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Organization of the continuum and provision of services to children aged 2 to 9 years with specific language impairment

English summary

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This the English summary of the guidance entitled Organisation du continuum et de la dispensation des services aux enfants âgés de 2 à 9 ans présentant un trouble développemental du langage (trouble primaire du langage published in October 2017.

The complete version of this guidance (in French) is available on the website of INESSS in the *Publications* section.

Équipe de projet

Auteures
Annie Tessier, Ph. D., M. Santé Publique, B. Sc. erg.
Sylvie Valade, M.O.A., M.A.P.

Collaboratrices
Isabelle Beaudoin, Ph. D., M. Sc.
Carole-Line Nadeau, M.A.
Élyse Normandin, CPA, CA

Coordonnatrice scientifique
Micheline Lapalme, Ph. D.

Adjointe à la direction des services sociaux
Michèle Archambault, M. Sc.

Directrice des services sociaux
Sylvie Desmarais, M. Sc.

Repérage d'information scientifique
Lysane St-Amour, M.B.S.I.

Soutien documentaire
Flavie Jouandon

Soutien administratif
Nathalie Vanier

SUMMARY

Developmental language disorder, recently called specific language impairment, is a language comprehension or production disorder not caused by a specific condition, an accident or a disease. Children with developmental language disorder mainly experience language difficulties, which can affect both the expressive and receptive spheres. Certain other capacities related to intellectual or perceptual activity, motor activity and behaviors can be affected in these children as well.

The services offer for children with developmental language disorder varies widely from region to region, this in all sectors of activity (daycare services, diagnostic services, specific services, specialized rehabilitation services, and educational services). Access to services is a problem. The number of children on the waiting list is large, and the wait times are often very long. Parents, clinicians and administrators have denounced this situation, and the Ombudsman has even had to intervene a few times with regard to complaints involving unduly long wait times. Ties and collaborative agreements, both formal and otherwise, between facilities that offer specific services and those that offer specialized rehabilitation services, as well as with daycare services and the school sector, have been the subject of numerous studies and consultative discussions in the various regions of Quebec. Nonetheless, a number of shortcomings are still being reported, and the existing collaborations need to be better defined or strengthened.

At the request of the *centres de réadaptation en déficience physique* (CRDP), which were integrated into the physical impairment services programs of the *centres intégrés de santé et de services sociaux* (CISSS) or *centres intégrés universitaires de santé et de services sociaux* (CIUSSS) in April 2015, the *Institut national d'excellence en santé et en services sociaux* (INESSS) has undertaken work to determine the components of an optimal service continuum in which the clinical path of children aged 2 to 9 years with developmental language disorder will be smooth and harmonious. Two main questions underlie this objective. One concerns the preferred organizational components of the service continuum, given their positive impact on service accessibility and continuity, while the other serves to guide research on the preferred intervention modalities, given their efficacy.

For the purposes of drafting this report, a Cochrane Group systematic review on speech therapy interventions for children with language delay or developmental language disorder was updated. In addition, a second systematic review was performed using a search strategy designed by INESSS. The grey literature was searched by consulting the websites of agencies, organizations, associations and institutions, as well as by examining government documents from the United Kingdom, Australia, New Zealand, France, and other Canadian provinces and territories. These jurisdictions have published substantially on the subject of the organization of services intended for children with language disorders. As for clinical/administrative databases, they yielded information on the current

organization of services (phases of the services continuum, the nature and frequency of the services, the available resources, and supply/demand analyses). Consultations with various Quebec and Canadian stakeholders concerned with the problem supplemented the data-collection and added to our understanding of the current context of the provision of services to children with developmental language disorder, enabling us to assess the relevance, applicability and implementation of certain interventions, and offered insight into the social issues, societal values and certain economic aspects. Lastly, about 20 experts, members of the advisory and follow-up committees, supported INESSS throughout the project.

The recommendations stem from the synthesis of the information obtained from these various sources (about 60 articles from the scientific and grey literature, data extracted from databases, consultations at the Quebec and Canadian levels, and expert opinions).

The first question, which concerns the organizational components of the service continuum, guided the literature search and the subsequent analysis of promising service organization models relevant and applicable to the Quebec context. In light of the results, INESSS proposes the following five recommendations concerning the organizational components for improving access to services and their continuity.

- The service continuum should be structured with three overlapping levels of services: universal, targeted and specialized.
    - Level I: Universal services for promoting and stimulating the development of communication capacities and for identifying children at risk for developing delays or difficulties.
    - Level II: Targeted support services, in addition to Level I services, aligned with the needs of children with delays or difficulties in the development of their communication capacitiesand for whom the universal services are insufficient.
    - Level III: Specialized services, in addition to Level I and Level II interventions, for children who have not progressed sufficiently despite Level I and Level II services.
- The service continuum should be aligned with the children’s needs rather than with their diagnosis.
- A service partnership should be established between the child, the family and the clinicians so that the child’s and the family’s involvement leads concretely to decision-making in terms of setting objectives, choosing the interventions or strategies to be used, and defining each person’s role.
- The models of collaboration between the child, the family and the clinicians should be determined according to the complexity of the child’s and the family’s needs and according to collaborative intent. Thus, the most suitable collaborative practice from among the following will be chosen: parallel,

