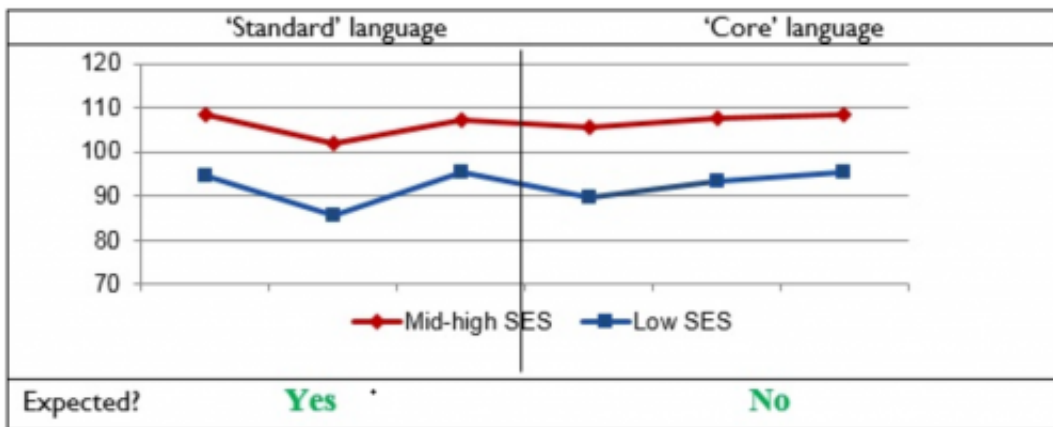


# Preschool attendance boosts language in disadvantaged children

January 15 2015, by Penny Roy And Shula Chiat



Disadvantaged children performed worse on our language tests. Credit: Roy and Chiat, Author provided

All children with early language problems are at [increased risk of struggling at school](#), and having reduced employment opportunities and life chances, but the [risk of early language problems](#) is disproportionately high for children from socioeconomically disadvantaged backgrounds.

Given the key role of [language](#) in acquiring literacy and accessing the school curriculum, early identification of speech and language deficits and appropriate intervention are crucial. Our [new research](#) has found stark deficits in the most basic language abilities of [children](#) from poorer areas compared to those from more well-off areas. But children who

regularly attend nursery performed better on our tests.

## **The funny man put a dot on his nose**

We wanted to find out if poor language associated with growing up in disadvantaged circumstances differed from [deficits evident](#) in all children with [language impairment](#), irrespective of their family backgrounds.

Standard clinical assessments that are used to identify language impairments are known to be socially biased, affected by children's language environments and life experiences. We compared these with "core" language measures that tap basic skills: for example, accurately repeating words (such as dinosaur), nonsense words (such as sinodaur) and simple sentences (The funny man put a dot on his nose).

"Core" measures are much less dependent on existing language knowledge and are relatively free of socioeconomic effects, at least in school-aged children. But children with language impairment struggle in these tests. Our other core measures assessed children's speech production and intelligibility and their capacity to learn new words.

## **Poverty and language**

Our study involved 208 children aged between three and a half to five-years-old. All had English as their first language and attended nursery and reception classes in the London Borough of Barking and Dagenham, a relatively disadvantaged area. A second group of 168 pre-schoolers from more socioeconomically advantaged neighbourhoods in north and south London were also included in our study. We tested these children's performance on "standard" and "core" language tests.

The three and a half to four-year-olds from Barking and Dagenham were followed up 18 months later. We also compared the performance of the more disadvantaged group with an age-matched clinic sample of 160 children recruited from clinical services across London.

The graph shows the average performance of the two groups on three standard and three "core" measures, where the average score for the general population is 100. The scores of the low socioeconomic group, the blue line, were consistently below the population mean, and the scores of the mid-high socioeconomic group, the red line, at or above it.

Contrary to our expectation that performance would be higher on "core" measures previously found to be unaffected by socio-economic status, the group from the disadvantaged area performed no better overall on these "core" language measures than on the "standard" measures of language. As the graph shows, the gap between the groups was similar across all six measures.

We found that over a third of our children from disadvantaged areas entered nursery without the most basic speech, language and attentional skills expected to be in place at this age, compared to less than a tenth of the mid-high group.

## **Preschool matters**

But those children from disadvantaged areas who attended preschool regularly – at least 75% of sessions – had significantly higher scores than poor attenders, with good attenders performing in the average range and poor attenders well below. This difference continued to be evident 18 months later. We did not obtain attendance measures for the mid-high socio-economic group.

A higher than expected proportion of children in the more disadvantaged

group had clinically significant language problems, with profiles comparable to children who had language impairment in our clinic sample and about ten times the rate found in our group of mid-high socioeconomic children.

But the availability of clinical health services did not match the different levels of clinical need found in the two groups. Despite higher rates of clinically significant speech and language problems in the children from poorer areas compared to their peers from more well-off areas, the groups had similar contact with speech and language therapy services and the number of therapy sessions attended.

## Policy implications

Our findings cast new light on language difficulties in poorer communities. This is relevant to the training and practice of professionals concerned with reducing the socioeconomic gap, and to those working with young children and parents in socially [disadvantaged areas](#).

Our evidence shows the impact of and need for high-quality preschool care and supports the extension of school nursery provision from three-year-olds to two-year-olds. However, provision in itself is not enough: as we have shown, take-up of provision is crucial. Our findings highlight the challenges involved in reaching the most needy and inaccessible preschoolers and the importance of supporting parents in getting their children to preschool.

Our study reinforces the need for qualified preschool staff and training of preschool providers to recognise the presence, nature and significance of language problems and how best to respond and intervene. Our measures of "core" language are informative about deficits in very basic language skills. They are quick to administer and can be used by early

years staff, including those concerned with the welfare of disadvantaged children, with minimal training.

There are ongoing questions about the best way to provide and fund joined-up services that work between education and speech and language therapy to address the scale of the problems we have identified.

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