Research Report DFE- RR247 - BCRP1

Department for Education

The Better Communication Research Programme: Improving provision for children and young people with speech, language and communication needs

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This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DfE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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EXECUTIVE SUMMARY

The Better Communication Research Programme (BCRP) was commissioned as part of the Better Communication Action Plan[1], the Government's response to the Bercow review of services for children and young people with speech, language and communication needs (SLCN). This had recommended a programme of research 'to enhance the evidence base and inform delivery of better outcomes for children and young people' (p.50)[2].

The BCRP was designed as a programme of inter-related projects addressing a broad range of issues identified in the Bercow Review. It was to develop organically. The first year's programme of five projects was agreed between the research team and the Department for Children, Schools and Families (from 2010 the Department for Education: DfE). Once underway, as a research team we engaged with a range of partners to review emerging results and, thereby, shape the next phases of the research programme.

The BCRP was conceived as addressing the interface between research, practice and policy. It was designed as a programme of research that was rigorous but also of direct relevance and usefulness to practitioners, researchers, policy makers and commissioners, and to the parents and young people with SLCN themselves. In particular the BCRP addressed the following issues as a basis for developing recommendations for future policy and practice and guidance for some areas of practice:

- The trajectories of children with SLCN over time, in differing contexts.
- The support and interventions being offered currently by schools and by speech and language therapists.
- The evidence base for current practice including indicative costs.
- The perspectives of parents and children regarding the services they use and the outcomes they value.

The final outputs of the BCRP are now being published together. These comprise:

- The present report, which draws on the evidence across the BCRP and presents the main recommendations from the research programme. These are supported by references to evidence contained in the thematic and technical reports. This report is aimed particularly at non-specialist policy makers and commissioners.

[1] https://www.education.gov.uk/publications/eOrderingDownload/Better_Communication.pdf
[2] Bercow, J. (2008) The Bercow Report: *A review of services for children and young people (0-19) with speech, language and communication needs*. Nottingham: DCSF. https://www.education.gov.uk/publications/eOrderingDownload/Bercow-Report.pdf

- Four thematic reports: these are intended to be the main source of information for policy makers, commissioners, practitioners, and researchers with expertise in SLCN. These reports address:
    - *The perspectives of children and young people who have speech, language and communication needs, and their parents.*
    - *The relationship between speech, language and communication needs (SLCN) and behavioural, emotional and social difficulties (BESD).*
    - *Effectiveness, costing and cost effectiveness of interventions for children and young people with speech, language and communication needs (SLCN).*
    - *Understanding speech language and communication needs – Profiles of need and provision.*
- Ten technical reports: these present the full details of the research and so provide the basic information and, ultimately, the justification for information presented in the thematic and main reports, and for the recommendations made.

Although the BCRP finished in March 2012, work will continue with The Communication Trust, Royal College of Speech and Language Therapists and the DfE. During this period we will be further developing practical resources from the BCRP, including a web-based version of the *What Works* review of interventions for children and young people with SLCN and the dissemination of the Communication Supporting Classrooms Observation Tool.

We will also disseminate our findings to parents in association with Afasic, and to practitioners and commissioners through meetings, conferences and publications in research journals and professional publications. We will also engage with the DfE to contribute to policy development resulting from the BCRP.

The BCRP will help to further raise awareness among parents, professionals and policy makers of the nature of SLCN and the issues involved in improving identification and assessment of needs, development of provision and the evaluation of the effectiveness of interventions.

Recommendations

This report presents six major recommendations, each of which is discussed with reference to the research evidence presented in the thematic and technical reports. The main recommendations are as follows:

- Department for Education guidance on the use of the category ‘speech, language and communication needs’ in the School Census should be reviewed.

- Support for developing children’s speech, language and communication should be conceptualised at three levels: Universal provision for all children; Targeted provision for children requiring additional support within mainstream settings, guided by specialists (e.g. speech and language therapists: SLTs); and Specialist support within mainstream or special settings with a high level of direct intervention or frequent and sustained consultation by specialists with non-specialist staff (e.g. teachers, teaching assistants).

- Services and schools should systematically collect evidence of children’s and young people’s outcomes that include the perspectives of children, young people and their parents, and that provide evidence that changes in children and young people’s speech, language and communication are increasing their independence and inclusion.

- A programme of initial and post qualification training is required in order to meet the varied needs of children and young people with SLCN and to develop the joint planning and implementation of evidence based provision and intervention which is necessary.

- Those responsible for commissioning services for children and young people with SLCN should ensure that the most appropriate model of support is available for every child with SLCN. This requires commissioning from education and health services and ensuring a continuum of services designed around the family which collaborate effectively.

- Basic and applied research has had an essential role in understanding the needs of pupils with SLCN, the effectiveness of intervention and the pupils’ developmental trajectories. There is now a need to consider the ways in which basic and applied research can be integrated to further the development of effective practice.

    - Research examining specific interventions and general dissemination of these interventions should adhere to evidence based principles. Research commissioners should ensure, prior to implementation, that the intervention is based on a rigorous evidence base, fidelity of intervention can be assured by the

availability of manuals and training, and the causal factors resulting in change can be identified.

- Our studies have shown there are significant gaps in the evidence base to support the social, emotional and peer relationship needs of children with SLCN. These factors should be considered both within standard intervention packages and as specific target areas of need.

- The analysis of the national data sets and the prospective study highlighted changes in levels of need over time and overlap among children and young people with different primary needs. It is important to establish which factors lead to a reduction in language learning needs overall, including the ways in which curriculum and pedagogy are determined and delivered to optimise the development of oral language for all children (Universal provision). These analyses should also consider the contents of the Targeted and Specialist interventions and how the interventions are most effectively and cost effectively delivered, including the location of delivery.

- Future areas for research to improve provision for children and young people with SLCN and ASD should be based on the ways in which children and young people's needs impact on teaching and learning and as such develop an understanding of:
  - The factors which attract resources and the relative effectiveness of these resources.
  - Methods required for developing and embedding evidence based practice in classroom settings, ensuring that appropriate links to effective pedagogy are made.
  - The ways in which the progress made by pupils with SLCN can be monitored to examine actual and potential change.
  - The impact of changes in the curriculum and in formal assessments on the achievements of pupils with SLCN.

1. INTRODUCTION

1.1 Background

In 2008 the Bercow Report was published[3]. This was the first comprehensive review of provision for children and young people with speech, language and communication needs. Led by John Bercow MP the Review Group identified five key themes under which their recommendations were made:

- Communication is crucial;
- Early identification and intervention is essential;
- A continuum of services designed around the family is needed;
- Joint working is critical; and
- The current system is characterised by high variability and a lack of equity.

The Bercow Review made 40 recommendations with respect to these themes. The Secretary of State for Children, Schools and Families, Ed Balls committed to accept all of these and a Better Communication Action Plan[4] was produced. These actions were wide ranging and included the creation of a post of Communication Champion, a Communication Council, and a National Year of Speech, Language and Communication led by the Communication Champion. Other recommendations covered funding for a range of provision, training, joint working, and for Ofsted to take full account of the need for joint provision of services for children and young people with SLCN.

The review also recommended 'that the Government considers a programme of research to enhance the evidence base and inform delivery of better outcomes for children and young people'. The Better Communication Research Programme (BCRP) was the Government's response to that recommendation. The BCRP was conceived as a programme of inter-related projects addressing a broad range of issues identified in the Review. It was to develop organically. The first year's programme of five projects was agreed between the research team and the Department for Children, Schools and Families (from 2010 the Department for Education: DfE). Once underway, as a research team we engaged with a

[3] Bercow, J. (2008). *The Bercow Report: A review of services for children and young people (0-19) with speech, language and communication needs.* Nottingham: DCSF. https://www.education.gov.uk/publications/eOrderingDownload/Bercow-Report.pdf
[4] https://www.education.gov.uk/publications/eOrderingDownload/Better_Communication.pdf

range of partners both to review emerging results and, thereby, shape the next phases of the research programme.

