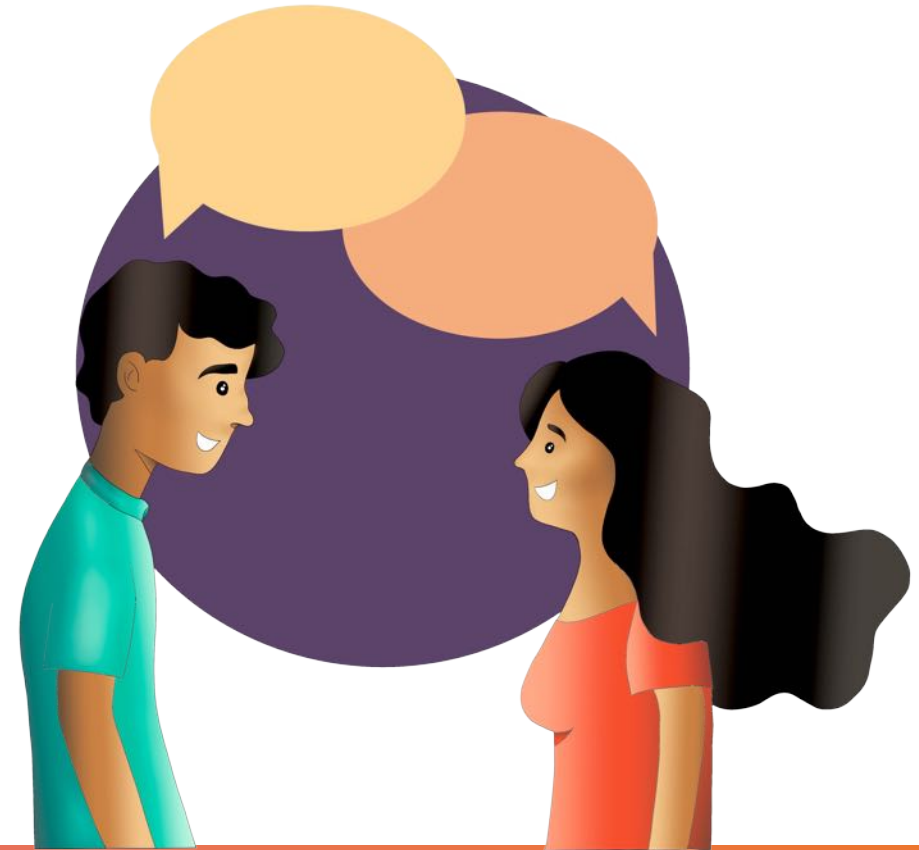


MANCHESTER
1824

The University of Manchester



Dr Sean Pert

Senior Clinical Lecturer

Language Difficulties, and
Developmental Language Disorder (DLD)
in a Bilingual Context

North West Speech and Language Practitioner
Network Day 2025
Friday 27th June 2025
Ewood Park, Blackburn, UK



Agenda

- Introduction
- Definitions
- Clinical guidelines
- Differentiating diversity from disorder
- Why take a home language approach?
- Assessment
- Using language acquisition theory as a basis for therapy



Introduction: Previous roles

- Worked with bilingual children for 20 years in the NHS
- Worked as a manager, specialist speech and language therapist and student coordinator
- Specialist service for bilingual children and their families which adhered to professional standards and the evidence base to deliver home language assessment and intervention
- Language unit for children with severe and complex speech, language and communication needs

A photograph of a large, ornate stone building with Gothic architectural features, including pointed arches and multiple windows. The building is the University of Manchester. A white silhouette of a hand is superimposed on the right side of the image, pointing towards the text on the right.

MANCHESTER
1824

The University of Manchester

Introduction: Current roles

- Senior clinical lecturer at the University of Manchester (2014 to present)
- Train speech and language therapists on the BSc and MSc Degree programmes, as well as Teachers of the Deaf
- Adviser for the Royal College of Speech and Language Therapists (RCSLT) in Bilingualism (2007 to present)
- Lead author of the RCSLT Clinical Guidelines on Bilingualism (2018)
- Review research papers for peer-reviewed journals
- Past Chair of RCSLT (2022-2024)
- Author of 'Working with Children Experiencing Speech and Language Disorders in a Bilingual Context'

Author



Research papers



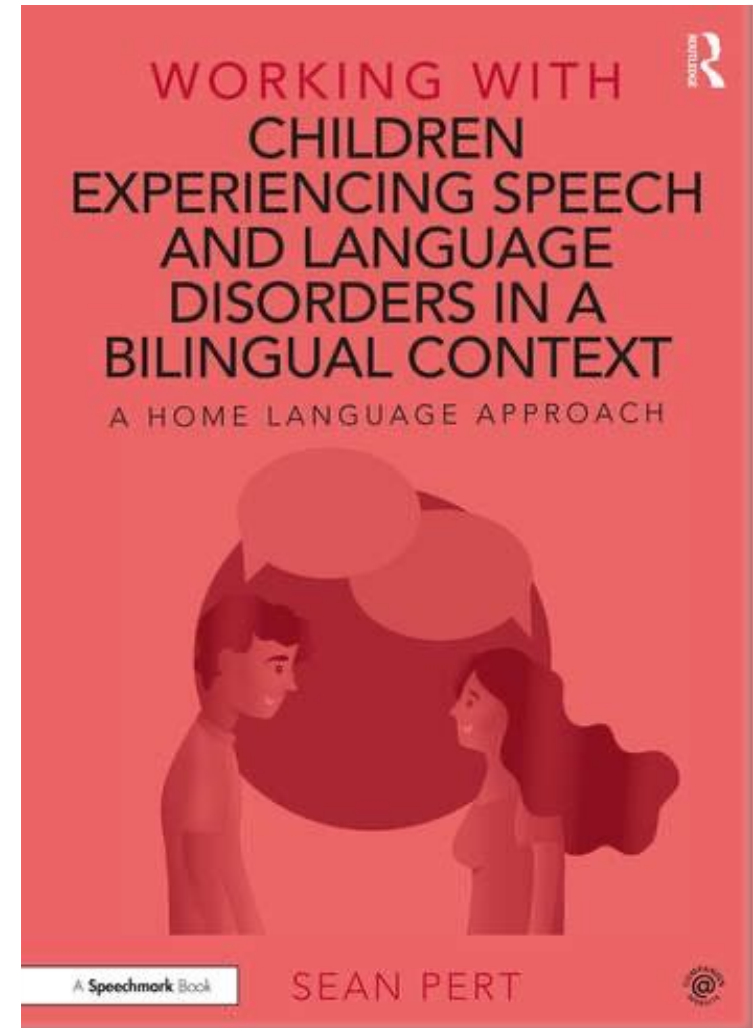
Conference presentations



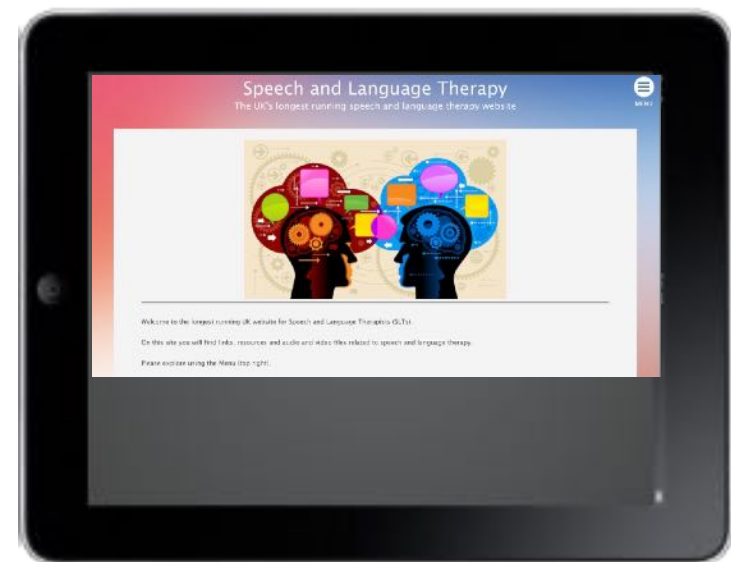
Working with book



Handouts and presentations may be downloaded on www.speechtherapy.co.uk or The University of Manchester page (Google Dr Sean Pert UoM)



