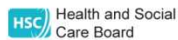
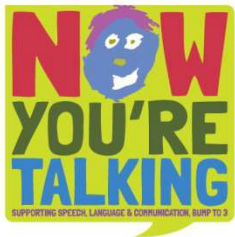




James Law

**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

“Now you’re talking” Conference, Everglades Hotel, Londonderry

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



Genie



Edik

And a word on the context in England

Some background



The Rt Hon John Bercow MP



The Bercow Report

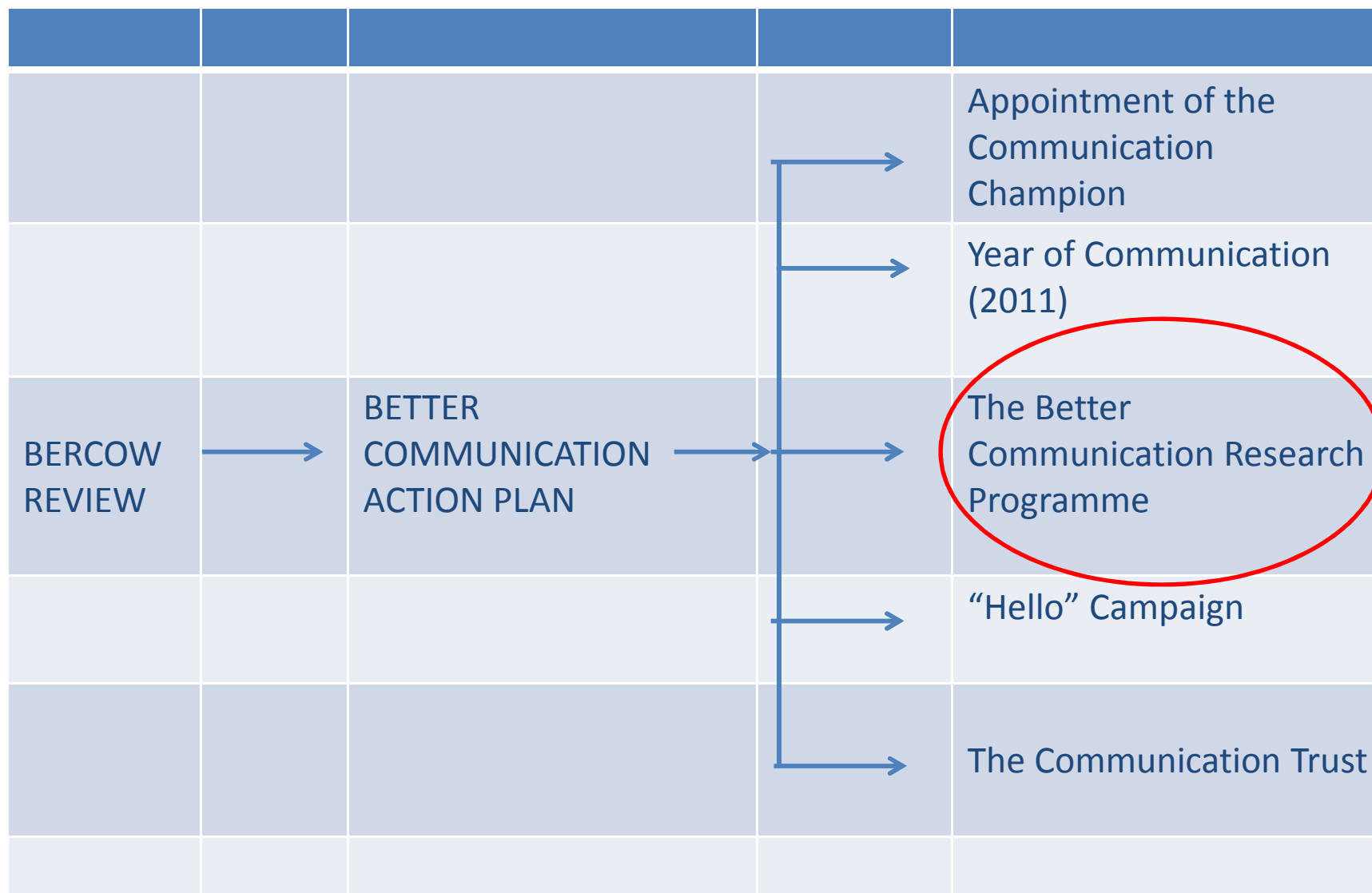
A Review of Services for Children and Young People (0–19) with Speech, Language and Communication Needs

Some background



A commitment from
The Children's Plan





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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?

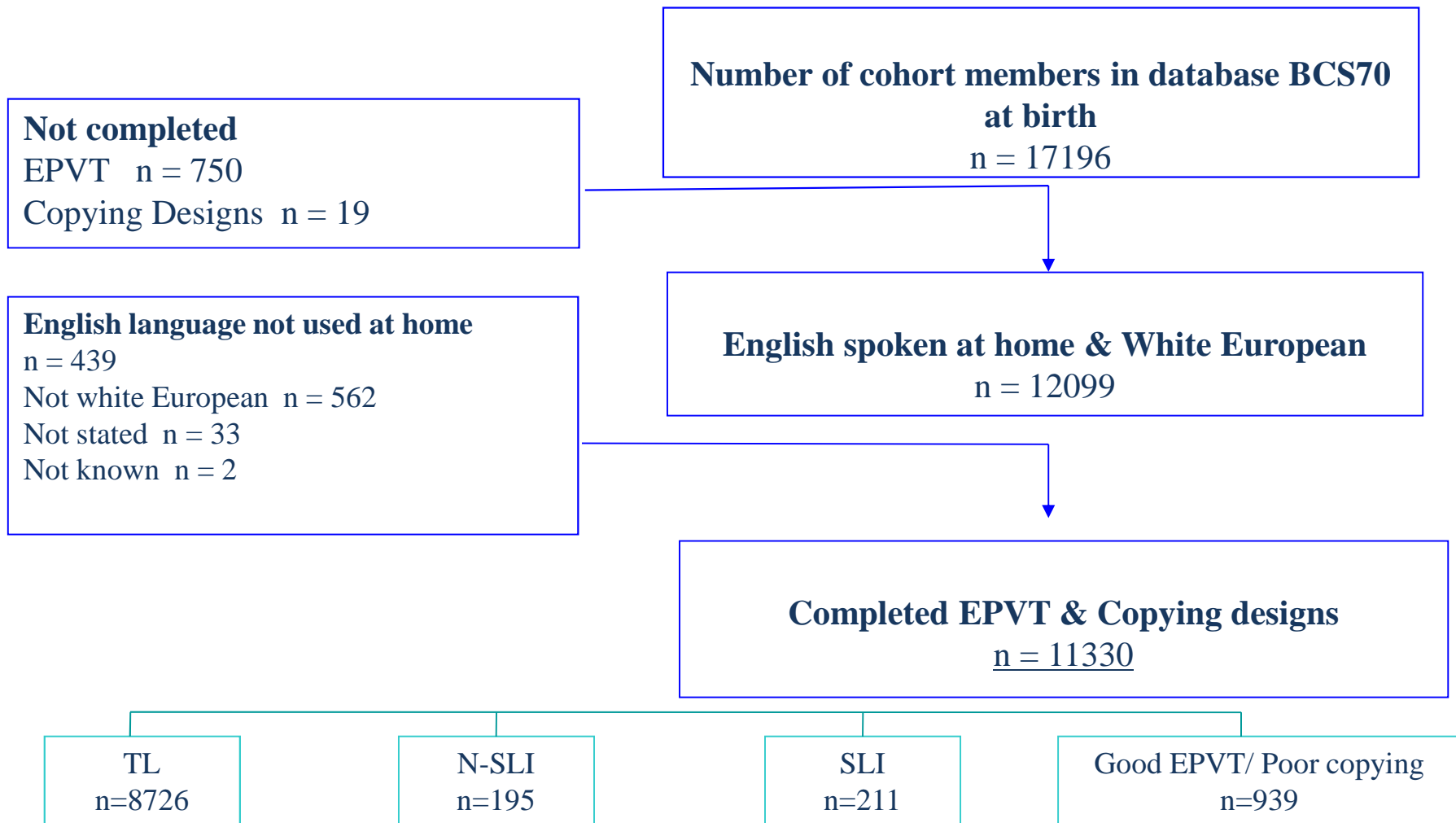
3 discrete groups.

