



Moving Towards a Tiered Model of Speech and Language Services in Ontario Schools: Perspectives of School Board Speech-Language Pathologists



Entamer une transition vers un modèle à niveaux multiples pour la prestation des services en orthophonie dans les écoles de l'Ontario : perspectives d'orthophonistes travaillant en milieu scolaire

KEYWORDS

TIERED SERVICES

SERVICE DELIVERY
MODELS

SCHOOL-BASED SERVICES

SPEECH-LANGUAGE
PATHOLOGY

QUALITATIVE RESEARCH

INTERVIEWS

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Abstract

This qualitative descriptive study explored the service models utilized by school board speech-language pathologists in Ontario and the factors they perceived as influencing service provision during a period of anticipated policy change to a tiered model of service delivery in schools across the province. Semi-structured interviews were conducted with 24 speech-language pathologists recruited via the Association of Chief Speech-Language Pathologists of Ontario District School Boards. A framework analysis approach was used to analyze the interview data. Most speech-language pathologists ($n = 16$) described using a tiered model in which services were offered at universal, targeted, and individualized levels; however, several ($n = 6$) described offering a range of services that were “responsive to needs” of students but did not have a formal structure for their model. A minority ($n = 2$) delivered services based on an assessment-focused model that included individual referral, formal assessment, and primarily individual intervention. All speech-language pathologists expressed a need to move towards a tiered approach for practice- and policy-based reasons (e.g., to increase the reach of speech and language services as well as to align with anticipated policy changes). Six factors were reported to influence service provision in this context: interprofessional collaboration and relationship building, stakeholder buy-in and support, adaptability to school culture, organization of services, resources, and policy. Implications for practice include a need for profession-specific leadership, use of consistent terminology and language, and including the clinician voice in decision making with respect to the models used to support students’ success in school.

Editor:

Lisa Archibald

Editor-in-Chief:

David H. McFarland

Abrégé

Cette étude qualitative de nature descriptive explore les modèles d'intervention utilisés par les orthophonistes travaillant dans les milieux scolaires de l'Ontario et les facteurs que ceux-ci perçoivent comme ayant une influence sur la prestation des services orthophoniques, et ce, dans un contexte où une transition vers un modèle d'intervention à plusieurs niveaux est anticipée dans les écoles de la province. Des entrevues semi-structurées ont été menées auprès de 24 orthophonistes recrutés par l'intermédiaire de l'Association of Chief Speech-Language Pathologist of Ontario District School Boards. Un type d'analyse thématique a été utilisé pour analyser les données recueillies lors des entrevues. La majorité des orthophonistes ($n = 16$) ont indiqué utiliser un modèle à niveaux multiples constitué d'interventions universelles, ciblées et individualisées. Cependant, certains ($n = 6$) ont affirmé ne pas avoir une structure formelle de prestation de services et offrir une diversité de services basés sur les besoins des élèves. Une minorité d'orthophonistes ($n = 2$) ont déclaré fournir des services selon un modèle centré sur l'évaluation dans lequel les références, les évaluations formelles et les interventions sont principalement individuelles. Tous les orthophonistes ont fait part du besoin d'effectuer une transition vers un modèle à plusieurs niveaux d'intervention, et ce, tant pour des raisons cliniques que politiques (p. ex. pour augmenter l'accessibilité des services orthophoniques et pour se conformer aux changements anticipés en matière de politique). Dans ce contexte, six facteurs influençant la prestation de services ont été relevés : la collaboration interprofessionnelle et le développement de relations, l'adhésion et le soutien des intervenants, la possibilité d'adapter les services à la culture spécifique de l'école, l'organisation des services, les ressources disponibles et les politiques. Sur le plan clinique, une telle approche implique la présence de professionnels au sein des instances de gestion, une utilisation cohérente des termes et du vocabulaire et l'inclusion de cliniciens dans le processus de prise de décision en ce qui concerne les modèles adoptés pour favoriser la réussite scolaire des élèves.

Speech-language pathologists (S-LPs) who work in educational settings increasingly rely on inclusive approaches to service delivery where some services are provided to all students (e.g., pre-literacy programming whole classes). As members of the “in-school resource team” (Ontario Ministry of Education, 2005), S-LPs are expected to support the well-being, educational achievement, and participation of all students (Ontario Ministry of Education, 2005; Roth et al., 2010). School-based speech-language pathology services achieve this mandate by supporting the speech, language, and communication needs of all students in the school (Powell, 2018; Roth et al., 2010). Along with this shared emphasis on enhancing the well-being and educational experience of every student, the considerable demand for school-based speech and language services also highlights the value of an inclusive perspective. For example, analysis of past Statistics Canada data revealed that as many as 50% of children aged 5–14 years who required special education services had speech or language difficulties (Uppal et al., 2007). More recent data suggest that the number of elementary students in Ontario receiving special education services for speech and/or language impairments is on the rise (Bennett et al., 2019). Because speech, language, and learning difficulties often co-occur in school-aged children (Bennett et al., 2019), there is consistent need for speech-language pathology services in Canadian schools.

In addition to these broader issues, there are two other critical arguments for using inclusive approaches to deliver school-based speech-language pathology services. First, although many children who need speech and language services have been able to access these services (Law et al., 2013), Australian and American epidemiological studies indicate that large proportions of school-aged children with speech, language, and communication needs have not yet been identified or supported by the existing speech and language services in those countries (McLeod & McKinnon, 2007; Tomblin et al., 1997). Second, a focus only on identified children overlooks the benefits that speech and language services can provide for children who do not traditionally qualify for services or who may be at risk for language, academic, or developmental difficulties due to socioeconomic factors (Law et al., 2013). Traditional models of service delivery are unable to meet the extensive communication needs of the population, and new approaches to speech and language services are needed (Ebbels et al., 2019; Law et al., 2013).