The BCRP was conceived as addressing the interface between research, practice and policy. It was designed as a programme of research that was rigorous but also of direct relevance and usefulness to practitioners, researchers, policy makers and commissioners, and to the parents and young people with SLCN themselves. In particular the BCRP addressed the following issues as a basis for developing recommendations for future policy and practice and guidance for some areas of practice.

- The trajectories of children with SLCN over time, in differing contexts.
- The support and interventions being offered currently by schools and by speech and language therapists.
- The evidence base for current practice including indicative costs.
- The perspectives of parents and children regarding the services they use and the outcomes they value.

Although funded specifically for the period 2009-12 the aim was also to follow the BCRP with a programme of dissemination, support and impact, a phase that commences with the publication of this and accompanying reports.

1.2 The policy, practice and research context

It is now 34 years since the publication of the landmark Warnock Report, the first comprehensive review of all aspects of special educational needs (SEN)[5]. The present SEN system, included legislation starting with the Education Act 1981, derived from the foundations laid in the report. Over time there have been many developments as limitations and problems with the SEN system were identified, including instituting a tribunal system for parents to appeal against decisions regarding the assessment of, or provision proposed for their child[6], the SEN Code of Practice[7], the introduction of Special Educational Needs Coordinators (SENCOs) and many other initiatives. More recently the Lamb Inquiry recommended ways to enhance parental confidence in the SEN system[8, 9]. The Bercow

[5] Warnock, M. (1978) *Special educational needs. Cmnd 7212*. Her Majesty's Stationery Office.
[6] http://www.justice.gov.uk/tribunals/send
[7] Department for Education and Skills (2001). S*pecial educational needs, Code of practice*. London: HM Stationery Office
[8] Lamb, B. (2010). *Lamb Inquiry: Special Educational needs and parental confidence*. https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-01143-2009

Review addressed specifically the provision for children and young people with SLCN, building upon earlier initiatives to improve communication and collaboration between education and health services[10].

There have been significant developments to improve the skills, knowledge, attitudes, and confidence of the teaching workforce including: the institution of a qualification for SENCOs; the successful development of a range of teaching materials for initial teacher training and the continuing professional development of qualified teachers[11]; and other innovations to support teachers in initial training, including placements in special schools[12]. Other research demonstrated the success of the programme Achievement for All in improving the progress of pupils with SEND (Special Educational Needs and Disability) in mainstream schools[13]. The Coalition Government that came to power in 2010, like the New Labour Government that started in 1997, indicated the importance of addressing SEN by publishing in 2011 a Green Paper for consultation[14]. Among the proposed initiatives was the further development of support materials for teachers of children with SEN, including those with autism spectrum disorders (ASD)[15].

The Government's proposals following the Green Paper consultation have recently been published in *Support and Aspiration: A New Approach to Special Educational Needs and Disability*[16]. A Children and Families Bill was announced in the Queen's Speech (9 May 2012) with legislation expected to be enacted in 2014. There have also been reports on the importance of early intervention including the Allen Review[17] (see also Lindsay et al. 2011)[18]

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[9] Peacey et al. (2010). *Increasing parents' confidence in the special educational needs system: Studies commissioned to inform the Lamb Inquiry.* http://www2.warwick.ac.uk/fac/soc/cedar/projects/completed2010/lambinquiry/

[10] Law, J., Lindsay, G., Peacey, N., Gascoigne, M., Soloff, N., Radford, J., & Band, S. with Fitzgerald, L. (2000) *Provision for children with speech and language needs in England and Wales: Facilitating communication between education and health services.* London: DfEE

[11] http://www.nasentraining.org.uk/resources/

[12] Lindsay, G., Cullen, M.A.., Cullen, S., Dockrell, J., Strand, SD., Arweck, E., Hegarty, S. & Goodlad, S. (2011). *Evaluation of impact of DfE investment in initiatives designed to improve teacher workforce skills in relation to SEN and disabilities. DFE-RR115.* London: DfE. https://www.education.gov.uk/publications/RSG/AllRsgPublications/Page3/DFE-RR115

[13] Humphrey, N. & Squires, G. (2011). *Achievement for all national evaluation*. DFE-RR 123. https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR123

[14] https://www.education.gov.uk/publications/standard/publicationDetail/Page1/CM%208027

[15] Autism Education Trust http://www.autismeducationtrust.org.uk/

[16] https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00046-2012

[17] Allen, G. (2011). *Early intervention: The next steps*. London: Cabinet Office. http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf

[18] Lindsay, G., Cullen, S. & Wellings, C (2011). *Bringing families and schools together: Giving children in high poverty areas the best start at school.* London: Save the Children http://www.savethechildren.org.uk/sites/default/files/docs/Bringing%20Families%20and%20Schools%20Together.pdf

and the Tickell Review of the Early Years Foundation Stage[19], leading to a reformed Early Years Foundation Stage. The recent independent review of early education and childcare qualifications (the Nutbrown report[20]) has emphasised that all those working in early years contexts should have an understanding of language development. Finally, the All Party Parliamentary Group into Speech and Language under the leadership of Lord Ramsbotham will be producing a report on the relationship between SLCN and social disadvantage in the autumn of 2012.

In summary, this is an important period in the development of policy for children and young people with special educational needs, and for those with speech, language and communication needs in particular.

1.3 The Better Communication Research Programme

The BCRP comprised 10 major research projects. The research programme developed over time, starting with five projects which were initiated in 2009. Their results were considered by a steering group comprising leaders in the SLCN field, drawn from local authorities, speech and language therapy services, the voluntary sector, researchers, Ofsted, the Government's Communication Champion, and the Department for Education (see Appendix 2). This process ensured that the research was shaped by the knowledge and expertise of those in policy, practice, research, and representing parents of children and young people with SLCN.

Two interim reports were published[21,22] to disseminate both early findings of ongoing studies and the results of short term projects. A study of the Early Years Foundation Stage Profile[23]

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[19]Tickell, C. (2012). *The early years: Foundation for life, health and learning.* London: DfE. http://www.education.gov.uk/tickellreview/

[20] Nutbrown, C. (2012). *Foundations for quality: An independent review of early education and childcare qualifications*. London: DfE. http://www.education.gov.uk/nutbrownreview

[21] Lindsay, G., Dockrell, J.E., Law, J., Roulstone, S., & Vignoles, A. (2010) *Better communication research programme 1st interim report DfE-RR070. London: DfE*. (70pp). http://publications.education.gov.uk/eOrderingDownload/DFE-RR070.pdf

[22] Lindsay, G., Dockrell, J.E., Law, J., & Roulstone, S. (2011) *Better communication research programme 2nd interim report. DFE-RR 172*. London: DfE. (131pp). https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR172.pdf

[23] Snowling, M. J., Hulme, C., Bailey, A. M., Stothard, S. E., & Lindsay (2011). *Better communication research project: Language and literacy attainment of pupils during early years and through KS2: Does teacher assessment at five provide a valid measure of children's current and future educational attainments? DFE-RR172a.* London: DfE. https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR172a.pdf

was published in 2011 in order that its findings could be made available to the Tickell Review of the Early Years Foundation Stage. In addition, the early stage of analysis of national data on SLCN was made available online[24]; the main report of this study builds upon this earlier work[25].