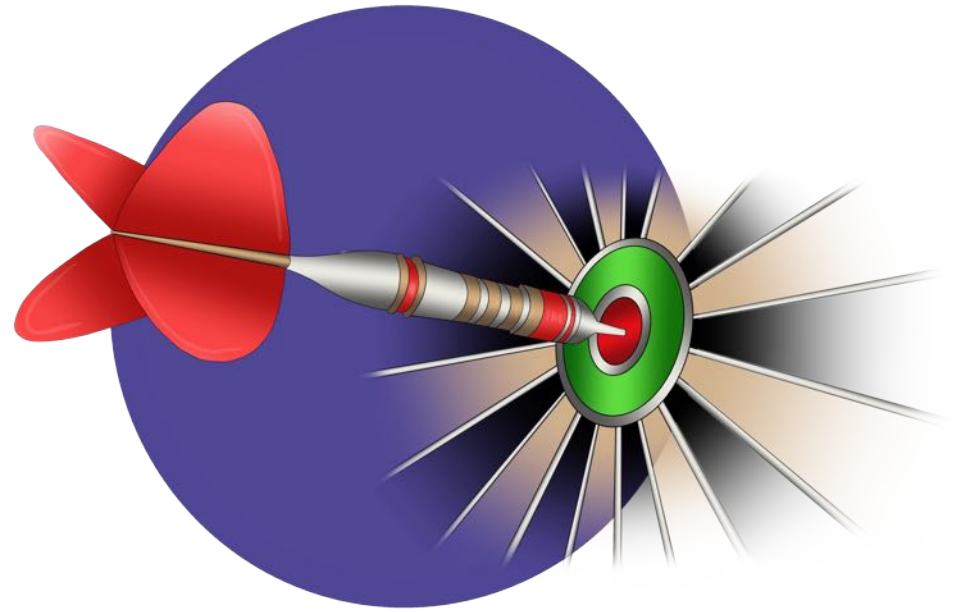
Further information



www.speechtherapy.co.uk

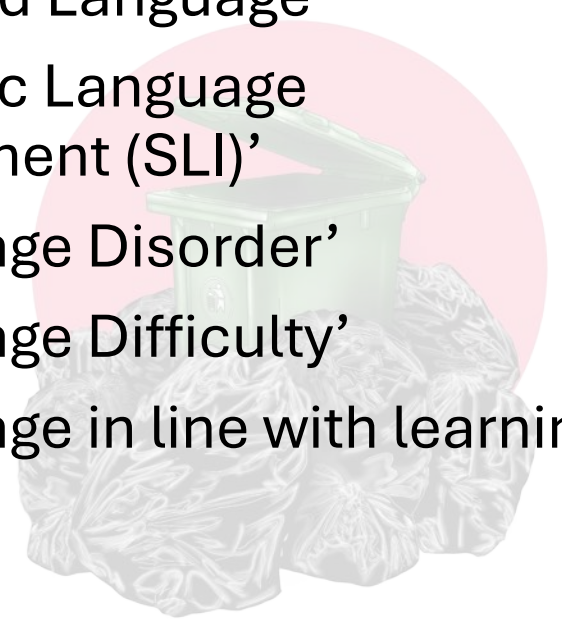


Definitions

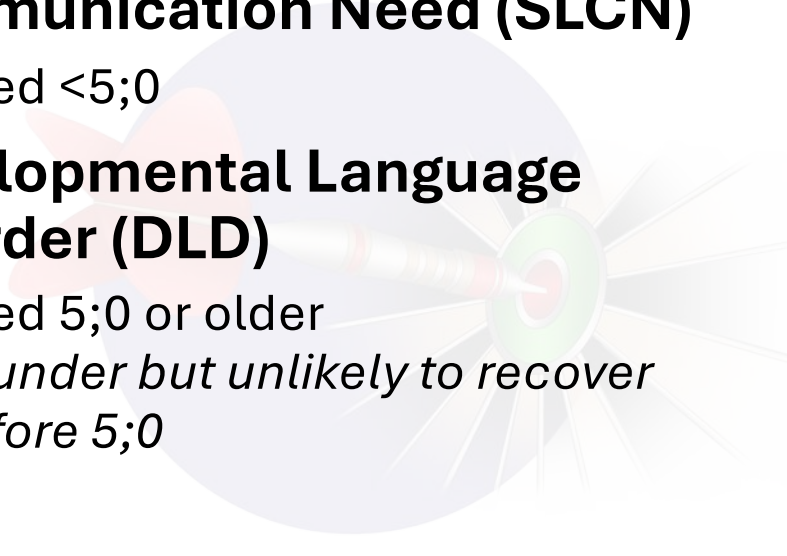


Problems with understanding and using spoken language

Previously

- ‘Language Delay’
 - ‘Delayed Language’
 - ‘Specific Language Impairment (SLI)’
 - ‘Language Disorder’
 - ‘Language Difficulty’
 - ‘Language in line with learning’
- 


Current terminology

- **Language Difficulty OR Speech, Language and Communication Need (SLCN)**
 - Aged <5;0
 - **Developmental Language Disorder (DLD)**
 - Aged 5;0 or older
or under but unlikely to recover before 5;0
- 




The problem

- “Confusion regarding criteria and terminology has been detrimental to clinical practice and to research.”
- “Even within the SLT/SLP profession, there is no consistency of terminology and criteria.”
 - (Bishop et al., 2016, p. 25)

A large orange shape on the left side of the slide, consisting of a rectangle with a quarter-circle cutout on its right side.

Language Delay / Delayed Language

“...we reject any attempt to use discrepancy scores to draw a distinction between ‘disorder’ and ‘delay’: the term ‘language delay’ was widely rejected by our panel members as confusing and illogical.”

- (Bishop et al., 2017, p. 1076)
 - ‘Delayed English’ is often misapplied to children who speak a LOTE at home.
- 
- A blue decorative line in the bottom right corner, composed of several short, curved segments.

‘Late Talker’

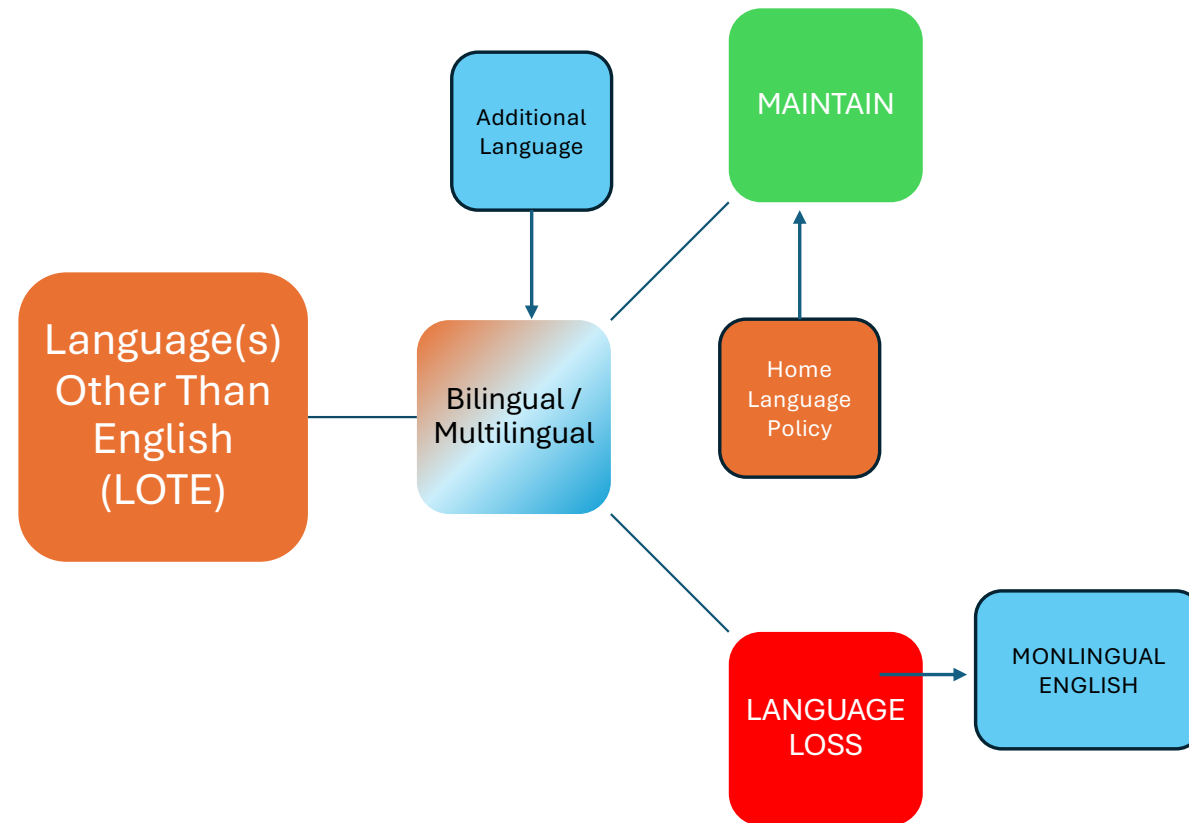
“...some children who have language difficulties at 4 to 5 years of age were not late talkers”

- (Bishop et al., 2016, p. 9)

Re-assess after 6 months

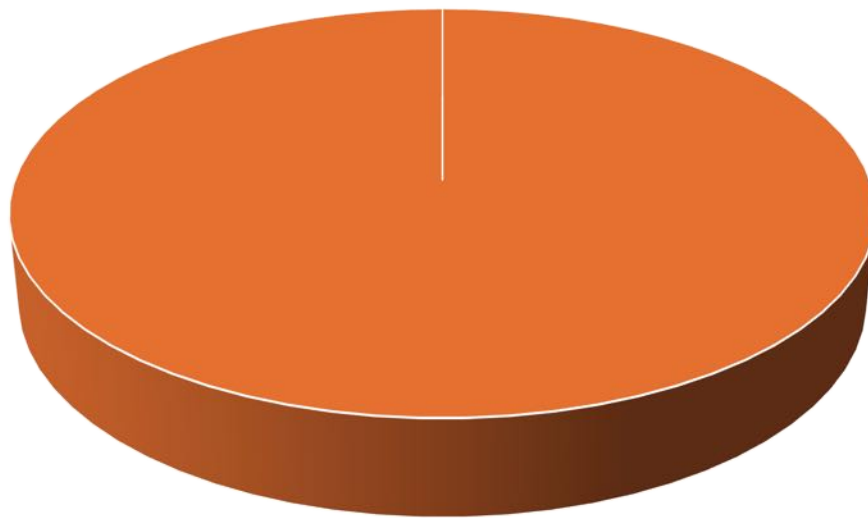
‘Language Difficulty’ after 2;6

Implications for bilingual children



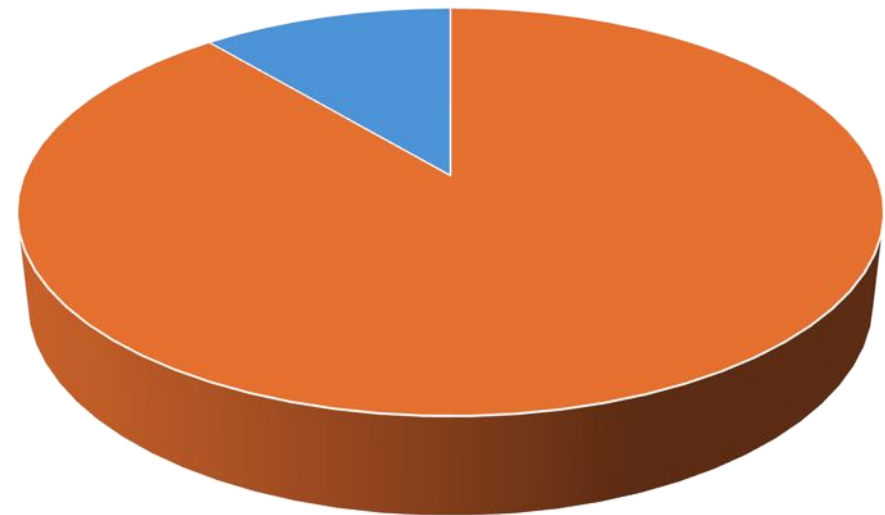
Implications for bilingual children

Potential Bilingual (LOTE Speaker)



