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ORGANIZATION AND FUNCTIONING OF THE SYSTEM OF LOGOPEDIC CARE IN POLAND

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SUMMARY

This article deals with the problem of providing logopedic care (speech therapy) in Poland. Disturbances of speech, which occur in ca. 20% of the population of early school-age children, is a serious social problem in this country. This review sets out to discuss the causes behind these statistics, which have remained relatively high over a long period of time now. The article also presents some organizational and legal solutions aimed at solving or at least mitigating the problems, and discusses the system of providing specialist education for teachers, as well as the directions along which changes are being implemented in the field of the logopedic care provided in Poland for children with disturbances of speech.

Key words: education of speech and language therapists, logopedic specializations, access and effectiveness of logopedic care

INTRODUCTION

In most countries, the national systems of providing help for children with speech disorders are fairly similar to one another. If they differ, it is basically as far as their organizational and legal frameworks are concerned, or as regards systems of preparing specialist personnel to deal with the problems. From the point of view of the organization of the systems, the differences consist in the differing character of the institutions that occupy the central position in a particular system. Thus one can distinguish countries in which the main burden of providing logopedic care falls upon:

- pedagogical and psychological counseling centers (e.g. Poland);
- educational institutions, that is, schools offering special care (as in Hungary, the Commonwealth of Independent States, i.e. the former Soviet republics, the Czech Republic, Slovakia, and Bulgaria), or special classes formed at regular schools (as in the US and Hungary);
- health centers (in most countries referrals are made in cases where the speech disorders are serious or co-occur with other developmental disturbances);
- systems in which the therapist reaches the patient privately (e.g. the US).

In terms of the legal aspects of the problem, logopedic institutions are controlled by various departments and ministries. In the majority of cases these are equivalent to the Polish Ministry of National Education or Ministry of Health.

However, major differences can be observed within the system of preparing specialist personnel for the needs of persons with speech and language disorders. In the national systems of most countries, teachers of logopedics are prepared over several years of residential or non-residential undergraduate study, post-graduate study, or at graduate schools and short courses. This results in a relatively high range of differentiation among logopedic personnel – ranging from teachers who receive additional training in the field to specialists with scientific degrees.

The systemic differences also have a structural character, which means that the systems operating in some countries ensure general accessibility and consistency of speech and language therapy, whereas in others this type of clinical help is inadequate as compared to social needs. In the final analysis, however, the aims and functions of systems providing logopedic care are identical, irrespective of the country: generally speaking they are dedicated to the idea of providing aid for children with speech disorders.

As regards Poland, children with speech disturbances and their progress in school, despite numerous attempts that have been made so far, still constitute a difficult and urgent problem that cannot, as it seems, be solved in a satisfactory way. The number of children whose speech and language functions are abnormal has remained relatively high for many years now (up to 20 -30% of the entire juvenile population). Up to now no truly effective solutions have been developed in the organizational and legislative or program-related spheres to guarantee proper educational, tutorial and specialist care over this group of schoolchildren. Since

the end of the 1960s several attempts have been made by educational authorities, with the aim of creating a unified system of care for children with various developmental defects. These attempts have been marked by a variety of programs, decisions or guidelines, which were elaborated and issued by institutions that were empowered to delineate the paths along which the work of schools, kindergartens and also of pedagogical and psychological advisory centers – the basic units of the Polish logopedic care system – should develop (Bogdanowicz 2011).

One such document, a curriculum designed for kindergartens, includes the following item: "With reference to a broadly-conceived postulate of educational care, the kindergarten undertakes numerous preventive, stimulating, compensative and corrective activities to be implemented in parallel... The kindergarten also undertakes re-educational activity in reference to children whose development is not even. Therefore leveling the standards required to start school is among the most significant tasks to be fulfilled by the kindergarten - a task that is connected with the role of this institution in the process of implementing democratic transformations in the national education system."

In order to support this movement and also to be able to monitor all possible developmental disorders, there was introduced, in 1978, the amended version of the "Six-Year-Old Child's Chart," issued together with instructions as part of a document entitled "Guidelines concerning the admission of six-year-old children to the first class of primary school." Besides this, the educational authorities elaborated numerous other documents meant to normalize the system of providing care and aid for children with developmental deviations or disorders. It is recommended that schools take action to level out the developmental disharmonies which occur among children. Among other things, the following documents are worth mentioning here:

1. "Guidelines from the Ministry of Education's Advisory Board" (1973), which deals with special education and aid provided for children with developmental deviations or disorders;
2. "Instructions" (1976), which refers to the problem of organizing individual teaching;
3. "Instructions" (1978), which provides a curriculum designed for the first three years of primary school, including some extra hours devoted to special classes conducted to compensate for handicaps in some children.

