

Managing Children with Developmental Language Disorder

Although most children learn language relatively quickly, as many as 10 per cent of them are slow to start speaking and are said to have *developmental language disorder* (DLD). Children with DLD are managed by a variety of different professionals in different countries, are offered different services for different periods of time and are given a variety of different therapeutic treatments. To date, there has been no attempt to evaluate these different practices. *Managing Children with Developmental Language Disorder: Theory and Practice Across Europe and Beyond* does just this, reporting on the findings of a survey carried out as part of the work of COST Action IS1406, a European research network.

Law and colleagues analyse the results of a pan-European survey, looking at how different services are delivered in different countries, at the cultural factors underpinning such services and the theoretical frameworks used to inform practice in different countries. The book also provides a snapshot of international practices in a set of 35 country-specific “vignettes”, providing a benchmark for future developments but also calling attention to the work of key practitioners and thinkers in each of the countries investigated.

This book will be essential reading for practitioners working with children with language impairments, those commissioning services and policy in the field and students of speech and language therapy.

James Law studied linguistics, practising as a speech and language therapist in the UK for ten years and is currently Professor of Speech and Language Science, Newcastle University, UK. Having received over £5 million in research grant funding, his main focus has been on children’s language development over time and the science underpinning interventions to ameliorate developmental language disorders.

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Managing Children with Developmental Language Disorder

Theory and Practice Across
Europe and Beyond

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Preface

Maria Vlassopoulos and Baiba Trinite

This book is a welcome addition to the existing literature on developmental language disorders (DLD), as it addresses important issues that have not been the focus of previous studies. The robust research that is the basis of this book gives answers to questions that until now have been the source of speculation: how is DLD dealt with in other countries, specifically throughout Europe and its neighbours? What exactly are the service provisions and delivery for these disorders in each country? What drives service delivery? Is it considerations of evidenced-based practice, cultural factors, theoretical factors on best practice, socio-historical factors or merely a result of years of application of a certain health care model that is exasperatingly resistant to change? How are these different strands, present in all countries, dealt with by the professionals and the services in each country?

All those working in this particular area, throughout the world, have struggled to give answers to important questions that constantly arise in our work with young children with DLD. The main problem rests on one theoretical pillar, that of evidence-based practice. Our contemporary understanding of evidence-based practice may be complex and refined, yet it has so many different aspects that it is often difficult to see the whole. For the clinician, the best approach and the consequent decisions s/he must make for the best possible therapeutic outcome is a web consisting of knowledge, experience, available resources, and, without a doubt, on non-standard parameters, such as personal intuition, preferences, etc. Theoretical aspects, that is, knowledge gleaned from scientific sources form one reliable source of know-how. However evidence-based practice equally places an important load on the therapist her/himself, the patient and her/his perceptions, as well as the therapeutic context. In other words, theory is conditional on culture-specific factors.

The importance of the research conducted by the COST Action 1406, *Enhancing Children's Oral Language Skills Across Europe and Beyond: A Collaboration Focusing on Interventions for Children with Difficulties Learning Their First Language*, is that it addresses precisely these questions. What do colleagues do in other countries? It examines closely how clinicians struggle to incorporate the evidence with the specific realities they confront under their varied cultural and national conditions. It investigates the process that leads clinicians from different backgrounds to decisions on "best practice" in each particular context. Clinicians working in non-English-speaking countries often feel that they are in a scientific backwater: they are aware of the literature, having read it. They disentangle the pitfalls in translation and interpret the findings. Their challenge rests on how can they apply them to the well-established structures and contexts in their own countries. For it is certain that each cultural context has its own deeply ingrained idiosyncracies. This book accepts this fact as a given and attempts to highlight the common factors, as well as to focus on each country's unique qualities.

Child language disorders are consequently studied from an international perspective. The particular properties of each European country forms the database: facts that underline both similar as well as culture-specific challenges. Reference is made to each country as a separate and quite unique entity, where differences are observed in a variety of aspects pertaining to DLD and its intervention: the services and their organization, the service delivery models, the training of the professionals, laws and regulations, the specifics of the insurance and funding systems, diagnostic and treatment protocols, not to mention the particular properties of the language itself, and the country's history and other cultural, political and economic differences within and between each country. Yet, at the same time, the child with DLD in its individual manifestation is the "same" throughout Europe. S/he has the same characteristics, the same profiles, the same aetiology and the same prognosis. The challenge for each professional is to navigate through all of this diverse information and to gain insights that will allow her/him to make the best possible decisions in her/his clinical practice. This research will add to her/his pool of knowledge and will widen the perspective under which each clinician will assess her/his interventions.

