing
282	do because you like it, you must be good at it		
283			
284	I: Ok that makes sense, so if, if you like it, then probably you are good at it. And it		
285	could be the same for video games, you like them because you're good at them.		
286	And this is just an exercise, I just 'forced' you to make these decisions so that we		
287	could have a discussion. So thank you very much to both groups.		
288			

Appendix 8 - D - Icebreaker Activity - Study 5

Ice Breaker activity - sample
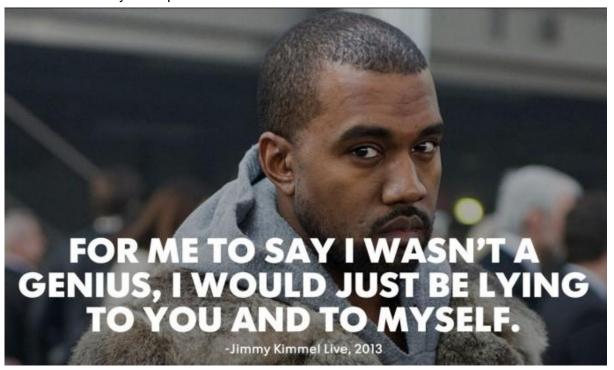
"The worst thing a man can do is go bald. Never let yourself go bald."
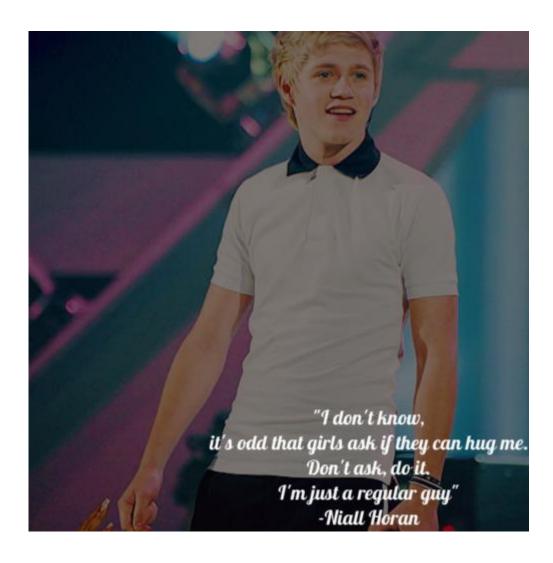
"Acting is easier and smoother than singing -- it's less drama."

Ice Breaker activity - sample

FOR ME TO SAY I WASN'T A GENIUS, I WOULD JUST BE LYING TO YOU AND TO MYSELF.
-Jimmy Kimmel Live, 2013

"I don't know, it's odd that girls ask if they can hug me. Don't ask, do it. I'm just a regular guy"
-Niall Horan

APPENDIX 9: Parental Interviews Data Analysis Sample (Study 3)

Appendix 9 - A: Example of a coded transcript from Study 3 (Interview 2, P2 - Andrew's mother)

Appendix 9 - B: Table of themes and super-ordinate themes in Interview 2 (P2)

Interview 2

Participant 2: Mother of 14 year old boy, Andrew (pseudonym) who has DLD and ADHD
Interview Location: Participant's home

Emergent Themes		Interview Transcript	Initial Comments
	1	I: So what I wanted to do at the start was to	
	2	confirm that you understand what's involved in	
	3	this study and that you're happy to take part?	
	4		
	5	P: Yeah, definitely. Yeah.	
	6		
	7	I: Ok	
	8		
	9	P: That's no problem at all	
	10		
	11	I: And I wanted to say as well, I'm here today as	
	12	a researcher, so even though my job is a speech	
	13	and language therapist but, I'm here right now as a	
	14	researcher, so what I'll be trying to do is to ask	
	15	questions, to listen to your answers and trying to	
	16	understand things from your point of view and I'll	
	17	be trying my best to hold back on advice or saying	
	18	what I think ehm	
	19		
	20	P: Well any advice is helpful as well [laughs]	
	21		
	22	I: eh but I can do that at the end of the interview	
	23	so	
	24		
	25	P: Yeah	

	26		
	27	I: You know, once we've finished that, if I think	
	28	there is any advice I can give	
	29		
	30	P: That's fine	
	31		
	32	I: I will mention that	
	33		
	34	P: Yeah	
	35		
	36	I: But during the interview I'll just be asking the	
	37	questions. And the other thing I wanted to say was,	
	38	I'll be using the words 'language difficulties' or	
	39	'language needs' ehm, just to keep it as broad as	
	40	possible	
	41		
	42	P: Yeah	
	43		
	44	I: So they're the terms I'll be using. And what I'll	
	45	do is, start by talking a little bit about the past and	
	46	then moving on to now and then eh saying what	
	47	we think about the future and what we think the	
	48	future might look like	
	49		
	50	P: Yeah, that's fine	
	51		
	52	I: Ok. So I was wondering could you tell me first	
	53	about the time when Andrew was identified as	
	54	having speech and language needs or difficulties	
	55	and how that came about?	
	56		
Impact of SLCN on	57	P: That came about because he was falling behind	(57) She comes out with a very direct statement, seems very sure about this.
learning	58	in school.	School performance impacted by communication/learning difficulties. Red
	59		flag.

	60	I: Right ok
	61	
Identification of	62	P: He wasn't concentrating or he was- He was
difficulties	63	known as the class clown, and messing and not
Taking action	64	being able to sit properly or anything. And it was
Quality of feedback	65	the principal that asked could I get him diagnosed
from school	66	for ADHD.
Disclosure of concerns	67	
Guidance from school	68	I: Right
	69	
Receiving the news	70	P: And I said 'Yeah'. So one day they were doing
Accepting guidance	71	the reading and comprehensive ehm part they
Parental awareness of	72	realised how far back he was. So, then they -
difficulties prior to	73	
assessments	74	I: Do you remember what age Andrew was?
(72) Identifying scale of	75	
difficulty	76	P: Andrew was in Senior Infants and, so he was 5,
	77	
	78	I: 5 Ok
	79	
	80	P: 5-6 yeah, so about 8-9 years ago [laughs]. It
	81	was
First contact with	82	[Educational-Psychologist's-Name] that diagnosed
services	83	him
	84	
	85	I: The psychologist, isn't she?
	86	
	87	P: Yeah.
	88	
	89	I: Ok. And you mentioned the term 'the class
	90	clown'. Is that something that got mentioned or is
	91	it-?
	92	
	93	P: Yeah. Basically I was told he was clowning

Right column comments:

(62) Portrays a very clear picture of Andrew's behaviour in class. How did she know this? Teacher feedback? Own observations?

(64) Interesting that principal approached parents (not teacher) - suggests that there were concerns on a wider level.

(66) It seems that school had a pretty clear idea what the underlying condition might be, if they named ADHD explicitly

(70) No reaction reported in relation to being asked to undergo diagnostic process

(71) Not clear who conducted this/these assessment/s.

(72) 'they realised' rather than we. Perhaps because it was an educational matter rather than a home matter? Assessment reveals a large discrepancy. It's a serious matter now

(84) Indicates that assessment was an Educational Psychology assessment

	94	around, messing and you know ehm, getting other	
(Positive) Recall of	95	people to laugh in class, rather than doing their	
early years	96	work, so that was how it was described [laughs] so.	(95) Second use of the terms clown/clowning. This term has stayed with
	97	Just once we knew and got the diagnosis from	mother, perhaps it conveys an image of what behaviour was like at the time.
	98	[Educational-Psychologist's-Name] the ball started	No negative connotations with the term are apparent; possibly finds the term
	99	rolling so we then started putting things into place	amusing(shown through laughter). Perhaps difficulties are mild comparing to
Assessment and	100	for him and watching- we actually started off	present.
diagnosis as a threshold	101	watching his diet and ehm his behaviour and	(98) Assessment was a threshold that marked the beginning of new activities,
(and a kick-start?)	102	getting him out more involved in outdoor sports, so	new ways of attempting to manage the condition
Early interventions	103	it wasn't got to do with maybe the reading or the	
Non-academic supports	104	maths or any schoolwork, you know, was all the	(99)Remarks on the 'early interventions', as they contrast with later, more
	105	other side kind of calm him down [laughs] a bit	academic-focused ones. Perhaps academic issues were not of concern at such
	106	more. so.	an early part of school career?
	107		
Different concerns at	108	I: Ok. Ehm. And then you got the diagnosis ehm	
different points in time	109	you were saying about the changes which started	(108) laughter may indicate that it was a different story later
	110	to happen. Did you liaise with the school then? Or	
	111	was there kind of anything different happening	
	112	with the school then?	
	113		
	114	P: Well once we got the diagnosis from	
	115	[Educational-Psychologist's-Name] ehm, we got	
	116	the form, or we got the report in the door and we	
	117	went over to talk to the principal and they had	
	118	SNAs over there but Andrew didn't warrant an	
Allocation of supports	119	SNA because there was children there worse off	(119) There is a sense here that resources were put in place via an
Parental understanding	120	but what they did do was they put him into	arrangement with the principal, which may have been the case at the time.
of administrative	121	Resource, called Resource Classes for English and	No mention of Dept of Ed role or process
organisation of supports	122	Maths and he was taken out during Irish, or, Maths	
	123	class. He was taken out during other subjects and	
	124	that to do it. But ehm, his other subjects then did	
Compromise between	125	fail. And he got that then every year.	
one-to-one supports and	126		(125) mentions the deterioration in other subjects in a very matter-of-fact
missing out on classes	127	I: Right ok. And in general, maybe looking back	way. Does she believe this was inevitable? You focus on English and Maths

	128	let's say at the primary school years, would you	but you lose out on other subjects? Rather than a crutch to do better in class,
	129	say the experience was positive or would you	could it be a hindrance?
	130	describe the experience-?	
	131		
	132	P: Oh, [Primary School name] was fantastic	
	133	'cause it was every so often we'd go for a meeting	
	134	with the teachers and the resource teacher and once	
Value of good	135	we had [SLT-name] then and she liaised with the	
communication	136	school as well. And so we all just worked together.	(135) very positive about the way school kept ongoing communication with
between teachers,	137		parents and SLT got involved in same.
parents and	138	I: Ok	
professionals	139		
Common goals;	140	P: And it was just brilliant	(139) 'And so we all just worked together' - states, in very simple terms,
collaboration	141		what made those years 'fantastic'. A common goal, positive collaboration.
	142	I: Ok, so that has been a positive experience for	
	143	you	
Communication &	144		
collaboration	145	P: It has been very good but the only thing I found	(144) reiterates how good it was, using strong unequivocal terms (brilliant,
	146	now, if you're talking from the primary school up,	fantastic)
	147	I found the more he was coming up, like 2nd class,	
	148	3rd class, 4th class, his other subjects were falling	
Academic challenges	149	behind and he hated reading. And he wouldn't	
increase each year	150	read. And yet he would do stuff in class but he	
Not keeping up with	151	wouldn't do it at home. And come, I'd say, nearly	(151) gradual (2nd, 3rd, 4th) increase in academic challenges. Not on a par
pace	152	come 5th Class, he was still nearly 2 years behind,	with expectations. 'Falling behind' - conveys a sense of exclusion (from
Impact of SLCN on	153	so it was very slow. Now whether it was just	student group, from teacher's expectations)
motivation	154	Andrew, or maybe just me not doing as much as I	(153) 'he hated reading' - very categorical about dislike of reading. One can
	155	should with him, but it was very slow. And 6th	visualise struggles she had with Andrew to get him to read.
	156	class then he was just the year behind, so.	(154) Does she mean he was *able* to do it in class or *willing*? If he was able,
Not keeping up with	157		then why was that so? More support in school perhaps? Or is this a way of
pace; widening gap;	158	I: And ehm and do you have a sense why he hated	saying that the retention of learning was poor and impacted on functioning
sense of loss,	159	the reading?	(experienced by mum during homework)
irreversible	160		(157) Remarks on the scale of the delay, the rate of progress - (2 years
Slow rate of progress	161	P: He hated the reading because he couldn't	behind; very slow).

Parental feelings of doubt	162	understand the words. His vocabulary is very much	(158) Interestingly speculates about role of parental support in her child's
	163	limited and he couldn't understand how to break	progress and leaves it as a question - as if to say, whether it was one, or the
	164	up the words, even though we had been doing it	other or both, we cannot be certain
	165	with him. It was just, everything with Andrew was	(160) Was some progress made in 6th to close the gap? 'just the year behind'
Experience of failure	166	very repetitive and eventually he'd pick it up. But	(i.e. better than before)
Impact of limited	167	as soon as you let it lapse, you're starting from	(166) had not acquired the requisite skills; impacted on his success in
acquisition of basic	168	scratch again. So and I think he just found it very	reading and led to dislike of reading (experience of failure, nobody likes
skills/literacy	169	tedious, like really annoying and he just gave up	that)
Frustration from lack of	170	then reading.	(171-172) 'repetitive' 'starting from scratch again' - it felt like a vicious
retention/learning	171		circle, no way out, no forward progress, just going round in circles
Taking child's	172	I: It was hard work	
perspective	173		(173) shows what a big challenge learning has been for Andrew (and those
Experience of failure	174	P: Yeah, the reading part was very hard with him,	trying to support him). She has obviously reflected upon how things are for
	175	Yeah.	him, from his perspective.
	176		(174) choice of words shows intensity: tedious, annoying, hated
	177	I: and then, you were mentioning you had some	
	178	involvement with the school from the speech and	
Literacy difficulties	179	language therapist. How did you find being	
	180	involved with services generally? How was that for	
	181	you?	(179) Literacy difficulties were very significant
	182		
	183	P: For me, it was fantastic. At least I knew what	
	184	was wrong and what path I was going down now	
	185	with Andrew and we knew what we had to do. But	
	186	without those resources, I wouldn't want to think	
	187	what would have happened or what state he would	
Benefits of guidance	188	have been in now, you know?	
and support	189		
	190	I: Ok	(188) Highly praises guidance and support received from SLT and other
	191		supports (Resource teacher/s probably). Helped to focus efforts on certain
Pivotal role of support	192	P: It's actually frightening to think about it. But I	areas; there is a sense of being informed and aware (knowing what to do and
services/professionals	193	have to say, they were fantastic to get it into place,	why)
	194	but once he got into the system, things actually got	
	195	done very quickly, so and he was up in, he went	(192) Why is she thinking about the 'what if'? Perhaps because it was out of

