

# Glossary

## Bilingualism

---

### What is bilingualism?

Bilingualism is when a person understands and/or uses two or more languages. The term literally means 'two tongues' but is generally held to apply to all speakers who are not exclusively monolingual, regardless of how many languages they speak. 'Bilingual' therefore encompasses terms such as 'multilingual' (Bhatia, 2013).

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, **not a diagnostic label**. Bilingualism never causes or contributes to a communication disorder.

### Language labels

Home language, Mother tongue, First language and L1 are all labels applied to the language a child hears in their home environment. Additional language, Second language and L2 are labels applied to the language a child hears in addition to their first language. Although these appear simple labels, different authors use these terms to mean slightly different things. It is therefore important to check the context in which the term is being used. For example, Yazici *et al.* (2010) use mother tongue to apply to all language learning in the child's first language regardless of the environment.

### Routes to bilingualism

Different terms may be used to describe how a person becomes bilingual. Terms most commonly used are:

- **Simultaneous bilingualism**

A child who has been exposed to two languages from birth or a very early age. This manner of bilingual language acquisition has been frequently studied but may not be the most common route to bilingualism.

- **Sequential bilingualism**

A child who is exposed to an additional language after their first language. This manner of bilingual language acquisition has been less frequently studied but is thought to be the most common route to bilingualism.

### Language competence

The term 'balanced bilingualism' is sometimes used to describe a person who speaks all their languages equally well. Balanced bilingualism is often held to be the ideal. However, balanced bilingualism is rare, and people with different levels of competence in each language should not be viewed negatively.

### Additional language learning

Children and adults may acquire an additional language after they have acquired their first language. This language learning process is different to first language acquisition. As the person has already demonstrated that they have acquired their first language without difficulty, additional language difficulties should be regarded as educational issues rather than a primary language disorder. The term EAL refers to English as an additional language. This is where a person learns English after learning their first language. This term should be avoided as the additional language may not be English. For example, in Wales, a person may learn English first at home and then acquire Welsh as an additional language.

### Codeswitching

Codeswitching (also called code mixing and language mixing) is where a bilingual person uses two (or more) languages together. 'Code' is a linguistic term for a language. In intersentential codeswitching a bilingual person uses one language for one sentence, followed by another language for

the next. In intrasentential codeswitching a bilingual person uses both languages within the same sentence. Codeswitching is normal and not a sign of confusion. There is evidence that children who have language impairment do not use codeswitching even when it is common to do so in their community (Pert, 2007).

## **Assessment of speech, language and communication skills**

Accurate assessment is essential to diagnosis and informs any future therapy. For this reason it is essential that assessment of bilingual children is equitable. One of the main issues is the application of assessment scores.

### **Normative data**

Many published assessments include tables of figures which are used to compare a child with typically developing children. In this way, speech, language and communication difficulties can be diagnosed and the severity of the child's difficulties identified. With a few exceptions, all published assessments publish figures based on monolingual speakers. This means that a comparison with a bilingual child is unfair, as a monolingual child has been hearing and speaking one language all of their lives. In contrast, a bilingual child will have been using one or more languages. In addition, there may be cultural bias, with children unfamiliar with the assessment procedures and the pictures, activities and portrayal of individuals. To avoid misdiagnosis and unfair comparisons, assessment scores including age equivalents, percentile/centile ranks, standard scores and standard deviations **should not be quoted** in case notes, reports and other documentation (Stow and Pert, 2015). Assessments may be used descriptively, that is, to provide information on what the child can and cannot do.

Some specialist language classes (language resources or units) and other educational provisions require a particular profile of difficulties in order to access the provision. Local speech and language therapy services should negotiate with educational services to ensure that bilingual children are not disadvantaged by the fact that standard assessment scores cannot be reported. Educational services should accept the professional opinion of the speech and language therapist based on sociocultural approaches, such as dynamic assessment (see below).

### **Dynamic assessment**

Dynamic assessment is a way of measuring a child's potential for learning, without relying on their

existing knowledge. The technique is also known as diagnostic therapy and is recommended for bilingual children (De Lamo and Jin, 2011) and increasingly for children presenting with suspected language impairment (Grist and Hartshorne, 2014). This approach has the advantage of being child-centred and holistic but can be time-consuming, but may save time by avoiding inappropriate diagnosis and therapy.

### **Assessment of bilingual-to-bilingual speech and language**

Bilingual children often associate certain people or the setting with a particular language. This makes sense as children begin to realise that one of their languages is required in one setting, and the other in another. Children may consider clinic settings as monolingual environments and professionals including teachers and speech and language therapists as monolingual speakers (Stow *et al.* 2012). To signal to a bilingual child that it is acceptable for them to use both/all their languages, the family should be greeted by a bilingual co-worker or interpreter in their home language. Assessment of home language will therefore be more accurate as the child is likely to feel more comfortable speaking to another bilingual speaker, rather than trying to maintain monolingual language usage.

