



















Tony Rodgers

Assistant Director of Social Care Health and Social Care Board

Welcome























CHILDREN & YOUNG PEOPLE'S STRATEGIC PARTNERSHIP

Purpose

To put in place integrated planning and commissioning across agencies and sectors aimed at improving the well-being of and the realization of the rights of children in Northern Ireland in relation to the six outcomes for children.











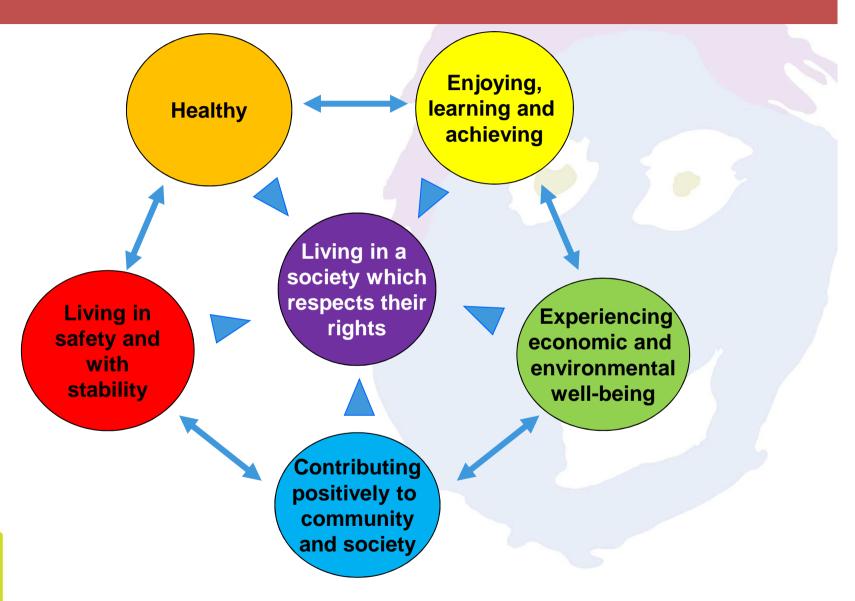








OUTCOMES FOR CHILDREN



















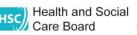


DEFINITION OF EARLY INTERVENTION

"Intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population at risk of developing problems. Early intervention may occur at any stage in a child's life"

(Grasping the Nettle Report 2009)











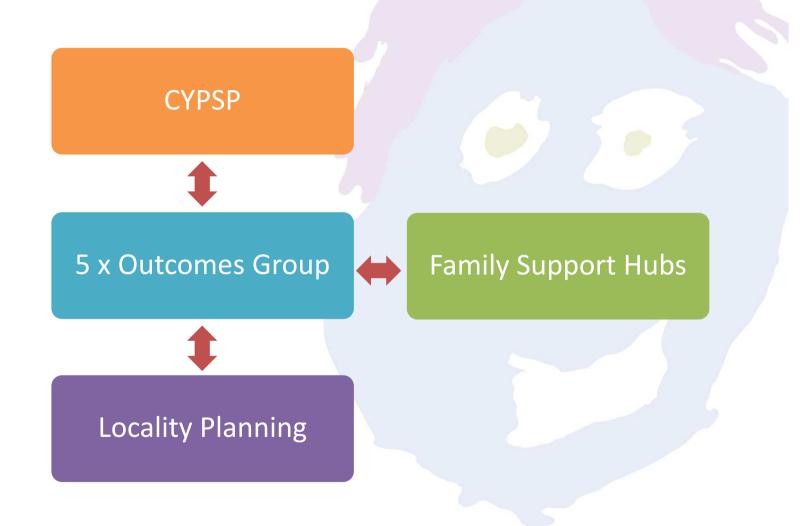




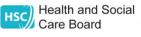




CHILDREN & YOUNG PEOPLE'S STRATEGIC PARTNERSHIP





















Alderman Gary Middleton Deputy Mayor

Welcome























John O'Dowd MLA

Minister for Education

Opening Address























Marie-Louise Muir

Conference Facilitator























James Law

Professor of
Speech and Language
Science, Newcastle
University.























"Now you're talking" Reflections on some key issues about early language development

James Law

Professor of Speech and Language Science

Areas we will be covering

- Why is early language delay important?
- Is language delay associated with socio-demographic factors?
- What do we know about intervention and effectiveness?
- Some implications for practice and policy



Genie





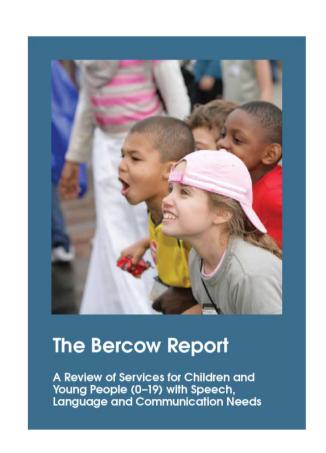
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And a word on the context in England

Some background



The Rt Hon John Bercow MP



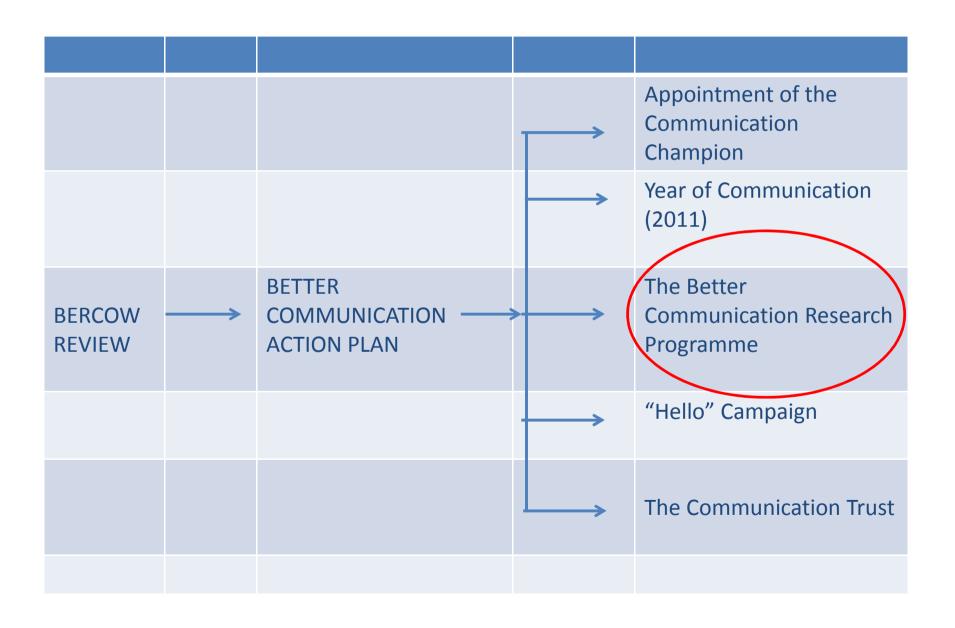
Some background





A commitment from The Children's Pion





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The questions

- What are the outcomes of early language delays at school entry in adulthood in a whole population (rather than subsamples of those with "clinical" difficulties)?
- What are outcomes of choice?
- Do children with more "specific" language difficulties at school entry have different outcomes from those with "typically" developing skills or those with generally lower skills?

Long term outcomes?

