

# Caregiver's awareness of language difficulties in 3- to 4-year old German children

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## Background and Aims

A lot of young children at risk of speech-language difficulties still go undetected or are not assessed before preschool-age (Broomfield & Dodd, 2004). Alongside lost time for intervention, this practice causes a lot of emotional distress for parents who suspect a disorder and their children. Also, untreated early speech-language problems may persist and lead to difficulties with reading and writing at school-age (Stackhouse & Wells, 2001). Thus, the underlying research questions for the reported study (Haupt, 2010) were: What contribution can parents and nursery staff make for the earlier detection of early language difficulties? (How well) Can their awareness be assessed by an experimental questionnaire? Does awareness of language difficulties lead to concern and is this related to the age of children or certain areas of speech-language development? Does an experimental questionnaire detect children at risk as successfully as a standardised screening?

## Methods and Materials

**Participants:** 17 boys & 17 girls in two age groups (3;4 – 3;11 vs. 4;0 – 4;11 years) from four nurseries in Lower Saxony. **Exclusion criteria:** diagnosed developmental delays, disorders or genetic syndroms; bilingual children. **Inclusion criteria:** children aged between 3 and 4 years with parental consent. **Assessment:** approx. 15 mins./child in Kindergarten

### Materials

**Standardised screening (SSV)** for preschool children (Grimm, 2003); two subsets (ST) per age group: PGN: Phonological working memory for non-words (3-/4-year-olds); MR: Morphological rule induction (3-year-olds) or SG: Sentence recall (4-year-olds).

### Experimental questionnaire including a language profile:

**Version A (parents):** general & speech-language development, risk factors. **Version B (nursery staff):** language and behaviour in Kindergarten. **Language profile:** Rating of articulation, lexicon, understanding, grammar, fluency (rating of/above 2 suspicious). **Example of a question with rating scale:**

The child's speech is well intelligible. never 0-1-2-3-4 always  
(1 = rarely, 2 = sometimes 3 = mostly)

**Informal assessment:** auditory discrimination (minimal pairs), articulation and lexicon.

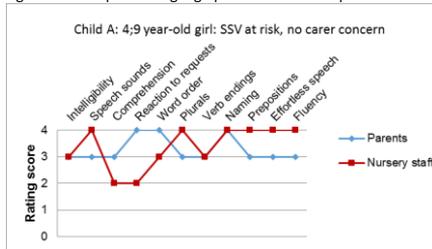
## Results

SSV identified two children at risk (both STs below T-value of 40); 12 children failed one ST. **Questionnaire:** significant (moderate) correlations between parent & carer report for concern and need of SLT ( $Kappa = 0.44, p = 0.50$ ).

No parental concern for 3-year-olds. Children who failed one ST were rated significantly worse by nursery staff re. intelligibility, word order & lexicon than children who performed the SSV well.

### Case studies

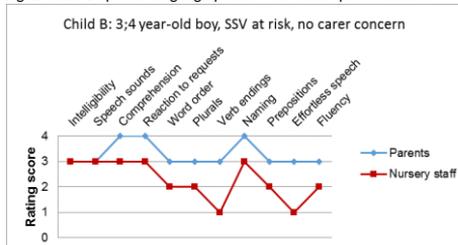
Fig. 1: **Child A** speech-language profile from carer questionnaires



**Parent report:** preterm birth and complications, Late Talker, frequent ENT infections, father: dyslexia. **Kindergarten:** fearful, problems with understanding rules, motor problems. **Informal assessment:** difficulties with auditory discrimination of minimal pairs. **Suspicion:** undetected receptive language difficulty.

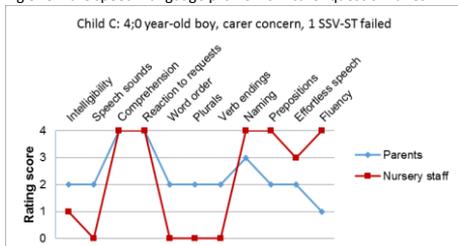
## Results

Fig. 2: **Child B** speech-language profile from carer questionnaires



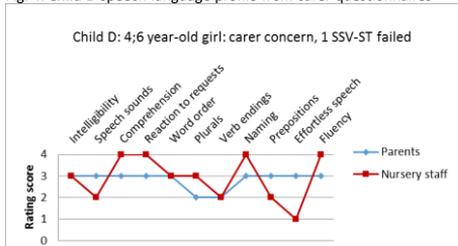
**Parent report:** attribution of difficulties to very young age. **Kindergarten:** problems with concentration and social behaviour. **Informal assessment:** erroneous grammar & phonology; behavioural peculiarities, exerted speech.

Fig. 3: **Child C** speech-language profile from carer questionnaires



**Parent report:** Late Talker, early concern; paediatrician: wait-and-see. **Kindergarten:** poor concentration/fine motor skills, unintelligibility. **Informal assessment:** strongly impaired speech & language, staccato-speaking style. **Child:** awareness of difficulties, withdrawal.

Fig. 4: **Child D** speech-language profile from carer questionnaires



**Parent report:** frequent ENT infections, delayed motor development, birth complications. **Kindergarten:** reticent, exerted speech. **Informal assessment:** morpho-syntactical problems, difficulties with word finding and auditory discrimination; exerted speech.

## Discussion and Conclusions

- Overall, parents & nursery staff showed a tendency to overrate young children's language abilities (e.g. Child B) and possibly to overlook receptive language difficulties (Child A). Where concern from carers was expressed, children may have had severe language problems – which should be diagnosed thoroughly and treated promptly (Child C and D).
- The content and outcomes of the SSV and the questionnaire are not 1:1 comparable (re. language areas covered) BUT the questionnaire may serve as a valuable add-on for the early detection of children at risk for speech-language difficulties by utilising a holistic risk factor assessment from parent report and family history, added by informal SLT-observations. Parents, nursery staff and paediatricians seem not to be aware of important milestones and risk factors re. the early language development
- In the future, more advice, training and sensitisation should be offered to caregivers and paediatricians to reduce the number of children who present with persisting language problems into school-age. Prevention is less costly and more efficient than a wait-and-see approach which may lead to the loss of valuable time for early intervention (ASHA, 2008). Future research could focus on validating the experimental questionnaire by using larger sample sizes and also including multilingual participants (Buschenlange, 2016).

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