	196	from [SLT-name] in [Health Centre name] and he	her control and other people were key in making this happen? (e.g. principal,
	197	was also in contact with CAMHS in [town name]	psychologist, etc). Does she feel that some of what happened (e.g. being
Pivotal role of support	198	for the ADHD side of it. So the two of them linked	identified, being assessed) was coincidental or good fortune, rather than
services/professionals	199	in very well together.	systematic, people doing their job. A feeling that 'I couldn't have done it
Satisfaction with	200		without them?'
supports	201	I: Ok	(198) Reiterates fear of what things might have been like 'frightening'
Efficiency of supports	202		(199) Praises supports received
coming into place	203	P: So I'm very happy very positive with the	(200) once he got into the system, things actually got done very quickly -
Coordination of	204	resource he get and the system that was put in	pleased with efficiency of services working together and without delay.
supports/collaboration	205	place for him. You know.	Perhaps a relief after the previous years of challenges in school, assessments,
	206		etc.
	207	I: Do you mind me asking about medication?	
	208	Does he take medication?	
	209		
Satisfaction with	210	P: Yeah he's on Equisim XL. And it's one taken	
supports	211	every morning. And he - Obviously he started off	
Ease of access to	212	on a small dose and it was twice a day and it was	
supports	213	brought up the so he's just one dose in the morning	(211) 'the system' - shows that resources are coordinated and organised and
	214	time and that does him for the hours he's in school.	worked well together. 'Put in place for him' - this coordination was done by
	215		others; it seems that parents did not have to do any requesting or petitioning
	216	I: OK	on Andrew's behalf
Attitude towards	217		
medication for attention	218	P: so,	
difficulties	219		
	220	I: Do you remember when that started? Just out of	(217) Speaks openly about medication, no sense of taboo or unpleasantness
	221	curiosity really, do you remember how long ago or	associated with this topic. Such openness may be indicative of belief in its
	222	what age Andrew was at the time?	benefits.
	223		
	224	P: When he started the medication? Oh God, ehm	
	225	[pause]	
	226		
	227	I: Was it in primary school?	
	228		
	229	P: Oh it was definitely in primary school and it	

	230	didn't happen straight away, with the the Resource	
	231	and that, cause I actually had to do a 7-week	
	232	course to understand what Andrew was going	
	233	through and then decide whether we wanted	
	234	medication. So the process up there probably took	
	235	well over the year, year and a half to get Andrew	
	236	onto the meds and then to find out which one	
Importance of	237	suited him	
education around	238		
diagnosis and treatment	239	I: Ok	
Engagement in a	240		
process with services	241	P: So it could have been about fourth, third-fourth	(238) Acknowledges the long duration of engagement with CAMHS,
	242	class. Or it could have been younger now. I'm	including education role. Refers to it as a 'process', suggesting that it was an
	243	useless with dates. [laughs]	ongoing engagement, not just a once-off consultation
	244		
	245	I: No, I suppose just to give me an idea of how	
	246	long it's been in place	
	247		
	248	P: Yeah. But it was definitely, from when he was	
	249	diagnosed, it was at least a year and a half after	
	250	that, so	
	251		
	252	I: Ok	
	253		
	254	P: you know,	
	255		
	256	I: And, kind of, looking back, would you feel the	
	257	medication has had an effect? How would you	
	258	describe it's effect?	
	259		
	260	P: Oh, it did. It, well , not straight away but after	
	261	the couple of months we found that he was more	
	262	settled.	
	263		

	264	I: Mm hm
	265	
	266	P: He was more focused, in class. And once you
	267	got him into the routine of coming home, getting
Benefits of medication	268	the homework done, he would do the homework.	(268) Benefits of medication: more settled
	269	But the only thing was, it, the normal child would
	270	take 10 to 15 minutes to do the homework. It
	271	would take Andrew 2 to 3 hours. And even with
	272	the medication, it still took him that amount of
	273	time. But he was still more focused and he got
Benefits of medication	274	through it.
	275	
	276	I: Ok
	277		(274) Benefits of medication: 'More focused; routine, applying himself to
	278	P: You know	homework.
Difficulties with	279	
retention and learning	280	I: Ehm - and did you have a sense why it was
	281	taking so long. Was it what you mentioned earlier?
	282		(279) Homework took very long - was this because of learning and retention
	283	P: Because he struggled with his vocabulary, his	difficulties? Or were there still some attention problems?
	284	reading his understanding of it. He was doing it but
	285	he didn't understand what he was doing and
	286	everything had to be repetitive with him and it was
	287	just over and over again, so the homework he
	288	would be doing, he'd done it in class, maybe the
	289	subject the day before and he'd had the homework
	290	to do and sure he couldn't remember then and it
	291	was constantly going back over it and learning it
Impact of SLCN on	292	again and then doing it and it's still like that now
academic progress	293	today with him.
Frustration from lack of	294	
retention and learning	295	I: So it sounds like it was a big challenge at the	(292) Reiterates the role of poor vocabulary and comprehension in lack of
Repetitiveness of	296	time.	academic progress
learning attempts	297		' He was doing it but he didn't understand what he was doing' - it was not for

Lack of progress	298	P: It is. School is a very big challenge for him	lack of trying. There was something greater, the parts did not fit together.
	299	because the the- the- I suppose the concentration,	Emphasises the repetitiveness of it all: 'repetitive', "over and over",
	300	the memory, and his vocabulary, his lack of	'constantly', 'learning it again' - gives a sense of being unable to reach the
	301	vocabulary holds him back, big time, you know	goal, to assimilate and move on - must have been a huge challenge both for
	302	and his sense of reading, it's, it definitely does, it	parent and child. Mum's tone seems to be more accepting than frustrated,
	303	holds him back an awful lot	which is interesting.
	304		
	305	I: Do you want to tell me a bit more about that, so	
	306	school, nowadays and the challenges with subjects	
Combination of	307	and maybe exams? How does that effect Andrew	
difficulties	308	nowadays?	
	309		
Impact of SLCN on	310	P: Well with Andrew, because his vocabulary is	
academic progress	311	so limited, he gets bored very quickly because he	(307) summarises the issues with clarity. Combination of factors at play
	312	doesn't understand it and then he beats himself up	
	313	over being stupid, thick, and it has a knock-on	
	314	effect. Now unfortunately, it can turn into very bad	(310) 'holds him back, big time'- (like previous 'falling behind') - here
	315	tempers, which he has had. He went through a	captures the impact of all these difficulties on academic progress
	316	stage when he thought he was so stupid ehm	
	317	[pause] he wanted to be more like everybody else,	
	318	you know and that was a very hard time	
Impact of difficulties on	319		
motivation and self	320	I: I can imagine	
esteem	321		
	322	P: But eh, he came out of it and he still struggles.	
Lack of emotional	323	Exams, Andrew would just write down anything. It	(319)" because his vocabulary is so limited, he gets bored very quickly
reaction to child's	324	would have no relevance to what the question is.	because he doesn't understand it and then he beats himself up over being
difficulties	325	He would just write down what he thinks the	stupid, thick, and it has a knock-on effect" - Language difficulties limit
Impact of difficulties on	326	question is asking him and he'll write down an	achievements, which in turn affects self-esteem (being thick, stupid) ,
self-esteem	327	answer which is, it doesn't match. Ehm, [pause]	emotional well being (bad tempers)
	328	Maths problems, he doesn't understand when he's	Mum seems to describe all of this with a certain detachment, no feelings
	329	reading the maths problems, he still doesn't	conveyed in this recount. Perhaps it is something of the past? Or she could
	330	understand him to add, subtract, take away, divide,	see the bigger picture? Or she has just has accepted that things will change
	331	he still doesn't, he doesn't understand what it's	over time?

Overcoming difficulties Impact of SLCN on academic performance (exams)	332 333 334 335 336 337 338 339 340 341	asking of him to do and no matter as much he goes over it, he'll get the hang of it, he'll understand what he is to do. If he is to come back tomorrow, with the same problem, he still wouldn't know what to do. You'd have to go through it all over again, so he struggles very much with the exams and with homework in general. I: So it sounds like school –	(326) Andrew felt he was 'stupid' because he was not doing well in school (332) Andrew has moved on, self esteem has improved despite academic challenges (333-343) gives examples of how comprehension difficulties play out in exams and in Mathematical problems.
	342 343	P: School is a huge, huge challenge for him, so he got,	
Poor retention/learning	344 345 346	I: Ok	
	347 348 349	P: I have to say he got more resource over in the primary school	(344) Reiterates poor retention of learning
	350 351	I: Ok	
Huge academic challenges	352 353 354 355 356	P: I have to say we found that a hell of a lot easier, you know, and he coped and he managed until about 6th class. Ehm. I suppose, 6th class he was having a bit of change and	
	357 358	I: What do you mean, the-?	(353) scale of academic challenges 'huge'
Lack of sufficient supports in secondary school	359 360 361	P: The hormones. He was at the age where the hormones there were kicking in	
	362 363	I: Puberty, yes	(358)Mum felt Andrew was supported better in Primary school
Lack of supports in secondary school Limited parental	364 365	P: and the tablets weren't working and he had dropped down and he knew then he was different,	

involvement in secondary school education and decision making	366 367 368 369	he could sense then that 'Nobody else is like me' you know or, there's one or two but, So it was a big challenge then. He still had the resource but they were doing the year before, you know and as I	(363) Why was primary school easier? More supports in place? Expectations in secondary school are higher, therefore sense of struggle is greater? Lack of involvement of parent/s in planning and managing goals and supports may have resulted in less engagement from parents (<u>'we'</u> found that <u>a hell of</u>
Role of puberty in behaviour changes	370 371 372 373	asked them, 'But that isn't going to help him when he goes over to –'	<u>a lot</u> easier) (365) Signals puberty as a time of 'change' - more notable than other changes?
Awareness of own difficulties	374 375 376	I: secondary school P: 'the Tech', I said 'because he's only doing	(370) Hormonal changes were significant. Was this visible? Or is this just an expression used to talk about puberty?
Comparison of self with peers Negative view of self	377 378 379	fourth and fifth class work when he is in sixth class. When he goes over to the tech, I said, he's not going to do 6th class work, he's going to do like	
Lack of continuity /integration between Primary and Secondary school; Transition from Primary to Secondary	380 381 382 383 384	everybody else, I said, You're asking a child that already struggles with primary work to be a year behind and then to be able to jump and be at the same level as people at the Tech	(375) he had dropped down - in what? in mood? wellbeing? concentration? (376) "and he knew then he was different, he could sense then that 'Nobody else is like me'" - powerful sentence, a moment of realisation, a new self- awareness. Was it the feeling of things getting out of control that made Andrew realise? Or a developing self-awareness that came with age (6th
	385 386 387 388 389	I: So it's like jumping a whole year P: Well that's the way I took it up and I said it's impossible, I know he's going to struggle even harder and he gets the few bits of resource now	class)? Or the lapse in the medication effects highlighting the differences. (381-) discontinuity between primary school supports and secondary school. What is missing here? What would she see as a valid alternative? Primary school focusing on readiness for secondary school rather than catching up on previous work? Or perhaps some liaison with secondary school to ensure
	390 391 392	over there but they're not as inclined to be in contact with me	continuity?
Transition Bridging the gap not feasible	393 394 395	I: As much as – P: As much as the primary school would be. Ehm.	
	396 397	There's the resource teacher out there and does Maths and I would only hear her when I go over to	
Parental understanding of level of difficulty	398 399	the parent-teacher meeting.	(393)' to be a year behind and then <u>to be able to jump</u> and be at the same level as people at the Tech' - she feels that the gap is too large to bridge

	400	I: Ok. I was going to ask you why you think that	
Poor/limited	401	there isn't the same amount of contact, what would	
communication	402	you put it down to?	
between secondary	403		(398) brings in personal interpretation here. Was there a moment of
teachers and home	404	P: Just, I suppose, a bigger group, ehm, their age I	realisation from Mum that catching up might never happen? Or maybe that
	405	suppose, thinking that at that age, they should be	the close network of support in primary would not be there in secondary?
	406	capable of doing it and possibly relaying it to us	(401) 'they're not as inclined' - why does she express it like this? Is she
Home/school	407	themselves	unsure about whether this is the norm in secondary? Or hoping it might
communication	408		change? Trying to be respectful or politically correct?
	409	I: Ok, rather than the teacher	
	410		
	411	P: Rather than the teacher, you know. In the	
	412	primary school up here, in the resource they only	
	413	had about 3 or 4. In the tech they probably have	(408) Very limited contact with resource teacher - once a year
	414	about 10 or 15. So they probably have a bigger	
Home/school	415	group to look after than in the primary	
communication	416		
Achieving	417	I: So it seems kind of like a different challenge	
independence	418		
	419	P: It's very much a different challenge, very much	
	420		(415) it sounds like this does not happen in reality; there is a missing link
	421	I: I just want to go back, you mentioned Andrew	between what happens in school and what is communicated at home. At
Generic nature of	422	being in 6th class and realising that there was	what stage should adolescents like Andrew be given more responsibility,
secondary school	423	something different and	more independence?
supports	424		
Teacher/student ratio in	425	P: Mmm	
secondary school	426		
supports	427	I: Would you know what made him realise or do	
	428	you have a sense of what he noticed at the time?	
	429		(424) maybe it is the larger number of students at secondary level that results
Secondary school	430	P: Yeah, people started calling him stupid	in decreased communication with parents
supports	431		
	432	I: Okay	
	433		

	434	P: Ehm, people calling him stupid, teachers
	435	[pause] ehm, we had ehm 'an incident' over in the
	436	school and [becomes emotional] this is hard to talk
	437	about, and [long pause; holds back tears and
	438	continues] we had an incident over in the school
	439	when Andrew, it was 6th class, when Andrew ehm,
	440	we didn't realise his medication had to be changed
	441	and he was messing and everything and teacher
	442	
Bullying of students with SLCN	443	I: [offers tissue]
	444	
Lack of emotional reaction to child's victimisation	445	P: Thanks. The teacher in the class, her table
	446	would be here and she should be facing the
	447	children and ehm Andrew obviously had been
	448	messing and not doing the work. And she put him
Parental hurt because of child being victimised	449	on a table on its own, facing the wall behind her
	450	and he wasn't allowed to turn and look at the kids.
	451	And ehm I didn't realise that until one day he tried
	452	to take an overdose, of his tablets. I give him his
Parental role in management of medical issues	453	tablets every morning before he went to school and
	454	I had.- he came home from school and his eyes
	455	were really dilated and I asked was he alright, this
Parental feelings of guilt	456	that and the other and he said he was fine and I just
	457	had to check his prescription and he had 2 gone out
	458	of it, so when I said it to him he said yeah, he took
	459	2 because he wanted to be as good as the other kids
	460	[cries] and he didn't want to be stupid any more
	461	and he wanted to be the same. And so I sat down
	462	and I spoke to him and he understood the
	463	seriousness of it. I had rang [CAMHS location]
Parental feelings of guilt	464	and I spoke to 2 social workers up there but in the
	465	meantime I had spoken to Andrew and he was
	466	telling me about school and he had told me that he
	467	was sitting behind the teacher, facing the wall,

(430) Acknowledges that the parameters are different in secondary; different context
(443) makes this statement in a very direct manner, perhaps not typical of a parent who might otherwise try to tone down something hurtful like this. Is this a deliberate choice she makes to underscore the cruel nature of this action? Or does she just accept it as something that children do, a normal part of childhood interactions?
(448) seems careful about choosing the word 'incident' over any other term - trying to be politically correct?
(450) becomes emotional early into the recount of what happened; this is obviously something that still hurts, it is still 'raw'
(453) was she meant to realise? what *makes* you realise these things? i.e. how would another parent know or what would they have done differently? There could be a sense of guilt linked in
(461) 'obviously had been messing and not doing the work' - this was the norm

	468	because he had been caught messing. But it wasn't	
	469	only for today; she had him there for two weeks.	
	470	So she isolated him and - which brought him really	(464) again uses 'didn't realise' - is this a way of pleading her innocence, a
	471	down. So, we went over, we spoke with the teacher	way of saying that it was not out of carelessness? Feelings of guilt possibly.
	472	and we spoke to the principal and it was resolved	
Negative consequences	473	that way. But that's when he just went down and	
of difficulties with	474	he knew he was different to everybody else and he	
learning/bullying	475	struggled, big time, but- he came out on top, as I	
Parental reactions to	476	say, you know, so. He's a very happy child, you	
child's difficulties/	477	know. I had him over to the social workers and	
victimisation	478	they said he was fine, he wasn't depressed or	
Protective role of parent	479	anything like that and he got into art therapy and to	(473-476) 'because he wanted to be as good as the other kids [cries] and he
	480	this day, you wouldn't even think it, so it's very –	didn't want to be stupid any more and he wanted to be the same' - this
	481		episode gives a sense of the overwhelming unfairness and injustice of having
	482	I: That sounds like it was a very tough time	a condition which hinders learning. Who would blame the child for trying to
	483		do something about it? And yet the parent feels responsible in some way.
Inappropriate	484	P: Very, very tough, yeah. And I think the	She has the dual role of observer and guardian, which comes out here. The
management of students	485	children need the resources. The difficulty in the	emotion is understandable, perfectly natural
with SLCN by teacher	486	reading and the comprehension of the work that's	
Negative emotional	487	asked of them, the understanding of it all. If they	
outcomes of	488	don't understand it, it's not possible for the teacher	
victimisation	489	to do 1 on 1, so therefore some things do slip.	
Awareness of own	490	Unfortunately I think Andrew was just always the	(484-486) Inappropriate management by teacher. She seems very clear
difficulties	491	messer as well and he, it was put down to more of	about what effect the teacher's actions had
	492	him being a messer than struggling, you know	
Overcoming difficulties	493		
	494	I: In fact, I was going to ask you, if you had to	(488) It seems that the resolution was straightforward - the school part
	495	maybe look back on primary school or childhood,	(489-491) ' But that's when he just went down and he knew he was different
	496	if you had to put your finger on what was the most	to everybody else and he struggled, big time, - strongly worded statement, a
	497	helpful or what was useful at the time, what would	new reality dawned on the child, things weren't easy
	498	you say the most helpful, with services or with	(492-493) ' but- he came out on top, as I say, you know, so. He's a very
	499	schools, what things did you find helpful?	happy child, you know ' quite a contrast to previous statements - it seems
	500		that 'being happy' carries the greatest value, over and above anything else
Academic impact of	501	P: Sitting here now, thinking of, I'll say primary	that happened in the past.'

