

HIGHLAND COUNCIL Speech and Language Therapy Service

Speech and Language Therapy Clinical Guidelines for Working with Bilingual Children

Description of the Client Group

“Bilingualism is when a person understands and/or uses two or more languages. A person is described as bilingual regardless of their level of ability in either language. Bilingualism is not a disorder and therefore is a description of the person’s language ability and not a diagnostic label. Bilingualism never causes or contributes to a communication disorder.” (Afasic 2007)

In this document, the term First Language is applied to the language a child hears in his or her home environment. The term Additional Language refers to the language a child hears in addition to their first language. (Note: some children may be exposed to more than one language at home)

Principles of Service Delivery

- Speech and Language Therapists (SLTs) recognise that bilingualism in a child is an advantage.
- The Speech and Language Therapist will try to assess in both / all languages to facilitate differential diagnosis.
- Clients and carers should not be advised to give up speaking in their home language in order to support language progress in English.
- Children with Speech, Language and Communication (SLC)

Impairment in their First Language will be supported by the Speech and Language Therapy Service.

- Children with difficulty learning English as an additional language are supported through the Education Service

The Role of the Speech and Language Therapist

The assessment needs of a bilingual child are essentially the same as those of a monolingual child, regardless of the languages spoken by the child. The aim of an assessment of communication abilities remains the same.

To identify those children who have inherent or acquired speech, language and communication (SLC) difficulties, that would be present *regardless* of whether the child is monolingual or bilingual, i.e. children who have a difficulty in learning both

the home (first) language and English. To make a differential diagnosis between the above children and those who have a difficulty in learning English as a second language.

To identify children with SLC difficulties as having different needs from those children who are learning English as an additional language.

To investigate the child's communication abilities in one or more specified areas of language, i.e. phonology, lexicon, syntax, semantics, pragmatics, voice, non-verbal communication.

To support children with SLC difficulties in both/all languages.

Pre-referral

If advice is sought about the referral of a potentially bilingual child, find out whether parent or professionals are concerned about First Language or English / Additional Language

Referrals

- Check surnames of all concerned and get phone number
- Find out what language/s are actually spoken at home and which dialect is spoken.
- Find out if a parent/carer is fluent in spoken English
- Is it language, speech or communication that is the concern?

Responding to referral – find out from the referring agent the best way to contact the family. It is probable that there are already lines of communication which are open: you may be able to use these to arrange a first appointment.

If the family has limited knowledge of English, consider making a telephone conference call between a translator, therapist and family member, in order to arrange a date, time and place for the first appointment.

(Highland Council and NHS highland now share procedures for using Interpretation/Translation – see NHS Interpretation Guidance for NHS Highland Staff, pages 5 & 6: also The Highland Council Guidelines – see Training and Support Resources below)

First Appointment

If the initial interview cannot be conducted satisfactorily in English (ie. where the parent/carer is not fluent in English), an Interpreter should be used.

http://www.highland.gov.uk/info/886/schools_-_additional_support_needs/39/english_as_an_additional_language

○ It is not appropriate to use a family member or friend to interpret. (NHS Interpretation Guidance for NHS Highland Staff page 14: RCSLT Guidelines)

○ Plan the first session in advance. Arrange for time with the Interpreter prior to the initial interview so that they are aware of Speech and Language Therapy interests and the nature of questions to be asked. Allow extra time for the actual consultation and a debriefing.

Give clear instructions and rationale.

NB The Interpreter should be asked to interpret *only* the words the Speech and

Language Therapist and the Parent/Carer say.

- The family should be made aware of the remit of the Speech and Language Therapy Service, and what it is that we offer, ie. Assessment and diagnosis, and support to families and school as a team approach to intervention.

- Use the dedicated SLT Bilingual Case History form (along with the standard SLT Service case history form) to obtain full language information.
- Observe the language used between parents, between parent and Interpreter, between parent and child, the quality of language used (code switching), and interaction style.
- Clarify whether language learning difficulties are influencing English only, or both/all languages.

Assessment

The child should be assessed in both or all languages, and where appropriate, in all communication environments (school, home, clinic).

Observations - attention/listening, play, non-verbal communication, communication with parents, etc.

Due to the lack of appropriate formal language assessment materials in other languages in the Highland area, informal assessment may be the best option. In the UK there are some formal assessments available in a few languages (See London SIG in Bilingualism website for details). Tools and equipment used should be language and culture specific. Possible assessment tools:

Video Taping of language samples

Transcription and analysis

Other assessments may be used as a guide, eg.

Derbyshire Language Programme principles. the New RDLS (NRDLS) has a Multilingual Toolkit for adapting the assessment for EAL children. The BPVS Second and Third Editions can be used to screen „foreign language students“ hoping to attend English speaking schools and universities. (both Manuals p3). The BPVS Second Edition Manual (pp 36, 37) provides Research and Validity findings for EAL children.

SLTs can use diagnostic pointers (as with monolingual children) to help inform their assessment.