### **Assessment of expressive language: code switching**

When a child is speaking to another bilingual person they realise that they can use both/all of their languages and there is no unnatural divide between the languages. Code switched utterances, where both languages are used together to form a bilingual spoken sentence are much more representative of a child's expressive language than looking at their languages separately in terms of both length (mean length of utterance) and complexity (grammar and morphology)(Pert and Letts, 2007; Pert, 2007).

### **Assessment of speech**

Children with articulation errors (the physical production of sounds) will make these errors in both/all language they speak. However, most speech sound errors are phonological. This means that the child can say the sound on its own but has not yet learnt where to use the sound within words. These errors are connected to how the child has stored the word and therefore the word meaning. Assessment in one language may show different errors to the errors found in the child's other language. Therapy for a speech error in one language may not affect the production of words in the other language and the child may continue to have speech difficulties if the

speech sound error is not addressed in their home language. For this reason, assessment and therapy must be carried out in both/all of the child's languages (Stow, 2006; Holm and Dodd, 1999; Holm *et al.* 1999).

### **Bilingual children with language impairment (formerly Specific Language Impairment)**

Bilingual children were one group often excluded from this diagnostic category (Reilly *et al.* 2014). Bilingualism does not cause or contribute to a language impairment. However, a language impairment is just as likely to affect bilingual children as monolingual children. A bilingual child presenting with language impairment will experience difficulties acquiring both (all) their languages. It is therefore essential for a speech and language therapist (with the assistance of an appropriately qualified co-worker, where applicable) to assess a child in the context of all the languages to which the child is exposed. Therapy will have the best outcomes if delivered in both/all languages.

### **Therapy for bilingual children with speech, language and communication impairments**

The overall aim of therapy for typically developing bilingual children should be the same for monolingual children; to enable them to communicate in the same way as if the impairment had not intervened. For some children, especially those with other difficulties or disabilities, the aim should be to enhance communication as much as possible or provide suitable alternatives. In other words, for the child to have the ability to communicate with their family, peers, their teachers and people in their social world. Getting a message across is a small part of communication; the main aspect is to help us to understand others and connect to them socially and cooperate with others (Tomasello, 2014). This means that speech and language therapists and other professionals should aim to ensure that the bilingual child can communicate effectively with their family and other speakers from their community. Therapy in the main language only (often English) will encourage the child to use only that language. Children rapidly lose home language skills and families need advice and support to maintain home language usage (Unganer, 2014; Anderson, 1999). Families should never be advised to give up their home language to support progress in English (or other language of Education).

### **Equitable, not equal, service delivery**

Due to the complexities of planning assessment and therapy in a language other than their own, speech

and language therapists will need **approximately twice the time** for each stage of care compared to that allocated for a monolingual child. This allows the same quality of outcome for the child and family. A fair service is one which provides this kind of **equitable** service, rather than an arbitrary equal service (Stow and Dodd, 2003).

### **Advice for parent(s)/carer(s) of a bilingual child with a speech, language or communication difficulty**

- **Maintain the home language.** It is important that the home language is **not** given up in the belief that using English (or other language of education\*) will support the child at school. Using just English will mean that your child only speaks English\* and will lose their home language. Children spend more time at home than in school over a year at any age. Children also receive the best language input from people who speak home language. When speaking home language, adults are able to provide a very rich language model for children. Children who can speak more than one language have access to others in the extended family and community and are able to understand themselves and their heritage more fully in their own language.
- **Ask for an interpreter if you need one.** All services should provide equal access by law. This includes health services such as speech and language therapy and education services such as meetings at school with the teacher or special educational needs coordinator. Ask for an interpreter **even if your everyday English is acceptable**; professionals often use complex language which you may not understand. If you are more comfortable speaking about your child and what you want to happen in your own language then do so and ask the interpreter to translate for you. Do **not** ask other family members or other children to translate for you.
- **Ask for home language assessment and therapy.** Speech and language therapists' professional guidelines recommend both assessment and therapy is delivered in your home language where possible. If they are unsure how to do this, they can access a specialist adviser through the Royal College of Speech and Language Therapists.
- **Ask for therapy materials which match your culture.** If your speech and language therapist or teacher gives you pictures or activities which you

don't understand or which are not recognised by your child then explain this to the professional. Professionals will be very interested to hear about your culture as it adds to their cultural competence.

