

# Practice Brief



## Promoting Bilingual Children's Communication Development

Centre for Community Child Health

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### Over half of the world's population is bilingual. Bilingualism is found on all continents, in the majority of countries, in all classes of society, and in all age groups (Grosjean, 2010).

In Australia, an increasing number of children are growing up in homes where more than one language is spoken. The most recent census tells us that 1 in 4 Australians (26%) were born overseas and almost 1 in 5 Australians (18%) speak a language other than English at home. Today, Australians come from over 200 different birthplaces and speak over 200 different languages. Our population is one of the most culturally and linguistically diverse in the world (Australian Bureau of Statistics, 2012).

Australia's cultural and language diversity presents a range of challenges and opportunities for service providers who work with young children and their families. Just as the range of languages and cultures in Australian society is evolving, service delivery and current practice needs to evolve in response, so that all children with communication difficulties have equitable access to appropriate services and support in early life.

### Bilingual children should be encouraged to develop proficiency in their home language

Evidence indicates that bilingualism has multiple benefits for children and their families, such as creating strong family, ancestral and cultural bonds. Longer term, bilingualism enhances children's communication and cognitive development, reading abilities, executive functions, interpersonal skills, academic outcomes, and vocational options.

### Bilingual children need to be viewed holistically by practitioners

Service providers need to find out about bilingual children's communication skills in *all* of their languages, not just in English, as well as their development in a range of other domains such as physical health and wellbeing, social competence, emotional maturity, cognitive skills and general knowledge. The home environment and key caregivers' capacity to support the child's learning should also be considered. Holistic information helps service providers work out whether a bilingual child is 'on track', as well as accurately identify those children who are developmentally 'at risk' or 'vulnerable' before they start school. This also minimises the risk of bilingual children being misdiagnosed as having a language or communication impairment.

### This Practice Brief focuses on young children from birth to school entry.

'Bilingual' is used to refer to all children who speak a language or languages other than English at home and are also operating within the predominantly English-speaking education setting (Grosjean, 2010). This Practice Brief further differentiates between English-proficient bilinguals and emerging bilinguals who are not yet proficient in the English language (Garci'a & Kleifgen, 2010).

'Home language' is also known as 'community language'. It is the language that the family speaks but not the official or dominant language of society. In Australia, 'home language' refers to any language other than English.

'Preschool' refers to formal educational programmes for children in the years before they start school, such as kindergarten.

### Bilingual children in Australia

- Australian Early Development Index (AEDI) research shows that English-proficient bilingual children begin school with a range of developmental advantages, including displaying stronger academic skills and social and emotional development (Goldfeld et al, 2013).
- Research from AEDI and Canadian EDI shows that emerging bilinguals often show poorer outcomes across a broad range of health and psychosocial domains, in addition to difficulties gaining proficiency in English (e.g., Brinkman et al., 2009; Guhn, Gadermann, Hertzman & Zumbo, 2010; Janus & Offord, 2007; Puchala, Vu, & Muharjarine, 2010).
- Preschool attendance is a positive indicator of proficient English at school entry for bilingual children. Daycare without a preschool programme, informal non-parental care, or parental care-only was associated with decreased odds of proficiency in English at school entry (O'Connor et al, 2014).



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## Bilingual children and their families should be encouraged to engage with preschool programmes

When bilingual children who are English-proficient begin school, their English skills give them a range of school-based advantages (Goldfeld, O'Connor, Mithen, Sayers, & Brinkman, 2013). On the other hand, when bilingual children start school with only limited proficiency in English, they face a range of additional challenges in the school setting (including academic and social integration difficulties) and they are at risk of poorer outcomes across broad health and psychosocial domains (Brinkman, Sayers, Goldfeld, & Kline, 2009; Goldfeld et al., 2013). Preschool attendance improves bilingual children's proficiency in English at school entry (O'Connor, O'Connor, Kvalsvig & Goldfeld, 2014).

## Why is this issue important?

The number of Australian children being raised in culturally and linguistically diverse (CALD) environments is increasing. The range of languages spoken in Australian homes is also increasing and diversifying. The result is a growing need for community services that care for bilingual children and their families.

It is important to identify children with communication difficulties as early as possible, so they can be provided with timely, appropriate and cost-efficient support that helps them to achieve optimal communication outcomes. However, current pressures such as population growth, staff shortages, increasing demand for community speech pathology services and waiting times impact on the provision of early detection and intervention for children and families.

