NHS Warrington Clinical Commissioning Group

WARRINGTON Health & Wellbeing Board

WARRINGTON Borough Council

Warrington

Joint Strategic Needs Assessment (JSNA)

Children with Speech, Language and Communication Needs

EXECUTIVE SUMMARY

Introduction

This chapter seeks to draw together available information on children and young people with specific speech, language and communication needs living in Warrington. For the purposes of this chapter, children and young people are defined as those aged 0 to 18 years. It is acknowledged that the information presented in this report is not exhaustive and there are limitations to what can be accurately described and analysed at this time.

There are links to some of the other JSNA Chapters in the Children and Young People's Domain, including Children's Emotional Health and Wellbeing, and Children and Young People with Long Term Conditions.

Key Issues and Gaps

Recommendations for Commissioning

- Clarify joint responsibilities for all agencies with respect to children with communication needs.
- Maintain the enhanced training and support offer from SLT for staff working with vulnerable families, such as staff in Children's Centres and Early Years Providers.
- Develop an integrated pathway that takes account of all the different responsibilities to develop speech, language and communication at universal, targeted and specialist levels
- Consider how secondary school students with communication needs are supported.
- WHHFT to commission paediatric speech and language therapy dysphagia assessments

1) WHO IS AT RISK AND WHY?

Many children and young people experience difficulty with speech, language and communication resulting in a range of speech, language and communication needs (SLCN). SLCN for some children is linked to social disadvantage. SLCN encompass both communication disability and delayed language.

Communication Disability

- Children with a communication disability have problems with the production or comprehension of spoken language, with using or processing speech sounds, or with understanding and using language in social contexts.
- Some of these have specific and primary speech and language impairments; others may have communication difficulties as part of more generalised learning difficulties or another condition such as hearing impairment or autistic spectrum disorder. These children are likely to have *persistent* and *long-term* difficulties.
- 10% of all children will have a communication disability.
- Differences in socio-economic status can lead to differences in language, but **cannot cause** communication disability (Bishop, 1997).

Delayed Language

- Children with delayed language have speech and language skills that are immature or poorly developed.
- Their speech may be unclear, their vocabulary is smaller, sentences are shorter and they are able to understand only simple instructions.
- Approximately 50% of children who are language delayed will go on to develop a more *persistent* language disability and the other 50% will improve (Kelly, 1998).
- In some areas of the UK, more than 50% of children have delayed language on school entry.
- In areas of social deprivation, children seem to experience language delay which persists well into their school career (Spencer et al., 2006).
- Often those with language delay do not meet the criteria for referral to specialist services.

It is estimated that around 10% of all children have a long-term persistent speech, language and communication needs or communication disability. Within this 10%, around 7% of children in the UK have specific and primary speech and language impairments, whereas others have SLCN as part of more generalised difficulties or another condition.
However, more than 50% of children on school entry have more transient difficulties or delayed language and, with the right support, are likely to catch up.

SLCN is a feature **central to** and **common across** most areas of disability and special educational needs.

SLCNs are often a 'hidden' disability and their effects can be far reaching:

1.1) Communication and Health: Poor communication is a risk factor for mental health difficulties (Snowling et al., 2006; Botting, 2006) and problem behaviour (Huaqing and Kaiser, 2004). Children with delayed language are less likely to talk about their thoughts and feelings than their peers (Lee and Rescorla, 2002; Yont et al., 2002). Consequently, children with SLCN experience higher levels of loneliness than their peers (Fujiki et al., 1996).

1.2) Communication and Participation: Communication skills are fundamental to being able to make a positive contribution, both socially and academically (Baldo et al., 2005). Negotiation and decision making skills are largely verbal (Marton et al., 2005) and children can appear to have difficulty thinking when they are actually

struggling with the language needed to contribute. For some young people, SLCN persist into adulthood (Clegg et al., 2005) with long term effects on their ability to contribute to society.

1.3) Communication, Socialisation and Behaviour: There is substantial research evidence that children with SLCN are more likely than other children to develop behavioural, emotional and social difficulties (BESD). Better Communication Research Programme (BCRP) supports earlier findings that children and young people with SLCN are at risk of BESD, but suggest that conduct problems are not common - the most significant types of difficulty are peer problems, emotional difficulties and impaired prosocial behaviour (Lindsay & Dockrell, 2012).

SLCN impacts on children's ability to enjoy interacting with others. Toddlers with language delay are more likely to be withdrawn and less likely to play than their peers (Irwin et al., 2002). Children with SLCN in pre-school settings are likely to be ignored by their peers and are less responsive if others try to engage them (Redmond and Rice, 1998). In adolescence, language plays an important part in peer relationships (Elder, 1998). Young people who find it difficult to talk on the phone, or understand verbal jokes are often excluded.

Data from the KIDSCREEN children and young person self-report quality of life measure asked questions such as 'Have you ever felt so bad that you didn't want to do anything?', 'Have other girls and boys made fun of you?' and 'Have you felt lonely?'. The results indicate that children with language difficulties have an impoverished quality of life in terms of moods and emotions and in terms of social acceptance and bullying (Lindsay & Dockrell, 2012).

