

CHAPTER 3

THE ROLE OF SPEECH-LANGUAGE THERAPISTS IN MULTILINGUAL SOUTH AFRICAN PRE-SCHOOLS

AIM:

To place the role and activities of speech-language therapists within the perspective of the pre-school setting in South Africa, and to indicate the need for an instrument for language assessment as a resource for the teacher-therapist team.

3.1 Introduction

Before discussing the scope of a language profile to be constructed for EAL learners in multilingual urban pre-schools, it is prudent to examine the setting where it is to be utilised and the persons who will use it. Only against this background can the utility and relevance of a proposed resource be estimated.

3.1.1. *The pre-school setting*

Pre-schools, as the term is typically used, traditionally cater for young children from the age of three until the time when they enter a formal school programme.

The purpose of pre-school institutions

The generic and historic purpose of pre-school institutions is well described in the following excerpt:

For decades, parents and families have brought their children to community programs for a variety of educational, social, and health services. To provide these services, professionals work with children and families to nurture and promote the developmental and physical well being of the child. Parents and professionals from an assortment of disciplines come together around a single common goal: creating the best possible program for this child and this family (Johnston, LaMontagne, Elgas & Bauer, 1998: 2).

This description does not only hold true for developed countries where formal early childhood programmes are long established. Professor Kader Asmal, in his capacity as

minister of education, quotes the UNICEF report, *The State of the World's Children 2001*, in his preface to Education White Paper 5 on Early Childhood Education (Departement of Education, 2002a):

Although the particulars of their lives might differ, millions of mothers and fathers around the world, in both industrialised and developing countries, share the same story: finding and making time, investing energies, stretching resources to provide for their sons and daughters ... They search for advice and counsel from informal support networks and community agencies as they struggle, often against great odds, to do right by their children.

Early childhood development (ECD) in South Africa is described as a comprehensive approach to policies and programmes for children from birth to nine years of age with the active participation of their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential. Consistent with the White Paper on Education and Training (Department of Education, 1995), early childhood development is defined as an umbrella term that applies to the processes by which children from birth to at least nine years grow and thrive, physically, mentally, emotionally, spiritually, morally and socially (Department of Education, 2002a).

The main ECD policy priority addressed in White Paper 5 is the establishment of a national system of provision of the Reception Year for children aged 5 years. The goal is for all children entering Grade 1 to have participated in an accredited Reception Year Programme. It is envisaged that three types of programmes will be accepted: programmes within the public primary school system, programmes within community-based sites, and independent provision programmes. In order to improve the quality of Reception Year programmes, all Reception Year educators will be required to register with provincial departments of education, accredited Reception Year educators will be required to register with the South African Council of Educators and educators who do not have a specialised qualification to teach the Reception Year, will have to undergo approved training programmes. Although not specified as such, it is likely that the

training programmes will equip pre-school teachers to facilitate learning in various areas of child development. Language is stipulated in White Paper 5 as one of the prescribed development/learning areas for the reception phase (Department of Education, 2002a). Teachers of the pre-school year will therefore be cognisant of the important role language development plays in preparing children for school and for life.

For children younger than 4 years, a strategic plan for inter-sectoral collaboration will be developed. This strategic plan will focus on the delivery of appropriate, inclusive and integrated programmes, with a particular emphasis on the development of a national curriculum statement, practitioner development and career pathing, health, nutrition, physical development, clean water and sanitation, and a special programme targeting four year old children from poor families with special needs and those infected with HIV/AIDS (Department of Education, 2002a). These are clearly realistic and essential priorities, and while speech-language therapists may be surprised to find no specific mention made of language and communication development, it does not mean that language development ceases to be important. Level of language development in the pre-school phase continues to be the best predictor of future academic progress (Wentzel, 1991; Catts, 1993; Catts *et al.*, 2001; Lockwood, 1994; Rossetti, 2001; Nelson, 1998; Capute, Palmer & Shapiro, 1987). Consequently, it is essential to ensure that the development of language skills form a prominent feature of early pre-school programmes in all settings.

The nature of pre-school programmes

Although early childhood programmes are often discussed collectively in the literature, they are in fact an array of widely different programmes with different goals, different service delivery strategies, and different outcomes (Gomby, Lerner, Stevenson, Lewit & Behrman, 1995: 8). Therefore, it would be appropriate to describe the pre-school setting relevant to the present study.

As in the case of most pre-school programmes all over the world (Gomby *et al.*, 1995: 8), South African pre-school programmes have been designed to promote child development over a broad spectrum and to improve children's readiness to succeed in

school. Types of programmes in South Africa at present include the Reception Year (Grade R) at independent schools and attached to public schools, independent pre-primary schools that provide for children from 3 - 5 years of age, privately operated or community run crèches or nursery schools, and home-based provision for children from birth to 5 years (Department of Education, 2002a).

Whilst the existing services and programmes vary greatly in terms of type, they also vary greatly in terms of what may be termed *quality*. From White Paper 5 (Department of Education, 2002a) it can be deduced that the elements constituting the widely varying quality of pre-school programmes in South Africa include the following: the educational qualification of the practitioners, the adult-to-child ratio, range of equipment, planning and provision of developmentally appropriate learning activities, and appropriate techniques for working with individuals, small groups, and large groups. A particular programme might demonstrate any combination of characteristics, and the geographical setting (urban, semi-rural or deep rural) does not necessarily determine the nature of these characteristics. However, experience has shown that urban pre-schools are likely to have practitioners with tertiary qualifications, large classes, and a fairly wide range of equipment. The planning and provision of activities, as well as the techniques for working with groups of various sizes, are influenced to a great extent by the multilingual nature of the young learners. In a survey of 32 pre-school teachers conducted in Pretoria inner city areas, less than 10% of the teachers reported that they had received any form of training on dealing with multilingual children, and more than 70% of the teachers indicated that they did not feel well equipped or competent to teach multi-lingual children in all circumstances and activities. These teachers indicated that they would welcome some form of support in their task of facilitating development in their multilingual learners (Du Plessis & Naudé, 2003).

3.1.2. The pre-school teacher

The purpose here is not to find a generic definition of the term “teacher” or “educator”, but to reflect briefly on the role of the teacher in a multilingual urban pre-school, who has to facilitate the overall development of young learners.

Early childhood educators deal on a daily basis with a wide array of persons, from early intervention specialists to parents (who are specialists in their own right). The nature of their occupation demands that they focus on both children and families. They must negotiate the differing goals and roles that each adult brings to the pre-school setting. In multilingual pre-schools the teacher is also expected to find ways of mediating communication between the various (often multilingual) role players. In many instances they must serve as advocates for their learners' families, they provide support and encouragement to parents, and negotiate models for participation and involvement on the part of a variety of professionals and non-professionals. They also have to be very creative in facilitating peer participation and involvement for groups of children from diverse language and cultural backgrounds. In their daily practice they develop expertise in many fields, including the integration of goals to create holistic education programmes. This description of teachers in multilingual pre-schools correlate well with the description of early childhood educators found in international literature (for example, Johnson, LaMontagne, Elgas & Bauer, 1998: 36, 37).

With specific reference to South African teachers, the Revised National Curriculum Statement (Department of Education, 2002b:3) states that the kind of teacher that is envisaged in the new education dispensation is “qualified, competent, dedicated and caring”. Grade R (pre-school) teachers are included in this statement. The kind of learner whose emergence the teacher is to facilitate, is described as “confident and independent, literate, numerate, multi-skilled” (Department of Education, 2002b:3). These are high ideals, and though they are worthy of the calling of an educator, they may present some challenges in the current multilingual urban pre-school setting.

Reflection on these factors may well persuade all professionals, including speech-language therapists, who propose to become a part of any collaborative initiative in multi-lingual pre-schools, to do so with profound respect for the teachers who are the primary members of the collaborative team.

3.1.3. The speech-language therapist

The speech-language therapist, typically a “wearer of many hats” (Owens, 2004:4), is regarded as the professional with primary responsibility for intervention in cases of language impairment and also the facilitation of language development in all cases where such development is at risk.

The speech therapist as depicted in international literature

The work of therapists in school settings differs significantly from their work in health-care settings, not least because of strong philosophical and organisational differences between health and education (McCartney & Van der Gaag, 1996: 314). With reference to work in schools and pre-schools, Owens (2004: 351) describes speech-language therapists as problem solvers who, “with the guidance of a few principles”, apply and adapt a variety of methods in seeking solutions to the diverse challenges inherent in this division of the professional field. Speech-language therapists have to develop models of intervention that are a blend of the child’s needs on the one hand, and the requirements and/or desires of the school, the individual teacher, and the speech-language therapist (see for instance Wren, Roulstone, Parkhouse & Hall, 2001: 109).

The speech-language therapist in South Africa

Speech-language therapists in South Africa are expected to be competent in delivering services to clients with developmental or acquired disorders of language and language processing as well as auditory processing (including its cognitive, sensory, social and emotional underpinnings) involving the subcomponents: phonology, morphology, syntax, semantics and pragmatics, and the modalities concerned with oral, written, graphic and manual modes of communication (Health Professions Council of South Africa [HPCSA], 2005a). The Professional Board for Speech-language and Hearing Professions lists the pre-school setting as one of the settings in which these services are to be delivered (HPCSA, 2005a). The nature of the speech-language therapist’s services is described as the promotion of normal communication, as well as the prevention, identification, assessment, diagnosis, treatment and management of

communication disorders. More specifically, these services are expected to include certain detailed outcomes (HPCSA, 2005b). A summary of these outcomes as they relate to the pre-school setting is provided in Figure 3.1. The outcomes listed in Figure 3.1 correspond to internationally recognised expected outcomes as described by Owens (2004).

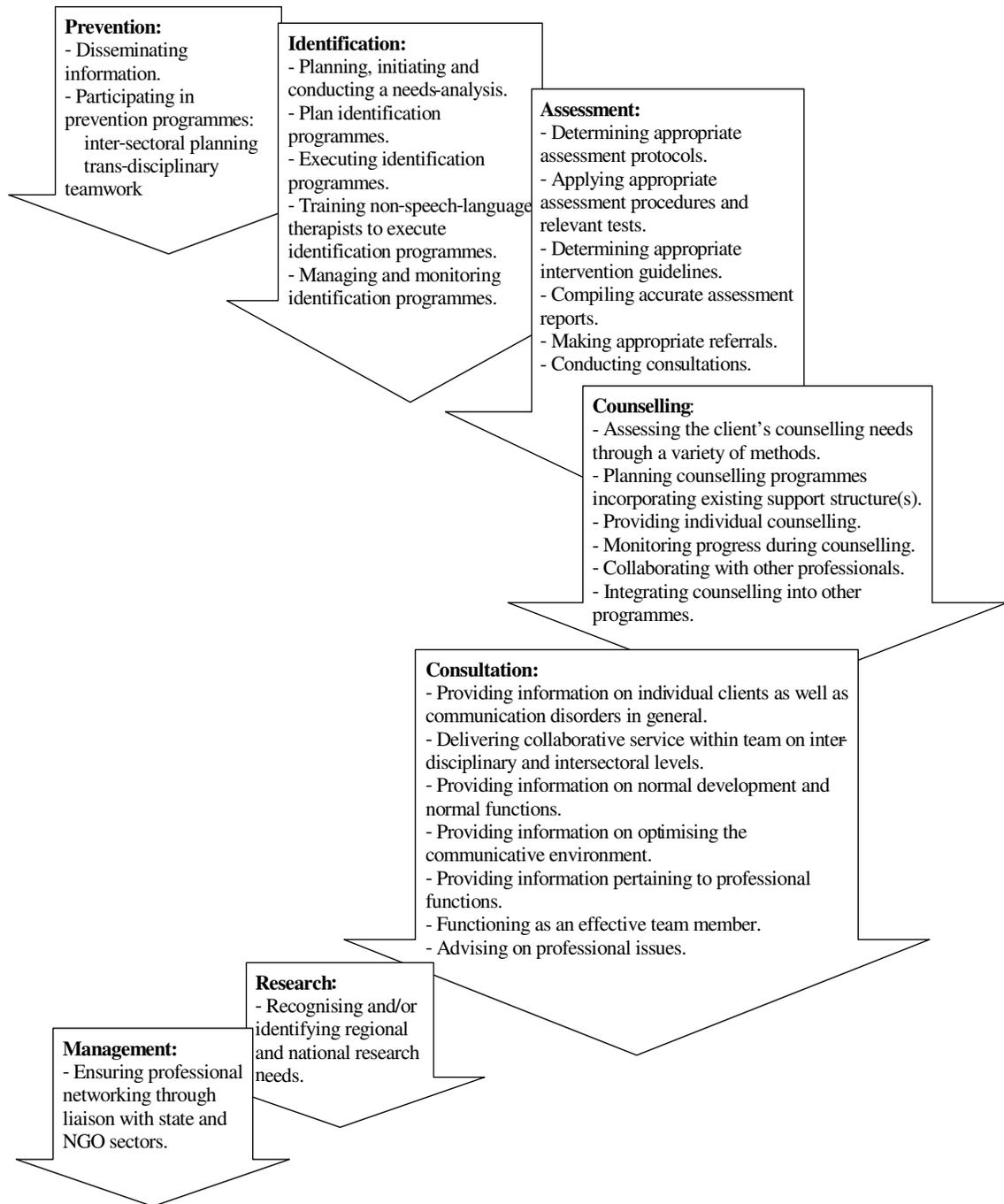


Figure 3.1. Expected outcomes for South African speech-language therapists (Adapted from HPCSA, 2005b).

