**Readme Guide to Manchester Language Study (MLS 23-24years) Young Adulthood Project**

**ESRC Grant: ES/I00064X/1 (RES-062-23-2745)**

**Index**

1. **Title**
2. **Aims of the Project**
3. **Background and Rationale**
4. **Participants**

**4.1 Participants with a history of specific language impairment (SLI)**

**4.2 Age-matched peers (AMP)**

**4.3 Assessments of verbal, nonverbal and reading skills**

**4.4 Other participant assessments**

**4.5 References**

**5. Instruments**

**5.1 Structured interview with the young people**

**5.2 Questionnaire for nominated informant**

* 1. **References**

**6. Ethical Approval and Consent**

**7. Advisory Committee for the study**

**8. Outputs**

**8.1 Key findings**

**8.2 Academic publications**

**8.3 Examples of dissemination to non-academic audiences and users of research**

**8.3.1 Event at the ESRC Festival of Science**

**8.3.2 The RALLI campaign**

**9. Useful references about SLI**

**11.1 Terminology, diagnosis and assessment**

**11.2 Developmental trajectories**

**11.3 Language impairment and autism spectrum disorders**

**11.4 New media and language impairment**

**11.5 Intervention**

**10. Appendix A. Recruitment letter, information sheets and consent forms**

**1. Title: SLI and adulthood: Identifying pathways to resilience/adjustment in personal, social and societal functioning**

**2. Aims of the Project:**

1. To identify the range and profile of personal, social and societal (PSS) functioning in adults with a history of specific language impairment (SLI)
2. To examine concurrent relationships among individuals’ attributes, environmental factors and PSS functioning
3. To identify resilience/adjustment pathways and examine predictive relationships across time

**3. Background and Rationale:**

Specific language impairment (SLI) is characterized by problems with the production and/or comprehension of spoken language. It affects one in fifteen children in the UK. SLI that is identified in the early school years shows high rates of persistence. These children are at risk for adverse outcomes in childhood and adolescence: in particular literacy and academic difficulties as well as psychosocial problems. However, this is not universally true. Some individuals achieve positive outcomes despite adversity. In our own language unit cohort, a number of young adults have graduated with University degrees (e.g. Physiology, Maths). Nonetheless, predicting outcomes has not been an easy task. It has become clear that SLI is a heterogeneous condition with considerable variability in virtually all outcomes so far investigated, as well as within-individual variability in functioning across different domains. There are those who come out skilled and confident. There are others for whom successful adaptations in one domain do not appear to imply positive adaptations in another. There are also suggestions that difficulties in more than one domain appear to be mutually reinforcing.

However, there is a dearth of information available on early adult outcomes. Transition to adulthood for individuals with disabilities has been the focus of research concern (e.g., The Second National Longitudinal Transition Study, nlts2.org), but SLI has rarely been examined as a disability group. Our understanding of the range and profiles of functioning in SLI in young adulthood and of the pathways to resilience/adjustment continues to be limited. This project aimed to fill this gap.

**4. Participants**

Participants were recruited as part of the Manchester Language Study (MLS), a large-scale longitudinal research programme that began in 1995 when the children with SLI were 7 years of age (Conti-Ramsden & Botting, 1999; Conti-Ramsden, Crutchley, & Botting, 1997). The initial cohort of 242 children, were recruited from 118 language units across England and represented a random sample of 50% of all 7-year olds attending language units for at least half of the school week. Language units are specialized classes for children who have been identified with LI, i.e., primary language difficulties. Language unit placements are offered to children who would find it difficult to cope in mainstream education even with support. These children are deemed to need a structured small group setting with intensive language input that usually involves both teachers and speech and language therapists.

Individuals were contacted again throughout childhood and into adulthood, notably at ages 8 (N = 232), 11 (N = 200), 14 (N = 113), 16 (N = 139), and 24 (N=84). Some individuals participated in addition specific projects (e.g. new media use project at 17 years of age). The attrition observed was partly due to funding constraints at follow-up stages of the study.

At 16/17 years of age a comparison group of young people (age-matched peers, AMPs) were also recruited as part of the MLS. These participants had no history of special educational needs or speech and language therapy provision.

**4.1 Participants with a history of specific language impairment (SLI).**

In the current investigation, there were 84 young adults with a history of LI, who were originally part of the MLS. There were 56 (67%) males and 28 (33%) females, ranging in age between 23.4 years and 25.9 years (M = 24.4; SD = 0.7 years). There were no significant differences in receptive language (t(240)=-1.1, p=.261), expressive language (t(229)=-0.4, p=.654), and nonverbal IQ (t(231)=-0.6, p=.547) standard scores at age 7 between those who participated at age 24 and those who did not.

