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# Research Report

## SLTs' conceptions about their own and parents' roles during intervention with preschool children

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### Abstract

*Background:* Current research investigating collaboration between parents and speech and language therapists (SLTs) indicates that the SLT role is characterized by therapist-led practice. Co-working with parents of children with speech and language difficulties is less frequently described. In order to embrace co-working during intervention, the SLT role may need to be reframed, focusing on acquiring skills in the role of coach as well as the role of planning intervention and treating children.

*Aims:* To report (1) SLTs' conceptions about their own roles during intervention for pre-school children with speech and language difficulties; and (2) SLTs' conceptions of parents' roles during intervention.

*Methods & Procedures:* A qualitative study used individual, semi-structured interviews with 12 SLTs working with pre-school children. Open-ended questions investigated SLTs' expectation of parents, experience of working with families, and the SLTs' conception of their roles during assessment, intervention and decision-making. Thematic network analysis was used to identify basic, organizational and global themes.

*Results & Outcomes:* SLTs had three conceptions about their own role during intervention: treating, planning and coaching. The roles of treating and planning were clearly formulated, but the conception of their role as coach was more implicit in their discourse. SLTs' conception of parents' roles focused on parents as implementers of activities and only occasionally as change agents.

*Conclusions & Implications:* Collaboration that reflects co-working may necessitate changes in the conception about the role for both SLTs and parents. SLTs and parents may need to negotiate roles, with parents assuming learner and adaptor roles and SLTs adopting a coaching role to activate greater involvement of parents. Applying conceptual change theory offers new possibilities for understanding and enabling changes in SLTs' conception of roles, potentially initiating a deeper understanding of how to achieve co-working during speech and language intervention.

*Keywords:* SLT role, conception of roles, co-working, parents, pre-school children.

### What this paper adds

#### *What is already known on the subject*

Partnership between professionals and parents is a recurring theme in policy and practice in children's services. There is an expectation that parents and professionals will assume roles as co-workers, making decisions collaboratively and sharing responsibilities for children's learning and development. There is some evidence that an approach whereby parents adopt the role of intervener can be as effective as an SLT-led approach in supporting children's speech and language development and that parents are able to assume a role as agents of change.

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*What this paper adds to existing knowledge*

SLTs had three conceptions about their own role during intervention: treating, planning and coaching. Whilst SLTs expressed their conception of treating and planning explicitly, the coaching role was less clearly formulated, suggesting that practice less frequently involves parents in learning to lead intervention with their child. SLTs' conception of parents' role as an implementer of activities also suggests that they only occasionally regarded parents as change agents.

*What are the potential or actual clinical implications of this work?*

Collaboration between parents and SLTs based on a co-working model may necessitate changes in the conception about the role for both SLTs and parents. SLTs may need to develop a stronger understanding of their coaching role to activate greater parent involvement, whilst parents may need encouragement to adopt learner and adaptor roles to act as agents of change in the home.

## Introduction

Partnership between professionals and parents is a strong theme in policy and practice in early years services in the UK (Davis and Meltzer 2007, Department for Education 2014). Parents' roles in influencing children's school outcomes have been well documented (Desforges and Abouchaar 2003) and studies investigating parents' participation in supporting speech and language development in the pre-school years confirm the importance of enabling parents to take an active role in early intervention (Burgoyne *et al.* 2017, Gibbard and Smith 2016). The widespread adoption of 'parent training' in early years education has been superseded by approaches that emphasize collaboration, characteristic of a coaching rather than a training model of learning (Rush *et al.* 2003, Kemp and Turnbull 2014). There is a growing expectation that parents and professionals should operate as co-workers, making decisions collaboratively and sharing responsibilities for children's learning and development (Department for Education 2014). In order to achieve this, parents need to perceive their role as agents of change, acting as co-interveners (Kaiser *et al.* 1998), and taking responsibility for adapting intervention for their child's context (Rix and Paige-Smith 2008). In parallel, professionals may need to redefine their own role as co-workers (Rush *et al.* 2003) requiring a 'reconceptualisation of the role of early interventionists from expert telling parents what to do in a top-down fashion to a coach who would be a collaborative partner working alongside parents' (Kemp and Turnbull 2014: 306). However, we have not been able to locate any research that specifically considers how speech and language therapists (SLTs) see their own and parents' role during intervention involving parent programmes, and whether their conception of a role is compatible with that of collaborative co-worker. This paper presents the results of a qualitative study investigating SLTs' conception of their own and parents' roles during intervention for pre-school children.

