



# Oral language modifiers focus group



Fatima Lampreia Carvalho, Assessment Research team

Regulation and Standards division

February 2008

Qfqual/08/3518

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## Executive summary

This report aims to validate the previous research, *Oral language modifiers, scoping the demand – initial questionnaire analysis*, produced by Ofqual's Research and Evaluation team (August 2007, see [www.ofqual.gov.uk/159.aspx](http://www.ofqual.gov.uk/159.aspx)). The previous (quantitative) research revealed the potential uptake of oral language modifiers (OLMs) based on a sample of 2 per cent of all schools in England. The questionnaire assumed that deaf/hearing impairment, dyslexia and aphasia were the major disabilities affecting candidates.

In this context, aphasia may have been interpreted as a catch-all for speech and language difficulties (SLDs). In fact, SLDs affect the ability of a person to understand and/or to produce spoken language effectively. Language may be delayed or disordered. SLD is an umbrella term in which aphasia is included. Aphasia is a neurological disorder caused by damage to the portions of the brain that are responsible for language. It is likely, therefore, that the number of candidates with SLDs is higher than was initially predicted. Ofqual is now concerned about the prospect of an escalation in demand for OLMs in the UK.

To investigate this further, Ofqual's Assessment Research team ran a focus group in November 2007<sup>1</sup>. Focus group methodology was chosen to illuminate previous quantitative findings by Ofqual's Research and Evaluation team (August 2007). Focus groups have numerous advantages in disability research because of their open format and flexibility of implementation. Information can be collected not only from individual participants but also about the interaction of participants during the group process. They are a qualitative method used to support and explain quantitative findings and to generate new research questions. As such they are often used to investigate topical areas in which little in depth research has been conducted.

The focus group referred to in this report involved nine speech and language therapists, who work from a developmental model to support and extend the language needs of individual students. Most therapists attending the focus group provide advice on individual education plan (IEP) targets, annual review meetings, school staff training and INSET, modelling activities, and strategies for school staff.

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<sup>1</sup> We would like to acknowledge the support of Afasic – a parent-led organisation helping young people with speech and language difficulties and their families. We also extend our thanks to the Royal College of Speech and Language Therapists for their help in finding volunteers for the focus group.

During the focus group, the therapists explained that speech, language and communication needs arise from processing-comprehension issues affecting memory. Receptive language (input) cannot be easily processed to produce expressive language (output). Dyslexia and aphasia are included under SLDs.

The focus group stated their view that 10 per cent of candidates sitting general exams in England have SLDs. This estimate is consistent with the prevalence figures published by Law, J. Garret Z, and Nye, C (2008), *Speech and language therapy interventions for children in primary speech and language delay or disorder* (see appendix). All of these could require an OLM. However, only a small number will need this support. They went on to add that:

- a) If modified papers are provided then only 50 per cent of the SLD candidates need an OLM. Therefore OLM uptake is likely to be a maximum of 5 per cent of all candidates but probably far less than this.
- b) A wide range of language and communication needs within exams can be addressed through discussion of SLDs.

Therefore, it is recommended that separate consideration is given to the expertise that speech and language therapists can provide in question paper setting or modifying papers, or designing guidance for these.

# Research findings

## Methodology

Within the context of a focus group, nine SLD therapists shared their experiences of speech and language delay and disorders. The group included teachers, NHS therapists, special educational needs therapists and an academic, with a broad range of experience at primary, secondary and college level. They all play an important role as authors and opinion makers in this field. Areas of specialism include supporting children with SLDs within integrated children's services, listening and understanding in secondary schools, and thinking and speaking in secondary schools.

The therapists were made aware of Ofqual's concerns regarding a possible escalation in OLM demand. During two moderated sessions of one and a half hours each, debate revolved around the provision of OLMs to candidates with SLDs.

It is important to note that a focus group is a self-contained strategy for gathering data. Focus groups produce qualitative results based on opinion and experience, which is different to data produced by quantitative, large-scale surveys. Conclusions reached via a focus group are hermeneutic, explanatory and not universal statements. Despite this limited scope, focus groups have advantages over survey methods because they can provide in-depth explanations of reasons and processes. They can be used in conjunction with other qualitative methods such as participant observation and informant interviewing.