SLCN	502	school, definitely would have been the best time	
	503	for him, 'cause once that foundation was laid for	
	504	him, it definitely got him to where he is today and	
	505	I think the best thing was being able to actually	
	506	pick up the phone and ring [health centre location]	
Masking of difficulties	507	or [CAMHS location], if I had any problems or if I	(501) Explains the knock-on effects of poor comprehension
	508	had any queries; even if the resource teacher, I	
	509	could ring up the principal and talk to the resource	
	510	teacher. I didn't need to wait for weeks on end. It	
	511	was, ring them up, I'm having problems with	
	512	Andrew doing this, this. All right and you can	
	513	come over then tomorrow and we can go through	
	514	it. Or I talk to [SLT-name] and [SLT-name] would	(508) 'was just always the messer' - a defining characteristic
	515	arrange to meet up at the school to see where is he	(509-510) being the 'messer' can overshadow difficulties. Maybe that's why
	516	struggling most but we'll focus more on this, so I'd	the child engaged in it in the first place. Interestingly, never uses the term
	517	say the best thing is having that contact with them	'hyperactivity'.
	518	and I suppose, their helpfulness. I found them	
	519	brilliant if ever I needed them, I was able to ring	
High value of good	520	any time. That was the best thing for me, you	
supports (Primary)	521	know.	
	522		
	523	I: It made a difference -	
Accessibility of support	524		
services and	525	P: Oh it did	
professionals	526		(520-522) Again places high value on primary school years and the feeling
	527	I: to be able to contact them	of being supported
	528		
	529	P: Oh it did, yeah, ehm, [SLT-name] if I needed	
	530	anything from SLT-name, I was able to leave a	(524) 'I think the best thing was being able to actually pick up the phone and
	531	message and [SLT-name] would back to me, as I	ring [health centre location] or [CAMHS location], if I had any problems or
	532	said. Or through the resource, over at the school,	if I had any queries' the practical side of support - accessible, available,
	533	then, you know, so [pause] I'd say that [laughs].	supportive professionals
	534		
	535	I: That sounds good to me. So, coming back to	

	536	the present day, I wanted to check with you what
	537	year Andrew is in?
Accessibility of	538	
professionals	539	P: Andrew is now in 2nd year
Helpfulness of	540	
professionals	541	I: I wanted to ask you as well, how much you
	542	would hear from Andrew himself about anything
	543	he finds challenging or difficult? Would he speak
	544	about it openly, how would he tell you? Would he
	545	tell you much?
	546	
	547	P: No, he won't. He won't ehm unless you bring it
	548	up, he won't and he still, to this day, he'd still get
Accessibility of	549	very annoyed and frustrated that he has to do
professionals	550	homework. And the reason why he gets frustrated
	551	and annoyed is because he is not understanding
	552	still, what it is he has to do,
	553	
	554	I: Ok
	555	
	556	P: so I at this stage now, I'm working full time, so
	557	I don't always have to sit down with Andrew but,
	558	for a long time, I used to sit down with Andrew, do
	559	his work, go through it step by step and he'd get it
	560	done. But this year he's definitely on his own and
	561	he would look at the question and he would write
	562	down anything, just to have something down on
	563	paper and he hates homework because he doesn't
	564	still understand
	565	
	566	I: All right, ok
	567	
Lack of feedback from	568	P: So
child to parent	569	

(539) Reiterates same idea of staff being available, willing to work jointly for a common solution. Praises this approach highly. Also mentions their 'helpfulness'

Negative impact of SLCN	570 571 572	I: It sounds like, you know, homework is one of the biggest challenging, challenge	
Frustration from lack of learning	573 574 575 576 577	P: Homework is the biggest challenge with him, his biggest and I – His practical work in school, he's acing it, he's fantastic, hands-on, he's brilliant but when it comes to the theory part, he lacks it	(568) Andrew does not voluntarily report back about school; perhaps there isn't much to be proud of, few successes to tell others about? Does not see the need? or finds it hard to convey it? Or is this typical of a secondary school student?
	578 579	I: Ok	(570) Homework - a feeling of being out of depth leads to avoidance and negative feelings 'he'd still get very annoyed and frustrated that he has to do
	580	P: Big time	homework. And the reason why he gets frustrated and annoyed is because he
Difficulties with becoming more independent	581 582 583	I: Can you give me an example of the practical work	is not understanding still, what it is he has to do'
Parents role in promoting greater independence	584 585 586	P: Ehm [pauses]	
Parents letting go	587 588	I: Is it like woodwork	(581) "But this year he's definitely on his own" - it sounds like Mum had
	589 590 591 592 593 594	P: [laughs] yeah it's woodwork and metal-work that he's doing and he does art as well because he had the art therapy and art is good for him, so. But yeah, he's brought home a few things that he's made in woodwork and he's getting honours in them. But, if you combine the theory part, he fails	been considering the idea or attempted to step back before, possibly wanting to do it but not going through with it or feeling unable or afraid of possible consequences. Now she has taken the plunge, perhaps despite the fall-out of poor homework, frustration and other negative feelings
Academic challenges resulting from SLCN	595 596	it because he's not able for the theory part because although he knows what he's doing, he just can't	Is it harder for parents of adolescents with SLCN to 'let go'? Are the risks greater? Balance between support and independence seems hard for parents
Abilities in hands-on areas and non-language-based tasks	597 598	put it down on paper, so he struggles there.	to achieve.
	599 600 601	I: Ok. Would he speak about his strengths? Would he discuss the good things with you?	
	602 603	P: No, Andrew, sometimes can be very negative [pause] that thing we always have to watch with	(595) "Homework is the biggest challenge" (596) "His practical work in school, he's acing it" - clear contrast between

	604	him. He will always compare himself to his brother	practical and theoretical. Hands-on work is a strength.
	605	and, [brother's name] is allowed and [brother's	
	606	name] is – the eldest lad – is a bookworm, totally	
	607	different child altogether, and Andrew isn't. And	
	608	he's like well, [brother's name] reads all the time,	
	609	Why can't I not read? And I say, You can read, I	
	610	said there's nothing stopping you from reading. He	
	611	says But he doesn't know the words and he loses	
Hands-on strengths	612	the concentration then in it. And he'll pick up a	
	613	book, he'll look at it and he'll I'm going to read,	
	614	I'm going to read and 5 minutes later he'll put it	
SLCN/learning	615	down and he won't read	
difficulties knock-on	616		
impact on other	617	I: Ok	
achievements	618		
	619	P: So [pause] Ehm What other ways would he	(612) strengths in practical, hands-on work
Literacy issues	620	[pause] do, he'd ehm, I don't know now. He	
	621	doesn't, he comes home very, with the woodwork,	
	622	the metal-work and that, when he's the projects,	
	623	he'd be talking about them for weeks before he	
	624	brings them home and he'd be mad, This is	
	625	brilliant like. Watch what I'm going to do for you	(618) "not able for the theory part" - quite categorical in this and has given
Emotional and mental	626	and everything else. And he'll bring home then and	up hope of it ever improving, it seems
health impact of SLCN	627	he'll be on such a high then because he knows he's	(620) "can't put it down on paper" - clearly a language/literacy issue. Basic
	628	done really well, so I suppose in that sense, he	language skills are not enough at this level? Requires complex language?
	629	does talk about the things he's good at, you know	
	630		
	631	I: Ok	
	632		
Poor literacy	633	P: In schoolwise but ehm, when it comes to the	(626) negative feelings - parents feel they have to 'watch' - is there a risk it
	634	reading, he's lovely handwriting, when it comes to	could spiral out of control?
	635	then, to the homework, questions and that, he	(628) negative feelings caused/exacerbated by comparison - is it avoidable?
Cycle of failure	636	won't. If you get him on a good day, sit him down,	seems unavoidable
	637	talk to him, Right, Well come on, just read a bit for	

	638	me, he still struggles to break down the words and	
	639	he's reading it but he's not taking it in because, as	
	640	soon as you asking him the questions afterwards,	
	641	he still doesn't know, although the answer is just	
	642	there, he still doesn't know, so I –	
	643		
	644	I: Ok	(637) It seems difficult to find any pocket of success, any positive experience to build on, a vicious circle, where one of various parts of the machinery will not function
	645		
	646	P: have given him dictionary work, he still	
	647	[laughs] doesn't get it. Yeah, and I think at this	
Positive impact of success in hands-on areas	648	stage he's just going to really carry on like that and	
	649	that's gonna be his downfall	
	650		
Positive impact of success in non-language areas	651	I: Ok. And in terms of how, I'm trying to think	
	652	how Andrew, whether he has an understanding of	
	653	his own difficulties or, kind of, how what his	
	654	understanding is like of his own difficulties. I	
	655	know you mentioned he compares himself to his	(648) " he'd be talking about them for weeks " - in contrast, the experience of success is exhilarating, eager to discuss these successes at home.
	656	brother, or he might speak negatively about	(650) " Watch what I'm going to do for you " - Looking for approval, trying to highlight ability, success
	657	himself	" he'll be on such a high then because he knows he's done really well" - exhilaration
	658		
Strengths in non-language areas	659	P: Yeah. Ehm, [pause] can you say that to me	
	660	again James, sorry?	
	661		
Limited Motivation and Perseverance	662	I: Do you think Andrew understands what his	
	663	difficulties are?	
	664		
	665	P: He does, he does understand them because I'm	
Repeated failure (in SLCN, literacy, learning)	666	very open with both of them and I'll explain to	
	667	Andrew he needs to do this, even though it's tough	(660) handwriting is a strength
	668	and it's hard. And he'll tell me he can't. I said 'But	
	669	you're going to , you're gonna have to push	(662) more motivated to try on a good day; coaxing needed to persevere at something which is inherently hard and associated with experience of failure.
	670	yourself. What comes easier for one child', I says	
	671	'Andrew it's not coming as easy for you.' I said	

Setting realistic expectations for the future	672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691	'You have to put that extra work in'. I says 'to get that, to that same level' and he'll be great and he'll do it and he'll put the effort in but it wears off then very quickly because he gives up on himself then. And he'll just say I can't do it Ma, you know, so... that way he does talk. Other times, he'd rather just brush it under the carpet, I suppose, you know. Ehm the first thing I'll ask him when I come in is 'Did you get your homework done?' 'Oh yeah Ma' 'Any notes?' 'No Ma' and you'll always know then if he's got it because he'll leave it out and open for you, you know. If it's closed, and put away you know he's had a bad day where he's just written down everything and when you say it to him, he gets annoyed that you had to rub it all out and start all over again and then he gets really negative 'Oh, why can't I not do this and why can't I not be able to do this and that, so he gets then down, you know, so.	(666) the cycle of poor retention, lack of success, failure, continues (673) " and I think at this stage he's just going to really carry on like that and that's gonna be his downfall" - has come to terms with the prospects for the future. But is there any light at the end of the tunnel? Is there any room for thinking more creatively about prospects? Or is this a realistic point of view?
Openness about SLCN between parent-child	692 693 694 695	I: Ehm, I was wondering could I jump to something else. Could you tell me about friends, relationships? And would you feel that Andrew's communication has an effect on that?	
Motivational talk by parents Perseverance	696 697 698 699	P: Oh it does I: How does he get on with them?	
Motivation, loss of	700 701 702 703	P: His friends, Andrew would make friends with anybody.	(692) Mum feels that because she has been so open about Andrew's difficulties, he understands what his difficulties are.
Avoidance of difficulties	704 705	I: Ok	(696) Mother engages in motivational speech and coaxing to stop her son from giving up and persevere with academic tasks

	706	P: I would say he has no problem going out and	
	707	making friends. But he does have a problem	
	708	keeping friends. He's grown up here practically all	(701) " he'll put the effort in but it wears off then very quickly because he
	709	his life and he doesn't have a best friend. Ehm.	gives up on himself " - even when an attempt is made, it seems to be short
	710	[Pause]. He struggles. He doesn't understand the	lived. How does this impact on Mum? Does she start to give up too?
	711	lingo that they speak, you know, the social aspect	
Awareness of own	712	and he doesn't pick up on it and then when he	
difficulties	713	does, he picks up on it wrong and then, they laugh.	(705) avoidance of difficulties or challenges
Parents letting	714	There is another lad here that is the same as	
go/independence	715	Andrew. He's ADHD and I have found that a	
Cycle of failure;	716	couple of the other lads, of their peers, have	
Emotional and mental-	717	persuaded them to do things. Do you know what I	
health impact	718	mean? They say, 'Oh come on lads', you know and	
	719	they are, they are easily persuaded	
	720		(712) shows clear awareness of difficulties with homework
	721	I: All right	
	722		(714) this sounds like an interaction with a primary school child. Somehow
	723	P: You know. Because they think they're in with	contradicts earlier idea of 'being on his own now'
	724	friends, you know. They're getting that bit of	
	725	attention and so they do it but then they end up	(717) sense of failure or inability; leads to negative feelings, low self-esteem
	726	getting into trouble	
	727		
	728	I: Right	
	729		
Strength in Social-skills	730	P: You know. But thank God, now, there was	
	731	nothing ever serious, you know, but ehm, yeah	
	732	they're very easily led like that and [pause] he	
	733	wouldn't have many people knocking for him, you	
	734	know, I actually find it's the young kids that would	
	735	maybe call for him, you know and I think that's	
	736	just the wavelength that Andrew is on, rather than	
	737	the older group, you know ehm [pause]	
Long-term negative	738		(730) no difficulties making friends; Or perhaps befriending others
impact of SLCN on	739	I: Would you be able to think of anything –	indiscriminately?