Tiered service models align well with inclusive perspectives (Grosche & Volpe, 2013). By focusing on the whole school population, tiered service models aim to provide timely and equitable student support services. In

tiered models, such as Response to Intervention and Multi-Tiered System of Support, students receive “levels” or “layers” of services, typically three, based on their individual needs and their response to interventions offered (Pullen & Kennedy, 2018; Roth et al., 2010). Tiers are most often organized with universal Tier 1 services offered to all students (e.g., collaborating with educators to provide whole class pre-literacy supports), targeted Tier 2 services provided to some children who need additional support (e.g., short-term phonological awareness program targeted to a small group of children at-risk for literacy delays), and intensive Tier 3 services provided for few children with specialized needs (e.g., individual services to address expressive and receptive language goals for a child with a developmental language disorder; Batsche, 2014; Grosche & Volpe, 2013; Ontario Ministry of Education, 2013). Because tiered service models are needs-based (Ontario Ministry of Education, 2005), they have the potential to improve communication and education outcomes for a greater number of students, while making use of scarce speech and language resources (Ebbels et al., 2019).

In their synthesis of the evidence for tiered models of service delivery, Ebbels et al. (2019) concluded that best practices are still being determined and require the creation and dissemination of local evidence. To develop local evidence for tiered service models, it is important to consider barriers and facilitators to successful implementation across different practice contexts. In previous research in speech-language pathology and occupational therapy, the following have been identified as factors influencing implementation of tiered service models: (a) clarity of clinicians’ roles at each tier, (b) available material and human resources, (c) clinicians’ prioritization of services at each tier, (d) variations in clinicians’ skills for each tier, and (e) operational variations among organizations involved in service delivery (Cahill et al., 2014; Campbell et al., 2012; Ebbels et al., 2019; Paul et al., 2006; Peña & Quinn, 2003; Wilson & Harris, 2018). Speech-Language and Audiology Canada (SAC) advocates for the “essential role of S-LPs in determining service delivery models in schools” (SAC, 2020, p. 3); however, there is a paucity of literature describing the current practice patterns of Canadian S-LPs, including in Ontario. The voice of S-LPs is integral for decision making regarding the model of service, roles and responsibilities of the school-based S-LP within the model, as well as the allocation of resources necessary for effective delivery (American Speech-Language-Hearing Association, 2010; SAC, 2020).

In Ontario, there are system-level contextual factors that make delivery of speech and language services in schools uniquely challenging. Specifically, students attending school

access speech-language pathology services differently depending on the region in which they live, their age, or their communication needs, including through (a) the local Preschool Speech and Language Program, (b) Special Education services as managed by the local school board (for language- and literacy-related difficulties), (c) School Based Rehabilitation Services (for speech, fluency and voice difficulties only) managed by the local Children's Treatment Centre or designated regional agency, and (d) Children's Treatment Centres (for identified complex needs; Ontario Ministry of Education, 2006). Moreover, according to the Ontario Ministry of Education's (1988) *Interministerial Guidelines for the Provision of Speech and Language Services*, duplication of services is to be avoided across the clinicians and organizations responsible for supporting school-aged children; thus, those students with needs in more than one domain are required to navigate more than one system/service provider to access all available services. A prior review of school-based speech and language services in Ontario identified numerous concerns with this configuration, including (a) variable wait times for services depending on the organization, (b) confusion among parents and educators when multiple S-LPs and organizations were involved in service delivery, and (c) uncertainty among educators about how to access and manage services for students (Deloitte & Touche LLP, 2010).

To address these concerns, the Ontario government proposed a new Special Needs Strategy that included a plan for the Integrated Delivery of Rehabilitation Services as part of a more coordinated system for children and youth with special needs from birth to school leaving, including those with speech and/or language difficulties (Ontario Ministry of Children, Community and Social Services, 2018). This plan included a proposal to implement a continuum of services organized in tiers "from universal to specialized interventions" (Ontario Ministry of Children, Community and Social Services, 2018, Integrated Delivery of Rehabilitation Services section, para. 2). Although the Special Needs Strategy ultimately was not implemented following a change in the provincial government, prior to that decision, our research team received funding from the Ontario Ministry of Education to conduct a series of studies related to tiered service models. One of these studies focused on learning more about the service models used by school board S-LPs across the province. Specifically, we posed the research question: What do school board speech-language pathology service models look like in Ontario schools and what factors influence service provision in a context where there is an anticipated change towards a tiered model of school-based service delivery?

Method

Study Design, Recruitment, and Sampling

We conducted a qualitative descriptive study (Sandelowski, 2000) using individual interviews to gain an in-depth understanding of the experiences of school board S-LPs providing services in Ontario schools. Ethics approval was received from the Hamilton-Integrated Research Ethics Board (Project #2017-3636).

Using purposive sampling, specifically maximum variation sampling (Patton, 2002), we recruited S-LPs from the membership of the Association of Chief Speech-Language Pathologists of Ontario District School Boards (ACSLP). Membership within the ACSLP is voluntary and is representative of 37 of Ontario's 72 school boards. The ACSLP serves as a collective voice that advocates for and contributes to the development of school-based speech-language pathology services to meet the needs of students, families, and the school community (ACSLP, 2020). In purposive sampling, participants are selected based on their ability to speak in depth to the phenomenon of interest (Gentles et al., 2015). Because we wanted to understand current approaches to delivering school board speech-language pathology services in Ontario, we specifically sought the participation of members of the ACSLP theorizing that their members, who are all S-LPs, would be able to speak to the type of models in use as well as the specific factors that influenced service provision through either their mentorship of staff and/or their current or previous experiences providing speech-language pathology services in schools. The sampling strategy included maximum variation because we also sought S-LPs who were employed by school boards representative of key variations across the province that were of interest to the funder, including size, type, and location of the school board and language of service provided. The principal investigator (WC) and project manager (LD) were invited to present about the study at a face-to-face meeting of the ACSLP. The principal investigator described the study and distributed an information flyer. We later recruited additional participants who were not members of the ACSLP by using a snowball sampling technique, specifically targeting S-LPs providing services in French language school boards.

Potential participants were directed to a secure web-based application, Research Electronic Data Capture, to enable all to reply privately to the invitation. The S-LPs were asked to read the letter of information (consent form) and decide if they wished to consent to participate, required additional information, or declined participation. Those who

consented directly to participate were contacted to arrange a time to be interviewed. Those who requested more information were contacted by phone for follow up. S-LPs who agreed to be interviewed provided their written consent and received a copy of the interview questions in advance (see Appendix).

