

## Project Number: CC005

**Title:** Cognitive, social and emotional development among children born with cleft lip and/or palate at 18 months

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## Scientific Outline:

Within the cleft lip/palate (CL/P) population, outcomes for those affected are variable. In particular, previous research has indicated that those born with CL/P may be at a higher risk of mental ill health (Hunt et al., 2006; Demir et al., 2011), social difficulties (Ramstad et al., 1995; Slifer et al., 2004) and poor educational attainment (Knight et al., 2015; Wehby et al., 2015) than their unaffected peers. In addition, a much higher incidence of additional conditions (such as a developmental delay and Attention Deficit/Hyperactivity Disorder) has been identified among children with CL/P when compared to the general population (Feragen et al., 2014).

Although cleft-specialist clinical psychologists are on hand to address these issues as and when they arise, identifying these problems at a much earlier stage in the child's life would offer an opportunity for early intervention and the prevention of further difficulties later on.

Analysis of a subset of the Cleft Collective birth cohort data will allow for:

- An evaluation of the utility of the Ages and Stages Questionnaires (ASQ-3 and ASQ-SE) in screening for early identifiers of cognitive, social and emotional difficulties within the CL/P population
- 2) An in-depth description of the type of difficulties identified within the cohort sample using subscale scores and parents' comments
- 3) A comparison of the prevalence of such difficulties within the cohort sample to a) the general population (based on questionnaire norms) and b) previous CL/P studies.

The findings of this study will have implications for the way cognitive, social and emotional challenges are screened for in clinical practice. The next stage of this line of research will be to identify the risk factors for suboptimal child development (once this additional data has been prepped).

This study will analyse cross-sectional data obtained via parent-reported CC questionnaires at age 18 months. This study only requires ASQ data collected from one parent; therefore only questionnaires completed by mothers will be used. Questionnaires will be excluded if the child was aged less than 17 months or more than 19 months at the time of questionnaire completion. The anticipated sample size (based on the current 18-month questionnaire return rate) is ~250 mothers of children with CL/P.