- British Cohort Study (BCS70), one of Britain's richest research resources for the study of human development;
- Over 18,000 persons living in Great Britain who were born in one week in April 1970;
- Data available about the cohort members at birth, 5, 10, 16, 26, 30 and most recently in 2004 when aged 34 years;
- Wide range of information collected from parent's report, school report, tests and medical examinations;
- Excluded children whose first language was not English and whose ethnicity was not white European.

The measures at 5 years

- The English Picture Vocabulary Test (EPVT)
- The Copying Designs Test
- Rutter Behaviour Scale

The participants?

- 3 discrete groups.
- "Typical Language Group" (TL) had EPVT and Copying scores falling within the normal range on BOTH assessments;
- "Non-Specific Language Impairment Group" (N-SLI) had EPVT scores two or more standard deviations below the mean and scores of at least one standard deviation below the mean on the Test of Copying Skills.
- "Specific Language Impairment Group" (SLI) also had scores of two or more standard deviations below the mean on the EPVT and scores of more than one standard deviation above the mean (ie. within the normal range) on the Test of Copying Skills.

Sample derivation



EPVT n = 750

Copying Designs n = 19

English language not used at home

n = 439

Not white European n = 562

Not stated n = 33

Not known n = 2

Number of cohort members in database BCS70 at birth

n = 17196

English spoken at home & White European

n = 12099

Completed EPVT & Copying designs n = 11330

TL n=8726 N-SLI n=195 SLI n=211

Good EPVT/ Poor copying n=939

The "exposures" of interest

- Distal factors
 - Child gender
 - Age mother left school before 16 years
 - Mother single parent
- Proximal factors
 - Persons per room ratio (more than 1 per room)
 - Child had some kind of pre-school
 - Parent read to child in past week
 - Parent a poor reader
- Biological and developmental "risk"
 - Mother smoked during pregnancy
 - Child small for gestational age
 - Child behavioural difficulties
 - Child seen a speech and language therapist

The outcomes at 34 years

- Literacy
 - above level 2 in the UK National Curriculum (measured at 34). Level 2 = equivalent to GCSE A-C.
- Mental health
 - 3 or more signs of having had a mental health problem (four scales)
 - Rutter Malaise Inventory
 - Satisfaction with life scale
 - Measure of perception of control over life
 - Measure of self efficacy
- Employment
 - More than twelve months unemployment before 34 years

At thirty four years (final models/OR) * p<.05 **p<.01 ***p<.001

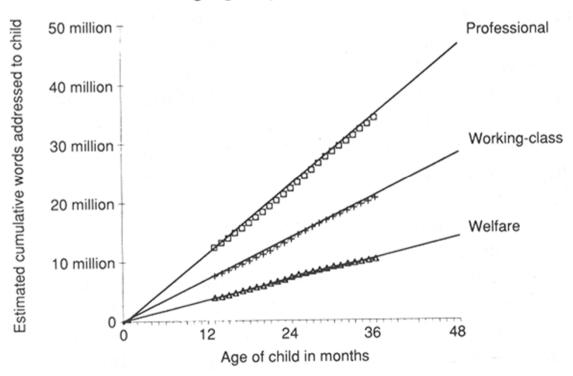
Variable	Reading	Mental health	Employment
Specific language impairment	1.59	1.50	2.24
Non-Specific language impairment	4.35	2.90	1.88
Gender	1.05	0.96	2.05
Maternal education	1.66	1.22	0.97
Mother single parent	1.39	1.33	1.92
Overcrowding	1.36	1.64	1.59
Pre-schooling	1.24	1.22	1.33
Parent reads to child	1.21	1.03	0.94
Parent history of reading difficulties	1.64	1.92	1.54
Mother smoked during pregnancy	1.15	1.27	1.14
Small for dates	1.35	1.43	1.18
Behaviour - neurotic	1.07	2.13	1.16
Behaviour – anti-social	1.40	2.08	1.45
Seen a speech-language therapist	1.41	1.28	1.46

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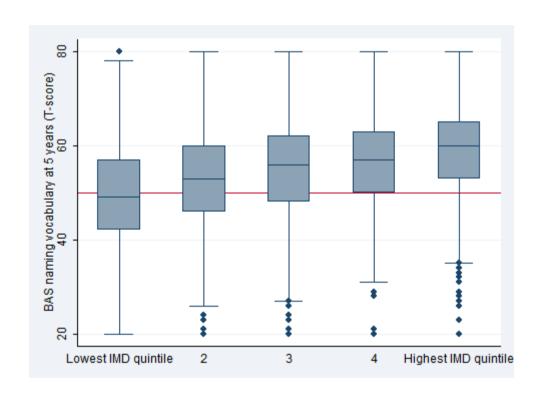
The premise

Language Experience

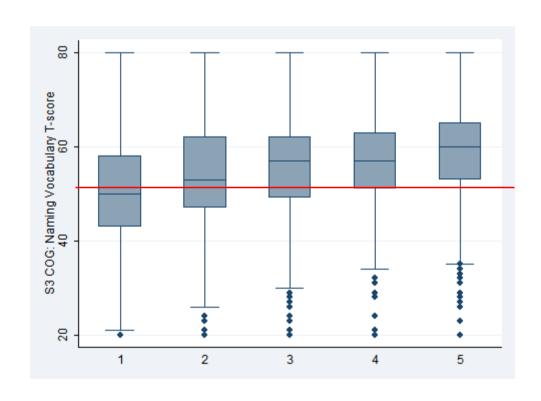


Hart B, and Risley
T,1995 Meaningful
differences in the
everyday experience
of young American
children Baltimore:
Paul Brookes.

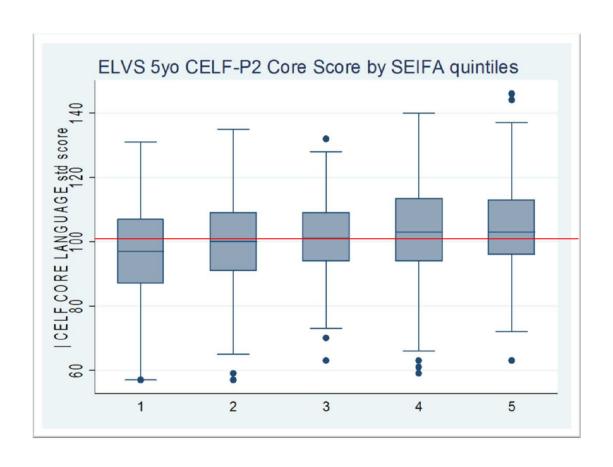
Data from England The Millennium Cohort Study (MCS)



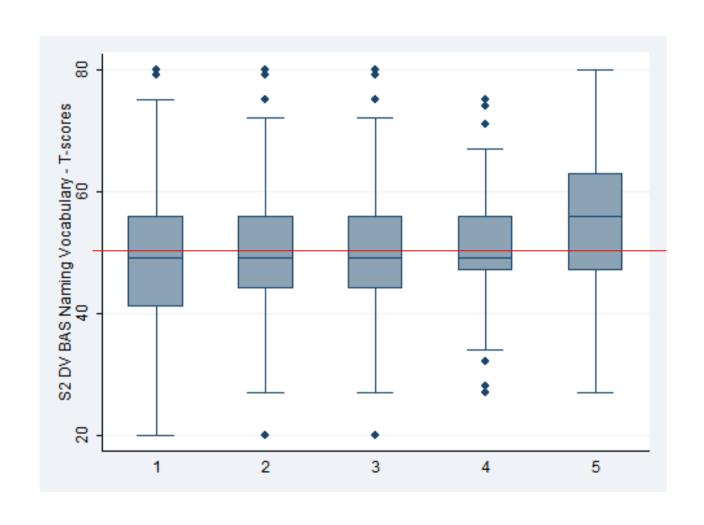
Data from Scotland Growing up in Scotland