The literature on professional role conceptions and the potential effects on parental involvement suggests that the roles that parents assume during consultation can be characterized as *professional-led*, *negotiated* or *parent-led* (e.g., Dunst *et al.* 2002). Professional-led practice places the practitioner in the role of the expert who has specialist training and experience, whilst the parent is positioned as a recipient of information and advice and often placed in the role of helper (Coast 2001, Hand 2006, Marshall *et al.* 2007). Such a model of practice, also described as paternalistic in the research literature in medical practice (Coulter 1999, Charles *et al.* 1997), is believed to discourage co-working between service users and professionals (Davis and Meltzer 2007).

*Negotiated practice* depends on a reciprocal relationship between parent and professional, underpinned by shared decision-making (Elwyn *et al.* 2012). The professional provides information and supports parents' decision-making in a process that aims to confer agency (Elwyn *et al.* 2012: 1362) and enable individuals to develop autonomy in managing their own situation. Adopting an approach based on 'cumulative expertise' (Carlhed *et al.* 2003: 76) anticipates that all participants in a consultation contribute to assessment, intervention planning and delivery of intervention. In this model, parents are not assigned the role of helper, seen in professional-led practice, but more clearly as a co-worker.

*Parent-led* practice, underpinned by principles of family-centred care, has become the preferred model of practice for many disciplines (Kuo *et al.* 2012). It involves parents as mediators of intervention, facilitated by both structured teaching programmes (e.g., Buschmann *et al.* 2009, Kaiser and Roberts 2013) and coaching (Kemp and Turnbull 2014). In targeting speech and language development, there is some evidence that parent-led intervention can be as effective as professional-led practice (Burgoyne *et al.* 2017, Law *et al.* 2003, Lawler, Taylor and Shields 2013). The mechanisms for success

are unclear (Roberts and Kaiser 2011) and research has yet to demonstrate if there are advantages in training parents over professional-led intervention for those children with speech and language difficulties (McKean *et al.* 2012).

A number of studies indicate that the SLT role most frequently coincides with *professional-led* practice. For example, intervention for children with speech sound difficulties has been characterized by SLTs providing home activities to supplement therapist-led intervention (Watts Pappas *et al.* 2008). In this mixed-methods study, SLTs believed they used family-centred intervention, whilst describing practice with limited parental involvement, corresponding to professional-led intervention. In addition, a national survey of 516 paediatric SLTs in the UK reported that SLTs valued professional-led intervention (direct therapy) more highly than indirect therapy that included parent education programmes (Pring *et al.* 2012). SLTs expressed the belief that ‘hands-on’ therapy, delivered by the professional, was the best approach for intervention. Furthermore, findings from a qualitative study of 11 SLTs in England indicated that they rarely took account of what parents were already doing to help their children’s delayed language development when planning intervention (Marshall *et al.* 2007), suggesting that parents were ascribed a role of ‘attender’ or ‘helper’, as seen in professional-led practice.

In spite of this, a number of SLTs report that they routinely work *with* parents of pre-school children in order to achieve intervention goals (Roulstone *et al.* 2012). However, there is variation in how, and how well, parents are involved in intervention (Falkus *et al.* 2016, Klatte and Roulstone 2016, Lieberman-Betz 2015, Sugden *et al.* 2016, Watts Pappas and McLeod 2009). From a parent’s perspective, their conception of role as an intervener at the outset of speech and language therapy is limited and open to negotiation (Davies *et al.* 2017). Whilst parental agency (Goodall and Montgomery 2014) is essential to enabling children’s learning beyond the clinic or classroom, research has yet to investigate how this is activated during speech and language therapy.