“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



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

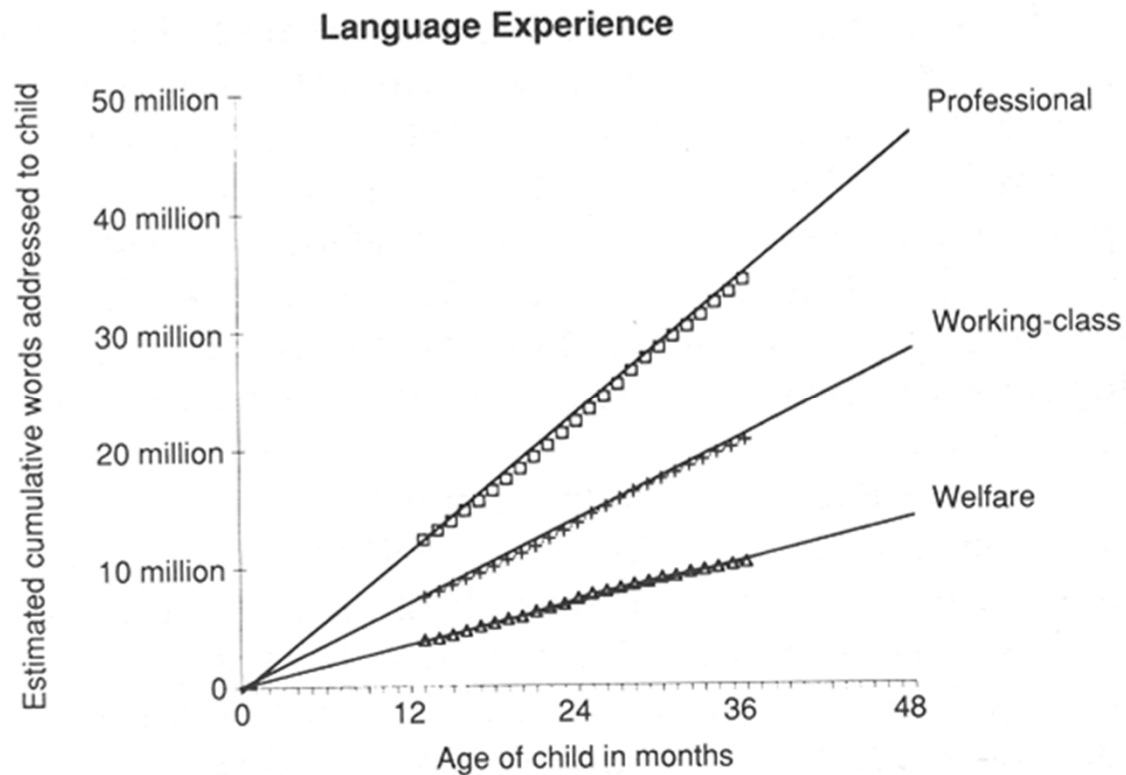
(final models/OR) * $p < .05$ ** $p < .01$ *** $p < .001$

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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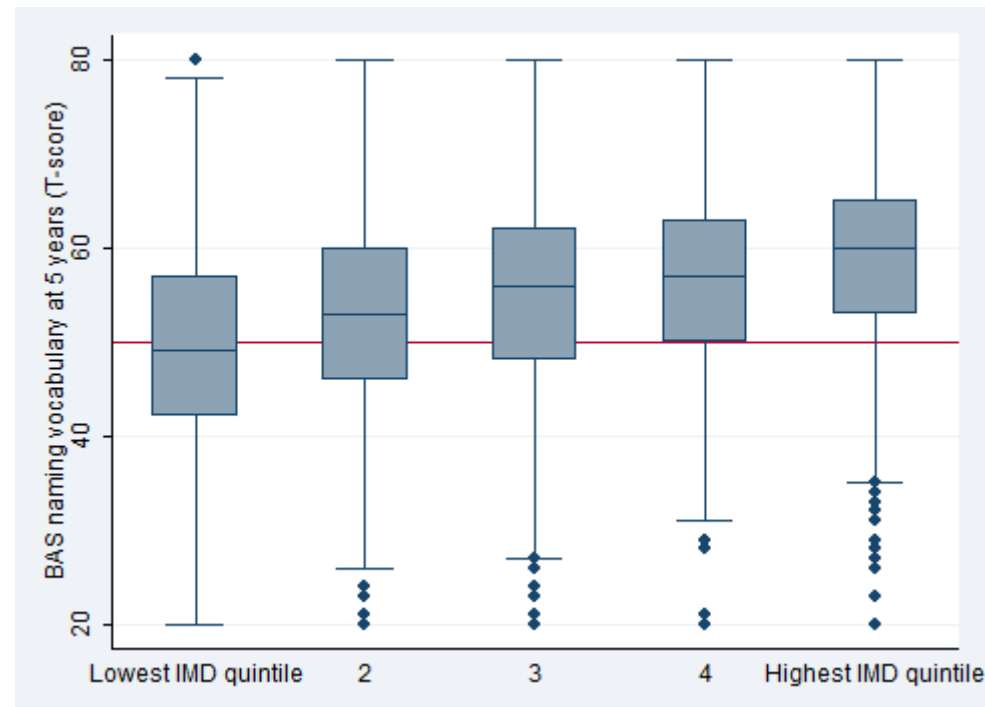
The premise