Large numbers of children with social, emotional and behavioural difficulties have undetected communication problems (Cohen et al., 1998). Children with undetected SLCN are at greater risk of exclusion from school (Clegg, 2004).

The BCRP recommends that provision for pupils with SLCN should reflect their likely need for support to develop peer relationships and pro-social skills and their increased risk of emotional problems. Monitoring of these pupils should reflect these domains as well as language and attainment. However, this may not be reflected in professional practice, as speech and language therapists often do not assess behaviour and child psychologists often do not assess language. In particular, it seems there are too few speech and language therapists working in mental health teams. Professor James Law[1] suggested that all children referred either to child and adolescent mental health services or to speech and language therapy services should have both their language and their behaviour properly assessed.

1.4) SLCN and Youth Offending: Some children with SLCN are at risk of developing anti-social and criminal behaviour (Brownlie et al., 2004). Professor Karen Bryan[2] suggested that children with SLCN face a 'compounding risk.' This risk encompasses communication difficulties putting them at risk of literacy difficulties, in turn, puts them at risk of further educational problems; then as they come to adolescence they have problems coping with peers, with school and with family relationships and their communication difficulties become labelled as behavioural problems. She reported that 60% of young offenders, 80% of young people not in education, employment or training and a large proportion of young people excluded from school have speech, language and communication problems. It is important to recognise that the effectiveness of speech and language therapy in helping young offenders to improve their language skills costs much less when compared to keeping a young person in the criminal justice system.

1.5) Communication and Education: Language skills are important to the development of literacy (Nation and Snowling, 2004). Children with SLCN are significantly at risk of literacy difficulties, thereby limiting their access to education (Catts et al., 2002). Researchers found that some poor readers had previously unrecognised SLCN (Nation et al., 2004). In groups of socially disadvantaged children, poor readers at ten years are four times less likely to be entered for GCSEs than good readers. Young people with a history of severe SLCN get half as many GCSEs A*-C as their peers (Parsons and Bynner, 2002).

1.6) Communication and Employment: Employers value young people with good communication, literacy and interaction skills (Learning and Skills Council, 2006), which clearly disadvantages those with SLCN (Clegg et al., 2005).

1.7) Social Disadvantage as a Risk Factor for SLCN: Findings (Law et al., 2008) show a relationship between a child's social background and their ability to understand words. There is also a link between social disadvantage and language delay (Locke et al., 2002; Burt et al., 1999). In some areas, 50-80% of children starting school are affected (http://www.stokespeaksout.org/aboutus.html). A worrying finding is that, not only do many children in deprived areas have delayed language development, this delay seems to persist (Leyden, 2007) and, for some children, worsen (Locke and Ginsbourg, 2003). There is also emerging evidence that SLCN are common in secondary school-aged children in areas of deprivation (Spencer et al., 2006; Stringer, 2006). A survey of two hundred young people in an inner city secondary school found that 75% had SLCN that hampered relationships, behaviour and learning (Sage, 2005).

1.7.1) Impoverished Communication Environments: A child's communication environment, such as the number of books available, trips to the library, parents teaching a range of activities and the number of toys available, has been shown to be the most important predictor of language development at age two (Roulstone et al., 2011). There are also indications, as far as child development is concerned, that the neighbourhood in which the child grows up can be influential. Neighbourhood factors (safety, cohesion and crowding) may influence family practices, for example children may not be allowed to play in the neighbourhood park if the area is not deemed to be safe by the parents, which then reduces the number of experiences to which the child is exposed (Maggi et al., 2010).

However, the relationship between social disadvantage and SLCN is complex. In practice, it can be difficult to distinguish between SLCN caused by environmental factors and SLCN caused by neurodevelopmental problems, as the two overlap. Dorothy Bishop[3] provided evidence to the All Party Parliamentary Group on Speech and Language Difficulties (APPG, 2013) from twin studies suggests that there is a heritability component to the link between social disadvantage and SLCN. Nevertheless, there is plenty of evidence that a variety of environmental factors, particularly linked to social advantage, limit the development of children's communication skills (Roulstone et al., 2011; Clegg & Ginsborg, 2006).

1.7.2) Low Vocabulary Development: The links between social disadvantage and SLCN run in both directions. Evidence is available which demonstrates not only on the influence of social disadvantage on SLCN among children but also on the influence of SLCN among children on their chances of poor social and economic outcomes in later life. SLCN has a detrimental effect on school readiness, literacy and school performance generally. It also puts children at risk of a wide range of long

term consequences in terms of literacy, mental health and employment (APPG, 2013).

There is important new evidence about these risks from large studies using population-based data. A study using data from a UK birth cohort of 17,196 children, following them from school entry to adulthood, found that, even after adjustment for a range of other factors, vocabulary difficulties at age 5 are significantly associated with poor literacy, mental health and employment outcomes at age 34 (Law at al., 2009).

Footnotes

[1] Professor of Speech and Language Sciences, Newcastle University.

[2] Previously Head of the School of Health and Social Care, University of Surrey, but has left this post and is now Pro Vice-Chancellor, Faculty of Health and Wellbeing, Sheffield Hallam University.

[3] Professor of Developmental Neuropsychology, Department of Experimental Psychology, Oxford University.