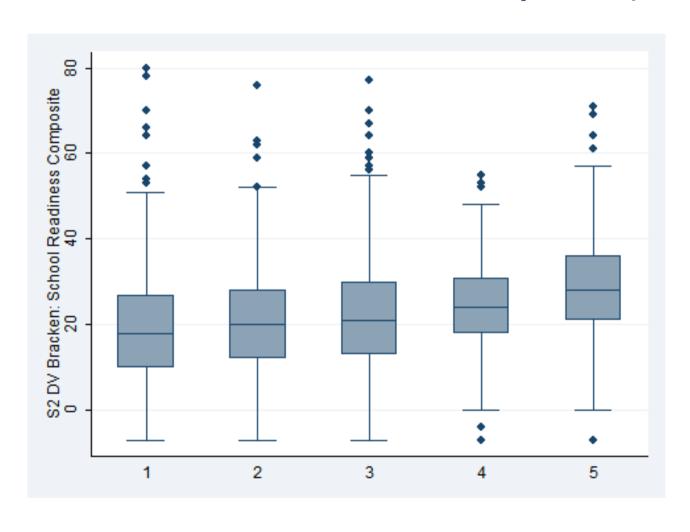
Data from Australia The Early Language in Victoria Study (ELVS)



and for Northern Ireland? MCS - Naming vocabulary at 3 years



MCS -Bracken School Readiness at years)



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The public health model

Type of prevention	Population	Aims	Terms used
Primary prevention	All	Prevents problem manifesting	Universal
Secondary prevention	Those with identified need	Removes problem from identified group	Targeted
Tertiary prevention	Those likely to have persistent life long difficulties	Reduces the occurrence of additional problems/helps adaptation	Specialist

does SLT meet criteria for inclusion in Public Health programmes?

Understanding of what constitutes a disability have changed over the past century – in "white collar" societies communication disabilities have become paramount at least as far as employability is concerned;

During most of human history a person with a communication disorder was not thought of as "disabled". The shepherds, seamstresses, plowmen, and spinners of the past did not require optimal communication skills to be productive members of their society, as they primarily depended on their manual abilities. Today a fine high-school athlete—a great "physical specimen"—who has no job and suffers from poor communication skills is not unemployed, but, for the most part, unemployable. On the other hand, a paraplegic in a wheel chair with good communication skills can earn a good living and add to the wealth of the society. For now and into the 21st century, the paraplegic is more "fit" than the athlete with communication deficits.

(Ruben 2000, p. 243)

Source

Speech and language therapy interventions for children with primary speech and language delay or disorder (Review)

Law J, Garrett Z, Nye C



This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2010, Issue 5

http://www.thecochranelibrary.com



Speech and language therapy interventions for children with primary speech and language delay or disorder (Review)
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http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004110/pdf

Differences from earlier version

- Searches conducted for the original (2003) version of this review identified 634 records;
- Three sets of comprehensive searches were run subsequently (in 2006, 2009 and 2011) in which a further 987 records were identified.
- 2003 version 33 studies (25 in meta-analysis)
- 2011 version 64 studies (54 in meta-analyses)
- 3872 participants

Phonology (Speech development)

	Tre	eatment			ontrol			Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean		Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.1.1 Production of t	arget sou	ınd							_
Munro 1998 Subtotal (95% CI)	10.14	9.26	7 7	1.88	2.46	4 4	100.0% 100.0 %	0.98 [-0.35, 2.31] 0.98 [-0.35, 2.31]	
Heterogeneity: Not ap									
Test for overall effect	:: Z= 1.45	(P = 0.1)	5)						
1.1.2 Variability in pr	oduction	of targe	et soun	ıd					
Munro 1998 Subtotal (95% CI)	11.57	9.74	7 7	3.13	5.13	4 4	100.0% 100.0 %	0.91 [-0.41, 2.23] 0.91 [-0.41, 2.23]	
Heterogeneity: Not ap	pplicable								
Test for overall effect	: Z= 1.35	(P = 0.1)	8)						
1.1.3 Measures of ov	verall pho	nologic	al deve	elopmen	t (single	e word))		
Almost 1998	48.2	10.9	15	34.7	7.9	15	9.5%	1.38 [0.57, 2.19]	
Bouillion 1973	10.36	7.76	34	8.4	9.1	9	10.8%	0.24 [-0.50, 0.98]	I
Denne 2005	12.53	7.47	9	7.12	5.48	10	7.5%	0.80 [-0.15, 1.74]	 -
Fay 1998	-31.05	7.41	4	-39.75	9.59	6	4.1%	0.89 [-0.47, 2.25]	
3logowska 2000	-27.2	22.76	71	-34.35	28.66	88	24.4%	0.27 [-0.04, 0.59]	 • -
ancaster 1991	-36.59	19.17	10	-45.6	12.51	5	6.0%	0.49 [-0.61, 1.58]	
Matheny 1978	-6.62	2.39	16	-8.87	3.23	8	8.3%	0.81 [-0.08, 1.69]	l l
Munro 1998	75.14	14.14	7	68.25	5.45	4	4.7%	0.53 [-0.73, 1.79]	- •
Shelton 1978	7.55	5.45	30	9.7	11.2	15	13.5%	-0.27 [-0.89, 0.35]	
Vren 2006	61.87	15.31	22	59.73	12.77	11	11.1%	0.14 [-0.58, 0.87]	
Subtotal (95% CI)			218			171	100.0%	0.42 [0.13, 0.72]	•
Heterogeneity: Tau² = Test for overall effect				9 (P = 0	.15);	: 32%			
1.1.4 Percentage of	consona	nts corr	ect in (convers	ation				
Almost 1998	72.5	9.6	15	50.4	12.6	15	50.3%	1.92 [1.03, 2.81]	
Denne 2005		10.41	9	92.05	3.76	10	49.7%	-1.28 [-2.29, -0.27]	
Subtotal (95% CI)	01.0		24	02.00	00	25	100.0%	0.33 [-2.81, 3.47]	
Heterogeneity: Tau² = Fest for overall effect				1 (P < 0	.00001)	; I² = 95	5%		
1.1.5 Re-telling a sto		•							
_	_	_		1.25	247		4.00.004	4 20 10 44 2 22	
Munro 1998 Subtotal (95% CI)	50.43	42.67	7	1.25	2.17		100.0% 100.0 %	1.29 [-0.11, 2.69] 1.29 [-0.11, 2.69]	
	nnlicable		•			4	100.070	1.20 [-0.11, 2.09]	
Heterogeneity: Not a _l Test for overall effect		(P = 0.0	17)						
									-2 -1 0 1 2
									Favours no treatment Favours treatmen

Expressive language (vocabulary and grammar)