Participants

In total, 24 S-LPs agreed to participate in our study, 22 of whom were members of the ACSLP. To ensure that individual participants could not be identified, we collected data about the school board contexts in which these S-LPs worked rather than demographic data about the individuals interviewed. Further, identification numbers were randomly assigned to each participant and demographic information about each S-LP's school board was decoupled from their interview data.

Thirteen of the 24 S-LPs (54%) described being employed by an English Public school board, nine (38%) by an English Catholic school board, one (4%) by a French Public school board, and one (4%) by a French Catholic school board. The S-LPs described working at school boards of varying sizes, ranging from 20 to more than 200 schools. Most participants ($n = 18$, 75%) described their board as "urban," while five participants (21%) described their board as "rural." One participant (4%) described their board as an equal mix of "urban" and "rural."

The number of S-LPs employed in participants' school boards ranged from less than five ($n = 6$, 25%) to greater than 40 ($n = 4$, 17%). More than half of the participants ($n = 14$, 58%) indicated that their school board employed an S-LP in the role of chief/manager of speech and language services, while the remaining participants ($n = 10$, 42%) said their school board did not have an S-LP in this role.

Data Collection

Our interviews followed a guided approach to ensure topics of inquiry were represented consistently, but we used a semi-structured style to allow for a more conversational, natural exploration of perceptions (Patton, 2002). We tested the interview guide with an experienced school board S-LP manager who would not be interviewed. Feedback from the pilot interview enhanced the prompts that were offered and informed the amount of time required for the interviews.

We conducted the interviews at a time and location of the S-LP's choice, either in person or by phone, with only the S-LP and interviewer (LD) in attendance. LD is an occupational therapist with a research master's degree, experienced in clinical and qualitative interviewing, who is familiar with school-based service delivery but was not previously known to the participants.

Each interview lasted from 1 to 1.5 hours and was audio-recorded. A professional transcriptionist transcribed the recordings. LD reviewed and anonymized the transcripts prior to sharing with the analyst, who was an experienced qualitative researcher with a PhD in education (ST) and was familiar with school-based services.

Data Analysis

Interview transcripts were imported into NVIVO™ qualitative data analysis software (QSR International, 2014), for data management, organization, and storage. We used a framework analysis approach (Ritchie & Spencer, 1994; Ritchie et al., 2003) to analyze the interview data. Framework analysis is a systematic approach to thematic analysis that is predominantly used in applied and healthcare-related research to inform policy and practice (Smith & Firth, 2011; Ward et al., 2013). We chose to use framework analysis because it is well suited to applied research that seeks to answer a priori issues and describe and interpret the happenings in a particular setting (Srivastava & Thomson, 2009). This approach provided a systematic, structured, and transparent way to allow us to describe school-based practice in Ontario. Using the interconnected stages specified by Ritchie and Lewis (2003), we were able to "move back and forth between different levels of abstraction without losing sight of the 'raw data'" (p. 220). One researcher (ST) led the data analysis by following the stages outlined in the approach (Ritchie & Lewis, 2003).

To begin, ST read each transcript independently to obtain a broad sense of the data and then randomly selected three transcripts to re-read for the identification of recurring themes, thoughts, and ideas. The research questions were used to guide the search for patterns. For example, ST searched participant transcripts for descriptions of speech-language services and specific descriptors used to explain these services and how these might be organized. Descriptions were compared and categories were created to differentiate between ideas (e.g., tiered versus non-tiered models). Additional sub-categories and codes were created as descriptions of the services were narrowed and explained (e.g., Tier 1 services, Tier 2 services, Tier 3 services). Other ideas were coded as new ideas surfaced. Initial codes were developed from recurring patterns in the data and brought to members of the research team (WC & LD) for reflection and discussion. Codes were refined by ST, and then applied to the same transcripts by a second researcher (JK) to determine agreement and fit. This process enabled clarification of code wording and meaning. Once ST and JK agreed on code wording, meaning, and application, ST developed a

multi-level codebook specifying categories and emerging themes, and used this to apply the codes to another selection of transcripts. ST met with WC and LD regularly throughout the analysis process to reflect on developing themes and the evolving codes to ensure transparency, credibility, and trustworthiness in the coding process and thematic development.

As ST progressed through the coding process, data were synthesized, and initial themes and categories emerged. Connections and associations between themes and ideas were identified, and then shared with WC and LD for reflection and consideration. The initial themes also were shared with a larger interdisciplinary research team who further assisted in developing, clarifying, and validating the initial findings. Once all transcripts had been read and coded, the analyst re-read the transcripts to ensure no information had been missed. When no new themes or ideas could be added to existing themes, saturation was determined (Creswell, 2008). ST created charts to visually track and explore the connections between codes and significant ideas, and then formulated broader thematic categories from these associations. The analyst then extracted and recoded quotes that served to highlight a specific theme or subtheme in NVIVO™ coding software for reference; those determined to be most representative of the themes were placed in charts and used to support the thematic write-up of findings.

To help ensure the credibility of our findings, we presented the final themes at an ACSLP meeting to determine if these resonated with S-LPs or if correction was needed. The meeting was attended by all members, some of whom would have participated in the interviews. All attendees were invited to share feedback during discussion and were invited to email us following the presentation if they required further information and/or wanted to indicate any corrections. One participant did email the primary investigator (WC) following the meeting to request one minor revision to a verbatim quotation the individual recognized as their own; this change was made per the participant's request.

Results

We have organized our findings according to the two aims of our study: (a) to describe speech-language pathology service models delivered in schools by S-LPs employed by Ontario's school boards and (b) to identify key factors that influenced service provision in school settings. Our findings are situated within a time and context when school board S-LPs in Ontario were anticipating a change in government policy and this is reflected in some supporting quotations.

