

Understanding Bilingualism and Language Disorder

Dr Susanne Döpke

contact: susanne@bilingualoptions.com.au

May 2006

Children develop at very different rates, the more so the younger they are. Therefore, the range of what is considered typical development is very big. Nevertheless, it is important to know at what point extra care and possibly steps need to be taken in order to help a child whose language development is lagging behind. With respect to children who are speaking more than one language many people find it particularly difficult to decide whether there are reasons for concern when a child appears to speak less English than other children. The purpose of this article is to help professionals in this decision process and to take some supportive action.

Bilingualism does not cause language delay

Roughly 10% of children can be expected to have difficulties with language development. This is the same for monolingual children and bilingual children. The reasons for difficulties with language development are varied and complex. But bilingualism is not one of them.

Bilingualism is not a burden for children and it is not confusing. In fact, all the evidence we have to date indicates that bilingualism brings at best cognitive advantages, at worst no difference to monolinguals on a wide range of IQ related tests. On language tests, typical bilingual children perform within the normal range in at least one of their languages.

Of course, children may not yet have had enough exposure to English to be at the level expected for their age. In time and with input which supports language development, this will rectified itself if there are no underlying difficulties with language development. FKA offers information about what to expect from children who acquire English as a second language and how to support them. Being a second language learner is different from having a language disorder.

How do we identify a language disorder in bilingual children

If a child has a language disorder, then this is apparent in his/her stronger language. Thus it is important to find out which language is the child's stronger one. It is often assumed that just because the parents are from a non-English speaking background, the children speak that language as well. It is not uncommon in the Australian context that children have only very little knowledge

of their parents' language, may understand it, but mostly respond in English. It is paramount not to make any assumptions, but to find out.

In most cases the parents are the best source for information about their children's ability to use language at home. But for a host of reasons - many of them cultural - parents' expectations of what children should be able to do and say may differ from expectations held by teachers and other professionals working with children in Australia. A guide as to whether parents may share the expectations held for typical language development in Australia may be their expectations for other behaviours, eg. dressing, eating, toileting. If there are vast discrepancies to those held in Australia, the parents' expectations for language may possibly be very different too.

Parents may also find it difficult to differentiate between their child behaving appropriately in a routine situation at home and the child actually understanding what is being said. Non-compliance is often seen by parents as the child being uncooperative, rather than the child not understanding. The experiences of many parents are limited to their own children and they do not have training in child development, thus they cannot necessarily be expected to judge their child's language abilities. If there are any doubts, a third party who shares the child's home language needs to be consulted. Bilingual workers from the FKA, colleagues of yours who are proficient in the child's home language, interpreters or professionals working for the relevant NESB community may be good people to turn to.

Observing the child interacting with the parent will provide some indication of the child's abilities as well. If parent and child talk at length and the child takes a lead, this is most likely a good indication that the home language is going well. You may want to ask the parent what the child has just said or inquire in general terms about the sort of things the child talks about. Compare this to what you know about language use of children who speak English: asking questions, reporting about something that happened, organising pretend play, making plans, predicting what would happen if, and the like.

A child may have a language disorder when any of the following conditions are present:

- (1) The parents are concerned about their child's language development.
- (2) The child cannot understand words which are typically familiar to children of the same age in the home language and s/he cannot easily learn to understand relevant English words in spite of supportive input by childcare professionals.

- (3) The child cannot follow complex instructions appropriate for the child's age in at least one language.
- (4) The child is unable to say words or learn to say words which are common in the speech of most children of similar age. This includes the child not being able to remember the correct pronunciation of age-appropriate English words or not being able to remember new English words in spite of intensive input by child care professionals.
- (5) The child has marked social or behavioural problems in association with the lack of language development, or s/he uses language in ways that are markedly different to those of other children of similar age and similar cultural background.
- (6) The child is delayed in other areas of development as well, eg. play or motor development, imitating or self-care.

