Foundations
What Works Centre for Children & Families

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Intervention website: https://www.teachneli.org/

GUIDEBOOK INTERVENTION INFORMATION SHEET

Nuffield Early Language Intervention (20 weeks)

Please note that in the 'Intervention summary' table below, 'child age', 'level of need', and 'race and ethnicities' information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	The Nuffield Early Language Intervention (NELI) (20 weeks) is a schools-based intervention for children aged 4 to 6 years with poor language skills. It is delivered by trained teaching assistants to children for a period of 20 weeks, with the aim of improving children's vocabulary, narrative skills, listening, and independent speaking.
Evidence rating	3+
Cost rating	2
Child outcomes	• Enhancing school achievement and employment - Improved speech, language and communication - Improved literacy.
Child age (population characteristic)	4 to 6 years
Level of need (population characteristic)	Targeted Indicated

Intervention summary	
Race and ethnicities (population characteristic)	White British
Type (model characteristic)	• Individual • Group.
Setting (model characteristic)	Primary school
Workforce (model characteristic)	Trained teaching assistant
UK available?	Yes
UK tested?	Yes

Model description

The Nuffield Early Language Intervention (NELI) (20 weeks) is a schools-based intervention for children aged 4 to 6 years with poor language skills. It is delivered by trained teaching assistants to children for a period of 20 weeks, with the aim of improving children's vocabulary, narrative skills, listening, and independent speaking. It can be delivered in preschool or reception class.

A trained teaching assistant delivers sessions daily for 20 weeks, comprising three 30-minute group sessions (to groups of three to five children) and two 15-minute individual sessions each week.

Children develop their vocabulary and language skills within a structured framework that follows established principles for teaching listening, vocabulary, and narrative. In the second half of the intervention, activities promoting phonological awareness and letter-sound knowledge are introduced. Narrative work gives children the opportunity to practise taught vocabulary in connected speech and introduces them to key story elements and the sequencing of events while encouraging expressive language and grammatical competence.

Target population

Age of child	4 to 6 years
Target population	Children starting school with poor language skills

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.

Theory of change

Why		Who	How	What		
Science-based assumption	**Science-based assumption**	**Science-based assumption**	**Intervention**	**Short-term outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Delays in early language development, including reduced vocabulary and expressive language skills, can persist throughout school and negatively impact academic achievement.	Early language development is an important part of children's ability to learn at school, including learning to read, and contributes to social and emotional development.	Children with poor language are less able to engage in learning at school and may experience psycho-social difficulties.	The mixture of small group and individual sessions focus on improving children's vocabulary, developing narrative skills, encouraging active listening, and building confidence in independent speaking.	• Improved child receptive and expressive language • Improved reading.	• Increased learning at school • Reduced social and emotional difficulties.	Increased child school achievement.

Implementation requirements

Who is eligible?	Children starting school with poor language skills.
How is it delivered?	NELI (20 weeks) is delivered by a trained teaching assistant in 100 sessions, comprising three 30-minute group sessions and two 15-minute individual sessions each week to groups of three to five children.
What happens during the intervention?	• The mixture of small group and individual sessions focus on improving children's vocabulary, developing narrative skills, encouraging active listening, and building confidence in independent speaking. • In the second half of the intervention, activities promoting phonological awareness and letter-sound knowledge are introduced. • Children develop their vocabulary and language skills within a structured framework that follows established principles for teaching listening, vocabulary, and narrative. • Narrative work gives children the opportunity to practise taught vocabulary in connected speech and introduces them to key story elements and the sequencing of events while encouraging expressive language and grammatical competence.
Who can deliver it?	The practitioner who delivers this intervention is a trained teaching assistant.
What are the training requirements?	The practitioners have two days of intervention training. Booster training of practitioners is not required.
How are practitioners supervised?	Practitioner supervision is not required.
What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: • Training manual • Other printed material • Face-to-face training.
Is there a licensing requirement?	No
***Contact details**	Contact person: Professor Charles Hulme Organisation: University of Oxford Email address: info@oxedandassessment.com Website: https://www.teachneli.org *Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.