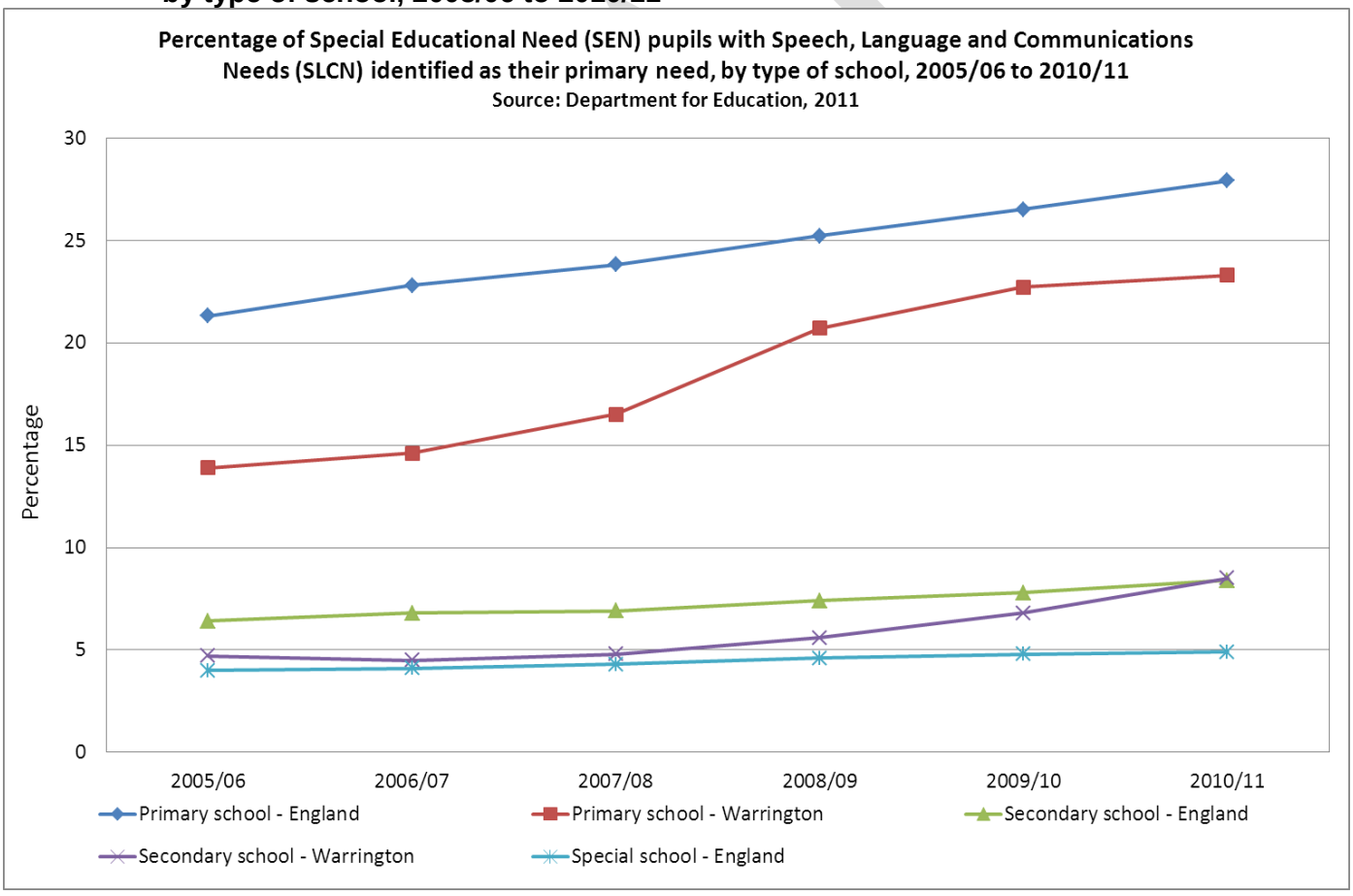
2) THE LEVEL OF NEED IN THE LOCAL POPULATION

In general, at any one time, there are around 1100 children and young people in Warrington receiving support for speech, language or communication needs (SLCN). Data on which to compare this figure with other areas is not readily available. Comparisons can be made with England averages for those children with statements of Special Educational Needs (SEN), where SLCN is identified as the primary need, but it should be recognised that this is only a small proportion of all children who may require support for SLCN.

In terms of children with an SEN approximately 15.3% are identified as having SLCN as their primary need. This compares to the average for England of 17.2%. (2010/11 data, Department of Education, 2011).

National and local trend data has shown a year on year increase in the proportion of SEN pupils with SLCN as their primary need in both primary and secondary schools, although during 2006/07 Warrington secondary schools saw a very slight reduction in the percentage as illustrated in chart 1 below. SLCN Warrington data was not available for special schools due to small numbers.