## Definitions

The therapists began by attempting to define SLD, although they acknowledged that this was not an easy task. Their initial conclusions were as follows:

SLD refers to people with various types of developmental language 'disorder' and 'delay' in listening, understanding, thinking and speaking (for example dyslexia or autism). It also encompasses aphasia – an acquired disorder of language processing following a brain injury, stroke or neurological accident, for example. All types of SLDs are neurological in their root cause. Whereas aphasia is an acquired 'disorder', producing unusual patterns of language development, other SLD 'delays' may be based on a deficit in the developmental model of a child's 'hardwiring'. Students with this type of SLD may take longer to learn the passive voice. They may also have difficulty understanding sentences with embedded meaning, take longer to learn new vocabulary and struggle to make right/wrong judgments about grammar and sentences. A speech and language developmental 'delay' in candidates with dyslexia and autism means that a child's language development occurs according to ordinary sequences and patterns, but at a slower pace.

Candidates with delayed language development may:

- omit or substitute sounds
- experience articulation difficulties
- not understand, learn or remember the meaning of words
- fail to understand and use abstract concepts (time, space, quantity, emotions)
- encounter difficulty in finding appropriate words
- interpret language literally
- struggle with verbal reasoning involving cause and effect, deduction, prediction and inference
- find it hard to order events in sequence.

Contrary to cases of delayed development, speech and language 'disorder' encompasses cases of severe delay and abnormality in the development of language comprehension and/or use. It is very hard for young people with this type of SLD to develop complex language skills. A speech and language 'disorder' can last into adulthood and language functions may not be restored.

SLDs are mentioned in the *Special Educational Needs Code of Practice* (DfES, Nov 2001), and they fall within the definition of disability used by the Disability Discrimination Act 1995 – 'a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities'. SLDs are therefore a regulated special educational need (SEN) and also a disability. Related terms such as these are often used interchangeably. However, it is important to note that some exam candidates with disabilities do not have SEN, as their curriculum-based learning arrangements do not require adaptation. The focus group therapists agreed that all candidates with SLDs should be given suitable access to exam questions independently of having a SEN statement.

### **Usefulness of OLMs**

The therapists agreed that for candidates with SLDs, the main problem during exams is transferring learned knowledge to a new semantic-conceptual language (for example sciences to English, maths to English). Exam papers often assess language skills which are not relevant to subjects being tested. However, if language was reviewed first, there would be no need for OLMs in 50 per cent of the cases.

OLMs could help candidates with SLDs who have difficulties with written tasks due to dyslexia or other word decoding (phonological needs). They could prove indispensable in helping some candidates with SLDs to access exam questions.

However, in addition to OLMs, candidates with SLDs need more complementary strategies, such as the opportunity to practice exam techniques. Autistic candidates with SLDs, for example, need to practice speaking to an OLM before the exam takes place. These communication skills cannot be taken for granted – they need to be developed so that candidates can relate to an OLM effectively. Candidates might use an OLM to help them read the question – but they might not understand it if important words are not emphasised. Other candidates with SLDs may fail to understand and use abstract concepts (time, space, quantity, emotions). They may experience grammar and syntax difficulties and tend to interpret language literally.

It is clear, therefore, that provision for candidates with SLDs is not something that can be over-simplified. The specific nature of the SLD must be defined correctly, to ensure that the candidate receives the most appropriate assistance. It is vital that question paper setters reconsider SLDs when deciding upon the language and format of papers.

# Appendix

## A summary of James Law's research papers

This summary considers the issue of speech and language delay in the work of Professor James Law, a key specialist in the field.

### Paper 1

Law, J, Garret Z, and Nye, C, *Speech and language therapy interventions for children with primary speech and language delay or disorder* (Review), (The Cochrane Collaboration, John Wiley & Sons, 2008, page 1)

This paper can be accessed at [www.cochrane.org/reviews/en/ab004110.html](http://www.cochrane.org/reviews/en/ab004110.html). Throughout the paper Law refers to speech and language delays/disorders. These will be referred to as SLDs in this appendix.

The conclusions of the OLM focus group, which estimated that 10 per cent of all candidates sitting exams in England have SLDs, are consistent with those of Law:

'Whilst the prevalent figures for SLDs as a whole vary from 1–15 per cent, (Law 2000) depending on inclusion criteria, it is thought that on average approximately 6 per cent of children may have a SLD (Boyle 1996), of which a significant proportion will have primary SLDs.'