■ Home Language (L1) ■ Additional Language (L2) ■ ■

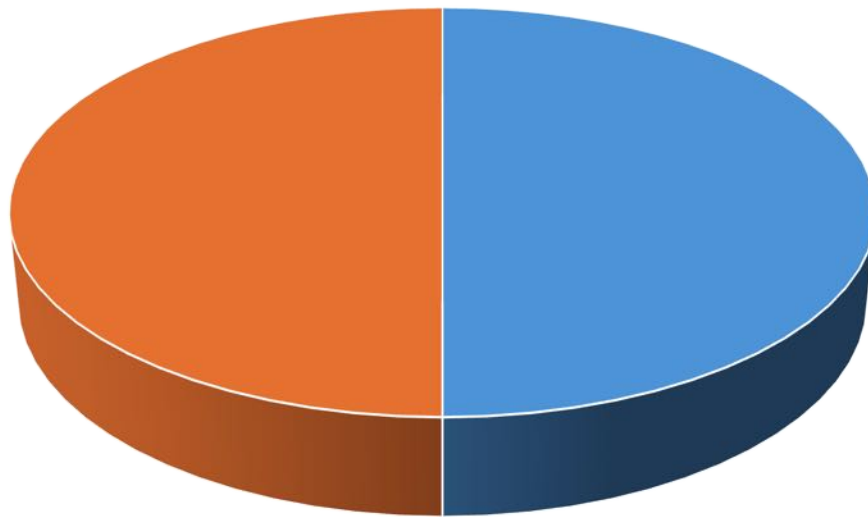
Early Stages of
Additional Language Learning



■ Home Language (L1) ■ Additional Language (L2) ■ ■

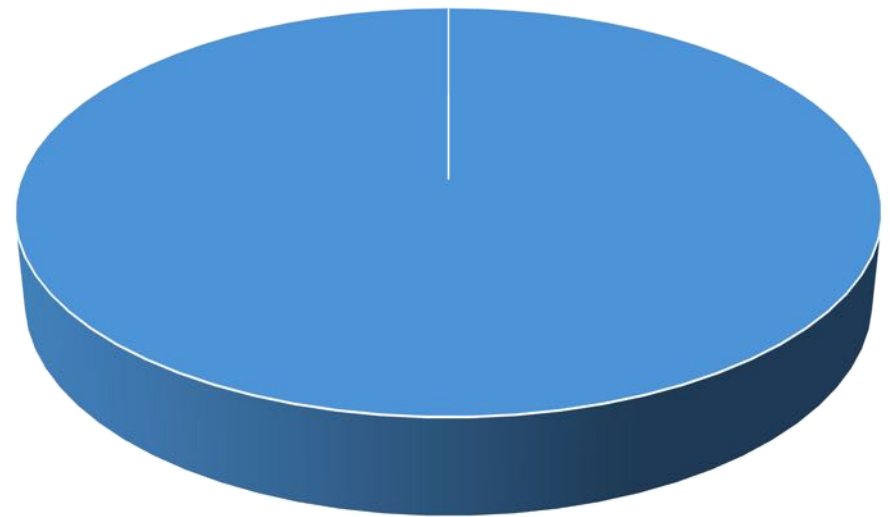
Implications for bilingual children

(Mythical) Balanced Bilingual



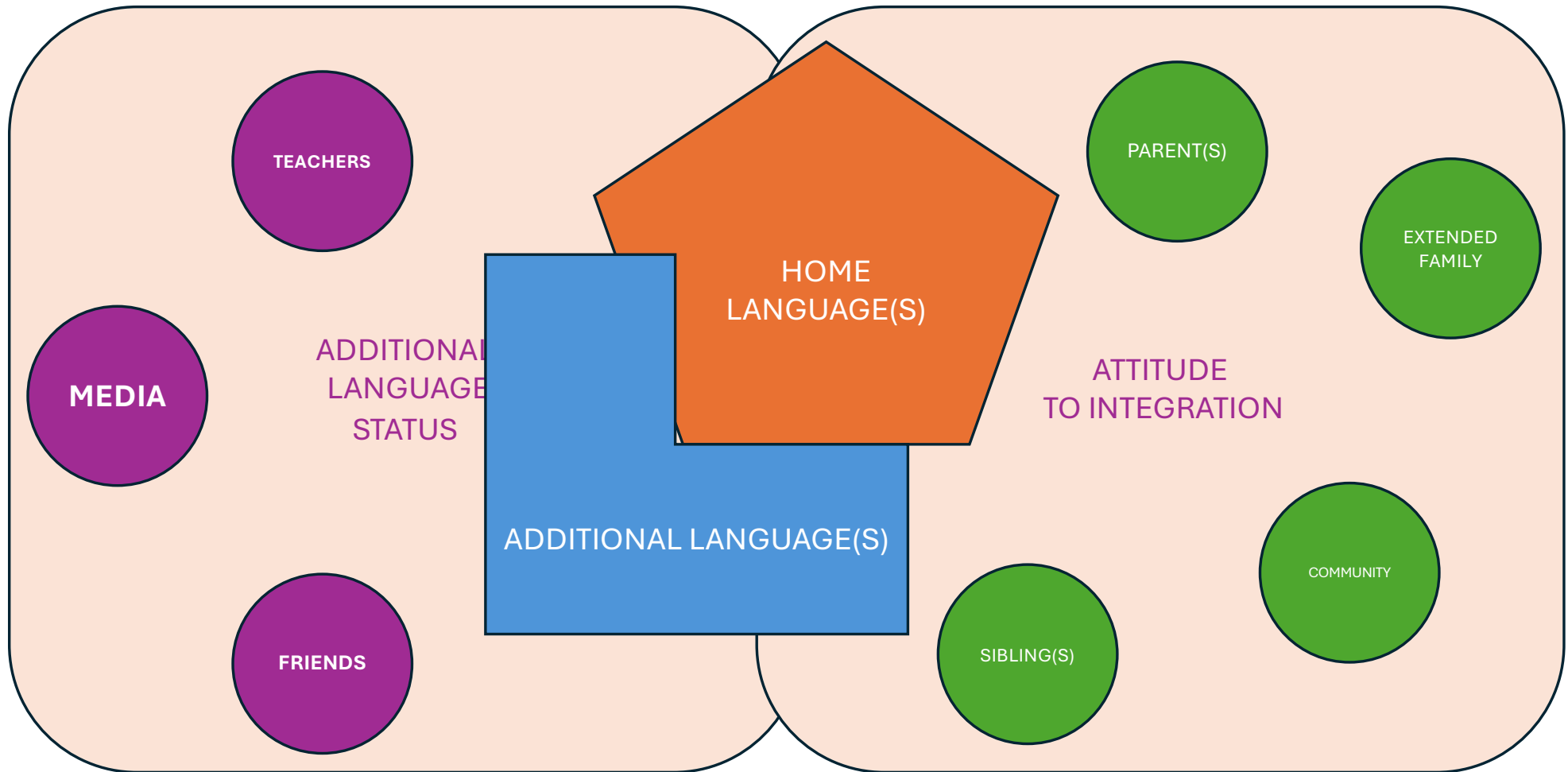
■ Home Language (L1) ■ Additional Language (L2) ■ ■

Language Loss



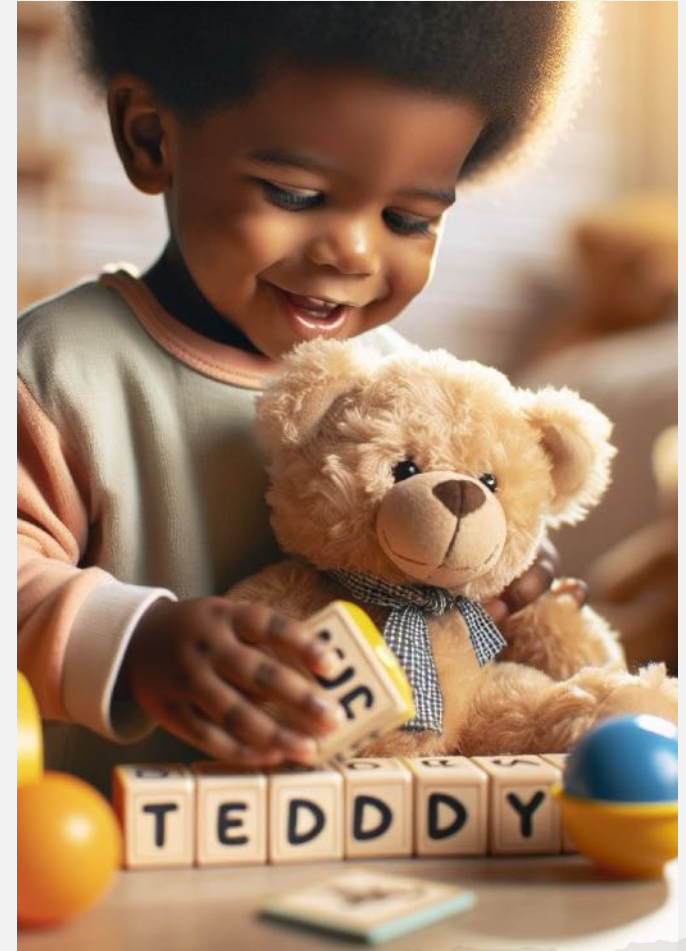
■ Home Language (L1) ■ Additional Language (L2) ■ ■

Implications for bilingual children



Language assessment, trajectories and late talkers

- Wide variability in the early years:
 - At 12 months 26.4% of children had no words
 - At 24 months 0.6% of children had no words
- Late talkers
 - “Late talking at 2 years is not a reliable predictor of ongoing language difficulties”
 - “Almost 70% of those considered late talkers at 2 years had typical language by 4 years”
- (Reilly et al., 2017, p. 12d)



Language change across school age

- “...language ability remains somewhat fluid between 4 and 7 years”
 - (Reilly, et al., 2017, p12e)
- **‘Snap-shot’ language assessments** versus **Dynamic Assessment**
- Screening
- Dynamic assessment approach to measure **rate of change**
- Dynamic assessment now recommended for both Bilingual Children (Orellana et al., 2019) and DLD (Hasson et al., 2012) as alternatives to formal standardised assessments.