Alongside the rising prevalence of bilingualism in Australia, research in this area has exploded over recent decades and much more is now known about how young children learn more than one language. Given how widespread childhood bilingualism is in Australia (McLeod, 2011), it is crucial that service providers also learn about bilingualism in order to best support the children and families they see.

## What do we know about bilingualism during early childhood?

**Children need lots of opportunities to hear and speak language.** Most children have the ability to learn more than one language, provided that the environment is right. To pick up a language, children need lots of chances to hear and speak that language, in a variety of situations and with people who are important to them, such as key caregivers, family members, and friends (Grosjean, 2010). Parents can help by providing their child with lots of opportunities to hear language during everyday situations and creating the need for their child to communicate in their languages. It may be difficult for a bilingual child to understand or talk to people in both languages if there are not enough opportunities to hear

and practise both. This difficulty can be confused as a sign of language or communication impairment, when the child may simply need more language exposure.

### **Bilingualism does not cause language delays or disorders.**

Bilingual children may show some differences in their language abilities while they are learning to speak both languages, especially if they are compared with monolingual children. However, the process of learning to speak a second language does not cause or exacerbate a language or communication impairment (e.g., Hambly, Wren, McLeod, & Roulstone, 2013; Paradis, Genesee, & Crago, 2011; Roseberry-McKibbin, 2002). Bilingual children do not have a greater or lesser need for speech pathology intervention, compared with monolingual children (Winter, 2001).

**Language 'mixing' is normal.** Bilingual children sometimes shift between languages during conversation or mix one language with the other. This is a common characteristic of bilingualism and something that bilingual adults do too. It does not signal 'laziness' nor does it mean that the child has a language or communication impairment.

**Language dominance is common.** Bilingual children are typically 'dominant' or stronger in one of their languages than the other, depending on the amount of time they have to listen and speak in each language. When bilingual children are first exposed to a second language that they cannot yet speak, they may produce very few or no words in the second language, but their understanding of the language is developing (Paradis et al., 2011).

**Both languages must be considered.** Young bilingual children tend to achieve the same early language milestones at around the same age as monolingual children. For example, babbling emerges at around 6 months of age, they speak their first word around their first birthday, and they are combining words into two-word phrases by their second birthday. Service providers can expect bilingual children to reach these important early milestones within similar age ranges if both languages are accounted for. Otherwise, the child's abilities will be underestimated and the child may appear 'delayed'.

## Making service delivery work for CALD families

'Making service delivery work' for all families involves attending to *what* is delivered (e.g. programs, activities) and *how* it is delivered (e.g. the quality of relationship between practitioner and family) (CCCH, 2007; 2010).

Although it is neither possible nor appropriate to recommend a prescriptive approach for working with CALD families (Queensland Government, 2010), a number of service delivery features are especially important. One particularly important feature is sensitivity and responsiveness to cultural and ethnic diversity.

This involves:

- cultural awareness: knowing about the cultural norms common to a cultural group
- cultural sensitivity: an awareness of how cultural diversity expresses itself among individuals within a cultural group and
- cultural competence: an awareness of one's own cultural norms (Sawrikar & Katz, 2008, p. 14).

The importance of cultural sensitivity and responsiveness is highlighted by research which demonstrates that CALD families may be reluctant to utilise services because of cultural differences and perceived cultural insensitivity (Armstrong, 2010; Carbone et al., 2004; CCCH, 2010; Henderson & Kendall, 2011).

When working with CALD parents who have low English proficiency, communication can pose a barrier to successful engagement (Armstrong, 2010; kidsmatter, 2012). When interpreters are used, families may have concerns about privacy and confidentiality (Armstrong 2010; Cordington et al., 2011; NSW Refugee Health Service & STARTTS, 2004). Even when verbal communication is not a barrier, cultural misunderstandings and differing interpretations of body language may make communication challenging (Kaur, 2012; kidsmatter, 2012; Romios et al., 2007; Sawrikar & Katz, 2008).

When working with CALD families, it is important to acknowledge the unique needs and circumstances of families from refugee backgrounds who face the same stressors as all migrants but also face additional challenges relating to loss and severe trauma (see Arney & Scott, 2010; NSW Refugee Health Service & STARTTS, 2004; Jackson 2006; Lewig et al., 2010).

Most importantly, making service delivery work for CALD families relies not only upon individual practitioners but also upon all of the other elements of the service system. Organisations and the service system as a whole also need to take responsibility for culturally competent service provision (Armstrong, 2010).

