

# The Bilingual Child: Recognising Diversity from Disorder



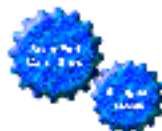
2000 and On, What Will They Be Getting In  
Community Clinics?



National Study Day to Debate the Delivery of Speech and Language  
Therapy in the Community  
Wednesday 1st March 2000

## What is the Service We Provide?

- **A concentrated case load.**
- **Assessment and Therapy in Mother Tongue wherever possible.**
- **Group therapy exclusively in Mother Tongue.**



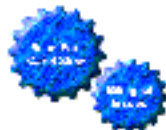
**3 out of 4 of this  
mornings speakers  
mentioned  
*Bilingualism***

**Britain is a  
culturally and  
linguistically  
diverse Nation**



**In Rochdale Schools,  
children spoke 35  
languages in addition to  
English**

Rochdale M.B.C. 1998



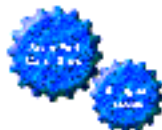
**"59 % of Speech &  
Language Therapists in  
England who work with  
children see at least one  
bilingual child"**

*Kirsten Winter, 1999*



# "Bilingualism is an advantage"

Communicating Quality 2



**Professional  
Standards**

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graph TD; A[Professional Standards] --- B[The Bilingual Child]; B --- C[Service Provision]; B --- D[Therapist's Training];
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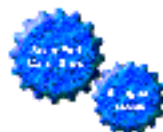
**The  
Bilingual  
Child**

**Service  
Provision**

**Therapist's  
Training**

## Why is Referral of Bilingual Children Problematic?

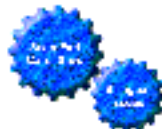
- Traditional referring agents tend to be monolingual.
- Parents / Care givers are frequently told that communication problems are **due** to bilingualism or **poor** English skills.
- Bilingualism devalued by English cultural dominance.
- Awareness of communication disorders is restricted.





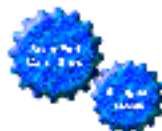
## What Makes Referral of Bilingual Children Routine?

- **A collaborative approach with referral agents - emphasize careful interview with parents, comparison with monolingual development BUT taking overview of communication skills in BOTH / ALL languages.**
- **Access to Bilingual Co-Workers at the point of referral - discussion of concerns in Mother Tongue.**
- **Availability of translated materials BUT in accessible formats, e.g. advice leaflets on Audio Cassettes.**
- **A focused service tailored to clients needs.**



## What Makes Assessment of Bilingual Children Problematic?

- Few tests (descriptive or standardized) targeted at bilingual populations.
- Issues of both language and culture - translation is not merely linguistic and stimuli may not be culturally appropriate.
- Lack of normative data.
- Spectrum of language learning patterns make developmental patterns difficult to construct.
- Meta-linguistic knowledge may not be available to co-workers and translators.

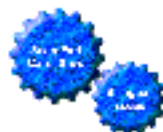


## Communicating Quality 2:

- "As language assessments do not readily translate from one language to another due to cultural bias, they should be used as part of a qualitative assessment"

## What Makes Assessment of Bilingual Children Routine?

- **An experienced bilingual assistant / co-worker who has detailed knowledge of: Languages, Culture and Speech and Language Therapy.**
- **Availability of culturally appropriate equipment: elicit feedback from service users, visit local community with co-worker(s).**
- **Availability of current appropriate tests.**



## Communicating Quality 2:

- **"The Speech and Language Therapist will make every effort to assess in both (all) languages to facilitate differential diagnosis"**

## Diagnosis: Diversity or Disorder?

- **Data and discussion resources are available to assist diagnosis:**
  - **S. I. G. Bilingualism**
  - **Articles in journals**
  - **Discussion groups / e-mail forums on the Internet**
- **Underlying disorder affecting BOTH / ALL languages or E.S.L. issue?**

## Diagnosis: Diversity or Disorder?

- Differentiate between bilingual language acquisition and disorder.
- If a delay is suspected, is this a true profile of the child's abilities or are you unable to access all his abilities?
- Build up clinic expertise by concentrating the bilingual case load - the problem is our lack of knowledge, not bilingualism, therefore build up experience of bilingualism.

## What Can the Therapist Do?

- Use appropriate assessment and therapy materials.
- Develop normative data.
- Concentrate the bilingual case load in order to focus and refine skills with increasing experience.
- Ensure Assistants speak the correct language(s) / dialects.
- Network to disseminate information.



## What Can Be Done Nationally?

- **R.C.S.L.T. - S.I.G. Bilingualism**
  - **Communicating Quality 2 - Aim to meet the standards - fill the gaps**
  - **S.I.G. Guidelines - a practical outline**
- **Pay scales for assistants that recognise linguistic abilities.**
- **Use guidelines to establish an appropriate service with providers.**

## But is it PRACTICAL?

- Our students run monolingual language groups with the Bilingual Co-Worker after one term.