Silent period



- “During the early stage of L2 acquisition, many emergent bilingual children reportedly have no or limited expressive language in L2 or both L1 and L2 for a period of time.”
 - (Fong Kan, et al., 2024, p. 1)
- May range from a few days to more than a year.
- “Typically-developing emergent bilingual children are not “silent.” Rather, they employ a range of communication strategies (e.g., **nonverbal communication** and **active participation**) when immersed in L2-speaking environments.”
 - (Fong Kan, et al., 2024, p. 25)
- “... the silent period as a normal stage in additional language acquisition.”
 - (Bligh, 2014, p. 2)

A large orange shape on the left side of the slide, consisting of a rectangle with a quarter-circle cutout on its right side.

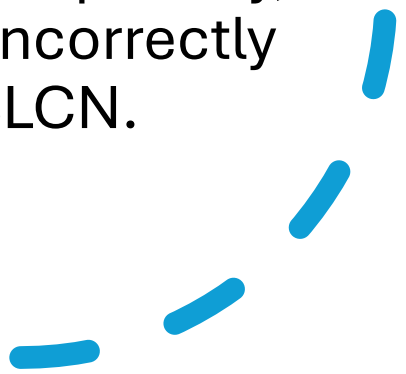
Non verbal ability

- “A child with a language disorder may have a low level of nonverbal ability. This does not preclude a diagnosis of DLD.”
 - (Bishop et al., 2017, p. 1072)



A large orange shape on the left side of the slide, consisting of a rectangle with a quarter-circle cutout on its right side.

Poverty

- “...there is a persisting tendency in some circles to think that intervention is not required when language impairments are associated with social disadvantage. Where these misconceptions persist, they need challenging”
 - (Bishop et al., 2016, p. 19)
 - Bilingual children may be living in poverty, and bilingualism itself may be incorrectly identified as the cause of any SLCN.
- 
- Four short, curved blue lines arranged in a diagonal pattern in the bottom right corner of the slide.




SLCN

- Speech, Language and/or Communication Needs
- “... a superordinate category for policymakers...”
 - (Bishop et al., 2017, p. 1074)



DLD

- 
- ‘Developmental Language Disorder’ (DLD) is the preferred term for language problems that are severe enough to interfere with daily life, have a poor prognosis and are not associated with a clear biomedical aetiology.
 - (Bishop et al., 2017, p. 1078)

Affecting one or both/all languages?

- Language Difficulties / SLCN, DLD, and Speech Sound Disorder (SSD) will be observed in **both/all languages**.
- A difficulty with English as an additional language is NOT a Language Difficulty / SLCN or DLD. If the child has acquired a home language, they have demonstrated that they do not have impaired cognitive and linguistic language acquisition processes.
- EAL only is **NOT** the role of Speech and Language Therapists.
- Speech and Language Therapists should **NEVER** recommend abandoning the home language to support additional language learning.
 - (RCSLT, 2018)



Implications for Practice

Whole class approaches risk ignoring home language skills, especially if there is no contact with parent(s)

Parents may have internalised racist view that only English skills matter for Educational success

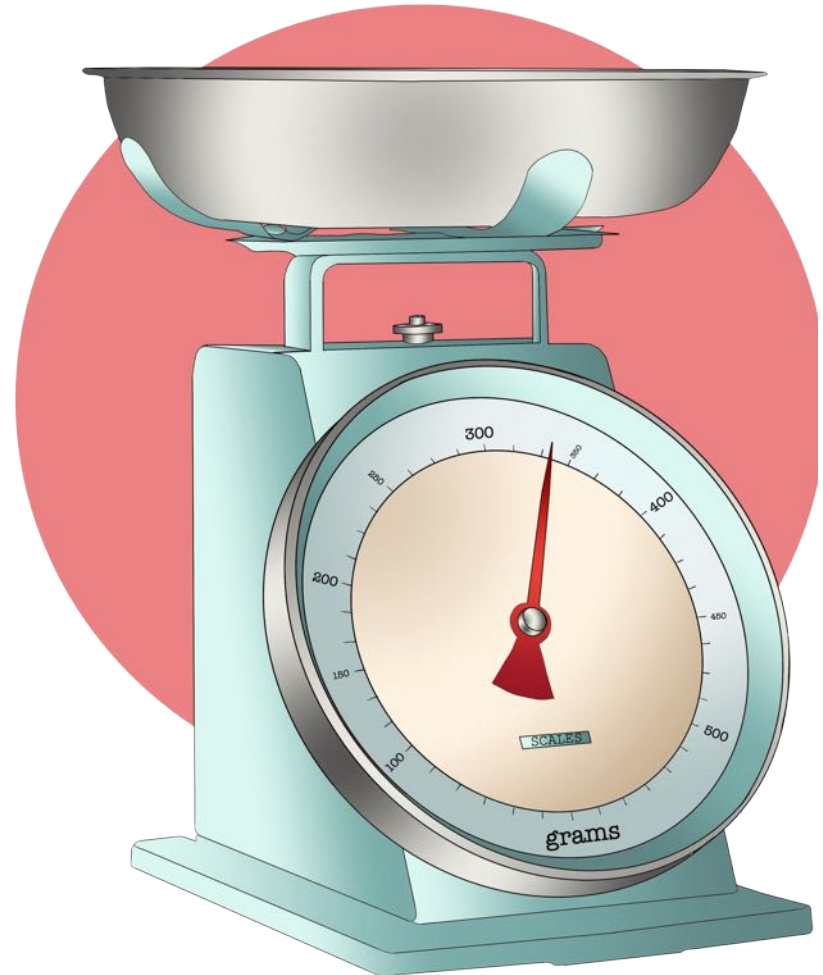
Impossible to differentiate typical language learners from those with central language difficulties by assessing L2 English only

Inadvertently diagnose and treat poor English skills as a Language Difficulty

EAL is NOT our business!

Bilingual or multilingual

- The ability to understand and/or use two or more languages
- Speakers do not have to have equal fluency in both/all languages, or mastery of both/all languages
- Applies to all modalities (spoken and signed languages)
- There is no evidence that bilingualism causes or contributes to any speech, language or communication disorder
 - (RCSLT, 2018)



Humans are bilingual

- Global majority are bilingual
- Teaching of speech and language therapy is mainly conducted in a monolingual context
- Monolingualism is unusual and bilingualism typical
 - (Myers-Scotton, 2006)

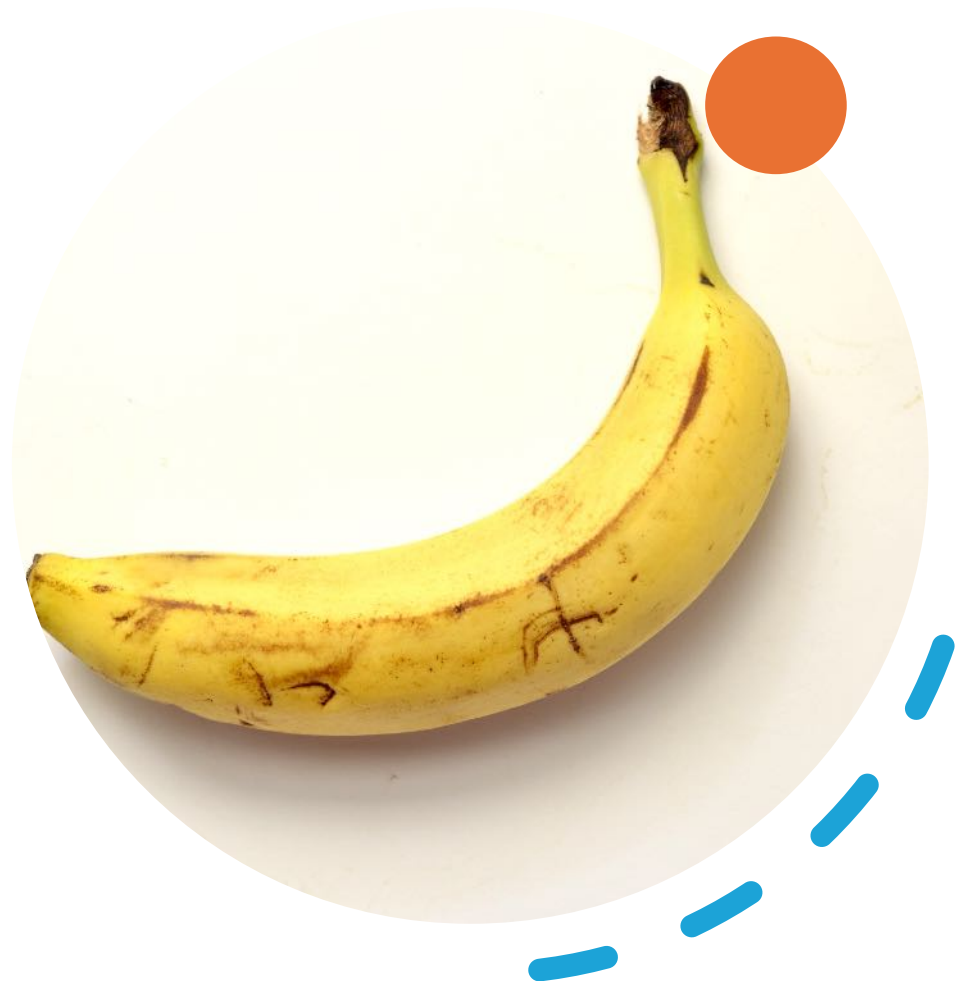


‘Language’
may not be
what it
seems

- All languages have at least two forms:
 - Prestigious form
 - Less prestigious form(s)
- ‘Dialect’ tends to refer to distinct words or phrases from a particular speech community
- ‘Accent’ tends to refer to speech sounds
- No fixed definition of these terms

Slang, dialect or language?