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

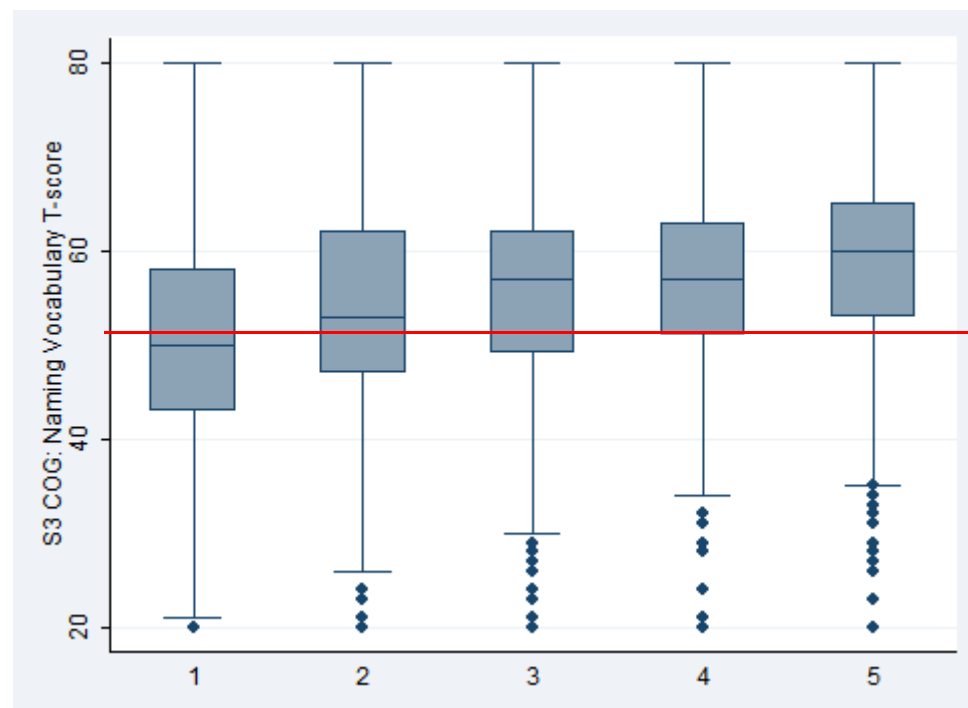
Data from England

The Millennium Cohort Study (MCS)