	Treatment			Control			Std. Mean Difference	Std. Mean Difference	
Study or Subgroup	Mean		Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.6.1 Number of diffe	erent targe	t words	learnt						
Girolametto 1996a	3.9	2.4	8	1.5	2	8	37.7%	1.03 [-0.04, 2.09]	
Girolametto 1996b	5.9	3.3	12	3.3	2.5	13			— —
Subtotal (95% CI)			20			21	100.0%	0.93 [0.27, 1.58]	•
Heterogeneity: Tau2:	= 0.00; Chi²	' = 0.06, (df = 1 (P = 0.81); $I^2 = 09$	6			
Test for overall effect	t: Z = 2.78 (F	P = 0.005	5)						
1.6.2 Measures of o	verall expr	essive v	ocabul	ary dev	elopmei	nt			
Buschmann 2009	51.6	11.2	24	43.9	9.1	23	20.1%	0.74 [0.15, 1.33]	_
Cohen 2005	-30.898	16.392	50	-25.7	17.39	27	21.7%		 +
Gallagher 2005	17.25	6.23	16	13.75	3.7	8	16.4%	0.61 [-0.26, 1.48]	 •
Gibbard 1994a	15.7	8.3	18	3.2	4.9	18	17.5%	1.79 [1.01, 2.58]	_ -
Wake 2011	90.4	12.9	158	90.1	143	143	24.2%	0.00 [-0.22, 0.23]	+ _
Subtotal (95% CI)			266			219	100.0%	0.50 [-0.10, 1.10]	•
Heterogeneity: Tau ² :	= 0.37; Chi²	= 26.87	df = 4	$(P \le 0.0$	001); l²:	= 85%			
Test for overall effect	t: Z = 1.62 (F	P = 0.10							
1.6.3 Different word	ls in langua	ge samp	le						
Gibbard 1994a	14.2	7.1	18	8.1	4.3	18	45.0%	1.02 [0.32, 1.72]	
Girolametto 1996b	64.5	46	12	25.2	22	13	30.5%	1.07 [0.22, 1.92]	
Robertson 1999	15.1	5.2	11	8.5	5.3	10			
Subtotal (95% CI)			41			41	100.0%	1.08 [0.61, 1.55]	•
Heterogeneity: Tau ² :				P = 0.95); $I^2 = 09$	6			
Test for overall effect	t: Z = 4.51 (F	o.000	001)						
1.6.4 Parent report of	of vocabula	гу							
Gibbard 1994a	225.3	106.1	18	49.4	30.3	18	15.8%	2.20 [1.36, 3.05]	
Girolametto 1996a	79.5	35	8	68.9	49	8	14.5%		
Girolametto 1996b	187.7	181	12		66	13			
Law 1999	23.22	4.12	28		2.07	10			+-
Robertson 1999	76.2	37.5	11		40.8	10		0.61 [-0.27, 1.49]	+-
Wake 2011	34.5	22.4			23.4		21.1%	0.00 [-0.22, 0.23]	+
Subtotal (95% CI)	- ·· -		235	•			100.0%	0.70 [0.05, 1.35]	•
Heterogeneity: Tau ² :	= 0.51; Chi²	= 28.18.	df = 5	(P < 0.0	001); l² :	= 82%		_	
Test for overall effect			-						
	,	ŕ							
									
									-4 -2 0 2 4

	T	notes and		_	ontrol			Ctd Moon Differen	Ctd Moon Difference
Study or Subgroup	Mean	eatment SD	Total	Mean	ontrol	Total	Weight	Std. Mean Difference IV, Random, 95% CI	Std. Mean Difference IV, Random, 95% CI
1.4.1 Test of argumen			70(0)	MCGII	30	70(0)	- reight	, 101100111, 5570 01	12,101100111,0074-01
Ebbels 2006 Subtotal (95% CI)	0.07	0.1	18 18	-0.05	0.07	9 9	100.0% 100.0 %		
Heterogeneity: Not ap									
Test for overall effect:	Z = 2.83 ((P = 0.00)	5)						
1.4.2 Measures of ow	-		_	_					
Buschmann 2009	41	5.3	24	35.3	5.8	23	10.6%		
Cohen 2005 Fey 1993	69.92 5.66	8.17 1.58	50 21	68.81 4.36	4.8 1.27	27 8	11.5% 9.1%		
Gallagher 2005	10.25	2.97	16	7.62	2.56	8	8.8%	0.89 [-0.00, 1.78]	
Gibbard 1994a	38.7	8.6	18	20.8	6.2	18	8.9%		
Given 2008	4.689	10.324	52	9.15	7.29	13	10.6%		
Glogowska 2000	83.87	15.13	71	81.18	15.79	88	12.4%		
Law 1999	74.74	4.71	28	77.4	5.74	10	9.8%	-0.52 [-1.25, 0.21]	
Matheny 1978	-30.62	6.45	16	-36.62	5.24	8	8.7%		
van Kleeck 2006	60.2	8.54	15	48.33	11.07	15	9.5%		
Subtotal (95% CI) Heterogeneity: Tau ² =	0.42: Chi	i≥	311	/B ~ n n	00043-1	218 = - 01 0	100.0%	0.60 [0.15, 1.06]	-
Test for overall effect:				(1- < 0.0	0001), 1	- 01 7	0		
1.4.3 Total number of	utterand	es in a la	anguag	je sampl	le				
Gibbard 1994a	89.5	58.8	18	17.4	16.7	18	33.4%	1.63 [0.87, 2.40]	
Girolametto 1996b	182.9	103	12	103.8	102	13	32.7%	0.75 [-0.07, 1.56]	
Law 1999	102.94	31.42	28	113.1	35.37	10	33.9%		
Subtotal (95% CI)			58			41	100.0%	0.68 [-0.45, 1.82]	
Heterogeneity: Tau² = Test for overall effect:				(P = 0.0)	01); I²=	85%			
1.4.4 Mean length of t	utterance	e from la	nguage	sample	•				
Bishop 2006a	76.47	10.38	24	84.78	9.09	9	25.0%	-0.81 [-1.60, -0.01]	
Gibbard 1994a	2.3	0.7	18	1.4	0.4	18	25.4%	1.54 [0.79, 2.30]	
Law 1999	2.42	0.62	28	2.56	0.78	10	25.6%		
Robertson 1999	1.32	0.32	11 81	1.09	0.11	10	24.0%		
Subtotal (95% CI) Heterogeneity: Tau ² =	1.00: Chi	i² = 21 45		(P < 0.0	001): 12	47 = 86%	100.0%	0.35 [-0.70, 1.41]	
Test for overall effect:			-	(1 - 0.0	0017,1	- 00 %			
1.4.5 Parent report of	phrase I	length/co	mplex	ity					
Gibbard 1994a	5	1.9	18	1.8	0.9	18	32.9%	2.10 [1.27, 2.94]	
Girolametto 1996b	16.7	13	12	5.2	10	13	32.8%		
Law 1999	23.8	3.72	28	23.67	2.87	10	34.3%		
Subtotal (95% CI) Heterogeneity: Tau ² =	0.06: Chi	i= 12.66	58 : df = 2	/P = 0 0	043:18 —	95%	100.0%	1.02 [-0.17, 2.22]	
Test for overall effect:				(F = 0.0	01),1"=	0070			
1.4.6 Language skills	parent q	uestionn	naire						
Buschmann 2009	140.7	57.3	24	96.3	64	23	70.1%		
Gallagher 2005 Subtotal (95% CI)	-5	2.22	16 40	-7.13	1.36	8 31	29.9% 100.0 %		
Heterogeneity: Tau²= Test for overall effect:				P = 0.57); I ^z = 09	%			
1.4.7 Narrative skills									
Bishop 2006a	84.09	19	24		11.86	9	58.1%		
Fey 2010	80.29	16.78	7	77.33	9.96	. 9	41.9%		
Subtotal (95% CI)			31			18	100.0%	-0.24 [-0.99, 0.51]	
Heterogeneity: Tau² = Test for overall effect:				P = 0.23); I ^z = 31	1%			
									-4 -2 0 2 4
									Favours no treatment Favours treatment

