

Providing equitable access for bilingual children: Equitable Adaptation of language assessments and interventions

Royal College of speech and Language Therapists' guidelines state that speech and language therapists (SLTs) should provide assessment and therapy in both/all of the child's languages (RCSLT, 2018). This is easier than in the past as more assessment and therapy packages in languages other than English (LOTE) are published. Normative monolingual data is emerging for LOTE for a range of languages. However, the bilingual child is not comparable to monolingual populations speaking *either* of their languages.

The aim of devising standardised assessments for language combinations seems untenable without relying on gross measures of language exposure. Attempts at classifying clients as effectively monolingual or waiting until they 'catch up' with monolingual children perpetuates the misconception that bilingual speakers are two monolinguals in one person (Baker, 2000). Toys and picture materials may be unrecognised by bilingual children, or they may attempt to speak in only one of their languages and avoid code switching for pragmatic reasons (Stow, Pert & Khattab, 2012), leading to inaccurate results.

SLTs must reject traditional 'snapshot' assessments and embrace an SLT-interpreter led approach, delivering descriptive and structured informal assessments as part of a dynamic assessment cycle. Culturally adapted toys and pictures allow the child to be assessed fairly and to engage in therapy. Translation issues affecting meaning, syntax, phrase structure and morphology must be addressed. Only in this way can the profession truly provide an equitable service with outcomes comparable to monolingual children.

SLTs often feel underconfident to implement this approach, citing time pressures, and preferring to rely on standardised assessments whilst acknowledging this as a flawed approach. Despite evidence-based RCSLT clinical guidelines prompting an equitable approach for many years, equitable practice is inconsistently applied (Palfrey, 2013).

Examples to highlight the process of culturally and linguistically sensitive *adaptation*, in contrast to *translation* will be drawn from assessments including the 'Bilingual Assessment of Simple Sentences' (BASS)(Pert & Stow, 2019), the New Reynell Developmental Language Scales – Multilingual Kit (NRSLs)(Edwards, Letts, & Sinka, 2011), and the 'Building Early Sentence Therapy (BEST) package (McKean, Stow & Pert, 2010). These examples will show that RCSLT clinical guidelines recommending double the time to achieve the same client outcomes are valid and worthwhile.

Three key learning outcomes

1. To apply RCSLT Clinical guidelines on assessment and therapy to bilingual children.
2. To select culturally appropriate stimulus materials to engage bilingual children in assessment and intervention.
3. To make the case for additional (double) clinical time to ensure equitable outcomes are achieved for bilingual children and their families.

Brief outline of submission

Despite RCSLT clinical guidelines, SLTs rarely feel confident working with interpreters, bilingual children and their families. This paper provides actual worked examples of how cultural and linguistic adaptation of language assessments and interventions, in contrast to direct translation, can deliver equitable outcomes.

Three key words to describe your submission

Bilingual

Language

Intervention

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