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The identification of speech and language problems in elementary school: Diagnosis and co-occurring needs

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ABSTRACT

Background: Oral language skills are the foundation for success at school and in employment. A significant minority of children experience difficulties in the acquisition of oral language resulting in speech and language needs (SLN). There are disjunctures between clinical studies using standardised assessment and educational studies. The current study examines teacher reported SLN alongside assessments of language and cognitive skills to explore children's profiles of needs, developmental trajectories and risk factors.

Procedure: Data from the UK Millennium Cohort Study were used to examine teacher identification of SLN at seven (n = 8658) and 11 years (n = 7275).

Results: There were high levels of co-occurrence between SLN and other special educational needs at seven and 11 years, with SLN being less common at 11. Vocabulary levels and parental concerns at three and five and educational attainment at seven were highly predictive of SLN at seven, slightly less so at 11. However, a significant proportion of parents of children who scored in the bottom 2nd centile on vocabulary measures did not report their child as experiencing a language problem. Gender and disadvantage were also predictive of SLN but were mediated by the cognitive and behavioural variables.

Implications: These results raise questions about whether children's language needs at age 11 are recognised in schools. The extent of co-occurrence challenges the way diagnostic categories should be used and supports the value of profiling of dimensions of need.

What this paper adds

To date the needs of children with speech and language problems in elementary school have been ill defined and the importance of teacher identification has been overshadowed by clinical diagnostic approaches. This is problematic since the majority of children with speech and language needs (SLN) are in mainstream classrooms, teacher identification of these difficulties is demonstrated to have an important role in determining access to additional support and is likely to shape teacher practice to their pupils with SLN more generally. Drawing on a national cohort study the cognitive, parental and demographic factors associated with teacher identification of SLN at seven and 11 are examined. The findings suggest that children's vocabulary and their parent's judgement of their speech and language needs at age three and five are highly predictive of their special needs status at age 11, though not all parents are equally good judges. The data raise questions about teachers' recognition of language needs at age 11. By 11 children with earlier identified SLN tended to be re-classified as having another special educational. There were high levels of co-occurrence with other types of special educational need, at seven and 11. At seven, children with SLN were five times more likely than their peers to be

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identified with another SEN, eight times more likely to be classified as having intellectual disabilities. The extent of co-occurrence challenges the practicality of researching interventions for ‘pure’ diagnostic categories and supports the value of dimensional approaches to special needs.

1. Introduction

Traditionally medical and psychological approaches to developmental disorders have promoted the use of mutually exclusive diagnostic categories (Gibson, Adams, Lockton, & Green, 2013). The validity of diagnostic approaches for specific developmental disorders (Dyck, Piek, & Patrick, 2011) and its appropriateness for educational settings (Lindsay, 2011) has been questioned. Using data from a population sample the identification and changing need of children with developmental language disorders was examined.

Capturing patterns of problems that identify language disorders and the lack of consistent terminology to describe these problems raises significant challenges for researchers and practitioners (Bishop, 2014; Reilly et al., 2014). Practitioners can use up to nine different terms to identify children with the same patterns of problems (Dockrell, Lindsay, Letchford, & Mackie, 2006) and substantially more combinations (> 600) can be found in searches of the research literature (Bishop, 2014). Arguably these challenges have resulted in fewer studies of the needs and profiles of children with developmental language disorders relative to other, lower incidence, developmental disabilities such as Autistic Spectrum Disorders (Bishop, 2010). Recently these concerns have been addressed for both research and clinical practice (Bishop, Snowling, Thompson, Greenhalgh, & Consortium, 2016; Bishop, Snowling, Thompson, Greenhalgh, & Consortium, 2017), but little is known about the ways in which the needs of children are identified within the education system (Dockrell, Howell, Leung, & Furgad, 2017). For developmental disorders where there is no clear boundary between disorder and normality, different patterns of identification within clinical samples and across educational provision occurs (Lindsay, 2011). This is of concern both theoretically and for practice. Clinical populations raise challenges in terms of representativeness and selection bias (Davis-Kean & Jager, 2017). As such focusing solely on clinical populations using diagnostic criteria limits the generalisability of results to children with language disorders more widely (Law, McBean, & Rush, 2011) and acts as a barrier to understanding profiles of needs and changes in developmental trajectories. By corollary, the majority of children with language disorders are found in mainstream schools but will not necessarily have received a clinical diagnosis, despite significant language difficulties, and their needs will be met in these settings (Dockrell, Lindsay, Roulstone, & Law, 2014). In these settings, both the curriculum and access to additional resources will be determined by professionals working within the educational services, in collaboration with other professionals (Dockrell et al. 2013). Drawing on data from the millennium cohort study, we explore the language performance and the profile of the needs of children identified with speech and language needs (SLN) by their teachers. Implications for understanding patterns of need in school settings are considered.

1.1. Who are the children with language disorders?

Language disorders are neurodevelopmental disorders defined by children’s performance on a relevant set of standardised language measures. Children with *Language Disorders* experience problems with the structural dimensions of language, including grammar and vocabulary. Persistent difficulties in the acquisition and use of language have variously been referred to as Specific Language Impairment (SLI), language learning disabilities and language disorder in the research literature (Bishop, 2014; Reilly et al., 2014) and within the UK educational system Speech Language and Communication Needs (SLCN) or speech and language difficulties.¹ There is, however, no gold standard for diagnosis; tests vary markedly in their ability to discriminate between children with significant language learning needs (Shahmahmood, Jalaie, Soleymani, Haresabadi, & Nemati, 2016). Children identified with language difficulties by parents or professionals are not necessarily the same children identified by language tests (Law et al., 2011; Tomblin et al., 1997). Although combining parental report with test results is particularly effective in predicting the existence of significant language impairments; parental report performs as well or better than conventional psychometric measures (Bishop & McDonald, 2009).

These unexplained difficulties in language comprehension or production are common in development (Law, Boyle, Harris, Harkness, & Nye, 2000). Many children enter school with poor language skills (Norbury et al., 2016). Between seven to 16 per cent of children are reported to have poor language development unexplained by other developmental challenges that is more than 1.5 SD below the mean on norm-referenced tests (Reilly et al., 2010). A further 2.3 per cent are reported to experience language problems as part of another neurodevelopmental disorder (Norbury et al., 2016). Establishing the prevalence of language disorders in younger children (under five) is problematic due to different, and often unexplained developmental trajectories (Reilly et al., 2010) and, the fact that there are no unequivocal language behaviours that allow the identification of language problems in a reliable and valid way (Pawłowska, 2014). More consistency exists in the prevalence data for children of elementary school age, and boys are more affected than girls (Law et al., 2000; Tomblin et al., 1997). Language difficulties still evident at school entry tend not to resolve (Beitchman et al., 2008; Law, Tomblin, & Zhang, 2008; Tomblin, Zhang, Buckwalter, & O’Brien, 2003), and at this point in development can be considered a developmental disability. Indeed, when predicting language abilities at age seven, the best predictor is language at age four and the addition of other factors does not improve prediction (McKean et al., 2017). Non-verbal ability and behaviour problems do not impact on the stability of language performance (Bornstein, Hahn, & Putnick, 2016). Thus, by the age of five, language

¹ When describing research the terms used in the relevant studies are used.

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