



Multilingualism and speech-language competence in early childhood: Impact on academic and social-emotional outcomes at school



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ABSTRACT

This large-scale longitudinal population study provided a rare opportunity to consider the interface between multilingualism and speech-language competence on children's academic and social-emotional outcomes and to determine whether differences between groups at 4–5 years persist, deepen, or disappear with time and schooling. Four distinct groups were identified from the Kindergarten cohort of the Longitudinal Study of Australian Children (LSAC) (1) English-only + typical speech and language ($n=2012$); (2) multilingual + typical speech and language ($n=476$); (3) English-only + speech and language concern ($n=643$); and (4) multilingual + speech and language concern ($n=109$). Two analytic approaches were used to compare these groups. First, a matched case-control design was used to randomly match multilingual children with speech and language concern (group 4, $n=109$) to children in groups 1–3 on gender, age, and family socio-economic position in a cross-sectional comparison of vocabulary, school readiness, and behavioral adjustment. Next, analyses were applied to the whole sample to determine longitudinal effects of group membership on teachers' ratings of literacy, numeracy, and behavioral adjustment at ages 6–7 and 8–9 years. At 4–5 years, multilingual children with speech and language concern did equally well or better than English-only children (with or without speech and language concern) on school readiness tests but performed more poorly on measures of English vocabulary and behavior. At ages 6–7 and 8–9, the early gap between English-only and multilingual children had closed. Multilingualism was not found to contribute to differences in literacy and numeracy outcomes at school; instead, outcomes were more related to concerns about children's speech and language in early childhood. There were no group differences for socio-emotional outcomes. Early evidence for the combined risks of multilingualism plus speech and language concern was not upheld into the school years.

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The majority of the world's people speak more than one language (Grosjean, 1982; Tucker, 1998). Even in predominantly English-speaking countries such as the US, the UK, Canada, Australia, and New Zealand, there are a noteworthy portion of the population who speak languages other than English. For example, in the US, 20.8% of the population speak a language other than English at home (Ryan, 2013) of which the predominant non-English language is Spanish (12.9% of the entire US population). In Canada, 20.6% of people speak a language other than English or French at home, 17.5% of the population speak at least two languages at home, and more than 200 different languages are spoken

(Statistics Canada, 2012). Similarly, in Australia, 23.2% of the population speaks a language other than English at home (Australian Bureau of Statistics, ABS, 2012). However, in Australia, there is no clearly predominant language other than English (ABS, 2012). The most common languages other than English in Australia are Mandarin (1.6% of the Australian population), followed by Italian (1.4%), Arabic (1.3%), Cantonese (1.2%), and Greek (1.2%) (ABS, 2012). Thus, multilingualism is commonplace even within primarily English-speaking countries.

People who acquire more than one language are described (often interchangeably) as *bilingual* and *multilingual* (Romaine, 2013), and children are often called dual language learners (Paradis, Genesee, & Crago, 2011). We prefer the term multilingual as it corresponds with the term multicultural and recognizes the multiplicity of linguistic influences within the lives of children and adults. Within this paper, multilingual people are defined as those who "are able

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to comprehend and/or produce two or more languages in oral, manual, or written form with at least a basic level of functional proficiency or use, regardless of the age at which the languages were learned" (International Expert Panel on Multilingual Children's Speech, 2012, p. 1; adapted from Grech & McLeod, 2012, p. 121). People who are multilingual can be classified as either simultaneous or sequential language learners (De Houwer, 1995; Paradis et al., 2011). Simultaneous language learners receive exposure to their languages from birth or soon after, whereas sequential language learners learn their second language after a first language has been established, and this typically occurs after three years of age (Paradis et al., 2011).

Most young children accomplish the ability to communicate in one or more languages by participating within their family, communities, and educational settings, but some children require additional support. Within many educational settings, children receive support if they speak more than one language in order to enhance their competence in speaking the dominant (educational) language of the community in which they live (e.g., support for English language learners, Abedi, 2004). Alternatively (or additionally) they may receive support if they have a speech and language impairment and have difficulty learning to communicate in their first language (e.g., speech-language pathology, Winter, 2001). Until recently, most of the research on children's communicative competence and outcomes considered (1) typical speech and language acquisition versus speech and language impairment, or (2) monolingualism versus multilingualism. This paper examines the interface between speech and language competence and multilingualism.

Speech and language competence

Children's ability to communicate effectively is important for participation in day-to-day life and lays the foundation for future academic, social, and occupational success. Speech and language competence during early childhood is linked to literacy, numeracy, and social-emotional outcomes at school, providing a basis for participation in society as adults (Felsenfeld, Broen, & McGue, 1994; Harrison, McLeod, Berthelsen, & Walker, 2009; Johnson, Beitchman, Brownlie, 2010; Marchman & Fernald, 2008; McCormack, Harrison, McLeod, & McAllister, 2011).