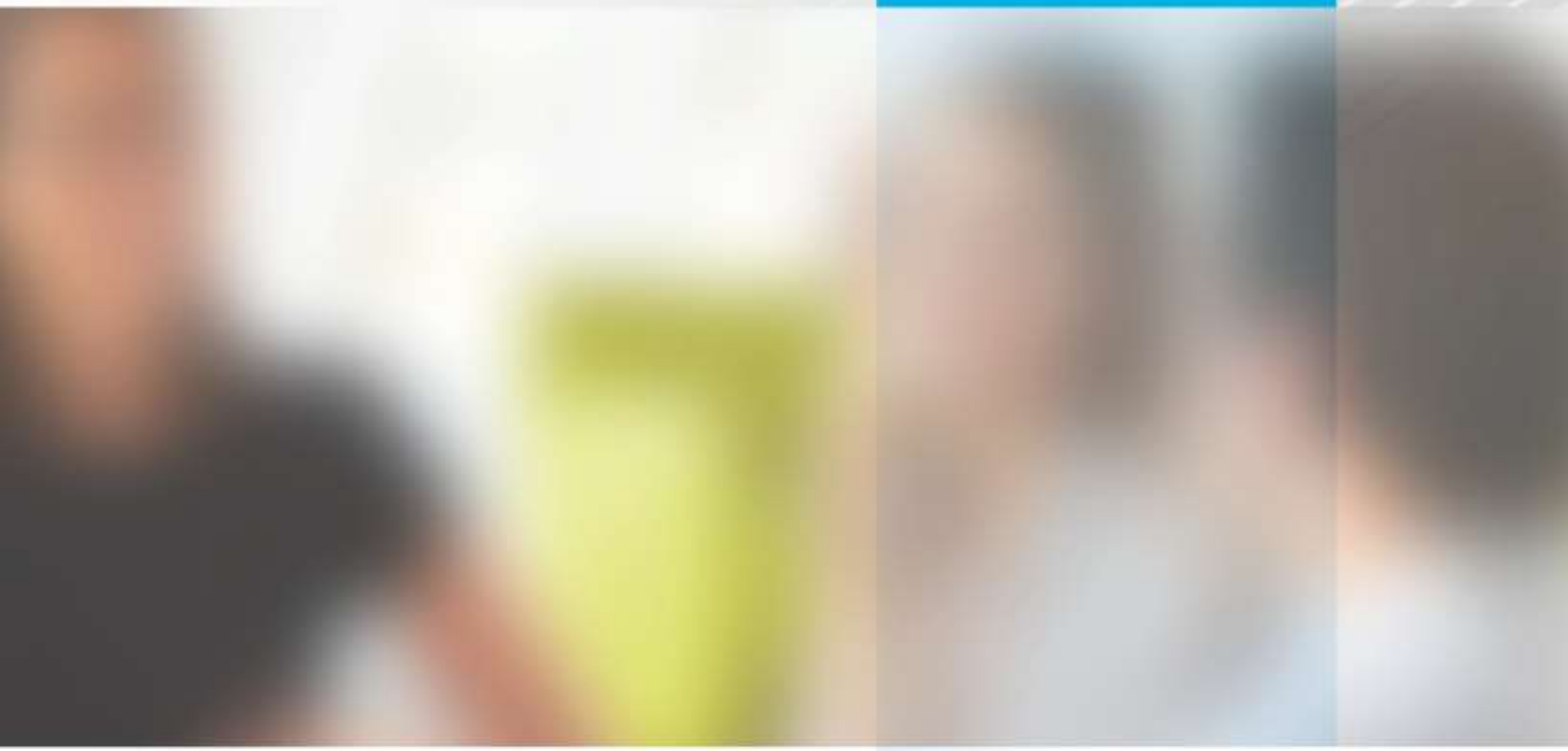
consultative, coordinated or integrated. .

- The Ministère de la Santé et des Services sociaux should, together with the Ministère de l'Éducation et de l'Enseignement supérieur and the Ministère de la Famille, start reviewing how resources are allocated on the basis of the child's needs and on identifying the best service providers, based on the different stages of the child's life.

The literature search concerning the intervention modalities to be included in the service continuum yielded 1012 references, from which 39 articles, divided into nine themes, were selected. The studies were mainly randomized clinical trials, most of which had been conducted in the United States, the United Kingdom and Australia. The consultations with the stakeholders concerned, including the members of the advisory and follow-up committees, supplemented the data and ensured their relevance and applicability to the Quebec clinical context. In light of the results of the analysis of all the collected data, INESSS has made eight recommendations concerning the intervention modalities to be instituted within the framework of the service continuum for children with developmental language disorder.

- Children should not be systematically screened for language development problems. The clinicians concerned should adopt child language development monitoring practices or case finding practices and keep them up to date. They should also incorporate into their decision-making processes the worries or concerns expressed by parents regarding their child's development.
- Clinicians and parents should work in tandem.
- Clinicians should include the group modality in their intervention strategies.
- Interventions can be carried out by a nonprofessional clinician serving as an assistant, under the supervision of a professional duly authorized in his/her field of practice.
- There should be close and ongoing collaboration between the clinicians in the health and social services system and teachers or daycare educators.
- At Level III (specialized services), an intervention focused on language skill development should be provided at high doses (the number of minutes devoted specifically to the development of a particular language skill during an intervention session) and at a frequency of once a week or once every other week.
- The clinicians should include telepractice methods in their intervention strategies when appropriate for the child.
- In a multilingual context, preference should be given to bilingual rather than unilingual intervention in order to achieve maximum impact on the child's capacities in both languages. If not possible, intervention should be provided in the better-developed language.

To make the integration of the 13 recommendations coherent, INESSS provides a diagram showing their interrelationships. Thus, the service modalities are divided among the three levels of the continuum in light of their best fit at each level.



Siège social

2535, boulevard Laurier, 5e étage
Québec (Québec) G1V 4M3
418 643-1339

Bureau de Montréal

2021, avenue Union, bureau 10.083
Montréal (Québec) H3A 2S9
514 873-2563

inesss.qc.ca

Institut national d'excellence en santé et en services sociaux
Québec