- mura **kela kha**-na pija
boy banana eat-ing+male is+male
- munda **kela kha**-nda je
boy banana eat-ing+male is
- lerka **kela kha** raha hea
boy banana eat ing+male is
- Phrase / word order is the same
- Object and lexical verb are the same
- Differences in subject and verb morphology



Literacy

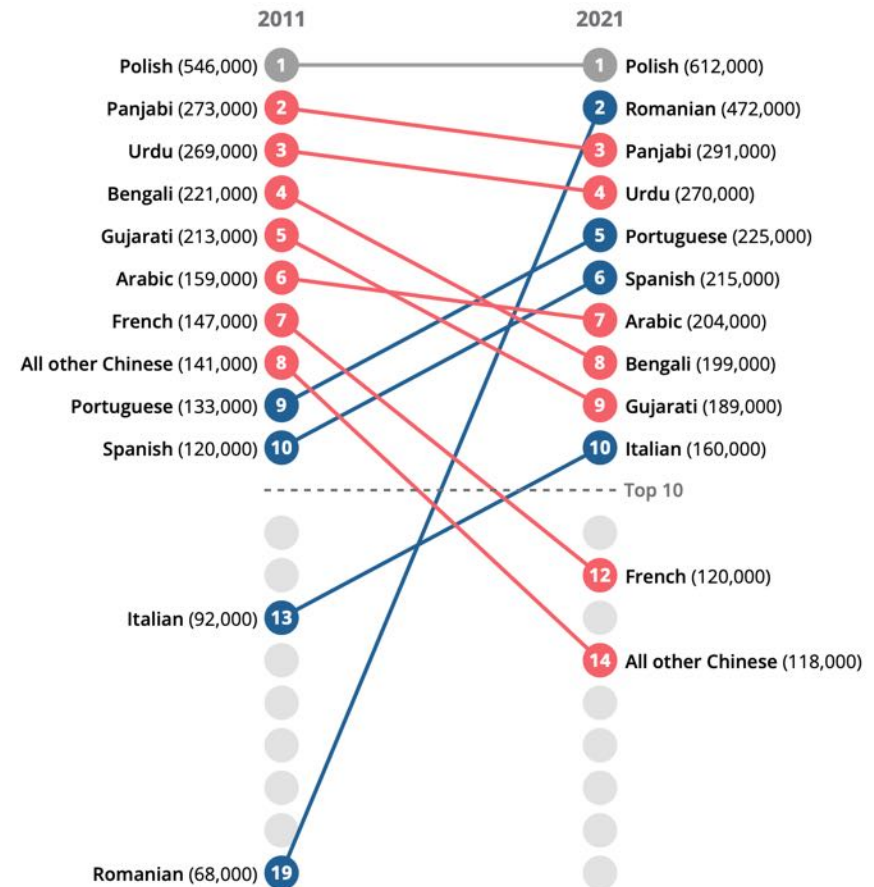
- Many languages have no written form ('pre-literate language')
- Many speakers have limited or no access to literacy due to barriers to accessing education
 - For example, girls and women in Afghanistan
- Verbal communication is more effective than written
- Consider:
 - QR codes to videos of interpreters providing information such as advice leaflets and information on services
 - Three-way video or audio calls involving an interpreter



Top ten main languages

Figure 1: The top ten main languages spoken in England and Wales, excluding English (English or Welsh in Wales)


Total usual resident population, aged three years and over, who speak each language as their main language, 2011 and 2021, England and Wales



Source: Office for National Statistics – Census 2021

Clinical Guidelines





Clinical
guidelines and
regulation





RCSLT guidelines

The RCSLT is committed to supporting bilingual individuals and their families, recognising bilingualism as the norm.

Bilingualism is an advantage in a person of any age. This is regardless of the specific combination of languages and/or dialects spoken by the bilingual person.

Bilingualism is an advantage regardless of the presence of a speech, language, or communication disorder, or feeding and swallowing difficulties.



RCSLT guidelines

Bilingualism does not cause, or contribute to, a speech, language or communication disorder.

Working with interpreters is a core skill for speech and language therapists, including bilingual SLTs.

Services should allocate at least double the time for bilingual clients and their families in order to achieve the same positive outcomes as monolingual clients, and therefore deliver an equitable service.




RCSLT guidelines

Bilingualism is an umbrella term, which includes the concept of multilingualism, and multi-modal language use such as sign language.

Collaborating with professional interpreters should **not be viewed as optional**, and must not be restricted by budgetary constraints.


The main aim of assessment is to **differentiate diversity from disorder**.

Assessment and intervention **must always be carried out in both/all languages**.

The graphic on the left side of the slide features a dark blue background with a large, semi-transparent light blue circle. The text 'RCSLT guidelines' is written in white, with 'RCSLT' in a bold, sans-serif font and 'guidelines' in a regular, sans-serif font, both centered within the circle.

RCSLT guidelines

- The main aim of intervention with bilingual clients is to **maintain, restore or achieve bilingualism.**
- Professionals in the UK are committed to providing equitable services to all individuals (Equality Act, 2010) and not to discriminate based on language (United Nations Convention on the Rights of the Child, Article 2)
- The World Health Organization International Classification of Functioning, Disability and Health (ICF, WHO, 2007) can be effectively used to aid the practitioner in factoring multilingualism into the clinical reasoning process.

The graphic consists of a dark blue background with a large, semi-transparent light blue circle on the left side. The text 'RCSLT guidelines' is written in white, with 'RCSLT' in a larger font size than 'guidelines'.

RCSLT guidelines

- If there is a communication disorder, then it will be **present in both/all the languages** that the individual understands and uses.
- Speech and language therapists **should never recommend abandoning the home language(s)** in favour of additional language learning.
- Services with a high level, i.e. 5-10% or more of bilingual people in the local population, should consider developing a **specialist bilingual service**.
- Services should ensure that all staff working with bilingual clients/patients **have access to training** on typical bilingualism and speech, language and communication disorders in the context of bilingualism.

RCSLT Clinical Guidelines



- ...services **cannot provide one part of the care pathway in English-only**...The outcomes are similarly negative and avoidable.
- **Funding issues cannot be used as justification for providing an English-only** (or mainstream language only) service. Funding for interpreters should be sought from the Trust, NHS body, or central organisational funding, rather than the speech and language therapy budget.

• (RCSLT, 2018, p. 34)

Standards of proficiency



practice within the legal and ethical boundaries of their profession

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

(HCPC, 2023)

Standards of proficiency



understand and apply the key concepts of the knowledge base relevant to their profession

12.7 understand linguistics and phonetics, psycholinguistics, sociolinguistics and all levels of typical processing and the differences for individuals whose home language is not English

(HCPC, 2023)

Standards of proficiency



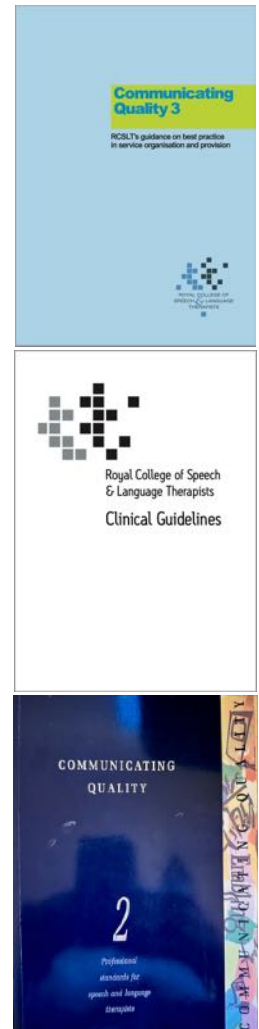
draw on appropriate knowledge and skills to inform practice


13.20 assess and plan interventions in the service user's home language with the assistance of professional interpreters, and with reference to professional clinical guidelines and evidence-based practice

(HCPC, 2023)

This isn't new!

- **Communicating Quality 3 (2006)**
 - “Assessment of the individual’s communication skills in all the languages to which they are exposed.”
 - “Providing intervention in the individual’s mother tongue and support the family in their use of mother tongue...”
- **Clinical Guidelines (2025)**
 - “Assessment procedures should aim to examine skills in all languages.”
- **Communicating Quality 2 (1996)**
 - “The speech and language therapist will make every effort to assess in both (all) languages to facilitate differential diagnosis.
 - Therapy will be offered in the language of choice after full discussion with client and carer.”
- **RCSLT Special Interest Group (SIG) in Bilingualism (1980s onwards)**





Differentiating Diversity from Disorder



The challenge

- Bilingual children are more likely to be under- and over- diagnosed with language difficulties / DLD
 - (Pert, 2022)
- Assessment in L2 English alone is not able to accurately differentiate typical additional language learners from those with Language Difficulties/DLD
 - (RCSLT, 2018; Pert, 2022)
- Many Speech and Language Therapists feel under confident working with a family with whom they do not share a language and/or working with interpreters.