In the absence of being able to fully judge a child's language proficiency in the home language, an inability to learn new words and phrases in English under optimal input conditions is a good indication that something is amiss. This is being stressed in points (2) and (4) above. One-to-one play and repeated sharing of the same picture book over a couple of weeks may provide a good basis to judge this.

Parents reporting that other family members were late to start speaking but then grew out of it, is not necessarily encouraging. It may point towards a family history of language delay, and there is no telling whether the youngest member of this family may not have a stronger version, or whether the reported uncle has really recovered as much as is believed.

What not to do

If a child is suspected to have difficulties learning English because of an underlying language delay which is also evident in his/her home language, discontinuing the home language is not going to improve the child's abilities in English. With language it is not a matter of "the more the better" but "the richer the better".

Parents who are not very proficient in English or emotionally much more attached to the language of their own childhood than to English, may in fact speak less to their children when asked to speak English-only. Realistically, they will not follow this advice all the time and might increase their switching and mixing of languages. They may also not be honest in their reporting anymore, which will make it even harder to judge the child's true language abilities. The decision in favour of English-only in the home also has far-reaching consequences for the maintenance of the home

language for other siblings and for family cohesion in general, which need to be considered by professionals advising in that way as well as parents responding to that advice.

While the family experiments with speaking English-only at home, the child who really has a language disorder will only fall further behind. To discontinue the home language is not a remedial measure for children with difficulties with language development. There is no research evidence supporting its benefits, but some research evidence showing that it does not work.

What to do

Parents need to understand that language delay is not uncommon and that it is not related to the fact that the child hears two languages. Moreover, parents need to be assured that it is NOT the parents' fault.

If a language disorder is suspected, the best is to enlist professional help immediately. FKA is a good first point of help, and the staff at FKA will help with deciding whether a speech pathologist should assess that child.

Free speech pathology services have long waiting lists, but this is not necessarily a bad thing, if staff and parents do not wait too long to go down this road. The waiting time gives everybody some breathing space. If the belief that the child has a language disorder was false, his or her language abilities will have significantly improved towards the end of the 6 to 8 months waiting period, and the child's name can easily be removed from the waiting list. A long waiting period may also make it easier to persuade parents to register the child for speech pathology services now -- "just in case the child does not improve". It provides the child care professional with opportunities to observe the child's progress over this time and offer the speech pathologist valuable information.

Parents can best help their child's language development by spending more time talking and playing with their child in whatever language they feel most comfortable, by reading books and going on outings. Where parents have difficulties understanding or doing any of these, it would help to put alternative support structures in place. Story times in local libraries may be of direct benefit to the child and model to the parents how best to read books to children. Many libraries also offer story times in languages other than English from time to time. The Victorian Co-operative on Children's Services for Ethnic Groups (VICSEG) runs playgroups in a range of languages for the purpose of bringing parents and grandparents together in an environment where they can learn from each other how best to play with children. They also provide models for activities typically done with

preschool children in Australia. "Best Start" is an initiative by the Department of Human Services, which also works through playgroups with the intention to improve the language environment in order to prevent the need for intervention at a later stage. It might also help parents to be welcomed into their child's kindergarten or child care centre and observe there. [I know I am not allowed to make it personal, but if so I would point out that I had to learn by observing other people interacting with children as well :)]

Child care professional can support the development of the child's English by putting in place everything they have learned about first language acquisition and how to support that. In particular, using short utterances that are decodable through the immediate environment, many lengthy pauses to give the child a chance to process and to respond, some one-to-one time and frequent repeated book reading and play acting with modeled utterances will be invaluable for the child with limited English skills.

Conclusion

It is important to value the family and their needs at all times. This includes valuing the language they want to speak at home. Monolingual and bilingual families and their children are not different in that respect. Bilingualism does not cause any type of language disorder, and retracting to just one language does not improve a language disorder. The child needs to be given ample support for language to develop and if s/he has a genuine language disorder, professional help is required.