**4.2 Age-matched peers (AMP).**

The comparison group consisted of 88 age-matched peers (AMP) who had no history of special educational needs or speech and language therapy provision. Forty-nine (56%) were males and 39 (44%) were females, ranging in age between 22.3 years and 26.0 years (M = 24.1; SD = 0.9 years). Sixty-six of these young adults were recruited at age 16 years as part of the Manchester Language Study and 22 young adults were recruited for the current investigation. Participants at age 16 came from the same schools as the participants with a history of LI as well as additional targeted schools. These participants were sampled from selected demographic areas in order to ensure AMP came from broad background and wide geographical areas, similar to participants with a history of LI. The 22 young adults were recruited to match the original sample in terms of age and socioeconomic status as measured by personal income. The LI and the AMP groups did not differ on household income at age 16 years (χ2(10, N= 145)=9.3, p=.501) nor personal income at age 24 years (χ2(5, N=131)=7.4, p=.194).

**4.3 Assessments of verbal, nonverbal and reading skills.**

The Clinical Evaluation of Language Fundamentals (**CELF-4uk**, Semel, Wiig, & Secord, 2006) was used to assess language ability. Standard scores were calculated using the Word Classes receptive subscale for receptive language and the Formulated Sentences subscale for expressive language. Given the dearth of standardized language tests in adulthood, the CELF-4 was deemed the best fit assessment for our cohort at 24 years of age (neither group reached ceiling levels on this assessment which is normed up to age 21;11 years). For the age range 17;0-21;11 years, the reliability of the word classes subtest was .88 and of the formulated sentences subtest was .82. Clinical validation studies of the CELF-4 reported in the manual indicate that the test is sensitive to language impairment in children, adolescents and young adults.

The Wechsler Abbreviated Scale of Intelligence (**WASI**, Wechsler 1999) Performance subscale was administered as a measure of nonverbal IQ and standard scores were calculated. This test has norms for individuals aged 6 to 89 years. The reliability of the Performance IQ scale for the age range 20-24 years is .94. Validity studies of the WASI reported in the manual provide evidence that the test is a valid quick screening measure of intellectual functioning.

The Test of Word Reading Efficiency (**TOWRE**, Torgesen, Wagner & Rashotte, 1999) was administered as a measure of reading ability. The TOWRE has been normed from age 6 to 24;11 years. Standard scores were calculated using the sight word efficiency subtest. The reliability of this subtest for the older age group was .82 (form A) and .87 (form B). Validity studies of the TOWRE reported in the manual provide evidence that the TOWRE is a valid measure of reading, especially when assessing individuals for whom rate of reading is a potential problem.

The Table below presents the Psycholinguistic profiles for the young people with SLI and their AMP.

*Psycholinguistic Profiles for the Two Groups of Participants*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Group | |  |  |  |
|  | LI | AMP | *t* | *df* | Mean Difference  [95 % CI] |
| Receptive Language | 83.5 (18.6) | 106.2 (8.9) | 10.1\*\*\* | 119 | 22.7 [18.3, 27.2] |
| Expressive Language | 81.6 (18.9) | 105.6 (12.1) | 9.8\*\*\* | 138 | 24.1 [19.2, 28.9] |
| Nonverbal IQ  Reading | 98.8 (15.8)  79.6 (9.8) | 111.9 (10.3)  90.9 (10.7) | 6.4\*\*\*  6.8\*\*\* | 140  148 | 13.1 [9.1, 17.2]  11.4 [8.1, 14.7] |

\*\*\* < .001 Note: All scores are standard scores (means and in brackets standard deviations).

**4.4 Other Participant Assessments**

We also assessed other ability areas as follows:

Wide Range Achievement Test (**WRAT**; Wilkins, 1993) was used to assess arithmetic abilities. This instrument is suitable for ages 5-75 years and is a screening test with subtests for reading recognition, spelling and arithmetic. The WRAT 3 median alternate forms reliabilities are above .89, and test-retest reliability is .91 or better.

Weschler Objective Reading Dimensions (**WORD**; Wechsler, 1993) has subtests designed for the assessment of children aged from 6 to 16 years. There are three separate components of WORD, basic reading, spelling and reading comprehension, each of which makes a distinctive contribution to the assessment of literacy skills. The WORD was designed for the assessment of children aged 6 16 years. The WORD has a split-half reliability for children age 15 to 16 of .82. Although our participants were older, we used the WORD to have longitudinal continuity of measurement from ages 16 to 24 years.