## Considerations for service providers

The following list highlights key suggestions that service providers can incorporate into their daily practice:

- **Encourage preschool attendance.** There are distinct advantages for bilingual children who are English-proficient when they commence formal schooling. Attendance at a formal preschool programme encourages English proficiency at school entry for all children.
- **Encourage bilingualism.** CALD families sometimes ask whether it is better to discontinue their home language and use only English. Monolingualism should not be recommended. There is no scientific evidence that

'monolingualism is better' or that CALD families should stop using their home languages (Thorardottir, Weismer, & Smith, 1997). In fact, ceasing use of the home language with the child can be harmful because there may then be fewer or less rich learning opportunities for the child. Using only English may also mean the child is excluded from family conversations, interactions with extended family and social events. Bilingualism is beneficial and possible for most children, provided they receive plentiful opportunities for language learning.

- **Identify concerns and learn more about the child's language environment.** If there are concerns about a bilingual child's communication development, it is essential to ask questions about the child's past and current language environment (see 'Questions for practitioners'). Service providers need to find out about the child's communication abilities across multiple environments, such as at home, preschool, playgroup or in the playground. It is also important to observe the child interacting with a range of familiar people, such as key caregivers, siblings, grandparents, educators and peers. Observe whether the child uses eye gaze, facial expression, emotion, gesture, sounds and words to communicate. If there are concerns about a child's ability to 'tune in' to others, it may be necessary to refer the child to an audiologist for a hearing check and a speech pathologist for a thorough communication assessment.
- **Develop cultural competence.** This is an ongoing learning process that incorporates the development of cultural awareness and cultural sensitivity, as well as reflecting on one's own beliefs and biases. Within the context of bilingual children's communication development, cultural competence involves recognition that not all languages and cultures are the same and that expectations may be different. Different languages comprise different sounds and words, which are structured and combined in different ways. Different cultures view communication, gender and parenting roles differently (see Tomoeda & Bayles, 2002). Learning about the nuances of local languages and cultures will help service providers better understand the expectations for children's communication and provide care that is culturally competent (Verdon, McLeod, & Donald, 2014).
- **Work in partnership with CALD community leaders, community groups, multicultural and culturally specific agencies.** This has multiple potential benefits including support and advice, assistance with service promotion, assistance developing cultural competency, and learning about emerging needs within communities.

- **Work collaboratively with interpreters and translators who are trained specifically in health-related areas, particularly for critical decision-making.**

Book interpreters in advance and meet with them before sessions, to ensure they understand the purpose of the session and their role and responsibilities. Family and friends should not be asked to translate written material or conduct face-to-face interpreting. However, if relatives or significant others are involved as a last resort, their role should be negotiated, with careful consideration given to the cultural expectations of the people involved. This is particularly important when discussing sensitive medical, educational or vocational information (SPA, 2009). Likewise, it is important to use interpreter services in a way that is sensitive to and respectful of families' needs and concerns. For example, ask families if they have preferences as to whether the interpreter is male or female, or from a specific ethnic background. Ensure families are informed about issues relating to privacy and confidentiality of information.

- **Seek to address the barriers CALD families face in accessing services.**

CALD families may feel, or inadvertently be, excluded from 'traditional' services. Engaging CALD families is best achieved through approaches that are family-centred, strengths-based, inclusive, non-threatening, culturally sensitive and flexible. It is important that decision-making occurs within the context of a professional-family partnership, to ensure that interventions and strategies are aligned with families' preferences and cultural values.

Additional resources for families about raising bilingual children are available at [raisingchildren.net.au](http://raisingchildren.net.au)

#### Author recognition

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#### Questions for practitioners

- What does the child usually do during a typical week? What languages does the child hear in each setting? Is the language exposure from adults, other children, books, TV or other sources?
- What languages are spoken directly to the child? Who from?
- How long has the child been exposed to each language? Has language exposure changed over time?
- What languages does the child speak themselves? Who with and where? Has this changed over time?

#### About Practice Briefs

Practice Briefs share findings from the Centre for Community Child Health's research and community programmes.

Practice Briefs are an initiative of the Centre for Community Child Health at The Royal Children's Hospital and Murdoch Childrens Research Institute.

A full list of references is available from [www.rch.org.au/ccch/resources\\_and\\_publications/](http://www.rch.org.au/ccch/resources_and_publications/)