Evidence summary

NELI (20 weeks)'s most rigorous evidence comes from two RCTs conducted in the UK consistent with Foundations' Level 3 evidence strength threshold. These found significant improvements in children's language and word reading, compared to a control group.

NELI (20 weeks) can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome, as well as at least one more RCT or QED.

Child outcomes			
Outcome	**Improvement index**	**Interpretation**	**Study**
Improved oral language post-intervention	+8	Increase in oral language ability (measured using a composite of vocabulary, grammar, and listening scales) This means we would expect the average participant in the comparison group who did not receive the intervention (i.e. someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 58% and worse outcomes than 42% of their peers, if they had received the intervention.	1, 2
Improved oral language at 6-month follow-up	+8	Increase in oral language ability (measured using a composite of vocabulary, grammar, and listening scales) This means we would expect the average participant in the comparison group who did not receive the intervention (i.e. someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 58% and worse outcomes than 42% of their peers, if they had received the intervention.	1

Improved taught vocabulary post-intervention	+35	3.22-point improvement on the picture naming task This means we would expect the average participant in the comparison group who did not receive the intervention (i.e. someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 85% and worse outcomes than 15% of their peers, if they had received the intervention.	1
Improved taught vocabulary at 6-month follow-up	+23	1.94-point improvement on the picture naming task This means we would expect the average participant in the comparison group who did not receive the intervention (i.e. someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 73% and worse outcomes than 27% of their peers, if they had received the intervention.	1
Improved taught vocabulary post-intervention	+17	1.67-point improvement on the definition asking task This means we would expect the average participant in the comparison group who did not receive the intervention (i.e. someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 67% and worse outcomes than 33% of their peers, if they had received the intervention.	1
Improved taught vocabulary at 6-month follow-up	+12	1.17-point improvement on the definition asking task This means we would expect the average participant in the comparison group who did not receive the intervention (i.e.	1

		someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 62% and worse outcomes than 38% of their peers, if they had received the intervention.	
Improved early reading	Not available	Not available	2

Search and review

	Number of studies
Identified in search	4
Studies reviewed	3
Meeting the L2 threshold	1
Meeting the L3 threshold	2
Contributing to the L4 threshold	0
Ineligible	1

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	UK
Sample characteristics	394 children with an average age of 3.8 years, with low-average standardised language scores

Study 1	
Race, ethnicities, and nationalities	66% White-British
Population risk factors	• 28% of the sample were eligible for free school meals • 38% of the sample were at the 10th centile or lower in screening tests, meaning that a high proportion of the sample had clinically significant language difficulties, and 13% had special educational needs.
Timing	• Baseline • Post-intervention • 6-month follow-up.
Child outcomes	• Improved oral language • Improved taught vocabulary.
Other outcomes	None
Study Rating	3
Citations	**Study 1a:** Fricke, S., Burgoyne, K., Bowyer-Crane, C., Kyriacou, M., Zosimodou, A., Maxwell, L., Lervåg, A., Snowling, M. J. & Hulme, C. (2017) The efficacy of early language intervention in mainstream school settings: A randomized control trial. *Journal of Child Psychology and Psychiatry*. 58, 10, 1141–1151. **Study 1b:** Sibieta, L., Kotecha, M. & Skipp, A. (2016) *Nuffield Early Language Intervention: Evaluation report and executive summary*. Education Endowment Foundation.

Brief summary

Population characteristics

This study involved 394 children living in England (Greater London, Yorkshire, and Nottinghamshire) across 34 nurseries, with language difficulties. 51% of the sample were boys. Children in nurseries with the lowest scores on screening measures (CELF) were selected for further screening. Up to 12 children from each nursery were selected to take part, based on having the lowest scores on screening measures. The 20-week intervention only took place in reception class.

Children on the nursery's special educational needs register and those learning English as an Additional Language were not screened for the study, although some were included in the study.

38% of the sample were at the 10th centile or lower in screening tests, meaning that a high proportion of the sample had clinically significant language difficulties. 28% of the sample tested at

baseline were eligible for free school meals. 13% had special educational needs. 66% of the sample were White-British. 16% were learning English as an Additional Language.