Chart 1: Percentage of Special Educational Need (SEN) pupils with Speech, Language and Communications Needs (SLCN) identified as their primary need, by type of school, 2005/06 to 2010/11



As at September 2011, of those Warrington pupils with statements of SEN, 240 were receiving SLCN support. Of these, 155 pupils had SLCN identified as their primary SEN. Based on the data for these 240 pupils there is a higher prevalence rate of

SLCN need in primary schools (10.6 per 1,000 primary school pupils) when compared to secondary schools (5.6 per 1,000 secondary school pupils). This may suggest that the Warrington picture is in-keeping with findings from national evidence which suggest that up to 50% of children with difficulties on school entry are likely to catch up, or it may reflect that older children stop attending, or have received all appropriate interventions and have been discharged, even though their problems are not fully resolved. More work would be needed to fully understand this apparent drop in prevalence amongst older children.

The primary schools with the highest prevalence rates were Meadowside Community Primary School (65.9 per 1,000 school pupils) and Dallam Community Primary School (40.7 per 1,000 school pupils).

The secondary schools with the highest prevalence rates were Lysander Community High School (15.9 per 1,000 school pupils) and Woolston Community High School (13.3 per 1,000 school pupils).

When analysing by individual school year, Year 4 (pupils aged 8 and 9 years) and Year 7 (pupils aged 11 and 12 years) had the highest prevalence rates (13.2 per 1,000 Year 4 pupils and 11.5 per 1,000 Year 7 pupils). When examining the school year when SLCN provision began, 36.7% of pupils were provided support from nursery/pre-school and reception class (children aged 3, 4 and 5 years), whilst 28.3% of pupils were identified in Year 1 and Year 2 (pupils aged 5, 6 and 7 years) resulting 65% of SLCN pupils being provided with support by the age of 7 years.

3) CURRENT SERVICES IN RELATION TO NEED

This section details the specific services in place to support children with identified speech, language and communication needs. In addition to this, there are requirements of schools, nurseries and other early year's settings to provide communication friendly environments, and to ensure positive communication and play situations are developed and encouraged. Staff in these settings needs to be alert to all opportunities to develop communication skills for all children, they need to support parents in talking about communication and interaction. When children are identified as having weak communication skills staff are expected to utilise their skills and knowledge to support those children who do not need to see a Speech and Language Therapist (SLT), but who would benefit from additional input and support. Schools are expected to provide similar opportunities and to use training and skills developed to work with children identified who may have weak vocabulary but who do not need to see a SLT. Only a small number of children will be referred to SLT services.

The SLT service is commissioned by the CCG to provide SLT from birth to 16 years. There is an open referral system to ensure easy access. Referrals are triaged against severity of communication needs identified on a referral form.

Children and young people can access speech and language therapy assessment, intervention and support in a variety of settings in a way that meets their needs.

The service is also currently contracted by Warrington Borough Council to provide preventative/ early intervention work in local Children's Centres and has provided Every Child a Talker (ECaT)training to identified Early Years Provisions.

In 2011/2012, the SLT team consisted of 27 Speech and Language Therapists / Speech and Language Therapy assistants which equated to 23.5 WTE staff.

3.1) Assessment: Children and young people are initially seen for first assessments in one of three local clinics (Sandy Lane, Health Services at the Warrington Wolves Stadium and Grappenhall). At this assessment, carers will be given advice and activity ideas/strategies to implement at home and, with consent, a report will be shared with all those involved with the child. In the case of older children, or where there are concerns regarding social communication, a school visit may also be required to complete the assessment.

Children with the most complex needs will be seen for multi disciplinary assessment at the Child Development Centre (pre-school) or at Foxwood or Green Lane Special schools.

Recommendations will depend on the severity of the SLCN.

3.2) Intervention: Children and young people receive ongoing support, reassessment and intervention from one of three teams: Clinic, Mainstream and Enhanced Provision. This service is delivered, according to need, in three community clinics, the Child Development Centre, across all Warrington mainstream primary and secondary schools, three special schools and via home visits.

Close collaboration is required with both carers and the extended team around the child (other health professionals / teaching staff / support staff) to develop optimum communication skills and ensure environments that will support communication.

Intervention may consist of:

- Parent/carer Information Sessions (e.g. Early Language / Speech Sounds)
- Parent/carer training is specific programmes, such as Hanen, signing to support communication, and Fluency
- Home programmes / packs with regular updates
- School programmes with coaching sessions and regular updates
- Block of regular weekly therapy (group or individual sessions in clinic)
- Short block of daily therapy (fluency)

3.3) Highly specialist assessment, intervention and support is available across a variety of communication difficulties such as Hearing Impairment, Fluency, Speech Disorders, Dysphagia, EBD, ASD, SLD & AAC.

3.4) Training and support is routinely offered as part of a child or young person's treatment. Training for carers is free.

- Signing to support communication workshops
- Hanen programmes
- Coaching of teaching staff to deliver programmes
- Demonstration of programmes / activities to carers
- Fluency sessions
- Social stories
- Autism Spectrum Disorders (ASD) joint courses
- Training can be purchased by schools to enhance the skills of their workforce. The SLT training brochure details the type of support on offer which ranges from specific Language Schemes (eg. Derbyshire Language Scheme) to courses developing staff knowledge and competence in supporting children.