Receptive language (comprehension)

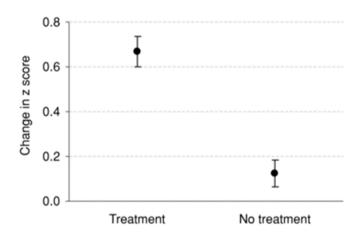
	Treatment			C	ontrol		ĺ	Std. Mean Difference	Std. Mean Difference		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% Cl	IV, Random, 95% Cl		
1.7.1 Measures of ov	rerall rec	eptive v	ocabul	ary devi	elopmei	nt					
Gallagher 2005	27.94	6.07	16	17.25	4.62	8	16.9%	1.83 [0.81, 2.85]			
van Kleeck 2006	90.93	10.99	15	74.07	12.93	15	19.4%	1.37 [0.56, 2.17]			
Bouillion 1973	1.07	25.87	34	1.88	33.39	9	20.2%	-0.03 (-0.76, 0.71)	-		
Law 1999	75.95	10.54	28	74	9.06	10	20.4%	0.19 (-0.54, 0.91)	-		
Cohen 2005 Subtotal (95% CI)	-26.68	18.2	50 143	-24.22	13.57	27 69	23.2% 100.0 %	-0.15 [-0.61, 0.32] 0.57 [-0.14, 1.28]	_		
Test for overall effect:		(P = 0.1	2)	·							
van Kleeck 2006 Subtotal (95% Cl)	_	11.04	15 15	19.27	14.5	15 15	100.0% 100.0 %	0.92 [0.16, 1.68] 0.92 [0.16, 1.68]			
Heterogeneity: Not ap Test for overall effect:	•	(P = 0.0	2)								
									-4 -2 0 2 Favours no treatment		

	Tr	eatment		(Control			Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.5.1 measures of o	verall red	ceptive s	yntax (develop	ment				
Bishop 2006a	73.08	13.03	24	75.56	13.08	9	10.3%	-0.19 [-0.95, 0.58]	
Cohen 2005	72.22	7.575	50	72.44	5.77	27	21.7%	-0.03 [-0.50, 0.44]	+
Gallagher 2005	31.69	8.67	16	23.38	7.75	8	7.9%	0.96 [0.06, 1.86]	
Given 2008	6.078	10.426	52	4.15	11.19	13	15.0%	0.18 [-0.43, 0.79]	- - -
Glogowska 2000	87.3	15.89	71	84.26	15.49	88	33.8%	0.19 [-0.12, 0.51]	 =-
Law 1999	71.05	5.32	28	73.4	4.55	10	11.2%	-0.45 [-1.18, 0.28]	
Subtotal (95% CI)			241			155	100.0%	0.09 [-0.18, 0.36]	•
Heterogeneity: Tau ² :	= 0.03; CI	hi² = 6.89	i, df = 5	(P = 0.3)	23);	27%			
Test for overall effect	:: Z= 0.66	P = 0.5	1)						
1.5.2 ERRNI - ideas r	ecalled								
Bishop 2006a	82.25	17.87	24	96.44	11.85	9	100.0%	-0.84 [-1.63, -0.04]	
Subtotal (95% CI)			24			9	100.0%	-0.84 [-1.63, -0.04]	•
Heterogeneity: Not a	pplicable	1							
Test for overall effect	:: Z= 2.06	6 (P = 0.0)	4)						
1.5.3 ERRNI - compre	ehension	1							
Bishop 2006a	78.96	18.22	24	78.89	9.16	9	100.0%	0.00 [-0.76, 0.77]	-
Subtotal (95% CI)			24			9	100.0%	0.00 [-0.76, 0.77]	•
Heterogeneity: Not a	pplicable	!							
Test for overall effect	: Z= 0.01	(P = 0.9)	9)						
									-4 -2 0 2
									Favours no treatmen Favours treatment

And narrative reporting?

Is speech and language therapy effective for children with primary speech and language impairment?

Report of a randomized control trial - Broomfield et al



Since the review i.

The Language for Learning (L4L) (Wake, M.Tobin, S.Levickis, P.,Gold, L.Zens, N.Goldfeld, S.Le, H. Law, J. & Reilly, S. 2013)

- 200 4 years olds with delayed language development, generated from a known population sample
- Intervention is standardised and replicable but flexible enough to respond to the needs of different children
- Intervention designed to promote narrative skills, vocabulary and grammar, and phonological awareness and pre-literacy skills;
- Outcomes standardised measure of language plus school readiness measures five and six years
- RESULTS: Feasible and acceptable with significant positive results for phonological awareness and letter knowledge at five and phonological awareness at six.



Since the review....ii

The Social Communication Intervention Programme

Adams, C. Lockton, E., Freed, J., Gaile, J., Earl, G., McBean, K., Nash, M., Green, J., Vail, A. & Law, J.)

- Focusing on 85 children with "pragmatic language impairment" 8-11 years receiving Intensive intervention in one school term (20 sessions) compared to 28 controls who received "treatment as usual"
- SCIP includes a tailored combination of interventions to promote Language Processing, Pragmatics and Social understanding and social interpretation
- Outcomes standard language test plus a variety of measures of interaction taken from teachers and parents
- RESULTS Significant positive results for pragmatics, and teacher report of child communicative behaviour

The "What Works for SLCN" resource

- Its one thing to identify the evidence base quite another to use it
- To promote the uptake of evidence we sought to combine the data from the review with an understanding of what people do
- On-line survey of speech and language therapists and others
- Identifying the best quality readily available interventions in the literature and combining these with the most commonly used interventions for which we could find evidence.

Practitioner experience

- 536 complete responses to on-line survey about practice;
- 3 most commonly used interventions then examined in detail;
- 75% of SLTs reported their most common age ranges were within the 2-7 years range;
- Primary SLCN with language as the primary difficulty was the most common area reported (36%). Primary SLCN with speech as the primary area was reported by 19% and Autism Spectrum Disorder (ASD) by 11.4%;
- Mainstream schools were reported most frequently (35%) followed by community clinics (17%) and special schools (12%);
- 38 published programmes and 126 home grown specified. A further 163 'Other published programmes' mentioned without details.

Integrating evidence base and the practitioner experience

The What works for SLCN Resource;

- 57 interventions either currently in use or published in the research literature plus 3 "Up and coming";
- 3 (5%) were found to have the strong level of evidence, 32 (56%) had moderate evidence and 22 (39%) had indicative evidence;
- Most interventions focus on work with preschool and primary school children;
- 30% of the interventions were specifically relevant for improving a child's speech, 39% targeted language, and the remainder were aimed at a combination;
 - Five were universal interventions, 13 were clearly targeted and 16 specialist.

