

# Language Delay

## What is a language delay?

A language delay occurs when a child's language is developing slower than other children of the same age, but it is following the typical pattern of development. For example, a child may be 4 years of age, but understanding and/or using language typical of a child who may be only 2.5 years of age. A child may have a receptive language (understanding of language) delay or an expressive language (use of language) delay.

Language is typically something that is acquired, not explicitly taught. It follows a predictable sequence of development and should occur naturally from birth when the child is in a situation where they are exposed to language and normal social interaction. Language development can be affected by the complex interaction of genetic and environmental influences.

Language is made up of many building blocks, which include: morphology (i.e. the way in which words are made to indicate elements such as past tense - climbed, plurality - cats, possessive - king's), semantics (i.e. the meaning of words), syntax (i.e. the way in which words are put together to form meaningful and grammatical sentences), prosody (i.e. the duration, rhythm and pitch intensity in which the sounds of speech are made), vocabulary (i.e. the words a child knows and uses) and pragmatics (i.e. the social "road rules" of language which govern how we use language and interact with each other).

Language delay may be primary or secondary. It is secondary if a child has another difficulty, which has impacted on their language skills, such as autism, hearing impairment, global developmental delay. When a language delay is

primary there will be no other difficulty identified.

## **What are the common features of a language delay?**

- Late to talk and first words do not appear by the age of 15-18 months.
- The child gets their first words but then does not go on to develop new words quickly.
- By two years of age, the child is saying less than 50 words and is not using any two word combinations (e.g. 'more drink', 'Daddy gone', 'car go').
- The child has difficulty understanding what is being said to them and has difficulties following instructions.
- The child's language sounds immature for their age.
- Difficulties attending at group time at kindergarten or school.
- The very young child may have difficulties with eye contact, attending to activities and to speech and using sounds and gestures.
- Difficulty answering questions.
- Difficulty sequencing words together in sentences.
- Difficulty reading and writing.
- Difficulty getting their message across.
- Uses incorrect grammar (e.g. 'me want that red one' instead of 'I want the red one').

## **Common difficulties often (but not always) experienced by those with a language delay:**

- If expressive language delay only, difficulty getting across ideas and thoughts.
- If receptive language delay only, difficulties understanding instructions and questions.
- Difficulties accessing the school curriculum.
- Difficulties interacting with peers.
- Sensory processing.
- Poor planning and sequencing.
- Poor executive functioning.

- Poor working memory.
- Poor attention and concentration.
- Poor written communication in a classroom environment.
- Poor organisational skills.
- Difficulties reading and spelling.
- Poor reading comprehension.

## **Management strategies that support the child with a language delay (at preschool, school and/or home):**

- Set up an individualised plan with parents/carers that have small achievable speech and language goals to help develop the child's language skills.
- Provide the child with strategies to manage situations when they don't understand (e.g. teaching them to put up their hands when they don't understand, teaching some standard questions to ask when needed).
- Liaison between health professions and educational staff to provide information to be incorporated into an education plan and/or implementing ideas/suggestions/activities to help improve the child's speech and language skills and ability to access to the curriculum.
- Use fun play-based activities or games to help motivate the child to learn.
- Use simple and concise information.
- Use visuals to supplement auditory information (e.g. pictures, signs, gestures).
- Provide extra time to complete tasks.
- Hanen '2 is For Talking' language program.
- Explain new vocabulary.
- Expose child to language in a variety of settings (e.g. in the community, during daily routines such as bath-time, cooking).
- Using simple language whilst playing with your child.

## **Speech Therapy approaches and activities that can support the child with a language delay or their carers include:**

- **Speech and language assessment:** Looking in depth and determining the child's strengths and weaknesses in all areas of communication,

including play and interaction skills, attention and listening, understanding words and language, using words and language, social communication, pronunciation and talking as well as pre-literacy skills where appropriate.

- **Communication strategies:** Working together with parents to devise goals and strategies to help develop areas of communication with which the child is having difficulty.
- **Daily activities:** Providing families with strategies and advice that can be utilised at home within daily activities and routines to help develop communication skills.
- **Step by step goals:** Making small step by step goals that are achievable and show the child's progression within the skill areas.
- **Visual information:** Incorporating extra visual information through the use of a more formalised gesture system, pictures and/or symbols to aid understanding and use of language where appropriate.
- **Positive reinforcement:** Providing lots of positive reinforcement and encouragement throughout therapy to help build confidence and self esteem.
- **Liaising with educational staff** (where appropriate) about the child's communication skills and providing information and ideas that can be used in the educational setting to help the child access the curriculum.
- **Age-appropriate language:** Using language that is appropriate to the child's level of understanding.
- **Multi-sensory approach:** Using a multi-sensory approach (e.g. sight, taste, smell, touch) to learning new words and concepts.
- **Books:** Teaching how to use books and stories to aid language development.
- **Alternative forms of communication:** Teaching alternative ways of communicating whilst language is developing (e.g. sign language, the Picture Exchange Communication System - PECS).

## **Why should I seek therapy for my child with a language delay?**

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information.

The 'help' still needs to be provided. The help that is provided (at least from a therapy perspective) will reflect:

- First and foremost what medical intervention is needed.
- What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant functional challenges).
- The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
- The capacity of the child's environments to meet the child's needs.

### **If left untreated the child with a language delay may have difficulties with:**

- Following instructions within the home, kindergarten or school environment.
- Vocabulary whereby a child cannot clearly get their message across due to limited word knowledge.
- Understanding jokes and figurative language during interactions with others, and when watching TV shows and movies and reading books.
- Learning to talk, speech intelligibility and clarity.
- Self esteem and confidence when they realise their skills do not match their peers.
- Bullying when others become more aware of the child's difficulties.
- Fine motor skills such as being able to communicate in a written manner for academic assessment.
- Accessing the curriculum because they are unable to attend to tasks long enough to complete assessment criteria.
- Social isolation because they are unable to cope in group situations or busy environments, impacting on their ability to form and maintain friendships.
- Reading/understanding social situations and being perceived as 'rude' by others.
- Social communication, such as eye contact, appropriate distance when talking to someone, turn-taking within a conversation.
- Academic performance: Developing literacy skills such as reading and writing and coping in the academic environment.

More specific implications of not seeking treatment will be influenced by the common difficulties that are most influencing your individual child.

*For more information see the relevant fact sheets under areas of concern or refer to the other relevant resources section below.*

## **What does the diagnosis of a language delay really mean for the child?**

Diagnoses are used to label a specific set of symptoms that are being experienced by a child.

This label then helps to narrow down and specifically tailor what:

- Other issues commonly occur simultaneously.
- Medication might be appropriate.
- Therapies might help the child (e.g. Medical, Occupational Therapy, Speech Therapy, Psychology).
- Course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).
- Can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.
- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

Contact us today to make an initial enquiry or book an assessment for your child  
on 1800 KID SENSE (1800 543 736)