What School Board Speech-Language Services Look Like in Ontario

Our analysis indicated that at the time when our data were collected, there was variation in how speech and language services were delivered in Ontario by S-LPs employed by school boards. Board-employed S-LPs in this study described three different types of service models they employed in their practice: (a) a "tiered" approach, (b) a "responsive to needs" approach, or (c) an assessment-focused approach.

Most S-LPs in this study ($n = 16$, 66.7%) described a "tiered" approach in their provision of school-based speech-language services. Participants described this approach as encompassing a range of formally structured and sequenced services for meeting the needs of all learners in school settings—not just those identified with speech and language needs. S-LPs described three "tiers" or levels of service within this approach. Services at Tier 1 focused on programming to support the speech and language development of all students within a whole-class approach as well as supporting classroom teachers through professional development opportunities. These services were described as "consultative" services geared toward "capacity-building" of teachers. Tier 2 services were described as more tailored services offered directly to small groups of students identified as being at risk for or experiencing some challenges in their speech and language development. Tier 3 services were described as more intensive, individualized, referral-based services offered to specific students who were identified as "high risk" for speech and language challenges.

And so, it [tiered approach] allows for a continuum of supports and interventions to be based on intensity of a student's learning needs, or the learning needs of the classroom educator or a parent. And in a tiered approach, student progress is monitored regularly so that learning needs can be identified early, and more intensive intervention provided where appropriate. (Participant 12)

S-LPs reported the overall provision of support within the broader tiered structure to be "fluid" and "flexible" in nature; support could be provided at multiple levels at the same time, depending on the needs of the student(s) and teacher as well as the students' responses to the supports or services received. For example, one participant commented, "It [tiered service] is more seamless and based on changing needs that evolve over time and so I think that that makes for an effective service delivery model" (Participant 1). Another remarked, "I do think [teachers] appreciate the availability that Tier 1 offers for speech

and language. And then the Tier 3, those student-specific strategies...and goals are appreciated by those who request and can access that service from me" (Participant 4).

Some S-LPs in this study ($n = 6$, 25%) described their services as "responsive to needs." Like those who described a tiered approach, these participants described a range of services for meeting the needs of all learners in school-based settings; however, unlike those who described a tiered approach, these S-LPs did not explicitly describe a systematic structuring and sequencing of services according to tiers or levels.

Our model is we do a little bit of everything. And we try to really drive that home...we don't have a term for it at this point, but just that we really try to be responsive to the needs.... (Participant 17)

Although these approaches were described by S-LPs as encompassing both preventative and intervention services for students and the classroom teachers, there was variation in how S-LPs implemented services and characterized the service structure. S-LPs using a "responsive to needs" approach generally reported that they were in the transition process to a formalized, structured tiered approach to service consistent with anticipated changes within the province.

And I think that's why we're already adjusting.... With the whole Special Needs Strategy...that's coming, it's not 100 percent said that it's implemented, so we're trying to figure out how we can stay a step ahead of the game and give better service deliveries. (Participant 6)

In contrast to S-LPs who reported delivering tiered or "responsive to needs" services, a small number of participants ($n = 2$, 8.3%) indicated they employed an assessment-focused approach that aimed to identify individual students requiring speech-language services and supports. This approach was described as a referral-based approach, in which students are referred to S-LPs by schools for individual assessment, identification, and intervention. S-LPs using this approach described services including screening, formal, and informal assessments; referrals to outside organizations, additional services, and/or professionals; one-on-one direct intervention and programming; home programming; and consultation/education for educators and parents. Both participants using an assessment-focused approach indicated an interest in transitioning to a tiered approach to service but felt they did not have the administrative support to do so at the time of the study.

Primarily it's assessment and programming and it's pretty much all individualized programming. We will do an assessment, we'll give strategies for that language

assessment, and help them get SEA [special education amount] equipment if that's appropriate, and then as I mentioned, we have SLAs [speech-language assistants] who are doing some articulation and do slight language work but it's not predominately language. And most of that is individualized. There may be some groups happening but most of it is individual, and so I certainly would not say we're doing Tier 1, Tier 2, Tier 3, at all. (Participant 20)

Regardless of the current model used, many S-LPs described and valued the idea of moving towards a tiered approach to delivering services in response to broader changes in provincial government and school board mandates, such as shifts toward more inclusive models of teaching and learning, as well as increased demand for speech and language services.

We can't possibly serve the needs of kids in schools...in a traditional medical model of referral, full assessments, and then, you know, working out treatment programs on an individual basis, it would just grind us to a halt. So this way we feel we are at least trying to increase the capacity of teachers, of staff,...educational assistants, and student support counselors, guidance people, et cetera, on ways to handle communication disorders and then also be able to treat some of the more severely affected children. (Participant 13)

Key Influences on School-Based Speech Language Service Provision

Despite variation in service models used by participants in this study, common themes emerged regarding how board-employed S-LPs described successes and challenges in service provision during a time when they anticipated a policy change towards a tiered service model. Participants in this study described six factors that influenced service provision either positively or negatively. These included (a) interprofessional collaboration and relationship building, (b) stakeholder buy-in and support, (c) adaptability to school culture, (d) organization of services, (e) resources, and (f) policy.

Interprofessional Collaboration and Relationship Building

Many board-employed S-LPs described collaboration between stakeholders as an essential component of service provision in schools because a team-based approach and coordination amongst professionals is encouraged. For example, one S-LP commented, "I think that from senior management perspective, they really like that we can get into the schools and be part of the school team, and they're very supportive of that" (Participant 18). S-LPs also suggested that working collaboratively in the

school environment allowed for sharing of knowledge and expertise between professionals, which in turn, helped to facilitate a better understanding of the needs of students, as well as more responsive supports. S-LPs reported that collaborative partnerships within schools encouraged more positive relationships between school-based stakeholders and school-based professionals and often facilitated greater understanding of individual stakeholder roles, responsibilities, and services.