3.5) Preventative Work and Universal Provision: The SLT team provide support for speech and language sessions in 11 Children's Centres in Warrington. Support includes:

- Songs & Signs: A universal open sessions for children aged from 9 - 30 months. Sessions are run by a SLT Assistant in 6 centres and are supported by visits from a Speech and Language Therapist once every 6 week block.
- Chatterbox: A bookable block of 6 sessions aimed to support development of early communication and play skills. These groups are open access but families are also referred or signposted from other professionals. These sessions are run by SLT Assistants or trained Children's Centre Support Workers. A Speech and Language Therapist visits at the start and end of each 6 week block

The SLT team also provide ECaT training and ongoing support to a set of Early Years Providers (both maintained and private providers). This has enabled the children's workforce to increase their knowledge, skills and confidence in developing all children's communication skills at a universal level and also ensure early identification of possible SLCN and ways to support young children with SLCN.

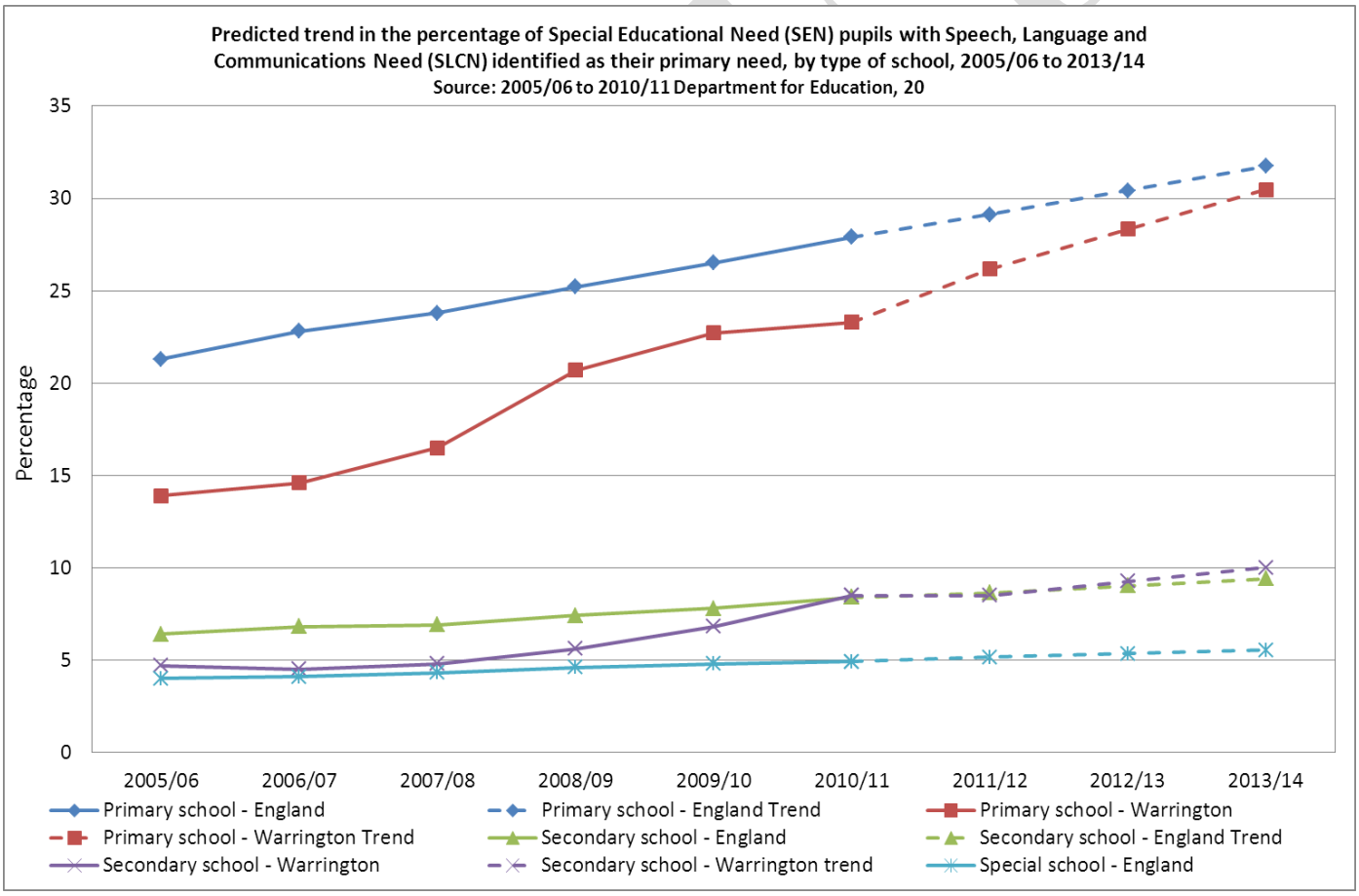
A number of Warrington schools have commissioned additional speech and language programmes since 2007. These programmes provide additional speech and language training for school staff and allow staff to address low level speech and language issues in school rather than having to wait for a specialist referral. Whilst it is recognised that there is a number of factors that influence attainment, local data shows an increase in the proportion of pupils achieving two level points or more between KS1 and KS2 which correlates with the introduction of additional speech and language programmes (WBC internal report 2010).