close relationships	740		
	741	P: He goes	
	742		
	743	I: Sorry	
	744		(736) despite pro-social attitude, the relationship with friends is not maintained
	745	P: No, he goes, he loves music, absolutely loves	
Social vulnerability	746	his music and I can tell you, which is why I do be	
	747	in conflict with myself with him, because when it	(738) never had a best friend - this seems like very telling evidence of the significant impact of communication difficulties on Andrew's daily life. Mum highlights the role of misunderstandings, poor language comprehension and the consequent ridicule
	748	comes to homework he struggles so much but	
	749	when it comes to the music he remembers	
	750	everything and he only has to hear one beat of a	
	751	song and he'd tell you who sings it and he's very	
	752	good like that ehm. He's very creative but, when it	
	753	comes to the homework, that's where he lacks- so I	
	754	know he has it in him but it's just when, I still	
	755	haven't found the right way, I suppose. But when	(746) Manipulation by peers, shows vulnerability and an eagerness to please and be accepted
	756	he goes to the discos, he'll have no problem going	
	757	down, on his own	
	758		
	759	I: Ok	
	760		
	761	P: So he has that confidence	
Vulnerability; lack of popularity	762		
	763	I: Right yes	
	764		
	765	P: Do you know, he comes across that he doesn't	
Social immaturity	766	always need somebody. He's happy to sit down,	
	767	play the X-Box, or he'll go to the disco or he'll go,	
	768	he's part of a youth club and he goes to the [Youth	
	769	Club name],	(760) is there a certain amount of protection in staying local?
	770		
	771	I: Ok	(762) vulnerability
	772		(763) communication/behaviour difficulties impact on social competence, not popular with friends
	773	P: And it would be no problem for him to go	

	774	down on his own and he'll mix down there, you	
	775	know so	(766) immature thinking and behaviour
Strengths in Non-language areas	776		
	777	I: Ok	
	778		
	779	P: There's good thing that kind of come out of it	
Contrast between strengths and weaknesses	780		
	781	I: Yes	
	782		
	783	P: As well	
Belief in child's potential	784		
	785	I: Ehm, I was going to ask you, if you were to	(776) another strength is music
Parental role in fulfilling potential	786	think of something which would help him to keep	
	787	his friends, what would help him to keep his	(778) Mum feels confused about ability to retain information related to
Social strengths	788	friends?	music in contrast to lack of retention in academic areas.
	789		
	790	P: To keep his friends? I suppose, I [pause] I don't	
	791	know James, I honestly don't know. It's, the way	
	792	the children are nowadays, the way the children	
Social strengths	793	are, I could say you could I suppose have the top	
	794	of the range of stuff that everybody else and to be	(785) "I know he has it in him" - the ability to succeed
	795	able to share that	(786) "I still haven't found the right way, I suppose" - Perhaps Mum feels
	796		she is responsible for bringing out this ability? Or maybe she lacks an
Independence (in non-academic areas)	797	I: Mm hmm	explanation for it?
	798		(788) Social independence - in his comfort zone
	799	P: And I don't believe in all that though so I	
	800	suppose	
	801		
	802	I: Are you talking about, kind of, material things?	(793) confident going out to discos - mix of strengths and weaknesses in
	803		social arena; could the musical element be a source of confidence for
	804	P: Yeah, they're online, they're on Facebook, and	Andrew?
Social strengths	805	I'm very wary of all of them, so I don't allow him.	
	806	I swear all his other peers would be on it, and so, I	
	807	suppose, that stops an awful lot of. Now we have	(797) Mum thinks of further areas of ability and independence, almost

	808	allowed him on Facebook but like that it's	counterbalancing earlier statements about academic weaknesses
	809	monitored and he doesn't always be allowed on it.	
	810	He's not allowed online, on Playstation anything	
Positive impact of	811	like that and that's all, he'd be saying, 'But mam,	
successful experiences	812	all my friends are online Mum, I'm not' d'you	
	813	know. After the discos and that he'd come back	
	814	with 2 or 3 friends and he'll want to stay out and I	
	815	won't let him because the discos never, his age-	(805) social strengths - is the vulnerability that manifests in the
	816	group is over at 11 o'clock.	neighbourhood existent in other places e.g. discos, youth club?
	817		
	818	I: Ok	
	819		
	820	P: So, to me, [pause] that's -	
	821		(811) perhaps the confidence has been built up gradually, with experiences
	822	I: And where –	of success over time?
Role of technology in	823		
social interaction	824	P: he's only 14 and that's very late for him to be	
(helpfulness vs	825	out and there's nothing out there for him at eleven	
unhelpfulness)	826	o'clock, half eleven at night	
	827		
	828	I: Ok	
	829		
	830	P: you know, so –	
	831		
	832	I: Is the disco part of something else, part of a	
	833	school group, [Youth Club name], ?	(823) Refers to competence or access to technology, social media as a
	834		possible factor in social ability and ability to keep friends. She is unsure
	835	P: No, no, it's a group that started up here not so	about what would help. Parents are not present in social situations, this might
	836	long ago, [Group name], it's called [Group name],	limit the info they have/receive? Social environment is challenging and
	837	ehm, and it's only been here about 3 months	perhaps unforgiving or very demanding
Benefits/risks of social	838		(827) sceptical about role of technology (gadgets) or other material
media use	839	I: Ok	possessions in promoting improving friendships
	840		
Vulnerability and	841	P: and he goes to that every month	

protection from social media	842		
	843	I: Ok	
	844		
	845	P: And we do set challenges for Andrew. Ehm	
	846	Right well if you do get so many of your stars in	
	847	school or if you get your homework done and no	
Wanting to fit in	848	notes, well that's your prize, that's your goal at the	(838) Specifies that she is referring to social media and is sceptical about its benefits for her son, aware of risks
Peer pressure to be the	849	end of it, you know	
same	850		
	851	I: Ok	(841) "that stops an awful lot" - minimises the risks associated with social media use. Goes on to qualify that there is some controlled access. In Mum's mind it seems as if he is not online at all and the controlled access is only a token gesture?
	852		
	853	P: But it still doesn't stop the everyday struggles	
	854	of-	
	855		
	856	I: Absolutely	(846) Peer pressure. Andrew wants to be like his friends
	857		
	858	P: the homework, you know, you could beat your	(848) who are these friends? new friends on the day? Neighbourhood
Vulnerability and	859	head off a brick wall sometimes [pause]	friends? School friends. Or just friends who are on the periphery and come in
protection	860		and out of his life?
Negotiation of	861	I: Would you	(849) "he'll want to stay out" - again, wants to be like his friends
boundaries	862		
	863	P: But so, I suppose if I was to let him out until 12	
	864	o'clock at night, let him online, and all of that, well	
	865	then he'd probably be able to communicate better	
	866	with them but unfortunately I don't believe in that	
	867	[laughs]	
	868		
	869	I: Ehm, I suppose, there are risks as you –	
	870		(860) " there's nothing out there for him at eleven o'clock, half eleven at
	871	P: They are, yes, and unfortunately, he's only 14	night " - Mum feels need to protect Andrew; seems part of typical parent-
	872	and he's [pause] he would be easily led and he'd	teenager negotiation of boundaries; however you wonder how much the
	873	do anything for the laugh and he wouldn't see the	vulnerability caused by ADHD/language difficulties adds to this
	874	seriousness of it and I certainly wouldn't put him	protectiveness
	875	in the situation where anything like that could	

	876	happen. Call me overprotective James but [laughs]	
	877		
	878	I: No, I'm certainly not making any judgment	
	879	there but-	
	880		
Motivation and rewards	881	P: he was part of the GAA and the, the soccer, the	(870) Not clear if there is any structure or monitoring of the disco
	882	football and he absolutely loves it and but like that	
	883	when he's going for the matches, he's not getting	
	884	picked to play, you know it's always their own	
	885	cronies, you know and then a couple of the lads	
	886	then that would, would be, if he kicked it wide,	
	887	would be, 'Oh Andrew!' [mocking tone], you	
	888	know, so he kind of then gave up with that as well.	
Benefit of rewards	889		
	890	I: You were saying that the discos and [Youth	
	891	Club name]	
	892		(881) going to the disco is something high on Andrew's agenda. Does it motivate Andrew to work harder in school?
	893	P: Yeah	
Frustration due to lack of progress	894		(883) Are the notes given for bad behaviour? Or for perceived academic shortfalls? (i.e. not putting the work in). Are they managed fairly?
	895	I: Are quite good experiences for Andrew	
	896		
	897	P: They are because he does mix with them but I	
	898	honestly couldn't say, 'Well he has one best friend	
	899	that would call here all the time for him' you know	
Role of social media	900	or he would never say it to me 'Mum, I'm going	(889) It has limited impact on day to day academic "struggles"
Societal pressures on parents	901	down to such and such'. Every day it's just 'I'm	
	902	going to see who's out' and he'll, sometimes he'll	
	903	hang around with a couple of the girls, [friend1-	
	904	name], [friend 2-name]. He may just hang around	
	905	with them for, a while, then they'd come in, then	(894)" you could beat your head off a brick wall sometimes" - the expression captures the parental frustration associated with lack of progress despite support given
	906	they'd go off somewhere else, then they'd come	
	907	back in, so. But as regards in order for me to help	
Vulnerability and protection	908	him, to keep up with his peers [pause] unless just I	
	909	let him do, what he wants to do, I can't allow that	

	910 911 912 913 914 915 916 917	either. So it's a different society for kids nowadays now than for us, I just don't agree with it. Sorry [laughs] I: Ehm, great, ehm, we touched a little bit about independence as well. I suppose when we were talking about the disco, that was an example of	(899-903) Why does she say this? Does she perceive a pressure/judgment from me or society in general that she should be more permissive in the social area? The laugh at the end of the statement might indicate some nervousness or discomfort about her position? Feels the need to justify it.
Leisure/enjoyment skills in non-academic areas Social exclusion in sports	918 919 920 921 922 923 924 925 926 927 928 929	P: yeah I: Him being independent, and going down and coming back up P: The confidence, yeah I: Ehm, would you see any other examples maybe of Andrew being independent or maybe finding it hard to be independent, needing more support from, from you?	(907-912)Here provides a detailed justification for her stance. It seems completely reasonable. " he wouldn't see the seriousness of it and I certainly wouldn't put him in the situation where anything like that could happen " - this wording captures really well her awareness of what the risks are and what the implications might be. I am sure she has learned from experience and this has not developed overnight.
Social/friendships; fleeting between friends? Awareness	930 931 932 933 934 935 936 937 938 939 940 941 942 943	P: No, Andrew actually can show very much his independence. He'll, I suppose, getting himself up, I don't always have to call. Ehm His independence, I suppose, getting himself something to eat, he's starting to cook for himself, he looks after his own hygiene, all of that now he's very much independent on. Ehm he's 14 years of age and if I want to go out for half an hour here and he's on his own, he's 'Mum, I'm ok' as I said, he's shown his independence there. I: Ok P: He knows, he's not stupid, he knows what he	(919) "he absolutely loves it" - this suggests that sports could be a meaningful part of Andrew's life (920-924) Sports contains a social aspect (being included/excluded in a team, teasing) that is over and above sporting skill and is challenging for Andrew

Protection/Vulnerability Societal pressure to be more permissive	944 945 946 947 948 949 950 951	has to do. He knows he comes in, he locks the door, d'you know what I mean. He's, he's smart like that, you know, ehm, [pause] independence otherwise, I suppose, just when he sees something he likes, he does go for it and that shows confidence to me and he has the confidence to do it but only when he really wants to, so, that be it now	(935) This part is confusing. She contradicts earlier statements about not having a best friend and not keeping friends. Maybe she perceives them not to be 'close' friends?
	952 953 954 955 956	I: And then I'm thinking as well, I know other things that other parents have mentioned to me, would be things like maybe going to the shop or ehm	(940) It seems that there is some significant social interaction with peers. He might find it easier to socialise with girls. Is the best friend who calls around a girl? Could that be why he never tells Mum he is going out to meet that friend?
Independence/ Confidence	957 958 959 960 961 962 963 964 965 966 967 968 969 970 971	P: I'd send Andrew to the shop as part of a memory programme, ehm I wouldn't see it as being independent ehm, I, we do the memory exercises and that with him and it would be giving Andrew say 5 items to get from the shop and he'd come back with them, do you know what I mean? Now, the odd time, he wouldn't but he wouldn't have the cop on, well he's starting to have the cop on now, that if I send him over for Brennan's pan and they didn't have Brennan's pan, he wouldn't think, 'Sure, I'll get this white pan', you know, but he's starting to show 'But Ma, this one was the cheapest one', so he's shown, you know that he's using the brain	(945) comes back to the earlier issue of parental control around social situations and social media. The wording suggests Mum feels there is an agenda (socially, from professionals perhaps, from me?) that she should be doing something " to help him, to keep up with his peers" and again feels need to defend her stance - "it's a different society for kids nowadays" - perceives more risks than those for previous generations. (951) this may show some nervousness about her stance
Independence; daily living skills	972 973 974 975 976 977	I: Ok P: So yeah it's, he's 14, I know he's not at the level where all the other kids are but for what he does he's, to me, he's very much up there but yeah	(963) interestingly responds to the notion of 'independence' with the idea of

402

			'confidence'; going to the disco mainly shows his confidence in that scenario. Maybe she considers them to be inter-related qualities?
	978		
	979	I: I suppose if we had to think of Andrew now	
	980	and kind of, to have a think about what's most	
	981	helpful now, in terms of services, school. What	
	982	works best for you?	
	983		
Independence and daily living skills	984	P: Well at the moment he's not getting anything.	(970) here provides several examples of good skills that lead to
	985	He does attend [SLT-name], I don't think he's	independence. These are real strengths. Have these come easier because they
	986	finished with [SLT-name], it's just a break at the	are hands-on? There is no social vulnerability here, could that be a factor?
	987	moment, ehm, what's the most helpful? [laughs].	
	988	the most helpful for him, at this day and age, for	
Confidence and self-belief	989	Andrew, would be himself because he keeps	
	990	himself now on track because he doesn't get the	
	991	resource. Ok, he's getting resource and that in	
	992	school but not to the level that he should be and I	
	993	know he's not getting it to the level he should be	
	994	and he doesn't see [SLT-name] as much but they	
	995	all set the foundation for him, so I think Andrew in	
	996	himself, because he does keep himself in control,	
	997	ehm, in every way, you know. I know that sounds	
	998	contradictory to what I was saying about his	(984) "He knows, he's not stupid, he knows what he has to do. He knows he
Fostering independence	999	homework but if you knew Andrew a while ago,	comes in, he locks the door, d'you know what I mean. He's, he's smart like
SLT goals	1000	and the temper and knocking himself, he has	that, you know" - Mum is really emphasising the point here about his cop on
generalisation	1001	definitely turned that corner, so but definitely him	in certain areas of daily living skills. Is she trying to contrast with the
	1002	himself. And I suppose again it will come back to	previous talk of academic difficulties and social vulnerability? These are
	1003	[SLT-name] because again if I still have a problem	definite strengths. But are they too basic? Are they a given with other
	1004	with Andrew I'll still ring [SLT-name]	teenagers?
	1005		(989) "when he sees something he likes, he does go for it" - has confidence
	1006	I: I was going to ask you is that still available	and self-belief
	1007		(991) "he has the confidence to do it but only when he really wants to, so,
Skills for Independence	1008	P: you know, it is, I'll ring [SLT-name] and say	that be it now" - attempts an explanation why he might drop out of things,
(problem-solving)	1009	well look, Andrew was this, this, this, you know	despite motivation
	1010	and she'll say Right well, you'll try and ring here,	
	1011	you know or we'll do that, you know. So [SLT-	