The final outputs of the BCRP comprise:

- The present report, which draws on the evidence across the BCRP. This is intended to be the main source of summary information for non-specialist policy makers and commissioners. We present headline findings to support our recommendations.
- Four thematic reports: these are intended to be the main source of information for policy makers, commissioners, practitioners, and researchers with expertise in SLCN.
    - *The perspectives of children and young people who have speech, language and communication needs, and their parents.*
    - *The relationship between speech, language and communication needs (SLCN) and behavioural, emotional and social difficulties (BESD).*
    - *Effectiveness, costing and cost effectiveness of interventions for children and young people with speech, language and communication needs (SLCN).*
    - *Understanding speech language and communication needs – Profiles of need and provision.*
- Ten technical reports: these present the full details of the research and so provide the basic information and, ultimately, the justification for information presented in the thematic and main reports, and for the recommendations made.

See Appendix 1 for a full list of all BCRP reports.

Although the BCRP finished in March 2012, work will continue with The Communication Trust, Royal College of Speech and Language Therapists and the DfE. During this period we will be further developing practical resources from the BCRP, including a web-based version of the *What Works* review of interventions for children and young people with SLCN and the dissemination of the Communication Supporting Classrooms Observation Tool.

[24] Meschi, E., Vignoles, A., & Lindsay, G. (2010). *An investigation of the attainment and achievement of speech, language and communication needs (SLCN).* http://www.warwick.ac.uk/go/bettercommunication

[25] Meschi, E., Mickelwright, J., Vignoles, A., & Lindsay, G. (2012). *The transition between categories of special educational needs of pupils with speech, language and communication needs (SLCN) and autism spectrum disorder (ASD) as they progress through the education system.* London: DfE.

We will also disseminate our findings to parents in association with Afasic, and to practitioners and commissioners through meetings, conferences and publications in research journals and professional publications. We will also engage with the DfE to contribute to policy development resulting from the BCRP.

The BCRP will help to further raise awareness among parents, professionals and policy makers of the nature of SLCN and the issues involved in improving identification and assessment of needs, development of provision and the evaluation of the effectiveness of interventions.

1.4 Structure of the report

This report comprises the main recommendations arising from the full range of research within the BCRP. In each case we present the recommendation supported by a summary of the main points arising from the research programme. Reference is made to the relevant thematic and technical reports, as appropriate.

2. MAJOR RECOMMENDATIONS

Each of the BCRP reports makes detailed recommendations for policy, practice and research. In this report we present six overall recommendations with more specific recommendations being presented in the thematic and technical reports.

2.1 Department for Education guidance on the use of the category 'speech, language and communication needs' in the School Census should be reviewed.

Our studies have shown that the term speech language and communication needs (SLCN) is ambiguous in its use. Professionals from different backgrounds use and understand the term in different ways:

- The Bercow review used SLCN in a broad sense to include any child or young person with speech, language and communication needs – including those with, for example, hearing impairment, autism spectrum disorders (ASD) and severe and profound learning difficulties. Our interviews with language therapists showed that they use SLCN in this broad, inclusive sense.

- The DfE, however, through the guidance in the *SEN Code of Practice* and in its School Census, uses the category of SLCN for children and young people whose *prima*ry special educational needs are related to speech, language and communication, i.e. excluding those with other primary needs, such as hearing impairment. The SLCN and ASD categories are separate but subsumed under the superordinate category of Communication and Intervention.

Furthermore, research studies do not relate to the term SLCN within a classification system in either of the senses described above. The term does not translate easily into the proposed changes in DSM-5[26]. Together these factors have the potential to lead to miscommunication, research which is difficult to translate into practice and inconsistency of use of the category of SLCN.

Importantly, children and young people whose primary needs are identified as related to SLCN in the national School Census data show significant variability, overlap with other

[26] Publication of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* is scheduled for May 2013.

diagnostic groups, changes in need over time, and marked over- and under-representation by a range of socio demographic factors, including socioeconomic disadvantage and ethnicity. There are similar concerns about children and young people categorised within the School Census as having ASD – a separate category of primary special educational needs within the School Census[27]. There are two different reasons why these factors are important.

- Overlap of needs between children in different diagnostic groups indicates the importance of addressing needs rather than the diagnostic category – otherwise children's needs will not be fully addressed.
- The relationships between prevalence of SLCN and ASD and both socioeconomic disadvantage and ethnicity indicate the importance of taking into account not only *within child* factors such as language development but also *systemic* factors, both societal and those related to local policies and practices.

Examples from the BCRP include:

- There is a strong social gradient for SLCN, with pupils entitled to free school meals (FSM) and living in more deprived neighbourhoods being over twice as likely to be identified as having SLCN. For ASD the socioeconomic gradient is less strong but still important (the odds are over 1.5 times greater for pupils entitled to FSM).
- Having English as an additional language is strongly associated with being identified as having SLCN in the early stages of education.
- Ethnic over- and under-representation for both SLCN and ASD is pronounced:
  - A child in one of the Black groups is almost twice as likely to be designated as having SLCN than a White British pupil.
  - The odds of a pupil of Asian heritage having ASD are half those of a White British pupil.
- Both SLCN and ASD are associated with low achievement but pupils with SLCN are lower achieving compared to those with ASD.

The combination of these factors leads to confusion in the field, lack of equity in the provision of support for pupils and failure to address key risk factors. For example, the strong relationship between SLCN and socioeconomic disadvantage indicates the need to

[27] The SLCN and ASD categories are separate categories of primary special educational needs within the School Census's superordinate category of Communication and Interaction.

improve early interventions at Universal and Targeted levels for large numbers of children in some areas of high social disadvantage. On the other hand, the ethnic variation for ASD suggests the need to address local policies and practices with respect to identification, and the need for collaboration and communication with ethnic communities in order to improve service accessibility.

Confusion about the use of the term SLCN is particularly problematic in reception, Key Stage 1 and Key Stage 2, This is likely to reflect the pupils' developing language skills, the progressive demands of the curriculum and reduced opportunities in classrooms to develop oral language competence. For example:

- There is a substantial reduction in the proportion of pupils with SLCN receiving additional support at the School Action Plus level over Key Stages 1 and 2, suggesting that for many pupils SLCN identified in the early years of primary school are temporary and transient.
- This applies to both those pupils for whom English is an additional language and those for whom it is their first language.

Birth season effects are strong for SLCN:

- Pupils who are summer born (May-August) and therefore the youngest within the year group are over 1½ times more likely to have identified SLCN than autumn born (September-December) students.

This suggests that teachers are not taking sufficient account of chronological age when making judgements of speech, language and communication development over the reception and Key stage 1 period in particular; they are inappropriately identifying children as having a special educational need, when effective teaching at a Universal level (see Section 2.2) is more appropriate.

However, the period of reception and Key Stages 1 and 2 is also a phase of education where there are many opportunities to embed oral language work within the school curriculum. Regular monitoring across these educational phases is essential, combined with targeted support of pupils who are known to be vulnerable in areas of oral language.

Even when objective tests are used to identify pupils with significant language impairments, considerable variability is evident within the group of children identified as having SLCN. However, overall, scores across all components of the language system are depressed for children and young people with SLCN and many pupils also have difficulty with the social use of language. These problems are associated with poorer literacy and academic achievement, and also with increased risk of difficulties interacting with peers and emotional well-being. Importantly there is considerable overlap with pupils who are identified with ASD.