The prominence of *consultation* as an area of service delivery is evidence of the readiness of the speech-language therapy profession to move into the new model of service provision to be discussed in the following section.

3.2 Settings and models of service delivery

The services provided by speech-language therapists in school settings should, according to the literature, be conceptualised not in absolute terms, but rather as a continuum of service delivery options (Wilcox & Shannon 1996:218). There are two continua that constitute the paradigm within which the role of speech-language therapists in multilingual urban pre-schools should be examined.

Setting: **Developed country** _____ → _____ **Developing country**

Model: **Traditional/medical** _____ → _____ **New/social-interactionist**

These continua relate to

1. the industrialisation, and consequently the financial and technological status, of the country where services are delivered, and
2. the model of service delivery that is followed.

This model is generally the one accepted by the educational and health services of the country, but sometimes these two institutions may be at variance with respect to their model of service delivery.

The influence of these two major aspects on the nature of the speech-language therapist's activities in schools in general, is depicted in Figure 3.2. The four quadrants represented are Developing Country –Traditional Model, Developing Country – New Model, Developed Country – Traditional Model, and Developed Country – New Model.

The current international speech-language therapy literature reports mostly on Developed Country – New Model, while the South African situation is Developing Country with a range of service delivery from Traditional Model to New Model. In the traditional or medical model, training institutions, schools, and medical facilities

that provide speech-language therapy services frequently separate the clinical process into distinct diagnostic and treatment functions. The use of isolated, individualized assessment and therapy sessions is encouraged by this practice. Furthermore, services are frequently provided in clinical settings apart from the family, education, living or work environment (Marvin, 1987:1).

The advancement of social-interactionist theories in language development and other findings of recent research (Salzburg Seminar Session 400, 2002) have prompted a shift away from a one-to-one instructional paradigm that is heavily dependent on artificial contingencies, contrived activities, and isolated learning environments. There has been a strong move to conduct services, including speech-language therapy, in the home or classroom environment, to “weave the intervention activities into daily living, play, and academics, and to use naturally occurring consequences to reinforce the targeted communication behaviours” (Marvin, 1987: 2; see also Throneburg, Calvert, Sturm, Paramboukas, & Paul, 2000). This more natural approach is specially recommended for young children and students with learning disabilities (Marvin, 1987: 2). In developed countries, the New Model has been adopted by the majority of speech-language therapists (McCartney & Van der Gaag, 1996: 314-315; Owens 2004:4). In South Africa, the South African Speech, Language and Hearing Association ([SASLHA], 2001) has expressed itself in favour of community based service provision, but no official policy regarding therapy in schools has yet been adopted.

		Context	
		Developing	Developed
		<i>Large numbers in class</i> <i>Inadequate service provision (large case loads)</i> <i>Training of teachers ranges from well-trained to untrained</i> <i>Under- and over-age learners</i> <i>Multilingual learners</i> <i>Inclusive education</i>	<i>Small numbers in class)</i> <i>Adequate service provision (controlled case loads)</i> <i>Well trained teacher corps</i> <i>Legislated individual service plans</i> <i>Multilingual learners</i> <i>Inclusive education</i>
Model	Traditional	Pull-out Consultation Interdisciplinary teamwork Providing information	Pull-out Consultation Interdisciplinary teamwork Providing information
	New	Medical model One-on-one service delivery Social-interactionist model Community based service delivery	Outcomes based assessment Whole-class presentations Development of materials & resources (programmes)

Figure 3.2. Nature of service delivery as influenced by context and model.

(Adapted and integrated from the various presentations at Salzburg Seminar Session 400, 2002).

The primary line determining the decisions and actions of speech-language therapists in pre-school settings is the global context (developed - developing countries), while the service delivery model employed (traditional one-on-one model - contemporary community-based model) is the secondary line determining the way in which decisions and actions are carried out.

Other lines or continua that may determine various aspects of service delivery by speech-language therapists in pre-schools are the following:

Age of children and their changing needs:

Entry group → Middle group → Pre-school group → Non-typical
(3 years) (4 years) (5 – 6 years) (under- or over-age,
special needs)

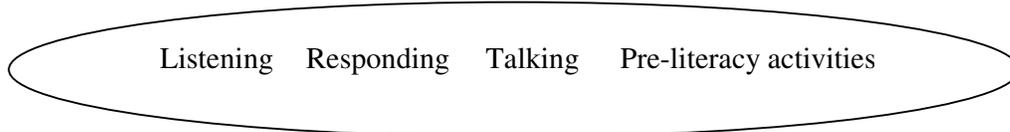
Developing countries context:

Africa → Specifically South African → Specifically Gauteng

Function in relation to people:

Communities Families Parents Administrators Teachers Children.

Components of communication (interrelated):



Communication settings (size):

Adult-child → Peer-peer → Small group → Large group → Classroom → Playground

Tasks (integrated):

Prevention, Facilitation, Assessment, Intervention, Collaboration/consultation

In the following discussion of the activities of speech-language therapists in multilingual urban pre-schools, the focus will always have to be narrowed down to the specific context/setting, but for the rest of the lines or continua all components have to be considered as and where they are relevant.

3.3 Activities of speech-language therapists in the pre-school setting

The activities of speech-language therapists in the pre-school setting can be viewed from two main angles: the activities relating to the wide spectrum of tasks that may be assigned to the speech-language therapist, and the activities necessitated by the various relationships to different groups of people involved in the pre-school setting. Speech-language therapists working in multilingual urban pre-schools relate mainly (but not

exclusively) to the following persons: children, classroom teachers, parents, school administrators, and other service providers e.g. occupational therapists, social workers.

3.3.1. Relating to people

Relating to teachers:

Speech-language therapists and classroom teachers have unique skills that they can use to help each other and children who are at risk for ineffective language development or who have language impairments. Speech-language therapists understand language development and the remediation of speech and language impairment, while classroom teachers know each child in their care and understand the use of large and small group interactions for teaching (Owens, 2004: 4)

With specific reference to interaction between teachers and speech-language therapists in pre-schools in developed countries, Owens (2004: 353) lists several activities of the therapists, for example *Assists teacher in assessing each child's level of functioning*, and *Helps teacher identify children with LI [language impairment] and suggests techniques to facilitate development*. This ongoing process is accomplished through in-service training and individual consultation and training, as well as with co-teaching within the classroom.

In South Africa, interaction between teachers and therapists has traditionally involved consultation and training, but there is as yet no evidence of co-teaching practice between teachers and therapists. Research on teacher-therapist co-operation in pre-schools reports mainly on aspects such as information/support required by teachers (e.g. Du Plessis & Naudé, 2003; Du Plessis, 1998).

Two models of co-teaching often encountered in the literature are team teaching and one teach/one drift. Team teaching as provided by a speech-language therapist is supplemental teaching in which the therapist as team member adapts the material for children with language difficulties. In one teach/one drift, one member teaches and the other assists learners as needed. Both models require a measure of role release, which refers to the idea that specialists work together, sharing their knowledge and skills. Owens (2004:353) reports as follows on the general view on co-teaching in the

United States: “Both teachers and SLP’s [speech-language pathologists] rank team teaching and one teach/one drift as the most appropriate model for collaborative teaching”.

However, any realistic report admits that teacher resistance and what may be termed “therapist rebellion” are often encountered (Ehren, 2000:220). Difficulties often arise over turf or territory. The pitfalls are identified by Owens (2004: 4):

The classroom teacher may feel threatened by the presence of another “teacher” in the classroom and may resent being shown how to talk to students to maximize each child’s language learning. The SLP may feel like a classroom aide, undervalued for his or her expertise.

These differences and potential problems can sometimes be sorted out if they are discussed openly prior to beginning intervention. Not only overall philosophies need to be discussed, but also practical details of classroom management such as whether or not learners may move around between groups during specific activities (Owens 2004:4). In the South African setting, a very real complicating factor in this regard is that differing cultures between collaborators may make it more difficult to clarify these issues.

South African teachers in the study by De Klerk (2002b: 15-27) report that they have not been trained to cope with teaching multilingual classes, and have to rely on their own resourcefulness. Similar findings specifically in pre-school settings are reported by Du Plessis and Naudé (2003:11, 16, 19). The pre-school teachers also indicated that they would welcome any information, training, or support that speech-language therapists can provide. The preceding discussion indicates that therapists should exercise caution when proposing such activities, and ensure that potential barriers to successful co-operation are avoided as far as possible.

Relating to parents:

Although speech-language therapists who implement a community-based or ecological approach (Hammer, 1998) wish to include parents as members of the intervention team, it is prudent to remember that not all parents can or wish to participate in their

children's speech-language intervention (Owens, 2004: 352). In South Africa's multi-lingual urban pre-schools there are many factors (including parents' working hours, distance, cultural beliefs) that may play a role in this regard, and language diversity itself certainly cannot be ruled out as a possible contributing factor.

When parents can or do wish to be a part of the intervention team, it is important to consider very carefully the approach to be followed in each individual case. Dale (1996: 10-11) provides four models for parent-professional relationships. The *expert model* places the professional in full control of decision-making. The *transplant model* involves the parents in transmission of skills from the professional, thereby increasing their competences and resources, but the professional makes the decisions. In the *consumer model* the professional offers parents a range of options and information. Decision-making is negotiated, but parents have the final control. In the *empowerment model*, the professional actively promotes parents' control and power by taking the role of facilitator, but also taking on an expert or instructor role at a particular point in time when required to do so. The professional strives to be sensitive to the unique adaptational style of each family and social network.

Theoretically, and also ideologically, the empowerment model may seem to be the optimal or ideal model, but it may happen that parents feel more comfortable with the expert or transplant model. There has been no research as yet in this regard in multilingual pre-schools in Gauteng, and more specifically in Pretoria. In fact, parents are often regarded by teachers as notoriously "absent" or even unco-operative (Du Plessis & Naudé, 2003). The true needs and wishes of parents with reference to speech-language therapy in pre-schools urgently needs to be investigated before any assumptions can be made as to the most suitable model or models of interaction with parents in this setting.

Relating to school administrators:

When the role of speech-language therapists in American schools changed to accommodate a community-based and social-interactional approach, there was also a change in the relationship between therapists and school administrators (principals, heads of departments, and other executive officers):

The speech-language therapist's new role may require some education of the administration. Traditional patterns of instruction change slowly, and administrators may not understand generalization and the need to provide language remediation within the classroom ... Administrators will need to be impressed with the increased efficiency gained through the co-teaching of the speech-language therapist and the classroom teacher ... the speech-language therapist's new role should be viewed within the perspective of a comprehensive school or district wide program that includes early childhood intervention, bilingual and bidialectal services, and the training of English as a second language.

(Koenig & Biel, 1989).

The role of the speech-language therapist in South African multilingual urban pre-schools does not necessarily correspond in all respects to the role proposed in international literature, but will be determined to a large extent by the educational administrators in each province. Since this research is located in Gauteng, it is advisable to examine the literature and presentations emanating from the Gauteng Department of Education

Educators are encouraged to use the following strategies in providing challenging learning experiences (Fante 2000: 39):

1. Critical questioning
2. Posing problems
3. Decision-making
4. Investigation of definitions
5. Role play
6. Case studies
7. Action research

All of the proposed activities involve good language and communication skills as prerequisite. It is imperative, then, that these skills receive emphasis in the pre-school

years, and that administrators be aware of the relevance of the services provided by speech-language therapists in facilitating language development as well as in providing intervention for children with language impairment.

However, Fante (2000: 40) also urges: “There is a need for empowerment approaches to move away from the traditional notion that educators are inadequate by referring difficulties to experts who diagnose, prescribe and provide alternative instruction for the student”. This sentiment is echoed by other writers (for example, Mafisa, 2001:35). Dr Lekotla Mafisa (2001: 35-36), in a paper presented at the conference of the South African Society of Education, 2000, also pointed out that “[a]ny programme which bears fruit for educators is usually one in which they share its ownership and identity”. Speech-language therapists will need to heed the educators’ wish to be respected as the primary role players in the school and presumably also pre-school setting, and to communicate this understanding to administrators.

