Context
In Ireland over the past two years there have been significant changes to the way resources are allocated to schools when working with children who have additional needs. There are also significant proposed changes in how therapy services are to be delivered to schools. Combined, these changes create a unique window of opportunity to design, plan and deliver collaborative support across health and education.

In this policy brief, we describe a study where we engaged a group of children with speech, language and communication needs (SLCN) to design their ideal classroom and school. Our findings show that children bring an essential perspective about the ways support can be delivered in school.

We call for decision-makers in health and education to ensure that children with SLCN are included in planning decisions about therapy services and support in school.

Background
The United Nations Convention on Human Rights (UNCHR) states that children with disabilities have the right to be heard on issues that affect them. From this, there is a growing awareness of the importance of rights-based approaches when working with children with additional needs in school.

This year is the 70th anniversary of declaration of human rights yet children with SLCN are rarely included in decisions about the provision of services and support to meet their needs.

As part of a larger study to improve speech and language therapy services to schools, we engaged a group of children with SLCN to describe their ‘ideal’ classroom and school.

We propose that our findings have key implications for those who are deciding how SLT services in Ireland will change.

What we did
We conducted semi-structured interviews with a representative sample of children (girls and boys) with SLCN, between 11 and 13 years across Ireland.

We used an approach called ‘appreciative inquiry’ in our interviews. This is an approach that can guide individuals to think about the ‘best there is.’

When planning the interviews, measures were taken to address issues of participation, trust, assent, power and control. The children shared their ideas by drawing pictures, writing as well as verbally.

We identified three themes that captured the children’s views. The children checked our findings and gave us feedback about our analysis.

3 See https://youtu.be/11LbYVRrkyU for further details
Recommendations
1) Reinforce the status of the child in health and education policy, such that their participation in service planning is mandated.
2) Re-evaluate systems and working practices to incorporate the perspectives of children with SLCN.
3) Allocate necessary resources to train decision-makers and practitioners who deliver services in how to listen, so that children with SLCN may be given genuine influence in decisions about their support.

What we found
Three themes we identified were:

(i) Ideal support
The children described their ideal support as being individually-tailored to their needs: enabling, enriching and being relevant to their lives at school. They did not want support that set them apart from their peers.

(ii) Priority outcomes
The children wanted to develop tools that enable them to participate, to connect with others, to manage their own learning needs, and to understand the ‘unspoken rules’ in school.

(iii) Ideal classroom/school setting
The children described their ideal setting as one where it is safe to make mistakes, where they have more control and choice, and where difference is seen as a positive attribute.

What it means
The children in our study were clear that they want to be supported in an inclusive way in school, and not set apart from their peers. They described the ways in which barriers to their learning and participation might be addressed.
The findings demonstrate the important knowledge that children with SLCN can bring to decisions about their support.

Summary
If we are to provide support that is meaningful to each child and will prepare them to fulfil their role as citizens in society, then we need to ensure we have effective ways of hearing and attending to their views.
To achieve this, we propose three priority recommendations for policy when working with school-aged children with SLCN.

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