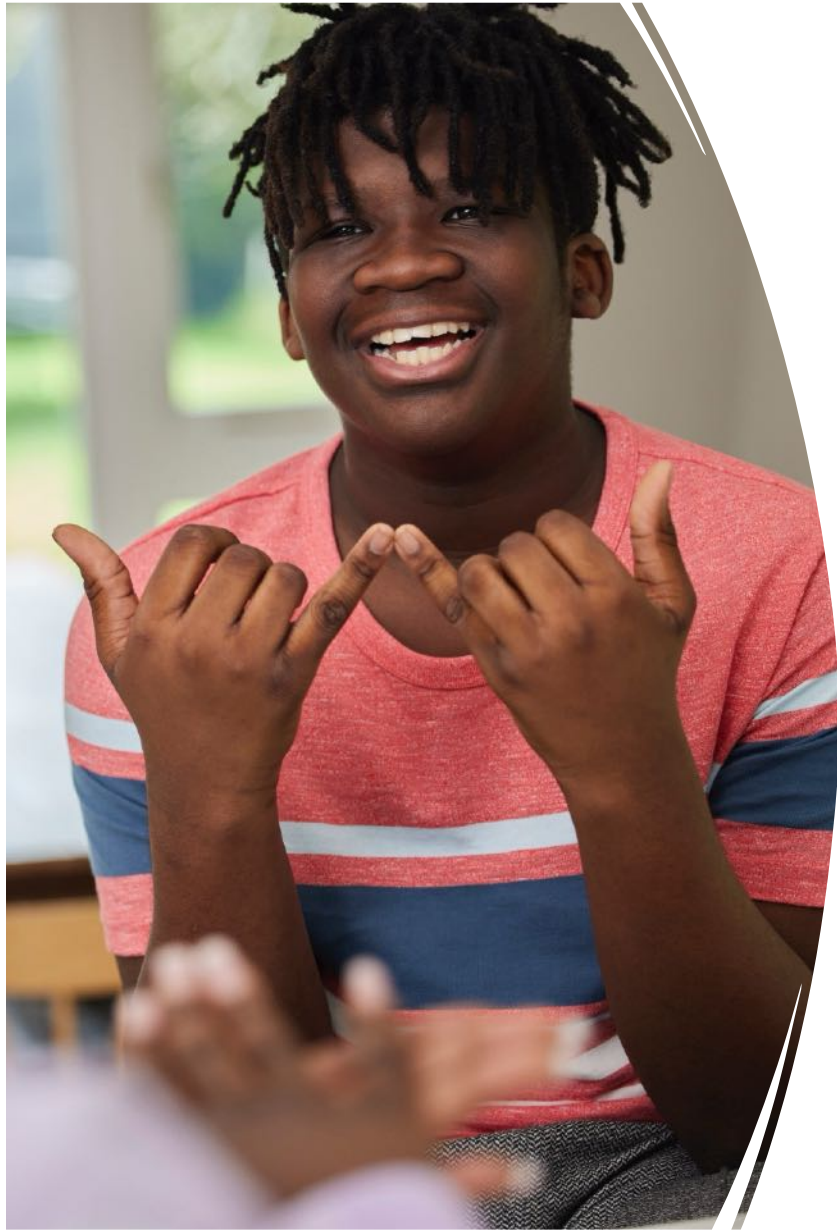
Lack of diversity

- Most practitioners are monolingual and monocultural, with Speech and Language Therapists the least diverse Allied Health Profession
 - 89% are white
 - 96% women
 - Languages other than English (99.6%) and Welsh (0.4%) were not requested
 - (HCPC, 2021)

Lack of awareness of, and/or implementation of clinical guidelines


- “Although SLTs generally agreed with the RCSLT guidance and thought positively of it, many of them did not know what it said or that it existed.” (p. 22)
- 89% were aware of them but only 42.7% had read them
- **52% said that there were disadvantages to bilingualism in children with SLCN**
- Lack of support from managers
- Lack of time and financial resources
- Lack of bilingual co-workers / interpreters experienced in child development
- Lack of Specialist Bilingual Teams
 - (Sharpe & Perovic, 2023)





Large numbers of languages and cultures

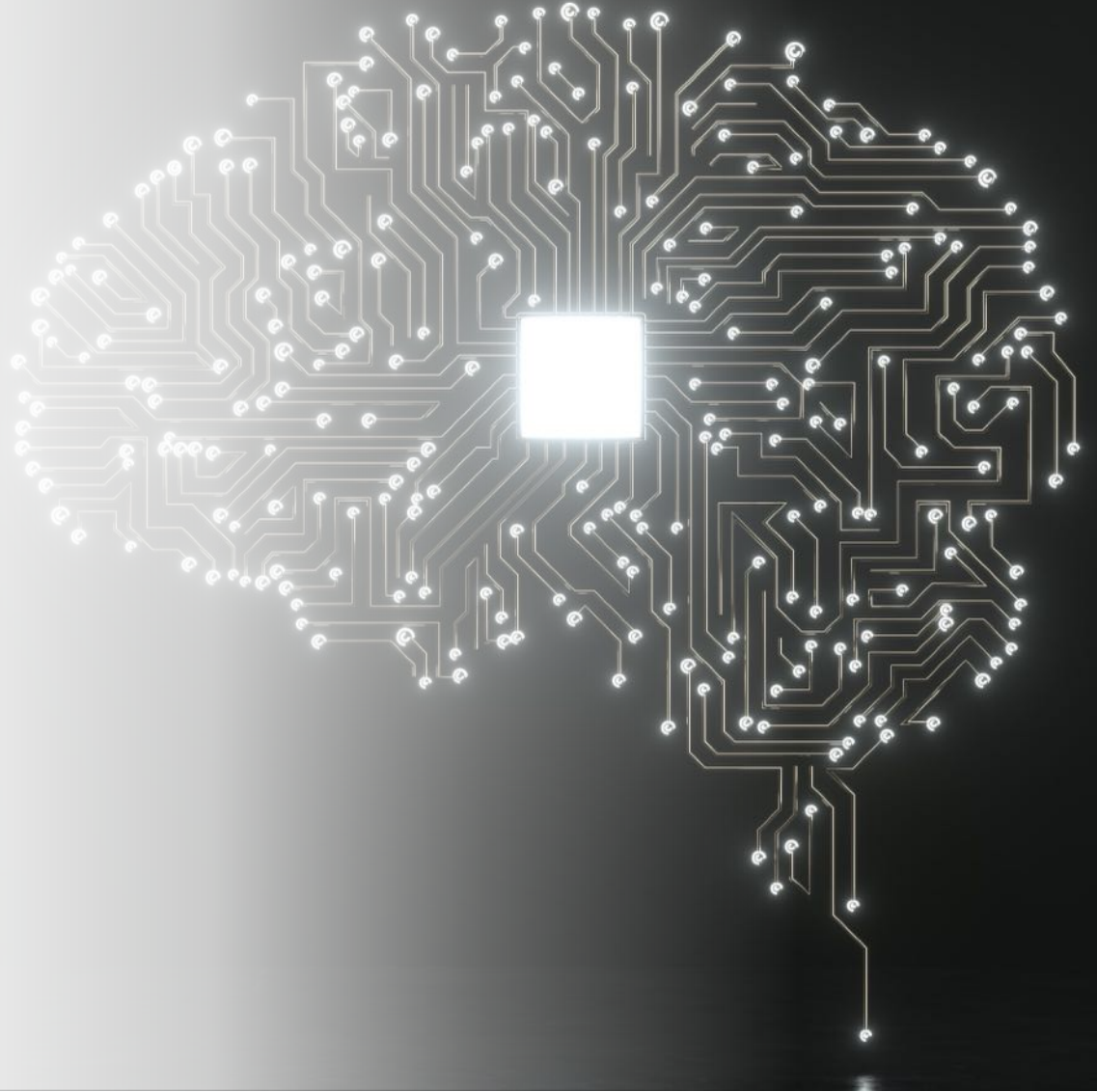
- The UK is home to families from around the globe.
- For example, Manchester has residents from all 189 countries listed in the Census, with at least 90 languages spoken as a main language
 - (Greater Manchester Combined Authority, 2023)
- Including the student population, around 200-300 languages may be heard in the city
- Knowledge of language and phonological development, as well as cultural competency are important when assessing and planning therapy
 - (Pert, 2022)



Shouldn't all children learn English?

- Yes! But not at the cost of their home language
- Acquiring a home language sets up the language acquisition cognitive and linguistic processes that are later used for L2 acquisition
- Therefore, encouraging bilingualism **facilitates** quicker and more efficient English as an Additional Language acquisition
- **Constructivist language acquisition theory** suggests that children acquire Thematic Roles, which may then be applied to the development of both/all languages the child learns to speak.

Why take a
home language
approach?



Advantages of bilingualism



- ‘Speaking another language... opens up infinite opportunities.’
- ‘If they speak two or more languages, they will get a better job.... My deepest hope is that she goes to college, so that she can be a professional. Knowing two or three languages.’
- ‘When elaborating on why bilingualism was important for their child,...mothers spoke about increased access to economic opportunities.’
 - (Surrain, 2018, p. 1168)



Maintenance of home language(s)

- If assessment and treatment is in English only (or Welsh in Wales), then there is a high risk of rapid and irretrievable home language loss or attrition.
- This leads to isolation from parent(s) / carers who may not have access to the language of Education
- There is also isolation from the extended family
- Cultural transmission and connections are lost, risking mental health in the face of racism
 - (Pert, 2022; Verdon et al., 2013;)

Factors leading to language loss

- Insufficient input in home language(s)
- Older siblings using English between the children in the household
- No home language policy
- Different status of home language compared to the language of education
- Attitudes to EAL and the desire to integrate



What would
you like your
child to speak
at age 18?





The Constructivist, or
Usage-Based Model of
Language acquisition:
The BEST model for
acquisition

More this
afternoon!

Thematic roles - universal

Thematic roles



```
graph TD; A[Thematic roles] --> B[Surface structure]; B --> C[Phonological encoding];
```

The diagram consists of three stacked, rounded rectangular boxes. The top box is orange and contains the text 'Thematic roles'. A light orange arrow points from the bottom right of this box to the top right of the middle box. The middle box is dark green and contains the text 'Surface structure'. A light green arrow points from the bottom right of this box to the top right of the bottom box. The bottom box is blue and contains the text 'Phonological encoding'.

Surface structure

Phonological encoding

Evidence-based therapy

- **13.10 critically evaluate research and other evidence to inform their own practice**
 - (HCPC, 2023, p.16)





Evidence-based therapy

- Therapy for children with Language Difficulties, SLCN or DLD should be:
 - Based on a **theory of language acquisition**
 - Be **shown** to be **effective**
 - **Work with all human languages**, and not just the surface form of one language, such as English
- BEST has been shown to be effective bringing **5-7 months progress**
 - (McKean et al., In press, p. 22)
- **BEST Training was put on hold by the authors for 15 years until we had convincing evidence of its efficacy.**