Rivermead Behavioural Memory Test (**RBMT-3**; Wilson, Cockburn & Baddeley, 1991) was designed to assess everyday memory functioning in adults. The reliability of the RBMT-3 general memory index is .87. In addition, with the exception of the Messages - Delayed Recall subtest the inter-scorer reliability for the RBMT-3 subtests were 0.9 or higher, indicating a high level of agreement between scorers.

**4.5 References**

Conti-Ramsden, G., & Botting, N. (1999). Classification of Children with Specific Language Impairment: Longitudinal Considerations. *Journal of Speech, Language, and Hearing Research*, *42*(5), 1195-1204.

Conti-Ramsden, G., Crutchley, A., & Botting, N. (1997). The extent to which psychometric tests differentiate subgroups of children with SLI. *Journal of Speech, Language, and Hearing Research*, *40*(4), 765-777.

Semel, E., Wiig, E. H., & Secord, W. A. (2006). *Clinical Evaluation of Language Fundamentals (4th ed), UK standardisation*. San Antonio, TX: The Psychological Corporation.

Torgesen, J. K., Wagner, R. K., & Rashotte, C. A. (1999). *Test of Word Reading Efﬁciency* (TOWRE). Austin, TX: Pro-Ed.

Wechsler, D. (1993). *Wechsler Objective Reading Dimensions* (WORD). London: Psychological Corporation.

Wechsler, D. (1999). *Wechsler Abbreviated Scale of Intelligence* (WASI). London: Psychological Corporation.

Wilson, B. A., Greenfield, E., Clare, L., Baddeley, A. D. …..Crawford, J. (2008). *The Rivermead Behavioural Memory Test*, *3rd Edition*. London: Pearson Education.

Wilkinson, G. S. (1993). *WRAT-3: Wide range achievement test administration manual*. Wilmington, DE: Wide Range, Incorporated.

**5. Instruments**

**5.1 Structured Interview with the Young People**

We developed a structured interview for the specific purposes of this phase of the Manchester Language Study. The interview had a number of sections with questions relevant to the areas examined. The questions and response options were taken from two main sources: a) national surveys that have been widely used and for which there are national statistics available for comparison purposes, for example, The Office for National Statistics, and b) scales that have been widely used in previous research with demonstrated reliability and validity, for example, The Beck Anxiety Inventory (BAI, Beck, 1990); Self-esteem Scale (Rosenberg, 1965).

**Important Note to Users** **of the interview schedules:** Users of the participant interview and the informant questionnaire need to be mindful that a number of scales are embedded within the interview/questionnaire schedule which may have restrictions/provisos for their use (for example purchasing the instrument). In addition, some of the scales require specific training on psychiatric interviewing before their use, for example, questions on ASD symptomatology.

The interview schedule carried out with the young people is attached in pdf file:

MLS\_participant Interview\_Young Adulthood\_FINAL.pdf

The areas covered by the interview are as follows (page numbers refer to the interview schedule pdf).

Personal Domain Page number

Music 2

General Health 5

Alcohol Use 8

Values 11

Drug Use 13

Meaning of Life 14

Smoking 16

Leisure 17

Diet 24

Anxiety 26

Depression 30

Educational Qualifications 37

Education 40

Social Domain

Peers and Friendships 48

Partnerships/Love Relationships 56

Aggression and Delinquency 60

Societal Engagement Domain

Employment 71

Independence 90

Driving Behaviour 94

Finances 102

Benefits 109

Gambling 114

Civic Participation 116

TV and New Media Use 123

Attributes

Functional Literacy 136

Sociability 142

Shyness 143

Social-emotional Functioning 145

Self-esteem 148

Self-efficacy 149

ASD Symptomatology 154

Support

Interpersonal Support 157

Organizational Support 168

Psychometric Profiles

Summary Score sheets 171

**5.2 Questionnaire for Nominated Informant**

A questionnaire was filled by a significant other (e.g., parent, close friend/partner) nominated by the participants that allowed us to obtain data from an additional informant on some of the areas of social functioning examined.

The interview schedule for the nominated informant is attached in pdf file:

MLS\_informant Questionnaire\_Young Adulthood\_FINAL.pdf

The areas covered by the questionnaire for the nominated informant are as follows (page numbers refer to the interview schedule pdf).

Personal Domain Page number

General Health 3

Alcohol Use 5

Drug Use 6

Smoking 7

Social Domain

Peers and Friendships 8

Aggression and Delinquency 13

Societal Engagement Domain

Employment 20

Independence 21

Finances 25

Gambling 27

TV and New Media Use 28

Attributes

Functional Literacy 30

Social-emotional Functioning 36

ASD Symptomatology 39

Support

Interpersonal Support 60

Informant perspectives 66

**5.3 References**

Beck, A. T., & Steer, R. A. (1990).  *Beck Anxiety Inventory*. London: Psychological Corporation.