Literature in the field is encouraging practitioners to adopt evidence-based practices (Law *et al.* 2015). However, there is little evidence about SLTs’ sense of their own role when implementing new interventions, such as parent-based programmes, or whether their conception of role changes in order to practise differently. This raises a question about whether changes in practice can occur without changes in how roles are conceived. This raises a question about whether changes in practice can occur without changes in how roles are conceived. Are SLTs preserving a conception of role that perpetuates professional-led practice, whilst also trying to

implement increased parent involvement? Furthermore, could social learning theory, such as conceptual change theory, enable a clearer of understanding SLT beliefs, and how these can be changed in order to encourage the conception of co-worker? This exploratory qualitative study is intended to investigate what SLTs think they are doing and how they conceive of their own and parents’ roles during intervention involving parents.

The aim of the study was therefore to explore (1) SLTs’ conceptions about their own roles when working with parents of pre-school children with speech and language difficulties; and (2) SLTs’ conception of parents’ roles during speech and language intervention.

## Method

### *Study design*

This paper presents findings from semi-structured, individual interviews with SLTs. These data were collected as part of a larger study that also investigated parents’ expectations of joint working (Davies, Marshall, Brown and Goldbart, 2017 (redacted for anonymous review)). The interviews were open ended in order to encourage SLTs to talk expansively about how they worked with parents. We focused on SLTs’ conception of roles during intervention as a core element of SLT practice intended to achieve changes in children’s speech and language development. An advisory group of two parents and two SLTs who were not participants in the study, together with researchers (the second to fourth authors), provided guidance on the design of the study and interpretation of the findings.

Ethical approval for the study was obtained from Manchester Metropolitan University (redacted for anonymous review) Ethics Committee and NHS Research Authority (NRES Committee North East 12/NE/0148). All participants gave written, informed consent before the interviews in the study.

### *Participants and recruitment*

Participants were SLTs who met the following inclusion criteria: (1) more than 6 months post-qualification experience; (2) currently working with parents of pre-school children (age 2,00–5,11 years) with developmental speech and language difficulties, as part of their regular caseload. Four SLP managers from NHS Trusts in England were approached to facilitate recruitment to the study. Each Trust delivered different service models to pre-school children, for example, one-to-one assessment, blocks of intervention, advice sessions and parent workshop. They also provided services to populations that varied in terms of ethnicity and socioeconomic status. The managers were asked to identify

SLTs working with pre-school children in their service who met the inclusion criteria. Twelve SLTs were then invited and agreed to participate in the study. As part of the consent process, participants were assured that their involvement was voluntary and would have no impact on their employment. The sampling was purposive in order to recruit participants with a range of work experience, populations and service models. Participants' experience ranged from 6 months to 18 years.

#### *Data-collection procedure*

The first author conducted face-to-face semi-structured interviews with participants using a topic guide consisting of 12 open-ended questions (see appendix A). These investigated SLTs' expectation of parents, experience of working with families and roles they assumed in assessment, intervention and decision-making. A professional advisory group of two SLTs and three academics provided guidance for developing the topic guide and interviews were piloted with two SLTs. The schedule was amended in response to their comments to encourage interviewees to provide details of their practice by referring to specific cases.

Each interview lasted for approximately 40 min and took place in the SLT's workplace. Interviews were audio recorded and then transcribed verbatim. The NVivo software management tool (version 10, 2012; QSR Pty Ltd) was used for organizing the data during analysis. All the interviews were completed before data analysis.

#### *Data analysis*

Thematic network analysis (Attride-Stirling 2001) was used to code the data from each transcript, generating basic, organizing and global themes. The process involves six steps of analysis: data coding, identification of themes, constructing thematic networks, exploring the thematic networks, summarizing the networks and interpreting the relationships within the networks. Initially the process involved constant comparison, with data compared item by item to identify similarities and differences between the participant responses to create a coding set. The coded text was reread in order to develop a manageable set of themes based on the salient meanings presented in the words of participants. Thematic networks were then developed, identifying underlying conceptions using organizing and global themes. The themes were then interpreted by analyzing the relationship between them and linking this to current knowledge and theory.