	1012	name] and Andrew	
	1013		
	1014	I: So, ehm, great ok. And then something I'm	(999) It seems that here the intention is to train Andrew's memory but some
	1015	asking to all parents, if you had to, I suppose,	independence and reasoning/problem-solving skills are developing out of
	1016	imagine a situation where resources weren't an	this type of task
Gap with peers;	1017	issue in the country and services and schools, and	
Fulfilling potential in	1018	if you were to say what the ideal type of services	
the eyes of parents	1019	what or what the ideal type of school would be,	
	1020	how would you imagine it to be?	
	1021		
	1022	P: [laughs]	(1007) "he's starting to have the cop on now" - Mum can see some aspects of
	1023		problem-solving and verbal reasoning developing
	1024	I: What would be -?	
	1025		
Reduction in supports	1026	P: Smaller class sizes and programmes actually	(1011-1013) answer started with memory programme idea but here it is clear
	1027	fitted for the child's ability, you know rather than	that there is more than that happening
	1028	setting them up to fail, set them up to win, to	
	1029	achieve something because once they have that	
	1030	positivity in them, they'll strive, you know. Set	
	1031	Andrew up in school to have goals to meet, set by	
Applying skills in	1032	the school and he's failing them, that's a knock-on	(1017-1019) compares skills with those of peer group; he has made some
practice, self-	1033	effect, rather than going, 'right, well Andrew This	gains but not to the same level; it must be a confusing notion to explain to
management	1034	programme is laid out for you. If you can reach	others
	1035	this, brilliant'. And then he's able to reach it and	
Personal responsibility.	1036	then that's an achievement. Again, it will bring	(1020) "but yeah" - shows the contrasting nature of the 2 realities above
Greater self-	1037	him up, give him more confidence and he'll get	
management in	1038	there but I think the layout of the system, there's	
adolescence	1039	too many children, I suppose, in the school and in	
Maturity	1040	the classes, so I suppose, smaller groups. Teaching	
Dealing with	1041	more equipped and teachers with more training on	
anger/frustration	1042	children with disabilities, learning difficulties,	
	1043	rather than just seeing them as being lazy or	(1027) Multiple ideas being expressed here. The external supports are less
	1044	anything like that. More training, more	than they used to be.
SLT as source of	1045	understanding of the kids. And everyone should	

support and guidance	1046 1047	have an SNA [laughs] Like there was enough of them to go round when Andrew was in primary.	
	1048 1049 1050 1051 1052	He has a bit of resource there, I think he could do with more resource, rather than putting him in with a group of children that are far more advanced than he is and making him feel small and little and not being able to do it. Get the children that are	(1032) Therefore Andrew has to consolidate and apply in practice (keeps himself on track) the skills he has learned in the past (the foundation); self-management.
SLT as source of support and guidance	1053 1054 1055 1056 1057	struggling together, give them their own class, set out their own programmes and give them the achievements, let them achieve the same level, as what they're capable of, rather than setting them up to fail, so I would love that.	(1035-1040) Is there a sense here that personal responsibility also increases with age. In the past it was parents/SLT/teachers. Now Andrew needs to do more by himself, they cannot always be there for him? Greater self-management in adolescence.
	1058 1059 1060	 I: You explained that really well 	(1044-1046) There are signals that some of this personal responsibility and assimilation of skills has started to happen. (turned a corner) An improvement in self-esteem and self-belief. Dealing with anger/frustration has improved
	1061 1062 1063	P: More resource definitely and teachers have to be trained more in it, you know, because I don't think they are, you know, so.	Could it be that the problems of the past are more vivid in her thinking about Andrew? Or perhaps they were more prominent in the past but a bit less now, reduced in scale. Earlier parts of interview were more negative.
	1064 1065 1066 1067 1068	 I: Ok, ehm, then just, I suppose just to tie it up, ehm, where, where do you hope Andrew will go in the future and what do you see the future like? 	(1047) Support and guidance from SLT is still available. Interestingly no mention of school here. Why? Less accessible? Have some bridges been burnt? Wouldn't know family as well as SLT who knows them a long time?
Improving educational setup for students with SLCN/other needs	1069 1070 1071 1072 1073	P: Well already Andrew is telling me he's not doing his Leaving Cert, you know, he's, he's going to find it too hard, you know and my eldest lad is doing his leaving cert and Andrew sees the workload that has to go in and that scares him. He	(1055) guidance from SLT; changing role of SLT
Goal setting in school tailored to abilities	1074 1075 1076	says, 'Ma, I'm not doing the Leaving Cert and I'm not going to College'. So he's already setting himself up to fail because the levels that are put in	
Tailoring programme to individual needs to bring success	1077 1078 1079	place for him to achieve and he knows he can't reach them, so therefore he's already working himself up to not – do you know what I mean? –	

	1080	he's putting himself already to fail [pause] but ehm	
	1081		
Improving educational	1082	I: Even though it's still so far away	
setup.	1083		
Teacher training.	1084	P: Even though it's still so far away but that's the	
	1085	way he's doing it, he's looking like that you know.	
	1086	Ehm, where do I see him? I hope he does his junior	
	1087	cert, I hope something comes about for him, that	
	1088	they change the Junior Cert cycle, that they	(1071) Has very clear and definite ideas here. Must have reflected on this
	1089	understand that children with difficulties do not	numerous times in the past.
Belief in 1 to 1 support	1090	reach the same level, the same requirements as a	Highlights smaller class sizes, tailor-made programmes for individual
	1091	normal child and until something is done about it	students and individual goals for each student.
	1092	they are setting him up to fail. And I think	(1075) " once they have that positivity in them, they'll strive " Success will
	1093	Andrew, if something like that is put in place,	breed success.
	1094	Andrew will strive big time, but at the meantime, I	
1 to 1 support	1095	hope he just goes on to do his Junior Cert. I know	
Tailor-made	1096	that sounds terrible from a mother but to be	(1079) Tailor made programme
programme/ goals to	1097	realistic with him, you know, he's struggling	
promote success	1098	already so much, you know. Ehm Do I want to put	
	1099	my child on the border where it gets too much for	(1082) "it will bring him up, give him more confidence" - would lead to
	1100	him and it gets too much altogether or do I let him	success, achievement
Cycle of success	1101	keep going at his own pace, which is exactly what	(1084) smaller class sizes
	1102	I will do. I certainly and I have to say, Junior Cert	
	1103	definitely, I hope he does transition year because	
	1104	it's a working year and if he doesn't want to go on	(1087) better teacher training to increase awareness of students with learning
	1105	for his leaving cert I certainly am not going to push	needs and better perception of them
	1106	him because I think I'll be pushing against a brick	
	1107	wall	
1 to 1 support	1108		(1091) How would an SNA help? keeping on track? 1 to 1 support? staying
Teacher training	1109	I: Mm	out of trouble? Laughter again might show she thinks this is unrealistic
	1110		
	1111	P: And I wouldn't put that pressure on him	
	1112	because I'm then setting him up to fail, so, if I get	(1095-1097) " I think he could do with more resource, rather than putting
	1113	Junior Cert, if I get Transition Year out of him, I	him in with a group of children that are far more advanced than he is and

	1114	would be a very happy mother, so. [pause] I'm, as	making him feel small and little and not being able to do it " - these words
	1115	I said James, unfortunately I am very up and blunt	are very powerful; it feels like the academic setup is failing this student in
	1116	at times	many ways
Educational	1117		
Assessment; Measures	1118	I: No, it's good -	
of success	1119		(1101) stresses achievement as being key to success
	1120	P: and it's a reality I have to face with Andrew,	
Fear of failure	1121	you know, so.	
Cycle of failure	1122		
	1123	I: And, as you said, you had that experience in	
	1124	6th class, which was –	
	1125		
	1126	P: Yeah, Which is why I certainly wouldn't put	(1108) more individual attention for each students and better teacher training
	1127	him through all that again, you know. Like he's-	
	1128		
	1129	I: Kind of, he's been through that, you know	
	1130		
	1131	P: Yeah, he's come out the other side of it. He is a	
	1132	very positive child and he's very big-hearted and	
	1133	he would do anything for anybody and as I said,	
	1134	he'll go out, he'll make friends so easily but he	
Measures of success	1135	doesn't get to keep them. He's always here, there	(1117) Her talk about Andrew wanting to opt out of the Leaving Cert is
Academic assessment	1136	and everywhere, he's a bit of a wanderer I suppose,	indicative of the status of this qualification as the gold standard measure of
difficulties	1137	hands in many pies [laughs] but, no he's very good	educational success. It contrasts with the previous ideas of individual goals
Need for change in	1138	like that but when it comes to school, they really	and tailored programmes.
assessment process	1139	need to reassess it, you know. They're thinking	(1121) "sees the workload that has to go in and that scares him" fear of
Role of assessment in	1140	about bringing in this junior cert, where it's being	failure, feeling out of his depth. Similar to (34-36)
determining	1141	marked by the teacher; I certainly don't want that	
success/failure	1142		(1124) Does this relate to earlier talk of comparison with others? Or just the
	1143	I: Really?	way the system is geared towards Leaving Cert?
	1144		
Societal expectations	1145	P: I don't because I know, Andrew is only in	
Matching goals with	1146	school 2 years and I know we've already had	
abilities	1147	problems with a couple of the teachers, you know.	

	1148	And it's not for the fact Andrew was being really	
	1149	bad and cheeky or anything like that, it's just	
	1150	Andrew is not meeting their levels	
Wellbeing above	1151		
academic achievement	1152	I: Ok	
	1153		
	1154	P: Do you know what I mean, he's, according to	(1136) believes that systemic changes are needed; assessment methods have
	1155	them, he's not putting the work in but they don't	to be adapted to student profiles to show their achievements
Matching goals and	1156	see what he does home here, do you know what I	
abilities	1157	mean, and ehm and I know a couple of the teachers	
	1158	would be very much biased against him and	
	1159	wouldn't give him the marks, you know so, I don't	(1141) consequences of poor-fitting assessment methods are severe in her
	1160	approve of that and again I think that it's going to	view
Matching goals and	1161	go against an awful lot of kids that are struggling	
abilities	1162	in school that don't get along with the teachers.	
Societal expectations	1163	Because I don't care what anybody says, you can	
	1164	be objective to a certain level. But ehm, if you're	(1145) What sounds terrible? that he might not do his Junior Cert? Aiming
	1165	having a bad day marking his report, it's going to	so 'low'? I think she's being realistic. Perceived societal expectations.
	1166	come into effect, isn't it? But hopefully –	
	1167		(1148) Considers consequences of setting up unrealistic goals ("gets too
	1168	I: That's	much") and prioritises child's wellbeing over academic success as measured
Being realistic	1169		by the Junior Cert.
	1170	P: I'll take each year as it comes with Andrew. If	
	1171	Junior Cert, Transition Year, I'd love him to do	(1152) Here seems to say that the Junior Cert is a desirable and possibly
	1172	because it will definitely give him a break from the	realistic target
	1173	leaving cert. It will give him an idea of what he	
	1174	really does want to do. Now he wants to be a DJ,	
	1175	said, he loves the music and, you know, hopefully	(1156) the Leaving Cert is at a higher level, a different league and Mum
Parents prioritising	1176	he'll see what it's all about and he'll go, 'Well, if I	seems less intent about it as it is probably unrealistic (brick wall)
wellbeing	1177	want to do this, I have to do the Leaving Cert' and	
	1178	he might push himself then but I wonder if he'll do	
	1179	that. I'll take each year as it comes James, so, ask	
	1180	me that again in 2 years time.	(1161) Clarifies here that Junior Cert and Transition Year are her targets,
School assessment	1181		whilst Leaving Cert may be too ambitious a goal

system not meeting adolescents' needs	1182 1183	I: Let me have a look. I think we've covered all the questions	
	1184 1185 1186 1187	P: Hopefully I have answered them for you properly	(1165) Does she feel 'blunt' because she has stated that Leaving Cert would be an unrealistic goal?
	1188 1189 1190	I: You have and thank you so much for being so open about it	(1170) Alludes to need to be realistic
	1191 1192	P: Thank you	
	1193 1194	I: So, I'm concluding the interview here. I'm going to switch off the recorders.	
	1195 1196 1197 1198		(1176) Previous incidents were an eye-opener
Teacher expectations mismatched with student ability Assessment bias	1199 1200 1201 1202 1203 1204 1205		(1181) Contrasts some of Andrew's personal characteristics, which are mixed but acceptable in her eyes, with the school system (15-16) and its pitfalls in defining / assessing achievements, in mother's view.
Teachers' lack of knowledge of SLCN Misinterpretation of difficulties	1206 1207 1208 1209 1210 1211 1212 1213 1214		(1190) Disagrees with proposed new Junior Cert cycle "I certainly don't want that"
Assessment bias and	1215		

poor knowledge of SLCN	1216 1217 1218		
	1219 1220 1221 1222		(1201) Problems in school not due to bad behaviour but due to academic expectations not being reached; could it be a case of the system being teacher-oriented rather than student centred? "their levels" rather than 'his individual objectives'? Mother feels this would lead to bias in assessment.
Having realistic expectations; Setting short term goals	1223 1224 1225 1226 1227 1228 1229 1230		(1206) " according to them, he's not putting the work in but they don't see what he does home here " - teachers may misinterpret struggle as poor effort; is it due to lack of training? Lack of communication between teachers and parents may play a role in this. Perhaps Andrew does put in a poor effort at times, in the same way a typical teenager might.
Role of ambition in driving achievement	1231 1232 1233 1234 1235 1236 1237 1238 1239 1240 1241 1242 1243 1244 1245 1246 1247 1248 1249		(1213) Mum feels that other students who struggle would have the same problem with being perceived negatively by teachers (1216-1218) Bias will impinge negatively on grading of exams (1223) "I'll take each year as it comes with Andrew" - parental hopes may differ from the way events unfold and what is realistic in the changing context of each year in school; helps to keep expectations realistic (1226) Transition Year period may clarify Andrew's ideas about his ambitions for the future

	1250		(1231) Having an ambition for the future could help increase Andrew's academic motivation and efforts

Appendix 9 - B: Table of themes and super-ordinate themes in Interview 2 (P2)

Notation
Super-Ordinate themes are presented in bold script

Key words - a small selection of examples for each theme (not a comprehensive list; not a quote in full)