### Speech and language interventions

The main objective of Law's study was not to study the prevalence of SLDs but to examine the effectiveness of speech and language interventions for children with primary SLDs. To this effect, the author considers randomised controlled trials of speech and language therapy interventions for children or adolescents with primary SLDs.

### Scope of study

Law's review selects 33 different speech and language therapy trials. Twenty five of these include sufficient data to be used in meta-analyses looking at the primary effects of intervention in target therapy, overall development and broader levels of linguistic functioning.

Law's analysis suggests that speech and language therapy is effective for children with phonological or vocabulary difficulties. There is less evidence that interventions are effective for children with receptive difficulties.

Further research is needed to explore the optimum starting point for intervention. However, early intervention seems to be the obvious solution because it will reduce the need for subsequent support and therefore reduce the demand for resources.



Another point to consider is the learning styles of children with different language difficulties and the influence of this on the child's responsiveness to therapy. The long term impact also needs to be investigated in order to assess how skills acquired in therapy have developed over time. It is unclear to what extent downstream effects are primarily linguistic or whether these include other aspects of behaviour.

## **Paper 2**

Law J, Boyle J, Harris F, Harkness A, Nye C, *Screening for speech and language delay: a systematic review of the literature* (Health Technology Assessment, 1998; vol 2: no 9)

This paper can be accessed at [www.hta.ac.uk/fullmono/mon209.pdf](http://www.hta.ac.uk/fullmono/mon209.pdf). It addresses the problems of identifying and treating children with primary SLDs that cannot be attributed to other conditions such as hearing loss or other more general developmental issues.

In 1998 the identification and treatment of SLDs fell within the remit of the NHS in the early years of life and most health trusts had informal procedures for identifying such delays.

### **Statistics**

Primary SLDs are a common developmental difficulty that if unresolved, can lead to difficulties of both learning and socialisation lasting into adolescence and beyond. In Law's view the probability of primary SLDs is high, with a median figure of 5.95 per cent reported for delays of either speech or language. Children with primary SLDs can have long-term difficulties with some 30–60 per cent experiencing continuing problems in reading and spelling.

In 1998 there was little published evidence to support the theory that either the total number of children with speech and language delays declined in real terms across the 0–7 age range, or that prevalence had been rising over the years. Law considers that 0–7 is a period of primary clinical interest for two reasons: (1) because it corresponds to the period of most active linguistic development; and (2) as far as health services in the UK are concerned, children are generally referred to speech and language therapy services before they reach school.

Since the publication of *A note on the prevalence of speech and language disorders* by Rutter and Martin (1972) there have been numerous attempts to make sense of the literature on the prevalence of SLDs. However, it has proved difficult to compare information obtained by a variety of different research methods. Law illustrates this point through four tables which could be of interest to research on OLM uptake (see page 12).

## Conclusions

1. According to Law et al (1998) it is not possible to give a definite prevalence rate of SLDs that would easily allow the health services to know which screening procedures are the best
2. Different studies on the prevalence of SLDs have focused on diverse skill areas using arbitrary cut-offs to determine a clinical case.
3. Law supports the effectiveness of speech and language therapy interventions for children with expressive phonological and expressive vocabulary difficulties.
4. Law's review suggests that language therapy interventions for children with expressive phonological difficulties should be supported because there is a differential effect of intervention. Therapy for expressive syntax difficulties may be effective when children do not also have severe receptive language difficulties.
5. The Ofqual focus group were not mistaken when, based on their experience, they agreed that around 10 per cent of candidates sitting exams in England have SLDs. It is important to remember that a focus group is a qualitative methodology. Its objective is not to provide numeric data but to reach a common agreement on key points.

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First published by The Office of the Qualifications and Examinations Regulator in 2008.

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Office of the Qualifications and Examinations Regulator  
Spring Place  
Coventry Business Park  
Herald Avenue  
Coventry CV5 6UB

Telephone 0300 303 3344  
Textphone 0300 303 3345  
Helpline 0300 303 3346

[www.ofqual.gov.uk](http://www.ofqual.gov.uk)