Our organization, the Comité Permanent de Liaison des Orthophonistes/Logopedes de l'Union Européenne [Standing Liaison Committee of Speech and Language Therapists/Logopedists in the European Community] or CPLOL (<http://www.cplol.eu>), has for many years been concerned with issues concerning diagnostic and treatment protocols for a large range of nosological entities in speech and language therapy (SLT) practice. NetQues, a European funded project, highlighted the necessary competencies related to child language, and other projects have focused on prevention materials in all

languages, on terminology and on multilingual and refugee children. Yet this book goes one step further as it addresses all of these issues and others related to developmental language disorders as a coherent whole, while firmly placing the argument in the socio-cultural context of today's Europe.

The structure of this book reflects the thoughtful enquiry made in the field of DLD in the European context. It includes aggregated views on children's language and its disorders from the perspective of the COST project and insightful country vignettes allow the reader to gain a more focused, national characterization of the field in each country. The specifics of these vignettes are a powerful testament adding to the broader European picture, as the data are collated from 36 countries, all of Europe as well as some near neighbours, such as, Serbia, Turkey, Lebanon, Iceland and Russia.

This book promises to cut no corners, but will reflect European practice in the field of developmental language disorders. The data acquired in such extensive networking and teamwork are powerful. As scientists, academics and clinicians, we can expect to gain strength from the collective knowledge acquired through this research. We will be able to face a reality that will highlight our strengths and our weaknesses. We hope the dialogue will lead to new ideas for other international research projects in future. In this way, a missing link in the "state of the art" of developmental child language intervention in the twenty-first century will find its place through comparative SLT studies and projects.



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PART I

Developmental language disorder in context



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Introduction

James Law

This book is about the management of children and young people with developmental language disorders (DLD). DLD is a relatively common condition affecting children and young people. The latest figures suggest that 9 per cent of children experience it at school entry. DLD occurs when the child's language skills are judged to be significantly delayed relative to those of children of the same age. This judgement is usually made by means of a combination of formal assessment, observations of linguistic performance and professional judgement.

DLD is often described as being either primary or secondary. Primary DLD occurs when the child's difficulty is principally with language (although there may be other comorbid conditions such as behavioural disorders, conductive hearing loss, etc.) Secondary DLD occurs when the child's difficulty is associated with a broader condition (e.g. cerebral palsy, autism, sensori-neural deafness, etc.). The main focus of this text is the child with primary DLD. A recent multinational and multidisciplinary Delphi consensus study of practitioners in the English-speaking world, "Criteria and Terminology Applied to Language Impairments: Synthesising the Evidence" (CATALISE), recommended that the term language disorder be used for children whose language difficulties are likely to persist and/or who experience "functional limitations" such as poor educational attainment, limited everyday communication, social relationships and quality of life as they move into the school years (Bishop et al., 2016, 2017) with the additional designation of developmental language disorder, for those children meeting these criteria, and whose language disorder is not associated with certain known biomedical aetiologies. The latter thus refers to primary language disorder. Central to this is the services that are available for these children and how they are organized, delivered and evaluated. It is important to comment that when the network, which is the topic of this book, was initiated

the term “language impairment” (LI) was used. In accordance with the consensus statement we have opted to use the term DLD throughout this book.

Sometimes there is confusion between children who seem to have difficulties learning more than one language and experience difficulties as they shift between them, and those who have a difficulty acquiring their first language. Although it is recognized that the two sometimes overlap, the main focus of this book is the child with difficulties learning their first language. DLD does not occur because a child uses more than one language. A bilingual or multilingual child may experience DLD but this would normally be in each of the languages concerned. The emphasis is also on oral language rather than any alternative or augmentative language systems.

This book addresses the way that the needs of the child with developmental language disorders are met across Europe. It grew out of the work of COST Action 1406 entitled *Enhancing Children’s Oral Language Skills Across Europe and Beyond: A Collaboration Focusing on Interventions for Children with Difficulties Learning Their First Language*. This was an EU-funded research network that ran between 2015 and 2019 and incorporated representation from 36 countries, the majority of which were members of the European Union but that included some “near-neighbour” countries such as Lebanon and Albania and some international partners such as South Africa. As part of the work of this group a survey of practice related to children with developmental language disorders was carried out in 2017.

