

# Theory to Therapy



## Delivering an equitable service to bilingual children

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Before considering *equity* there is a  
more fundamental issue:

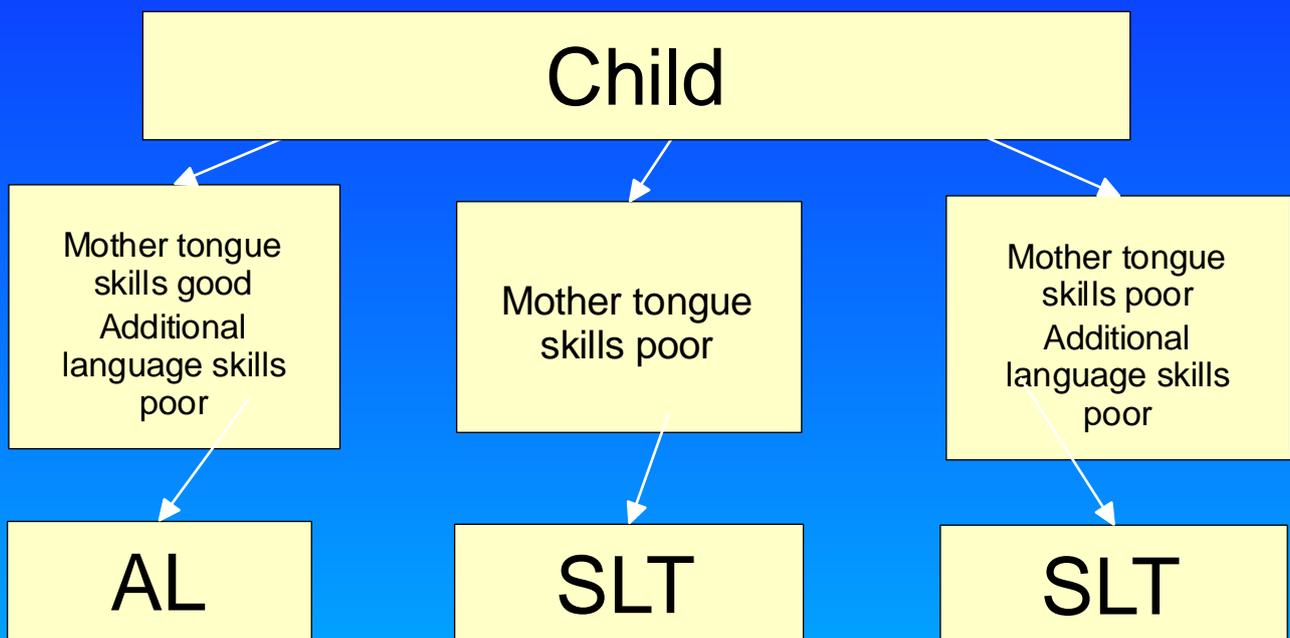
What is an SLT service to bilingual  
children?



- We are **not** teachers of English as an additional language: there seems to be some uncertainty regarding this point, especially amongst those on SureStart projects
- Education authorities have funding and employ staff to support Additional Language learners
- We **are** qualified to carry out assessment and remediation of speech and language delay and disorder



## SLT versus AL



## How do we deliver an equitable service?

- We need specialists / people with a special interest in the field
- Funders need to realise that working with bilingual clients is time consuming
- Children need to be referred
- Children need to attend
- We need assessment tools
- Deliver therapy in mother tongue



## We need specialist SLTs

- Diversity of SLT students - but this does not mean people want to work with their own community
- Increase training to give more emphasis to bilingualism as a normal human condition.



**We must offer a service and tell people that we offer that service**



## **Identify need on a local level**

- Overall population figures *and projections* (census data)
- Figures for children (local education department)
- Language breakdown (local education department)



## Identify this need to service providers

- Highlight that bilingual children are more time consuming and use more resources: as a rule of thumb sessions will take twice as long/ treatment will last twice as long. This has implications for waiting lists - flag this up before it becomes a major issue.



## Children need to be referred

- Health visitors, doctors and teachers need information from SLTs to help them decide who needs referring. They need:
  - to be clear regarding EAL / SLT
  - checklists



## Bilingual parents may need support to attend sessions

- Do parents understand why they are coming?
- Are parents confident there will be an appropriate interpreter present



**There are few assessments available for bilingual children**



**Do not use normative data from  
monolingual populations on  
bilingual children**



**Use informal assessment and  
measure the child against himself  
over time**



**Informal assessment does not  
mean informal recording**



**Therapy needs to be in mother tongue  
where appropriate and possible**



**Therapy in mother tongue, delivered by a bilingual assistant, should involve the clinician in the session. Clinicians should not view this as a case to be handed over to the assistant so the SLT can see another case or catch up on paperwork.**



**Researchers need to find the evidence to help us identify and then treat bilingual children. We cannot continue to exclude these populations from our large scale research projects.**



**If you are not sure - ask for help!**



**RCSLT appoints advisors who will answer clinicians' queries. Does the membership access this resource?**



## Queries in the last twelve weeks

- Bengali
- Mandarin
- Polish
- German
- Welsh
- Italian
- Arabic (2)
- Norwegian
- Russian
- French



**If we are considering equity then why haven't I been asked to give advice regarding the two largest minority ethnic communities in the UK i.e. Indian and Pakistani?**

**Are we very good at working with these communities?**



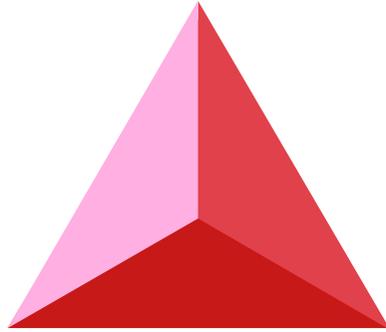
**In Communicating Quality 2 the profession has excellent guidelines for bilingual clients. Now we must use these guidelines as a benchmark for local services.**



**"The profession recognises that bilingualism in a child or adult is an advantage"**

*Communicating Quality 2 p.150*





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