Working with bilingual children and interpreters: from research to clinical practice

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Introduction

- Most Speech and Language Therapists (SLTs) are monolingual English speakers and therefore need to work alongside interpreters when working with children who speak languages other than English (LOTE).
- There is clinical guidance available on the assessment of speech, language and communication needs in a bilingual context, and how to work with interpreters.
- However, there is limited research on delivering intervention in the child's home language.

Method

- The Language Intervention in the Early Years (LIVELY) study involved delivering 1:1 home language Building Early Sentences Therapy (BEST) intervention for children speaking LOTE within education settings by an experienced SLT.
- The study was designed as a series of three single case studies.
- Throughout the study, reflections around the enablers and barriers to working successfully with bilingual children and interpreters were collated.
- A survey was devised and disseminated to SLTs working across the UK to capture their experiences of working with bilingual children and interpreters, and enablers and barriers to clinical practice.

Results

- BEST was delivered in Polish and Sylheti to three children.
- Despite thorough preparation, implementing the recommended guidance and the practicalities of delivering home language intervention was challenging in practice, even in a research context.
- The children rarely spoke during sessions and the pragmatics of the language situation may have influenced this.
- Guidance on working with interpreters mainly focusses on interpreting between adults. There is limited information about how interpreters can support working with children, especially in the delivery of intervention.
- Although the interpreters received tailored training, they benefitted from additional training to follow the intervention procedures more closely.
- 62 SLTs provided survey responses. Key intervention barriers identified were: 1) SLT knowledge of home language and cultural differences, 2) availability and access to interpreters, and 3) time and preparation.

Conclusions

- Similar themes around the enablers and barriers identified in this study were also described by many SLTs in clinical practice.
- More training is needed for SLTs and interpreters to have the specific skills to effectively work together.
- It is important to encourage bilingual children to use their home language more freely through working with members of their home language community and/or in familiar settings.
- SLTs may need to adapt their communication styles to reflect those of the child's community.
- Analysis of the enablers and barriers identified were synthesised into practical guidance for SLTs to provide home language intervention (see figure 1).

Figure 1

Tips for SLTs delivering home language intervention

FACILITATING HOME LANGUAGE USE IN BILINGUAL /
LOTE CHILDREN
DURING ASSESSMENT AND THERAPY

TEAM: ET WITH THE TERPRETER &

PLAN:
IDENTIFY
CULTURALLY
APPROPRIATE
ATERIALS, TOPIC:
IND LIKELY HOME
LANGUAGE
RESPONSES

EDUCATION / EARLY YEARS SETTING / CLINIC

PRAGMATICS
CREATE AN
ENVIRONMENT
WHERE HOME
LANGUAGE IS
EXPECTED

HOME:

HOME:
ASSESS & PROVIDE
THERAPY WHERE
THE CHILD IS MOST
COMFORTABLE AND
HOME LANGUAGE
IS REQUIRED

PROFESSIONAL INTERPRETER PARENT(S)

PARENT(S) / CARER LANGUAGE

Use these topics in home language as an ice breaker at the start of the sessions

Pre-plan the session with the interpreter to ensure all instructions and converted sources to ensure all instructions and converted sources to ensure the second sources.

Transcribe 'hello' or equivalent greeting in IPA and

If the child responds in English/Additional Language the interpreter re-phrases in home language, saying in home language "We say it like this...", or 'How would tell your mum/dad/cran that?"

It there is no response, the interpreter provides the expected nome language response

If there is no response all session, consider inviting a child from the community (with parental permission) or a family member who speaks home language with the child into the setting and ask them to

move the sessions to the home

If there is still no response, consider telehealth options so only hom

HOME LANGUAGE RESPONSES INCLUDING CODE SWITCHED RESPONSES

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