Study design

394 children were randomly assigned to a NELI (20 week) group (N=133), a NELI (30 week) group (N=132) and a waitlist control group (N=129) by a minimisation procedure, whereby randomisation was iterated and the optimal distribution on control factors (age, gender, and language composite) was identified.

The wait-list control group received business-as-usual. By the point of the 6-month follow-up, some of the children in the wait-list control group had started to receive an alternative school-based speech and language intervention, though the nature and quality of such interventions varied widely. It was reported that the groups remained balanced on demographic characteristics and baseline scores, although there was a notable difference between the 20-week intervention and control group in proportion of pupils eligible for Free School Meals and in proportion of White-British pupils at baseline. These were reported a not statistically significant and were accounted for in analyses.

Measurement

Assessments took place at baseline, post-intervention, and 6-month follow-up.

- **Researcher-led** assessments included the Clinical Evaluation of Language Fundamentals (CELF), the Renfrew Action Picture Test (APT), the British Picture Vocabulary Scale (BPVS), the York Assessment of Reading for Comprehension (YARC), and taught vocabulary picture naming test. All testers were blind to group allocation.

Study retention

Post-intervention

At post-intervention (Study 1a), 93% (N=365) of the sample was retained, representing 96% (N=128) of the NELI (20-week) group and 91% (N=118) of the control group.

6-month follow-up

At 6-month follow-up (Study 1a), 84% (N=331) of the sample was retained, representing 87% (n=116) of the NELI (20-week) group and 83% (N=107) of the control group.

Results

Data-analytic strategy

For taught vocabulary outcomes, hierarchical linear models were used to assess differences between groups, with the baseline measure as a covariate, and with varying intercepts and fixed slopes across schools.

For oral language outcomes, latent variable modelling was used: the model captured variance in the pre-test, post-test, and delayed follow-up language scores in six latent variables (Language

Pretest, Language Post-test, Language Delayed Follow-up, APT Pretest, APT Post-test, APT Delayed Follow-up). Similarly for early literacy outcomes, a latent variable model included variance captured by three latent variables (Literacy Pretest, Literacy Post-test, Literacy Delayed Follow-up). An intent-to-treat approach was used, and Full Information Maximum Likelihood estimators were used to handle missing data.

Findings

At post-test and 6-month follow-up, the study observed significant positive findings for the NELI (20 week) group compared to the control group in oral language. The difference between the 20-week and 30-week version of NELI was not significant.

For early literacy, there was no difference between the NELI 20-week and control groups at post-test or 6-month follow-up.

For taught vocabulary, there were improvements in the NELI 20-week group compared to the control group in nursery-expressive naming and reception definitions at post-test, and in nursery definitions and reception-expressive naming at post-test and 6-month follow-up.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Oral language skills	Composite latent variable, including CELF, BPVS, APT and YARC listening comprehension (researcher-led assessment)	D= 0.21	Yes	223	Post-intervention and 6-month follow-up
Early literacy	Composite latent variable, including YARC (researcher-led assessment)	d = 0.09	No	223	Post-intervention and 6-month follow-up
Taught vocabulary	Nursery-expressive naming (researcher-led assessment)	d = 0.19	Yes	246	Post-intervention

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Taught vocabulary	Nursery-expressive naming (researcher-led assessment)	d = 0.08	No	223	6-month follow-up
Taught vocabulary	Nursery-definitions (researcher-led assessment)	d = 0.73	Yes	246	Post-intervention
Taught vocabulary	Nursery-definitions (researcher-led assessment)	d = 0.50	Yes	223	6-month follow-up
Taught vocabulary	Reception-expressive naming (researcher-led assessment)	d = 1.03	Yes	246	Post-intervention
Taught vocabulary	Reception-expressive naming (researcher-led assessment)	d = 0.62	Yes	223	6-month follow-up
Taught vocabulary	Reception-definitions (researcher-led assessment)	d = 0.44	Yes	246	Post-intervention
Taught vocabulary	Reception-definitions (researcher-led assessment)	d = 0.31	No	223	6-month follow-up