3.3.2. The tasks of the speech-language therapist

The expected outcomes for South African speech-language therapists (section 3.1) are reflected in the tasks and activities of speech-language therapists as described in the literature. Owens (2004: 4) lists several activities specifically related to the school setting, for example assisting teachers in assessing each child’s level of functioning, analysing the language requirements of various activities and materials, developing intervention strategies in conjunction with the teacher, helping teachers identify children with language impairment and suggesting techniques to facilitate language development.

It is clear that the tasks of the speech-language therapist all involve relationships with children, and mostly also with the significant adults in their lives, as described in the previous section. Figure 3.3 depicts the diverse tasks of speech-language therapists in pre-school settings, and is followed by a discussion of these tasks. There is a measure of overlap between several of them, but each is discussed separately in order to form a comprehensive picture of the role of speech-language therapists in urban multilingual pre-schools.

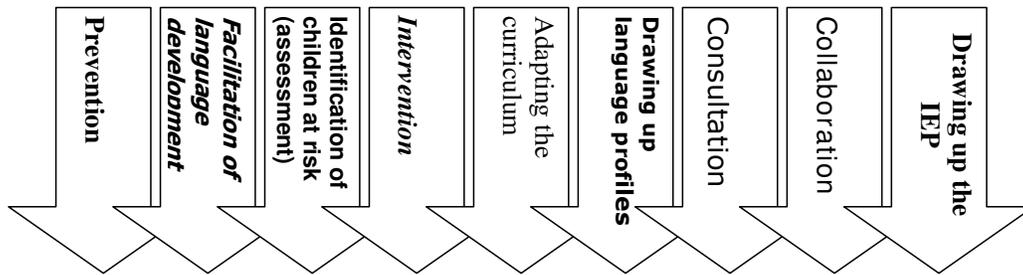


Figure 3.3. Tasks of the speech-language therapist in the pre-school

Prevention

The assumption that early intervention, especially in the lives of disadvantaged children, provides the best opportunity to forestall later problems and to prepare children for school and life, is reinforced by evidence that “early childhood programs have produced long-term cognitive and social benefits for the children who enrolled in them” (Gomby *et al.*, 1995: 6).

The prevention of communication disorders is regarded as one of the primary functions of speech-language therapists (American Speech-Language-Hearing Association [ASHA], 1991). Prevention implies not only anticipation and consequent reduction/elimination of communication disorders and their causes, or early detection and treatment of communication disorders, but also promotion of the development and maintenance of optimal communication. Potential handicaps are thereby reduced or eliminated (ASHA, 1991). Language impairment leads to communication disability, which is a social handicap.

ASHA (1991) recommends certain prevention activities for speech-language therapists working in schools and pre-school settings. Two main tasks are relevant here.

1. Collaboration with teachers in identification and treatment (secondary and tertiary *prevention*) of communication disabilities. In the case of EAL the focus will be on language impairment.

2. However, the speech-language therapist is also urged to explain to teachers the *difference* between language difference and language deficiency. Since language difference may also lead to communication disability in some cases, it is incumbent upon the speech-language therapist to assist the teacher in devising language development programmes where applicable.

Risk reduction is an important aspect of prevention. While it may be unrealistic to proclaim that language intervention programmes can eliminate all the language-learning problems and also the risk of subsequent school-related problems in young children with SLI, targeting certain areas for intervention may minimize these risks. Specifically, there is some evidence that early interventions designed to facilitate emergent literacy and to improve social-interactional performance could be useful in minimizing subsequent school-related problems, including reading failure (Fey, Catts & Larrivee, 1995:10; Craig, Connor & Washington, 2003: 31). Speech-language therapists are important members of the team charged with the early identification of children who are at risk for reading and other language-related problems (Catts, Fey, Zhang & Tomblin, 2001). Their task in this respect will be of special relevance in urban multilingual pre-schools where children from disadvantaged homes, children with special education needs and children with addition language learning (EAL) needs form a significant part of the school population.

The urgency of concentrating on preventing language difficulties or identifying potential risks at pre-school level is emphasised by the fact that children who are at risk will not be identified upon school entry, since language-based admission tests in schools were officially forbidden in South Africa in 1994 (De Klerk, 2002b: 17). Teachers in multilingual primary and secondary schools report that it often takes a full term to discover children's language and language-related problems (De Klerk 2002b: 18).

Facilitation of language development

Facilitation of language development implies the facilitation of social integration as well, which in turn will further facilitate optimal language development. DeThorne and Watkins (2001:142) report that pre-school teachers, when they were asked to rank

nine skills in terms of their importance for school entry, placed social interaction and communication first and second. They then make this interesting statement: “When children’s communication skills do not meet teachers’ expectations, children are likely to be perceived negatively and consequently may experience less academic and social success” (DeThorne & Watkins, 2001:142). (This was also illustrated in the study by Heath, 1983, quoted in Heath, 1986). Although the exact impact of expectancy effects is as yet controversial, DeThorne and Watkins (2001:142) discuss research reports from several authors who suggest that teachers provide a “warmer climate” and more learning opportunities for those children whom they perceive to have greater potential. Speech-language therapists in multilingual pre-schools therefore needs to collaborate with teachers to promote social integration, not only of children with language impairments in the classroom setting, but also of those learners who have not had the opportunity to develop their additional language which is the language of learning and teaching.

Further facets of this task include distinguishing children who talk differently from children with a language disorder (Kuder, 2003: 298), and facilitating the development of a classroom culture that does not discriminate against speakers who use different social dialects. One subtle form of discrimination may be having lowered expectations of children who speak specific dialects, or unintentionally reducing the amount of information that is given, in an attempt to reduce the language demands that are placed on EAL learners (O’Connor 2003: 9).

Identification of children at risk (assessment)

Although the identification of children at risk is regarded as the specific task of speech-language therapists, teachers often play a vital role in identifying children with language impairments if the therapist has alerted them to the behaviours that signal a possible impairment. Owens (2004: 425) suggests a form to be provided to the classroom teacher specifically for culturally and linguistically diverse children. A language profile could be equally useful in the South African EAL context. However, teachers should receive not only information, but also the support of training in using the resource material that the therapist provides.

Curriculum-based assessment, which uses the child's progress within the school curriculum as a measure of educational success, is often advocated as the most effective way for speech-language therapists to evaluate the language of learners who are not candidates for formal language testing. EAL learners in South African multilingual pre-schools are good examples of such learners. There are no formal language tests standardised for this population, and the cultural as well as the language diversity point to classroom based observation as a more time and cost effective procedure than testing. In curriculum-based assessment, children are assessed against the curriculum within which they are expected to perform (Owens, 2004:354). Therefore speech-language therapists need to know the pre-school curriculum.

In pre-schools in the United States, learning focuses on sensori-motor, language, and socio-emotional growth with materials that are manipulative, three-dimensional, and concrete. In the year before Grade One, learning focuses on perceptual-cognitive strategies with materials that are one-dimensional, abstract, and symbolic (Owens, 2004:354). South Africa does not yet have an official curriculum for all the pre-school age groups (Department of Education, 2002b), but pre-school programmes typically include the types of strategies and materials described above.

Speech-language therapists would do well to remember Nelson's (1998: 170) cautionary note that "[i]n addition to the school's official curriculum, which is an outline of the material to be learned in each grade, children encounter several other curricula". These include the curriculum that is actually taught in practice, and the cultural and school curricula that are needed to succeed within each context. The expectations of the school and of the main culture are often very confusing for children with language-processing problems and children who are from diverse cultures. The implicit expectations of individual teachers and of various peer groups can form a fourth curriculum (Nelson, 1998: 171). The speech-language therapist must become familiar with all the curricula that affect the children in the particular pre-school/s where he/she is delivering services.

Early identification of children with SLI, therefore also early distinction between language impairment and language difference as in EAL, is vitally important for the

academic and social progress of these children. As pointed out by Fey, Catts and Larrivee (1995:3), “it may be far more productive to view language impairment (LI) in preschoolers not only for what it is at present, but also for what it is likely to become as the child grows older”. ...

Intervention

Intervention with pre-school children will most likely include activities relating to literacy, such as narrative development and book handling skills, as well as other forms of listening, language and general communication development. These activities can be presented for whole classes, smaller groups, and individual children (Owens 2004: 366). The nature of these individual activities will not be discussed here, since the focus is on the overall task of intervention in the multilingual pre-school.

Intervention is the task most evidently dependent on the successful accomplishment of all the other tasks described here. Similarly, the success of intervention programmes depends upon good relationships with all role players. Lastly, the various interactional roles of the speech-language therapist (most notably, consultation and collaboration) will have to be performed efficiently. These assumptions imply that there will have to be effective and relevant resources for the use of the teacher-therapist team providing the intervention.

Adapting the curriculum

Officials of the Gauteng Department of Education (Bothma, 2000) suggest that the speech-language therapist can assist teachers in adapting the curriculum to the specific needs of a learner. The eight types of adaptation possible at pre-school level are depicted in Figure 3.4.

Size: adapt the number of items that the learner is expected to learn or complete.

Example: reduce the number of new vocabulary items a learner must learn at any one time.

Time: adapt the time allotted and allowed for learning, task completion, or testing.

Example: individualise a timeline for completing a task.

Level of support: increase the amount of personal assistance with a specific learner.

Example: assign peer buddies.

Input: adapt the way the instruction is delivered to the learner. *Example: plan more concrete examples, provide hands-on activities.*

Difficulty: adapt the skill level, problem type, or the rules on how to approach the work. *Example: simplify task directions*

Output: adapt how the learner can respond to instruction. *Example: allow learners to show with hands-on materials instead of explaining*

Participation: adapt the extent to which a learner is actively involved in a task. *Example: have the learner hand out materials while others follow intricate instructions.*

Alternate goals: adapt the goals or outcome expectations while using the same materials. *Example: expect the learner to be able to name examples of utensils, while others explain how to use them.*

Figure 3.4. Curriculum adaptations at the pre-school level (adapted from Bothma, 2000)

These adaptations were originally suggested for learners with special needs in the inclusive classroom, but are appropriate for some EAL learners as well.

Drawing up language profiles

Several types of profiles that can be drawn up for learners by collaborative teacher-therapist teams are reported in the literature. There are two main profiles to be drawn up in the pre-school.

1. Oral language skills can be profiled as a continuous, day-to-day, week-by-week process (Butler & Stevens, 1997). The profile can then be compared to typical expectations for the relevant developmental level to identify children at risk for language impairment and also to determine the next stage of development to be facilitated. However, this presupposes the availability of developmental norms or some indication of expected performance. If a typical profile for EAL learners is available, these same functions can be fulfilled for young EAL learners.
2. Speech-language therapists can help teachers to draw up language profiles of learners in order to differentiate between faster and slower learners of reading. (Berninger, Abbott, Vermeulen, Ogier, Brooksher, Zook, & Lemos, 2002). It is conceivable, therefore, that profiles can also be drawn up at the preliteracy level (Catts, 1997). Since narrative skills are part of preliteracy skills, the information contained in a typical profile for EAL learners will be useful here in the same way as for oral language skills.

Consultation

Various forms of consultation appear in the literature, but for our purpose the following dual description is adopted: the consultant is an outside expert engaged in a voluntary relationship with primary interventionists (parents, teachers, caretakers). In the school setting the speech-language therapist is the consultant and the teacher is designated as the primary interventionist. The consultant's role is to assist in resolving a problem related to an individual or group of students. Consultation is also, however, a sharing of information between two professionals that provides the teacher the freedom to accept, reject, or discuss the speech-language therapist's ideas and suggestions (based on Marvin, 1987: 5).

Successful consultative behaviour is characterised by respect, co-operative ownership of goals, interchangeable situational leadership, minimal confrontation, optimal feedback and reinforcement, jargon-free communication, active listening, observation and databased decisions (Marvin 1987: 9-11).

There are several reasons why consultation in schools has been internationally accepted practice for many years (Marvin, 1987: 2-3):

1. Attention is focused on more than just speech-language behaviours, also on teacher or peer behaviours that can influence the social effectiveness of the student's communicative attempts; therefore aim to troubleshoot communicative interactions. Such troubleshooting is most successfully executed in environments where teachers, in particular, are viewed as having frequent and consistent access to the language learner and to natural opportunities for communication development.
2. Cost effective service delivery is obtained.
3. Better generalisation of new skills is promoted.
4. Speech-language therapists can inform teachers about the specific communication needs of students, so that teacher can identify and repair communication breakdowns with other students in the classroom.