In 1978, the Ministry of Education amended the statute and regulations concerning the admittance of six-year-olds to the first class of primary school, ordering schools to carry out pedagogical observation as well as compulsory medical and psychological checks. In 1980, there appeared regulations on the organization of extra classes (of a corrective and leveling character) in the first three years.

What did the above-mentioned legal regulations involve and what was the lawmaker's intention?

First of all, by introducing these regulations, the authorities were trying to form a unified system of providing care for children with developmental disharmonies, established as an obligatory duty on a general accessibility basis. Secondly, the

forms of aid to be provided, as well as the criteria for qualifying the children to be helped were set forth. Apart from this, there was a significant step made towards obtaining an early diagnosis by imposing the duty to provide medical and psychological examinations, and also a thorough pedagogical observation over six-year-old children.

Moreover, by issuing these legal documents, the educational authorities tried to regulate the system of providing care for this group of schoolchildren from both the legal and the organizational side. This goal was to be attained by imposing certain duties and tasks on educational centers, as regards early detection of developmental irregularities, organization of corrective aid, and prevention of school failures. Did the acts fulfill their role? Did the school authorities create proper conditions to effectively carry out tasks laid on them? These questions will be dealt with in a subsequent part of this article.

EMPLOYMENT

Polish logopedists are employed mainly in regional and municipal pedagogical and psychological counseling centers (PPCC) controlled by the Ministry of National Education, or in regional specialist clinics and hospitals, as well as in other centers taking care of children with speech defects and disturbances in writing and reading. The latter institutions are managed by the Ministry of Health and Social Welfare.

Locally, PPCCs are established to supervise the whole range of logopedic activities in kindergartens and schools by providing aid of a diagnostic, therapeutic and instructional nature. Local advisory centers are branches of regional ones, whose principal task consists in coordinating and supervising this kind of work within the given province. The latter institutions, in turn, are subordinated to the Ministry of National Education, the supreme body within the whole system. It is the Ministry alone that can delineate the direction of the activity for the subordinate centers, through the issuance of orders and other legal acts, and so it is solely responsible for making any alterations affecting organizational or program-related matters.

There are no separate schools in Poland, nor are there special classes designed organized at regular schools in the country for children with speech defects. Thus, the main responsibility for providing care for this group of children rests with PPCCs, individual teachers, and parents.

PROFESSIONAL PREPARATION

Another significant factor that has an influence on the functioning of the system of providing logopedic care in every country is the personnel potential at that country's disposal. In Poland, it was not until 1970 that preparation of properly qualified personnel was started. Leon Kaczmarek organized the first post-graduate Logopedics Department at the Marie Curie-Skłodowska University in Lublin. Four years later, in 1974, another Logopedics Department was opened, in the Institute of Polish Studies at Warsaw University. Others soon followed, such as the programs in Gdansk and Kraków, and similarly, in 1993, the Department of

Post-Graduate Logopedic Studies and Therapy was established at Opole University. However, in comparison with the existing needs, the number of centers providing training for logopedists is still insufficient.

Candidates entering a two-year post-graduate logopedic program (N.B. the only way to obtain qualifications in this field in Poland) are recruited from graduates already possessing a master's degree in a field related to logopedics, i.e. pedagogy, psychology, medical studies and linguistics, philology, acting, or journalism. Graduates from such departments of logopedics, after a two-year course combining both theoretical and practical knowledge, obtain a diploma as a qualified logopedist (speech and language pathologist), and are entitled to take up jobs in all institutions providing education and health care, which deal with making diagnoses and therapy of all speech disorders. The further choice of a particular specialization is usually determined by the character and place of work. After completing the training, there exists a possibility of obtaining a scientific degree. If there are doctoral and post-doctoral theses submitted, however, they generally deal with problems on the boundaries of logopedics and other disciplines, such as phoniatics, psychology or pedagogics. Thus, unlike the educational systems in other countries, the Polish system does not allow the student of logopedics to make an academic career crowned by obtaining a degree or title purely in this particular domain. This is no wonder, since the profession as such has not even been legally acknowledged as an independent one, nor has it been entered into the register of professions.