Rosenberg, M. (1965). The measurement of self-esteem. *Society and the Adolescent Self Image*, *297*, V307. Princeton, NJ: Princeton University Press.

**6. Ethical Approval and Consent**

The study received ethical approval from The University of Manchester. Participants and their parent/legal guardian (for the parental questionnaires) provided written informed consent. It needs to be noted that following advice from the Advisory Committee (see below), particularly parents, we did not access police records for participants.

Copies of the Recruitment Letter, Consent Forms, Participant Information Sheet and Nominated Informant Information Sheet can be found in Appendix A (below).

**7. Advisory Committee for the Study**

We involved stakeholders in the preparation of the study interviews (focus groups and seminars to decide on areas of functioning to be examined). We also engaged with key individuals and organizations prior to the start and brainstormed with them in order to develop and finalize the details of the information that was collected in the study to maximize its relevance to users of research. This group of individuals continued to be involved throughout the lifetime of the project as members of the project advisory committee. The committee was chaired by Professor Sir Michael Rutter. Other members of the advisory committee included representatives of relevant government departments (e.g., Department for Children Schools and Families, Department of Health), representatives from charities (I-CAN, Afasic) and professional bodies (Royal College of Speech and Language Therapists) an academic expert, an expert practitioner, two parents of affected young people and an adult with SLI.

**8. Outputs**

**8.1 Key Findings**

Below highlights of the key findings of the study thus far.

Specific language impairment (SLI) affects one in fifteen children in the UK. Little is known however about how these children will “turn out” in adulthood. In this project we followed the Manchester Language Study participants in adulthood (24 years of age) and examined a range of areas of functioning. Below we highlight four of the key findings of this study.

**Identification of distinct developmental pathways of adjustment in social, emotional, behavioural and employment/education outcomes in adulthood.** We found, for example, that 40% of individuals had experienced persistent problems with getting along with others (peer relations) from childhood, with a smaller percentage experiencing increasing problems as they reached adolescence and young adulthood (26%). A third had few/no difficulties with peer relations from childhood to young adulthood or had some difficulties in early childhood which improved in early adolescence. These different pathways were predictable. Risk of peer relation problems was greater for those individuals with language difficulties in the pragmatic domain. The odds of persistent difficulties from childhood to young adulthood were 2.5 times higher for those with poor pragmatic language abilities.

**Discovery of prosociality as the key protective factor associated with most areas of functioning in individuals with SLI in young adulthood.** To our knowledge, this is the first study to investigate developmental pathways of prosociality in SLI from childhood to young adulthood. We found that individuals with SLI are prosocial in childhood and importantly the development of prosociality of these individuals is stable all the way into young adulthood. We did not find distinct developmental pathways, that is, we did not find that some individuals were antisocial and others prosocial at different stages of development. The only individual differences we found were in “dosage”: approximately one third of individuals were average prosocial whilst the majority (71%) followed a high prosociality trajectory from childhood to young adulthood. This is important positive information about SLI and crucial in our understanding of pathways to resilience.

**Wellbeing is compromised in identifiable subgroups of young adults with SLI.** Our work is the first to determine that health (good vs poor), employment (in employment vs unemployed), and relationships (in a relationship vs not in a relationship) affect the wellbeing of young adults with SLI *more* than it does their peers. They are more vulnerable than peers in young adulthood to issues they face on their journey towards independence and productive engagement with society. Young adults with SLI seek support services for emotional difficulties in relation to wellbeing.

**Key partnerships forged.** Founder member of the RALLI campaign (<https://www.youtube.com/user/RALLIcampaign>). Member of the CATALISE Consortium (to move forward public and professional understanding of SLI, <https://osf.io/5exq4/> ).

Further details can be found at:

[**http://www.psych-sci.manchester.ac.uk/staff/ginaconti-ramsden/**](http://www.psych-sci.manchester.ac.uk/staff/ginaconti-ramsden/)

**8.2 Academic Publications (to date, project end date September 30, 2015)**

**All Publications are Open Access.**

Durkin, K., Mok, P. L., & Conti‐Ramsden, G. (2015). Core subjects at the end of primary school: identifying and explaining relative strengths of children with specific language impairment (SLI). *International Journal of Language & Communication Disorders*, *50*(2), 226-240.

