BILINGUAL CHILDREN WITH DOWNS SYNDROME

A letter
Our seven year old boy with DS is in primary one of our local school and is being educated through a second language - Gaelic. Our home language is English. I would be interested to hear about anyone with DS that is in a similar situation (i.e. being educated in a language other than that of the home) for a university dissertation that I am preparing on this subject as well as for our own benefit.

Many thanks
John Charity.

Comments
This letter requesting information on children with Down syndrome learning a second language has prompted me to summarise my experience and the advice that I give in the following notes. I would also welcome any information that readers have either by post or to the Speech and Language 'bulletin board' (newsgroup) at news://news.downsnet.org/downsnet.public.topics.speech-language

I am frequently asked for my advice on bilingualism by parents and professionals and I give the following response:

1. There is no research literature or systematic study of bilingualism in people with Down syndrome to inform decisions on this issue to my knowledge.

2. In my frequent travels around the world over the past fifteen years, I have met a significant number of children and adults with Down syndrome who are competently bilingual. Some are able to speak three languages and many are able to read, write and speak to a functionally useful level in two languages. The levels of achievement vary between individuals, but my experience is sufficient to enable me to reject the view that a bilingual situation at home or at school is necessarily going to be too difficult for a child with Down syndrome.

3. The bilingual children and adults with Down syndrome that I have met have had a variety of experiences.
   a) Some have been in bilingual homes and exposed to two languages from birth. They have learned the two languages at the same time, though usually have more productive vocabulary in the one most frequently used in the family, while showing good comprehension of the other. Where signing is being used with speech, the sign seem to help the child to learn the word for something in both languages - it acts as a 'bridge'.
   b) Some have learned a second language outside the home as a result of going to school in a community that uses a different language from the child’s first language. The first bilingual children that I met had both had this experience. One young lady whose first language was English, from an English speaking family, had learned Welsh in the village school from five years of age. When I met her at ten years old, she could read and write equally well, at a functional level, in English and in Welsh. Her parents informed me that she was going to pursue her secondary schooling in the Welsh language school as that was where her friends were going. The second bilingual child with Down syndrome that I met had moved to France with her family at ten years of age, from the UK. She had learned French at this point, taught by her mother, and had continued her education in French, able to read and write in French as a teenager. I recently met a young Japanese woman with Down syndrome in her early twenties who could read and speak English, although neither of her parents could do so to the same level of competence. I also know twins with Down syndrome whose parents are both profoundly deaf. These girls are bilingual in British Sign Language and in English. They can switch from one to the other when they are in the company of both deaf and hearing people at the same time. The progress of these twins has been documented and they have found grammar difficult in both languages. Grammar, of course, is well known to be more difficult for children with Down syndrome to master than vocabulary.
Advice
On the basis of my experience, I advise any bilingual family to treat a baby with Down syndrome like any other child in their family i.e to expose them to both languages naturally, for the following reasons.

• I think that it is important that family life continues as normally as possible for all family members and is distorted as little as possible by the arrival of a baby with Down syndrome, for the well-being of everyone in the longterm.

• If there other children then parents will want them to have the advantage of being bi-lingual.

• The extended family are likely to speak different languages and the child with Down syndrome will be part of a bilingual world so it is not possible or desirable to suggest he or she is only brought up in one language.

• It is rather cruel in my view to tell a parent or grandparent that they cannot communicate with a baby in their first language.

However, I suggest that specific language teaching activities, including reading activities, focus on teaching the child the language that he or she will use in school.

I also emphasise the importance of a good language learning environment e.g one in which the baby is talked to as much as possible, in a child centred way i.e is talked to about what he or she is doing or interested in, by all family members as they spend time with the child.

Caution - I see young children who are doing well in bilingual situations, developing competence in both languages and doing as well in their first language as most children with Down syndrome. I also sometimes see children who have very little first or second language if they are not being talked to at home, and this can be a particular risk if the child is cared for by a nanny who speaks little of the family’s first language. What matters is the quality and quantity of the language experience of the child.

As I have made clear, these are personal views based on my practical experience. I would welcome comment and experiences from others.

Sue Buckley