

LANGUAGE DEVELOPMENT IN LATE TALKERS: RISK FACTORS AND OUTCOMES

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Abstract

Late talking is best viewed as a developmental variation rather than a fixed clinical profile, because its trajectory differs widely across children (Thal & Tobias, 1992; Rescorla et al., 1997; Weismer et al., 1994). In toddlers, late talking is commonly defined by an expressive vocabulary of fewer than 50 words and the absence of word combinations at 24 months, yet later outcomes range from full catch-up to persistent weaknesses in grammar, reading, and broader language abilities (Rescorla et al., 1997; Rescorla, 2005, 2008; Rice et al., 2008). Predictors of persistence are not limited to expressive vocabulary size; receptive language, family history of language or reading difficulty, parental phonological memory, and processing speed are also important markers (Bishop et al., 2012; Caglar-Ryeng et al., 2020; Kautto et al., 2021). Although many late talkers improve substantially by preschool age, a meaningful subset continues to show difficulties in morphosyntax, vocabulary depth, literacy, and language-based academic skills (Rescorla et al., 2000; Preston et al., 2010; Duff et al., 2015). Overall, late talking should be understood as a risk state within a broader developmental continuum rather than as a simple delay that always resolves on its own (Rescorla, 2008; Duff et al., 2015).

INTRODUCTION

Late talking has drawn sustained attention in developmental and clinical research because it may reflect either a temporary variation in early language acquisition or the first sign of more persistent language difficulty (Thal et al., 1997; Weismer et al., 1994). In toddlers, late talking is usually identified when expressive vocabulary is below expected levels and word combinations are absent at around 24 months, but this definition alone does not capture the heterogeneity of the group (Rescorla et al., 1997; Rescorla et al., 2000). Some children rapidly close the gap with peers, while others continue to show weaknesses in grammar, sentence complexity, literacy, and language comprehension (Rescorla, 2005, 2008; Rice et al., 2008).

The importance of late talking lies in its uncertain prognostic value. A delayed start in spoken

language at age 2 does not automatically lead to long-term impairment, and many children show substantial gains by preschool or early school years (Rescorla et al., 2000; Rice et al., 2008). However, some children who appear to recover in everyday conversation still experience later difficulties in reading, spelling, and syntax when language demands become more complex (Rescorla, 2005, 2008; Preston et al., 2010). This makes late talking a clinically important marker that requires careful interpretation rather than a single-label diagnosis (Bishop et al., 2012; Duff et al., 2015).

Prediction depends on more than expressive vocabulary size. Receptive language ability, family history of language or literacy problems, phonological memory, gesture use, and broader processing efficiency can all shape later outcomes (Thal & Tobias, 1992; Bishop et al., 2012; Kautto et al., 2021). For this reason, the literature

increasingly supports a dimensional view of late talking, in which early delay is considered alongside other developmental indicators rather than in isolation (Rescorla, 2008; Caglar-Ryeng et al., 2020). This review synthesizes evidence on how late talking is characterized, which early risk factors predict persistence, and what outcomes are observed in preschool, school-age, and later development.

Methodology

This narrative review was developed through a focused synthesis of studies on late talking, early language delay, and later language/literacy outcomes. The reviewed literature includes longitudinal and prospective studies examining toddlers identified as late talkers, with follow-up into preschool, school age, and adolescence. Priority was given to studies that assessed expressive vocabulary, receptive language, gesture use, family history, phonological memory, and literacy outcomes.

The material was organized thematically to reflect major patterns in the evidence: definition and characterization of late talking, early predictive markers, preschool and school-age outcomes, and the role of familial risk. Studies were interpreted narratively rather than pooled quantitatively, which is appropriate for a review focused on conceptual development and heterogeneity across findings. Evidence was then integrated to highlight shared conclusions, unresolved questions, and implications for monitoring and early identification.

Discussion

The evidence suggests that late talking should be considered a risk factor rather than a diagnosis (Rescorla, 2008; Duff et al., 2015). Many late talkers make strong gains in vocabulary by preschool age, but improvement in everyday speech does not always mean complete resolution of language vulnerability (Rescorla et al., 2000; Rice et al., 2008). Grammar, morphosyntax, reading comprehension, and written language may continue to show weaknesses even when vocabulary appears age-appropriate (Rescorla, 2005, 2008; Preston et al., 2010).

A major reason prediction remains difficult is that late talkers are not a uniform group. Some children use gestures effectively and appear able to compensate, while others show weaker receptive language, poorer phonological memory, or stronger familial loading for language and reading problems (Thal & Tobias, 1992; Bishop et al., 2012; Caglar-Ryeng et al., 2020). These differences help explain why two children with similar expressive delays may have very different later outcomes (Rescorla et al., 1997; Duff et al., 2015). The literature also shows that outcomes depend on which language domain is measured. Vocabulary often improves earlier than grammar, and raw growth may not fully reflect persistent weakness when standardized expectations increase with age (Rescorla et al., 2000; Rescorla, 2005). Similarly, a child may function adequately in conversation but still struggle with more demanding academic language tasks, especially reading comprehension and sentence-level processing (Preston et al., 2010; Rice et al., 2008). This pattern supports the idea that early language delay unfolds along a continuum rather than in a simple recovered-versus-impaired split (Rescorla, 2008; Caglar-Ryeng et al., 2020).

Scope of Studies

The studies in this review mainly followed late-talking children from toddlerhood into preschool, school age, and in some cases adolescence. Across these studies, expressive vocabulary at around 24 months was often used as the entry point for identifying late talking, but many investigations also included receptive language, gesture use, parental history, and phonological memory as predictors. This broader scope allowed researchers to compare children who later caught up with those who continued to show difficulty.

Collectively, the studies show that many late talkers improve substantially, especially in vocabulary, but a subset continues to show weaknesses in grammar, literacy, and comprehension. Some research also indicates that familial risk for dyslexia or language impairment can interact with, or add to, early delay in shaping later educational outcomes. The evidence base therefore supports long-term monitoring,

especially when late talking is accompanied by receptive weakness or family history.

Conclusion

Late talking should be understood as an early warning sign, not a definitive outcome (Rescorla et al., 1997; Rescorla, 2008). Many children catch up in spoken vocabulary, but some continue to experience difficulties in grammar, reading, and broader language development as they grow older (Rescorla, 2005, 2008; Preston et al., 2010). The strongest indicators of persistent risk include weak receptive language, family history of language or reading problems, and poorer phonological processing or memory (Bishop et al., 2012; Caglar-Ryeng et al., 2020; Kautto et al., 2021).

From a clinical and educational perspective, late talkers should be monitored over time rather than assumed to recover automatically (Duff et al., 2015; Rice et al., 2008). A child who seems to improve in everyday speech may still have hidden weaknesses that become visible when language demands increase at school (Preston et al., 2010; Rescorla, 2005). Therefore, early identification should focus on the whole developmental profile, not only on the number of words a child says (Thal & Tobias, 1992; Bishop et al., 2012).

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