Because I think so much of what we do depends on that relationship and getting to know teachers, getting to know parents,...understanding what the priorities are for that school.... And part of that then becomes that collaboration with your teachers and with the school team that's there...it just makes the team work better and I think people are more innovative and more open to ideas the better they know each other. (Participant 16)

Board-employed S-LPs described collaboration and relationship-building to be challenging at times because of the time investment required for building positive, trusting relationships, and establishing effective collaborative practices with educators and school administrators. S-LPs in this study suggested that relationship development involved taking the time to understand colleagues' needs and goals for service as well as building awareness of the role of the S-LP, the approach to services being offered, and what services may be available. Many S-LPs suggested that without investment of this time, and without collaboration and relationships between professionals generally, buy-in would be negatively impacted, and effective service delivery would not occur.

...you have to have the relationships with the people to be able to have any influence at all, because they have to know who you are, they have to be able to trust what you're saying, they have to trust that you are not just coming in to add something to them, they have to see that you're integral to the system, that you understand the system. (Participant 16)

The S-LPs identified several ways to support collaboration within their practices. Communication, particularly the ability to communicate efficiently and effectively amongst service professionals, was noted to be of primary importance. Specifically, board-employed S-LPs suggested that effective communication required access to educator colleagues and well-supported networks of support. Resources noted to help facilitate this included common or shared physical office space (e.g., school board community "hub" for providers) and access to appropriate technology, software, and information-sharing resources to support confidential and reliable communication.

Stakeholder Support and Buy-In

Stakeholder buy-in was reported to be another factor influencing service provision in school settings. S-LPs described buy-in as encompassing stakeholder support, understanding and acceptance of the model of service delivery, and stakeholder commitment to service provision within the model.

When board-employed S-LPs reported having buy-in to deliver services, they viewed the implementation and delivery of services to be smoother and more relevant to the needs of those involved. Buy-in from school board administration was cited as a critical factor in ensuring speech and language services were advocated for and that appropriate resources were provided. S-LPs who employed a tiered model of service also mentioned the importance of having administrator buy-in to ensure that the structure, organization, and approach to service delivery were reflective of the needs of those receiving services.

There's buy-in from the superintendent and the coordinator of student services. I think they feel that way because they have been part of the Special Needs Strategy and are more aware now of what speech pathologists do, how speech pathologists can be part of the team, and the whole changes that [the] Ministry's asking for, they've got a lot more understanding now. And so, this [tiered service] model...although we've been doing it for a while, and now we want to tweak it even more, they are supportive of it because they see how it will fit.... (Participant 14)

Buy-in from S-LPs themselves was described as necessary for ensuring that services were delivered effectively and in accordance with the service model in use. For example, one participant commented on how S-LP buy-in impacted their school board's shift towards a tiered service model:

I would say there is also huge buy-in with our speech and language staff, who I would say arguably are probably the most important because they're the ones having to go around and talk about this [tiered model] every day. (Participant 15)

Buy-in from educators, special education professionals, principals, vice-principals, and parents/families also was reported to be an essential factor in implementing tiered services.

...the tiered intervention is embedded in our culture here...it's a language, it's a concept, it's an approach that is understood throughout our whole board...just having that common understanding is like hands down, the first thing that needs to happen, that makes it successful for us. (Participant 12)

Board-employed S-LPs described several factors that influenced buy-in at each stakeholder level. Many S-LPs suggested administrative buy-in to be easiest to achieve when an S-LP or professional with knowledge and familiarity of speech and language services held an administrative role or leadership capacity at this level. Buy-in from S-LPs was reported to be positively influenced when they (a) valued the service approach, (b) were given a voice in influencing the service structure, (c) felt they had some autonomy in providing services, (d) felt valued by administration and the schools they worked within, and (e) had adequate resources and support for services. S-LPs in this study perceived educators and parents/families to be more accepting of their support when both parties (a) believed services were responsive to children's needs, (b) could see the value and benefits of the approach, (c) had adequate knowledge and understanding of how the services would meet the needs of the children, and (d) were provided with adequate support to implement specific services. S-LPs also suggested that buy-in from these stakeholders was easiest to achieve when positive, trusting relationships were established between them.

And the teachers that I work with closely and that have been open to allowing me to come into their classroom, they have more buy-in too. So it's a direct result, I think, of my developing a stronger, trusting, professional relationship that is respectful [of] both parties' skill set, and have trusted me to come into classroom and not leave them with just a bunch more work to do. (Participant 14)

Board-employed S-LPs in this study described buy-in as challenging to achieve at times. Many also indicated that without buy-in, they were unable to provide effective services to those in need. S-LPs proposed a variety of reasons for limited buy-in from stakeholders including (a) limited stakeholder knowledge about S-LP services; (b) preferences for specific types of services, particularly, traditional, direct models of service; and (c) perceptions or misconceptions about service structure and stakeholders' roles, responsibilities, and time commitments. Almost all S-LPs indicated that challenges associated with achieving buy-in were attributable to a general lack of understanding of S-LP services, the role of the school board S-LP, and/or the S-LP service delivery model.

Some administrators or teachers still expect a clinical service delivery model...provide therapy and return the student into the classroom, but that's not the most effective model to allow students to access the curriculum and social opportunities [especially] when we have the perfect setting in a classroom to support them. [We need] conversations and... again, relationship-building

to bring the school teams along in those mindset shifts, we need to invest time in that. So, buy-in is something that we're always working toward. (Participant 2)

The S-LPs in this study adopted many strategies to achieve buy-in, including offering educators professional development opportunities and in-class support. Those mechanisms were perceived to increase educators' knowledge of speech and language issues and enable educators to manage these issues effectively and confidently within the school context.

S-LPs also used outreach and educational opportunities to increase familial support. Examples included parent information nights such as "Welcome to Kindergarten," school open houses, discussions about services, and sharing of online resources and informational modules/videos. These supports, like those for the educators and school team, were intended to increase awareness and understanding of services that can be accessed, which is perceived to increase buy-in for the service approach.

Similarly, S-LPs perceived their own education, professional development, training, and mentorship opportunities to be linked to buy-in and support for a service approach. Specifically, S-LPs suggested that buy-in was achieved when they felt confident and comfortable with an approach and how to implement it effectively.

