

Centre of Research Excellence in Child Language

Research Snapshot: Help vs. need

Why parents seek help about children's communication development in the early years

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Background

Parents play a vital role in promoting and observing their child's development of language and communication skills including speech sounds, fluency, vocabulary, expression and language understanding. When parents suspect problems, they may access help or advice from a range of professionals including maternal and child health nurses, speech pathologists and general practitioners.

Understanding what drives parents to access support, and where they turn to, can help to improve services for families and children by targeting professional education, providing guidance for families on how to access the right services, and planning adequate and appropriate resources in the community.

Connecting children experiencing communication problems with the right support, and therefore interventions, can have far reaching impacts in later language, behavioural/emotional, social and academic outcomes for life success, social participation and wellbeing.

Aims

To help understand how program and service support might better connect with children experiencing language and communication problems, two Australian studies aimed to:

- describe how many families access help (i.e. see a health or other professional regarding their child's communication), and where they turn to, at ages 1, 2, 3, 4 and 5
- develop our understanding of why some families access help and some do not
- determine whether services are received by children who need them (i.e. those with communication problems).

Key findings

The number of families accessing help increased as children grew older. Some parents accessed help even if there was no apparent problem. There was a clear relationship between accessing help and children's communication; children with communication problems were more likely to receive help than children without problems.

Nevertheless, up to 70% of children with a communication problem did not receive help for this problem within the next 12 months. Of all of the families (386) who accessed help between 1 and 4 years, 34% did so for the first time between 3 and 4 years.

Between 4 and 5 years, children were assessed and parents were given feedback about their child's language and communication. Even so, less than half of children with assessed communication problems received help from any professional, and only around one third saw a speech pathologist. Across all 4-year-old children studied, 14% had needs yet did not see a professional within 12 months, and 5% saw a professional yet had no identified needs.

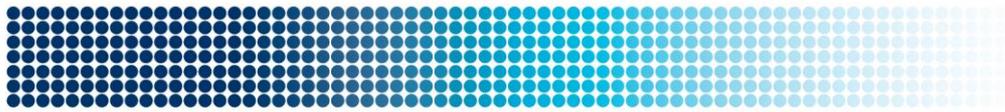
Between 0-4 years, parents were more likely to access help for boys than girls. Between 4-5 years, children with obvious communication problems like speech sound errors were more likely to receive help than children with subtle communication problems.

Parent concern was a consistent predictor of accessing help. This relationship became stronger as children grew older with up to nine times greater odds of accessing help when parents had concerns about communication.

Implications

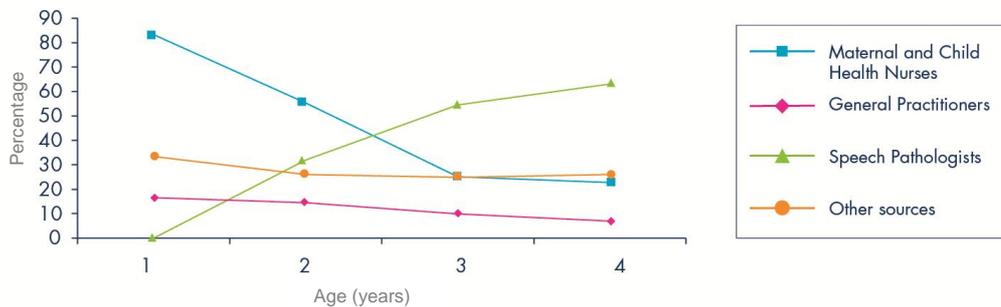
For policy and practice

At all ages, a significant proportion of children with identifiable communication problems did not receive help, and even after receiving feedback about communication problems there was significant under and over servicing of children. At 4-5 years, more than 50% of children categorised as needing services did not receive any.



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Figure 1: Proportion of families accessing help from different sources over time



An increasing proportion of families accessed help as children got older, and many children entered the service system for the first time after the age of three. Given that there are waiting lists for public specialist services, this is likely to mean that many children are not receiving early intervention for their communication difficulties before they reach school.

As children got older, parent concern became a stronger predictor. Nevertheless, a substantial proportion of parents with concerns did not access help, and some without reported concerns did access help. This means that parental concern is neither a perfect predictor nor the only factor that should be relied on to get children to services.

Gender played an unexpected role in accessing help. Even after taking into account parental concern and whether the child had a communication problem, there was clear evidence that parents are more likely to access help for boys than girls. This may reflect parental beliefs about development or the value of accessing help for boys versus girls.

Parents primarily take responsibility for deciding to access services for children with communication problems. These studies demonstrate that there are still substantial numbers of children with needs who are missing out on services.

There is therefore a greater need for parent-focussed support and education to promote an understanding of the importance of children receiving services when they need them. This could include greater involvement of maternal and child health nurses and/or general practitioners in identifying children with communication problems and encouraging or even following up families to ensure they are able to access specialist assessment when problems are suspected.

For research

Further research is needed to better understand which children with communication problems are most likely to benefit from intervention, how these children should be identified, and the best methods to support families to access services when they are needed. This should include identifying barriers to access when parents have concerns.

Barriers may include family factors such as parent knowledge of services or competing priorities within the family, and/or service factors such as availability, waiting lists or costs.

Study details

Families participated in the longitudinal community-based Early Language in Victoria Study. Maternal and child health nurses recruited families of 1,910 children to the study at routine 8-month well-child visits, attended by more than 80% of families. Families were selected from six local government areas in metropolitan Melbourne representing broad socioeconomic levels, based on Australian Census data. Caregivers completed questionnaires at baseline, and then at each birthday including family/child demographics, parental concerns, child speech and language development, and accessing help. Children's communication status was assessed face-to-face at 4 years and parents were provided with feedback. This paper draws on each wave of data collection (8 months to 5 years).

About us

The Centre of Research Excellence in Child Language (CRE-CL) links Australian and international studies to advance the science of language development, pathology and effective interventions. CRE-CL brings together researchers from the Murdoch Childrens Research Institute, Deakin University Australia, The Royal Children's Hospital, the Parenting Research Centre (Melbourne, Australia), Newcastle University (UK) and The University of Iowa (USA). The National Health and Medical Research Council is funding this program for five years from 2012.

www.mcri.edu.au/research/research-projects/centre-for-childhood-language

Published article details

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Skeat, J., Eadie, P., Ukoumunne, O.C., Reilly, S. (2010). Predictors of parents seeking help or advice about children's communication development in the early years. *Child: Care, Health and Development*, 36 (6), 878-887.