4) PROJECTED SERVICE USE AND OUTCOMES

The following chart has been produced based on the data presented in Chart 1 (Section 2). The following chart makes the assumption that the trends in the proportion of SEN pupils with SLCN will continue into the future in a linear fashion. Previous data has shown that the percentage of children with SLCN has their primary need has increased both locally and nationally. Trends suggest that the rates of primary school children in both England and Warrington with SLCN identified as their primary need will continue to rise. By 2013/14, rates in Warrington primary schools will have more than doubled since 2005/06. Rates in secondary schools, however, appear to rising at a much slower rate, as do overall rates in special schools in England.

If these trends were to continue, an increase in the proportion of children with SLCN is also expected to increase. However, it should be noted that this analysis does not take into account any expected changes in population size and structure.

Chart 2: Predicted trend in the percentage of Special Educational Need (SEN) pupils with Speech, Language and Communications Need (SLCN) identified as their primary need, by type of school, 2005/06 to 2013/14



5) EVIDENCE OF WHAT WORKS

5.1) Evidence from Policy: In 2008, the Department for Children, Schools and Families published the Bercow report, which looked at services for children and young people (0–19) with speech, language and communication needs. The key recommendation for commissioning was that commissioners should develop a

pattern of services which are based on a clear rationale to improve outcomes for children and young people. Commissioning plans should be based on needs assessment and an understanding of what outcomes are being met.

In 2008, the then Labour administration published *Better Communication: An Action Plan to Improve Services for Children and Young People with Speech, Language and Communication Needs*. Following John Bercow's review of services for children and young people with speech, language and communication needs, the government published this action plan to provide details of a range of initiatives across government to improve services for children and young people with SLCN. This publication has since been archived and, although it is included here for reference purposes, it should not be considered to reflect current policy or guidance.

The Tickell review (2011) included the following recommendations which have been taken up by the government and are of particular relevance to speech and language therapy:

- Communication and language should be one of three prime areas of learning in the Early Years Foundation Stage.
- Early Years and Foundation Stage practitioners should be required to provide, on request to parents and carers, when their child is between the ages of 24 and 36 months, a short written summary of his or her development in the prime areas.
- The government should work with experts and services to test the feasibility of a single integrated review of a child's development between the age of two and two and a half,

The current government has set out a vision for early years services in *Supporting Families in the Foundation Years* (Department for Education / Department of Health, 2011). This guidance document includes a response to the findings of the Tickell review, and a response to relevant aspects of other recent reviews; Field (2010) and Allen (2011).

5.2) Evidence from NICE: The National Institute for Health & Clinical Excellence published guidelines on *Autism in Children and Young People* (CG128, NICE, 2011), which contains a key recommendation that a multidisciplinary group (the autism team) should be set up. The core membership should include a speech and language therapist.

5.3) Other Evidence Reviews: A Cochrane systematic review by Law et al. (2010) on *Speech and Language Therapy Interventions for Children with Primary Speech and Language Delay or Disorder* found that overall there is a positive effect of speech and language therapy interventions for children with expressive phonological and expressive vocabulary difficulties. The evidence for expressive syntax difficulties is more mixed, and there is a need for further research to investigate intervention for receptive language difficulties. The authors found a large degree of heterogeneity in the results, and the sources of this they felt warranted further investigation.

A further Cochrane systematic review by Pennington et al. (2011) on *Speech and Language Therapy to Improve the Communication Skills of Children with Cerebral Palsy* found some weak evidence that speech and language therapy might help children with Cerebral Palsy, but more recommended that further research is needed.

Another Cochrane systematic review by Morgan and Vogel (2009) examined the efficacy of intervention delivered by Speech and Language Pathologists/Speech and Language Therapists targeting childhood apraxia of speech (CAS) in children and adolescents found a critical lack of well controlled treatment studies addressing treatment efficacy for CAS, making it impossible for conclusions to be drawn about which interventions are most effective for treating CAS in children or adolescents.

The All Party Parliamentary Group on Speech and Language Difficulties (APPG, 2013) stresses the importance of ensuring that there is a graduated approach to meeting SLCN needs, with universal, targeted and specialist provision available as part of the framework of support. Universal provision is deemed to be of particular benefit for children from socially disadvantaged backgrounds, who often have relatively low level communication needs, which the evidence suggests can be effectively addressed through relatively low level support (e.g. play opportunities or small group work).

Findings from the Better Communication Research Programme (BCRP) also stress the importance of universal provision. In particular, on the importance of providing oral language environments, in educational contexts, that foster good communication skills. It describes this kind of universal provision as “the first phase in a systematic approach to reduce the impact of lower language competence on attainments in schools” (Lindsay & Dockrell, 2012).

6) (TARGET) POPULATION/SERVICE USER VIEWS

Carers are consulted as part of an annual patient experience survey around their satisfaction with the service. Overall patient satisfaction of experience was rated in February 2012 at 97%.

7) UNMET NEEDS AND SERVICE GAPS

Secondary school units attached to mainstream high schools have a need for SLT assessment, training and support for students with ASD, cognition and learning difficulties where communication continues to present as a significant difficulty.

Neonatal provision in neonatal units, for example in Warrington and Halton Foundation Trust Hospital, have a requirement (specified in NICE guidance) for Speech and Language Therapy dysphagia assessment to be part of a multi-agency pathway.