Adaptability to School Culture

S-LPs in this study indicated the need for flexibility and adaptability within the school context and described these as key qualities/personal characteristics required for effective service provision. Participants suggested that the unique culture of the school requires them to be accommodating in their scheduling and adaptable to the fluctuating schedules and ever-changing priorities and needs of schools, educators, and students.

So I would say...that model where someone's actually in a school, again, school culture varies from school to school, administrator to administrator, so that flexibility and...figuring out how you fit into that is super important, and it isn't easy. And...it does take some years of fostering that relationship, which again, in a school board we're lucky because we can assign staff to the same school year after year and they can take the time to make those relationships because they don't happen quickly. (Participant 18)

Participants described the need for flexibility within the classroom as especially important. S-LPs suggested the need to be accommodating to the daily scheduling of activities, classroom programming, and educators' schedules. Overall, S-LPs reiterated the importance of

developing relationships with educators and “fitting in” to the existing structures that educators had already established within their learning environments. Many S-LPs suggested that being flexible was a key ingredient for developing trusting relationships with educators and gaining buy-in for programming and services.

So I think we do have to really be very cognizant of the environment that we're working in and have strong knowledge about what is the teachers' role and their expectation and how we can help them provide accommodations and modifications and that within that we have to know the curriculum. (Participant 8)

S-LPs in this study described their unique role as a school board-employed S-LP as a facilitator of this flexibility. Specifically, many S-LPs suggested that being employed by the school board allowed for consistent access to schools, and thus, greater familiarity and knowledge of individual schools' schedules, events, and activities. S-LPs also suggested that their regular presence in schools contributed to more positive, trusting relationships with school-based stakeholders and an overall greater “fit” within the school culture because of their ability to be accessible.

I value that I am an employee of the school board. And because I am an employee of the school board, I am able to establish and develop extremely awesome, rich working relationships with the educators.... Because collaborating is hard work, and when you are an outside person coming in, it's an added challenge and much more difficult. And I am just a part of the framework of the school building itself and they see me as one of their staff when I'm there, because I'm able to be there with regularity. And I think that...is something that is impossible to replicate unless you're a part of that network. (Participant 21)

Organization of Services

The board-employed S-LPs communicated the need for clear, consistent, and purposeful structuring of speech and language services in school settings. S-LPs suggested that when services were organized and structured in a meaningful way, and when policies and practices for service were clearly outlined, service provision was easier and more effective for those in need. When the service approach was felt to be unorganized, lacking structure, or when policies and practices were unclear, S-LPs suggested service provision was more challenging.

I just think that if there was a clear mandate...there's nothing documented about how speech and language services are delivered for our board. I think if there was, it would be easier to have people buy in to it, or at least participate in the process. (Participant 1)

Board-employed S-LPs described the importance of government direction and administrative-level guidance for the development of clear and structured services. At the time of this study, some participants described their service approach as lacking organization and structure because of shifting government direction and changes to school board policies for speech-language services in anticipation of the new Special Needs Strategy. Several board-employed S-LPs depicted their service structure as in “transition” as they awaited government and administrative-level guidance. Many S-LPs suggested that without clear guidelines and policies for S-LP practice, services were difficult to implement in a consistent and effective manner.

I think really what it boils down to is we need a vision of what these [integrated rehabilitation] services are going to be, and nobody is giving us a vision, something to work towards. We're trying to create this vision for ourselves, but there's a lot of confusion and the vision, I think, needs to come from above and it's not coming from above. (Participant 20)

S-LPs also described the importance of leadership from management and/or those directly overseeing the school-based S-LP team in the organization of services. Specifically, S-LPs suggested that having a clear vision of what services should look like from these stakeholders ensured greater consistency in service provision across providers and made services easier to put into practice. S-LPs also noted the importance of having profession-specific leadership. Many S-LPs suggested that having an S-LP in the role of manager or leader ensured that their ideas for effective services were more authentically represented in decisions relating to the service organization and structure. For example, Participant 23 stated, “I think every board needs clinical leadership... I worry about some of the really small boards where there isn't a S-LP at a leadership table, because...I don't think we can be represented authentically by another discipline.”

Resources

Participants in this study indicated adequate resources are needed to support effective service provision. These resources included personnel, time, funding, and resources relevant to school characteristics, including school location/spread, geography, and workspace. For example, S-LPs referred to “being asked to do more with less” (Participant 10), “feeling the pinch” (Participant 3), and “losing staff left, right, and centre” (Participant 9). Further, many S-LPs reported that limitations related to one or more of these resources presented challenges to the provision of speech and language services in schools.

Well, I would say an inability...to provide support to all students who require it, just due to inadequate funding

and staffing in the speech-language department...we're not able to see every student that the school wants us to each year for support. (Participant 1)

Challenges related to personnel and time were a prominent concern of several S-LPs in this study. Many S-LPs perceived there to be limited funding for speech and language services in schools, and specifically for the hiring of additional S-LPs, for professional development opportunities, and for materials/supplies for services. Participants suggested feeling overworked at times due to a combination of factors, including limited personnel, a high demand for speech and language services, and requirements of their roles (e.g., administrative tasks such as paperwork, referrals, communication with other stakeholders, developing professional development sessions, etc.). S-LPs indicated that they felt limited in the amount of time they had to provide services effectively because of these factors.

So, I think one of the challenges is clinician burnout. I think they are working so hard and feel it so deeply when kids are not making progress, and they feel like, if I could just be in the school more often, I think I could get more traction. (Participant 15)

Resource challenges in relation to school location and geography were described as compounding issues. Some S-LPs, for example, indicated that the spread of schools within some school boards to rural areas presented logistical and time-related challenges for providing services across the school board in its entirety. S-LPs also suggested coordinating and delivering services in school boards based in rural settings to be difficult because of different service guidelines, policies, and/or procedures for speech-language services. Some S-LPs, for example, described working in rural areas with limited or no access to other organizations and professionals who would typically support the school-based service model. S-LPs who worked in rural school settings described these challenges as having a negative impact on their workload and their ability to provide effective services. Some S-LPs also suggested the differences between urban and rural settings resulted in an inequity of services.