The pupils' performance and patterns of needs emphasise the importance of profiling needs and monitoring changes in these needs rather than assuming that diagnostic group will translate into either educational or therapeutic packages. However, our evidence suggests that it may be the diagnostic category rather than the nature (including severity) of pupils needs which drives the support they receive: this was the case in our study of children with language impairment or ASD[28]. This reflects the beliefs of parents that we interviewed that having a diagnosis (of ASD) is important, if not essential, to access resources. By contrast, the parents of children in our study with language impairment never used the term SLCN; nor did they use a diagnostic category such as 'specific language impairment' which is common among practitioners and researchers.

[28] Dockrell, J., Ricketts, J., Palikara, O., Charman, T., & Lindsay, G. (2012). *Profiles of need and provision for children with language impairment and autism spectrum disorders in mainstream schools: A prospective study.* London: DfE.

2.2 Support for developing children's speech, language and communication should be conceptualised at three levels: Universal provision for all children; Targeted provision for children requiring additional support within mainstream settings, guided by specialists (e.g. speech and language therapists: SLTs); and Specialist support within mainstream or special settings with a high level of direct intervention or frequent and sustained consultation by specialists with non-specialist staff (e.g. teachers,, teaching assistants).

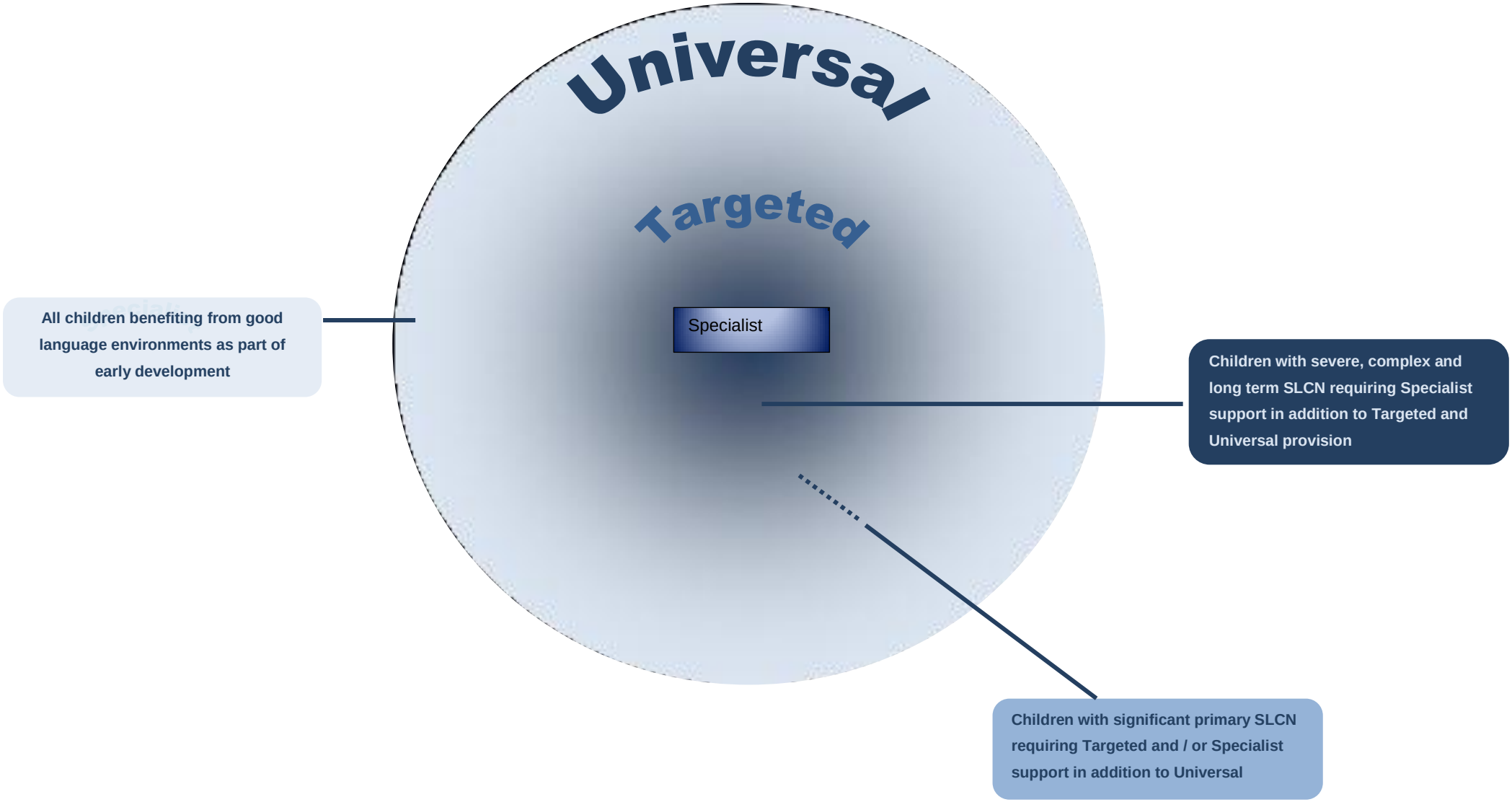
2.2.1 The importance of levels of support

There is increasing recognition of the need to distinguish levels of provision when considering children with SLCN[29]. The basic concept is embedded in the 2001 *SEN Code of Practice* which proposed a *graduated approach* to meeting the needs of children and young people with special educational needs, bringing increasing specialist expertise into play if children's difficulties persist, or are recognisably severe and complex from the outset. This approach is essentially comparable to the *response to intervention* (RTI) approach and that proposed in a Royal College of Speech and Language Therapists position paper[30]

The research commissioned to inform the Bercow Review also argued for the recognition of levels of need and hence of different types of interventions. We reproduce here our representation of the three levels of Universal, Targeted and Specialist support[31] - Figure 1. In contrast to hierarchal models, the model we propose stresses that all children are entitled to effective teaching to support speech, language and communication development. Some children require additional Targeted support at some points within a system that makes this effective Universal provision. Finally, a minority of children will require Specialist support as a result of their SLCN. The support required might target language, literacy, social interactions, or other key skills, depending on each child's individual profile of needs. Furthermore, support may vary for any individual child *across* the levels, for example a child may require Specialist support for language and Targeted support for social development, and support may need to change over time as a child's profile of needs changes.

[29] This point is applicable to all children with special educational needs.
[30] Gascoigne, M. (2006). *Supporting children with speech, language and communication needs within integrated children's services. Royal College of Speech and Language Therapists position paper.* London: RCSLT.
[31] Lindsay, G., Desforges, M., Dockrell, J., Law, J., Peacey, N., & Beecham, J. (2008). *Effective and efficient use of resources in services for children and young people with speech, language and communication needs. DCSF-RW053.* Nottingham: DCSF. https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-RW053

Figure 1: Speech, language and communication support across the range of children with SLCN



Before considering the evidence from the BCRP it is important to reiterate that children and young people with SLCN may vary in their profiles of needs independent of diagnostic or SEN category. For example, some have structural language difficulties, including delays in the development of vocabulary and problems understanding and in the use of grammar, but others have communication needs associated with difficulties in understanding the subtleties of language, and the varied meanings that can be derived from language (pragmatics). Such difficulties in social cognition are associated particularly with children and young people with ASD. However, as we noted above, our prospective study clearly demonstrated substantial problems of this kind experienced by children and young people identified as having language needs, and categorised as having SLCN in the SEN Code of Practice system. As such, *there is substantial variation within and overlap between categories*.

2.2.2 Effectiveness of interventions

The conceptual framework outlined above (Universal, Targeted and Specialist levels of intervention) has become established in both education and speech and language therapy services. The model also assists commissioners of services to identify different support packages. However, underlying this framework is the important requirement for *evidence of effectiveness.* It is not enough to demonstrate what is being done to support children and young people with SLCN; evidence of a differential positive change as a result of the support provided is also needed.