8) RECOMMENDATIONS FOR COMMISSIONING

- Clarify joint responsibilities for all agencies with respect to children with communication needs.
- Maintain the enhanced training and support offer from SLT for staff working with vulnerable families, such as staff in Children’s Centres and Early Years Providers.
- Develop an integrated pathway that takes account of all the different responsibilities to develop speech, language and communication at universal, targeted and specialist levels
- Consider how secondary school students with communication needs are supported.
- WHHFT to commission paediatric speech and language therapy dysphagia assessments

9) RECOMMENDATIONS FOR NEEDS ASSESSMENT WORK

- Review current screening package, knowledge and training needs for the Health Visitor team with respect to implementation of Healthy Child Programme.
- Continue to monitor up-take, referrals and progress following Language Link programmes used in 40 schools.

Key Contacts

Fiona Coughlan - Principal Speech and Language Therapist
Warrington Division
Bridgewater Community Healthcare NHS Trust
01925 251389

References

Allen, G. (2011). Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government. [Available at: http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf]

APPG (2013). The links between speech, language and communication needs and social disadvantage, All Party Parliamentary Group on Speech and Language Difficulties. [Available at: http://www.rcslt.org/governments/docs/all_party_parliamentary_group_on_slcn_inquiry_report]

Baldo, J.V., Dronkers, N.F., Wilkins, D., Ludy, C., Raskin, P., & Kim, J. (2005). Is Problem Solving Dependent on Language? *Brain and Language, 92(3),* 240-250.
Wood, D. (1998). *How Children Think and Learn* (2nd edition). Oxford: Blackwell.

Bishop, D.V.M. (1997). Pre- and peri-natal hazards and family background in children with specific language impairments: a study of twins. *Brain and Language, 56,* 1-26.

Botting, N. (21st February 2006). Nuffield Foundation Seminar: *–Social and Emotional Health in Young People with SLI – what are the clinical and educational implications?*

Brownlie, E.B., Beitchman, J.H., Escobar, M., Young, A., Atkinson, L., Johnson, C., Wilson, B., & Douglas L. (2004). Early Language Impairment and Young Adult Delinquent and Aggressive Behaviour. *Journal of Abnormal Child Psychology, 32,* 453-467.

Catts, H.W., Fey, M.E., Tomblin, J.B. and Zhang, X. (2002). A Longitudinal Investigation of Reading Outcomes in Children with Language Impairments. *Journal of Speech, Language, and Hearing Research, 45 (6),* 1142-1157.

Clegg, J. (2004). *Language and Behaviour: an exploratory study of pupils in an exclusion unit.* Proceedings of the British Psychological Society Developmental Section Annual Conference, Leeds.

Clegg, J. and Ginsborg, J. (2006) Language and social disadvantage: Theory into practice, Chichester: Wiley.

Clegg, J., Hollis, C., Mawhood, L. and Rutter, M. (2005). Developmental Language Disorders – a follow-up in later, adult life. Cognitive, language and psychosocial outcomes. *Journal of Child Psychology and Psychiatry, 46 (2),* 128-149.

Cohen, N.J., Barwick, M.A., Horodezky, N.B., Vallance, D.D. & Im, N. (1998). Language, Achievement, and Cognitive Processing in Psychiatrically Disturbed Children with Previously Identified and Unsuspected Language Impairments. *Journal of Child Psychology and Psychiatry, 39 (6),* 865-877.

Department for Children, Schools and Families. (2008). The Bercow Report: A Review of Services for Children and Young People (0–19) with Speech, Language and Communication Needs. [Available at: https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00632-2008]

Department for Education / Department of Health. (2011). Supporting Families in the Foundation Years. [Available at: http://media.education.gov.uk/assets/files/pdf/s/supporting families in the foundation years.pdf]

Department of Education. (2011). *DfE: Special Educational Needs in England: January 2011.* [Available at: http://www.education.gov.uk/rsgateway/DB/SFR/s001007/index.shtml] [Accessed on 03/01/2012]

Department of Health / Department for Children, Schools and Families (2008). Better Communication: An action plan to improve services for children and young people with speech, language and communication needs. [Available at: https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-01062-2008#downloadableparts]

Eder, D. (1998). Developing Adolescent Peer Culture Through Collaborative Narration in Hoyle, S.M. and Adger, C.T. [eds]. *Kids Talk.* Oxford University Press, 82-94.

Field, F. (2010). The Foundation Years: preventing poor children becoming poor adults. The report of the Independent Review on Poverty and Life Chances. [Available at: http://webarchive.nationalarchives.gov.uk/20110120090128/http:/povertyreview.independent.gov.uk/media/20254/poverty-report.pdf]

Fujiki, M., Brinton, B., Morgan, M., & Hart, C.H. (1996). Social Skills of Children with Specific Language Impairment. *Language Speech and Hearing Services in Schools, 27 (3),* 195-202.

Huaqing Qi, C., & Kaiser, A.P. (2004). Problem Behaviour of Low Income Children with Language Delays: an observation study. *Journal of Speech Language and Hearing Research, 47 (3)* 595-609.