Article pdf is attached

Mok P.L.H., Pickles, A., Durkin, K., & Conti-Ramsden, G. (2014). Longitudinal trajectories of peer relations in children with specific language impairment. Journal of Child Psychology and Psychiatry, 55, 516-527. Doi: 10.1111/jcpp.12190

Article pdf is attached

Durkin, K., & Conti-Ramsden, G. (2014). Turn off or tune in? What advice can SLTs, educational psychologists and teachers provide about uses of new media and children with language impairments?. *Child Language Teaching and Therapy*, 30, 187-205.

Article pdf is attached

Conti-Ramsden, G., Mok, P., Pickles, A., & Durkin, K. (2013). Adolescents with a history of specific language impairment (SLI): Strengths and difficulties in social, emotional and behavioural functioning. Research in Developmental Disabilities, 34, 4161-4169.

Article pdf is attached

Durkin, K., Mok, P., & Conti-Ramsden, G. (2013). Severity of specific language impairment predicts delayed development in number skills. Frontiers in Psychology, Developmental Psychology, 4: 581 doi: [10.3389/fpsyg.2013.00581](http://dx.doi.org/10.3389%2Ffpsyg.2013.00581)

Article is in Open Access e-journal available from the following link: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3759789/>

Hesketh, A.& Conti-Ramsden, G. (2013). Memory and language in middle childhood in individuals with a history of specific language impairment. PLoS ONE 8(2): e56314 doi:10.1371/journal.pone.0056314

Article is in Open Access e-journal available from the following link:

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Durkin, K., & Conti-Ramsden, G. (2012). Frequency of educational computer use as a longitudinal predictor of educational outcome in young people with specific language impairment. *PLoS ONE* **7(12)**: e52194. doi:10.1371/journal.pone.0052194

Article is in Open Access e-journal available from the following link:

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0052194>

**8.3 Examples of Dissemination to non-academic audiences and users of research**

**8.3.1. Event at the ESRC festival of Science (2013).** We organized this event for professionals, parents, young people with SLI and also members of the general public.

Event title: Growing up with a language impairment: What life is like in late adolescence and early adulthood. Topic / theme: Lifelong outcomes of developmental communication disorder. Location: City University London, 5-8pm, Wed November 6th, 2013

Structure of the event:

•First the audience heard seminar presentations from expert leads of the Manchester Language Study:

Dr. Nicola Botting presented an overview of what we know generally about longterm language impairments and discussed some of our recent work on anxiety and depression. Prof. Gina Conti-Ramsden presented data on employment in young people with and without a history of language impairment. Prof. Kevin Durkin discussed some of the findings on the use of new media and IT by young people with and without a history of language impairment. Prof. Andrew Pickles discussed the need for multidisciplinary work, the role of statistics and on changes in peer relations from childhood to adolescence.

•Second, the audience took part in a small group brainstorm activity on important questions for future stages of follow-up and potential implications for policy and practice.

•Third, the seminar reconvened to a panel discussion to feedback ideas and invite questions and answers from the audience.

•Following the formal sessions, we invited participants to stay for informal discussion with finger-buffet reception.

The event was attended by approximately 120 people.

**8.3.2. The RALLI campaign (launched 2012).** In 2012 Gina Conti-Ramsden (PI to the grant) with a group of academics (Dorothy Bishop, Courtenay Frazier Norbury and Maggie Snowling) got together with a speech-language therapist (Becky Clark) and a representative from Team Spirit (Natalie Orringe) to figure out a way to raise awareness of children’s language learning impairment. Despite being a common and devastating condition, few people have ever heard of it. Unlike autism and dyslexia, SLI receives little media or public attention and this can affect efforts in research and treatment. We set up RALLI to change this situation.

With generous funding from the Waterloo Foundation, Afasic, ESRC and an anonymous donor, we were able to launch the RALLI channel to explain what language impairment is and what the impact can be on affected children, young people and their families. We estimate that 3% of school-aged children have language impairments that prevent them from learning effectively and developing socially. That is at least one child in every classroom.

We post short videos about SLI from various perspectives in the RALLI Youtube channel. These range from children and parents talking about how SLI has affected their lives through to brief summaries of recent research evidence. In 2015, the channel is thriving with over 300,000 views and dozens of videoclips organised into thematic playlists, for example, impacts of SLI, supporting SLI. We have an international audience and have What is SLI? videoclips in numerous languages including Welsh, Greek and Chinese. The clips have been by non-academic users (by charities, schools) and by academics in the training of professionals.