The BCRP undertook a major review of the effectiveness of interventions, reported in our thematic report[32] and in full detail in the technical report[33]. We reviewed the evidence for the effectiveness of 57 interventions currently in use or published in the research literature and a further three we described as 'up and coming' because they are under development. Our reviews took into account the aims and objectives, how the intervention was delivered, target group (speech, language, communication or complex needs), and age range. We judged that five interventions were Universal, 13 Targeted and 16 Specialist; the others were likely to be used across levels, adapted to meet the needs of individual children.

Of the 57 interventions we judged 3 (5%) to have strong evidence, 32 (56%) moderate and 22 (39%) indicative evidence. Most interventions focused on preschool and Key Stages 1

[32] Law, J., Beecham, J. & Lindsay, G. (2012). *Effectiveness, costing and cost effectiveness of interventions for children and young people with speech, language and communication needs.* London: DfE.
[33] Law, J., Lee, W., Roulstone, S., Wren, Y., Zeng, B., & Lindsay, G. (2012). *"What works": Interventions for children and young people with speech, language and communication needs.* London: DfE

and 2; 22 (39%) targeted language and the remainder aimed at a combination of speech, language, communication and complex needs. There is therefore a need to undertake more research to determine the most effective interventions, especially:

- For older children and young people (Key Stages 3 and 4)
- To identify effective Universal provision, including pedagogy, to support the oral language development of all children.

In a separate report[34] we examined the approach to interventions by speech and language therapy services, educational psychology services and education support services; we also looked in depth at the interventions used by speech and language therapists (SLTs). This report provides complementary evidence to the *What Works?* study demonstrating how the interventions are used in practice.

We also examined the evidence of *costing* interventions examining their *cost effectiveness*[35]. There was very little evidence for these factors being taken into account and no evidence that allows us to comment on the relative cost benefits of Universal, Targeted or Specialist interventions.

2.2.3 Practical guidance

In order to support the development of evidence based practice for children and young people with SLCN we have produced:

- Criteria to help evaluate interventions[36]
- A check list of data requirements for estimating the cost of an intervention[37]
- The *What Works?* review of interventions[38]

Following the BCRP we will be working with The Communication Trust and the Royal College of Speech and Language Therapists to create a web based version of the *What Works?* We recommend that these be reviewed and developed further as new evidence is produced on the interventions in our review and new interventions are developed, to address gaps in our knowledge base.

[34] Roulstone, S., Wren, Y., Bakopoulou, I., & Lindsay, G. (2012). *Exploring interventions for children and young people with speech, language and communication needs: A study of practice.* London: DfE.
[35] Law, J., Beecham, J. & Lindsay, G. (2012). *Effectiveness, costing and cost effectiveness of interventions for children and young people with speech, language and communication needs.* London: DfE.
[36] Law, Lee et al. (2012) ibid
[37] Law, Beecham & Lindsay (2012) ibid
[38] Law, Lee et al. (2012) ibid

2.3 Services and schools should systematically collect evidence of children's and young people's outcomes that include the perspectives of children, young people and their parents, and that provide evidence that changes in children and young people's speech, language and communication are increasing their independence and inclusion.

A series of focus groups and a survey of parent perspectives carried out by the BCRP suggested that parents value outcomes in children's communication that increase their child's independence and inclusion. Parents' discussions of outcomes indicated that they view communication as a skill that underpins their child's success in many areas of life[39]. In this respect the first message from parents reiterates one of the original themes of the Bercow review[40], that communication is crucial and a 'key to life'. The second message is the importance of assessing other outcomes in addition to speech, language and communication, including social and emotional development.

The review of current practice[41] asked questions about the outcomes that practitioners considered to be addressed by the interventions that they used. As well as outcomes about a child's speech, language and communication skills, practitioners described a broad range including outcomes such as improving a child's social interaction and inclusion, helping a child to feel safe and to reduce their anxiety, and helping them to feel confident to communicate in all the contexts of their lives. These clearly are similar to the themes emerging from the parent focus groups. However, only one third of speech and language therapists who responded to the BCRP survey said that they submitted outcome data to their managers. The predominant measures used seemed to be measures of process – what Friedman[42] would refer to as a measures of 'how much do we do' rather than a measure of 'is anyone better off', that is, measuring the impact that we have on people's lives.

[39] Roulstone, S., Coad, J., Ayre, A., Hambley, H., & Lindsay, G. (2012). *The preferred outcomes of children with speech, language and communication needs and their parents.* London: DfE.
[40] Bercow, J. (2008). *A review of services for children and young people (0-19) with speech, language and communication needs.* Nottingham: DCSF.
[41] Roulstone, S., Wren, Y., Bakopoulou, I., Goodlad, S., & Lindsay, G. (2012). *Exploring interventions for children and young people with speech, language and communication needs: A study of practice.* London: DfE.
[42] Friedman, M. (2005). *Trying hard is not good enough: how to produce measurable improvements for customers and communities*. Victoria, Canada: Trafford Publishing.

As part of the study of outcomes we carried out a systematic review to identify existing measures that would reflect the concerns of parents and children that emerged from focus groups and workshops[43]. The review focused on those measures that could be completed by parents or children. The review identified nineteen measures that covered various aspects of the outcomes that emerged from the parent discussions; a number of these show potential for use in the measure of children's outcomes from the perspectives of the parents and children themselves. However, at present these are rarely used in either research or in clinical practice to evaluate the impact of our services and interventions on the quality of life of children with SLCN.

The array of services and interventions used in current practice are likely to require more than a single outcome measure; the inclusion of measures that evaluate outcomes that are valued by both parents and children from their perspective would be useful for a number of reasons. First, it would enable the evaluation to access the perspectives of those who experience the interventions. Second, this would help to identify, adapt and develop interventions that deliver outcomes that parents and children value. Finally, it may help to develop explanations of how interventions that focus on communication bring about changes that impact on children's broader lives.

John Bercow's original recommendation was for research that informed the 'delivery of better outcomes for children and young people' with SLCN. Achieving better outcomes requires us to have a very clear idea about what those outcomes should be. Data from parents and children in the BCRP have indicated the outcomes that they value. It is now important that we design services and interventions that deliver those outcomes and that also demonstrate that those outcomes are being delivered.

[43] Roulstone et al. (2012) ibid

2.4 A programme of initial and post qualification training is required in order to meet the varied needs of children and young people with SLCN and to develop the joint planning and implementation of evidence based provision and intervention which is necessary.

We have shown that children and young people with speech, language and communication needs form a complex, highly varied group. Taking Bercow's broad, inclusive definition of SLCN, it is clear that needs are not limited to speech and language. On the contrary, many children and young people will have two or more areas of need. Even those whose primary needs are as a result of a language impairment are at risk of behavioural, emotional and social difficulties, especially with respect to peer relationships, and there is also an enhanced risk of developing emotional difficulties[44]. Furthermore, these difficulties may persist over years[45].

2.4.1 Initial and post qualification training

The main professionals working with children and young people with SLCN are teachers, teaching assistants, early years practitioners, and speech and language therapists (SLTs). Recently a substantial programme aimed at increasing the knowledge, skills, attitudes and confidence of teachers to support pupils with SEN was funded by the DfE. The programme included a focus on pupils with SLCN and those with ASD. Separate support materials were developed for those in initial teacher training (ITT) and qualified teachers. Dissemination and embedding in schools was assisted by a support system of regional hubs and local leaders; a similar system for ITT was also set up. Other initiatives included special school placements for trainee teachers. This was a unique and successful national initiative to enhance the capability of the teacher workforce to support pupils with SLCN, ASD and other special educational needs[46].