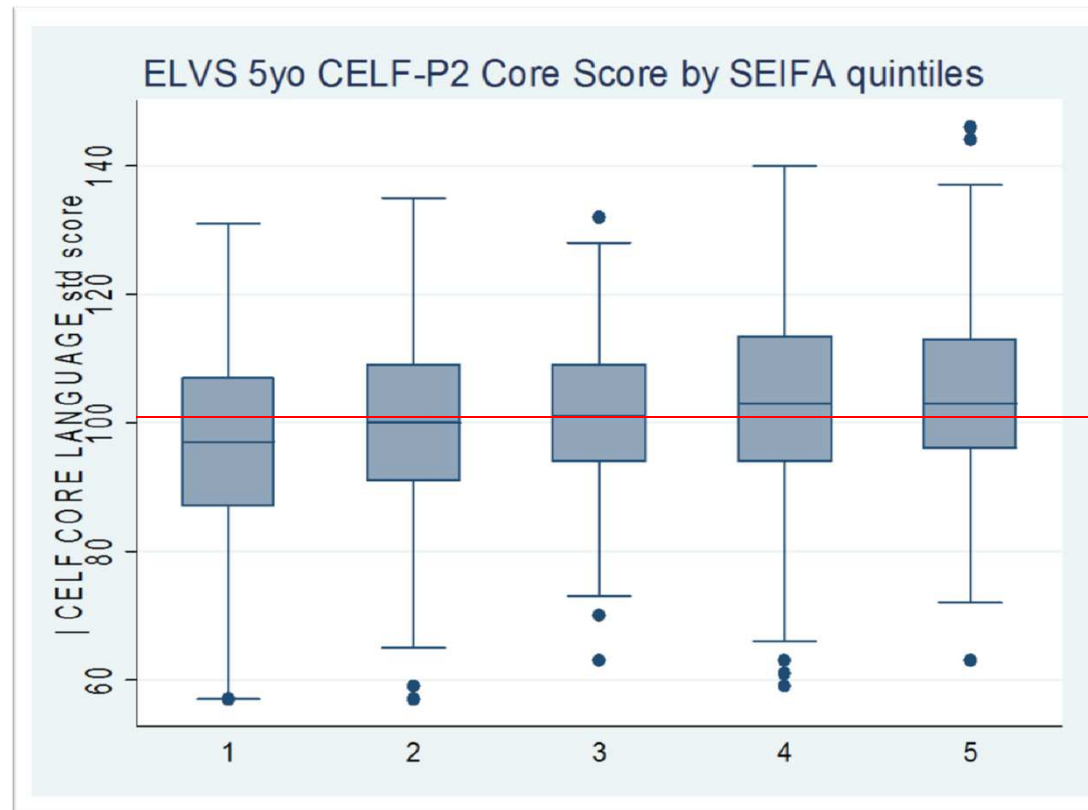
Data from Scotland

Growing up in Scotland



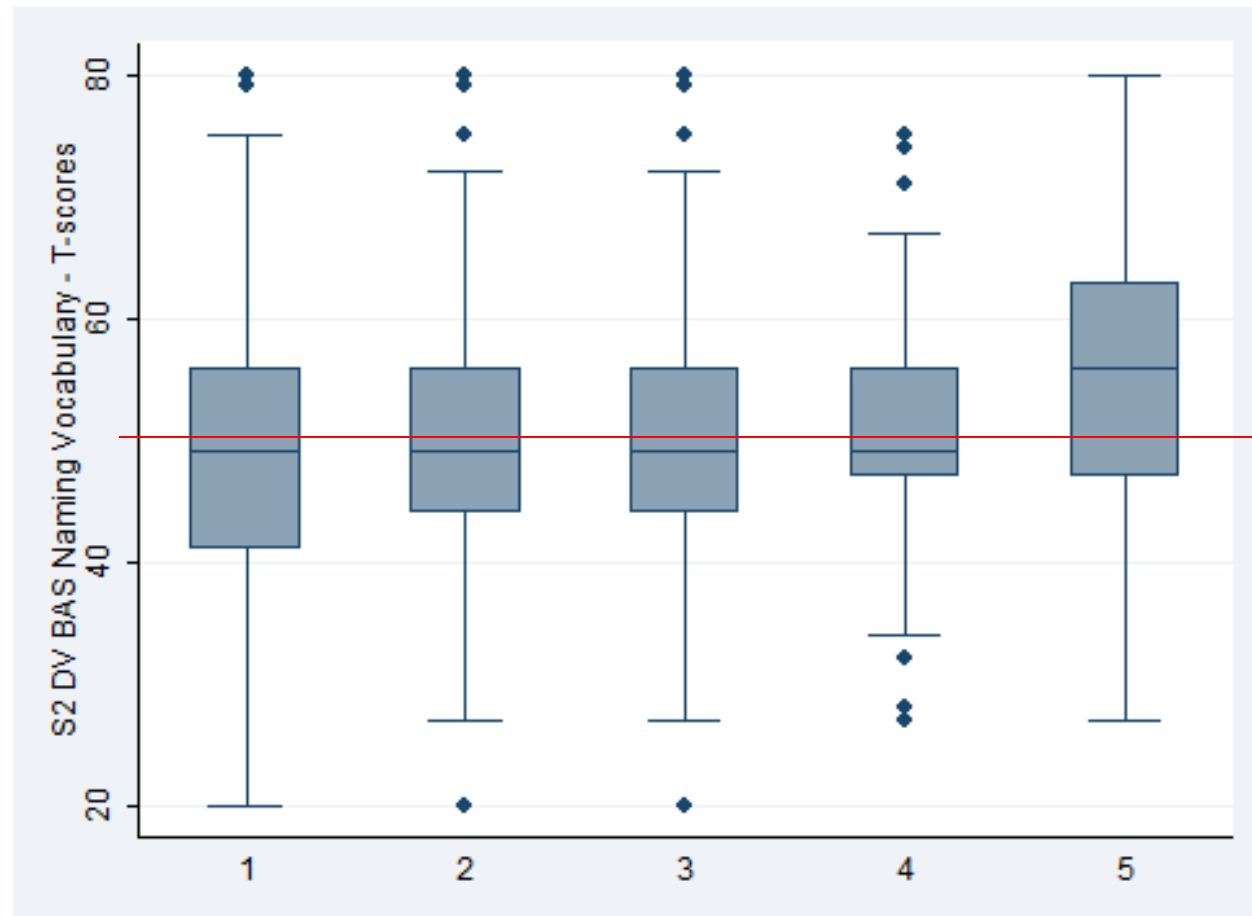
Data from Australia

The Early Language in Victoria Study (ELVS)



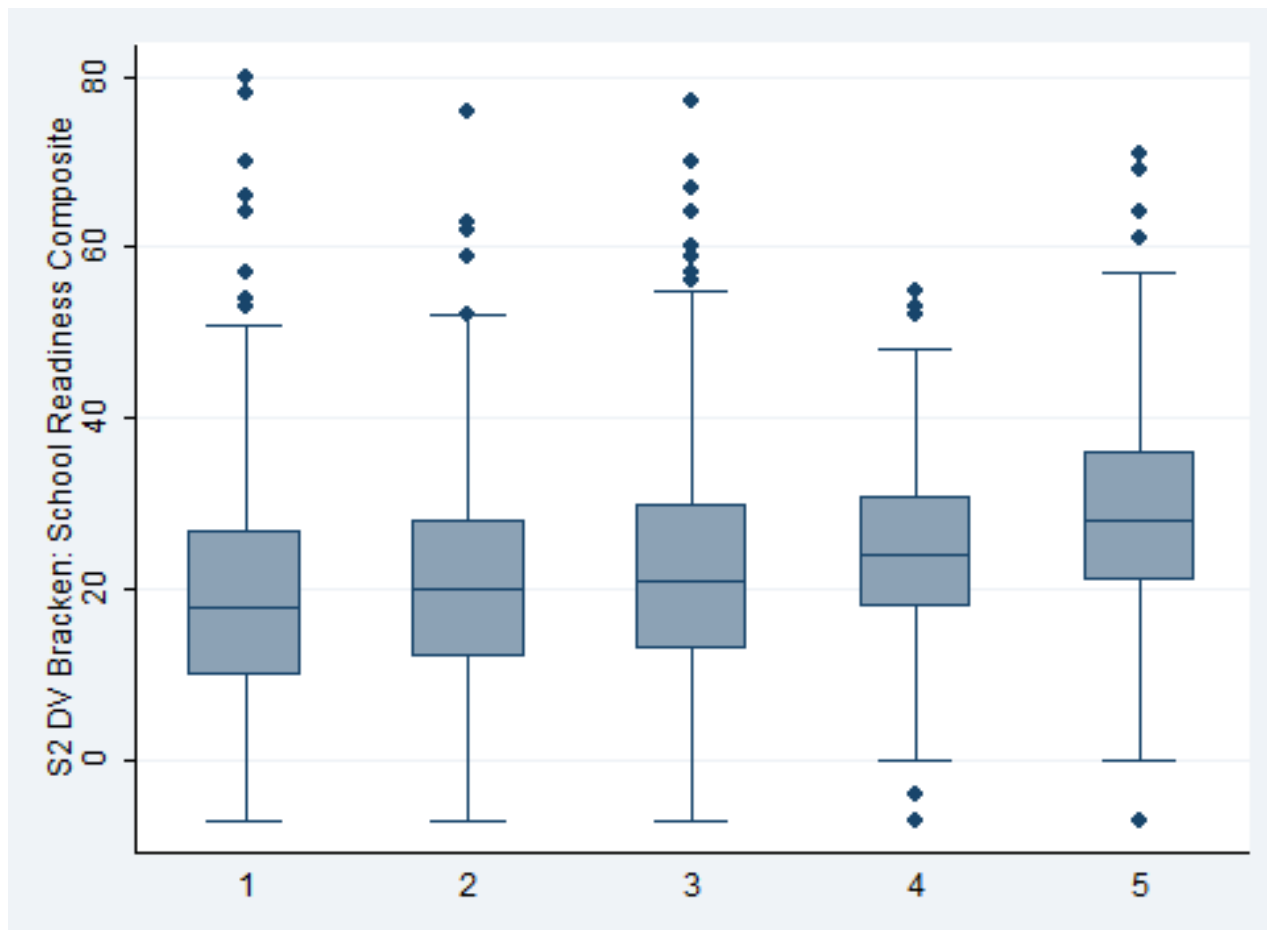
and for Northern Ireland?

MCS - Naming vocabulary at 3 years



MCS -Bracken

School Readiness at years)



Areas we will be covering

- Why is early language delay important?
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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)
Copyright © 2010 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