In order to enhance the trustworthiness of the qualitative analysis (Shenton 2004), the coding and formation of themes was conducted by the first author and

**Table 1. Speech and language therapy (SLT) conceptions about their own roles and the roles of parents during intervention with pre-school children with speech and language difficulties**

Global theme	Organizing theme	Basic theme
SLTs' conception of their role during intervention	Intervener role	SLT <i>treats</i> the child/direct intervention SLT <i>plans</i> activities for the parents to do at home SLT <i>coaches and teaches</i> parents providing advice and training for them
SLTs' conception of the parents' roles	Parents as implementers	Parents as <i>attenders</i> : bringing child to the appointment with the SLT Parents as <i>helpers</i> : completing activities provided by the SLT at home
	Parents as change agents	Parents as <i>learners</i> : parents able to learn to support child's speech and language development Parents as <i>adaptors</i> : parents understand the principles of the intervention and can apply to home activities

then discussed with the research team (the second to fourth authors) ensuring the development of the themes and interpretation of the data were scrutinized and questioned. The analysis of the data was an iterative process with themes refined and adapted as further transcripts were analyzed.

## **Results**

The analysis identified two global themes: (1) SLTs' conception of their own roles during intervention; and (2) SLTs conceptions of parents' roles during intervention (table 1).

### *Global theme 1: SLTs' conception of their own roles during intervention with children with speech and language difficulties*

#### *SLT as interveners*

Three broad conceptions of roles as intervener were reported (table 1): (1) treating the child directly (basic theme 1); (2) planning treatment and preparing

home-based activities for parents (basic theme 2); and (3) coaching and advising parents to support speech and language development (basic theme 3).

### *Basic theme 1: Treating the child directly*

Treating the child was characterized by the child receiving treatment from the SLT directly. In this scenario, any changes in the child's speech and language were described as mediated by the SLT. Assuming a treating role tended to be linked in SLTs' discourse about circumstances where they judged the family was not able to offer support at home, referring to the importance of not 'overloading' parents (SLT 5).

SLTs rarely implied that treating the child directly, using intervention delivered by the SLT only, was the ideal choice. Many referred to finding ways to ensure parents were 'on board', and for some, this was described as part of a flexible decision-making process:

We try to establish how supportive mum appears in the session and what we're best offering. (SLT 2)

However, SLTs' words illustrated how their predetermined views shaped their practice and did not suggest an intention to approach intervention as co-working with parents. For example, one SLT explicitly referred to preconceived opinions about treatment, 'I kind of know what I'm going to do, but I don't really share that [with parents]' (SLT 4). Several participants believed parents often expected SLTs to lead the intervention and regarded this as a barrier to working collaboratively: '[Parents] come and have the viewpoint, that it's not their job to help their child' (SLT 11).

### *Basic theme 2: Planning treatment and preparing home-based activities for parents*

The second conception of the intervener role of SLTs involved planning intervention and activities for parents to do at home, to reinforce SLT-led intervention. This was often described as 'homework' and involved preparing a range of practical activities for parents to implement, as illustrated:

I did try to give mum some practical things and I'm going to follow it up with more activities in the post, so that is where his treatment is starting. (SLT 4)

There was little evidence of this as a collaborative process, and SLTs rarely referred to treatment plans as a jointly agreed process with parents, suggesting that this was predominantly SLT led.

### *Basic theme 3: Coaching and advising parents to support speech and language development*

The third conception of the intervener role involved facilitating parents to become change agents themselves by learning from SLTs how to support speech and language development. This was described as a coaching and advising role, expressed either as an integral part of routine intervention with parents, 'We have quite a teaching-advisory role-how to help parents help their children' (SLT 5), or as a specific package of support involving parent training. The rationale for parent training focused on the belief that intervention needed to be incorporated in the child's life on a regular basis, as illustrated by the following quotation:

The reason we don't do the traditional, 'you come to the clinic room for half an hour every week, ... that won't work, you're (referring to the parent) with them every day. (SLT 10)