Themes	Line	Key Words
Strengths		
• Strengths in non-language areas (e.g. handwriting, woodwork)	596, 612, 652, 660, 776	His practical work in school, he's acing it [596]
• Social strengths	730, 788, 793, 805	no problem for him to go down on his own and he'll mix down there [805]
• Independence and confidence (in non-academic areas)	797, 919, 963, 970, 986, 991, 1009	Andrew actually can show very much his independence [970]
Success breeding success Overcoming difficulties	332, 491, 493	That was a very hard time… but he came out of it [332]
Positive impact of success in non-language areas	648, 651, 811	he'll be on such a high then because he knows he's done really well [652]
Changes in academic setup that could bring about success	1082, 1102, 1137	it will bring him up and give him more confidence [1082]
Role of ambition in driving achievement	1231	'Well, if I want to do this, I have to do the Leaving Cert' and he might push himself then [1231]
Engaging with Professionals Initial identification of difficulties	62, 72, 84	it was the principal that asked could I get him diagnosed for ADHD. [66]
Early intervention following diagnosis	101	The ball started rolling [101]
Helpfulness of good communication and collaboration between teachers, parents and professionals	135	so we all just worked together [139]
Positive experiences working with professionals	188, 192, 198	At least I knew what was wrong and what path I was going down with

		Andrew [188]
Engagement in a process with services	238	I actually had to do a 7-week course to understand what Andrew was going through [238]
Accessibility and helpfulness of professionals	524, 538, 550	the best thing was being able to actually pick up the phone and ring [524]
Greater self-management in adolescence	1032, 1040	the most helpful for him... would be himself [1032]
SLT as source of support and guidance	1047, 1054	again if I still have a problem with Andrew I'll still ring [SLT-name]
Impact of SLCN Impact of SLCN on learning and academic work	57, 292, 310, 333, 501, 571, 618, 667	his lack of vocabulary holds him back big time [310] he is not understanding still what it is he has to do [571]
Impact of SLCN on motivation and perseverance	154, 662	And yet he would do stuff in class but he wouldn't do it at home [154]
Lack of feedback from child to parent	568	He won't ehm unless you bring it up [568]
Difficulties becoming more independent	579	For a long time, I used to sit down with Andrew, do his work, go through it step by step [579]
Emotional and mental health impact of SLCN	473, 626, 717	sometimes can be very negative [626]
Impact of SLCN on close relationships	738	he doesn't have a best friend [738]
Cycle of Failure Experience of failure	166, 175	he just gave up [175]
Combination of difficulties	307, 666	the concentration, the memory, and his vocabulary [307]
Impact of difficulties on motivation and self esteem	322	then he beats himself up over being stupid, thick, and it has a knock-on effect [322]
Cycle of failure	636, 717, 1123	he's already setting himself up to fail [1123]
Loss of motivation due to failure	701	he'll put the effort in but it wears off then very quickly because he gives up on himself

Learning Difficulties		
Widening gap between child and peers	150, 157, 393, 1018	...his other subjects were falling behind [150] come 5th Class, he was still nearly 2 years behind [157]
Slow rate of progress	160, 301	learning it again [301]
Frustration from lack of retention/learning	166, 294, 571, 894	He was doing it but he didn't understand what he was doing [294]
Literacy difficulties	179, 620, 634	Why can I not read? [634]
Difficulties with retention and learning	279, 336, 344, 666	the normal child would take 10 to 15 minutes to do the homework. It would take Andrew 2 to 3 hours [279]
Need for constant repetition	296	everything had to be repetitive with him and it was just over and over again [296]
Masking of difficulties	508	it was put down to more of him being a messer than struggling, you know [508]
Teacher Training and Awareness		
Concerns around transition from primary to secondary	381, 393,	But that is not going to help when he goes over to the Tech [381]
Inappropriate management of students with SLCN by teacher	486	she had him there for 2 weeks. So she isolated him - which brought him really down [486]
Improving educational setup for students with SLCN/other needs	1071, 1084	Smaller class sizes and programmes actually fitted for the child's ability [1071]
Tailoring programme to individual needs	1076, 1081, 1096	Set up Andrew in school to have goals to meet [1076]
Matching goals with abilities	1146, 1154, 1161	I know that sounds terrible from a mother but to be realistic with him, you know, he's struggling already so much [1146]
Difficulties with Assessment measures used to measure success	1119, 1136, 1138, 1141, 1189	children with difficulties do not reach the same level, the same requirements as a normal child and until something is done about it they are setting him up to fail [1138-1142]

Bias in Assessment	1202, 1216	I don't care what anybody says, you can be objective to a certain level [1216]
Need for better teacher training	1087, 1109,	Teachers with more training on children with disabilities [1087]
Need for more 1 to 1 support	1091, 1096, 1108	More resources definitely [1108]
Teachers' misinterpretation of SLCN difficulties	1206	according to them, he's not putting the work in but they don't see what he does home here [1206]
Parental Role Taking action on early concerns reported to parents	64, 70	And it was the principal that asked could I get him diagnosed for ADHD. [64]
Assessment and identification of difficulties	72, 84	It was [Educational-Psychologist's-Name] that diagnosed him [84]
Assessment and diagnosis as a threshold	99	once we knew and got the diagnosis from [Educational-Psychologist's-Name] the ball started rolling [99]
Parental experience of early intervention	103, 108	was all the other side kind of calm him down [108]
Parental involvement in set up and management of educational and therapeutic/medical supports	119, 135, 139, 398, 454	And so we all just worked together [139]
Taking child's perspective	174	I think he just found it very tedious [174]
Lack of emotional reaction to child's difficulties/victimisation	325, 443	Yeah, they started calling him stupid [443]
Parental reactions to child's difficulties/victimisation	450, 473	this is hard to talk about [450]
Parental feelings of doubt and guilt	158, 453, 464,	we didn't realise his medication had to be changed [453]
Protective role of parent (including vulnerability and social media)	477, 842, 859, 910, 948	so I sat down and I spoke to him and he understood the seriousness of it [477] I certainly wouldn't put him in the situation where something like that could happen [910]
Parents letting go and promoting greater independence	581, 714, 999	this year he's definitely on his own [581]

Setting realistic expectations for the future	673, 1170, 1176, 1223	it's a reality I have to face with Andrew, you know [1170]
Openness about SLCN between parent-child	692	he does understand them because I'm very open with both of them [692]
Parental role in promoting child's potential	696, 785, 786, 1018	you're gonna have to push yourself [696]
Societal pressures on parents to be more 'permissive'	901, 947, 1145, 1161	I know that sounds terrible from a mother [1145]
Benefits/risks of social media use	827, 838	they're online, they're on Facebook, and I'm very wary of all of them, so I don't allow him [838]
Wellbeing above academic achievement	1150, 1176	I let him keep going at his own pace [1150]
Peer Issues Awareness of own difficulties	376, 492, 712	he knew then he was different, [376]
Comparison of self with others	377, 628	He will always compare himself to his brother [628]
Negative consequences of victimisation of students with SLCN	443, 489, 924	People started calling him stupid [443]
Immaturity and social vulnerability	746, 762, 766, 841, 849, 907	they're very easily led like that [762]
Not forming close friendships	938	he would never say it to me 'Mum, I'm going down to such and such'. Every day it's just 'I'm going to see who's out' [938]
Accessing Supports Allocation of supports	119	and they had SNAs over there but Andrew didn't warrant an SNA because there was children there worse off but what they did do was they put him into Resource [119]
Compromise between one-to-one supports and missing out on classes	125	He was taken out during other subjects and that to do it. But ehm, his other subjects then did fail [125]
Satisfaction with supports in Primary school	211, 520	I'm very happy very positive with the resource he get and the system that was put in place for him [211]

Lack of sufficient supports in secondary school	358, 363, 422, 425, 430	I have to say he got more resource over in the primary school [358]
Limited communication between secondary teachers and home	363, 401, 408, 415	they're not as inclined to be in contact with me [401]
Treatment		
Benefits of medication	217, 268, 274	after the couple of months we found that he was more settled [268]
Importance of education around diagnosis and treatment	238	I actually had to do a 7-week course to understand what Andrew was going through [238]
SLT goals generalisation	1001	we do the memory exercises and that with him [1001]
Applying skills in practice/generalising	1032, 1040	would be himself because he keeps himself now on track because he doesn't get the resource [1032]
Adolescent development in the eyes of parents		
Role of puberty in behaviour changes	370	He was at an age where the hormones there were kicking in [370]
Developing self-awareness	376, 489, 705, 712	'Nobody else is like me' [376]
Achieving independence	415	at that age they should be capable of doing it [415]
Difficulties with becoming more independent	581	But this year he's definitely on his own [581]
Limited motivation and perseverance	662, 881, 889	If you get him on a good day [662]
Social vulnerability and immaturity	746, 762, 766	he would be easily led [746]
Confidence and self-belief	989	when he sees something he likes, he does go for it [989]
Improved ability to deal with anger and frustration	1040, 1044	He has definitely turned that corner [1044]
Wanting to fit in	849	he'll want to stay out and I won't let him [849]

APPENDIX 10: Educator Focus Groups Data Analysis Sample (Study 4)

Appendix 10 - A: Example of a coded transcript from Study 4

Appendix 10 - B: Example of notes from author's research diary about Focus Group 1

Appendix 10 - C: Table used for refinement of themes across entire dataset

Appendix 10 - A: Example of a coded transcript from Study 4

Transcript of Focus Group 1

1 2 3 4 5	I: So, I kind of have a list of probe questions but they're just probes, so feel free to eh to contribute. You've already kind of mentioned something about your experience and, if I understand correctly, your role would be both teaching the mainstream classes and the learning support side, is that correct?		
6 7	PX: Yeah		
8 9	PX: Yeah		
10 11	PX: Yeah		
12 13 14	I: Ok. Is, is there anyone who is purely learning support? Would you be like that [name]?		
15 16	P1: No, the school's policy is that ehm it's team teaching -	Team teaching preferred over classroom pull-out	
17 18	I: Ok		
19 20 21 22	P1: - is how the resource hours are used. The only students who are actually withdrawn for a small group would be those with an Irish exemption. And that's only during 2nd and 3rd year. It doesn't happen in senior cycle -	Team teaching preferred over classroom pull-out	
23 24	I: Ok		
25 26 27	P1: - and it doesn't happen in 1st year. Unless it can be facilitated in with the 2nd or 3rd year group		
28 29 30	I: Ok, ok. Grand. And then, you were talking about the different experience with, eh students, eh, I'm going to use a generic term, like 'communication needs' or 'language needs' or 'language difficulties', so, I suppose, I'm thinking as broadly as		

31 32 33 34 35	possible. Some of these students might even be students, maybe, who don't even have a diagnosis or whose diagnosis is one thing on paper and maybe present differently in the classroom. So really I am thinking of, you know, needs on a very broad basis. Ehm, Would you come across these students on a regular basis? Is there a small number, a large number in your school?	
36		
37	PX: You have one	
38		
39 40 41 42 43 44	P2: I'd say we come across it often enough actually, ehm, I mean even down to social interaction, turn-taking and things like that, you'd find that some of the kids they don't really have that, as, as a skill and, ehm, you know, ehm. And key words, like word-finding difficulties, some would have as well, when they're trying to communicate with you, ehm. Like one of the things I would have done would be I'd try to do topics using communication and language.	Social interaction difficulties in school Word-finding difficulties
45		
46	I: Ok	
47		
48 49	P2: so I'd go at it that way, rather than getting them necessarily writing stuff down, that I would try to get them to do things orally, in here in particular	Oral participation in lesson is important
50		
51	I: ok	
52		
53 54 55 56	P2: 'cause I do think it's an issue. Eh I think there'd be kids that have, we've quite a few now actually, that do have that in their diagnosis but I'd still say we have a number that don't have it [pause] that would still need some work on- I'll stop talking!	Greater number of students with official SLCN diagnosis Undiagnosed SLCN
57		
58	I: [laughs] ehm. And what would you feel would be the benefits of the oral part?	
59		
60 61 62 63 64	P2: Confidence would be huge thing for some of them because they, they're afraid nearly, they're afraid to speak out in a larger group but when they come in here and they're in a smaller group and you can prompt them and help them that way, I think you can help their confidence levels. And if you can do that, then they're more likely to take part actively in a class and in a larger group	SLCN affects confidence Small group teaching increases confidence Confidence improves participation

65			
66	I: Ok, ok. And, and, I suppose the issue of confidence, might be quite a, quite a		
67	big thing because it effects them-		
68			
69	P2: Yeah		
70			
71	I: -in other places as well, the classroom and possibly in, I don't know, in the		
72	canteen, you know or other places. You mentioned the words 'social interaction' as		
73	well. Kind of, would anyone feel that these these group of students might lack		
74	confidence or is it mainly maybe related to the academic side?		
75			
76	P3: I think, even, I'm thinking of some students in my class, not the withdrawal		
77	group but my mainstream classes who come up to me at the end of the lesson and		
78	ask questions. And I know it's because they didn't want to ask that question in	Avoiding speaking in front of	
79	front of the class, so, confide-. It's not- For some of them it's, I suppose, it's not	class	
80	having the confidence to speak up but then the other difficulty is kids thinking of		
81	one boy in particular, who definitely needs time to respond to your answer and- I	Time required for processing	
82	can be the worse in the world, I know, that, trying to move on through things	information/formulating answers	
83	quickly in a lesson, and not giving the children like that, enough time to say their		
84	point that they want to say, cause they might have word-finding difficulties, or		
85	they might try to process things, eh, they might process things a little slower than	Time required for processing	
86	everybody else and just need a bit of extra time. It's hard to do that in a 30-35	information/formulating answers	
87	minute class -	Timetable pressure reduces	
88		opportunities to promote SLCN	
89	I: Mm	students' participation	
90			
91	P3: - to give people, with the best of intentions, you can rush, I, I can be, I'd say,		
92	I'm terribly guilty of that, rushing through topics in class and not giving enough		
93	time. The quieter children are children who might have speech and language	Time required for processing	
94	issues, the chance to speak up, their answer	information/formulating answers	
95			
96	P2: I think that's partly because, as well, even thinking of your own time-table	Dynamic teacher schedule reduces	
97	like, you're constantly moving	time spent with class	
98			

99	P3: Yeah		
100			
101	P2: You've less time with a group, when you're moving from room to room, to see		
102	them and in a 35 minute class, you could very easily be reduced to 27, 28 minutes		
103			
104	P3: Yeah		
105			
106	P2: probably 25 by the time you actually get logged on to the computer	Dynamic teacher schedule reduces	
107		time spent with class	
108	P3: Yeah		
109			
110	PX: Yeah [laughs]		
111			
112	I: Yeah [laughs]		
113			
114	P2: and then that has the knock-on then of you not being able to give time to those	Timetable pressure reduces	
115	kids that need, you know, that need that minute extra, just to process what it is that	opportunities to promote SLCN	
116	they want to say, be ready to say it and then say it. They do need that. They need	students' participation	
117	those [pause] 'steps', if you know what I mean, to figure out what they want to say		
118			
119	P3: Mm, yeah. I use that, like for me, like for me that, going from room to room,		
120	as my recap time now. I say, 'Ok, guys', I'm firing questions at them, while I'm	Fast-paced parts of lesson	
121	waiting for the computer to log in, and looking for that file to load, it takes so		
122	much time, it's ridiculous but I'm firing the questions because my concentration		
123	isn't entirely on- I'm looking for quick responses 'cause I'm also looking for	Fast-paced parts of lesson	
124	loading things, it's terrible really when you think of it		
125			
126	I: And I think something interesting there might be, [pause] kind of, this notion of		
127	difficulties there that are hidden or that they are, kind of, a a silent type of		
128	difficulty, as opposed to someone who has kind of maybe a more overt disability		
129	or more overt difficulty which is kind of noticeable physically. Ehm, I don't know		
130	is there an awareness about, some difficulties being more hidden than others,		
131	would you ever have a sense of that, ehm, is it something that's mentioned maybe,		
132	something that goes unnoticed?		