Further work has been undertaken to extend this model[47] to develop support at the three levels described above (Universal, Targeted and Specialist), with very positive initial

[44] Dockrell, Ricketts et al., (2012) ibid.
[45] Lindsay, G. & Dockrell, J.E. (in press). Longitudinal patterns of behavioral, emotional, and social difficulties and self-concepts in adolescents with a history of specific language impairment. *Language, Speech and Hearing Services in Schools.*
[46] Lindsay, Cullen et al. (2011) ibid
[47] Autism Education Trust, (2012) ibid

findings[48]. Despite these important steps there is a need to develop training which addresses what professionals provide for children with SLCN and how language learning needs are addressed in classrooms. Data from the prospective study illustrated that often it was difficult to identify curriculum differentiations. Also, observations using the Communication Supporting Classrooms Observation Tool[49] illustrated that professionals had often structured the environment to support speech and language but there was less evidence of structured opportunities and interactions to develop oral language.

There is, therefore, a sound foundation for fuller development to ensure a comprehensive programme across all relevant practitioners. These initiatives require expansion to provide comprehensive training, and evaluation of the new practices delivered in terms of child outcomes.

2.4.2 Early identification

The importance of early intervention for those children with additional needs has been stressed in several recent reports[50], and the Tickell Review[51] has led to changes being made to the Early Years Foundation Stage. Of course, early intervention requires early identification of needs. Unlike some very effective screening procedures for specific conditions or disabilities, there is no single, simple method of screening children to identify speech, language and communication difficulties. Nor is it likely that such a tool could be developed given the complexity of the language system, the changing needs of pupils over time and the ways in which the demands of the curriculum increasingly challenge children's use and understanding of language as they move through the education system.

Rather, a systemic approach is required, one that is built on the three level approach described above, evidence-based instruments and procedures, joint working by professionals, active involvement of parents, and a *response to interventions* model of implementation.

We have shown that a revised Early Years Foundation Stage Profile (EYFSP) administered by teachers during reception, is a practical, valid and useful measure to form part of this

[48] Cullen, M. A., Cullen, S., Lindsay, G., & Charman, T. (2012). *Evaluation of Autism Education Trust training hubs programme: First data capture report: pilot of Level 1 training* http://www2.warwick.ac.uk/fac/soc/cedar

[49] Dockrell, J. E., Bakopoulou, I., Law, J., Spencer, S., & Lindsay, G. (2012). *Developing a communication supporting classroom observation tool.* London: DfE.

[50] Allen. (2011) ibid

[51] Tickell (2012) ibid

system[52]. Our study showed that teachers could use the EYFSP to screen 5 year olds for language difficulties. Those with language difficulties had a high risk of literacy difficulties at the end of Key Stage 1. However, although the revised EYFSP was a good predictor, about 50% of the variability in attainment was unexplained by the measure. Consequently, the revised EYFSP is recommended as an *indicative* measure, of increased risk, rather than a *definitive* measure of later problems. As such, the revised EYFSP has potential as part of a system of identification that alerts teachers to children who may require Targeted interventions. We agree with the Nutbrown Report[53] that early years practitioners need an understanding of language development in order to support the process of early identification.

2.4.3 Communication supporting classrooms

The model we propose is based on successful evidence based implementations of good practice at the Universal level. We therefore developed a Communication Supporting Classrooms (CsC) Observation Tool to support teachers and SLTs in assessing the communication supporting qualities of classrooms[54]. The tool was developed on the basis of a systematic review of the research literature. It was then trialled in over 100 classrooms. We showed that three dimensions were important and could usefully be assessed: *language learning environment, language learning opportunities* and *language learning interventions*.

The Special Educational Needs Coordinators, class teachers and SLTs involved were highly enthusiastic about the CsC Observation Tool, judging it very helpful, accessible, easy to use and, with guidance, reliable in the recording of classroom features supporting communication.

2.4.4. Support services and joint working

Increased evidence based training of teachers and SLTs forms the basis for improved provision but it is not enough. As we argued in our report to the Bercow Review[55,56], this requires collaboration at all levels in order to ensure joined up policy and provision of services: national policy development; regional and local authority/health trust policy development, planning and structures of services; and high quality commissioning and local implementation, at the level of early years, school and community. The current evaluation of

[52] Snowling et al. (2011) ibid
[53] Nutbrown (2012) ibid
[54] Dockrell, Bakopoulou et al. (2012) ibid
[55] Lindsay, Desforges et al. (2008) ibid
[56] Lindsay, G., Dockrell, J.E., Desforges, M., Law, J., & Peacey, N. (2010) Meeting the needs of children with speech, language and communication difficulties. *International Journal of Language and Communication Disorders. 45*, 448-460.

the pathfinder local authorities and health trusts trialling the new single assessment process for children and young people with special educational needs and disabilities, and the process for reviewing the Education, Health and Care Plan, provides an opportunity to identify effective models of collaboration[57].

The findings from our prospective study that there was a substantial mismatch between the needs of children and provision made for children with ASD compared with those with language impairment indicate the importance of detailed examination of children's needs rather than a focus on diagnostic category.

2.4.5 Parents

Interviews with parents of children with language impairment or ASD in our prospective study[58] indicated that half had raised concerns about the development of their child by age 30 months, and that it was typically the mother who did this – health visitors were mentioned for only 4% of children. A positive feature was that only one of the 139 parents in the prospective study reported that when she had first sought help for her child she had been told (by her GP) that her child 'would grow out of it' – once a very common comment by parents of children with language difficulties.

Early support from GPs and health visitors, and especially active intervention by SLTs, was seen as important, but the amount provided in the preschool period was very variable and often considered insufficient. Parents were generally positive about the support provided by schools – particularly parents whose child was receiving support from a specialist resource within a mainstream school. Also, parents of children with ASD were more positive about support provided compared with parents of children with language impairment – a finding likely to be linked to the disproportionate amount of support provided to the former for comparable level of need.

Across several of our studies, the importance of parents as partners was clear. Their views on appropriate outcomes for their children and the implications for targets and assessment have been mentioned already. But parents also have an important role in shaping the policy and research agenda, as exemplified by parental input into the BCRP itself.

[57] http://www.sendpathfinder.co.uk/
[58] Dockrell, Ricketts, et al (2012) ibid

2.5 Those responsible for commissioning services for children and young people with SLCN should ensure that the most appropriate model of support is available for every child with SLCN. This requires commissioning from education and health services and ensuring a continuum of services designed around the family which collaborate effectively.

It is clear from the BCRP work on the School Census data that every school, and in many cases every classroom, will include children with SLCN. We identified in our report to the Bercow Review[59], and also in both the BCRP's prospective study[60] and survey of practitioners working with children with SLCN[61], that both education and health professionals will be involved with these children, reflecting the level and the complexity of their needs. These include teaching staff within mainstream and special schools and units/resource bases (e.g. classroom and specialist teachers and Special Educational Needs Coordinators); early years practitioners; and staff commonly employed by health services, primarily speech and language therapists.

So commissioning for children with SLCN can be complicated and needs to cross agencies if it is to avoid the type of "border disputes" which have been common between health and education services in the past, particularly with regard to speech and language therapy services. It is critical, as it is in other areas of child welfare, that such services are integrated and that parents and children are well informed of what to expect.

