Prevalence and persistence of language disorder in a population study

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Developmental Language Disorder

- child’s language abilities are below chronological age expectations

- language deficits are *not explained by other developmental concerns* such as sensory impairment, autism, extreme deprivation, head injury, intellectual impairment

- language impairments interfere with everyday life at home or at school

DSM-5 (APA, 2013)
• children with non-verbal IQs below 85 typically excluded from research and clinical diagnosis

• non-verbal IQ most common exclusion criteria for clinical services (speech-language therapy, language unit placement) (Dockrell et al 2010)
• **Population:** 7267 children starting mainstream school in 2011 (59% of total)
• **Gender:** 51% boys and 49% girls
• **Ethnicity:** 5959 children (82%) of white British ethnic origin (83% England; 83% Surrey)
• **English as additional language:** 797 (11%) were rated as having English as an additional language (17% UK total; 10% Surrey)
• **Socio-economic status:** Income Deprivation Affecting Children Index (IDACI)
Younger children experience lower levels of language competence and academic progress in the first year of school: evidence from a population study

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• younger children rated as having more language difficulties, behaviour problems and poorer academic progress
  • mismatch between language abilities of 4-year-olds and curriculum demands

• fewer than 5% of those with teacher-rated language difficulties achieved “Good Level of Development” on the EYFSP

• language best predictor of academic attainment
• 529 children assessed in Year 1 (83% in 150 schools)

• 499 children assessed in Year 3 (94% of Year 1 cohort, in 180 schools)

<table>
<thead>
<tr>
<th>Prevalence Year 1</th>
<th>% of population</th>
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</thead>
<tbody>
<tr>
<td>Language Disorder (cause unknown)</td>
<td>7.58%</td>
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<tr>
<td>higher NVIQ</td>
<td>4.80%</td>
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<tr>
<td>lower NVIQ</td>
<td>2.78%</td>
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<tr>
<td>Gender (boys:girls)</td>
<td>1.22:1</td>
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<tr>
<td>Language Disorder (known cause and/or intellectual impairment)</td>
<td>2.34%</td>
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</tbody>
</table>
• Language Disorder (cause unknown):
  – Only 11% achieve ‘good level of development’
  – 9.68% clinical levels of social, emotional and behavioural deficit

• Language Disorder (known diagnosis):
  – More severe deficits
  – 50% clinical levels of social, emotional and behavioural deficit
• ~50% of children with language disorder referred to SLT by Year 3

• predictors of referral:
  – Severity of language impairment
  – Severity of articulation deficit
  – Female sex (!)
stability in language function to YEAR 3

Total Language Year 1 (z-score) vs. Total Language Year 3 (z-score)

Better than Year 1

Worse than Year 1

ICC = .93
key implications

• Easy fixes
  – Focus on oral language development in initial teacher training and National Curriculum

• Medium term considerations
  UK are world outliers for age at which we start literacy instruction...
  – Early years foundation stage focus on developing oral language competence
    • Reasoning
    • Managing own behaviour
    • Developing social relationships
    • Experiencing early school success
key implications: taking a longer view...

• high-quality intervention trials with longer term follow-up
  – non-verbal ability in response to treatment
  – outcome measures – including SEMH

• Can we ‘narrow the gap’?

thanks to the SCALES team

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thank you for listening!

find out more about language impairment and the impact of language impairment on children and young people!

https://www.youtube.com/RALLIcampaign

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