Ask the experts

"How can we best assess the language skills of bilingual children? How can we offer therapy for bilingual children in their home language in light of limited resources?"

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If an SLT does not share a child's home language, this can present a set of unique challenges. The SLT has no direct access to the child's home language and cannot use their previous experiences to inform their clinical decision making (RCSLT SIG Bilingualism, 2006). The SLT must identify typical development patterns of the child's home language and evaluate the child's current abilities in the main community language (often English), without comparing them to the monolingual normative data for either language (RCSLT, 2007).

Bilingual assessment and therapy is an area many SLTs find challenging due to minimal training opportunities and relatively few available resources (Stow and Dodd, 2003). Most of the world's population is bilingual – it is the monolingual English-speaking person who is unusual.

The majority of SLTs working in England have at least one bilingual child on their caseload (Winter, 1999). Many children may be monolingual in their home language and expected to acquire English or another community language, such as Welsh or Gaelic, as an additional language on school entry (Afasic, 2007). Other children may be exposed to two languages from birth. In this article, we refer to all children who hear or are expected to use two or more languages as 'bilingual' (RCSLT, 2006; RCSLT, 2010; Afasic, 2007).

Bilingual assessment

Without assessment in both/all the child's languages, it is very difficult to differentiate normal additional language acquisition from a central speech, language and communication need (SLCN) (RCSLT, 2007). If the child's home language skills match those of their peers, they have demonstrated that they have mastered the mechanisms to acquire communication skills for one code (language). With enough exposure, they will develop the additional language with no professional intervention. Additional language learning is, therefore, not the remit of SLTs (RCSLT, 2010). This is important because school staff are often focused on English proficiency for educational purposes and therapy may be inappropriately requested for a typically developing child who simply has not yet had enough exposure to the additional language to become proficient (RCSLT, 2006).

Bilingual children are just as likely to experience SLCN as their monolingual peers (RCSLT, 2010; RALLI, 2013). However, a bilingual child will experience SLCN affecting both/all their languages. SLTs should seek to identify children who have not successfully acquired any of their languages (RALLI, 2013).

Home language therapy

The evidence shows treatment in the child's home language is clinically effective and therefore more cost effective than English-only therapy (Stow and Dodd, 2003). Parents will provide the best language model in their home language (ASHA, 2014). Other psycholinguistic factors also come into play. For example, phonology therapy for a sound in English is unlikely to transfer to that phoneme in the child's home language (Stow and Pert, 2006).

The goal of home language therapy is to restore the end-point that children would have reached if they hadn't experienced an SLCN, ie bilingual proficiency or the child's potential proficiency in both languages. A bilingual child has the advantage of being able to communicate with their extended family and community, which provides cultural and religious dimensions and reinforces concepts of identity (Stow and Dodd, 2003). These are important for children and young people's development of self. Bilingual adults have an advantage in the workplace and so bilingualism confers economic benefits (RCSLT, 2010).

There are few assessments available in languages other than English (Stow and Dodd, 2003). However, there are some notable exceptions (see reading list). Bilingual children acquire skills in two or more languages. To get a clear picture, the SLT needs to consider skills across all languages and not compare skills in any one language to normative data describing monolingual development in that language (RCSLT, 2006). There will never be a definitive set of standardised assessments for bilingual children because of the complexities of speech and language acquisition, and the large number of possible language combinations. Bilingual adults are rarely completely 'balanced'. They use each language within a particular context, eg one language with family and another at work or school. Children may acquire early language concepts in their home language and complex ones in their additional language.

Assessment should profile the

"All children should receive therapy in their home language"

Illustration by **Bethany Walrond**

child's abilities in all their languages descriptively and show the child's abilities and possible needs. There are some normative developmental data available with which to compare patterns of development. However, it is important to use your clinical judgement as to whether the child has sufficient skill across their languages or if they have a delay or disorder affecting both/all their languages. The aspect of differentiating diversity from disorder is the most challenging aspect and SLTs need to use all their training about SLCN, especially in the areas of linguistics and phonology.

Implications for practice

All children should receive therapy in their home language (RCSLT, 2006; RCSLT, 2010; Stow and Dodd, 2003). For most in the UK this is English and shared with the SLT. For an increasing number, this is another language they do not share with the SLT.

Therapy in English alone tends to disrupt bilingual language development and lead to a monolingual English-speaking child. This may satisfy concerned colleagues in education; however, children may be cut off from at least one of their parents and the extended family. This may have an extremely negative impact on their identify and interpersonal relationships. Parents must be informed of the long-term risks of choosing English-only therapy because they may be under the impression that children will become proficient bilinguals without regular exposure. This is not the case.

All services must have access to interpreters both for communicating with parents and for planning and delivering assessment and therapy in the child's home language (Stow and Dodd, 2003). It is unlawful to fail to provide interpreters and the employing organisation has a duty to fund them. Interpreters should be employed not only for the face-to-face sessions, but also for telephone triage to check that the referral has correctly identified the family's language(s), planning of sessions and de-brief at the end of the session to allow time for discussion with the SLT, and translation of any language and speech samples. Bilingual clients will require approximately twice as long as monolingual clients to take into account the pre-planning of the session, translation process and debriefing following the session (RCSLT, 2006; RCSLT, 2010).

Services with a high level of bilingual children (more than 10% of the triaged referrals) should consider setting up a care pathway with a specialist SLT. Bilingual SLTs, although powerful advocates for bilingualism, cannot provide services for all bilingual clients alone. They often speak one or two languages other than English and need the skills to work with interpreters of languages not known to them, in the same way that monolingual SLTs do. It is important that service managers support the team to develop a skill set rather than relying on one bilingual individual (RCSLT SIG Bilingualism, 2007).

Individual SLTs should familiarise themselves with typical bilingual language acquisition. Skills can be developed in SLCN in bilingual contexts by discussing cases at clinical supervision and accessing e-learning. A suggested curriculum has been developed for undergraduates and this may be used as a framework for SLTs wishing to become more confident in this field (RCSLT SIG Bilingualism, 2010).

Should colleagues in education require information and resources on additional language learning, direct them to the National Association for Language Development in the Curriculum (NALDIC), the national subject association for English as an additional language.

Speech and language therapists are ideally placed to advise parents and support them to value their home language skills. An SLCN should never be a barrier to successful bilingualism. ■

References & resources

Standards and guidelines

Royal College of Speech and Language Therapists. *Communicating Quality 3*. London: RCSLT; 2006, 268-271.

Royal College of Speech and Language Therapists SIG in Bilingualism. *Good practice for SLTs working with clients from linguistic minority communities*. 2007. http://tinyurl.com/ptnzn97

E-Learning

Royal College of Speech and Language Therapists. *Working with bilingual children e-learning package*. 2010. http://tinyurl.com/o34jyvk

See page 32 for remainder of references and resources...