As language assessments do not readily translate from one language to another due to cultural bias and linguistic differences, they should only be used as part of a *qualitative* assessment.

English assessments should not be translated into other languages: if English assessments are used for EAL performance, results can only be given in a descriptive manner.

The Language of Intervention

Discuss with the family which language should be used in therapy. It is best that

therapy is carried out in the language used by the child in their daily life at home – their First Language. If working through the parent it is best to use the language the parent knows best and is most comfortable with.

The family should be able to choose which language to work in but they should be made aware of the potential implications for the child if there is a strong preference for only one language (the majority language), and if that language is not the one recommended

by the SLT. There may be cultural or prestige reasons why, for example, a family would choose English (the majority language) rather than their First Language.

Exceptions to working in the First Language might be because:

- a) Adult/adolescent stammerer or dysphonic who has a preference or dislike of a particular language
- b) Older students may have developed more English than the home language
- c) An English speaking SLT may give advice in English about activities to stimulate language and a bilingual care-giver will carry out activities in the child's home language

Gaelic

The same principles apply to children who speak or are learning Gaelic; however it may be that the First Language (of the home) is English, and the Additional or Second Language is Gaelic.

Therapy / Intervention

Setting objectives

After assessment in both languages, a decision should be made as to whether the child has a (SLC) need in both languages. If this is the case, intervention should be offered.

If the child's language is developing normally in their First Language, and they are experiencing the usual process of learning an additional language, then the child should be referred to the EAL Service via the school.

If support is required, a programme can be drawn up in English and the First Language. This could be explained through the Interpreter, and demonstrated by the SLT so that the parent can carry out the intervention in the First Language.

Bear in mind developmental order, functional and communicative load, strengths and weakness of the First Language (this may be a challenge) – this should inform therapy aims and objectives. If developmental information is not available, functional and communicative load and client's profile may be main guide to setting objectives.

Therapy

- In the absence of a SLT Bilingual Co-worker, the SLT may work through the parents/carer, giving explanations in English, either directly or through an interpreter, and by demonstration.
- Vocabulary learning improves when items are learned through the First Language first.
- Fluency programmes (eg. slowed speech) can be successful across languages/cultures.

- There is evidence that where children have a speech disorder, therapy in the First Language is better, and where children have language delay and disorder therapy is also more beneficial in the First Language. (RCSLT Guidelines p.270)
- If there is significant concern about a child, or limited input from the family, then the SLT should consider working with a Community Language Assistant: they are employed

by Highland Council to help families, and work under the Community Learning and Leisure Service.

- If the SLT plans to work with a child and the family, then he/she should alert the EAL Service. The EAL Service may also be involved with the same child, and collaboration and discussion is in the best interests of the child and family.

Working with Special Needs

Where a child is from a linguistic minority and has additional special needs, this presents further challenges for SLT. References are given in RCSLT Good Practice guidelines page 12 for further information and experience in this area.

Liaison

In addition to working closely with parents, liaison with school or pre-school staff is essential where child attends school.

SLT should also liaise with EAL staff from Education Department, and other ethnic minority support services.

Training and Support Resources

- Advice and support can be sought from the Royal College of Speech and Language Therapists (RCSLT) advisers in bilingualism.
- There is a Speech and Language Therapy National SIG in Bilingualism.
- Local support/training from EAL and ethnic minority support services.
- Highland Council has:
 - English as Additional Language Teaching Service
 - Bilingual Language Assistant Service
 - Information on using Interpreters and Translation Services

For information on all these services, go to the following link, and click on the English as an Additional Language button, where you can access further information.

- http://www.highland.gov.uk/info/886/schools_-_additional_support_needs/39/english_as_an_additional_language
- London SIG in Bilingualism www.londonsigbilingualism.co.uk
- www.literacytrust.org.uk
- www.bilingualism.co.uk

SLTs are recommended to complete the RCSLT "Working with Bilingual Children" e-learning on-line tool.

References:

RCSLT Communicating Quality 3 (p 268 - 271, 203)

RCSLT Good Practice for Speech and Language Therapists working with clients from

linguistic minority communities October 2007

Interpretation and Translation Guidance for NHS Highland Staff (NHS Intranet) The Highland Council guidance on use of Interpreters and Translation Services

Afasic Glossary Sheet 28 – Bilingualism

Providing an equitable service to bilingual children in the UK: a review. Int J Lang Comm Dis Oct-Dec 2003, Vol 38, No4, 351-377

Supporting Multilingual children – Mother Tongues. The National Literacy Trust 2007 – www.talktoyourbaby.org.uk

Speech and Language Therapy Services for Bilingual Children in England and Scotland: A Tale of Three Cities: Menne, Stansfield and Johnston, QMC. Proceedings of the 4th International Symposium on Bilingualism

www.rcslt.org/members/cpd/bilingual_children_elearning www.bilingualism.co.uk

www.londonsigbilingualism.co.uk

www.ethnologue.com

www.literacytrust.org.uk

Janice Angwin,
Speech and Language Therapist
Adviser in Child Language, The Highland Council

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