133			
134	P4: I think, sometimes, some can go unnoticed because on, like a basic level, kind	SLCN can be masked in simple	
135	of lower order questions, things that they're comfortable with or they're interested	conversation	
136	in they'll speak openly or at length about. But then when you try to develop the		
137	conversation further, like that, maybe vocab issues, they get a bit, uhm, a bit lost -	SLCN more evident in detailed,	
138		specific conversation	
139	PX: Mm hmm		
140			
141	P4: but like that because you're restricted with time in the class, sometimes, you	Lack of time for in-depth	
142	never get beyond the initial conversation stages so you never actually find out the	exploration	
143	greater difficulties that are there	SLCN can be masked in short	
144		lessons	
145	I: That's interesting		
146			
147	P4: and it's just one of the things we were doing in college, like, we had, were		
148	assessing, it was an LCA student and he was talking all about, like his hobbies and	SLCN can be masked in simple	
149	his family and friends and sport and everything and he seemed like an excellent	conversation	
150	communicator, really confident. And then she started to ask about what he might		
151	do in the future and suddenly the level of communication skills just totally	SLCN more evident in detailed,	
152	dropped,	specific conversation	
153			
154	PX: Mm hmm		
155			
156	P4: and he couldn't remember the word for the career he wanted and it was just, it	SLCN more evident in detailed,	
157	was like a totally different student, even though he had seemed so confident in the	specific conversation	
158	beginning. So I think that, as teachers, if we don't get beyond the initial questions,		
159	we can assume a lot of bright students, that they are fine but maybe they have	SLCN can be masked in simple	
160	hidden problems	conversation	
161			
162	I: Mm hmm they can give -		
163			
164	P4: yeah		
165			
166	I: - that impression of, of confidence		

167		
168	P4: Yeah, yeah	
169		
170	P1: Like to the time, class time, but I would also say, class numbers, work against	Large class sizes
171	that, particularly in Junior cycle. All of our Junior classes would be 30	
172		
173	I: Ok	
174		
175	P1: So in a 35 minute class, -	
176		
177	I: with 30 students	
178		
179	P1: - with 30 students-	
180		
181	P4: how do you get to-	
182		
183	P1: between starting and finishing, you know, you're not, you don't have a minute	Large class sizes
184	with 30 students. And it's trying to remember, if you have, if you take a subject	Not enough time for individual
185	like history, where you only have them 3 times a week -	attention
186		
187	I: mm hmm	
188		
189	P1: - so even, if you worked at it, you're talking about giving a child a total of 3	Not enough time for individual
190	minutes, in history, for the week	attention
191		
192	[pause]	
193		
194	I: it's a very short amount of time	
195		
196	P4: Yeah	
197		
198	P1: It doesn't allow to get to that deeper point	Lack of time for in-depth
199		exploration
200	I: Mm hmm	

426

201		
202	P1: Or you'll have a student like that who's confidence is good and they do like	
203	history, so they talk a lot -	
204		
205	I: mm hmm	
206		
207	P1: - and the others are quite happy to listen! -	Students happy to sit back and let others do the talking
208		
209	I: Yes, ok	
210		
211	PX: - and let them do the talking, you know. But I'd also feel that life today allows	Technology leading to reduced interaction and participation
212	them to be silent more, playing on their phones	
213		
214	P4: Mm hmm	
215		
216	P2: Yeah	
217		
218	P1: iPads, it allows the withdrawal	
219		
220	I: Ok	
221		
222	P1: they don't have the interaction even with their peers	Technology leading to reduced interaction and participation
223		
224	I: Would you see that in the school? Or kind of would you hear reports of what	
225	happens-?	
226		
227	P2: You'd see it with individual students that are, I suppose for whatever reason,	Students who are disposed to withdrawal use technology to withdraw further
228	happier in their own company or whatever-	
229		
230	I: Yes	
231		
232	P4: Mm	
233		
234	P2: - or they're not, socially, very outgoing	

235		
236	I: Ok	
237		
238	P2: And now that they can be on a device, or whatever it is, or all of that, that's the	Students who are disposed to
239	choice they then make. So they don't have to communicate with others. And you	withdrawal use technology to
240	do see it, you do see kids that hardly would speak to anybody all day	withdraw further
241		
242	P4: I've noticed though that I've a higher level 6th year English class -	
243		
244	I; mm hmm	
245		
246	P4: -and this year already, they're all A, B students and from 3 separate students	
247	I've had notes from home, saying, 'Please don't ask my son/daughter to read aloud	Opting-out of reading aloud in
248	in class, it makes them uncomfortable. And these are A students, so- 'Please don't -	class despite good academic
249	you know- they're uncomfortable talking in class, reading in class' you know, so...	ability
250		
251	I: Right, ok	
252		
253	P3: And actually that's something, I'm kind of, very picky on. And I'm teaching	
254	English as well. And I'm kind of really want them to read out and I know that for a	Educational value of reading aloud
255	student with speech and language, it's probably the ultimate nightmare to be	
256	asked. I'm thinking of my ordinary level 6th years and we're doing a play and I	
257	give each of them a role. And I know it might be easier for me to put on an audio	
258	but I want, I- When are they actually going to get an opportunity to talk	Educational value of reading aloud
259	expressively?	Giving students opportunity to
260		practice expressive language
261	P4: Yeah	
262		
263	P3: And I actually give them all the roles and if, there's a couple of students that	
264	don't like speaking out, one of them is our SLT student, you probably know who	
265	I'm talking about-	
266		
267	P4: Yeah	
268		

269	P3: - there's and I do, probably, let them away with it. And I do that knowing that		
270	they can't sp-, they don't want to speak out. I'm trying to pick on them to ask some	Giving students opportunity to	
271	questions, 'cause it's the only way they're gonna express themselves verbally in the	practice expressive language	
272	class		
273			
274	I: Mm ok, ok		
275			
276	P3: So, even going through their homework questions today, I was trying to get		
277	them- and they're reluctant to even answer the questions out	Avoiding speaking in front of	
278		class	
279	PX: mm		
280			
281	P3: and I mean they're with me 2 years, they should be comfortable and they're not		
282	the biggest of classes		
283			
284	I: Ok		
285			
286	P3: But it's still one of those situations, that their peers are around them, they don't	Avoiding speaking in front of	
287	want to- and you're just wondering, 'When do they ever speak out?'	class	
288			
289	P1: I would feel, I'd be interested in [P4]'s view, that that's where English suffers.	No oral component in English	
290	We don't have an oral, we don't have an aural	curriculum	
291			
292	PX: Yeah		
293			
294	P1: as part of the curriculum		
295			
296	I: The curriculum		
297			
298	PX: Yeah		
299			
300	P1: At least you do in Irish, so you can't, you can't even use that as [pause]-	Oral component in other language	
301		subjects	
302	I: As, as a reason-		

303			
304	P1: To make them do it	Oral component would encourage oral participation	
305			
306	P2: You have to do it, yeah		
307			
308	P1: You don't have that power-deal in the classroom		
309			
310	P3: And it's communication, English is communication as much as it is-	Role of English as language for communication	
311			
312	P2: Communication		
313			
314	P3: - a language, of reading, you know, it's communication		
315			
316	P1: At least we have that in English communications in the Leaving Cert Applied	Oral component in LCA English	
317			
318	P4: Yeah		
319			
320	P1: They will do an oral, so you can say to them, 'Come on guys, I need to hear	Oral component would encourage oral participation	
321	you in-		
322			
323	I: Or to have this preparation for the exam		
324			
325	P1: - to encourage them. You don't have that, hence you get a note in from home,	Oral component would encourage oral participation	
326	saying 'Don't ask them to!'		
327			
328	I: Yeah		
329			
330	P3: You wouldn't say to a student in a French class, don't speak out the language	Oral component in other language subjects	
331	but in English, you do get letters like that		
332		Oral component would encourage oral participation	
333	P4: yeah		
334			
335	P3: It's cra-, I think that's crazy, you know. I think as teachers we're always	Teachers would be sensitive around reading in class where	
336	sensitive to people's needs		

337		needed
338	PX: Mm hmm	
339		
340	P3: and we know the students in the class who have difficulties with expressive	
341	language, like that boy I'm thinking that 'I'll ask him questions rather than make	
342	him read'. But you still have to try and have your student, all of them, participating	Oral participation in lesson is
343	in the lesson, contributing to the lesson	important
344		
345	I: Ok. Ehm [P5], just to let you know, the recorders are on	
346		
347	P5: It's ok James	
348		
349	I: [laughs]	
350		
351	P5: [laughs]	
352		
353	I: Ehm and there is a consent form as well, you can sign it later if you prefer, I'm	
354	not concerned about that	
355		
356	P5: Yeah, no bother	
357		
358	I: You mentioned things like class size and also the duration of the, the periods.	
359	Ehm, one of the questions I had was, you know, if there's anything which helps, or	
360	anything you think would help, if it was done differently, or if it's already part of	
361	the system for some students, so, for instance in this case, having a smaller class	
362	size would be helpful for the students? Or having a longer period without the time	
363	pressure-	
364		Smaller class size would be
365	P4: Both!	helpful
366		Longer periods would be helpful
367	P2: Both	
368		
369	P3: Both, yeah	
370		

371 372 373	P2: Both, unless the students have volunteered, even another 5 minutes, if all the classes were 40 minutes, I think you'd get- it would make a difference	Longer periods would be helpful
374 375 376	P1: I personally feel that the difference between a class with 25, 26 in it and a class of 30, is huge [emphasis], huge	Smaller class size would be helpful
377 378	P3: Yes	
379 380	P1: It's hard to understand but that's true, the way it is, when you go in	Smaller class size would be helpful
381 382 383 384	P2: Like I had CSPE last year with a thir- with a group of 30 and I team-taught a CSPE class that had 25 in it [pause] and like [pause] And I had nobody with me, 'cause there was nobody there with me, you know- But still, 5 extra bodies	Smaller class size would be helpful
385 386	P4: Yeah	
387 388	P1: 5 extra bodies -	
389 390	P2: to get around	Smaller class size would be helpful
391 392	P1: - to get around, the space taken up, the-, you know, everything	
393 394	P2: Everything	Smaller class size would be helpful
395 396	P1: taken into that	
397 398 399 400 401 402 403 404	P3: Just thinking of, ehm it's off the point but, you know the team-teaching does give the opportunity to say for like, vocation and preparational guidance. They'd to make phone calls out to get work experience. Now, they're meant to do this in their own time but, you know, students have difficulty to get it, so I've taken a few of them up, we did it last year as well, to the office to make the phone call and you bring up the child who is very capable of chatting, these are kids who are on mobile phones -	Vocational preparation and skills practice Practice of telephone communication skills in school

405	I: All the time		
406			
407	P3: - but they don't communicate by speaking, but when you get them on, put the		
408	phone in front of them, 'There you go, there's the number', they've no idea -	Challenges applying telephone communication skills	
409			
410	P2: Mm		
411			
412	P3: and these are kids who are, you know		
413			
414	P1: My [son/daughter] is in [number] year in college and [he/she] will not make a		
415	phone call -		
416			
417	P3: Yeah		
418			
419	I: Ok		
420			
421	P1: - [He/She] will not make a phone call		
422			
423	I: It sounds like that's a real test of- confidence		
424			
425	P3: Oh yes, it is. And I did it for the second time with them this year, 'cause I'm	Vocational preparation and skills	
426	with them again, and they were more confident, but one of them said, 'Miss, I	practice	
427	nearly died when you threw that phone at me last year. I don't want to do it again'.	Challenges applying telephone	
428	I said, 'Well, unless you do this, you're going to have to do this in the future to try	communication skills	
429	and get work. You're gonna have to go in and ask people for jobs. I said, 'You		
430	have to try it'. They hate it.		
431			
432	P5: Yeah		
433			
434	PX: Yeah		
435			
436	I: It probably will be part of the job as well, to answer or make phone calls		
437			
438	P3: Yes, yeah		

439		
440	P2: Yeah	
441		
442	I: Ehm, what, what about ehm, kind of, this is sort of related to the student-staff	
443	ratios, maybe having an SNA in the classroom, is, is that helpful? Or is it kind of	
444	a hindrance, to the students, maybe who are aware of someone being beside them?	
445		
446	P3: Sometimes they don't want- student, students might not want an SNA, having	SNA visibility an issue for some
447	being beside them, they might. Their presence in the room might not be an issue	(but not all) students
448	but they don't want them sitting, helping them. It depends on the student. Some of	
449	the students are happy to have someone. But actually I was just talking to one of	
450	the SNAs there, she was saying about one of the students, she's meeting, she met	SNA providing emotional support
451	with one student last year every Wednesday morning, tutorial time, to find out	to student
452	how the week went. That is such valuable time, it is not class time as in, in the	
453	classroom but it's such valuable time for, even that child to express what's going	Diversification and expansion of
454	on with them, you know, there's such, there's so much more to the SNA being	SNA role valued by teachers
455	there than just being physically in the room -	
456		
457	I: Ok	
458		
459	P3: - just even that alone, meeting them to catch up, to let us know how they're	
460	getting on is great for them	
461		
462	I: There's a supportive aspect	
463		
464	P3: Yeah	
465		
466	I: Nearly a liaison between-	
467		
468	P3: Yeah, yeah. But I mean, I don't know whether [pause] having an SNA sitting	SNA visibility an issue for some
469	beside you in the room, some students they don't want it. And some students need	(but not all) students
470	it but they don't want it, you know, ehm. But sometimes it makes the issue more	
471	difficult for the child	
472		

473	P1: Absolutely, I think, an SNA in the room is very individualised, like it really is	SNA role adapted for each student	
474	down to the individual child and their difficulties to how it works, how does- If the		
475	child has really no self-esteem, whatever chance you have as a teacher of getting		
476	them to come along, if an SNA to speak up for them, that's never going to help	SNA over-involvement could	
477	them -	damage confidence	
478			
479	I: Mm hmm		
480			
481	P4: Mm		
482			
483	P1: - so, yes in that sense, it could become a hindrance		
484			
485	I: Yeah		
486			
487	P1: Also, what we have to factor in here is their age. They are teenagers, they	SNA visibility an issue for some	
488	don't want to be different, you know. And there is the whole thing, teenagers don't	(but not all) students	
489	speak, they grunt	Need to keep in mind typical	
490		adolescent presentation	
491	I: [laughs]		
492			
493	P2: [laughs]		
494			
495	P1: You know, so is there an issue here or isn't there?		
496			
497	I: Mm		
498			
499	P1: Or is it just them being a teenager?	Need to keep in mind typical	
500		adolescent presentation	
501	I: Exactly, exactly. Sometimes it's hard to tell them apart. Ehm, in terms of		
502	learning needs, I was curious to know, are are, what are the learning needs which		
503	come with speech, language, communication difficulties? We've already		
504	mentioned speaking out loud in class, may be something where they're held back.		
505	What about maybe their written work or their understanding of what's presented to		
506	them?		