Our interviews with parents suggest that parents of children and young people with SLCN often have little or no idea what to expect, or indeed what type of difficulty their children is experiencing, or even what they are receiving in terms of services and from whom. Partly this depends on the way that parents are provided with information but it is also a function of the clarity amongst professionals about the services that they provide. The less clarity there is, the greater the chance that practitioners will not know what to tell parents. Programmes with specific identifiable components are easier for practitioners to describe. However, data from the BCRP suggest that, while SLTs employ a number of specific programmes, teachers tend not to do so. What they are actually doing to address the needs of the child with SLCN may be less easy to articulate and share with parents. Of course, programmes are also likely

[59] Lindsay, Desforges, et al. (2008) ibid
[60] Dockrell, Ricketts et al. (2012) ibid
[61] Roulstone, Wren et al. (2012) ibid

to be easier to evaluate formally if they are clearly written, with a manual, and have good face and ecological validity as well as evidence of their efficacy.

Related to this is the *availability* of speech and language therapy services to contribute to the needs of children and young people in schools. While there may be a role for “clinical” procedures for these children, and it may be appropriate to assess children and discuss their needs with parents within a health context, the majority of these children’s needs are likely to be met within the school setting.

Schools value the input of SLTs. The type of detailed mentoring around individual children’s communication needs provided by such practitioners can enhance the experience of teachers, often providing input which is more meaningful than what they have learned in their basic training or on continuing professional development courses. Parents whose children have significant SLCN that call for the direct involvement of an SLT should expect that their children will be seen, where possible, within school. Many speech and language therapy services already recognise this but the data from our prospective study is striking in suggesting that children with language learning difficulties, historically a key group as far as SLTs are concerned, are less likely to be seen by an SLT if they are not recognised as having autism spectrum disorder characteristics. The reality for many is that services are distributed very unevenly, both within schools of similar demographic characteristics, and also between health services, where some authorities have a very well developed speech and language therapy services while others do not.

As we argued in Section 2.4.2, it is important that the appropriate Universal services are available in schools which include a substantive proportion of children from socially disadvantaged backgrounds and that children’s performance in such schools is closely monitored to ensure that Targeted interventions to promote oral language and literacy are in place when needed.

A priority for the commissioning process is to improve the match between needs and the provision of services to meet those needs.

2.6 Research

Basic and applied research has had an essential role in understanding the needs of pupils with SLCN, the effectiveness of intervention and the pupils' developmental trajectories. There is now a need to consider the ways in which basic and applied research can be integrated to further the development of effective practice.

The BCRP was designed to provide policy and practice related research evidence and, in particular, to examine the interface between policy and practice. In previous sections we have used the BCRP evidence to make recommendations for policy and practice; in this section we make recommendations for future research.

Evidence based practice must be implemented at a number of levels if it is to be effective. Individual practitioners in education and health services need to be able to judge the value and relevance of potential interventions for their own context. They need to keep up to date with what is available but in making judgements as to whether to introduce a new intervention they need to adhere to set of principles described in the BCRP *What Works for SLCN resource*. The best new interventions are unlikely to be adopted if this process is not supported by those commissioning services. Commissioners, whether they be at local authority, school or health service level, need to be able to interpret data from such interventions appropriately and support evidence based decision-making throughout the system.

The BCRP outputs include both reports of research findings and research based resources to assist commissioners and practitioners, and to provide information to parents to support their role as active partners in developing services for children with SLCN. In this final section we make four specific recommendations for a research agenda to support the further development of an evidence-based provision of services for children and young people with SLCN.

- Research examining specific interventions and general dissemination of these interventions should adhere to evidence based principles. Research commissioners should ensure, prior to implementation, that the intervention is based on a rigorous evidence base, fidelity of intervention can be assured by the availability of manuals and training, and the causal factors resulting in change can be identified.

- Our studies have shown there are significant gaps in the evidence base to support the social, emotional and peer relationship needs of children with SLCN. These factors should be considered both within standard intervention packages and as specific target areas of need.

- The analysis of the national data sets and the prospective study highlighted changes in levels of need over time and overlap among children and young people with different primary needs. It is important to establish which factors lead to a reduction in language learning needs overall, including the ways in which curriculum and pedagogy are determined and delivered to optimise the development of oral language for all children (Universal provision). These analyses should also consider the contents of the Targeted and Specialist interventions and how the interventions are most effectively and cost effectively delivered, including the location of delivery.

- Future areas for research to improve provision for children and young people with SLCN and ASD should be based on the ways in which children and young people's needs impact on teaching and learning and as such develop an understanding of:
  - The factors which attract resources and the relative effectiveness of these resources.
  - Methods required for developing and embedding evidence based practice in classroom settings, ensuring that appropriate links to effective pedagogy are made.
  - The ways in which the progress made by pupils with SLCN can be monitored to examine actual and potential change.
  - The impact of changes in the curriculum and in formal assessments on the achievements of pupils with SLCN.

3. CONCLUSIONS

The Better Communication Research Programme (2009-12) is the first comprehensive research programme to address key policy and practice issues for children and young people with speech, language and communication needs (SLCN). We have reported the 10 projects in technical reports, summarised the research outputs in four thematic reports and presented our major recommendations in the present overview report. We hope that this approach will facilitate access to the information that is appropriate to different groups including policy makers, commissioners, practitioners, researchers, and parents. We will also be disseminating our work through a number of methods, again aimed at different target groups.

The BCRP has documented the complexity of SLCN. Many children and young people have speech, language and communication needs, either as their primary need or associated with one or more other areas of difficulty such as hearing impairment. We have also documented the substantial overlap in needs between children with language difficulties and those with ASD. A key finding of the BCRP has been the importance of focusing on individual children's needs rather than a diagnostic category. This applies not only to provision for individual children and young people but also to the policy frameworks that guide practice.

We also stress the importance of conceptualising three levels of Universal, Targeted and Specialist provision and have produced resources to support commissioners and practitioners in developing evidence based practice. Our review of interventions indicates that there is evidence to assist choice. However, there is a need to undertake more research that rigorously evaluates interventions. We hope that our *What Works for SLCN* resource will be developed further over the next few years as new research evidence is produced.

We have stressed the need for improved initial and post qualification training for front line practitioners. The DfE is continuing to support developments for education staff but it is also important to further develop collaborative and coordinated practice. Finally, we also argue for widening the collection of data on children's outcomes, to add systematic monitoring of social, emotional and behavioural development as well as language and academic achievement.

To summarise, the BCRP was designed as a research programme that addressed the complexity of SLCN and the range of needs of children and young people with speech, language and communication needs, their parents and the practitioners and policy makers

who address their needs. It was conceptualised and planned as a programme of inter-related projects that examined important issues at the interface between policy and practice. We will now collaborate with The Communication Trust, Royal College of Speech and Language Therapists, DfE and others to take forward the evidence for the BCRP, in order to further develop and embed evidence based policy development and practice for the benefit of children and young people with speech, language and communication needs.

APPENDIX 1 – BCRP REPORTS

All the BCRP reports are available from the BCRP page on the Department for Education's website: http://www.education.gov.uk/researchandstatistics/research and also from the BCRP page in the CEDAR, University of Warwick website: http://www.warwick.ac.uk/go/bettercommunication

Main report

1. Lindsay, G., Dockrell, J., Law, J., & Roulstone, S. (2012). *Better communication research programme: Improving provision for children and young people with speech, language and communication needs.* London: DfE.

This report presents the main recommendations of the whole Better Communication Research Programme (BCRP). It draws on evidence provided in the thematic and technical reports. This report also considers the overall implications for policy, practice and research, and indeed seeks to bridge the gap between this substantial research programme and the policy and practice agenda.