A service wide illustration

TALK OF THE TOWN is an integrated, community led approach to supporting speech, language and communication in children from 0-18 years in south Manchester;

Universal

- Elements of "Thinking Together" at the universal level (see intervention # 53;
- Audit of practice using the BCRP Communication Supporting Classrooms Observation Tool with guidance on developing best practice. Use of Living language vocabulary approaches (#24)
- Use of word wizard approaches to support vocabulary at universal and targeted levels (#57)
- Use of "Talking Time" nursery intervention. (# 50)
- Teaching children to listen (#52)

Targeted

- A narrative intervention by Becky Shanks Narrative Intervention (# 1);
- Talk Boost (#48)
- Focused stimulation techniques (#15)
- Comprehension monitoring approaches within mainstream classrooms (#5)
- Elements of colourful semantics programme (#3)
- Language for thinking for children in key stage 2 (#20)
- I CAN secondary talk (#18)
- Joffe vocabulary enrichment programme (#58)

Specialist

- Makaton training for staff to use with pupils with SLCN (#25)
- Psycholinguistic framework to support phonological awareness (#41)

And the "What works" (WW) for children with speech and language needs



Research Report DFE-RR247- BCRP10

'What Works': Interventions for children and young people with speech, language and communication needs

James Law¹, Wendy Lee², Sue Roulstone³, Yvonne Wren³, Biao Zeng¹ & Geoff Lindsay⁴ All the other Better Communication Research Programme reports:

http://www.education.gov.uk/researchandstatisti
cs/research/better

¹ Newcastle University

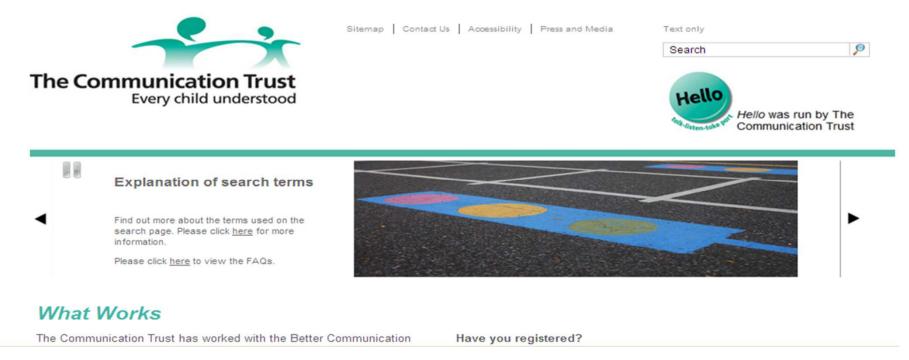
² The Communication Trust

³ Bristol Speech and Language Therapy Unit and the University of West of England, Bristol

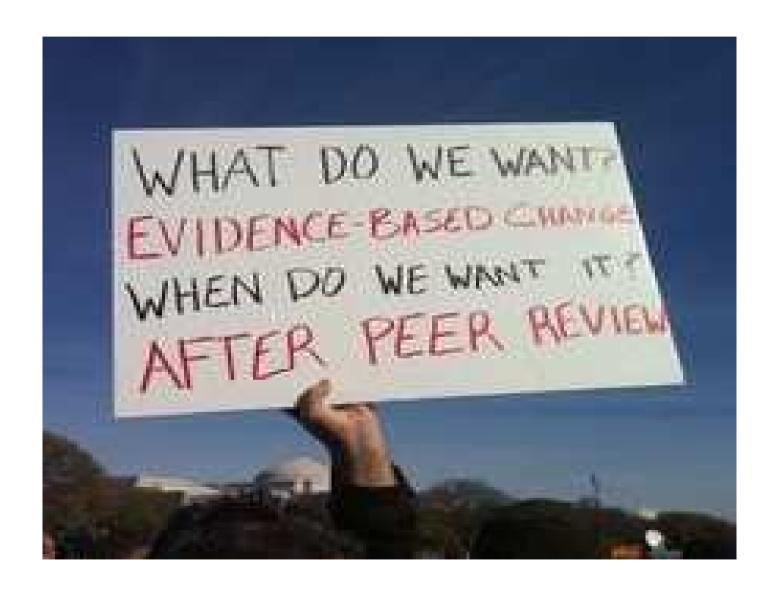
⁴ CEDAR, University of Warwick

And the "What works" (WW) for children with speech and language needs

and the Communication Trust WW interactive website:-



http://www.thecommunicationtrust.org.uk/schools/what-works



Areas we will be covering

- Why is early language delay important?
- Is language delay associated with socio-demographic factors?
- What do we know about intervention and effectiveness?
- Some implications for practice and policy

Practice

- Growing body of evidence
- Increasing understanding of the role of context
- Some areas clearly mutable, others less so
- Need to raise understanding and application of the use of evidence
- Need more replications of studies with the most positive outcomes
- Need more evaluations of universal interventions
- Need to explore the potential for roll out
- Health and educational commissioners need to make explicit use of available evidence.

Policy: All Party Parliamentary Group on Speech and Language

- Over 2012 APPG took evidence on the links between SLCN and social disadvantage
- Resulted in a report in February 2013
- Closely tied into the BCRP (although not reliant on it)
- Has led to calls for discussion of the BCRP in the House of Commons
- Role played by The Communication Trust

All Party Parliamentary Group on Speech and Language Difficulties



The links between speech, language and communication needs and social disadvantage



February 2013

Language delays in the UK

- 2012 Report commissioned by Save the Children
- Draws heavily on the BCRP
- Likely to lead to a programme
 of work around this issue in the UK



And in conclusion...

- Early communication skills clearly important in themselves but also BECAUSE they are linked to later performance;
- Clear socio-demographic gradient if you take whole populations;
- Argument for inclusion as part of public health programmes;
- Most interventions are targeted or specialist rather than universal;
- An immensely creative field which continues to generate new studies, incorporating new measures and new interventions;
- Need more practitioner researchers contributing to the field;
- Public health/preventative model is a helpful starting place;
- Needs strong links between services and universities in formulating the research questions, seeking out funding etc;
- Critical that the best interventions make their way onto the international stage so that people round the world can test your ideas.

Thanks to:

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Ingrid Schoon, Centre for Longitudinal Studies, Institute of Education, London



Sam Parsons Centre for Longitudinal Studies, Institute of Education, London



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Acknowledgements

The funders



- Professor Geoff Lindsay University of Warwick
- Professor Julie Dockrell Institute of Education, University of London
- Professor Sue Roulstone University of the West of England

A number of other staff of whom the most relevant to today's discussion are:-

- Professor Jenny Beecham, London School of Economics
- Dr Yvonne Wren, Speech and Language Therapy Research Unit, Frenchay Hospital, Bristol
- Drs. Ioanna Bakapoulou, Sarah Spencer, and Baio Zeng, Institute of Education, London, Sheffield and Newcastle Universities