In South African schools, speech-language therapists traditionally had a consultative role, but they are not always mentioned as members when the consultative role of the multi-disciplinary support team envisaged for the new education dispensation is discussed. From individual discussions with teachers in various settings, it is clear that they recognise the need for consultation, but also that there are stringent requirements to which teachers will expect non-teacher team members to adhere.

Collaboration

Collaboration may be defined as an interactive process that enables teams of people with diverse expertise to support each other and generate creative solutions to mutually defined problems – solutions that would not be possible if each were working alone (Johnston, LaMontagne, Elgas, & Bauer, 1998: 2-3). More specific to the speech-language therapist in the school setting, collaboration is described as an interactive process between two or more professionals who have mutual respect, educational philosophies, and communication goals for targeted students. Furthermore, the speech-language therapist and teacher/s have clearly stated the roles and responsibilities each person will assume during the implementation of a mutually

agreed upon plan for communication intervention in the school setting. This combined effort makes the speech-language therapist and teacher interdependent (Marvin, 1987: 9).

Between 1980 and 1990, the collaborative model of co-operation between speech-language therapists and teachers was developed in the United States (see for example Brandel, 1992; Ferguson, 1992; Marvin, 1987). As explained by Ferguson (1992: 371): “It became apparent to me that to be effective at teaching communication skills, not only did I need to connect the teaching of speaking, listening, and thinking with writing and reading, but I also needed to collaborate my teaching efforts with those of the classroom teacher in order to make learning meaningful for students”. From these beginnings, therapists were gradually included as integral members of the elementary teaching team. They familiarised themselves with the curriculum and incorporated speech and language goals within classroom language lessons. Eventually they found themselves comfortable with incorporating speech and language goals into the content areas (Ferguson, 1992: 371). This approach has been propagated in South African schools since as early as 1993 by Barkhuizen (1993: 269). However, the team teaching approach that evolved in the United States (Brandel 1992: 369, 370) is not promulgated in the South African education literature.

The elements of collaboration are:

1. Learning and sharing the roles and responsibilities of all members of the collaborative team
2. Consensus building without hierarchical impositions
3. Group goal setting and decision sharing

(Johnston, LaMontagne, Elgas, & Bauer, 1998: 2-3).

In their historical overview of collaboration between teachers and speech-language therapists, Johnston, LaMontagne, Elgas, and Bauer (1998: 4-5) explain that a paradigm shift took place in the conceptual meaning of collaboration since the 1960s, with the first prescriptive efforts of school consultation, to the late 1990s notion of an inclusive collaborative model. In the classroom, the emphasis was placed on teachers’

autonomy and disciplinary expertise. Teachers were thought of as the authorities in their classrooms, and the unique expertise of others from related disciplines found in schools was clearly defined and separated. Speech-language therapists worked in therapy rooms and were isolated from other classrooms. Teachers and therapists struggled with skill generalization, competing priorities, and many other challenges involving communication, sharing of resources, and duplication of services. During the 1970s, the term consultation began to be used instead of collaboration. Initial consultation efforts were characterised by one-way channels of communication, with the therapist “helping the classroom teacher to solve the problem”.

South African speech-language therapists in multilingual pre-schools are often still in the one-way phase described above. They are often required to give advice rather than work in a truly collaborative model. There are some dangers inherent in therapists giving advice to teachers: if the advice is successful, the result could be the dependency of the teacher on the therapist, and consequently inhibition of the ability of the teacher to develop skills in independent problem solving for the specific problem area. If the advice is unsuccessful, the result could be distrust and blame casting between the two professionals. Moreover, providing advice may result in strategies that the teacher is either unable to implement because it is outside his/her area of expertise, or unwilling to try because it is outside his/her philosophical orientation to implement (Johnston, LaMontagne, Elgas, & Bauer, 1998: 6). An interesting perspective on collaboration is provided by Nelson (1998: 18):

To be effective, language specialists must envision systems holistically (in collaboration with others), while using specialized knowledge to analyze system subparts and modify interactions among them. This requires a sort of inner switching between rational thinking about linear relationships and holistic thinking about interactions.

Meeting the needs of teachers in the multilingual pre-school setting requires developing a collaborative model that will suit the very specific setting, and will certainly require both rational and holistic thinking.

Drawing up the Individual Education Plan (IEP)

As a direct result of Public Law 94-142 (IDEA, later expanded in PL101-476) (as cited by Fouché & Naudé, 1999), the 1970s saw the advent of IEPs in the United States. Several other countries (e.g. Australia, New Zealand) have adopted a similar model. In Great Britain, legislation led to the process of producing an official ‘statement’ indicating a student’s special needs, and eventually to an individual education plan. An IEP is drawn up through a process of consultation and collaboration, usually involving class teacher, special education teacher, parents and school principal, as well as specialists such as psychologists, speech pathologists, physiotherapists, and occupational therapists. The child’s current strengths and weaknesses are taken into account, long-term goals and short-term objectives are carefully prepared, and resource needs are identified. Time lines are usually established for the achievement of goals and objectives. Monitoring and regular review of progress are ensured through stipulated procedures. The roles and responsibilities of different role players involved in implementing and monitoring the programme are specified (Fouché & Naudé, 1999).

In the early years of IEP in the United States, the process was not an easy one as is evident from this statement: “Although the intent of the IEP process is shared decision making between parents and professionals, the skills and attitudes necessary to achieve this outcome do not necessarily come easily” (Paul & Simeonsson, 1993: 235). In South Africa no processes or appropriate legislation is yet in place for drawing up individual service plans, but therapists and parents are beginning to feel the need for such plans.

3.4 Conclusion

It is to be expected that new efforts and initiatives will meet with resistance from those people whose practice is affected by the changes to be brought about. With reference to the school setting in South Africa, Barkhuizen (1993: 270) remarks: “Not only are teachers resistant to change they are also rather suspicious of it”. The same probably holds true for the pre-school setting.

However, investigation of the role and tasks of speech-language therapists in multilingual urban pre-schools has revealed that they not only have the potential to bring about positive change in service delivery to EAL pre-schoolers, they also have the obligation to do so in many aspects. A typical language profile of the specific group of EAL learners to be served may be a valuable resource in these efforts.

3.5 Summary

The role of South African speech-language therapists in the multilingual urban pre-school is determined by many variables, but especially by the unique setting and by the model of service delivery that is followed in the particular pre-school. The parameters of the role, which include relationships not only with the young children, but also with the parents, teachers, school administrators and other professionals involved, were discussed in this chapter. These relationships influence, and are influenced by, the various tasks that therapists are assigned or take upon themselves. If a language profile of EAL learners is needed, this requirement must emerge from a discussion of the role of speech-language therapists as members of language intervention and development teams.

CHAPTER 4

A LANGUAGE PROFILE FOR YOUNG EAL LEARNERS, TO BE USED IN COLLABORATIVE PRACTICE

AIM:

To suggest aspects of language to be included in a language profile for young learners with English as additional language (EAL) from three sources: universal characteristics of language development, language characteristics of SLI, and relevant language characteristics of EAL discussed in South African literature.

4.1 Introduction

When working with young children in the pre-school context, speech-language therapists are often faced with the dilemma of distinguishing between language *delay*, language *disorder* and language *difference*. Both a delay and a disorder may lead to impairment in daily living, and this impairment will most likely persist across the lifetime of the individual. Language difference, on the other hand, is not regarded as constituting a language impairment in itself (Owens, 1999:4). Many teachers of learners with English as additional language (EAL) in South Africa, however, have pointed out in personal communication that the language difference manifested in these children's use of English can lead to difficulties in school, especially when language is assessed in its written form. The task of the speech-language therapist, then, is twofold: firstly, to provide support for teachers in accepting and at the same time developing the English language skills of their typical learners with English as additional language (EAL), and secondly to identify and provide therapeutic intervention for those young learners with English as additional language (EAL) who have an inherent language impairment which will prevent them from benefiting from a language enrichment programme.

It will be to the advantage of teachers and therapists, as well as of the learners in any particular context, if a profile of the typical language of learners with English as additional language (EAL) in that setting can be constructed. Such a profile will assist the therapist-teacher collaborative team in selecting appropriate language enrichment activities, and will also aid the therapist in distinguishing between typical (language *difference*) and atypical (language *disorder*) language phenomena.

Since the term *language profile* is central to the following discussion, it is necessary to define the term as it will be used here and to provide an indication of the scope of language behaviours to be included in a language profile.

4.2 Defining language profile

The fundamental definition adopted for the purpose of this study is the following:

A language profile is a description of language behaviour within a specific time frame and circumstances

(Adapted from Crystal, 1979:5).

The phrase *specific time frame* refers to the time at which the language behaviour was described for a particular person or group. Such a specification is essential in the case of young children where development progresses at a rapid rate, so that several developmental milestones are typically achieved within the time span of one year (Hoff, 2005:4-5). Acquisition of a first language or, in the case of multilingual households, first languages, commences at birth, accelerates between the ages of eight months and four years, and continues at a steady rate during the whole of a person's lifetime (Owens, 2001:77, 106). Because there is "nothing completely missing" from the linguistic competence of typical children at the age of four (Hoff, 2005:5), it is often said that language development is mainly completed by age four, but there are aspects in all three language dimensions (form, content and use) that continue to develop (Nippold, 2000). In the case of EAL pre-schoolers in formal pre-school settings, the LoLT (English) is usually introduced at the age of three when the child enters the pre-school. The entire pre-school period (three to six years) can therefore be regarded as a language development period of high significance. The present study focuses on describing the language behaviour demonstrated by EAL pre-schoolers between the ages of three and six years.

The phrase *specific circumstances* is intended to affirm the position of the researcher that a language profile drawn up in, and intended for use in the pre-school setting will not necessarily be identical to a profile drawn up for the same child or group of children in any other setting, albeit within the same time frame. By the same token a profile constructed

on the grounds of data from a particular type of conversational dyad will not necessarily be valid for conversations in other contexts.

Language samples are optimally collected in several settings and with various conversational partners (Bastiaanse & Bol, 2001; Furey & Watkins, 2002:434; Laing & Kamhi, 2003: 46; Leonard, Miller & Gerber, 1999; Nelson 1998: 298; Owens 2004: 8-9, 113; Schraeder, Quinn, Stockman, & Miller, 1999:196). In a typical Gauteng inner-city multilingual pre-school, however, it would be difficult to collect a language sample of *English* on the playground or in an unstructured classroom setting. Observation of these contexts indicates that multilingual children communicate with each other in various languages and that English is not necessarily the language of choice for peer conversations. This trend has been noted in South African education literature as well (Kamwangamalu, 1999). Because of the large number of children in a typical inner-city classroom, it is also difficult to obtain spontaneous samples of more than a few exchanges between the teacher and a particular learner. Finally, the large caseload of most speech-language therapists in South Africa precludes long periods of observation for the purpose of collecting language samples. For these reasons, the present description is specifically delimited to conversation between the speech-language therapist and individual pre-school EAL learners.

Concerning the phrase *language behaviour*, it is important to note that language profiles concentrate on either production or comprehension. There is no neat relationship between comprehension and production in the sense that the one always precedes the other, and a comprehension profile and a production profile for the same person will not necessarily parallel each other (Clark, 1974:1-10). The conclusion is that a profile of language comprehension for any individual or group cannot be inferred from the language production profile for the same individual or group. Language production may be systematically observed, but language comprehension is difficult to study. One reason is that comprehension is a “private event” (Paul, 2000:247), and indicators of comprehension can be misleading. Furthermore, comprehension is a “fuzzy term” (cf Gernsbacher, 1994:609). Even a simple version of this “fuzziness” poses difficult questions. If a child “comprehends” a question, is it because the child comprehends certain words contained in the question, or the morphosyntactic structure of the question, or the nature of the demand

placed by the question? For this reason, researchers generally limit their scope to either production or comprehension, and language profiles also generally concentrate on either language production or language comprehension, although these two processes are as intricately intertwined as the various subsystems of language. The present study will concentrate on *language production*. A profile of language comprehension will therefore have to be the result of a separate study.

A distinction may be drawn between a profile chart of *syntactic ability* and one of *communicative ability in general* (Crystal, 1979:44). The latter would include all possible responses, for example facial expressions, gestures, and action responses. These non-verbal responses have to be interpreted by the speech-language therapist as appropriate or not, which is not always an easy task, especially in a multicultural setting. A distinction can also be made, however, between a profile chart of *general* communicative ability, and one of *verbal communicative ability*, which would encompass more than a profile of syntactic ability. Rollins (1994:393) proposes a profile that includes measures of morphosyntactic ability, lexical ability and pragmatic ability. All of these measures concentrate on verbal communication, while representing the three dimensions of language proposed by Bloom and Lahey (1978), namely form, content and use. The latter proposal forms the basis of the present study.