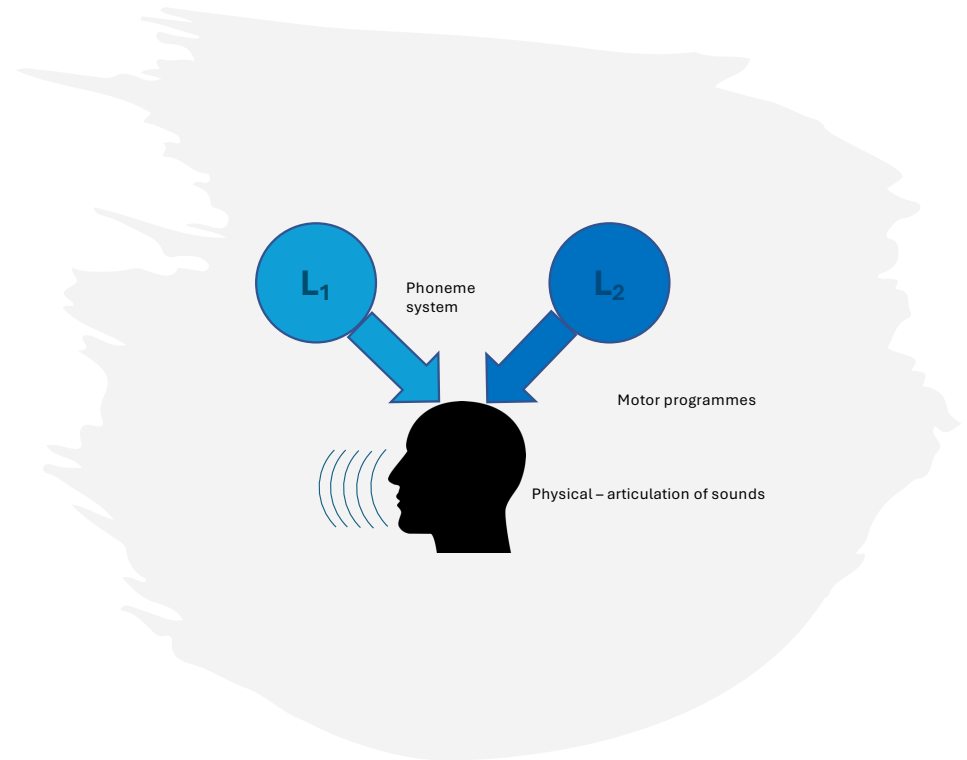
Evidence-based therapy

- In contrast, other language interventions have **not** been rigorously researched.
- Newly emerging trends such as the Gestalt Language Processing should be approached with caution:
 - “There is an apparent **lack of empirical evidence in the form of treatment studies** to examine, evaluate, or support NLA for children identified as ‘gestalt language processors’ or ‘GLPs’.”
 - (Bryant et al., 2024)
- “Ensuring that the services we deliver to our clients are evidence-based means making the components of EBP ‘everyone’s business’...This includes participating in the evaluation of clinical practice and **demonstrating that interventions used have a strong evidence base.**”
 - (Reilly, 2010, p. xi)



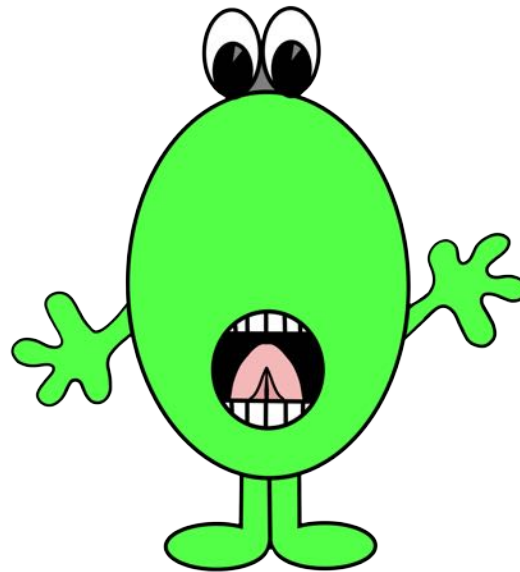
Likely to have SSD as well as DLD

- 1,100 referrals
 - 37.3% had primary language difficulties
 - Co-morbidity of SSD was common
 - (Broomfield & Dodd, 2004)
- Bilingual has separate phonological systems
- Therapy in L1 does NOT generalise to L2, *even for the same phoneme*



Speech Sound Disorder (SSD)

- Same underlying phonological disorder
- Different phonological processes
- Phonological inventories are available for many languages on the RCSLT website
- You can view / revise articulation of phones using <https://www.seeingspeech.ac.uk/ipa-charts/?chart=1&datatype=3&speaker=1>



(Ramsay & Hughes, 2012)



Janet Beck: Voiced retroflex flap
Context: ə_ə

(Lawson et al., 2018)

Cannot delay Speech Sound Therapy to prioritise language therapy

Morgan & Dipper, 2018

- Vocabulary knowledge supports phonemic selection
- In typically developing children, speech sounds develop alongside vocabulary and language skills
- Language skills are required for Speech Sound Therapy



Home language approach

- **Clinical**
The best language model is the home language, not an additional language
- **Cultural**
Home language is how culture is transmitted
- **Supports Additional Language Learning**
Children who have 'cracked the code' of a home language become efficient additional language learners who don't need support to achieve this

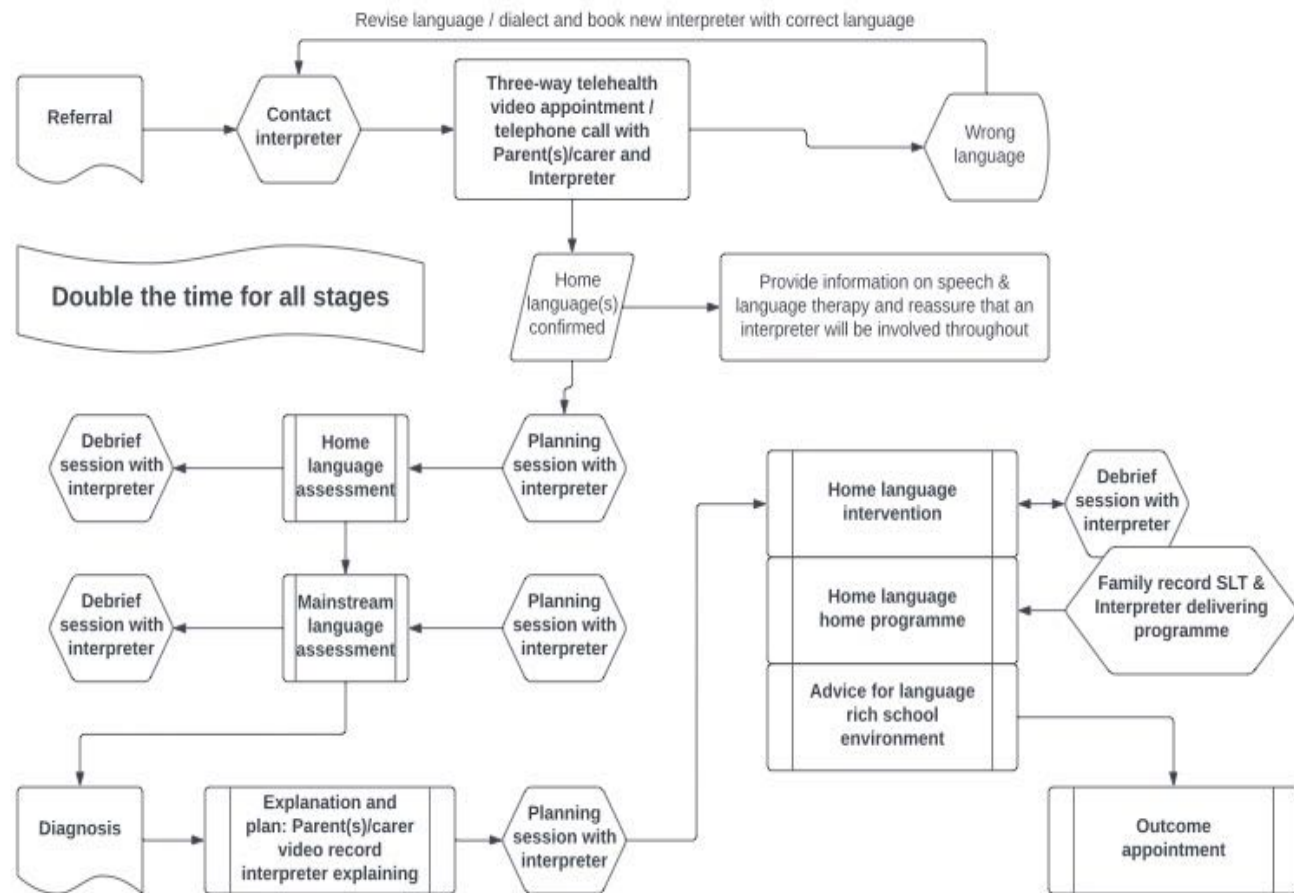


Home language policy

- Agree to use home language in the home
- Re-model English utterances into home language
- Access home language music, games, movies, books to ensure that home language is associated with fun and not just learning
- Encourage Saturday schools and other opportunities to learn home language with other children



Languages Other Than English (LOTE) Care Pathway



Parent / carer interview

- Working with / alongside an interpreter
- The interpreter is for **you** and the **child** primarily
- Informed consent for an interpreter:
 - Cannot diagnose without a home language assessment
 - Expressive home language sample required
- Cost cannot be used as a reason not to have an interpreter
- Professional interpreters must be employed
- Interpreters must be involved in all stages of care (not just assessment)
 - (NHS, 2018; RCSLT, 2018; HCPC, 2023, Pert, 2022)



Comprehension

- Early Years: MacArthur Bates Communicative Development Inventories (MB-CDIs) checklists – Adaptations (CDI Advisory Board, 2015)
- Parental report
- E.g., English-Spanish

12. People					
	Understands	Understands & Says		Understands	Understands & Says
grandma *	<input type="checkbox"/>	<input type="checkbox"/>	abuela *	<input type="checkbox"/>	<input type="checkbox"/>
mommy *	<input type="checkbox"/>	<input type="checkbox"/>	mamá / mami *	<input type="checkbox"/>	<input type="checkbox"/>
babysitter	<input type="checkbox"/>	<input type="checkbox"/>	nana	<input type="checkbox"/>	<input type="checkbox"/>
girl	<input type="checkbox"/>	<input type="checkbox"/>	niña	<input type="checkbox"/>	<input type="checkbox"/>
baby	<input type="checkbox"/>	<input type="checkbox"/>	bebé	<input type="checkbox"/>	<input type="checkbox"/>
boy	<input type="checkbox"/>	<input type="checkbox"/>	niño	<input type="checkbox"/>	<input type="checkbox"/>
family	<input type="checkbox"/>	<input type="checkbox"/>	familia	<input type="checkbox"/>	<input type="checkbox"/>
lady	<input type="checkbox"/>	<input type="checkbox"/>	señora	<input type="checkbox"/>	<input type="checkbox"/>

*or word used in your family

Why do you need a level?