TIME TO TALK













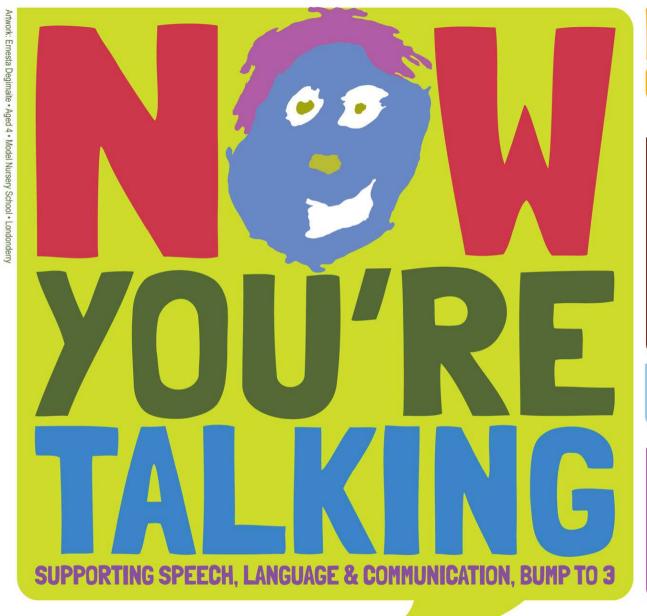


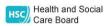






























Carlo Gébler

Author























Anna Newell

Artistic Director Replay Theatre Company

www.replaytheatreco.org























WOBBLE: a dance show for 2-4s



A miniAdventure for PMLD pupils



THE SCHOOL UNDERNEATH a thriller for 7-11s

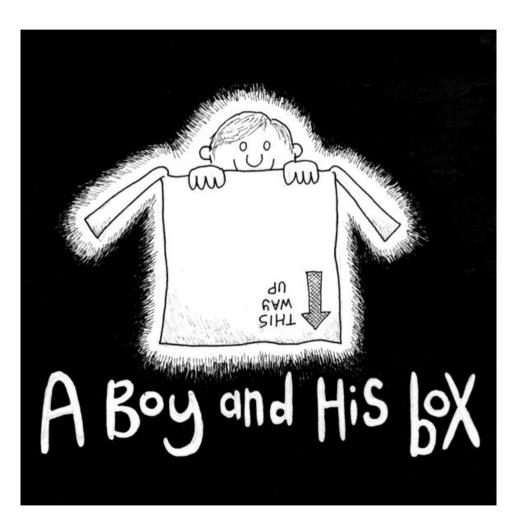


"I think Replay was great. I was killed with excitement. It was as good as it could get."

PUPIL

A BOY AND HIS BOX

for children everywhere playing in cardboard boxes....



THE SCHOOL UNDERNEATH



MARIANNE DREAMS for 11-13s



WOBBLE a dance show for 2-4s



"wonderful...amazing...totally engaging"

"I love taking my girls to things like this that will inspire them"

PARENTS

WOBBLE a dance show for 2-4s



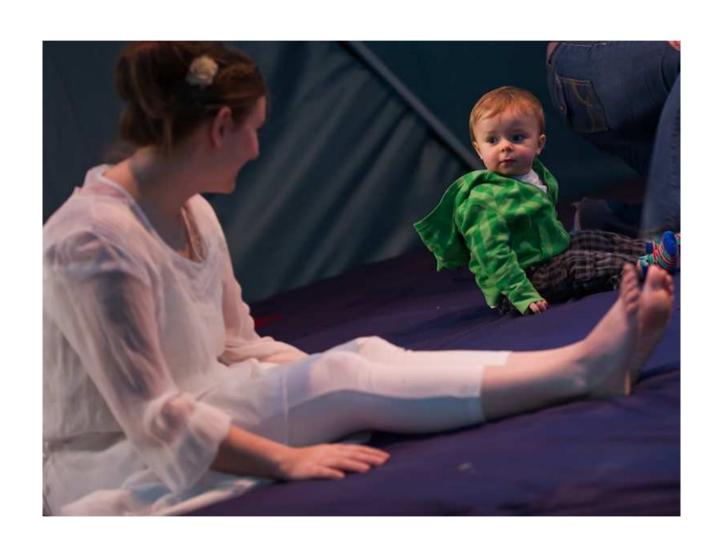
"ENJOYFULL!!!"

M, aged 4 and a bit

BLISS



BABBLE



BABBLE



Video

BABL

















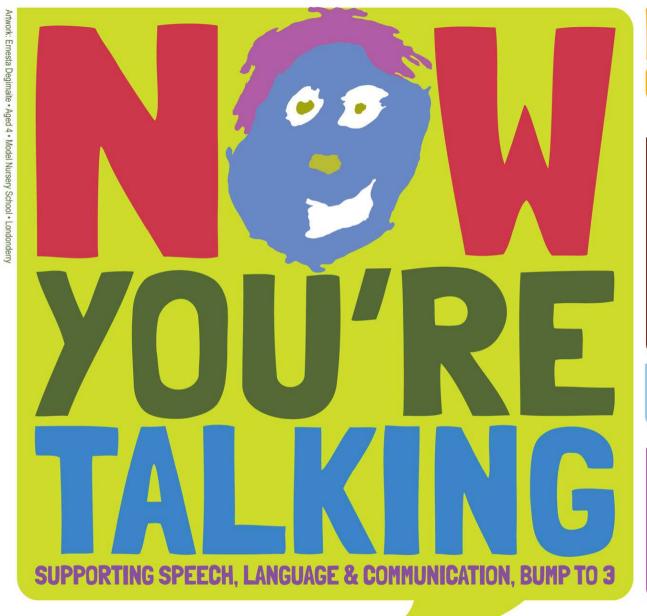


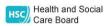


www.replaytheatreco.org

and we're on facebook and twitter too!

























LUNCH













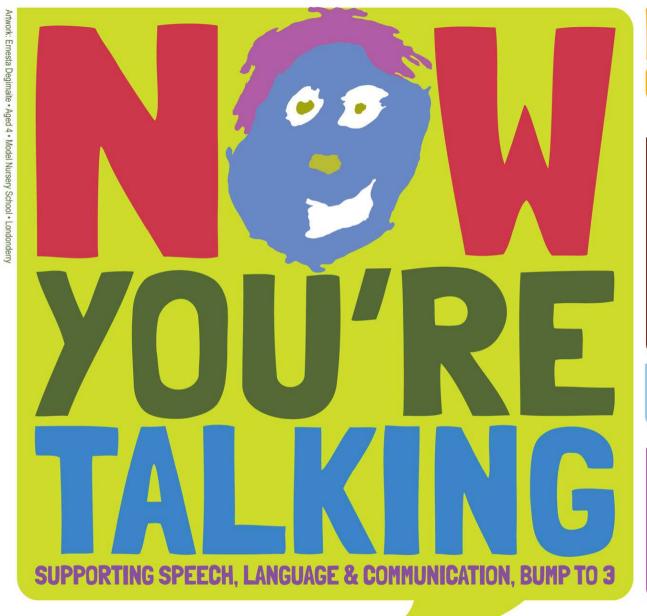


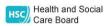






























Anita Robinson

Teacher, Writer and Broadcaster























Janet Cooper

Team Leader for Community
Paediatric Speech and
Language Therapy, Stoke and
Manager for
'Stoke Speaks Out'.



























Stoke Speaks Out Acting together... achieving change

Janet Cooper
Early Language and Communication
Programme Manager
SSOTP/Stoke on Trent City Council



























Stoke Speaks Out



A multi-agency approach to tackling the high incidence of speech and language deficit in Stoke on Trent



























Evidence of need: Baseline Measures

2000 Government targets for local Sure Start programmes to 'reduce by 5 percentage points the number of children requiring specialist intervention for their speech and language by the age of 4 years'



















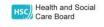




How we interpreted this in Stoke-on-Trent



- No previous measures to reflect on or compare with
- Only local measure was referrals to SLT- these are often unreliable measures
- No National assessment tool
- Anecdotal evidence suggested under-referral rather than over-referral to Speech/Language
 Therapy





















Establishing a baseline



- Assessment of children entering nursery age
 3;6 to 4 years
- Standardized assessments- comprehension of language, word finding vocabulary and speech
- Criteria= Age, Parental consent and Sure start postcode
- Attending a nursery in the Sure Start areas



















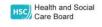






Initial findings

- Whole population deficit- 64% of children assessed were significantly delayed with language skills
- Lack of early identification
- Culturally accepted norms
- Supporting observations from settings
- Some specific 'SLI' identified but majority delayed- all lumped together











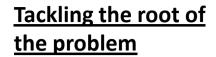












specific speech/language problems (10%)

Children with delayed language in line with general developmental delay and/ or poor stimulation

Children at risk of delay (due to insecure attachment, inconsistent parenting model or lack of opportunities)































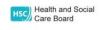






What did we do?