Regardless of whether children are monolingual or multilingual, not all children develop typical speech and language skills. Indeed Law, Boyle, Harkness, Harris, and Nye (2000) summarized their systematic review by stating primary speech and language impairment "is a high prevalence condition" (p. 179). In a comparative study of the prevalence of different areas of learning need for 14,500 children from kindergarten to year 12 within a school district, McLeod & McKinnon (2007) found that speech and language impairment (communication disorder) was the second most prevalent learning need after learning disability, and exceeded five other areas of learning need: behavioral/emotional disorder, intellectual impairment, physical/medical disability, vision impairment, and hearing loss. Speech and language impairment may be of known origin (e.g., hearing loss, cleft lip and palate); however, most children with speech and language impairment have no known cause or origin for their difficulties (Campbell et al., 2003). There is a large body of evidence to suggest that children with speech and language impairment benefit from early identification and intervention (Baker & McLeod, 2011) so long as they receive a sufficient amount (dosage) of intervention sessions (Baker, 2012; Glogowska, Roulstone, Enderby, & Peters, 2000; Law & Conti-Ramsden, 2000).

Presence of speech and language impairment has been identified as a risk factor for children's subsequent academic and social-emotional outcomes at school or throughout life. For exam-

ple, McCormack et al., 2009, conducted a systematic review of 57 papers and documented an association between childhood speech impairment and difficulties with "learning to read/reading, learning to write/writing, focusing attention and thinking, calculating, communication, mobility, self-care, relating to persons in authority, informal relationships with friends/peers, parent-child relationships, sibling relationships, school education, and acquiring, keeping and terminating a job" (p. 155). Since this review, additional evidence has been published to document the short- and long-term effects of speech and language impairment. A series of studies by Beitchman and colleagues, following a cohort of children identified with and without speech and language impairment, reported that when the cohort was 25 years old, there was a significant difference between each group's communication skills, academic and cognitive skills, their level of educational attainment, and occupational status, but no difference in quality of life (Johnson, Beitchman, Brownlie, 2010). Similar findings have been reported at younger ages. Following a cohort of 4- to 5-year-old children with and without speech and language concern to age 8–9 years, McCormack, Harrison, McLeod, & McAllister (2011) identified slower progression in reading, writing, and overall school achievement (as reported by parents and teachers), and a higher likelihood of self-reported bullying, less enjoyment of school, and poorer peer relationships in the group with speech and language concern. Additionally, recent qualitative studies that have examined the perspectives of preschoolers, school-aged children, and young adults on having speech and language impairment have outlined social-emotional outcomes (frustration, embarrassment, withdrawal) as well as academic outcomes (difficulties with literacy and numeracy) associated with their communication difficulties (Fujiki, Brinton, Isaacson, & Summers, 2001; McCormack, McAllister, McLeod, & Harrison, 2012; McLeod, Daniel, & Barr, 2013a,b). Snow and Powell (2011) have found that almost half of young offenders presented with delayed language skills.

Most studies of children with speech and language impairment published in English consider monolingual children, typically those who speak English as their only, or primary, language; and many studies purposefully exclude children who speak languages other than English. In recent years, some studies have included multilingual children with speech and language impairment (Fabiano-Smith & Goldstein, 2010), but few have analyzed longitudinal outcomes for multilingual children with and without speech and language impairment.

Multilingual status

Although in the past, many people believed that learning more than one language was "detrimental to children's linguistic and intellectual development" (Paradis, 2007, p. 551), much of the research on which this claim was based did not control for degree of bilingualism or socio-economic status, or use appropriate comparative research methods (Hakuta, 1986). More recent research has demonstrated that multilingualism can result in increased metacognitive skills (e.g., abstract and symbolic representation, attention, working memory, executive functioning) and metalinguistic awareness skills (Adesope, Lavin, Thompson, & Ungerleider, 2010; Barac, Bialystok, Castro, & Sanchez, 2014; Bialystok, 2001; Gathercole et al., 2010; Nguyen & Astington, 2014; Paradis, 2007; Paradis et al., 2011).

Studies that consider the impact of multilingualism on typically developing children's speech and language acquisition have shown that when skills in both languages are considered, children who speak more than one language are not at greater risk for speech and language impairment than monolingual children (De Houwer, 2009; Goldstein & Bunta, 2012; Goldstein & McLeod, 2012; Hambly,

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