THE PROVISION OF SPEECH THERAPY

As already mentioned, there are hardly any "auxiliary services" functioning in this country: on the one hand, there are fully qualified logopedists; on the other, a host of teachers equipped merely with basic knowledge concerning logopedics. There is a distinct lack of a "clinical" middle, which results in the grim statistics concerning speech defects in Polish children, showing that the occurrence of this phenomenon has remained on a mass scale for many years now. Every year speech disturbances are noted in ten percent or more of the population of early school-age children. These numbers suggest that, despite endeavors on the part of school authorities and specialists, the tendency is not weakening. There would appear to be a number of causes behind this state of affairs, one of which is the fact that kindergartens do not fulfill their preventive role of making an early diagnosis or providing logopedic correction. Another is the lack of highly qualified personnel and auxiliary personnel, which leads to a great disproportion between the possibilities of providing specialized speech therapy and the social demand in this field. Lastly, there is no consistency within the Polish system of providing logopedic care. This results from the relatively low role that teachers take in the therapeutic processes designed for children with speech disorders (Pachalska et al., 2007).

All this makes logopedic care ineffective and costly, and defects that are neglected at the pre-school age become more intense at the moment of starting regular school education, making it especially hard for a child with a speech disorder

to function as a pupil. In many countries, this dependence was noticed early enough and, accordingly, the strategy of dealing with the problem was changed. It was realized that speech therapy, which requires qualified specialists, logopedic surgeries, proper equipment, adequate means and time, in reality is far more expensive than prevention and early correction.

Research on the state of articulation in 6- and 7-year-old children (preschool children those in the first class of primary school) carried out in Opole Province in 1993 by the present author confirms the results obtained by other Polish researchers working on the problem. The figure of 18% of schoolchildren with speech disturbances, within the overall population, points to the significant need to undertake a search for ways to solve this urgent social problem.

Furthermore, the author's research into files and statistics kept at counseling centers, which concern the activity of PPACs in Opole Province, prove that the capacity of these institutions, which constitute the foundation of the logopedic care system in Poland, is really insufficient as regards social needs. It was noted that between the years 1986 and 1990 specialist care was provided for ca. 1.3% of schoolchildren attending the first three years of primary school. Taking into account the figure of 18% of children with speech defects found in the Province, this means that as many as 16.7% of the schoolchildren were left without any professional aid. As follows from the analysis made on the basis of documents kept in the centers, speech therapy is provided solely for children who display very serious speech disorders, such as stuttering, severely delayed speech development, dyslalia and complex disorders.

PROBLEMS

During recent years (1990-1996), due to the very bad condition of the state's finances, the Ministry of National Education had to suspend providing various forms of help and encouragement within the scope of care for children with developmental disharmonies. Because of the lack of sufficient funds, the tasks included in various projects have become merely empty ideas floated in governmental papers. Schools cannot maintain correction-compensation and leveling groups any longer, free courses and training classes for teachers are being canceled, the possibilities of professional advancement and extension of qualifications are being limited. Similarly, the number of scientific conferences, which could facilitate an exchange of experience, improvement of the professional workshop or updating knowledge, is being reduced, as is the number of full-time positions and teaching hours. In this situation there is every likelihood that the already ineffective system of providing care for children with speech disorders will become more and more defective and less and less consistent.

Unfortunately, as a result of those "objective difficulties," independent of the school authorities and operating for the foreseeable future, it may happen that all the efforts made by a great number of people dedicated to creating an effective logopedic care system in Poland over so many years can be frittered away.

The newly-observed trend towards setting up private logopedic counseling centers may, to a certain degree, fill in the gap in the logopedic services market, but most surely these services will not be available to all citizens. Thus, by liquidating the form of specialist assistance provided for children with speech disturbances at school, the whole responsibility will become shifted onto PPCCs, which have been able to cover merely 1.3-2.0% out of about 20% of children requiring logopedic aid. There is a danger that we will return to the starting point of the early 1970s in this respect. This policy also leads to the development of the overly high occurrence of speech disorders in schoolchildren, which is aided by the process of closing down kindergartens and raising fees for their services. In this way a large number of children are deprived of specialist therapeutic assistance as regards prevention, an early diagnosis, or speech therapy. The lack of this kind of care and control over children at pre-school age may, in subsequent years, result in a rapid increase in the number of cases of speech disorders in schoolchildren. Since one year of obligatory pre-school education does not yield as many possibilities as systematic work during four years. There is every probability that children with fixed erroneous articulation habits, which often stem from mere negligence and are relatively easy to correct at pre-school age, will enter primary school still displaying such defects. By this time, however, their cases will have become difficult to handle because of the so-called "error age." It is thus easy to predict that doing away with correction-leveling therapy groups, and also canceling other forms of care, will leave these children with speech problems, the social consequences and costs of which are easy to foresee.

