

What we know about: Childhood language impairment

About 5% of children under 14 years old have language impairment. This is roughly the same prevalence rate as childhood obesity, and the impact on the individual and their community can be significant. Societal change, driven by an increasingly educated, automated, and digitalised world, has seen a shift from manual employment opportunities to more communication focused roles, compromising the educational, health and vocational trajectories of children with a persistent language impairment.

Terminology is important:

- Language Delay implies that a difficulty is transient and will resolve
- Language Impairment implies a lasting impact on function across contexts

Impact of Language on Learning and School Participation

- Language is a key element in most school readiness measures
- Learning to read is best supported by strong oral language and sound awareness skills
- Comprehension difficulties impact across learning domains and are closely linked to cognition
- Language impairment is associated with but does not necessarily cause social and peer difficulties
- Associated developmental impairments (across motor, cognition, attention, social and behavioural domains) are so common amongst school-aged children with language impairment that 'specific language impairment' is increasingly considered the exception rather than the rule. This has resulted in much debate about appropriate terminology and questioning of traditional approaches to intervention.

What we need to consider when we assess language:

There is a shift in the literature away from traditional diagnosis driven assessment to those that more holistically describe a child's function and their ability to participate across contexts. A low score on a standardised assessment does not automatically equate to poor function. Many children cope despite having specific weaknesses, just as the reverse is true.

Subsequently, when assessing language there needs to be broad criteria, such as understanding and describing:

1. the features of the child's language
2. the impact the impairment has on function and participation
3. the presence/absence of other impairments
4. the language trajectory or pathway to date, including age of onset

'Risk factors' are not predictors. While late talking might be a risk factor for later language impairment, we would have to treat 1000 late talkers to find 250 with long term (persistent) language impairment.

High quality diagnostic understanding is essential and may only occur over time.

What we know about language intervention:

There are no universal guidelines or consistent evidence pertaining to:

- Type of intervention
- Timing of intervention
- Decision making regarding intervention

This doesn't mean things don't work. It does mean that there isn't high level evidence to indicate a specific approach to language intervention.

There is evidence that:

- different types of impairment require different intervention approaches and different expectations of outcomes (eg. evidence in support of intervention for expressive language impairment is stronger than for receptive language)
- the developmental trajectory of different conditions will vary with and without intervention (ASD v ADHD v late talkers).
- many children with language impairment go on to have persistent problems even when clinical intervention is provided.

This implies that the role of the Speech Pathologist is changing, and includes the need to work with stakeholders, including the child and their family, to develop effective strategies for coping with a child's difficulties and to accommodate these difficulties across contexts.

Many children require an evidence-based, holistic, life-span model that is likely to involve a range of professionals (in addition to Speech Pathology) across health and education contexts working in partnership with the child and their family, providing support at different stages in the child/young person's life.

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