The book is organized in two halves. In the first we consider the context of evidence-based practice in this field, how the survey works and the main findings from the survey itself, looking at the theoretical underpinnings of intervention, the way that services are arranged and the cultural context in which they are delivered. In the second we asked members of the network and their colleagues to write short vignettes about the history of the way that DLD has been identified and treated in their country and their priorities for the future development of research, on the one hand, and services, on the other.

It needs to be said that clearly the development, translation, circulation and analysis of the practitioner survey was an enormous undertaking involving many people in every country involved in the project. We acknowledge the amount of work involved and thank them for the time they put into it. COST Actions may fund the networking but they do not fund the research. We would also like to thank our administrator, Nikki Hawley at Newcastle University, for helping to coordinate this complex undertaking. We also need to acknowledge the additional work that contributors put in by writing the country vignettes and I would like to pay tribute to their endeavour in contributing to what is the first book of its kind to represent the European tradition in the study of developmental language disorders and speech and language therapy more generally.

Note

Chapter 12

- 1 The Danish concept *betækning* is referred to in this chapter as a White Paper, which is an informative state-of-the-art paper recruited by the government in order to make decisions about changes within a restricted area.

Chapter 13

- 1 Due to differing traditions and schools of thought, with varying influential scholars and texts, discussion over terminology has also differed across cultures and countries. In Estonian, speech and language therapy is known as *logopeedia* (logopedics) and a speech and language therapist is *logopeed* (logopedist). In this first, historical section, we use terms that reflect the development of differing approaches and influences, but we generally refer to practitioners as speech and language therapists (SLTs) and use the current term developmental language disorder (DLD).
- 2 A Soviet-era term used to refer to special education, and no longer in use.

Chapter 16

- 1 We thank the dbf (Deutscher Bundesverband für Logopädie), Professor Martina Hielscher and Professor Volker Maihack for making information available about numbers and educational background of SLTs in Germany. For additional information, see www.hv-gesundheitsfachberufe.de/wp-content/uploads/Vortrag-Dr.-Volker-Maihack-AK-Berufsgesetz.pdf and www.hs-osnabrueck.de/de/nachrichten-wiso/2018/07/logopaedie-vor-weichenstellungen.
- 2 In contrast to full universities, universities of applied science do not focus on fundamental research and do not offer doctoral degrees.
- 3 Data according to the health insurance 'Barmer Ersatzkasse', published in the newspaper 'Frankfurter Allgemeine Sonntagszeitung', Nr. 28, 15.7.2018.

Chapter 23

- 1 Until 2014, an SLT degree in France was awarded after four years of study. Starting in 2015, the diploma was delivered after five years.

Chapter 24

- 1 The journal was published by the Lithuanian Teachers' Union.
- 2 The child being away from their family in an institution.
- 3 See www.smm.lt/uploads/documents/Pedagogams/ikimok_pasiekimu_aprasas.pdf.

Chapter 29

- 1 See <http://sli2012.ibe.edu.pl/index.php/en/home-page>. Another conference, devoted to SLI and dyslexia was held in 2014, see <http://dysleksja.sli.ibe.edu.pl>.
- 2 These activities were a part of a large educational project carried out by the Institute and co-financed by the European Social Fund (see *Badanie jakości i efektywności edukacji oraz instytucjonalizacja zaplecza badawczego* ('Research into the quality and the efficacy of education, and the institutionalisation of the research base'), <http://eduentuzjasci.pl/en/news-and-events/1275-report-on-the-state-of-education-in-2013.html>).

Chapter 33

- 1 Article 16, paragraph 2 of the Law on Health Care ("Official Gazette of RS", No. 107/05) and Article 42, paragraph 1 of the Law on the Government ("Official Gazette of RS", No. 55/05, 71/05–101/05 and 65/08).
- 2 Ibid.

Chapter 36

- 1 For many decades, South Africa was the only African country to train SLTs, but training has since commenced in Togo (2000), Ethiopia (early 2000s), Uganda (2008), Kenya (2013), Mozambique (2014), Ghana (2015) and Zambia (2015) (Topouzkhanian and Mijiyawa, 2013; cf. Wemmer, 2008; Wylie et al., 2016).

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