Individual study summary: Study 2

Study 2	
Study design	Cluster RCT
Country	UK
Sample characteristics	1,156 children aged 4 to 5 years with poor oral language skills across 193 schools in 13 geographical regions in England
Race, ethnicities, and nationalities	Not reported
Population risk factors	34% of pupils in participating schools were eligible for free school meals
Timing	Post-test
Child outcomes	• Improved oral language • Improved early reading.
Other outcomes	None
Study Rating	3
Citation	Dimova, S., Ilie, S., Brown, E. R., Broeks, M., Culora, A. & Sutherland, A. (2020) *The Nuffield Early Language Intervention: Evaluation report*.

Brief summary

Population characteristics

This study involved 1,156 children aged 4 to 5 years in 240 reception classrooms across 193 schools in 13 geographical regions in England, achieving low scores on an oral language screening test**.** The five children in each participating classroom with the lowest composite scores on LanguageScreen were selected for inclusion and further testing. LanguageScreen assesses expressive vocabulary, receptive vocabulary, sentence repetition, and listening comprehension.

Schools were eligible for the study if they had not previously delivered NELI, had above average free school meal (FSM) eligibility, and were willing to be randomly assigned to intervention or 'business-as-usual' at the level of the school, to engage with the intervention and implement it with

the pupils identified by screening, to provide child background information to the evaluation team, and to facilitate baseline and post-intervention data collection.

55% of the sample were boys. 34% of pupils in participating schools were eligible for free school meals. Ethnicity information was not reported.

Study design

193 schools were randomly assigned to NELI (20-week) or a business-as-usual control group, through randomisation stratified by region (across 13 geographical regions) and number of classes being forward for inclusion in the study (one-entry versus multiple entry). At the individual level, 585 pupils were included in the NELI (20-week) group and 571 in the control group.

Control schools received financial compensation of £1,000.

At the individual level, there were no large differences between groups at baseline on age or baseline measures.

Measurement

Assessment took place at baseline and post-intervention.

- **Researcher-led** assessments included the Clinical Evaluation of Language Fundamentals (CELF), the Renfrew Action Picture Test (RAPT), the York Assessment of Reading Comprehension (YARC) Early Reading Test, and LanguageScreen. All testers were blind to group allocation.

Study retention

Post-intervention

92.6% (N=1,071) of the sample were retained at post-test, representing 90.6% (N= 530) of the NELI (20-week) group and 94.7% (N=541) of the control group. Three schools withdrew at least from the intervention post-randomisation, including one school which withdrew from the trial.

Results

Data-analytic strategy

Structural equation modelling was used, with a latent language construct including CELF Recalling Sentences and Expressive Vocabulary, and RAPT information and grammar subtests. A multilevel model included the language factor score, group, school-level characteristics (stratified in randomisation), and baseline language factor score, to assess the effect of the intervention, accounting for clustering in schools.

An intent-to-treat approach was used. No imputation or other adjustment for missingness was carried out; where pupils were not retained in the study, it seems that listwise deletion was used.

Findings

The study observed statistically significant improvements in language ability and early word reading favouring the NELI (20-week) children, compared to the control group at post-intervention.

Study 2: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Language ability	Composite language measure (including CELF and RAPT) (researcher-led assessment)	g = 0.26	Yes	1,071	Post-intervention
Early word reading	YARC (researcher-led assessment)	g = 0.15	Yes	1,071	Post-intervention

Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

Bowyer-Crane, C., Snowling, M. J., Duff, F. & Fieldsend, E. (2008) Improving early language and literacy skills: Differential effects of an oral language versus a phonology with reading intervention. *Journal of Child Psychology and Psychiatry*. 49, 4, 422–432. **This study received a Level 2 rating.**

Haley, A., Hulme, C., Bowyer-Crane, C., Snowling, M. J. & Fricke, S. (2017) Oral language skills intervention in pre-school: A cautionary tale. *International Journal of Language & Communication Disorders*. 52, 71–79. **This reference refers to a randomised control trial, conducted in the UK.**

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.