...we try to serve everybody the best we can. We are really Jacks and Jills of all trades in our rural area because we have to be, there's nobody else to ask. There's no specialty clinic to ask. On a day-to-day basis, in the schools, there's us and there's nobody else to ask. (Participant 11)

Lastly, some S-LPs in this study indicated that finding physical workspace was challenging within schools. S-LPs reported difficulties locating space to provide programming for students, to conduct assessments, to store materials,

and to host confidential meetings. Because school environments are shared spaces, many S-LPs suggested that finding space within schools each day was often a competition with other professionals. S-LPs described the need to work around others' schedules and/or rush services to accommodate other professionals.

Policy

Several S-LPs in this study acknowledged that the potential change in government policy influenced service provision in their schools. One participant commented that "a lot of the decisions we've made in the last few years have been with some of the Special Needs Strategy guidelines in mind" (Participant 15), while others noted that they had or were aligning their services with this Strategy. As another participant explained,

We are slowly rolling out Tier 1, well, we started to roll out Tier 1 service in anticipation of the Special Needs Strategy changes that were to come. So that's kind of the impetus of the tiered service delivery, and we're just going to continue to move forward with that rather than wait. (Participant 4)

Also reflective of the influence of policy, participants reported that a key challenge in providing speech and language services in the Ontario context related to the division of speech and language services between school boards and community organizations. Specifically, S-LPs reported that the division of services is a source of confusion for education stakeholders and families. S-LPs indicated that school-based stakeholders and families were often unaware of how services were divided, what services were available from each organization, what the roles/responsibilities of S-LPs from different organizations were, and where/how to go about accessing these services. S-LPs also indicated that the division of services presented challenges for them in providing effective, timely services to those in need. Many S-LPs reported that having to refer students for speech services often entailed long wait times, delays in support, and fragmented services.

That whole division with speech and language, it's just so artificial. It's so foreign to everybody here, and the amount of time we spend explaining that to parents, explaining that to teachers, explaining that to principals, like, yes, I'm coming in to see this child and I'll work on this, but I've got to make another referral, and you know, and they get parents to sign a form to explain, yes, I'm the speech pathologist at the school but this is for somebody else to come and work on that, and then, there's no connection between when they come and when you might be working with them. (Participant 17)

Finally, some S-LPs also described ethical challenges and personal struggles in knowing students would be unsupported during their wait, with many S-LPs suggesting that they provided speech services to students during this time despite the mandated divide.

Families are waiting for referrals...for speech therapy, in some parts...the wait is two years. Ethically we just, you couldn't sit there and just leave a child waiting for two years without actually trying to offer them something in the interim. (Participant 17)

Discussion

In this qualitative descriptive study, we aimed to describe the speech-language pathology services models utilized in Ontario school boards and S-LPs' perceptions of the factors that influenced service provision. Our study was conducted during a time when S-LPs were expecting a change in provincial policy to a tiered service model. Our findings suggested that while service models varied across Ontario, many of the school board S-LPs who took part in this study were already using a tiered approach, and consistent with expectations based on the proposed Special Needs Strategy (Ontario Ministry of Children, Community and Social Services, 2018), all expressed an intention to move towards a tiered service model, with many actively working toward this goal.

Although certainly influenced by policy expectations, S-LPs' reported intentions to shift from individual assessment and pull-out focused approaches to more inclusive, tiered models is consistent with other speech-language pathology research (Ebbels et al., 2019) as well as general shifts in the education system (Grosche & Volpe, 2013). For example, the recent *SAC Position Paper on Speech-Language Pathology Service Delivery Models in Schools* (SAC, 2020) acknowledged that "S-LPs increasingly work in schools that follow a Response to Intervention (RTI) framework" (p. 1), in which educators provide general classroom instruction and supports in tiers. Further, at least some of the S-LPs who participated in this study were moving towards a tiered service model because it facilitated the provision of support to all students, regardless of formal identification or type of language, communication, or academic need. Like sentiments expressed by Law et al. (2013), S-LPs in this study expressed the view that employing a tiered model, or a similar needs-based model, would allow more equitable support for children with communication challenges and could offer a more effective way of addressing the needs of the many students requiring support.

With respect to factors influencing service provision, our findings are consistent with other studies of tiered and

inclusion-focused service models implemented in different regulatory contexts using various methods that show the critical role of stakeholder buy-in, the importance of strong collaborative practices, and the provision of appropriate human, financial, and physical resources (Green et al., 2019; Sanger, Mohling, & Stremlau, 2012; Sanger, Snow, et al., 2012). Additionally, the S-LPs in this study noted the need for strong governance and leadership, a sentiment undoubtedly heightened by the expectation of province-wide policy changes. Consistent with the *SAC Position Statement on the Role of Speech-Language Pathologists in Schools* (SAC, 2019), the S-LPs in this study identified the value of profession-specific leaders to advocate for the S-LP role in service provision, appropriate staffing levels, and resources. For example, S-LPs indicated that buy-in from administration was easier to achieve when leadership could clearly advance the issues and needs of their S-LP team. Profession-specific leadership would seem inextricably linked to factors that the S-LPs in this study deemed essential for service provision, such as collaboration, relationship building, and understanding of the unique culture within each school community. In addition, S-LP leadership could also help to navigate change at the policy level, through engagement with senior leadership and administrators of the school board. This seems especially noteworthy given that almost half of the S-LPs we interviewed reported that their school board did not have an S-LP in the role of manager and amid comments from some S-LPs about the lack of clear directives from government ministries and school boards about how to prepare for the anticipated shift to a tiered service model as part of the Special Needs Strategy.