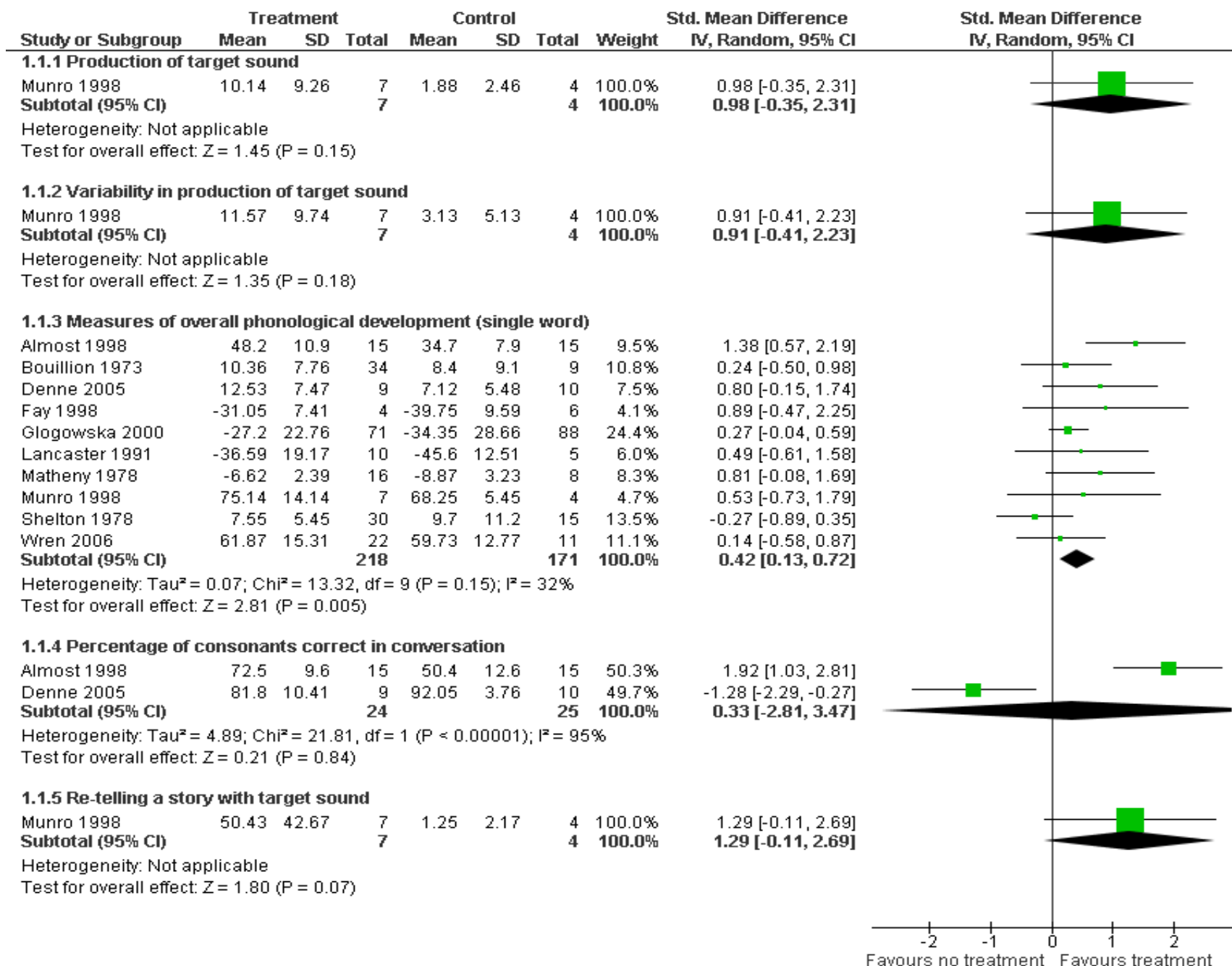
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004110/pdf>

Differences from earlier version

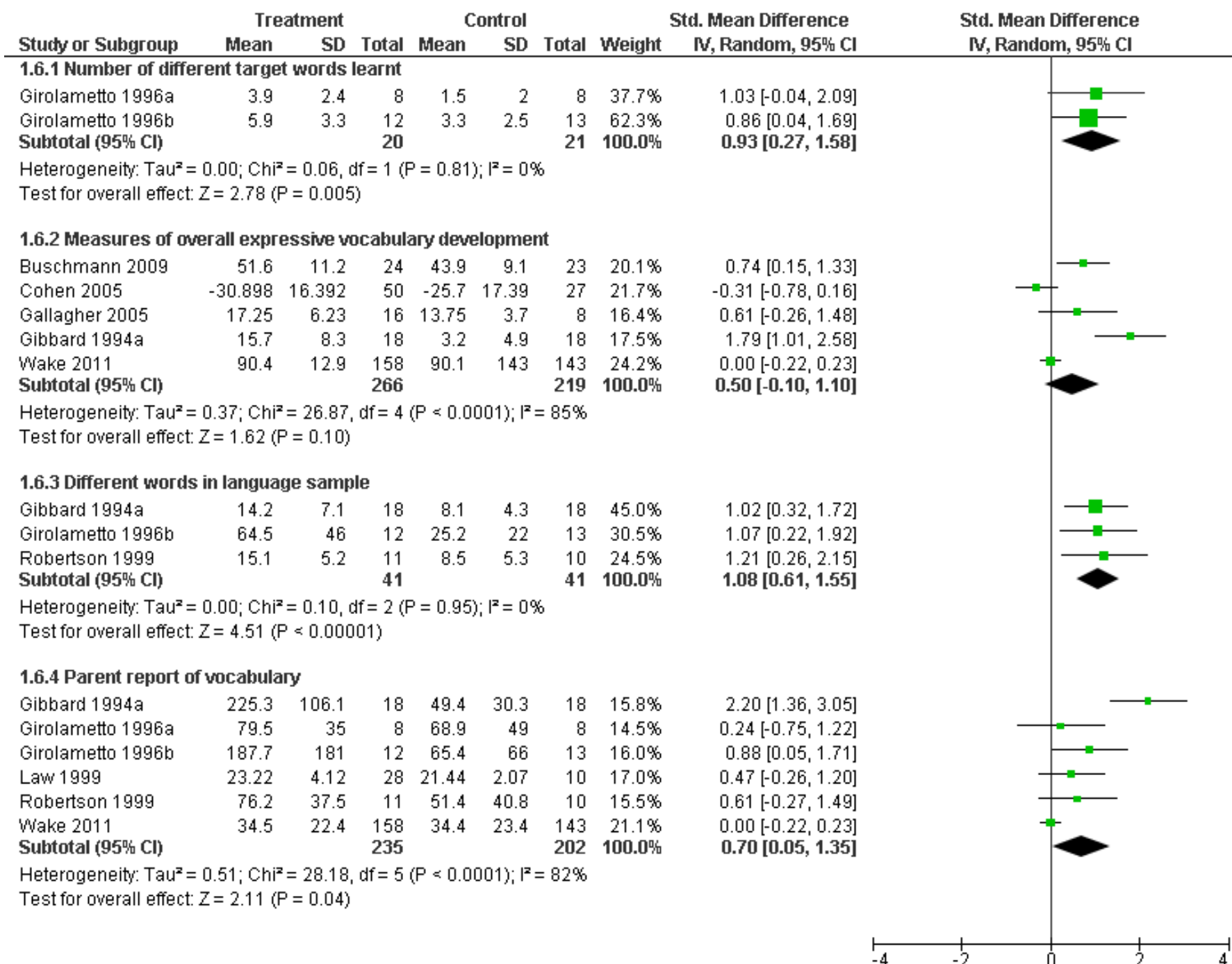
- Searches conducted for the original (2003) version of this review identified 634 records;
- Three sets of comprehensive searches were run subsequently (in 2006, 2009 and 2011) in which a further 987 records were identified.
- 2003 version – 33 studies (25 in meta-analysis)
- 2011 version – 64 studies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

