

# Guidance for Referring Bilingual Children

## Definition of Bilingualism

'Individuals or groups of people who acquire communicative skills in more than one language. An individual should be regarded as bilingual regardless of the relative proficiency of the languages understood or used.'

## Facts

1. Over 50% of the world's population is estimated to be bilingual.
2. There are 30 times as many languages as there are countries.
3. Bilingualism does **not** cause communication disorders and in fact has many advantages.
4. A 'silent period' is a normal phase when children are immersed into a new language environment and can last for several months.
5. 'Codeswitching': alternating languages between or within the same sentence is a completely normal pattern of talking used by all bilingual speakers

## Routes to bilingualism

1. **Simultaneous:** a child is exposed to both (all) languages from the beginning of language acquisition. This is the least common route to bilingualism.
2. **Sequential:** a first language is acquired and an additional language is then acquired (often on school entry). This is the most common route to bilingualism.

## Role of the Speech and Language Therapist

To find out whether the child is acquiring English normally as an additional language or if he has an underlying communication difficulty.

We do not focus on trying to make the child learn English over the development of their home language. We treat both languages' acquisition equally as this is respectful to their linguistic diversity and recognises that there are advantages to being bilingual.

## Referral Guidance

1. Ask parents about the child's speech and language skills in their **home language**.
2. Use an interpreter if the parents are not able to convey this information in English.
3. If the parent expresses concern regarding the child's speech and language development in their **home language**, complete the appropriate checklist that is nearest to the child's age together with the parent.
4. Follow the action guidelines to determine whether or not a referral is indicated.
5. Children should **not** be referred if they are developing normally in their home language.