



**We should involve and empower bilingual families to help design our services**

**DR SEAN PERT**

# Now you're speaking my language

**Dr Sean Pert** writes on speech and language disorders in a bilingual context

**E**quity and diversity have been powerful themes both in my career and personal identity. In my clinical work, I have a specialist interest in speech and language disorders in a bilingual context (Pert, 2023). I have seen the negative effects when families choose to abandon home language in favour of English, in the mistaken belief that this will enhance children's educational success. This can have a corrosive effect on children and young people's ability to receive a good language model, and more importantly, to benefit from the language and culture of their family and community. We must do everything we can to avoid a situation where children cannot speak to their own grandparents, uncles and aunts, or even their own parents.

From September this year, the Health and Care Professions Council (HCPC) revised standards of proficiency come into effect. These focus on further centralising service users, and equality, diversity and inclusion:

2.13 understand the centrality of home language(s) to a service user's identity, family life and community (culture and/or religion), by working to maintain, develop or enhance a client's home language

7.6 understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter

8.1 work in partnership with service users, carers, colleagues and others

These standards reflect the long-

standing clinical guidelines (RCSLT, 2019) and co-production as featured in the Five Year Strategic Vision (RCSLT, 2022). We must all do our part to ensure we meet these standards, not because they are set by our professional body and regulator, but because it leads to the best outcomes for our service users.

Bilingual families and families who speak a language other than English (LOTE) must be supported in their home language and the option of English-only therapy should be explored along with the dangers of home language loss highlighted. We must work alongside *professional* interpreters and gain informed parental consent in home language if we work with children in nurseries and schools. We should involve and empower bilingual families to help design our services. Adult service users may also prefer home language support and the evidence-base suggests that care is enhanced by the involvement of interpreters (Larkman, et al. 2022), not just because of the removal of language barriers, but also insight into cultural differences. Finally, when we encounter barriers such as the cost of interpreters, we must challenge commissioners and highlight that access to equality is protected by the law. (Equality Act, 2010), the NHS (NHS England, 2018), and our professional standards and standards of proficiency (HCPC, 2023).

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