Interim reports

2. Lindsay, G., Dockrell, J.E., Law, J., Roulstone, S., & Vignoles, A. (2010) *Better communication research programme 1st interim report DfE-RR070. London: DfE*. (70pp). http://publications.education.gov.uk/eOrderingDownload/DFE-RR070.pdf

This report presents interim findings from the project that had been underway between January and July 2010; best evidence on interventions; the academic progress of pupils with SLCN; economic effectiveness; the initial phase of the prospective longitudinal study of children and young people with language impairment (LI) and autism spectrum disorder (ASD); and the preferred outcomes of children and young people with SLCN, and of their parents.

3. Lindsay, G., Dockrell, J.E., Law, J., & Roulstone, S. (2011) *Better communication research programme 2nd interim report. DFE-RR 172*. London: DfE. (131pp). https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR172.pdf

This report presents interim findings of the project that had been underway between July 2010 – January 2011. Further work is reported from analyses of the national pupil data sets examining development and transitions of pupils with SLCN or ASD between categories of special educational needs, the prospective study, and parents' preferred outcomes (an online survey). In addition, interim reports from new projects include: the initial phase of development of a Communication Supporting Classrooms Tool; a survey of speech and language therapists' practice regarding interventions; a study of language and literacy attainment during the early years through Key Stage 2, examining whether teacher assessment provides a valid measure of children's current and future educational attainment (led by Margaret Snowling and Charles Hulme); two studies of the relationship between SLCN and behaviour, with Victoria Joffe and Gillian Baird respectively; cost effectiveness of interventions; and the setting up of a prospective cohort study of speech and language therapy services for young children who stammer.

Thematic reports

4. Dockrell, J., Ricketts, J. & Lindsay, G. (2012). *Understanding speech, language and communication needs: Profiles of need and provision.* London: DfE.

This thematic report examines the nature of speech language and communication needs and the evidence from BCRP studies that have explained both the nature and needs encompassed by the category and the provision made to meet those needs. This report draws upon six projects (8, 9, 10, 11, 14 and 15).

5. Law, J., Beecham, J. & Lindsay, G. (2012). *Effectiveness, costing and cost effectiveness of interventions for children and young people with speech, language and communication needs.* London: DfE.

This thematic report first considers the nature of evidence based practice in health and education before reviewing the evidence for the effectiveness of interventions for children and young people with SLCN. The report also considers cost effectiveness and how it might be measured before examining the evidence of the cost effectiveness of SLCN interventions. The report draws on projects, 8, 10, 11 and 12.

6. Lindsay, G. & Dockrell, J. (2012). *The relationship between speech, language and communication needs (SLCN) and behavioural, emotional and social difficulties (BESD).* London: DfE.

This thematic report explores the relationship between SLCN and behavioural, emotional and social difficulties. We argue that there are different patterns of relationship between SLCN and ASD, and different types of behavioural, emotional and social difficulties. The report draws on the 2nd interim report (report 3) and project reports 9, 11 and 15.

7. Roulstone, S. & Lindsay, G. (2012). *The perspectives of children and young people who have speech, language and communication needs, and their parents.* London: DfE.

The BCRP ensured that the perspectives of parents and children were explored through a number of different projects. This project explores the evidence primarily from projects 9 and 12, drawing on evidence from a series of specific studies of parents' and children's perspectives and also those of the parents in our prospective study.

Technical reports

8. Dockrell, J. E., Bakopoulou, I., Law, J., Spencer, S., & Lindsay, G. (2012). *Developing a communication supporting classroom observation tool.* London: DfE.

This study reports the development of an observational tool to support teachers, SENCOs, speech and language therapists and others to examine the degree to which classrooms support effective communication. The report comprises a review of the evidence base for developing effective communication and an account of the empirical study to develop and determine the technical qualities of the tool.

9. Dockrell, J., Ricketts, J., Palikara, O., Charman, T., & Lindsay, G. (2012). *Profiles of need and provision for children with language impairment and autism spectrum disorders in mainstream schools: A prospective study.* London: DfE.

The prospective study was the most substantial project in the BCRP running throughout the whole period of the research. Focusing on children and young people initially 6-12 years old, we report on the nature of their abilities in language, literacy, behavioural, emotional and social development; the perspectives of the parents; the support provided as examined by classroom observations and specially created questionnaires completed by their teachers and SENCOs.

10. Law, J., Lee, W., Roulstone, S., Wren, Y., Zeng, B., & Lindsay, G. (2012). *"What works": Interventions for children and young people with speech, language and communication needs.* London: DfE.

This report provides a review of 60 interventions for children and young people with SLCN, all evaluated against 10 criteria. The report will form the basis of a web-based resource to be developed by the Communication Trust for easy access by practitioners and parents.

11. Meschi, E., Mickelwright, J., Vignoles, A., & Lindsay, G. (2012). *The transition between categories of special educational needs of pupils with speech, language and communication needs (SLCN) and autism spectrum disorder (ASD) as they progress through the education system.* London: DfE.

Analyses of the School Census and National Pupil Database are used to examine the transition made by pupils with SLCN or ASD over time and by age. We examine factors that are associated with transition between levels of special educational need (School Action, School Action Plus and Statement) and having no special educational need (non-SEN), including having English as an Additional Language and attainment. We also explore school characteristics associated with different transitions to other categories of SEN.

12. Roulstone, S., Coad, J., Ayre, A., Hambley, H., & Lindsay, G. (2012). *The preferred outcomes of children with speech, language and communication needs and their parents.* London: DfE.

This report provides findings from four different studies addressing the perspectives of children and young people with SLCN, and those of their parents. Data are reported from arts-based participating workshops for children, focus groups and a survey for parents; and a systematic review of quality of life measures for children.

13. Roulstone, S., Wren, Y., Bakopoulou, I., Goodlad, S., & Lindsay, G. (2012). *Exploring interventions for children and young people with speech, language and communication needs: A study of practice.* London: DfE.

As a complementary study to our analysis of the evidence for interventions, we also carried out an interview study of speech and language therapy managers and educational psychology service managers, on the basis of which we conducted a national survey of speech and language therapists to examine prevalence of use of the different approaches.

14. Snowling, M. J., Hulme, C., Bailey, A. M., Stothard, S. E., & Lindsay (2011). *Better communication research project: Language and literacy attainment of pupils during early years and through KS2: Does teacher assessment at five provide a valid measure of children's current and future educational attainments? DFE-RR172a.* London: DfE. https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR172a.pdf

We report a study led by Margaret Snowling and Charles Hulme which explored whether teacher assessment and monitoring could be used to identify children with language difficulties in need of early interventions. This study was conducted to inform the Tickell Review of the Early Years Foundation Stage, in particular the proposals for a simplified framework and assessment process.

15. Strand, S., & Lindsay, G. (2012). *Ethnic disproportionality in the identification of speech, language and communication needs (SLCN) and autism spectrum disorders (ASD).* London: DfE.

This report complements that of Meschi et al (number 11). Using School Census data from four years (2005, 2007, 2009 and 2011) the report examines the issue of ethnic disproportionality (i.e. over- and underrepresentation of pupils from different ethnic groups) with respect to SLCN and ASD.

16. Roulstone, S., Hayhow, R., White, P. & Lindsay, G. (2012). *Prospective cohort study of speech and language therapy services for young children who stammer.*

This prospective cohort study follows children referred to speech and language therapy services because of stammering. The study tracks the children's process through the system and their outcomes.

17. Meschi, E., Vignoles, A., & Lindsay, G. (2010). *An investigation of the attainment and achievement of speech, language and communication needs (SLCN).* http://www.warwick.ac.uk/go/bettercommunication

This technical report presents early analyses upon which the study reported in report number 11 is based.

APPENDIX 2

BCRP Steering Group

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