The role included providing information about speech and language development, explaining intervention, and modelling activities to show parents what to do. This was described as 'show and do' or 'I model as I go' with the emphasis on practical demonstration, enabling parents to learn what to do. Few gave extensive details of their concept of coaching or the purpose of parent training, and only alluded to an intention to change parents' understanding of their child's speech and language needs. For example, SLT 3 perceived herself as 'redirecting' parents whilst SLT 2 referred to parents thinking differently, using words such as 'understand' and 'realise' to indicate changes in parents' thinking:

Help mum to understand the difficulties she's [her child] got and possibly the reason why. I think for some parents the realisation of it doesn't hit home until further down the line. (SLT 2)

In this instance, the SLT specifically linked advising parents with observing them implement activities with their child, suggesting a process of coaching involving explaining, observing and then reviewing parents' practice:

It's important for you to observe parents in the session and see how they're working with their child to make sure they take on board exactly what advice you've given. (SLT 2)

SLTs expressed considerable variation in how confident they felt in coaching parents. One SLT commented that her initial training had not helped her learn how to coach: 'you're not taught to model it, you're not taught how to explain it to parents' (SLT 5). She believed that her skills developed as she worked with parents after qualifying as an SLT. Another referred to learning from

colleagues during 'shadowing' opportunities, and a third referred to specific post-qualification training. The need to include parents as co-workers in intervention appeared to emerge as SLTs gained experience, as illustrated by a recently qualified SLT reflecting on the way she involved parents in assessment:

I think her participation was . . . mmm . . . as much as it could have been today. Perhaps I could have thought about a different assessment approach, perhaps got her to join in play with the child to see if he communicates differently with her. It's not something I maybe considered before. (SLT 8)

There were also indications that service culture and organization played a part in shaping SLTs' conception of role as a coach and adviser.

### *Global theme 2: SLTs' conceptions of parents' roles during intervention*

SLTs' conceptions of parents' role revealed two organizing themes of parents as implementers and parents as change agents. There were relatively few examples where SLTs referred to influencing or forming a clear understanding of roles and responsibilities with parents from the outset of intervention. SLT 11 was an exception, quoting instances where she questioned parents about their expectations, outlined her own expectations, explained what would happen and clarified what parents needed to do:

Please be aware I'm going to be giving you homework activities and I'm going to be asking you how you got on and if it's suitable to bring them in so you can demonstrate, show me. (SLT 11)

#### *Parents as implementers*

### *Basic theme 4: Parents as attenders*

The conception of parents' roles as attender was implicit in the SLTs' discourse. SLTs expected parents to bring their children to appointments with the SLT, although this was rarely acknowledged as a sign of parents' engagement with speech and language therapy. SLTs in the study were not enthusiastic about parents assuming the role of attender only. Some described attenders as expecting 'a fix', implying that parents were not engaged with the process or interested in working with the SLT to resolve their child's speech and language difficulties:

You know a lot of parents come into an appointment or have a referral to the SLT cos they want their child to be fixed by a speech therapist and they think you're going to 'therap' the child. (SLT 4)

### *Basic theme 5: Parents as helpers*

This role was also implicit in the majority of the SLTs' accounts of how they worked with parents. This was expressed as expecting parents to do prescribed activities with their child, planned and provided by the SLT, as illustrated here:

You need to carry on the stuff at home . . . you come to us once a week, but you're not going to progress [without continuing work at home]. (SLT 6)

The choice of words from some SLTs, such as 'compliance', suggested limited negotiation. The direction of influence came from the professional to parent, with parents conforming to the role SLTs ascribed. For example, SLT 4 referred to cooperative parents as 'doing what we ask them to do' and uncooperative parents as unable to practise activities with their child, 'you have to give up, if parents don't want to, you can't force them to practise between sessions'.

