guage, or, in the case of children with no speech at all, their potential first language (i.e. the language their parents speak to them). When children have made progress in their first language, the work does not usually have to be repeated when the child encounters a second language at school. The language skills acquired in the first language (e.g. labeling objects, using verbs) typically transfer to the second language.

The experience of many language and speech therapists is that learning a second language does not pose any particular problems for a child with general learning disabilities, although the level achieved in both languages may be lower than that of the peer group. It would appear that the stimulus of learning a second language, with another label for objects and concepts, helps the child to make progress in both languages. Similarly, a child whose slower progress in the first language (e.g. English) is partly or wholly attributable to social deprivation, may benefit from learning a second language (e.g. French) in an Immersion situation. The careful grading of language by the teacher, the repetition of key phrases and vocabulary, the use of visual cues and stimuli to aid understanding, the emphasis on learning language through activities, may all enable such a child to make good progress in the second language alongside the peer group.

The only instance where a child may find it difficult to cope with a second language is when a child has a specific language-related disability (see page 572). A child who has difficulty 'tuning into' or processing language may find it difficult to cope with a class where the curriculum is delivered through the medium of a second language. The child may not find it easy to 'pick up' the second language and may be shut out of classroom interaction between the teacher and other students, and between the children and one another. A preferable option for such a child might be to attend a school where the curriculum is delivered mainly through the medium of the first language, and where the second language is presented in certain set periods.

One situation which language and speech therapists come across is when minority language parents decide to speak a majority language to their children. This can occur because the child has learning difficulties and the parents mistakenly believe that two languages would be an extra burden, and that the child should learn the useful majority language. Sometimes this can happen when a child has no particular problem, but when the parents have made the decision from the child's birth that it would be educationally advantageous for the child to learn the majority language first 'to get a good start in life'. The result is that the child is shut out from the interaction between the parents, and often between other family members and members of the surrounding community. The parents are not native majority language speakers, and sometimes the language model they offer to the child is impoverished and deficient. Thus the child grows up not advantaged, but linguistically deprived. A child with learning difficulties is further disadvantaged. It may be preferable, wherever possible, for parents to speak their own language to the child. If there are problems with acquiring the first language, language and speech therapy can help, and then the second language can be built on the strong foundations of the first language.

Occasionally language and speech therapists are called upon to help individuals whose native language is neither the local minority language nor the majority language. When helping adults or children whose daily language is an Asian or Chinese language (in the US), for instance, the speech pathologist relies on the collaboration of family members or other members of that minority language community. The speech pathologist relies on speakers of the language to translate cues or instructions for the individual concerned, and then depend on them to monitor the person's response, and relay it accurately to the speech therapist. When speech pathologists are themselves bilingual, they may be more aware of the difficulties of translation between languages, and the tendency that can occur for family members to change or 'improve' a person's response in translation, relaying what they think a person meant to say rather than what that person did say.

Many modern language and speech therapists now refute the suggestion that bilingualism is a burden or a problem, even for those individuals with congenital or acquired language disabilities. Bilingualism is simply a dimension in the life of an individual, family and community that can be taken into account when working with people with different kinds of language difficulties. The ability to speak two languages is also a privilege and a resource that should not be denied any individual.

Further Reading

BACA, L. M. & CERVANTES, H. T., 1989, *The Bilingual Special Education Interface*. Columbus, OH: Merrill.