Access to all the videoclips is freely available at:

<https://www.youtube.com/user/RALLIcampaign>

Example of specific link to videoclip featuring Conti-Ramsden:

<https://www.youtube.com/watch?v=59dSpP17VsA>

We also provide further information, powerpoint slides fr presentations and references that can be used by users. These are available via SlideShare at:

<http://www.slideshare.net/>

Example of specific link to Conti-Ramsden Slides:

<http://www.slideshare.net/search/slideshow?searchfrom=header&q=Friendships+Conti-Ramsden>

**9. Useful References about SLI**

**9.1 Terminology, Diagnosis and Assessment**

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Durkin K, Conti-Ramsden G (2007). Language, social behavior, and the quality of friendships in adolescents with and without a history of specific language impairment. *Child Development,****78***, 1441-1457.

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Fernald, A., Marchman, V. A., & Weisleder, A. (2013). SES differences in language processing skill and vocabulary are evident at 18 months. *Developmental Science*, ***16***, 234-248.

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Tomblin JB, Records NL, Zhang X (1996). A system for the diagnosis of specific language impairment in kindergarten children.  *Journal of Speech, Language and Hearing Research,* **39**, 1284-1294.

Wadman, R., Durkin, K. & Conti-Ramsden, G. (2008). Self-Esteem, Shyness and Sociability in Adolescents with Specific Language Impairment (SLI). *Journal of Speech, Language, and Hearing Research,* **51**, 938-952*.*

**9.2 Developmental Trajectories**

Conti-Ramsden, G, St. Clair, M., Pickles, A, & Durkin, K (2012) Developmental trajectories of verbal and nonverbal skills in individuals with a history of SLI: From childhood to adolescence. *Journal of Speech, Language and Hearing Research,* **55**, 1716-1735.

Mok, P. L., Pickles, A., Durkin, K., & Conti‐Ramsden, G. (2014). Longitudinal trajectories of peer relations in children with specific language impairment. *Journal of Child Psychology and Psychiatry*, ***55***, 516-527.

St. Clair MC, Durkin K, Conti-Ramsden G *et al*. (2010) Growth of reading skills in children with a history of specific language impairment: The role of autistic symptomatology and language-related abilities. *British Journal of Developmental Psycholog,y,* **28**, 109-132.

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Zambrana, I. M., Pons, F., Eadie, P., & Ystrom, E. (2014). Trajectories of language delay from age 3 to 5: persistence, recovery and late onset. *International Journal of Language & Communication Disorders*, ***49***, 304-316.

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Pickles A, Simonoff E, Conti-Ramsden G *et al*. (2009). Loss of language in early development of autism and specific language impairment. *Journal of Child Psychology and Psychiatry,* **50**, 843-852.

Taylor, L. J., Maybery, M. T., Grayndler, L., & Whitehouse, A. J. (2014). Evidence for distinct cognitive profiles in autism spectrum disorders and specific language impairment. *Journal of autism and developmental disorders*, *44*(1), 19-30.

**9.4 New media and language impairment**

Conti-Ramsden, G, Durkin, K. & Simkin, Z. (2010). Language and social factors in the use of cell phone technology by adolescents with and without specific language impairment (SLI). *Journal of Speech, Language, and Hearing Research*, **53**, 196-208.

Durkin, K., & Conti-Ramsden, G. (2014). Turn off or tune in? What advice can SLTs, educational psychologists and teachers provide about uses of new media and children with language impairments?. *Child Language Teaching and Therapy*, ***30*,** 187-205.

Durkin, K., & Conti-Ramsden, G. (2012) Frequency of educational computer use as a longitudinal predictor of educational outcome in young people with specific language impairment. *PLoS ONE* **7(12)**: e52194.

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**10 Appendix A**

**Recruitment Letter**

Manchester Language Study

Dear [participant]

How are you? Everything is going really well here in Manchester. In fact we are excited to tell you that we are about to start another phase of the study. We would really like to know how life is going for you as an adult. How is your general health in terms of things like exercise, diet or smoking for example? Are you in a relationship or do you have children yet? Have you passed your driving test? Do you vote? How much TV do you watch? These are questions (along with lots of others!) that we would really like to know the answers to.

We have included some forms along with this letter to tell you more about the study. There is a (insert colour) Participant Information Sheet to read. There is also a (insert colour) Consent Form.

**If you decide you would like to take part again,**

**please fill in the Consent Form and post it to us in the enclosed envelope.**

As usual, if you have any questions about the study you can phone us and have a chat about it (researcher name and number). Or you can email (researcher name) if you like at (researcher email address). You can also get in touch via our website manchesterlanguagestudy.co.uk by clicking on the link to send us an update.

Looking forward to catching up with you. We hope to hear from you soon.