#### *Parent as change agent*

### *Basic theme 6: Parents as learners*

SLTs generally referred obliquely to changing parents' understanding of their involvement and role in intervention, using terms such as helping parents 'take on board' advice or 'embedding information', as illustrated:

You want the parents to be on board—that's half the battle. You can work with the child but if the parents aren't on board. You need to get them on board before you can give them advice. (SLT 1)

The data did not generate clear evidence to show that all SLTs had a strong conception of parents as learners. The use of phrases, applied to parents, such as 'follow the advice' (SLT 5), 'carry on stuff' (SLT 6) and 'do the homework' (SLT 3) suggest that SLTs perceived parents doing as directed rather than acting as a learner. Nevertheless, SLTs' accounts suggested they frequently used activities such as modelling and providing simplified targets, indicating an assumption that parents were operating as learners, as expressed by SLT 2:

It's important for you to observe parents in the session and see how they're working with their child to make sure they take on board exactly what advice you've given' cos sometimes it's misinterpreted and then it's a way you can then coach them and talk to them about how to carry out activities. (SLT 2)

SLT 1 was an exception amongst the participants, in talking explicitly about enabling parents to learn, describing her job as re-educating parents, 'trying to alter their thinking a bit' and 'it's not about changing, trying

to influence, it's about educating them round'. Moreover, she described explaining this to the parents she worked with:

I'm not here to cure the child, I'm here to show you what to do and it's all about you and you'll feel you've really achieved something if you can make that change to your child's speech. (SLT 1)

#### *Basic theme 7: Parents as adaptors*

The final conception of the parent's role apparent in the SLTs' accounts was that of parent as adaptor. This tended to be less clearly articulated in the interviews, but suggested that some SLTs anticipated that parents would learn to adapt their interaction and modify activities independently as a result of understanding the purpose of intervention. Whilst SLTs' conception of parents as learners and adaptors was less clearly formulated, the words of one SLT suggested that the profession could be shifting from an opaque interchange with parents to a more explicit discussion of roles with parents, negotiating responsibilities and agreeing expectations:

In the past we've not helped ourselves by this air of mystique or that these children are going to come and then we're going to fix them. Yes, we've always given them homework, but as I say, we're much better at setting out our stall outright at the beginning and saying this is what we do, how we work. (SLT 3)

The evidence from this study suggests SLTs' conceptions of parents' role focused on parents as implementers, attending appointments and helping to do the activities prescribed by the SLT. Some SLTs also expressed a clear intention of enabling parents to 'take ownership of the advice, (in order to) detach away from SLT' (SLT 1) suggesting a conception of parents as agents of change.

### **Discussion**

Three principal findings emerged regarding SLTs' conception of their own and parents' roles during speech and language therapy intervention for pre-school children. First, SLTs had conceptions about their own role as treating, planning and coaching. Treating and planning roles were clearly formulated but the conception of their role as coach was largely implicit in SLTs' description of practice. Second, SLTs' conception of parents generally referred to a helper role, expecting parents to complete home activities planned by the SLT. They less frequently expressed conceptions of parents as learners and adaptors, where parents adjusted intervention according to their child's changing needs and context in response to coaching by the SLT. Finally, SLTs varied in how they involved parents as part of a co-working model of practice. SLTs were keen for parents to be

involved and made reference to the importance of parents 'engaging' with intervention, but rarely referred to a negotiated or parent-led approach, where parents develop confidence in making decisions about intervention as a 'co-intervener' with the SLT.

Whilst previous studies have examined how SLTs work with parents, this study provides a new perspective by explicitly examining SLTs' conception of their own and parents' roles. We identify differences in how they see their role during intervention and consider implications for parental involvement. Identifying a meaningful and important distinction between roles of planning, treating and coaching during intervention could improve understanding of the features that facilitate or hinder co-working. This study partially concurs with existing literature that suggests that SLTs prefer 'direct' intervention (Pring *et al.* 2012). It also corresponds with evidence from studies suggesting that SLTs expect parents to assume an observer or helper role (Sugden *et al.* 2016, Watts Pappas *et al.* 2008, 2016) coinciding with a conception of role of treating and planning. The SLTs' conception of their role as a coach, with the intention of enabling parents to learn how to adapt their home-based activities to support speech and language development, was not prominent in the SLTs' discourse. This presents a challenge to practise particularly given that parents' conception of their role when they first attend speech and language therapy often includes that of learner, albeit loosely formulated (Davies *et al.* 2017).