In conclusion, although it would theoretically be possible to draw up a communication profile of EAL pre-school learners for all aspects of communication, it was considered more practicable and more effective to concentrate on expressive language skills, not communication in general, and not language-related skills. This decision in no way negates the importance of research to be done regarding other aspects of EAL development highlighted in the literature, especially those aspects of language development also recognized as relevant for the early identification of language impairment. A fully encompassing communication profile would need to include, for example, story telling, home language development, and pre-reading skills such as knowledge of various sound patterns in words, letter names, and concepts related to print (Owens 2001:399).

Based on the foregoing discussion, the present study aims to determine whether it is possible to draw up a profile answering to the following description:

A characterisation of expressive language behaviour (in terms of form, content and use) of multilingual EAL pre-schoolers within a specific time frame (between the ages of three and six years) and circumstances (therapist-child conversational dyad in the pre-school setting).

A language profile is not intended to be diagnostic in the sense that it can be used to make predictions concerning the advance of a disorder and the effectiveness of remedial procedures (Crystal, 1979:3). However, this does not mean that it has no clinical use. In the clinical setting a profile is intended to be a descriptive tool relating level of achievement to structures that could be taught/elicited/facilitated next. Profiles do not reflect ability, but only performance. The absence as well as the presence of items on a specific child's profile may be significant. While the absence of a specific structure might mean that the child has not acquired that structure, it might also reflect the favoured forms of expression by more mature speakers in the environment (Theakston, Lieven, Pine & Rowland, 2002: 788).

Consequently, although inferences about ability may be made after completion of a profile (Crystal, 1979:7), it is well to remember that, as Foster-Cohen (1999:3) has pointed out, observations of child language production may be “woefully inadequate as a way of determining what they know about language”. On the other hand, a well-constructed profile can be a powerful tool to be used by the teacher-therapist team for assessing the language behaviour of children from different language and cultural backgrounds, as noted by Schraeder *et al.*, (1999:198).

Having delimited the profile to a representation of expressive verbal communicative ability, it is tempting to include as many aspects as possible, but this is not a wise route to follow. The information to be included in a profile should be selected with care. Too many distinguishing features cause a profile to become unrecognisable or confusing, and too few distinguishing features have very much the same effect (Crystal, 1979:5). Since the purpose of this study was to draw up a profile of the typical language in learners with

EAL that will assist therapists and teachers in distinguishing between typical (language difference) and atypical (language disorder) language phenomena, the relevant features to be included were drawn chiefly from two sources: aspects of language typically found in children with language impairment, and aspects of language typically found in children with English as additional language.

One additional consideration should guide the selection of items to be included in a language profile that will be used in collaborative practice. The linguistic concepts and terminology involved, as well as the method of obtaining the requisite information, should be accessible to both the speech-language therapist and the pre-schoolteacher. Pre-school teachers in South Africa come from a variety of language and training backgrounds (Du Plessis & Naudé, 2003). If implementation of the profile as a tool for early identification of young EAL learners at risk for language impairment involves a great deal of additional effort from pre-school teachers, who already bear a heavy burden (for example large class sizes, multilingual learner profiles and other challenges), the chances are that it will be relegated to a file and ignored. For this reason, the following discussion will include only those language aspects and linguistic concepts that can be shared without intensive training by professionals from the two fields.

4.3 Aspects of language relevant for identification of specific language impairment in EAL

Language is an extremely complex phenomenon, yet it is also elegant
(Sabbagh & Gelman, 2000:715).

Language behaviours include a spectrum of diverse categories of conduct. The content-form-use classification (Bloom & Lahey, 1978) illustrated in Figure 1.3 (Chapter 1) will be utilised to systematise these categories of language behaviour and to organise sections of this chapter. The intention is not to imply that language is divisible, but merely to organise information.

Aspects of language form, language content and language use typically demonstrated by children with specific language impairment will be described first, followed by a brief

overview of features of language, mainly of language form, typically found in children with EAL.

4.3.1. Language characteristics of specific language impairment (SLI)

A general definition of specific language impairment (SLI) states that children who conform to this description exhibit significant limitations in language functioning that cannot be attributed to physical (central or peripheral), psychological or environmental deficits (Leonard, 1987:1; United States Office of Education, 1997:1082). The features described in the definition are mainly exclusionary rather than inclusionary, that is, the children displaying these features are to be *excluded* from the group designated as having specific language impairment. The problem inherent to this definition is that it does not allow the reader to conceptualise how children with SLI are to be identified when they are encountered.

In addition to the exclusionary characteristics, however, research has determined that there may be certain language features typical of children with specific language impairment. The characteristics of specific language impairment most commonly listed in the literature were presented in Table 2.1 (Chapter 2).

The language and language-related characteristics typically displayed by young bi- and multilingual children with specific language impairment (SLI) have yet to be described in detail. In Britain, research was conducted involving 242 children with SLI. The data on bilingual members of the cohort were examined to see if they exhibited any idiosyncratic traits (Crutchley, Botting & Conti-Ramsden, 1997). “Bilingual” was defined as “those who were exposed to a language or languages other than English at home” (Crutchley *et al.*, 1997:268). This definition includes children who are, in fact, multilingual rather than bilingual.

The researchers remark that it was tempting to assume that, in Britain’s current multicultural, multilingual primary schools, bilingual children would be indistinguishable from monolinguals. However, this was not found to be the case, since bilingual children seemed to form a distinct, cohesive group, despite the randomised nature of the cohort as a

whole (Crutchley *et al.*, 1997:267). The children designated as “bilingual” performed significantly poorly on tests of the following: number skills, naming vocabulary, word reading, comprehension of grammar, productive morphology, and providing information. In interpreting these results, however, it is important to note that the tests that were used may have discriminated against the bilingual/multilingual children. A further significant finding was that the bilingual children exhibited more emotional/behavioural problems at the time of testing than monolingual children, although on admission to the language units they tested no different from their monolingual peers on measures of emotional/behavioural state (Crutchley *et al.*, 1997:272). These authors feel that bilingual children with specific language impairment tend to exhibit more severe language difficulties than monolingual children with SLI, and to progress more slowly in language development. This experience of inadequacy may be the reason for the increase in emotional problems. They state that there is “a need for systematic research into this issue” (Crutchley *et al.*, 1997: 273). Whatever the outcome of such research may be, the potential emotionally destructive effects of language difficulties once again highlight the need for early identification of young multilingual children with possible SLI.

Aspects of expressive language relevant for the identification of specific language impairment will of necessity be represented in the proposed language profile. In order to specify the details of these language features and the research relating to their relevance as identifying characteristics for specific language impairment it will be described here in detail to expand on the information provided in Table 2.1 (Chapter Two).

The term “clinical marker for SLI” (Leonard, Miller & Gerber, 1999; Rice & Wexler, 1996) will occasionally be used in the following discussion and requires some clarification here. If an area of language, such as grammatical morphology, constitutes an extraordinary problem for children with SLI, it is considered eligible to serve as a reliable clinical marker for SLI (Leonard *et al.*, 1999:678). Not all of the language behaviours described in the literature as characteristic of specific language impairment or language-based learning difficulties will automatically be eligible for inclusion in a list of clinical markers for SLI in young South African EAL learners.

This point can be illustrated by an investigation of one such list of language behaviours. Catts (1997) includes the following categories of aspects in his checklist for the early identification of language-based reading disabilities: speech sound awareness, word retrieval, verbal memory, speech production/perception, comprehension, expressive language, and a category labelled “other important factors”. The first four categories and the last category (“other factors”) will be relevant in the case of all young learners preparing for reading instruction, and will therefore not be considered in this discussion. The items relating to language comprehension and expression may be associated with specific characteristics of EAL (see Table 4.1).

Table 4.1. Language comprehension and expression items on a checklist for the early identification of language-based reading disabilities (Catts, 1997)

Language aspects specified by Catts (1997)	Comments
<p><i>Comprehension:</i></p> <ol style="list-style-type: none"> 1. Only responds to part of a multiple element question or instruction 2. Requests multiple repetitions of instructions/directions with little improvement in comprehension 3. Relies heavily on context to understand what is said 4. Has difficulty understanding questions 5. Fails to understand age-appropriate stories 6. Has difficulty making inferences, predicting outcomes, drawing conclusions 7. Lacks understanding of spatial terms such as left-right, front-back. 	<p>Most of these items describe receptive language behaviour that might be expected from young EAL learners who are still in the process of acquiring an adequate receptive English vocabulary for use in the classroom setting. Only the last two items describe behaviours that could point to specific difficulty in processing language.</p>
<p><i>Expression:</i></p> <ol style="list-style-type: none"> 1. Talks in short sentences 2. Makes errors in grammar (for example “he goed to the store” or “me want that”) 3. Lacks variety in vocabulary (for example uses “good” to mean happy, kind, polite) 4. Has difficulty giving directions or explanations (for example, may show multiple revisions or dead ends) 5. Relates stories or events in a disorganized or incomplete manner 6. May have much to say, but provides little specific detail 7. Has difficulty with the rules of conversation, such as turn taking, staying on topic, indicating when he/she does not understand. 	<p>Once again, most of these items may describe the expressive language behaviour of young EAL learners who are acquiring the morphosyntactic rules of English and building a sufficient expressive vocabulary. The last three items may be more satisfactory as indicators of specific language impairment. Only if the errors in grammar are described in detail, and if enough information is available concerning the typical grammar of a specified group of learners, will grammatical errors be eligible as clinical markers in the case of EAL learners.</p>

Language characteristics ascribed to children with specific language impairments, it would appear, might *as clinical markers for SLI* be specific to a particular context. In a dissimilar context they might not be useful as clinical markers. However, this conclusion is as yet speculative and needs to be tested for each context.

An overview of the research literature reveals that certain aspects have repeatedly been found to be relevant in describing the language characteristics distinguishing children with SLI from children with normal (typical) language. These aspects have been researched in considerable detail and will be discussed here with a view to selecting items for a possible language profile of young EAL learners.

Language use (pragmatic aspects)

With reference to the areas of pragmatic behaviour indicated in Figure 1.3, namely language functions, adapting to various listeners and situations, and keeping to conversational rules, there seems to be more evidence of delay than difference when children with SLI are compared to children with typically developing language (Nelson, 1998: 104). Children with specific language impairment may act like younger typically developing children, or they may have age-appropriate pragmatic functions but ineffectively expressed (Owens, 1999: 37).

Since there is no data available on age-appropriate pragmatic functions for multilingual EAL pre-schoolers in South African inner-city regions, the areas to be investigated for potential inclusion in a profile of typical language behaviour exhibited by EAL pre-schoolers would need to include:

<i>Communicative functions</i> Interpersonal Ideational	(Keshavarz, 2001:187-196)
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Certain specific pragmatic difficulties have, however, been observed in children with SLI (Owens, 1999:37 – 38). These include difficulty in adapting their language to particular listeners, and difficulty in repairing communication breakdowns. Their narratives also tend to be less complete and more confusing than those of their peers. While it is true that cultural factors may come into play in all of these three aspects, it would be relevant to determine what common features, if any, appear in the conversational skills and narratives displayed by young EAL learners.

Speech-language therapists often elicit narratives from children as a means of obtaining a language sample for syntactic analysis (McCabe & Rollins, 1994:45; McGregor, 2000:55).

However, the analysis of narrative structure in itself provides significant insights regarding the development of one aspect of pragmatic skills, namely the ability to follow the rules for a specific type of discourse (Owens, 1999:229).

In recent years, the importance of narration for children's development of discourse and literacy skills has also been widely recognised. Clinicians now recognise that narrative discourse development "predates and predicts successful adaptation to school literacy". (Rollins, McCabe & Bliss, 2000:223). The various types of narrative discourse include fictional story telling and retelling, event casting, and factual personal memory narrating. Children's personal narratives have been found to develop structural complexity before fictional narratives, and this finding has important implications for assessment protocols (Rollins *et al.*, 2000: 223). Factual personal narratives can be regarded as the most appropriate medium for gaining insight into the abilities of 2- to 5-year olds and for school-age children with limited verbal abilities (Owens, 1999:229).

Clinicians and teachers need to be aware that narrative structure is influenced by cultural preferences, as well as language development. Research involving children from various cultures (Rollins *et al.*, 2000: 224) has shown that narratives from different cultural groups are distinctly organized and a narrative structure that seems atypical may reflect cultural variation, not impaired narration. However, Rollins *et al.* (2000: 224) caution that it is equally important not to mistake impaired narration for cultural variation.