Best wishes,

(Researcher name) and everyone on the Manchester Language Study team

**Manchester Language Study: Outcomes in adult life**

**Participant Information Sheet**

**Who will conduct the research?**

(Name of researchers)

Manchester Language Study team

HCD

School of Psychological Sciences

Ellen Wilkinson Building

University of Manchester

Oxford Road

Manchester, M13 9PL

**What is the aim of the research?**

We are looking at how well adults with and without a history of language difficulties are doing in terms of three main areas of their lives: personal, social and societal.

1] The personal area of life includes general health (weight, exercise, leisure, smoking), mental health (anxiety, depression) and educational/training qualifications (diplomas, apprenticeships, degrees).

2] The social area of life includes personal relationships (marital status, children, friendships, stable partnerships, parents, siblings) and social adjustment (independence, aggression).

3] The societal engagement area of life includes employment (including occupational adjustment), independence (living context, transport, driving), finances (banking, debt) civic participation (voting, volunteering), TV viewing and new media use (computers, mobile phones).

**Why have I been chosen?**

You have been chosen as you have already helped us in the past by taking part in the Manchester Language Study.

**What will I be asked to do if I take part?**

If you take part, you will be visited by someone from our research team at home two or three times, during either the morning, afternoon or evening (whenever suits you best). The researcher will do some language, reading and visual assessments with you and carry out some interviews.

When the researcher visits you, we will ask you to nominate someone (e.g. parent or close friend or partner) to fill in a questionnaire or talk to us about you from their perspective. If you give your consent, we will also access data held by the police about you. We will ask you about this separately when we visit. **You do not have to give your consent for this** and you can still participate in the study.

**What happens to the data collected?**

We will take the information you give us and link it up with information we already have about you from when you were younger. We will then use it to look at different areas of your life and see whether we can see any patterns. We will write papers which will be published in journals and also go to conferences to talk about the findings.

The data we collect may also be used by other researchers to investigate specific aspects of communication development and difficulties. An anonymous database containing information collected in this study is likely, in due course, to be deposited within the data archive of the Economic and Social Research Council, who funded this phase of the study. This database will not contain any identifying details and will ensure full data protection.

**Will anything I say be audiotaped?**

Only one small part when we ask you to tell us your story (how you remember your childhood/adolescence). This is to help us look back on what you said (and avoid having to write too fast).

**Will my data be confidential?**

As you know, we already have some information about you from when you were younger. We will use a unique identity number to match up this information but your name will not be included on the database. We will not publish the data without protecting your identity. The data will be held in a locked filing cabinet within a locked office and databases will be encrypted for security.

**What happens if I do not want to take part or I change my mind?**

It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself.

**Will I be paid for participating in the research?**

You will receive £50 per session in Love to Shop high street vouchers if you take part. If you agree to nominate someone to complete a questionnaire or talk to us about you, they will receive £50 in Love to Shop high street vouchers.

**What is the duration of the research?**

Two or three sessions (either during the morning, afternoon or evening). Each session is expected to take around three to four hours.

**Where will the research be conducted?**

At your home, your parents’ home or anywhere where you feel comfortable and interviews can be carried out, whichever you prefer.

**Will the outcomes of the research be published?**

The findings of the study will be published in peer reviewed journals and also be presented at conferences both in the UK and abroad.

**Criminal Records Check**

All researchers on the team have undergone a satisfactory criminal records check.

**Contact for further information**

(Researcher Name)

HCD

School of Psychological Sciences

Ellen Wilkinson Building

University of Manchester

Oxford Road

Manchester

M13 9PL

Phone number: (Researcher phone number)

Email address: (Researcher email address)

**What if something goes wrong?**

Please contact Gina Conti-Ramsden (Head of Study)

HCD

School of Psychological Sciences

Ellen Wilkinson Building

University of Manchester

Oxford Road

Manchester

M13 9PL

Telephone: 0161 275 3514 / 0161 275 3366 (Secretary)

Email address: gina.conti-ramsden@manchester.ac.uk

If a participant wants to make a formal complaint about the conduct of the research they should contact the Head of the Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.

