

# Cultural and linguistic adaptation of expressive language assessment and language therapy packages for Children who speak languages other than English

The RCSLT Clinical Guidance (2018) and HCPC Standards of Proficiency (2023) direct Speech and Language Therapists (SLTs) to deliver both assessment and therapy in home language(s). There are many advantages to a home language approach, including accurate differentiation of a language difference from a language difficulty. Children are also more likely to use longer and more complex utterances when they are speaking to another bilingual person, as they have availability to both (all) of their languages (Pert and Letts 2006). Children assessed in the majority language only (typically English) may be misidentified as having a language difficulty due to a range of factors. These include shorter utterances due to unfamiliarity with people, items and activities depicted in assessment and therapy materials, and confusion of additional language learning with bilingual language acquisition through the inappropriate application of monolingual English normative data (Mdlalo et al. 2019). However, there is a dearth of published assessments and therapy packages in languages other than English (LOTE), internationally recognised as a major barrier to best practice (Mulgrew et al. 2021). When designing therapy activities, SLTs are likely to be unfamiliar with the surface structure (syntax and grammar) of the child or young person, leading to uncertainty on how to identify appropriate language therapy aims.

The *Bilingual Assessment of Simple Sentences* (BASS) (Pert and Stow 2019) is an expressive language assessment originally devised for children speaking Pakistani heritage languages, Mirpuri, Punjabi and Urdu. The assessment has recently been adapted for speakers of Malayalam (Pert et al. 2024), an Indian Heritage Language, and Spanish (Simic et al. 2025). Artificial Intelligence (AI) was used to rapidly develop picture materials recognisable by Spanish speakers for the latter adaptation.

The *Building Early Sentences Therapy* (BEST) (McKean et al. 2013) is an evidence-based therapy package for children age 3–6 years who cannot produce three and four phrases utterances and therefore at risk of language difficulties or Developmental Language Disorder (DLD). This early years therapy package has been shown to be effective in increasing expressive language abilities in monolingual English speaking children (McKean et al. 2025) and was simultaneously adapted into Mirpuri, Polish and Sylhet, a Bangladeshi heritage language.

All adaptations involved members of that linguistic community who assisted with both cultural and linguistic adaptation of the materials. The process involved careful translation and adaptation (Pert and Stow 2003). This ensured that vital components of the assessment and therapy were preserved, while making the assessments and therapy package accessible. The adaptation of the BEST highlighted the

need to consider Thematic Roles (Saeed 2003) as well as surface structures (phrase order syntax and morphology).

SLTs can successfully develop home language assessments and therapy materials for children who speak LOTE when following a translation protocol. This leads to a better range of available clinical tools, and clinical outcomes which value home language. Such tools are more likely to meet the aims of accurately identifying language difficulties, effectively providing support, while maintaining home language skills alongside the development of the additional language.

## References

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