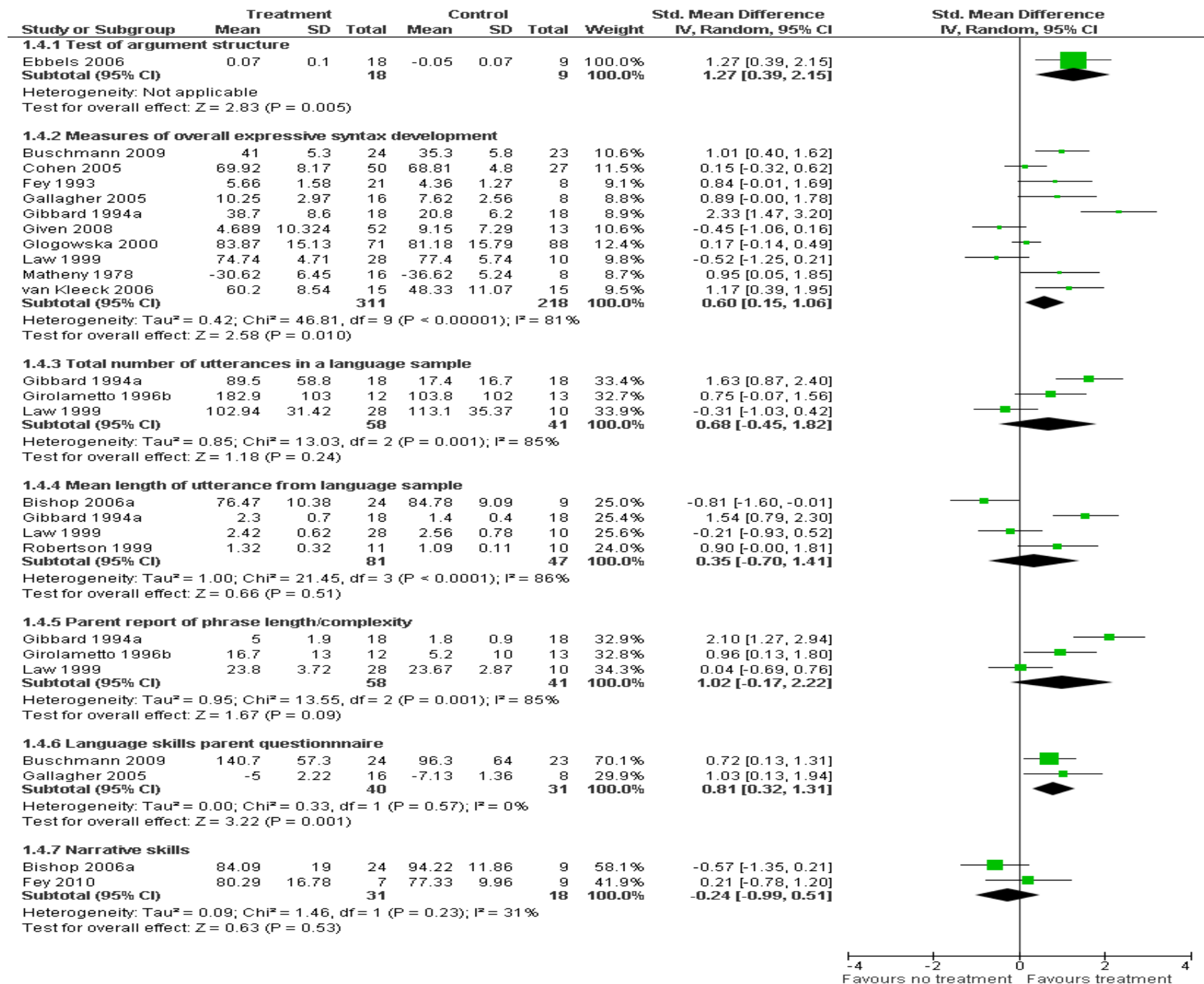
Phonology

(Speech development)