**Manchester Language Study: Outcomes in adult life**

**PARTICIPANT CONSENT FORM**

**If you are happy to participate please initial the boxes and sign the consent form:**

|  |  |
| --- | --- |
|  | **Please**  **initial**  **box** |
| 1. **I confirm that I have read the attached information sheet and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.** |  |
|  |  |
| 1. **I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment.** |  |
|  |  |
| 1. **I agree to a part of the interview being audiotaped.** |  |
|  |  |
| 1. **I agree to the use of anonymous quotes.** |  |
|  |  |
| 1. **I agree that any data collected may be passed to other researchers.** |  |
|  |  |
| 1. **I agree that I may be contacted directly in the future about other research projects.** |  |
|  |  |

**I agree to take part in the above project**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Name of participant** |  | **Date** |  | **Signature** |

**Manchester Language Study: Outcomes in adult life**

**PARTICIPANT NOMINATION OF INFORMANT CONSENT FORM**

We would like to ask someone that you choose (parent, friend or partner) to complete a questionnaire about you. You do not have to give your consent for this. If you are happy for this to happen, please complete and sign the consent form below

|  |  |
| --- | --- |
|  | **Please Initial Box** |
| I confirm that I agree for the following person to complete a questionnaire or talk to one of the researchers about me.  Name of person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of participant |  | Date |  | Signature |

**Manchester Language Study: Outcomes in adult life**

**Nominated Informant Information Sheet**

**Who will conduct the research?**

(Name of researchers)

Manchester Language Study team

HCD

School of Psychological Sciences

Ellen Wilkinson Building

University of Manchester

Oxford Road

Manchester, M13 9PL

**What is the aim of the research?**

We are looking at how well adults with and without a history of language difficulties are doing in terms of three main areas of their lives: personal, social and societal.

1] The personal area of life includes general health (weight, exercise, leisure, smoking), mental health (anxiety, depression) and educational/training qualifications (diplomas, apprenticeships, degrees).

2] The social area of life includes personal relationships (marital status, children, friendships, stable partnerships, parents, siblings) and social adjustment (independence, aggression).

3] The societal engagement area of life includes employment (including occupational adjustment), independence (living context, transport, driving), finances (banking, debt) civic participation (voting, volunteering), TV viewing and new media use (computers, mobile phones).

**Why have I been chosen?**

You have been chosen as you have been nominated by someone taking part in the Manchester Language Study. They have told us that you know them well and will be able to provide some information about them.

**What will I be asked to do if I take part?**

If you take part, you will be asked to fill in a questionnaire about the person who nominated you and possibly be interviewed over the phone.

**What happens to the data collected?**

We will take the information you give us and link it up with information we already have about the person from when they were younger and also the information we get from them during this stage of the study. We will write papers which will be published in journals and also go to conferences to talk about the findings.

The data we collect may also be used by other researchers to investigate specific aspects of communication development and difficulties. An anonymous database containing information collected in this study is likely, in due course, to be deposited within the data archive of the Economic and Social Research Council, who funded this phase of the study. This database will not contain any identifying details and will ensure full data protection.

**Will my data be confidential?**

We will use a unique identity number to match up information so that all the information will be confidential. The person who nominated you to complete the questionnaire will not see your answers. We will not publish the data without protecting your identity and the identity of the person who nominated you. The data will be held in a locked filing cabinet within a locked office and databases will be encrypted for security.

**What happens if I do not want to take part or I change my mind?**

It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself.

**Will I be paid for participating in the research?**

You will receive £50 in Love to Shop high street vouchers.

**What is the duration of the research?**

The questionnaire should take no more than 2 hours to complete.

**Where will the research be conducted?**

At your home.

**Will the outcomes of the research be published?**

The findings of the study will be published in peer reviewed journals and also be presented at conferences both in the UK and abroad.

**Criminal Records Check**

All researchers on the team have undergone a satisfactory criminal records check.

**Contact for further information**

(Researcher Name)

HCD

School of Psychological Sciences

Ellen Wilkinson Building

University of Manchester

Oxford Road

Manchester

M13 9PL

Phone number: (Researcher phone number)

Email address: (Researcher email address)

**What if something goes wrong?**

Please contact Gina Conti-Ramsden (Head of Study)

HCD

School of Psychological Sciences

Ellen Wilkinson Building

University of Manchester

Oxford Road

Manchester

M13 9PL

Telephone: 0161 275 3514 / 0161 275 3366 (Secretary)

Email address: gina.conti-ramsden@manchester.ac.uk

If a participant wants to make a formal complaint about the conduct of the research they should contact the Head of the Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.

**Manchester Language Study: Outcomes in adult life**

**NOMINATED INFORMANT CONSENT FORM**

If you are happy to participate please complete and sign the consent form below. The information you give us will not be seen by the person who nominated you.

|  |  |  |
| --- | --- | --- |
|  | | **Please Initial Box** |
| 1. I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily. | |  |
|  | |
| 1. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment | |  |
|  | |
| 1. I agree to the use of anonymous quotes | |
|  | |
| 1. I agree that any data collected may be passed to other researchers | |  |
|  | |  |
|  |

I agree to take part in the above project

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of participant |  | Date |  | Signature |