The areas to be investigated for potential inclusion in a profile of typical language behaviour exhibited by EAL pre-schoolers would therefore include:

Narratives

Analysis of personal narratives

(Rollins *et al.*, 2000:223-234)

Breakdowns in communication occur when one communication partner does not understand what the other partner is trying to communicate. The ability to respond to communicative failures by modifying the message in some way so that it is understood, is an important conversational skill (Hoff, 2005:267; Owens, 1999:168), often included in assessments (Klein & Moses, 1999:66). Efforts at repairing miscommunications can be

seen even in preverbal children, and developmental changes in how children repair messages on a verbal level have been documented (Hoff, 2005:267). Research reports suggest that young children (1 to 3 years old) are more likely to attempt repair by simply repeating their message, while older children (3 to 5 years old) react to misunderstanding by revising their message (Owens, 2001:365; Hoff, 2005: 268).

Communication with additional language speakers is conceivably often even more prone to breakdown than is the case with monolingual adult-child communication. It is therefore important to record the typical responses of EAL pre-schoolers to communication breakdowns, in order that both response and lack of response may be accurately interpreted.

Of equal significance is the child's ability to demonstrate "awareness of the cooperative nature of conversation" (Owens, 2001:168) by also being aware of his/her own possible misunderstandings or failures to understand, and consequently requesting repairs or clarification from conversational partners. Children with language impairment are often unaware that miscommunication has occurred, or inclined to believe that the miscommunication is due to their own inability rather than to a lack of clarity on the part of the speaker (Owens, 2001:169). These children may therefore make fewer requests for repair than expected. However, this reluctance to request clarification is not necessarily an indication of language impairment. In practice, teachers often report that young EAL learners demonstrate the same disinclination to indicate that they have not understood the communication of an adult. For this reason, it was considered worthwhile to investigate the typical behaviour of EAL pre-schoolers when they are confronted with communication breakdown.

Language use includes the ability to follow the rules of conversation (American Speech-Language-Hearing Association [ASHA] 1990). Conversational rules include turn taking, responsivity to the conversational partner, and appropriate behaviour. Children with language impairment have been found to be less responsive than typically developing children of the same age, and to respond to questions with stereotypic acknowledgement

(Owens, 1999:156). It would be of interest, therefore, to determine the typical patterns of responsivity found in pre-school EAL learners.

The areas to be investigated for potential inclusion in a profile of typical language behaviour exhibited by EAL pre-schoolers would therefore be:

<i>Conversational skills</i> Conversational rules Repairing breakdowns Appropriateness of responses Conversational turn-taking	(Owens, 1999:168-171)
--	-----------------------

Leadholm and Miller (1992) report three categories of variables that quantify disordered language performance. They are mazes, speaking-rate problems, and production errors. Mazes include false starts, reformulations, revisions, repetitions, and filled pauses. These behaviours can be classified under language use. Evidence suggests that children who produce a high frequency of utterances with mazes may be experiencing word-retrieval problems or utterance-formulation deficits. Leadholm and Miller (1992) suggest using the number of utterances with mazes as an indicator of formulation deficits. It is necessary to determine the number of utterances with mazes to be expected from a typical (normal) group of young EAL speakers in order to distinguish between normal (typical) frequency and high frequency of mazes for this population.

The areas to be investigated for potential inclusion in a profile of typical language behaviour exhibited by EAL pre-schoolers would therefore be:

<i>Mazes</i> False starts Reformulations Revisions Repetitions Filled pauses	(Leadholm & Miller, 1992)
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In order to obtain a broad overview of general pragmatic functioning, the following areas will be investigated additionally for potential inclusion in a profile of typical language behaviour exhibited by EAL pre-schoolers:

Variety of utterances produced
Discourse devices

(Owens, 2001:363-364)

The aspects of language use suggested for inclusion in the profile of typical language behaviour exhibited by EAL pre-schoolers are displayed in Figure 4.1.

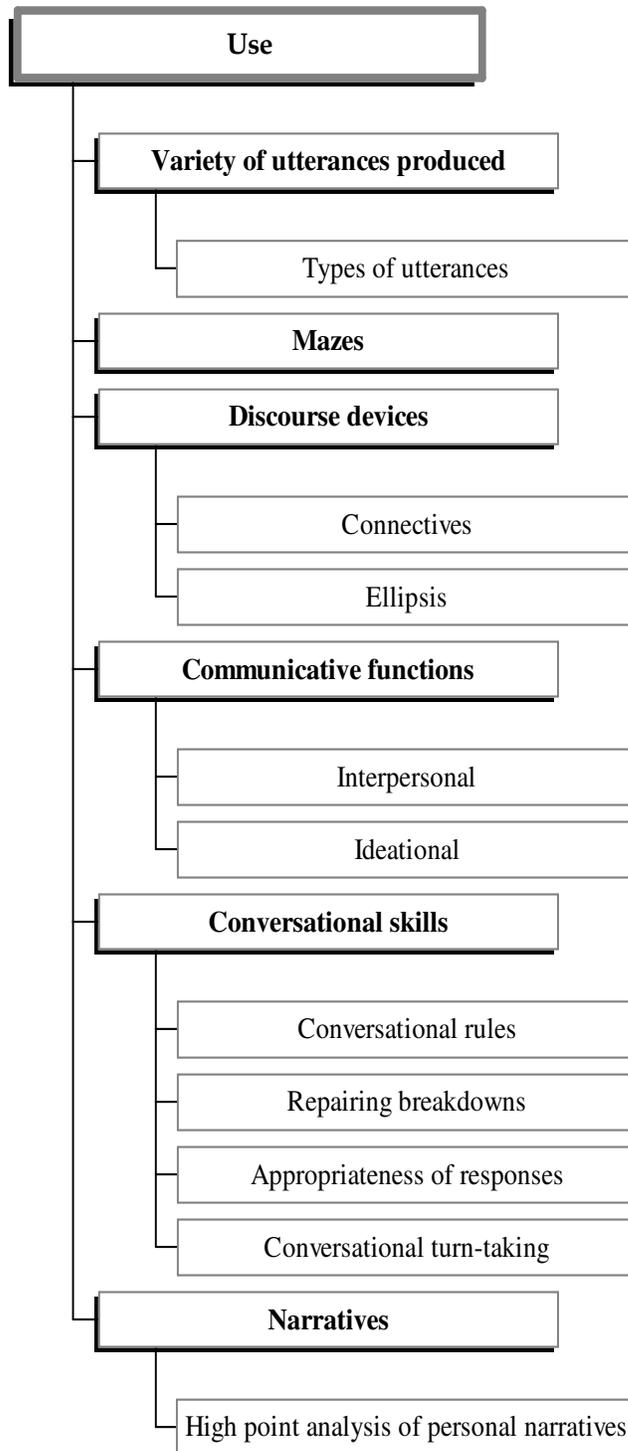


Figure 4.1. Aspects of language use suggested for inclusion in the profile of typical language behaviour exhibited by EAL pre-schoolers

Language content (semantic aspects)

Studies concerning semantic features in the language of children with specific language impairment over the past two to three decades have concentrated mainly on the word level. Topics of study include general word-learning abilities, ‘fast mapping’, word processing, propositional complexity, semantic networks, and vocabulary diversity (Johnston, Miller & Tallal, 2001:350).

Children with language impairment have been shown to achieve consistently lower than typically developing children in learning new words, and they are also less able to retain newly acquired vocabulary (Watkins & DeThorne, 2000:236). They therefore demonstrate smaller vocabularies than their typically developing peers. Children from low resource backgrounds, however, also exhibit smaller vocabularies than their peers, so that assessment of vocabulary learning skills seems to be the appropriate way to distinguish between disadvantage and impairment in this case. This measure was not included in the present study because no widely accepted dynamic procedure is as yet available (Watkins & DeThorne, 2000:241).

Limited research has been conducted on lexical fields, that is, sets of terms with similar content (such as spatial/temporal forms, or quantifiers). Data on lexical fields could help to clarify the nature of the language deficit in specific language impairment (Johnston *et al.*, 2001: 350).

One lexical field that begins to appear in the pre-school years and continues developing into the school years in young children with typical language is the field relating to cognitive states and events. Cognitive states are expressed by verbs or predicates that refer directly or by implication to the knowledge state of the speaker, listener or third party, for example *know*, *pretend*, *think*, *understand* (Johnston *et al.*, 2001: 355). These terms are not typically among the first 50 words acquired by young children. Between two and three years of age children begin to use terms such as *feel* and *look* to talk about affective and perceptual experiences, and somewhat later the terms *know*, *think*, *remember* emerge to express knowledge states. The meanings of these terms continue to expand and there is

analogous growth in preschoolers' understanding of mental events (Johnston *et al.*, 2001: 350).

When children with SLI were matched to a group of children with normal (typical) language according to mental age, the children with SLI used significantly fewer cognitive state terms (Johnston *et al.*, 2001: 363). Language provides both the tools for representing mental events and the means to understand the thoughts of others. Language impairment, therefore, may affect the child's ability to conceptualise mental states, because it restricts the tools for reflection and analysis (Johnston *et al.*, 2001: 364 – 366). In order to have a point of comparison for determining *low frequency of use* of cognitive state verbs, it is necessary to obtain data on the *typical* frequency of these verbs in the language of EAL pre-schoolers.

Cognitive state verbs form only one aspect of language content, but they serve to illustrate the importance of studying verbs in SLI. It has also been suggested that children with SLI may rely more heavily on General All-Purpose (GAP) verbs than typically developing children. GAP verbs have broad semantic value, phonologically simple forms and high frequency of occurrence. Examples of verbs often used as GAP verbs include *come, do, get, make, and want*. Research has not confirmed the suspicion that high frequency of GAP verbs is an indicator of language impairment. Children with SLI have been found to use similar numbers of GAP verbs as other young children (Conti-Ramsden & Jones, 1997). A subjective observation of the language output of young EAL learners indicates apparent over-use of GAP verbs by this population, but no data is available to verify or disprove this view. The typical performance of young EAL learners in this regard needs to be documented as a benchmark.

The areas to be investigated for potential inclusion in a profile of typical language behaviour exhibited by EAL pre-schoolers would therefore be:

<i>Verbs</i>	
GAP verbs	(Conti-Ramsden & Jones, 1997)
Cognitive state terms	(Johnston, Miller & Tallal, 2001)

In an attempt to discover differential indicators of Specific Language Impairment in children, various researchers have investigated the lexical and morphological characteristics found in the language production of young children with specific language impairment. The main categories that have been studied to date are:

1. Total number of words (TNW) and Total number of different words (TDW) based on complete and intelligible utterances (Friel-Patti, DesBarres & Thibodeaux, 2001).
2. Total number of lexical verbs used (TNV) and Total number of different lexical verbs used (TDV)
3. Noun use: number of nouns compared to TDW

Number of different words (TDW) and total number of words (TNW) are both regarded as excellent indicators of developmental progress (Miller, 1991). TDW is a measure of semantic diversity, whereas TNW is a more specific index of language proficiency. The TNW index is also a reflection of speaking rate and utterance formulation ability (Leadholm & Miller, 1992). These two measures (total number of words - TNW, number of different words - NDW), along with mean length of utterance (MLU), have been used in the literature in studies of both disordered and non-disordered language, to provide a developmental criterion against which particular language behaviours may be judged as typical or not typical of the specific level of language development.

Children with SLI appear to fall within the normal range in TNW, but for TDW a wider spread than for normal is observed (Conti-Ramsden & Jones, 1997). The implication is that more children who exhibit a language impairment than typically developing children exhibit a limited range of lexical items in their production of language. Children with SLI also consistently have smaller TDW values for 50- and 100-utterance samples than those of typically developing peers (Watkins, Kelly, Harbers, & Hollis, 1995:1349). TDW has been described as a viable clinical measure (Watkins & DeThorne, 2000:240).

While it seems obvious that EAL learners could have fewer lexical items in their English lexicon than English first language (L1) learners, there is no data available on the *typical* characteristics regarding TNW and TDW for the EAL population. A limited TDW might

seem to suggest a language impairment, whereas in fact it could be a typical phenomenon for this population. It will therefore be important to determine the typical spread of TDW for children with EAL.

Children with SLI have been found to use fewer verbs and fewer different verbs than typically developing children (Conti-Ramsden & Jones, 1997). The category *verbs* referred to here does not include auxiliaries or the copula, which are more profitably investigated in a separate analysis. Although the copula functions as main verb, the functions of the copula are most often treated separately by researchers, following the example of authors like Dixon (1991) and also Crystal, Garman & Fletcher (1989). The data for the *typical EAL population* is therefore required, to serve as point of reference for determining a limited verb usage in this population.