507			
508	[pause]		
509			
510	P3: I suppose word-finding difficulties would be a huge thing	Word-finding difficulties	
511			
512	P2: Yeah		
513			
514	P3: You know, ehm, but there'd be huge kind of focus on that in the school with	Key word strategy used across	
515	the use of key words in the different subject areas to try and help that	school	
516			
517	P2: Yeah		
518			
519	P3: Ehm, so I suppose that's, for some of them it's probably, not having the	Limited expressive language	
520	language to use, that's definitely, one of the issues		
521			
522	I: what about maybe homework, exams, - ?		
523			
524	P1: Exams are probably always going to be the issue. The terminology in it, I	Challenges in taking exams	
525	mean even, I know even our first and second years don't have textbooks but the	Challenges understanding	
526	textbooks of late would also have highlighted or had in bold the key words, you	terminology in exams	
527	know, so that was it. But then they go into an exam and that isn't really, you know,		
528	done with the questions in the exam [pause] [sighs] Can you give them		
529	everything? Do you have to prepare them for moving on and how things are going	Balancing support given in school	
530	to be out there?	with realistic preparation for life	
531		outside school	
532	I: Mm		
533			
534	P1: It's a tough one, it's a tough one. Ehm, you can't, I suppose, give them	Balancing support given in school	
535	everything in the exam here and send them out with a H1 or an A and suddenly an	with realistic preparation for life	
536	employer realises, 'This isn't happening here. Why?'. You know, there has to be	outside school	
537	some sort of realistic 'this is the level you're working at'. And on their own, in the	Life outside school provides fewer	
538	world that will be it, they won't have the supports, so, for them to go out even with	supports	
539	the confidence of 'That's what I'll get, so that's what I'll do'. I don't know. Cruel?	Realistic sense of own ability can	
540	Harsh? Life?	be helpful	

541			
542	I: Realistic? [laughs]		
543			
544	PX: Yeah		
545			
546	P2: I think some of them have trouble with the language of the papers as well,	Challenges understanding	
547	'cause I mean, you can adapt whatever content you're doing and you can try to	terminology in exams	
548	meet the needs of the students that way, in terms of their, you know, even their		
549	receptive language, what they'll actually understand. So you can do all that but at	Balancing support given in school	
550	the same time, it's a same time, it's a state exam they're going to sit and they're	with realistic preparation for exam	
551	going to have to be able to look and to read and understand that language that's		
552	there and there can be a big gap between the two.		
553			
554	P3: One of the teachers did an amazing thing in religion yesterday. She had the		
555	exam question on an A3 page, just, and gave, put the kids all into groups and said,		
556	'Right, in your groups try and figure out what that question is asking'. It was a	Training for comprehension of	
557	religion Junior Cert. The language was so, so -	exam paper questions	
558			
559	P5: Complicated		
560			
561	P3: - complex and the, it was unbelievable. Now some of them where able to	Complexity of exam paper	
562	figure out what it was asking but it was all, the idea of highlighting, what, what is	questions	
563	that question asking. And some of the students were lost. And if they'd been in an	Challenges understanding	
564	exam, doing it, they wouldn't have know what it was they're being asked. They	terminology in exams	
565	were second year students getting the third year exam		
566			
567	P2: I'm still doing that with some of my third years, I put it up on the board-	Training for comprehension of	
568		exam paper questions	
569	P3: Right		
570			
571	P2: - 'Write what are the main words here'.' What is this asking you to do?' Sure	Training for comprehension of	
572	there's notes all over the question before they have taken down- [laughs]	exam paper questions	
573			
574	P4: Yes		

575			
576	I: Yes		
577			
578	P3: No, but there it was so hard to figure out, what actually do I need to do to	Challenges understanding	
579	answer the question -	terminology in exams	
580			
581	P2: Yeah, yeah, yeah, yeah		
582			
583	P3: - You know		
584			
585	P2: Yeah. And it's one in particular, 'cause it's one of the more, I think, one of the		
586	more achievable subjects for a lot of the students. But it is always the question,	Challenges understanding	
587	you know yourself, the groups we have in here, the last couple of years, that's one	terminology in exams	
588	of the things they're asking for, is, is help with that -	Training for comprehension of	
589		exam paper questions	
590	P1: Yeah		
591			
592	P2: - when it comes to religion		
593			
594	P1: Well, I would have said, over the last couple of years, what everybody would		
595	have said, is the religion exam is the toughest		
596			
597	P3: Yeah		
598			
599	P2: And yet it's actually not [laughs] too but it's the language	Complexity of exam paper	
600		questions	
601	P1: Plus it's [unintelligible]		
602			
603	P2: Yeah, the language		
604			
605	P1: On the surface, it is the toughest	Complexity of exam paper	
606		questions	
607	I: 'Cause I get the impression that there is the popular belief that religion is an easy		
608	subject -		

609		
610	P4: Mm	
611		
612	I: - and I was actually discussing this with a parent this morning, who was eh	
613	telling me that ehm, her daughter wants to take on a new subject, and would they	
614	pick religion or history or geography and was veering towards religion because,	
615	they have the impression that it will be easier than something like history, for	
616	example	
617		
618	P2: Mm hmm	
619		
620	I: So	
621		
622	P3: Prepare them for the topics, the questions!	Training for comprehension of exam paper questions
623		
624	[laughter]	
625		
626	I: Ehm, ehm, we mentioned something, kind of, about social interaction, I was	
627	wondering as well, would you have a sense of maybe difficulties which are	
628	slightly beyond the learning, the learning environment [bell rings], kind of	
629	information you get anecdotally about social interaction, being part of a group or	
630	being left out of a group, isolation or -	
631		
632	P5: I think it happens a lot to the kids in the Unit [autism unit]	Social difficulties in students with autism due to multiple factors
633		
634	I: Yeah	
635		
636	P5: But then obviously they have a lot more difficulties than just speech and	Social difficulties in students with autism due to multiple factors
637	language -	
638		
639	I: Ok	
640		
641	P4: [whispers] Bye [leaves room]	
642		

643	P5: - and there are a lot more reasons why, there's that social interaction going	Social difficulties in students with	
644	wrong, that they know they're in the unit and they've a lot going on in their head	autism due to multiple factors	
645	than just-		
646			
647	I: the language		
648			
649	P5: - yeah, whatever is on the surface		
650			
651	I: Yeah, ok		
652			
653	P2: [whispers] Sorry, I'm on supervision duty		
654			
655	P4: Me as well, sorry		
656			
657	I: You're ok, you're ok		
658			
659	PX: Yeah		
660			
661	I: That's fine		
662			
663	P3: I'm thinking of another girl, that's not in the Unit, and I often wonder to talk to		
664	you [P5] about her, about her possibility of her- I don't know how to broach it		
665	even - but there's the issue of students who are happy to be by themselves-	Students may be happy in their	
666		own company	
667	I: Mm hmm		
668			
669	P3: - who don't want necessarily to interact -		
670			
671	P5: Mm		
672			
673	P3: - and I often wonder what [inhales] what happened there, that that particular	Students may be happy in their	
674	person doesn't seem to have friends, they- You know they get on fine, they sit with	own company	
675	students in your class and they're happy, chat to the same person every day but at		
676	lunchtime they're on their own and I think well, 'How come that person isn't		

677	interacting with someone at their lunch break?'		
678			
679	P1: Again, and I think, I'm not saying this is not a speech and language thing but	Being alone not necessarily problematic	
680	some students are happy to be on their own, they find a class of 30 is mad -		
681			
682	P3: Yeah		
683			
684	P1: - and we don't know what they have at home. A very busy house, that in fact it		
685	may be the only calm time in their little heads in the day!		
686			
687	P3: Yeah		
688			
689	I: [unintelligible]		
690			
691	P1: and who are we to say that that's wrong?	Being alone not necessarily problematic	
692			
693	I: Yes		
694			
695	P3: Yeah, yes		
696			
697	P5: I know I spoke a couple of times, the last few week, weeks, kids, kids that		
698	would have been with kids at lunch time are now that little bit older and other		
699	children are avoiding them but they're avoiding them because those particular kids	Sabotaging others' attempts to be include them socially	
700	are mean to them		
701			
702	I: ok		
703			
704	P5: So		
705			
706	P3: Yeah		
707			
708	I: It could be, kind of, a 'false' friendship		
709			
710	P5: Yeah, what happened was, say in first or second year, the particular kid I'm		

711 712	thinking about, would be giving mean answers if he was asked anything. And the kids gave him a chance, gave him a chance, gave him a chance -	Sabotaging others' attempts to be include them socially	
713			
714	I: Oh		
715			
716 717 718 719 720	P5: - now they're going to the point where they're kind of going, 'Do you know what?'. And they're not being mean about it but they are, they're moving away and, where beforehand, he would have isolated himself, people would have come over and said, 'Are you ok? Do you want to join us?'. Now they're not, they're just letting him get on with it	Peers' tolerance has limits Sabotaging others' attempts to be include them socially	
721			
722	I: Mm so it's even from the individual's side that they're -		
723			
724 725 726 727 728 729 730	P5: It's both, it's - they would have always kind of self-isolated and people would have picked them up and teachers would say, 'Come on, come on', they were getting pulled. And it was near like, 'I'm doing you a favour by getting involved'. Whereas now, they're so well-established that people have kind of gone, 'If you want to be on your own that's, that's -'. You can't let other kids be subjected to, I don't want to use the word abuse but you know, sarcasm, mean comments- when they have their own things to do as well	Sabotaging others' attempts to be include them socially Peers' tolerance has limits Sabotaging others' attempts to be include them socially	
731			
732	P3: As adults we wouldn't put up with that either		
733			
734	P5: No, no you wouldn't		
735			
736	P3: Yeah		
737			
738	I: Exactly, it's not different from -		
739			
740	P3: Can't blame them		
741			
742 743	I: Ehm, what about vulnerability, is that something that comes up often in the school?		
744			

745 P3: Ehm, it - students that are vulnerable are highlighted at the beginning of the	Pastoral care team alert staff to	
746 year through our pastoral care system, so we would know what students to watch	vulnerable students	
747 out for. Everyone is given, basically, advice on that, on who to be watchful of, but		
748 I mean, it's hard to see that because I suppose their vulnerability, you might get		
749 updates every now and then to watch out for students that are in a particularly		
750 vulnerable state. But you don't see it, you don't see them on the corridors in such a	Hard to watch out for vulnerable	
751 big school	students in big, busy school	
752		
753 P1: And that's it, it's down to our size again, I mean, we've over eleven hundred,	Hard to watch out for vulnerable	
754 we've over eighty staff, I can say, 'Yes, I am aware of a student' but do I actually	students in big, busy school	
755 see them? From Monday to Friday?		
756		
757 P3: You might see them once a month, in passing -		
758		
759 P1: Do, you know, can I go out of my way to make sure I see them? With the best	Hard to watch out for vulnerable	
760 of intentions, if I manage it twice a month, I feel I'm doing really well	students in big, busy school	
761		
762 I: Ok		
763		
764 P1: You know and, and, it's just such a busy place [pause] you know, but I do	System works well despite	
765 believe that as a school, we have an excellent pastoral care team and we, you	limitations	
766 know, do pick up on it. Does that mean that mean that nobody falls through the		
767 cracks? No, we can't say that. Nobody is perfect. But I do think we, we certainly	System works well despite	
768 do our very very best, with all the resources that, that we have to hand. Could I	limitations	
769 give you a wish list with more resources? Yes! Space, time, you know- after that,		
770 you know, and again, I would still say, [pause] there is a part of me that still says,		
771 we have to toughen them up as well. Because we are going to release them [pause]	Role of school in preparation for	
772 and who's going to walk around with them then and protect them? So we haven't	adult life	
773 done them any favours if we haven't helped them in some way to	Overprotection can be harmful in	
774	the long run	
775 I: To be prepared		
776		
777 P5: I suppose that just makes me think [name] that there was an incident this		
778 morning where a kid came in and they had forgotten a copy, and, the SNA came to		

779	me and said, 'They're crying, they're really upset, they've forgotten this copy' and		
780	we made the decision there and then that we were going to do it nicely but we		
781	were going to let them take the consequences. Because we had never let them take	Lessons should be learned from	
782	the consequences for it and they were getting to the point where they could just	facing consequences of actions	
783	turn on the tears. So the decision was made, it was all set up, we'd said to him,		
784	'Look, it's not the end of the world. It's a forgotten copy, at the very worst, it's		
785	gonna be a bad note that would probably get rescinded when you bring the copy		
786	in'. Anyway, the teacher caved and said, 'No, no, it's fine, you're ok'. And the child	Different treatment for students	
787	came up to the SNA to the end of the lesson and said, 'Got away with it!'. So,	with SEN?	
788	[pause]	Wrong message given to student	
789			
790	P3: Yeah		
791			
792	P5: So no lesson learned, other than 'I'm getting away with it'	Wrong message given to student	
793			
794	P3: Yeah. You do have to, like you say, prepare them for life, it's not gonna help	Role of school in preparation for	
795	someone letting them away with it in the big bad world	adult life	
796			
797	P1: No, no		
798			
799	P5: And turn on the tears won't have the positive effect that it does here sometimes		
800			
801	P3: Yeah, yeah		
802			
803	P1: Well hopefully they're still only in Junior Cycle		
804			
805	P5: Yeah, they are Junior Cycle		
806			
807	PX: James, I'm sorry it's into lunchtime and we all have class straight after lunch		
808			
809	[laughter]		
810			
811	I: You've been very good		

Appendix 10 - B: Example of notes from author's research diary about Focus Group 1

Notes from Author's research diary

(conducted dd - mm - yy)

First focus group session with group of 5 teachers in [school name]

Session was short due to time constraints related to school schedule (only one period available). This may have influenced my approach to the probe questions (less time for open-ended questions). I queried certain aspects or phenomena in a specific manner

e.g. I asked about vulnerability in adolescents with SLCN.

I should take this into consideration when conducting my analysis.

? was some of the content 'co-constructed'

One way of dealing with this could be by framing it as a 'group interview' rather than a focus group

Appendix 10 - C: Table used for refinement of themes across entire dataset

Group 1	Group 2	Group 3
1. Exams	1. Exams and Assessments	1. ---------
2. Manifestation of SLCN	2. SLCN presentation	2. Presentation of students with SLCN in school
3. Teacher Role	3. Teacher Role	3. Teacher Role
4. Confidence	4. Confidence	4. Confidence and SelfBelief
5. Organisation of resources & supports	5. Set up of school and Resources	5. Set up of supports in school
6. What helps/would help?	6. What works / strategies	6. What helps / strategies
7. Large Class Sizes	7. Challenges for teachers	7. Challenges for students and teachers
8. Time Pressures on Teachers		
9. SNA Role		8. SNA Role
10. Role of Oral language in learning	8. Communication skills required by all students	
11. Preparation for life after school and Learning life lessons		9. School as Training for Adult Life
12. Social Functioning / Social Isolation	9. Social Difficulties	10. Measures of success (Positives in the eyes of teachers)
13. Students who self-isolate	10. Victimisation	11. Contextual Factors / Teacher awareness
14. Vulnerable Students		12. Diagnostic Issues / Presentation
	11. SLCN Challenges	13. EAL
15. Miscellaneous	12. Preparation for Secondary School	14. SLT Role
	13. Secondary School textbooks	
	14. Difficulties observed in typically-developing students	