- **Work with professionals to explain your needs.** Many professionals meet people from tens or hundreds of different language backgrounds. You can help them to understand your family and culture as you are part of your community. Professionals may need additional time and resources to meet your child's needs.
- **Don't accept that bilingualism has caused your child's difficulties.** Professionals are beginning to receive training on bilingualism. However, there are still a few teachers and speech and language therapists who think that bilingualism causes or contributes to a speech and language difficulty. The research overwhelmingly shows that this is not the case. You should never feel guilty for being bilingual; your child would have experienced difficulties no matter which language or languages they spoke.

## References

- Anderson R** (1999) Impact of first language loss on grammar in a bilingual child. *Communication Disorders Quarterly*, 21(1), 4-16
- Bhatia T K** (2013) *Bilingualism and Multilingualism*. Oxford: Oxford Bibliographies. DOI: 10.1093/OBO/9780199772810-0056
- De Lamo White C and Jin L** (2011) Evaluation of speech and language assessment approaches with bilingual children. *International Journal of Language and Communication Disorders*, 46(6), 613-627. doi:10.1111/j.1460-6984.2011.00049.x
- Grist M and Hartshorne M V** (2014) *Please! No more spaghetti...* in Rutter M 2014 Classificatory purposes and diagnostic concepts. Commentary on Reilly S, Tomblin B, Law J, McKean C, Mensah F K, Morgan A Goldfeld S, Nicholson J M and Wake M 2014, Specific language impairment: a convenient label for whom? *International Journal of Language and Communication Disorders*, 49, 416-451. doi: 10.1111/1460-6984.12102
- Holm A and Dodd B** (1999) An intervention case study of a bilingual child with phonological disorder. *Child Language Teaching & Therapy*, 15(2), 139-158
- Holm A, Dodd B, Stow C and Pert S** (1999) Identification and differential diagnosis of phonological disorder in bilingual children. *Language Testing*, 16(3), 271-292.
- Pert S** (2007) *Bilingual language development in Pakistani heritage children in Rochdale UK: intrasentential codeswitching and the implications for identifying specific language impairment*. Unpublished thesis. University of Newcastle upon Tyne. Retrieved from <http://hdl.handle.net/10443/2230>
- Pert S and Letts C** (2006) Codeswitching in Mirpuri speaking Pakistani heritage preschool children: Bilingual language acquisition. *International Journal of Bilingualism*, 10(3), 349-374
- Reilly S, Tomblin B, Law J, McKean C, Mensah F K, Morgan A Goldfeld S, Nicholson J M and Wake M** (2014) Specific language impairment: a convenient label for whom? *International Journal of Language and Communication Disorders* 49 (4), 416-451
- Stow C** (2006) *The identification of speech disorders in Pakistani heritage children*. (Unpublished doctoral thesis), University of Newcastle upon Tyne. Retrieved from <http://hdl.handle.net/10443/1588>
- Stow C and Dodd B** (2003) Providing an equitable service to bilingual children in the UK: a review. *International Journal of Language and Communication Disorders*, 38(4), 351-377
- Stow C and Pert S** (2015) RCSLT Position Papers. Best Practice – SLT Assessment and Intervention: Best practice for children and young people in bilingual settings – and in particular Gaelic Medium Education (GME) *Royal College of Speech and Language Therapists Clinical Guideline: Royal College of Speech and Language Therapists*
- Stow C, Pert S and Khattab G** (2012). Translation to Practice: Sociolinguistic and Cultural Considerations When Working with the Pakistani Heritage Community in England, UK in McLeod, S. and Goldstein, B.A. (eds.) *Multilingual Aspects of Speech Sound Disorders in Children* (pp. 24-27). Bristol: Multilingual Matters
- Tomasello M** (2014) The ultra-social animal. *European Journal of Social Psychology*, 44(3), 187-194. doi:10.1002/ejsp.2015
- Unganer T** (2014) First Language Loss; Why Should We Care? *Procedia – Social and Behavioral Sciences*, 158, 351-355. doi:10.1016/j.sbspro.2014.12.099

**Yazıcı Z, Ilter B G and Glover P** (2010) How bilingual is bilingual? Mother-tongue proficiency and learning through a second language. *International Journal of Early Years Education*, 18(3), 259-268.  
doi:10.1080/09669760.2010.521297

*Written by Dr Sean Pert, Speech and Language Therapist and Senior Lecturer, The University of Manchester*

© Afasic 2016

**Afasic**  
**E-mail: [info@afasic.org.uk](mailto:info@afasic.org.uk)**

**Tel 020 7490 9410**

**Helpline 0300 666 9410**

**[www.afasic.org.uk](http://www.afasic.org.uk)**

**Registered charity no. 1045617**