The growth in parent training (Pring *et al.* 2012, Roulstone 2012) and parent-child interaction therapy (Falkus *et al.* 2016, Klatte and Roulstone 2016) depends on parents assuming a learner role. This may indicate an interest in the profession for enabling learning and conferring agency to parents as co-workers. However, even when parent training programmes routinely formed part of service delivery, SLTs in our study rarely referred explicitly to their coaching or teaching role. Whilst SLTs do not routinely consider coaching as part of their role there will be an unresolved tension in practice characterized by delivering parent education programmes (Carroll 2010, Roulstone 2012) whilst continuing to frame SLT roles in terms of treatment and planning home activities. This tension points to implications for both pre- and post-qualification education of SLTs. Preparing practitioners to develop their understanding and practice as coaches may need a more prominent place in professional development in order to encourage changes in conception of roles (Friedman *et al.* 2012).

Individuals' roles are not fixed but negotiated as part of the social interaction people encounter in different contexts (Biddle 1986). This study suggests co-working during speech and language therapy intervention may depend on a clear understanding and explanation of the



SLT coaching role, in order to mediate changes in parents' thinking about their roles as co-workers. If SLTs are going to establish a partnership that more fully reflects co-working they may have to change their conception of their own and parents' roles, and enable parents to assume learner and adaptor roles. We know from conceptual change theory (Vosniadou 2013) that conceptions can be resistant to change, especially when framed in a world of experience that confirms a particular set of conceptions. As interest in the nature of coaching emerges in speech and language therapy (McKnight *et al.* 2016), conceptual change theory could offer a valuable theoretical base for formulating how roles are understood, with implications for both pre-registration and postgraduate professional development.

The study has several possible limitations. First, as an exploratory study the findings are indicative and cannot be transferred to other settings without further research to explore conceptions of role more widely. Second, although the risk of selection bias was partially addressed by purposive sampling, participants were recruited from services that were keen to contribute to this research, and so may have been more positively disposed to working with parents. Finally, social desirability bias is a risk for any study using interviews to gather data, with participants' responses potentially influenced by their desire to give socially acceptable answers. This was minimized through using a question design that asked participants to use specific examples to illustrate their practice rather than respond to leading questions that could have prompted an answer that appeared more socially acceptable.

## Conclusions

The evidence presented here offers new insights into how SLTs perceive their roles and identifies opportunities to strengthen parental involvement in intervention. SLTs' conception of their role as treating, planning and coaching is likely to influence the role parents feel are expected of them. Roles may change during social encounters but professional conceptions may become well established as part of the professional mindset and potentially prove resistant to change. Exploring the conception of roles that SLTs reveal when they discuss working with parents provides practitioners, and those responsible for leading change, an opportunity to reframe professional and parental roles that promote parental involvement as part of collaborative approach to supporting pre-school children with speech and language needs.

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## Appendix A: Interview guide for speech and language therapists

I’d like to talk to you about your experience of working with parents of children with speech and language needs. I’d like to talk about your involvement at different stages of parents’ involvement with SLT from the point of referral through to intervention.

Thinking about one family you have worked with today

1. Talk me through how this family came to be seen by you
  - a. Looking back, is there anything you would have changed?
2. How were the child’s difficulties described or labelled?
  - a. Before assessment (by whom?)
  - b. At assessment
  - c. Is there anything about the process that you would have liked to be done differently?

3. Tell me about the decisions that were made about what should be done about the child's speech and language
  - a. Could this have been done differently?
4. What kind of support is the child going to receive?
  - a. How will this be arranged?
  - b. Is there any way that this could be improved?
5. How would you sum up what you expected of mum/dad? Were these expectations met? In what way were the expectations met?
6. How would you sum up your role in relation to parents and children during the different phases of assessment and intervention?
7. How will your role change as you work with the child and parents?
8. What do you think are the most important factors helping the child's speech and language development?
9. What kind of frustrations do you experience working with families?
10. How has your additional training influenced your practice?
11. How would you describe the service model you use here?
12. How would you describe the pressures you experience delivering SLT and how does that affect your work with parents?