ICWs are not informative for most children – language **does not** develop like a tower with one level established before the next

Comprehension and expression interact; they are **not** separate domains

Encourages a **Developmental Approach**, which may not be the most effective

Language is pragmatic, and assessments of following instructions or pointing to pictures may be unfamiliar to children in other cultures.

Expressive language sample

-
- Language screen pictures are not recognised, or may be culturally inappropriate, leading to a reduced, unrepresentative language sample
 - Information carrying words (ICWs) are **NOT** universal
 - Most languages have far more redundancy than English with several pieces of information per word
 - E.g., 'Kuri kela kha-ni pi'
 - 1 - 1 - 1 - 2 - 2 (5-7 pieces of information)
 - E.g., 'The girl is eating a banana'
 - 1 - 1 - 1 1 (3-4 pieces of information)



Expressive language sample

How do we translate gender agreements?

Children with LOTE do not omit morphemes ()

They may use only one gender or type instead

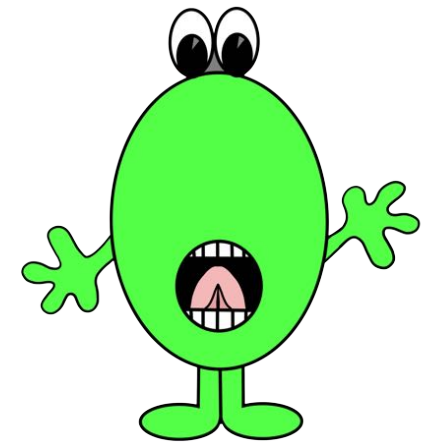
E.g., 'kha-ni' is a one word utterance BUT is composed of 'eat-ing + Female'

* "She's eating" implies 2 words (and a pronoun!)

Need to use a translation protocol or preserve the original language data (Pert & Stow, 2003)

Speech sound assessment

- Children with DLD often have SSD (Broomfield & Dodd, 2004)
- There may be a published assessment such as BiSSS (Stow & Pert, 2020)
- The phonological inventory and acquisition data may be available (RCSLT, 2018)
- If not, ask the parent(s) to take photos using a smartphone
 - Transcribe the target words the child doesn't say clearly with the interpreter
 - Make informal assessment cards using clipart and/or AI
 - Transcribe the child's realisations
 - Compare to the adult target and analyse the errors





Therapy

Children receive sufficient English in school settings;
Therapy **does not need to cover English therapy aims** unless already established in home language(s)

EHCP should include **home language therapy aims**

Therapy

Therapy packages should focus on underlying language skills, not the specific surface patterns of one language

‘Gap filling’ therapy tends to target surface-level morphology

Thematic roles and a theory-driven Constructivist approach have been proved to ‘kick-start’ language acquisition in young children

Didactic approaches (teaching a concept or language structure) leads to success in that very narrow, specific structure, but no generalisation of skills to untaught related items

Vocabulary should be acquired through pragmatic language-learning, not specifically taught.

An example of Constructivist Therapy

Building Early Sentences
Therapy (BEST)(McKean
et al., 2010; 2025)

More on this in a bilingual
context this afternoon!



References

- Bishop, D. V. M., Snowling, M. J., Thompson, P. A., & Greenhalgh, T. (2017). Phase 2 of CATALISE: a multinational and multidisciplinary Delphi consensus study of problems with language development: Terminology. *Journal of Child Psychology and Psychiatry*, 58(10), 1068-1080. <https://doi.org/https://doi.org/10.1111/jcpp.12721>
- Bishop, D. V. M., Snowling, M. J., Thompson, P. A., Greenhalgh, T., & Catalise consortium. (2016). CATALISE: A Multinational and Multidisciplinary Delphi Consensus Study. Identifying Language Impairments in Children. *PLoS ONE*, 11(7), e0158753. <https://doi.org/10.1371/journal.pone.0158753>
- Bligh, C. A. (2014). *The Silent Experiences of Young Bilingual Learners A Sociocultural Study into the Silent Period*. Rotterdam : SensePublishers : Imprint: SensePublishers.
- Broomfield, J., & Dodd, B. (2004). The Nature of Referred Subtypes of Primary Speech Disability. *Child Language Teaching and Therapy*, 20(2), 135-151. <https://doi.org/https://doi.org/10.1191%2F0265659004ct267oa>
- Bryant, L., Bowen, C., Grove, R., Dixon, G., Beals, K., Shane, H., & Hemsley, B. (2024). Systematic Review of Interventions Based on Gestalt Language Processing and Natural Language Acquisition (GLP/NLA): Clinical Implications of Absence of Evidence and Cautions for Clinicians and Parents. *Current developmental disorders reports*, 12(1), 2. <https://doi.org/10.1007/s40474-024-00312-z>
- CDI Advisory Board (2015). *MacArthur-Bates CDI: Adaptations*. <https://mb-cdi.stanford.edu/adaptations.html>
- Greater Manchester Combined Authority (GMCA) (2023). *Census 2021 Briefing: Ethnicity*. <https://www.greatermanchester-ca.gov.uk>
- Hasson, N., Dodd, B., & Botting, N. (2012). Dynamic Assessment of Sentence Structure (DASS): Design and Evaluation of a Novel Procedure for the Assessment of Syntax in Children with Language Impairments. *International Journal of Language & Communication Disorders*, 47(3), 285-299. <https://doi.org/10.1111/j.1460-6984.2011.00108.x>
- Health and Care Professions Council (HCPC). (2023). *Standards of proficiency - Speech and Language Therapists*. London: HCPC. <https://www.hcpc-uk.org/standards/standards-of-proficiency/speech-and-language-therapists/>
- Health & Care Professions Council. (2021). *HCPC Diversity Data Report 2021*. <https://www.hcpc-uk.org/resources/reports/2021/diversity-data-report-2021>
- Kan, P. F., Jones, M., Meyers-Denman, C., & Sparks, N. (2024). Emergent bilingual children during the silent period: A scoping review of their communication strategies and classroom environments. *Journal of Child Language*, 1-34. <https://doi.org/10.1017/S0305000924000151>
- Lawson, E., Stuart-Smith, J., Scobbie, J. M., Nakai, S. (2018). *Seeing Speech: an articulatory web resource for the study of Phonetics*. University of Glasgow. 11th April 2025. <https://www.seeingspeech.ac.uk/>

References

- McKean, C., Jack, C., Pert, S., Letts, C., Stringer, H., Madislover, M., Trebacz, A., Rush, R., Conn, K., Sandham, J., Ashton, E., and Rose, N. (In press). A cluster randomised controlled trial comparing the efficacy of pre-school language interventions - Building Early Sentences Therapy and an Adapted Derbyshire Language Scheme. *International Journal of Language & Communication Disorders*.
- McKean, C., Pert, S., and Stow, C. (2010; 2025). *Building Early Sentences Therapy (BEST) Manual*. <https://research.ncl.ac.uk/lively/interventions/best/>
- Morgan, S., & Dipper, L. (2018, May 2018). Ask the Experts: Is the communication pyramid a useful model of language development? RCSLT Bulletin, 26-28. www.rcslt.org
- Myers-Scotton, C. (2006). *Multiple voices: an introduction to bilingualism (First Edition ed.)*. Blackwell Publishing.
- NHS England / Primary Care Commissioning. (2018). *Guidance for commissioners: Interpreting and Translation Services in Primary Care*. Leeds: NHS England Retrieved from <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf>
- Orellana, C. I., Wada, R., & Gillam, R. B. (2019). The Use of Dynamic Assessment for the Diagnosis of Language Disorders in Bilingual Children: A Meta-Analysis. *American Journal of Speech-Language Pathology*, 28(3), 1298-1317. https://doi.org/10.1044/2019_AJSLP-18-0202
- Pert, S. (2022). *Working with Children Experiencing Speech and Language Disorders in a Bilingual Context: A home Language Approach*. Routledge. <https://doi.org/10.4324/9781003125563>
- Pert, S., & Stow, C. J. (2003). *A Translation Protocol for Speech and Language Therapists* 5th CPLOL Conference, Edinburgh, UK.
- Ramsay, N., & Hughes, S. (2012). Bigmouth Sounds: App for iPhone/iPad/iTouch. In Vox Aux. <http://www.voxaux.com/bigmouth>
- Reilly, S., Cook, F., Bavin, E. L., Bretherton, L., Cahir, P., Eadie, P., Gold, L., Mensah, F., Papadopoulos, S., & Wake, M. (2018). Cohort Profile: The Early Language in Victoria Study (ELVS). *Int J Epidemiol*, 47(1), 11-20. <https://doi.org/10.1093/ije/dyx079>
- Reilly, S., (2010). Evidence based practice: rising to the challenge. In H. Roddam, H., and J. Skeat (Eds.), *Embedding Evidence-Based Practice in Speech and Language Therapy: International Examples*. (pp. xi-xii). Wiley-Blackwell.
- Royal College of Speech and Language Therapists. (2018). *Clinical guidance: Bilingual guidance*. <https://www.rcslt.org/members/clinical-guidance/bilingualism/bilingualism-guidance/>
- Sharpe, E., & Perovic, A. (2023). A survey of speech and language therapists' opinions of bilingualism and the advice they give to bilingual families of children with speech, language and communication needs – a comparative study between the UK and Singapore. *Clinical Linguistics & Phonetics*, 1-33. <https://doi.org/10.1080/02699206.2023.2268260>
- Stow, C., & Pert, S. (2020). *Bilingual Speech Sound Screen (BiSSS): Revised and expanded edition*. The University of Manchester, <https://estore.manchester.ac.uk/product-catalogue/faculty-of-biology-medicine-and-health/school-of-health-sciences/bilingual-speech-sound-screen-bisss/bilingual-speech-sound-screen-bisss>
- Surraín, S. (2021). "Spanish at home, English at school": how perceptions of bilingualism shape family language policies among Spanish-speaking parents of preschoolers. *International Journal of Bilingual Education and Bilingualism*, 24(8), 1163–1177. <https://doi.org/10.1080/13670050.2018.1546666>
- Verdon, S., McLeod, S., & Winsler, A. (2014). Language maintenance and loss in a population study of young Australian children. *Early Childhood Research Quarterly*, 29(2), 168-181. <https://doi.org/10.1016/j.ecresq.2013.12.003>