Although most of the school board S-LPs who participated in our study reported providing "needs-based" services, not all described their model as tiered, despite a shared focus on providing services that met varied student needs and that were embedded in the classroom. In addition to strong S-LP leadership, it is our view that if school board S-LPs in Ontario do adopt a tiered service model, it will be important that they use consistent terminology and descriptions of their services. For example, S-LPs in this study emphasized the importance of buy-in by school administrators to ensure adequate resources and support for services. Use of shared language and terms can facilitate educator buy-in and understanding, particularly when tiered models are already understood and used by educators in the classroom (Ontario Ministry of Education, 2013). Ebbels et al. (2019) shared this view and noted, "The lack of agreement in terminology hinders mutual understanding and effective collaboration between education and health services" (p. 6). Our team's recent publication detailing a

qualitative case study of an interprofessional team of health professionals and special educators working to develop and deliver a tiered model of service further supports the view that varied terminology and definitions of tiered services can pose a challenge to implementation (Phoenix et al., 2021). We suggest that school-based S-LPs can foster increased understanding through deliberate use of educational terminology that is consistent with the aim of school-based S-LP services to foster students' communication skills and successful engagement in the classroom.

Using common language could also serve as a springboard for discussion to clarify the role of the school-based S-LP in a tiered service model. The S-LPs in this study identified the need for further clarity about their role. While this finding is consistent with other reports in the literature (McKean et al., 2017; Sanger, Snow, et al., 2012; SAC, 2019), provincial legislation exacerbates confusion about the role of the school board S-LP in Ontario (Deloitte & Touche LLP, 2010). The S-LPs in this study cited this as the greatest barrier to their practice. Confusion about the S-LP role was identified as a problem for educators and families, which is not surprising given the varied funding models and systems for school-age children in Ontario. These same contextual factors also give rise to ethical tensions for some S-LPs who struggled with legislative barriers that necessitate students waiting for service. Although adoption of a tiered service model might help to alleviate some misunderstanding about the S-LP role, particularly for educators, provincial legislation continues to be a challenge in Ontario that must be addressed.

Limitations

This paper focuses on the perspectives of one stakeholder group, Ontario school board-employed S-LPs, in the provision of school-age speech and language services. We did not obtain the views of other S-LPs who provide services in Ontario schools or stakeholders with whom S-LPs partner in the educational setting. Further, we purposively recruited our sample from the membership of the ACSLP. While this ensured that we could learn about the administrative factors that influence the models used in practice as well as the issues impacting service provision, we did not focus on the perspectives of frontline S-LPs or elicit the views of non-S-LP managers. Although we sought S-LPs from school boards that represented key demographic variations across the province (e.g., English and French, Public and Catholic, urban and rural), our sample did not include S-LP representation from every school board in the province. As a result, our findings may not be transferable to all Ontario school boards or other Canadian jurisdictions. Though we analyzed each transcript until all ideas were coded to saturation (i.e., no new codes could be added),

we did not recruit participants until saturation of new ideas had been reached (i.e., no new ideas emerged from additional interviews). Thus, our findings may not exhaustively represent all perspectives held by Ontario school board-employed S-LPs. Given the expectation that the provincial government at that time was interested in tiered service delivery models, the S-LPs who consented to participate in our study also may have been more supportive of tiered approaches. Those delivering services using different approaches may have chosen not to be interviewed. Lastly, although we also presented our findings to the organization from whom we recruited and invited feedback, we did not engage in member checking with each individual S-LP who was interviewed. Therefore, we cannot be certain that our findings resonated with every S-LP who participated in this study.

Conclusions

We sought the perspectives of school board S-LPs in Ontario to enable an in-depth understanding of their experiences, their service models, and the factors that influenced the provision of S-LP services during a distinct time of anticipated province-wide policy change towards a tiered model of service. Although Ontario's Special Needs Strategy ultimately was not implemented, our findings contribute to the literature by describing the practice patterns of school board S-LPs in Ontario, many of whom already employed a tiered model of service delivery. Moreover, we uniquely captured perspectives from school board S-LPs who were actively engaged in a transition to tiered services as well as those who had yet to transition but were anticipating needing to make this shift. While our findings may help Ontario S-LPs to consider service models relevant to local contexts and provincial mandates, there are key findings relevant for all S-LPs interested in school-based practice, including the importance of S-LP leadership to ensure sufficient time and resource allocation. The S-LPs in this study also shared the importance of flexibility and being adaptable to the school culture. Most importantly, our findings affirm the importance of S-LPs having a voice in decision making with respect to the models used in support of students' success in the classroom.

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Acknowledgments

Dr. Wenonah Campbell is grateful for funding from the Ontario Ministry of Education (2017–2019) in support of this research. The authors would like to thank the speech-language pathologists who generously contributed their time as well as Jennifer Kennedy who assisted with code development.

Disclosures

Dr. Campbell received grant funding from the Ontario Ministry of Education, Ontario, Canada to complete the research described in this manuscript. Dr. Campbell and Leah Dix were members of a research team that has previously developed, evaluated, and implemented a tiered approach to delivering occupational therapy services in schools called Partnering for Change.

Appendix

Interview Questions

We will ask you a variety of questions about the SLP services you and your colleagues provide. Some questions you may wish to reflect on in advance include:

1. What are the needs of students, families and educators in your school community?
2. How are SLP services organized to meet those needs?
3. What is valued about your model or approach to service delivery?
4. From your perspective, what are the challenges in delivering speech and language services in schools?
5. How have you and others tried to address these challenges?
6. What are some of the supports that help you and your colleagues to implement your model of service?
7. Why do you think these supports are helpful?
8. Is there “buy in” or support for the model that you are using right now? Why do you feel that way?
9. What does collaboration look like in your school community?
10. Is there a good understanding of how SLP services are provided in your school community? Can you explain why you think this?
11. What would enhance understanding?
12. How do you determine that services are working or are successful?
13. Can you describe any other impact of your team’s approach to SLP services?
14. Tell me what happens when a new SLP joins the team.
15. What ongoing support is available?
16. If others wanted to deliver speech and language services using your board’s model, what would you recommend they do to be successful?
17. Are there particular supports or resources that you think are needed to help others to implement this model?
18. Do you anticipate that your department/team will need to adjust or change how your services are organized and delivered with the Ministries’ plans to adopt a tiered approach to service delivery? Why or why not?
19. From your perspective, what would successful implementation of integrated, school-based rehabilitation services look like?
20. Do you have any other comments or examples that would help us understand speech and language service delivery and/or its successful implementation?
21. Do you have any final thoughts or questions?