- Gathered lots of evidence (parents questionnaires, practitioner questionnaires, talked to wide range of people, attended forums and shared our findings)
- Developed a core multi-agency team of specialists to look at the underlying issues and plan a way forward
- Decided to embed the skills within the Children's workforce rather than deliver a new service























What did we develop?

- Multi-agency training programme to ensure communication is 'everybody's business'
- Develop quality resources with reliable key messages for parents, carers and practitioners
- Supported current provision such as toddler groups, ante-natal classes etc. to enhance their practice
- Created a 'buzz' around early communication



















































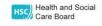








- 5 tier training framework: written, delivered and received by a multi agency group
- Level 1 shared vocabulary, shared good practice, shared tools
- Level 2 changes in practice
- Level 3 extending knowledge
- Level 4 Setting award- Communication Friendly
- Level 5 Enhanced practitioner award





















Embedding good practice



- Expectation that basic good practice has been applied before children can be referred to SLT
- Quality improvement team expect high quality interaction in settings
- Setting award- evidence that best practice is in place



























- Increased knowledge of child development
- Tools to support this knowledge
- Confidence in the process to access support



























Attachment and communication on all agendas

- Children's plan
- Early Years Strategy: Priority 1 Closing the gap
- Attachment features strongly in settings and on all Health Visiting plans
- Stoke Reads



























Staged Pathway

Triage

Working together



















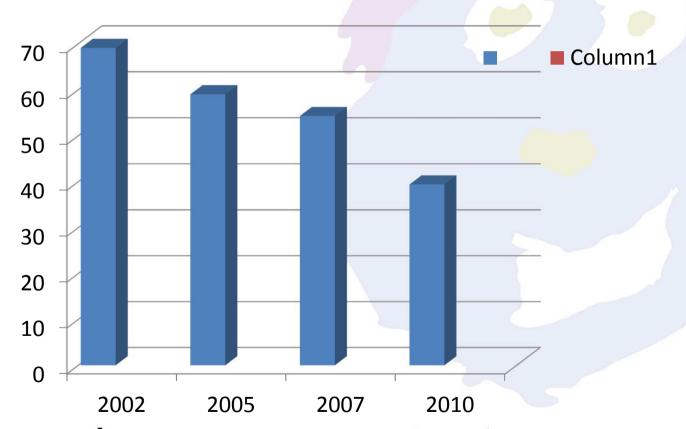








Incidence of comprehension +/- word finding delay City Wide



























What has changed?



- Children are entering nursery with better language skills
- City average in 2004 = 64% delay, 2010 39% delay
- Cohorts of children are being tracked through school and are showing an improvement year on year
- Parental and practitioner questionnaires indicate improvement in knowledge and confidence
- Evidence of good practice through practitioner case studies
- More information available to parents
- Case studies show impact from before birth through to school age
- SSO training now on courses locally for midwifery, teacher training, paediatric nursing and childcare courses
- Mandatory part of induction for all Children's centre staff

























Impact and evaluation

There have been many levels to our evaluation:

- Annual child measures in 1 area
- 3 yearly city-wide measures
- 4 year 'One step at a time programme' in schools has in-built assessment tool for whole cohort
- Annual questionnaire to parents and practitioners
- Training feedback
- Currently looking at Child development tool across the City and repeating language measures























Validating the evidence

- External consultants used to evaluate first 3
 years of the programme- important to have an
 external view
- Y4-6 multi-agency evaluation with peer review from local university
- Currently planning to repeat language measures with University Support



















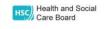






Where now?

- SSO now part of the Early Years Team
- Training up a wider team to deliver elements of the training
- Joint lead role linked to SLT team leader role
- Funding significantly reduced and part of mainstream funds
- Child development tool
- Sustaining a focus on attachment and early language/ communication development























Where next?

- Child development tool to continue to provide evidence of need and supporting implementation of revised EYFS
- Repeat baseline measures 2013
- Focus on early reading take up
- Cohort of level 5s
- Increase and review Level 4 'Communication friendly' settings
- Targeted training (incl. foster carers, social care)
- Communication Champions in every locality
- Focus on Communication Ambassadors
- Language acceleration programme in nursery
- Reviewing whole Children's Centre offer for SLCN





















Current commissioning

- Stoke Speaks Out is now the 'Early Language and Communication Strategy' for Stoke on Trent
- This is part of the Local Authority's structure under 'Early Years'
- It is funded by the Local Authority but Health remain strong partners in every aspect
- The programme lead is seconded part time from Health to Education and holds a joint role as team leader for Community Paediatric SLT alongside this role
- This ensures seamless support from prevention through to early identification and early intervention





















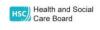








- ➤ Develop an evidence base
- ➤ Identify a Champion to lead this work
- > Use the National data to support this agenda
- ➤ Share knowledge and practice
- > Create a hub of good practice
- These issues will not go away on their own
- Focussing on early attachment and communication things can only get better























- •Develop an evidence base of local need
- •Research the causes
- •Identify ways of addressing this need
- Develop new ways of tackling the issues
- •Trial and perfect the methods



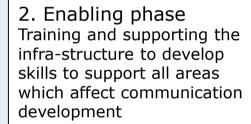


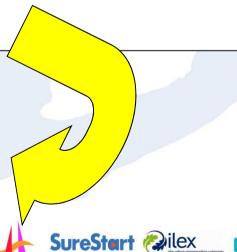
4. Empowering phase

Supporting processes for local practitioners to use their skills and link together Sharing the expertise beyond the City and ensuring the ongoing work is self-sustaining

Stoke Speaks Out

3. Embedding phase Building in the capacity and expertise within agencies to continue to support and address the local need























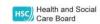
































Contact details

- Janet.cooper@stoke.gov.uk
- www.stokespeaksout.org.uk

Ref: The Early Years Communication
 Handbook: Pub Practical Pre-school 2010





















Gerry Conway

Commissioning Lead, Early Years and Family Support, Health and Social Care Board













































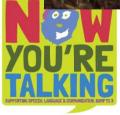


















































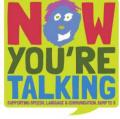


























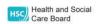






































































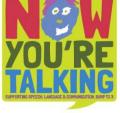


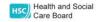




















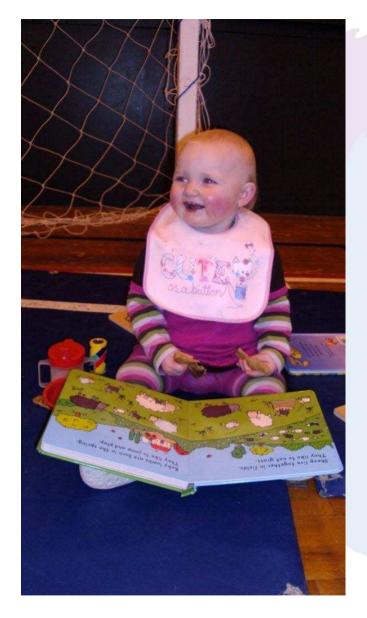
























































































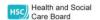












































































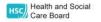




































































































































































































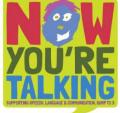






























Michael Sweeney

DHSS PSNI























