

Research Snapshot

Summarising findings and their implications



NUMBER 3 MAY 2014

Late talking: is intervention necessary and effective?

Language difficulties, including late talking, are one of the most common childhood developmental problems and are reported in almost one in five toddlers aged two to four years. Some children develop language skills at a much slower rate than their peers. Persistent language difficulties can lead to difficulty making and keeping friends, performing at school and finding work.

Children that are late to start talking are often considered more at risk of developing a language impairment, but many late-talking two year olds catch up by the time they are four. We can't yet predict which children will have a persistent language impairment and who will 'outgrow it'. This naturally creates a dilemma: should we try to intervene with late talking children if the late talking often resolves in some children, but may equally progress into more persistent language impairment?

In recent years, treatment or intervention programs have focussed on the impact more responsive parent-child relationships might have on language development. Specifically these programs aim to provide parents with the skills and motivation to engage with their child's focus of attention (for example, commenting "the dog is going for a walk" if their toddler points at a dog) and expanding on their child's efforts to talk (for example, adding "Yes, it's a dog. A big brown dog" if their child says "dog") (learn more in Research Snapshot 4).

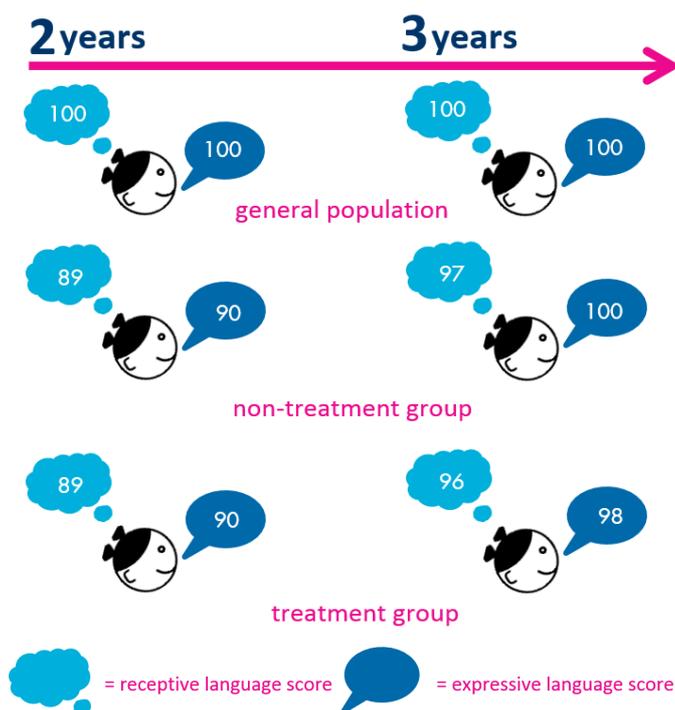
Aims

Although studies evaluating these kinds of programs have reported short-term language improvements, the studies did not involve many families, or families from a wide range of educational or cultural backgrounds. There was also not long-term follow up of the children and their families.

The Let's Learn Language trial aimed to address these shortcomings and test whether an education program for parents of 18 month olds at risk of late talking could:

- improve the child's language skills
- reduce any behavioural problems (often associated with a language difficulties).

Language levels of different children across time



The average score on the pre-school language scale at each age is 100.

'Girl' graphic courtesy of Peacock Dream, The Noun Project

Key findings

The trial monitored the language levels of 301 toddlers over 18 months using a combination of parent surveys and language assessments.

At three years of age, we found that:

- the average language level of children in the intervention and control group was almost the same
- the average language level of the children in the trial was almost the same as in the general population.

Interestingly, of the 100 parents who provided feedback:

- 86 per cent felt that the program had led to positive changes in how they communicated with their children.
- 72 per cent reported positive changes in their child's communication.

Partners:



“Language intervention programs delivered on the basis of late talking status at 18 months alone are not effective.”



Implications

For policy and practice

Language intervention programs delivered on the basis of late talking status at 18 months alone are not effective.

The results of the study showed virtually no difference in language outcomes between those late talkers whose parents participated in the intervention program and those whose parents did not. This suggests that although some late talkers do develop language impairments, late talking by itself is neither an accurate diagnostic marker nor an effective basis for targeting intervention (learn more in Research Snapshot 2).

Health and education professionals can safely reassure families that late talking often resolves.

By three years of age, many of the late talkers in both the control and intervention groups achieved language scores very similar to their peers in the general population. This would suggest that unless parents have other concerns about their child's development (for example, difficulties understanding what others say, being slow to walk) then late talking by itself doesn't generally indicate serious developmental problems.

Studies that find no effect of intervention can be just as useful as studies that do find an effect.

Studies that find no effect of intervention need to be considered alongside studies with positive findings in making informed decisions about the effectiveness of prevention strategies. Given the public pressure to respond earlier to a range of language concerns in young children this is particularly important. This study cautions against assuming that good interventions will remain effective when they are translated to the broader population.

For research

Other models of intervention could still offer ways to improve the language of children most at risk of persistent language impairment.

The particular treatment program we tested was not effective, but there could be benefit in trialling treatment models that are more intensive (for example delivered one-on-one rather than in a group) and/or delivered to children at a different age. However, more involved models could involve greater cost.

There is value in persevering to find a way to identify which children will have persistent language delays.

We know that the first five years of a child's life have a significant impact on their development and ultimately their capabilities and opportunities in later life. We also know that it is more costly to treat established conditions than emerging ones or to prevent them from developing at all. Although late talking alone is not an accurate predictor, it may be possible to successfully identify these children by combining late talking with other risk factors (such as the nature of parent-child interaction).

Study details

The Let's Learn Language project involved both a prospective longitudinal study and an intervention trial. Maternal and child health nurses invited families to join the project when their child came in for their routine well-child check-up at 12 months. The trial recruited 1138 children born between May and December 2006 and who lived in three local government areas in Melbourne representing a mix of socioeconomic status. At 18 months old, each child's expressive language levels were assessed based on screening questionnaires completed by the parents. Children in the bottom 20 per cent were enrolled in the intervention trial and then randomly allocated to either the control or intervention group.

Of the 301 families that ultimately participated in the trial, 143 were allocated to a control group and 158 to the intervention group. Those parents in the intervention group attended weekly group education sessions of two hours for six weeks. Most parents (73 per cent) attended at least one education session, and around half (57 per cent) attended four or more sessions.

Suggest citation

Levickis, P., McKean, C. (2014) Late talking: is intervention necessary and effective? Centre for Research Excellence in Child Language, Research Snapshot 3.

Published article details

Wake M, Tobin S, Girolametto L, et al. Outcomes of population-based language promotion for slow to talk toddlers at ages 2 and 3 years: Let's Learn Language cluster randomised controlled trial. *BMJ*. 2011; 343(7821):460.

About us

The Centre of Research Excellence in Child Language is a collaboration of child language experts. It uses the latest approaches in molecular genetics, neuro-imaging, epidemiology, biostatistics and health economics to investigate factors that affect and improve child language and development.

The centre is funded by the National Health and Medical Research Council.

Contact details

Centre of Research Excellence in Child Language
Murdoch Childrens Research Institute
50 Flemington Road, Parkville VIC 3052 Australia
info.CRE@mcric.edu.au
www.mcric.edu.au/CREchildlanguage