Conti-Ramsden and Jones (1997) also report that children with SLI produce proportionately more nouns, perhaps because they produce fewer verbs. It will be important to obtain a norm for EAL learners in this regard.

The areas for potential inclusion in a profile of typical language behaviour exhibited by EAL pre-schoolers would therefore be:

Word counts

TNW and TDW, TTR

TNV and TDV

TNN

(Friel-Patti, DesBarres & Thibodeaux, 2001)

The aspects of language content suggested for inclusion in the profile of typical language behaviour exhibited by EAL pre-schoolers are displayed in Figure 4.2.

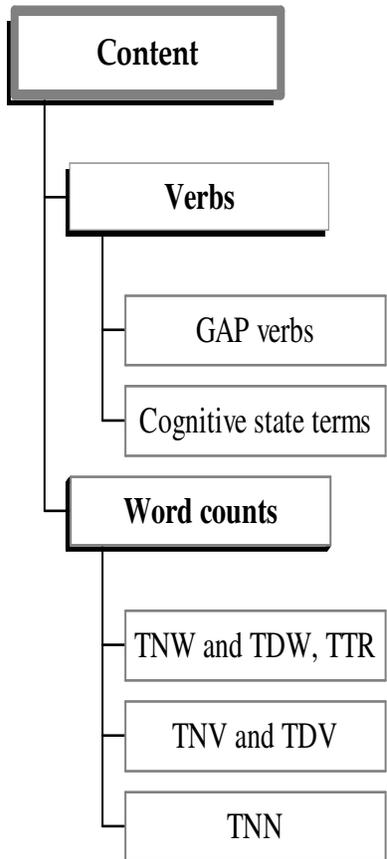


Figure 4.2. Aspects of language content suggested for inclusion in the profile of typical language behaviour exhibited by EAL pre-schoolers

Language form (syntax and morphology)

A measure that is often used to describe level of language development, and to make comparisons between children with typical development and children with language impairment, is mean length of utterance (MLU) calculated in morphemes, because it has been found to correlate with age. Mean length of utterance in morphemes is regarded as a measure of syntactic development. The mean length of utterance (MLU) is suggested as a “simple index of grammatical growth” (Brown, 1973, in Sokolov & Snow, 1994:28), because each new morphological or syntactic structure the child demonstrates (at least in the early stages of development) increases utterance length. Examples of such additions resulting in longer utterances are articles (“a”, “the”), noun and verb inflections, negatives, auxiliaries, modals, conjunctions, prepositions, and relative clauses (Pan, 1994:28). Miller and Chapman (1981) confirmed the stability of MLU and its correlation to age for children

with normal language development, and Klee, Schaffer, May, Membrino, and Mougey (1989) did the same for children with both normal and disordered language development. MLU appears to be a useful measure, therefore, in both typical and clinical populations.

MLU ceases to be a good index of complexity beyond MLU=4.0, partly because increased syntactic complexity does not continue to reveal itself in longer utterances (Pan, 1994:28). However, MLU might prove to be a useful measure in young EAL speakers who do not demonstrate much syntactic sophistication.

As noted above, MLU is usually calculated in morphemes. This suggests a certain measure of linguistic confidence on the part of the investigator. Since the aim of this research is to produce an instrument that can be utilised by pre-school teachers, who may not all be adept in identifying morphemes, it was considered appropriate to investigate the possible utility of a MLU calculated in words as well as in morphemes.

A profile of typical language behaviour exhibited by EAL pre-schoolers would therefore include:

Mean Length of Utterance (MLU) (Klee, Schaffer, May, Membrino, & Mougey, 1989)

Many accounts of the essence of specific language impairment focus on explaining the excessive difficulty individuals with the disorder have learning grammatical morphemes (Nelson, 1998: 103). Some researchers argue that the grammatical knowledge of children with SLI is qualitatively different from that of normally developing children and adults, while others explain the impairment in terms of processing resources. The so-called “surface hypothesis” was described by Leonard (1994), who cited cross-linguistic data to show that children with SLI have more difficulty processing and developing linguistic rules related to grammatical morphemes because of the surface characteristics of the input data. This hypothesis maintains that children have difficulty learning how to use grammatical morphemes, which are transient, unstressed, and difficult to perceive, because of processing capacity limitations but an otherwise intact language-learning mechanism. Further research, however, appears to be disproving the adequacy of this hypothesis (Leonard, Deevy, Miller, Rauf, Charest, & Kurtz, 2003).

A related view proposes that purely syntactic (structural) operations may involve fewer resources than those involving integration of some specific contextual (discourse related) information (Avrutin, Haverkort & Van Hout, 2001:271). Some researchers, therefore, have paid closer attention to the syntax-discourse interface, both in linguistics and in psycholinguistics (for example Grodzinsky & Reinhart, 1993; Avrutin, 1999). Because language (including, then, syntax) is always used by young children in a discourse situation, it seems appropriate to investigate the additional burden placed on language processing when the information from the discourse setting has to be processed at the same time. Here the two dimensions of form and use cannot be described separately. Researchers are now beginning to pursue this line of research in the clinical setting with young children with SLI (for example, Bastiaanse & Bol, 2001).

A further set of theories is based on an “underlying grammar” or “missing feature” hypothesis. They propose that certain features of the innately predisposed grammatical learning system are missing (for example, Rice & Wexler, 1996). This view is based on observations that children with specific language impairments have more frequent difficulty with verb inflections compared to noun inflections such as plural inflections, suggesting that they remain in a developmental period of “extended optional infinitive” (Nelson 1998: 103) in which verbs need no inflection.

Morphology limitations, particularly those that pertain to finite-verb morphology, continue into the school years for many children with SLI (Leonard, Miller & Gerber, 1999:679). Various authors (for example Marchman & Bates, 1994; Conti-Ramsden & Jones, 1997) propose that key milestones in the use of grammatical morphemes occur once a critical mass of words has been acquired. The term “critical mass” is used by authors such as Marchman and Bates (1994), Conti-Ramsden and Jones (1997), and Leonard, Miller and Gerber (1999). A certain (unspecified) number of lexical items in a certain class have to be acquired before certain key milestones in the grammatical morpheme use for that specific lexical class (for example, verbs) is acquired in children who develop language typically. In children with SLI, grammatical morpheme use may continue to lag behind even when the critical mass has been acquired.

In the early language development of children who acquire English as first language, the development of the verb structure plays a prominent role. Evidence of this may be seen in the fact that nine out of the 14 morphemes regarded as definitive for the first stages of language development since their description by Brown in 1973, refer to verb structures (Owens, 2004:200). From a clinical perspective, verb morphology appears to be an area of particular difficulty for children for whom language acquisition poses a challenge of any kind. These challenges may relate to language impairment or to factors that impact on language acquisition, such as multilingualism.

Analysis of verb phrase construction and inflected morphology has been identified as a useful measure for identifying 3 ½ - to 6-year-olds with SLI (Bedore & Leonard, 1998). Children with SLI, unlike typically developing children, often use uninflected verb forms (i.e. bare stems) when inflected verb forms are required. However, they use the irregular past correctly (Conti-Ramsden & Jones, 1997), which suggests that these irregular forms may be acquired as individual vocabulary items unrelated to the morphology of the particular verbs. Children with language impairment who do exhibit more complex verb phrase structures tend to use them less frequently than do children developing typically. (Owens, 2004:201). At a later stage of language development, children with language learning disorders (LLD) often demonstrate difficulties with negative and passive verb constructions (Craig & Washington, 2000; Catts, Fey, Zhang & Tomblin, 2001). Although the passive verb form is usually a later developing form, negative forms of the verb appear relatively early in normal language development, usually before the age of 3 years (Owens, 2001:322), so that difficulties with negative verb constructions are conspicuous in school-age children.

Children who acquire English as a second or additional language also experience difficulties with the verb system of English (Owens, 2004:203). It is interesting to note that, in a list of the most frequent morphological errors of speakers with limited English proficiency in the USA (Owens 2004:197), several references to verb structures occur, namely omission of –ing ending, omission/overgeneralization of regular past –ed, and omission/overgeneralization of the third person –s. A list of the characteristics appearing in the English of South African EAL speakers (Table 4.1: Nxumalo, 1997; Van der Walt,

2001) also contains a number of references to verb structures, including use of “did” or present progressive to indicate past tense, extension/omission of progressive aspect, and omission/inconsistent marking of 3rd person singular in verbs.

Since the verb morphology of pre-school EAL learners may exhibit certain typical characteristics that could be mistaken for indications of language disorder, it was considered necessary to determine the use of all of these verb forms in EAL pre-schoolers in order to prevent a possible misidentification (false positive).

Children with SLI have been found to use grammatical inflections and function words such as determiners less frequently in obligatory contexts than typically developing children with matching MLU (Grela & Leonard, 2000: 1115). Research has also demonstrated that children use noun morphology productively (e.g. overregularising plurals) at an early stage of development (Conti-Ramsden & Windfuhr, 2002:19), which may lead to a relatively low count for grammatically acceptable noun morphology. However, research by Conti-Ramsden and Windfuhr (2002) has shown that noun-related morphology may be a sensitive indicator of SLI in young pre-school aged children. Although children with SLI found noun morphology tasks easier than verb morphology tasks, this group of children achieved only a modest proportion correct in the noun plural tasks. Findings reported by Conti-Ramsden and Windfuhr (2002) from an earlier study support the claim that children with SLI do not, at the pre-school age, necessarily have a fully developed category of noun. These findings suggest that grammatical difficulties in children with SLI may not centre on verbs alone (Conti-Ramsden & Windfuhr, 2002:28). Morphological saturation has been used by some researchers as a developmentally sensitive measure of morphology (Rollins, 1994:382). The term morphological saturation of noun phrase refers to the percentage of noun phrases in which the child correctly uses any morphological element when that element is obligatory. Morphological saturation is not a measure of the child’s mastery of particular morphemes, but is used as a developmentally sensitive measure of morphology (Rollins, 1994:382). Rollins (1994) provides the following examples of saturated and unsaturated noun phrases:

In the utterance *I like cat*, the noun phrase *cat* is unsaturated because English requires an article, a demonstrative pronoun, or a plural marker. Saturated versions of this noun phrase might be *I like the cat*, *I like that cat*, or *I like cats*. Thus, it is not necessary to know which noun phrase a child intended in order to code the noun phrase as unsaturated (Rollins, 1994:382).

Morphological saturation of noun phrases could be investigated as a possible measure of morphological development in multilingual EAL pre-schoolers who exhibit some idiosyncratic morphological rules.

The areas to be investigated for potential inclusion in a profile of typical language behaviour exhibited by EAL pre-schoolers would therefore be:

<p><i>Morphology</i></p> <p><i>Verb morphology</i></p> <ul style="list-style-type: none">GeneralMain verbsAuxiliary and copulaNegative formsPassive forms <p><i>Noun morphology</i></p> <ul style="list-style-type: none">Possessive formPluralsMorphological saturation <p><i>Pronoun morphology</i></p> <ul style="list-style-type: none">Resumptive pronounsGenderCase <p>Determiners and quantifiers</p>	<p>(Nelson, 1998:103)</p>
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Craig, Connor and Washington (2003) point out that language skills are particularly good candidates as early predictors of reading success, since six of the 10 indicators of success or failure in reading identified by Snow, Burns and Griffin (1998) relate to language skills. Positive relationships have been indicated between individual oral language skills and later reading achievement, and children with impairments in oral language demonstrate more frequent and significant problems with reading acquisition (Bishop & Adams, 1992; Catts, 1993; Scarborough, 1989). In their research, they used expressive language samples

collected during a picture description task. The samples were scored for various aspects but in this research only *amounts of complex syntax* positively predicted reading outcomes with statistical significance (Craig, Connor & Washington, 2003). This seems to point to the importance of describing the amount of complex syntax typically found in EAL learners.

Many authors describe characteristics of language impairment with reference to various syntactic structures (Bishop, Bright, James, Bishop & Van der Lely, 2000; Avrutin, Haverkort & Van Hout, 2001:271), whilst others report that research has not been able to pinpoint generic aspects not connected to any specific language (Leonard, Miller & Gerber, 1999:679; Laing & Kamhi, 2003:44). The idiosyncratic nature of the English produced by young EAL learners in South Africa has prompted researchers (for example Nxumalo, 1997) to describe certain aspects of the language spoken in an attempt to provide a picture of the typical English language production of these learners. Characteristics of EAL for bi- and multilingual South Africans described in the literature are provided in Table 2.4 (Chapter 2). It is conceivable, however, that some of these characteristics may coincide with, or may be mistaken for, the language characteristics displayed by children with a language disorder

A further reason for investigating the syntactic structures produced by young EAL speakers is that literature reports the co-occurrence of less mature and more mature syntactic and morphological forms in children with SLI. Since this aspect is regarded as indicative of SLI (for example Leonard, Miller & Gerber, 1999; Owens, 1999:37), it needs to be described for pre-school EAL learners..