To sum up, the factors which determine the scope of activity of the PPCC in Poland comprise an insufficiently developed network of such institutions, as well as a lack of specialists and auxiliary personnel. These factors account for the relatively weak contacts between logopedists and the environment in which children suffering from speech disorders live (i.e. teachers and parents), making it almost impossible to carry out necessary work in this area.

POSSIBLE SOLUTIONS

When analyzing systems (models) of logopedic care functioning in different countries, it is hardly possible to state which of them should be the right pattern to be transferred onto the Polish situation as a whole. Taking into account various factors, though, such as economic, organizational or personnel-related problems specific to Poland, those solutions should be chosen that could actually be implemented in our conditions.

As far as preparation of personnel is concerned, the models which definitely deserve the most attention are those which generate more possibilities of acquiring the skills and credentials of a logopedist, and also take into account the preparation of specialists on different levels, ranging from speech therapists through social assistants, teachers and nurses trained in the field of logopedics to qualified logopedists possessing scientific degrees. This makes it possible to delegate

tasks concerning logopedic care and to broaden the scope of cooperation between logopedists and the educational environment. Creating "middle links" within the system of providing logopedic care allows for differentiating the roles allotted to the respective participants in this process. The role of a specialist who possesses a scientific degree consists in doing research and contributing to the development of this science, whereas a qualified logopedist should be occupied with making diagnoses and treating difficult cases of speech disturbances, as well as coordinating the work of "auxiliary services." The latter should, in turn, take up the role of a "go-between," bridging the gap between specialists and the child's environment, and should also carry out activities connected with making the initial diagnosis, therapy of simple articulation impairments, or organization of informative activities and the like. As it appears, such a solution creates far broader possibilities of making use of the whole social potential, facilitates better organization of the process of providing care for children with speech disorders, and finally guarantees the more effective functioning of the system.

Moreover, the suggested differentiation among logopedic personnel categories and responsibilities should bring about one more favorable effect: it should result in acquiring a much larger number of qualified personnel over a shorter period of time. Unlike the system of preparing personnel solely by means of post-graduate studies (the system currently in operation in Poland), this new approach makes it possible for institutions other than universities, i.e. teacher's training colleges, teacher's studies and post-secondary schools, to provide education in preparation for entering the logopedist's profession on different levels.

Another interesting question is posed by organizational solutions.

In Poland there is no special education provided for children with speech disorders, such as the one that existed in the educational systems of Hungary, the former Czechoslovakia, the former East Germany, or the Soviet Union. What is even more surprising, this fact has not come in for any criticism, because of the fact that such children have always been isolated. Therefore, the idea of organizing some correctional forms designed for children with speech defects, functioning within regular schools, is really worth considering. This would greatly facilitate the procedure of obtaining direct specialist assistance, as is normally done in Hungary or the US. The French solution, which consists in the re-integration of such children with pupils of regular classes after a minimum period of three years, that is, after completing therapy, could also be taken into account. Apart from this, experiments carried out in the United States have proved that the contact between "normal" children and those with some disorders, or even severe disabilities, often becomes a good opportunity for the former to understand the handicapped and to get to know some principles of providing aid for them. From this point of view, this solution should also receive more attention.

It seems that in Poland this kind of function could be taken over by correction-compensation groups created on the basis of after-school activities. However, due to the complexity of the problems to be solved in this area and the variety of registered disorders, as well as the shortage of qualified personnel, such groups do not

come up to the required standard as regards schoolchildren with speech disorders. This is once again reflected in the magnitude of the phenomenon of speech disorders occurring among the population of schoolchildren in the first three years.

Another interesting systemic solution has been proposed by the Hungarian Institute of Speech Correction and also by the Czech Department of Children's Medicine, which play the role of the main logopedic centers in these countries, providing a foundation for training courses, medical treatment and scientific research.

Thus, while designing a future model for providing logopedic care in Poland, the goal should be to employ qualified logopedists at schools (the English model) or in logopedic clinics established in schools, children's hospitals and sanatoria – as in the countries of the former Soviet Union. Still, the greatest differences between the system of providing logopedic care in Poland and those in other countries lie in the preparation of personnel and their differentiation, the size and variety of institutions performing particular functions within these systems, and the organization of the latter. Nevertheless, the aims and tasks set for models of providing logopedic assistance remain the same all over the world - they are all dedicated to the idea of helping children with speech disorders.

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