

Hidden Speech Disorders in Bilingual Children

Is it possible to identify speech sound errors in children with whom you do not share a language?

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Current estimates are that there are approximately 4 million people from ethnic minorities in the UK. 30% of this ethnic minority population is under the age of 15.

The main professional groups who refer children to speech and language therapy clinics are health visitors and teachers. These professions are dominated by white, monolingual English speakers, as is the SLT profession. This creates two key areas of difficulty:

- how are bilingual children with speech disorders to be identified and referred to the speech and language therapy clinic
- once a referral has been made how will the speech and language therapist decide whether the child has a normal, delayed or disordered pattern of development when there is no normative data available

The authors developed a screening assessment for the Pakistani Heritage languages Mirpuri, Punjabi and Urdu. It is estimated that there are at least 500,000 speakers of Mirpuri in the UK. The screen is culturally appropriate and elicits 21 words. The words elicited give a sample of nasals, plosives, fricatives and affricates all in word initial position.



Examples of Stimulus Items



Using the screen normative data were collected from a total of 246 children aged between 1;04 and 7;11. This data provides information about patterns of acquisition and about the error processes used by children. It is therefore possible for speech and language therapists to make informed decisions about normal versus disordered patterns of acquisition.

The screen was piloted with 6 health visitors who were trained in its use with pre-school children. The training consisted of a two hour session with two speech and language therapists. The health visitors had to make a simple yes / no decision as to whether they had heard the first sound in each word. The pilot study revealed that after some initial success these professionals found it difficult to use the screen as they had difficulty identifying the first (target) sound in a word and lost confidence in their ability to use it. Changes in practise within their profession also mean that health visitors no longer routinely screen children at the age of 3: their last routine assessment of children occurs at age 24 months: too early for accurate assessments of speech sound difficulties.

Future Developments: The research is now looking at whether early years education professionals can use the screen effectively.