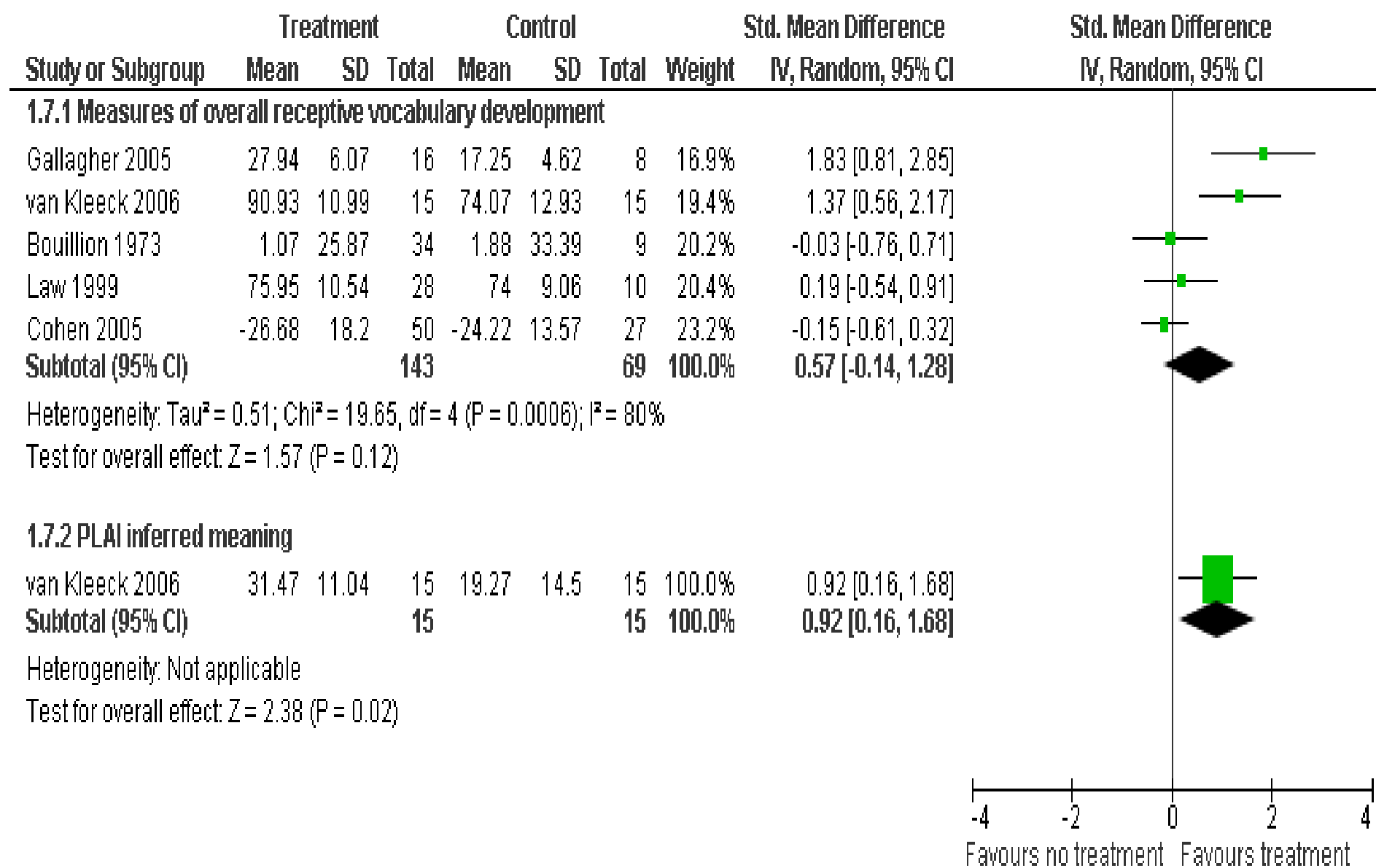


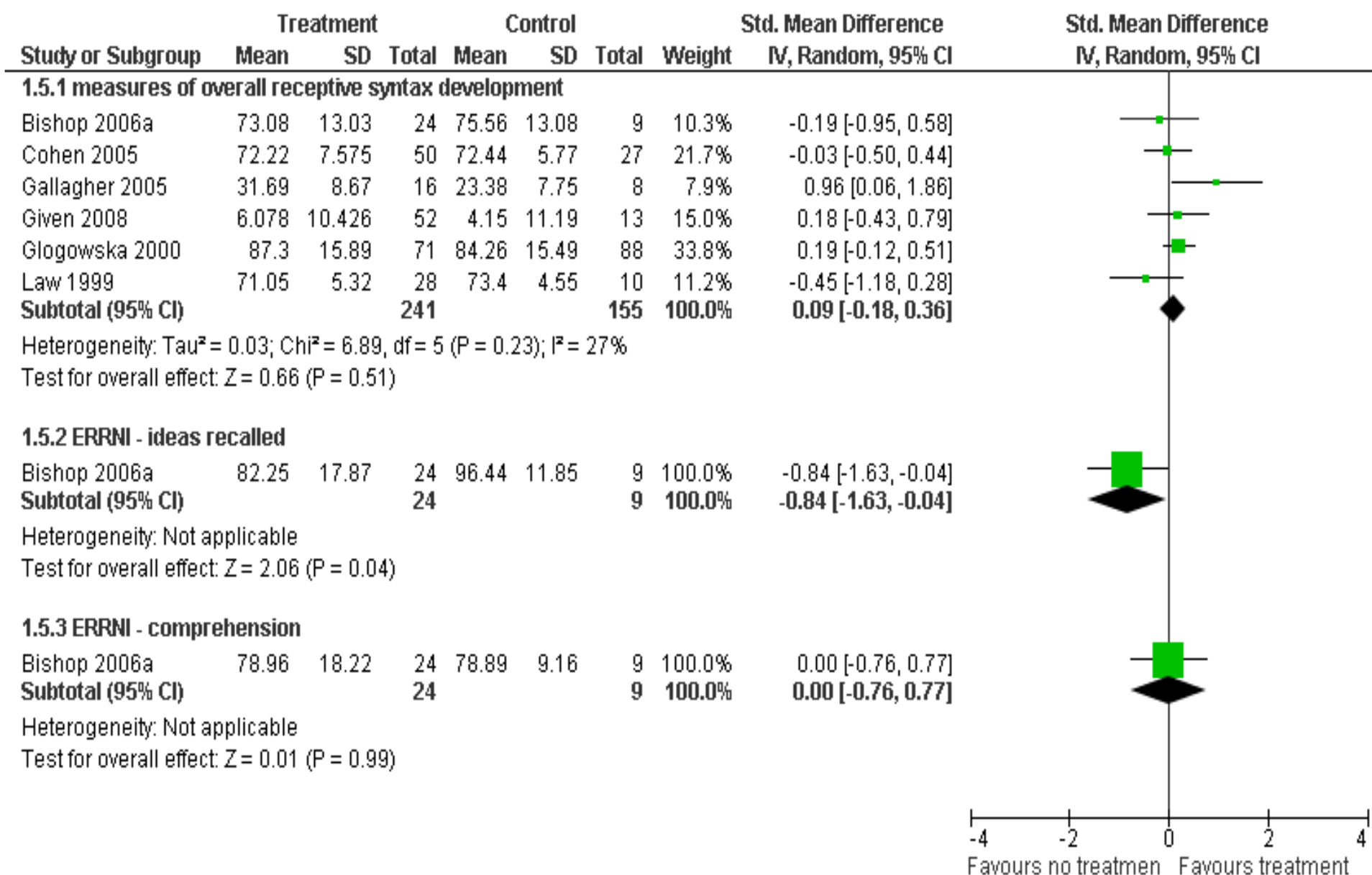
Expressive language
(vocabulary and grammar)





Receptive language
(comprehension)

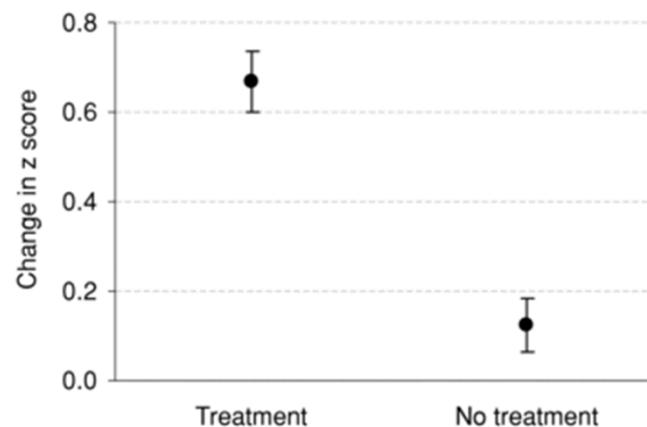




And narrative reporting?

