Leeds Community Healthcare NHS
NHS Trust

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When should an EAL child be referred to Speech and Language Therapy and what happens next ?

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Learning outcomes

1. You will understand when to refer an EAL child to Speech and Language Therapy

2. How Speech and Language Therapists assess EAL children with suspected Speech, Language and Communication needs.

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Bilingualism does not cause communication disorders, there is no reason why bilingual children should have a different rate of speech and language problems from a monolingual population

Crutchley,1999; Crutchley et al,1997a,1997b; Duncan & Gibbs,1989;Winter 2001

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Children who are learning English as a additional language……..True or False ?

1. All have speech, language and communication needs (SLCN)   T/F?

2. Who are slow to learn English should be referred to SLT straight away   T/F?

3. Can't have SLCN   T/F?

4. Are more likely to have SLCN than children who aren't EAL   T/F?

Important points

- Some children who are learning more than one language will have SLCN
- This is not because they are learning more than one language but because developing speech, language and communication is difficult for them whatever the language
- These children would have difficulties whether they were learning 2 languages or one
- It is important to identify these children's needs but often tricky!

Stages of learning for the EAL Child

1. Chatters in home language
2. Silent period
3. Single words/Routine phrases
4. Making own phrases and sentences (BICS and CALP)

Red flags for referral to Speech and Language Therapy

- Ongoing Silent period

- In first language > Slower progress than expected, difficulty with a particular area of SLCN eg understanding of language, expressive language, vocabulary development, social communication, pronunciation

- Other areas > Attention/listening, play, behaviour, literacy, attainment

- Parents or bilingual support staff > Raising concerns

Silent period

- It is not unusual for children to experience a silent period when starting nursery or school, particularly where the language acquisition is sequential

- This silent period, in which the child does not often communicate at all, appears to be a time for assimilation

- Following this time, children often begin to try out the "new" language that they have heard around them

- The silent period can last for up to one year

Source:
Leeds Speech & Language Therapy Service Standards & Guidelines for Working with clients with Additional Languages

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Factors that are <u>not</u> causes for concern:

- Code switching ie mixing 2 languages in one utterance

- Higher use of "empty" words – these will phase out as English vocabulary increases

- Transference of linguistic rules eg word order from home language to English

Source: Nita Madhani SLT (Redbridge)

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Learning outcome 2

How Speech and Language Therapists should assess EAL children with suspected Speech, Language and Communication needs.

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Any of the conditions presenting to Speech and Language Therapists may occur in the context of bilingualism

Source:Bernd Klein "Bilingual upbringing of children in the Home"

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"The main aim of assessing children referred with possible speech and language difficulties, from bilingual communities is to draw as full a language profile of the (emerging) bilingual child as possible".

Royal College of Speech and Language Therapists

Assessment

The purpose of assessment is to decide:

1. Whether the child's first language is intact and therefore is only having difficulty acquiring English as an additional language
   EAL issues: managed by Education

2. Whether the child is having difficulty acquiring speech and language
   Speech and language delay/disorder: managed by Speech and Language Therapy Service

Case history

Full case history to be taken as for all clients plus:

Socio linguistic profile of language use including:

- how many languages/dialects and length of time for each has child been exposed to including English?
- how many languages/dialects child speaks /understand?
- what languages/dialects are used in/outside the home and the pattern/dynamics of usage?

For those clients new to the UK need to:
- establish length of time in this country
- previous schooling if any
- length of time in nursery/school

New research suggests typically developing 2.6 year old children who are bilingual in English and in an additional language and who hear English 60% of the time or more, perform equivalently to their typically developing monolingual peers

Cattani et al School of Psychology, University of Plymouth IJCD Vol 49, No 6, 649-671 Nov-Dec 2014

Assessment

To assess the child's language skills we need to draw up a profile of language ability and use in <u>each language</u>

- How do we draw up a language profile?

- Once we have a language profile how will we know if particular features are or are not a problem?

Drawing up a Language Profile

WHAT CAN WE REALISTICALLY ASSESS IN HOME LANGUAGE AND ENGLISH?

Listening and attention: type and time

Play: symbolic play, imaginative play, social play

Comprehension: ICW's, vocabulary, concepts

Expression: length of utterance, vocabulary, word order

Speech: errors, intelligibility

Social skills: ability to use language to communicate effectively, non-verbal skills

Fluency, Voice, Feeding

CAN WE USE FORMAL ASSESSMENTS?

HOW DO WE KNOW IF A THERE IS A PROBLEM?

Need to compare the language profile with that of children of similar age and linguistic background looking at both English and home language. Are there any difficulties at all with the home language? Is the child's profile significantly different to that expected?

Unfortunately when looking at comparisons there is no book of language profiles for different populations. It would be a very big book!

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Is the level of ability lower than expected in best language given age of child? ie a language delay

Is the level of ability significantly different to that expected in best language given age of child?   ie a language disorder?

Resources :

www.leedscommunityhealthcare.nhs.uk/cslt
Toolkit – bilingualism

Any questions?