**Research Symposium application**

**Title:** Early speech and language: A comparison of outcomes for children with cleft palate with and without Robin Sequence

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**Abstract:**

Robin Sequence (RS) is a rare congenital condition causing abnormalities to the head and face resulting in feeding and breathing difficulties. Children with RS are often born with cleft palate, and have additional speech difficulties as a result. Research focussing on speech and language outcomes for children with RS is limited; studies suggest that children with RS have poor long-term outcomes. Further research is necessary to determine future case-management for this group of children.

The aim of this project was to compare the early speech and language outcomes of children with isolated cleft palate (ICP), to children with cleft palate and RS (CPRS). Children with CPRS were hypothesised to have poorer language, articulation and nasality outcomes, than children with ICP.

A retrospective case-note review was completed within the Northern Regional Cleft Lip and Palate Service in Newcastle Upon Tyne. A total of 74 children (37 with ICP and 37 with CPRS) were matched by socio-economic status, gender, date of birth and age at 5-year speech audit. Information was gathered from case files on early feeding, early airway management, cleft palate type, secondary surgery and presence of fistula after primary surgery. Speech and language assessment results at age 3 and 5 years provided data for rates of velopharyngeal insufficiency (nasality) and articulation errors. Group data was statistically analysed.

Children with CPRS had significantly more frequent and severe articulation errors than children with ICP, partially confirming the hypothesis. However, results for expressive and receptive language, and velopharyngeal insufficiency were not significantly different.

Results support previous findings, highlighting the severity and frequency of articulation errors which can be found in children with CPRS. As a result, children with CPRS may require increased support compared to children with ICP. Further investigation is warranted using more sensitive language assessments to investigate differences in language development.