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

¹ Newcastle University

² The Communication Trust

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

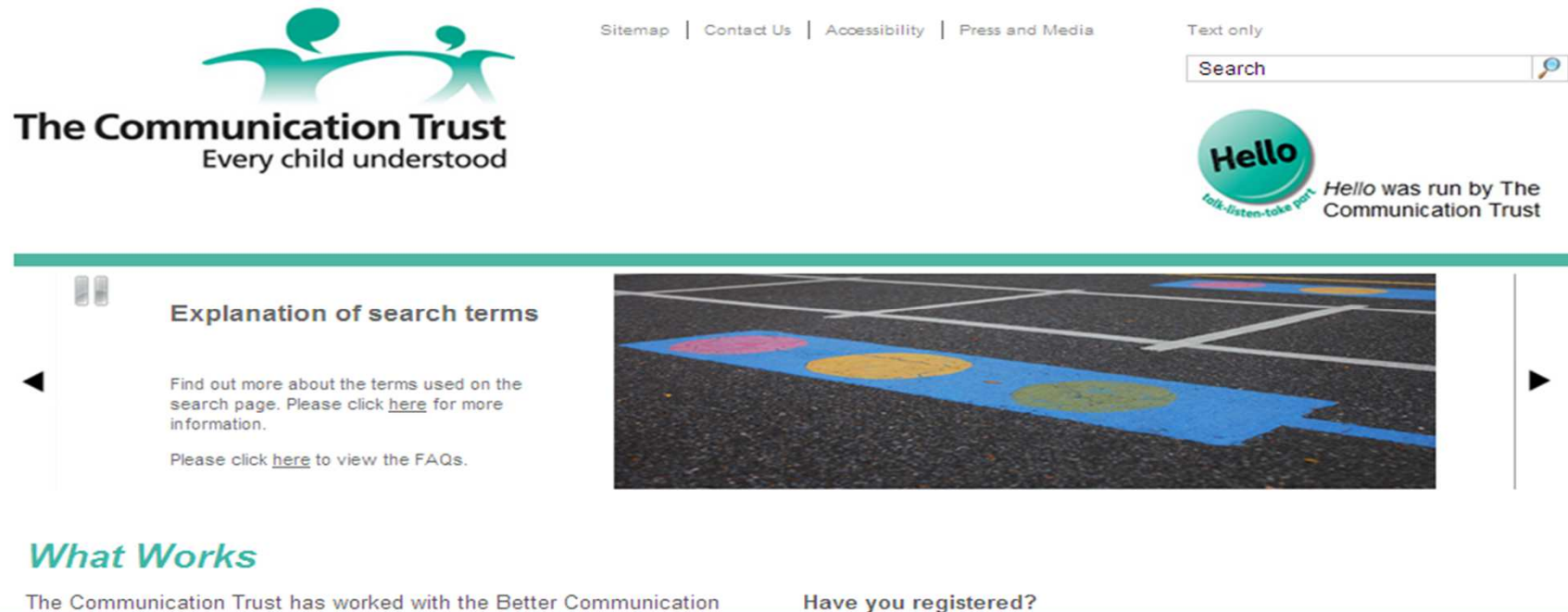
⁴ CEDAR, University of Warwick

All the other Better Communication Research
Programme reports:

<http://www.education.gov.uk/researchandstatistics/research/better>

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

and the Communication Trust WW interactive website:-



The screenshot displays the homepage of The Communication Trust's 'What Works' (WW) interactive website. At the top left is the organization's logo, featuring two stylized figures in green and the text 'The Communication Trust' and 'Every child understood'. To the right of the logo are navigation links: 'Sitemap', 'Contact Us', 'Accessibility', and 'Press and Media'. Further right is a 'Text only' link and a search bar with the placeholder text 'Search'. Below the search bar is a circular logo with the word 'Hello' and the tagline 'talk-listen-take part'. To the right of this logo is the text 'Hello was run by The Communication Trust'. The main content area is divided into two sections. The left section, titled 'Explanation of search terms', contains two paragraphs: 'Find out more about the terms used on the search page. Please click [here](#) for more information.' and 'Please click [here](#) to view the FAQs.' The right section features a large image of a hopscotch grid painted on asphalt, with the numbers 1 through 10 in various colors. Below the main content area is a section titled 'What Works' in green text. At the bottom of the page, there are two links: 'The Communication Trust has worked with the Better Communication' and 'Have you registered?'.

The Communication Trust
Every child understood

Sitemap | Contact Us | Accessibility | Press and Media

Text only

Search

Hello
talk-listen-take part

Hello was run by The Communication Trust

Explanation of search terms

Find out more about the terms used on the search page. Please click [here](#) for more information.

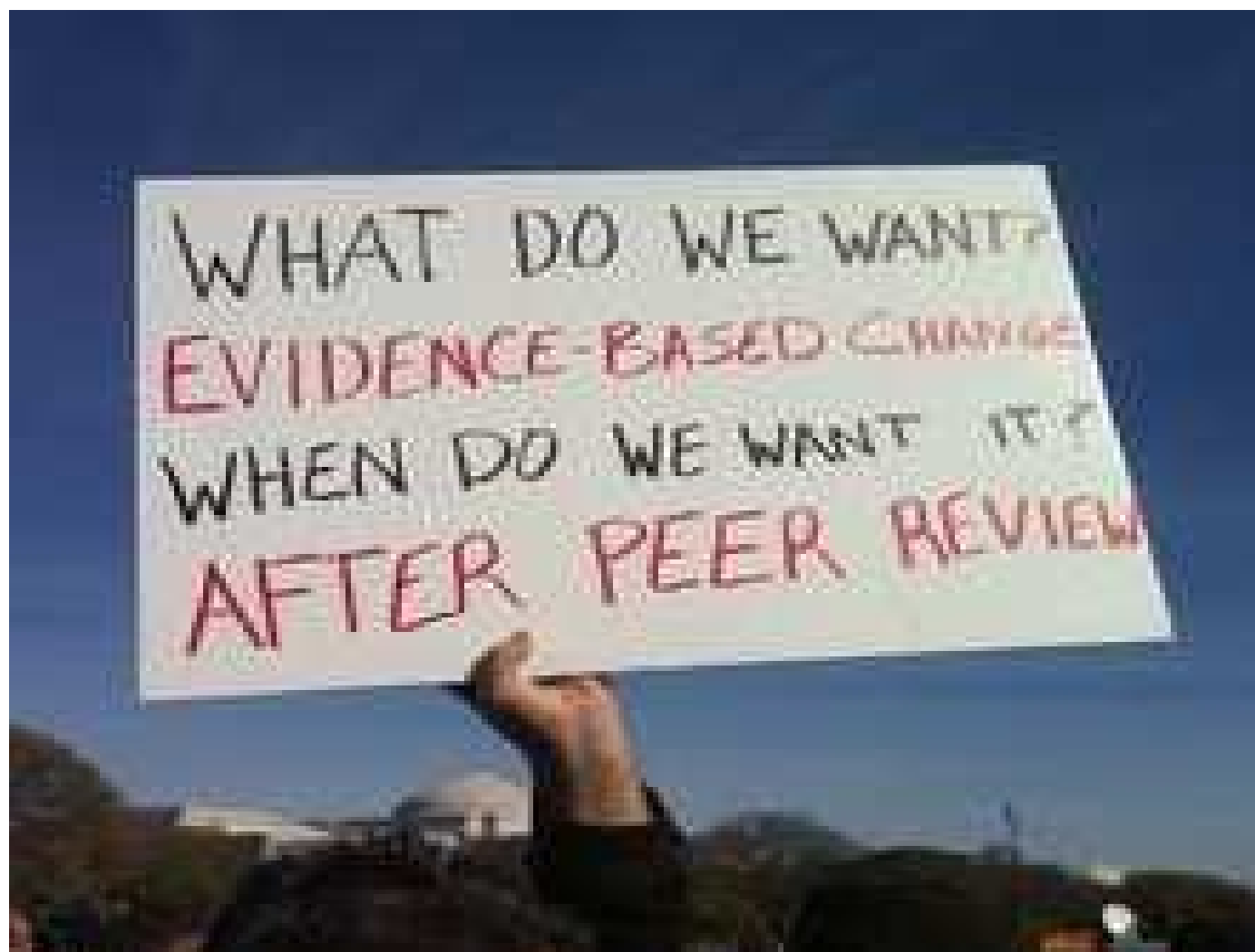
Please click [here](#) to view the FAQs.

What Works

The Communication Trust has worked with the Better Communication

Have you registered?

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



WHAT DO WE WANT?
EVIDENCE-BASED CHANGE
WHEN DO WE WANT IT?
AFTER PEER REVIEW

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:

Robert Rush
Queen Margaret University, Edinburgh



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



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



And with funding from the UK's Economic and Social Research Council



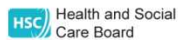
Acknowledgements

- 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





REGIONAL CONFERENCE

24 OCTOBER 2013
EVERGLADES HOTEL

DERRY
LONDONDERRY

TALK WITH ME!

AS WAS HIS
LANGUAGE
SO WAS HIS LIFE
Seneca (5BC-65AD)