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Botting, N. (2010) 'It's not (just) what you do, but the way that you do it': factors that determine narrative ability in atypical language learners. (A commentary on 'Narrative skills following early confirmation of permanent childhood hearing impairment') *Developmental Medicine and Child Neurology*, 52: 886-887.

Spoken narrative is recognised as one of the key skills acquired in childhood. Aside from story-telling, personal narratives constitute around 80% of our everyday language. Worsfold and colleagues here provide much needed population-based information about this skill in children who have been identified with PCHI through universal screening, compared to those whose hearing impairment has been identified later (>9 months of age). Narrative assessment is particularly useful for certain populations because standardised tests have limitations including lack of sensitivity at lower score ranges or when assessing change over time. Indeed, recent studies suggest that parental report in combination with language assessment might prove the most effective tool, even at screening stages¹.

There is a great need for studies examining early identification for all developmental difficulties and the large number of children with PCHI reported in Worsfold and colleagues paper is impressive. Only large scale studies afford reliable generalisations and predictions to be made about the benefits of early support. The fact that children with early identification of PCHI group perform more favourably on (some) aspects of narrative than children identified later is not only interesting clinically, but also potentially gives us a window into the pathways of development of language. If early diagnosis is related to improved narrative skill, then as the authors point out this could eventually lead to the identification of the features of spoken language that are "... most sensitive to change in.....children with PCHI"(page x [page 5 of proof]. However ongoing research is needed for a full understanding to evolve. One crucially important analysis would be an examination of which underlying mechanisms might facilitate or hinder improved developmental progress for this group. Despite the authors claims that narrative is seldom reported in children with PCHI, a number of studies (albeit mostly using small sample or case-study methodology) have already established that various aspects of narrative and conversational ability are weaker in this population (e.g.,^{2,3} among others). Thus it is now important that research and practice turns to identifying exactly which factors may help improve language skills in children with PCHI. One of the most interesting but also one of the most complex features of proficient narrative is that it involves a multitude of different skill-sets such as working memory, pragmatic skill, and meta-linguistic knowledge⁴. Thus poor narrative ability may be the result of any one or more of these factors; and indeed good narratives may involve compensation for poor skills in one area with better skills in another. Further research needs to carefully tease out underlying connections by including a wide range of concurrent measures.

In addition, there is a lack of knowledge about the complex interplay between different developmental skills or between clinical groups. In the Worsfold paper, little information is provided about the nature of the children involved, so it is unclear whether they experience co-morbid difficulties or protective factors. Future studies might want to simultaneously consider the effects of exposure to and proficiency in sign⁵; additional (specific) language impairment⁶; and limitations in non-verbal cognition⁷ all of which have been noted to affect oral language ability in the PCHI population and other groups with atypical language development. A direct comparison of children

with PCHI to other language-delayed groups would also be welcome in order to isolate differential strengths and weaknesses across populations.

Early identification is always a positive progression for atypical groups, but it is important that we document the long-term benefits of screening and Worsfold et al make a notable contribution to our knowledge of spoken language in this group. The longitudinal approach shown here needs to continue in order to reveal whether narrative skill in mid-childhood is predictive of later language outcomes in this group, and whether early-identified children continue to show an advantage over those diagnosed later. Unpicking the intricate relationships between early- identification, developmental factors and time is likely to be the key to effective support and therapy.

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