The areas to be investigated for potential inclusion in a profile of typical language behaviour exhibited by EAL pre-schoolers would therefore be:

<i>Syntactic complexity</i>	
Simple sentences	
Compound sentences	
Complex sentences	(Craig, Connor & Washington, 2003)
<i>Syntactic structures</i>	
<i>Clause structures</i>	
<i>Phrase structures</i>	(Crystal, Garman & Fletcher, 1989)

Not all “errors” or non-standard morphosyntactic features will necessarily prevent adequate communication from taking place. In fact, some authors find reason to believe that the stabilization of certain incorrect forms in the interlanguage of second language learners may actually be the result of communicative successes experienced when using such forms (Damico, Oller & Storey, 1983: 386).

The aspects of language form suggested for inclusion in the profile of typical language behaviour exhibited by EAL pre-schoolers are displayed in Figure 4.3.

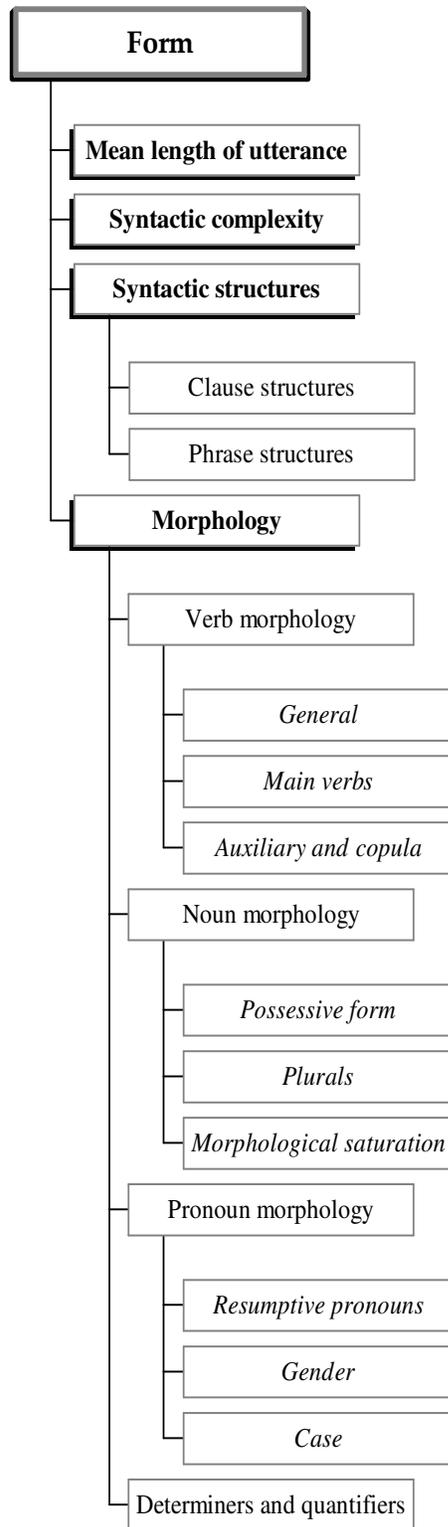


Figure 4.3. Aspects of language form suggested for inclusion in the profile of typical language behaviour exhibited by EAL pre-schoolers

4.3.2. *Relevant language characteristics of EAL*

When determining which aspects to include in the profile, several considerations need to be taken into account. For the purpose of this research the language characteristics listed in the literature (and discussed in the previous section) as *characteristic of specific language impairment* were regarded as primary determiners of the information that would be useful in a language profile of typical young learners with English as additional language (EAL). The reason for this decision was that inclusion of these characteristics will aid speech-language therapists and teachers in distinguishing between language disorder and language difference. It will be of particular importance to determine which of the characteristics described as indicative of language impairment are, in fact, also typical for this specific population of pre-school learners with English as additional language (EAL). Consequently, the *language characteristics of South African EAL speakers* already described in the literature are provided below as additional guidelines for aspects to be investigated for potential inclusion in a profile designed to distinguish between language difference and language disorder. Research on the language characteristics (excluding phonology) of EAL speakers in South Africa has concentrated on aspects of language form (syntax and morphology). Some suggestions from the international literature concerning language content and language use are included to augment the available data.

Language content (semantic aspects)

In constructing an instrument to investigate the semantic aspects of language in young EAL speakers, lexical frequency would be an important consideration (Peña, Bedore, & Rappazzo, 2003). Typical lexical frequency counts could provide a framework for comparison between children acquiring English as first language and children with English as additional language. Word frequencies may be influenced by both language structure of the main language (which may favour the use of certain syntactic classes or express relation concepts in other ways than the additional language/s) and socio-cultural factors (which would determine the familiarity with objects and events). Other cultural factors, such as preferred interactional style, may also impact the frequency of concepts or word types acquired by children (Peña *et al.*, 2003).

In a previous section (4.3.1.2 – language content), lexical frequency counts were suggested for inclusion in the profile of typical language behaviour exhibited by EAL pre-schoolers, based on literature reporting on word counts in children with SLI.

Language use (pragmatic aspects)

Research by Keshavarz (2001: 187) has demonstrated the development of pragmatic functions from a very early age in both monolingual and bilingual children. The development of pragmatic functions is described as a natural tendency in young children, whether monolingual or bilingual.

Certain pragmatic skills have been reported as lacking in multilingual preschoolers in South Africa. In a survey by Du Plessis and Naudé (2003), teachers in multilingual preschools in the central urban area of Pretoria reported that the following skills were lacking in many of the learners: refraining from interrupting, maintaining a topic, describing plans for the future, expressing personal opinions and giving reasons, providing solutions to problems, and expressing imagination (Du Plessis & Naudé, 2003:14). As in language content, cultural factors may play a role in manifestations of language use (Owens, 1999:104).

Conversational skills and communicative functions were suggested for inclusion in the profile of typical language behaviour exhibited by EAL pre-schoolers on the grounds of literature concerning SLI.

Language form (syntactic and morphologic aspects)

The idiosyncratic nature of the English produced by young learners with English as additional language (EAL) in South Africa has prompted researchers (for example Nxumalo, 1997) to describe certain of these aspects in an attempt to provide a picture of the typical English language production of these learners. The characteristics described in the literature are provided in Table 2.4 in Chapter Two.

Data in Table 2.4 for children (verb morphology, noun morphology, pronoun morphology, prepositions and determiners/quantifiers) include characteristics observed in more than 50% of the subjects in the research project. Most of these features appeared inconsistently.

Frequency of occurrence was not taken into account. Subjects were pre-schoolers in the Johannesburg area, an urban environment geographically close to the urban area investigated in the present research. Nxumalo (1997) suggests language interference from L1 as explanation for most of the characteristics observed.

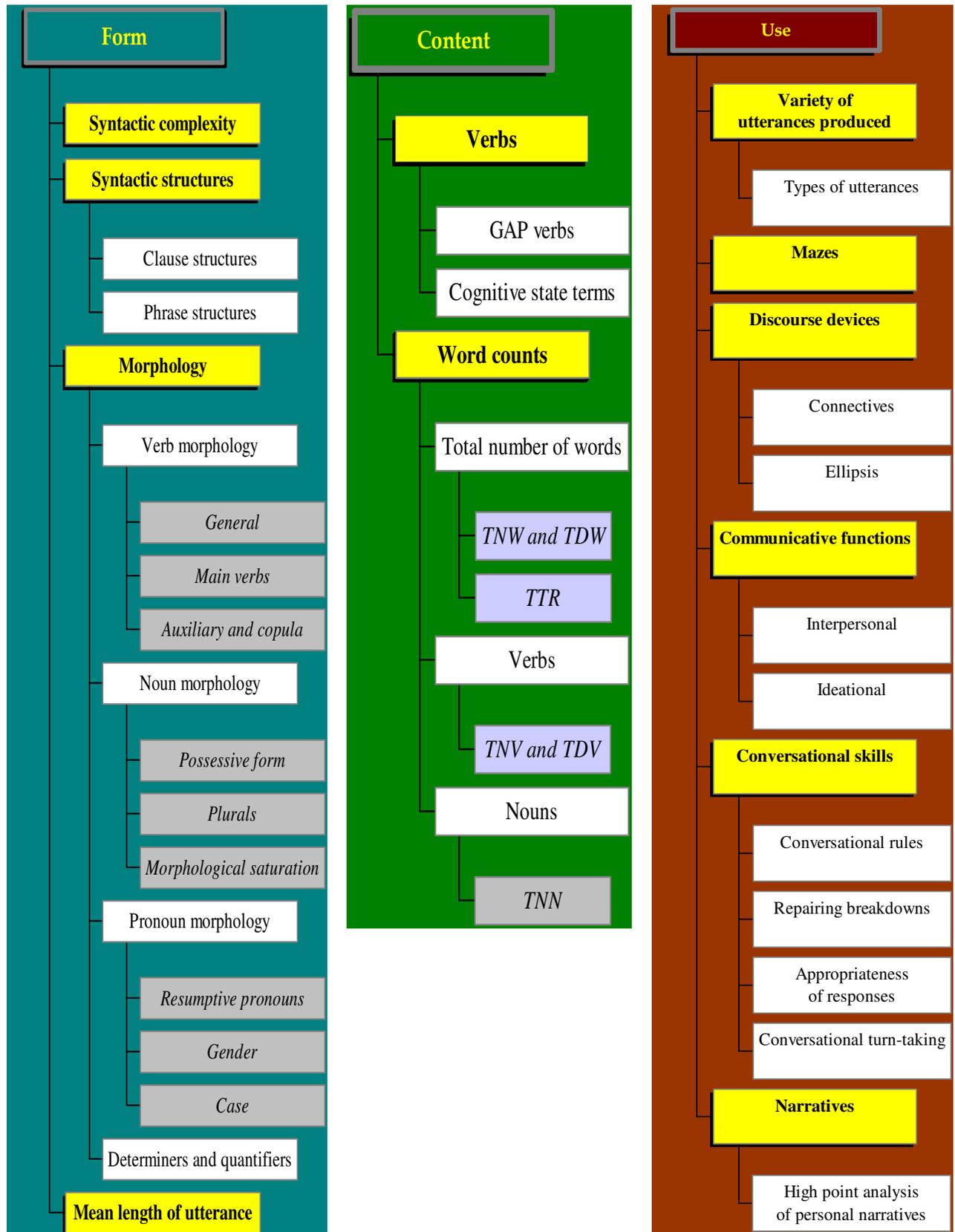
Data in Table 2.4 for adults (also verb morphology, noun morphology, pronoun morphology, prepositions and determiners/quantifiers) include features judged by more than 50% of the participants in the research project (Van Der Walt, 2001) as grammatically acceptable forms. Participants were students in Northern Province, North West, and Gauteng. These areas use languages similar to those encountered in central Pretoria, and this data may be relevant, since children may also hear these features if their parents or African L1 teachers speak English. Van Der Walt (2001:5) mentions that “many of the subjects tested will go into teaching; they will serve as models, and it can be expected that these forms will be perpetuated in schools”. It is relevant, therefore, to investigate whether these language features are typical in the English spoken by EAL pre-schoolers.

Morphology was also suggested for inclusion in the profile of typical language behaviour exhibited by EAL pre-schoolers on the grounds of literature concerning SLI.

4.4 Conclusion: Aspects to be included in a language profile for young learners with English as additional language (EAL)

In the preceding sections, various components of the three dimensions (form, content and use – Bloom and Lahey, 1987) of language were identified as potential entries for a language profile for young learners with English as additional language (EAL) to be used in collaborative practice. These suggestions are summarised in Table 4.2 below.

Table 4.2. Components selected for investigation from three dimensions of language



In the following chapter, this graphic representation will be utilised to organise the discussion of methodological issues for the research project.

4.5 Summary

This chapter presented the definition of “profile” adopted for the purpose of this study as “a description of language behaviour within a specific time frame and circumstances”. Concerning the phrase *language behaviour*, reasons were put forward why the present study concentrates on language production (expressive language skills), not communication in general, and not language-related skills. The guidelines for selection of information to be included in a profile were provided. The chapter discussed the selection of relevant features from the language characteristics of specific language impairment (SLI), and language characteristics of EAL. Components selected from the three dimensions of language, namely form, content and use, were summarised in table format.