Stoke Speak Out. *About Us*. [Available at: http://www.stokespeaksout.org/home/About%20Us]

Irwin, J.R., Carter, A.S., & Briggs-Gowan, M.J. (2002). The Social-emotional Development of 'Late Talking' Toddlers. *Journal of the American Academy of Child and Adolescent Psychiatry, 41 (11),* 1324-1332.

Kelly, D. (1998). A clinical synthesis of the 'Late Talker' literature: implications for service delivery. *Language Speech and Hearing Services in Schools, 29*, 76-84

Law, J., Garrett, Z., & Nye, C. (2003). Speech and language therapy interventions for children with primary speech and language delay or disorder. *Cochrane Database of Systematic Reviews*, 3. [Available at: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004110/abstract]

Law, J., Rush, R., Schoon, I. and Parsons, S. (2009) 'Modeling developmental language difficulties from school entry into adulthood: literacy, mental health, and employment outcomes', Journal of Speech, Language and Hearing Research, 52(6), pp. 1401-16. [Available at: http://www.ncbi.nlm.nih.gov/pubmed/19951922]

Law, J., Schoon, I., Parsons, S., & Rush, R. (2008). *The Mediating Effect of Language and Literacy Skills on the Cycle of Disadvantage - following five year olds into adulthood.* ESRC.

Learning and Skills Council. (2006). *National Employers Skills Survey: Key findings 2005.*

Lee, E.C. & Rescorla, L. (2002). The Use of Psychological State Terms by Late Talkers at Age 3. *Applied Psycholinguistics, 23 (4),* 623-641.

Leyden, J. (2007). *Language and Social Disadvantage Presentation.* Afasic Fourth International Symposium.

Lindsay, G. and Dockrell, J. (2012) *The relationship between speech, language and communication needs (SLCN) and behavioural, emotional and social difficulties (BESD),* Department for Education research report DFE-RR247-BCRP6. [Available at: https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR247-BCRP6.]

Locke, A., & Ginsbourg, J. (2003). Spoken Language in the Early Years: the cognitive and linguistic development of three to five year old children from socio-economically deprived backgrounds. *Educational and Child Psychology, 20,* 68-79.

Maggi, S., Irwin, L. J., Siddiqi, A. and Hertzman, C. (2010) 'The social determinants of early child development: an overview', *Journal of Paediatrics and Child Health.* 46(11), pp. 627-35. [Available at: http://www.ncbi.nlm.nih.gov/pubmed/20796183]

Morgan, A.T., & Vogel, A.P. (2008). Intervention for childhood apraxia of speech. *Cochrane Database of Systematic Reviews*, 3. [Available at: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006278.pub2/abstract]

Nation, K., & Snowling, M.J. (2004). Beyond Phonological Skills: Broader language skills contribute to the development of reading. *Journal of Research in Reading, 27 (4),* 342-356.

Nation, K., Clarke, P., Marshall, C.M., & Durand, M. (2004). Hidden Language Impairments in Children: Parallels between poor reading comprehension and specific

language impairment? *Journal of Speech Language and Hearing Research,* 47 (1), 199.

Parsons, S., & Bynner, J. (2002). *Basic Skills and Social Exclusion.* London: Basic Skills Agency.

Pennington, L., Goldbart, J., & Marshall, J. (2003). Speech and language therapy to improve the communication skills of children with cerebral palsy. Cochrane Database of Systematic Reviews, 3. [Available at: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003466.pub2/abstract]

Redmond, S.M., & Rice, M.L. (1998). The Socio-emotional Behaviours of Children with SLI: social adaptation or social deviance? *Journal of Speech Language and Hearing Research, 41 (3),* 688-700.

Roulstone, S., Law, J., Rush, R., Clegg, J. and Peters T. (2011) *Investigating the role of language in children's early educational outcomes,* Department for Education research report DFE-RR134. [Available at: https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR134.pdf]

Snowling, M. J., Bishop, D.V.M., Stothard, S.E., Chipchase, B., & Kaplan, C. (2006). Psychosocial Outcomes at 15 Years of Children with a Pre-school History of Speech-Language Impairment. *Journal of Child Psychology & Psychiatry, 47 (8),* 759-765.

Spencer, S., Clegg, J., Stackhouse, J., & Leicester, S. (2006). *Language and Social Disadvantage: a preliminary study of the impact of social disadvantage at secondary school age.* Proceedings of the Royal College of Speech and Language Therapists Conference.

Stringer, H. (2006). *Facilitating Narrative and Social Skills in Secondary School Students with Language and Behaviour Difficulties* in Clegg, J. and Ginsbourg, J. (Eds). Language and Social Disadvantage Theory into Practise. Wiley.

Tickell, C. (2011). The Early Years: Foundations for Life, Health and Learning. An Independent Report on the Early Years Foundation Stage to Her Majesty's Government. [Available at: http://media.education.gov.uk/MediaFiles/B/1/5/%7BB15EFF0D-A4DF-4294-93A1-1E1B88C13F68%7DTickell review.pdf]

Warrington Borough Council, Children and Young People's Services (2010). Extended Services: Evidence of Impact

Yont, K.M., Hewitt, L. E., & Miccio, A.W. (2002). 'What did you say?'; understanding conversational breakdowns in children with speech and language impairment. *Clinical Linguistics and Phonetics, 16 (4)*, 265-285.