

RESEARCH REPORT

‘It’s not just linguistically, there’s much more going on’: The experiences and practices of bilingual paediatric speech and language therapists in the UK

Mélanie Gréaux¹  | Jenny L. Gibson¹  | Napoleon Katsos² 

¹Faculty of Education, University of Cambridge, Cambridge, UK

²Faculty of Modern and Medieval Languages and Linguistics, University of Cambridge, Cambridge, UK

Correspondence

Mélanie Gréaux, Faculty of Education, University of Cambridge, Cambridge, UK.
Email: mg696@cam.ac.uk

Funding information

Arts and Humanities Research Council, Grant/Award Number: (AH/N004671/1); Economic and Social Research Council; Autistica, Grant/Award Number: RG/98617/LB

Abstract

Background: Despite the high prevalence of bilingualism in the United Kingdom, few speech and language therapists (SLTs) are bilingual themselves. Most SLT research on bilingualism has generated knowledge to inform service delivery for bilingual clients, but few studies have investigated how being a bilingual SLT influences one’s professional experiences and practices. Better understanding the unique positionality of bilingual SLTs can yield critical insights to meaningfully address issues of diversity, inclusion and equity in the profession.

Aims: To investigate the experiences and practices of bilingual paediatric SLTs in the United Kingdom through the lens of Cultural-Historical Activity Theory-International Classification of Functioning, Disability and Health (CHAT-ICF), a new theoretical framework developed to conceptualise the activities of professionals working in the field of disability.

Methods: In this qualitative study, 19 bilingual paediatric SLTs practising in the United Kingdom were interviewed individually. Participants were recruited through a snowball sampling strategy, and semi-structured interviews conducted online. The data were analysed using reflexive thematic analysis and following a hybrid inductive-deductive approach to map the results onto the CHAT-ICF framework.

Results: Six overarching components of the CHAT-ICF framework hosted the 12 sub-themes identified to capture the experiences and practices of bilingual SLTs: (1) *Subject* (intersectionality); (2) *Tools* (language skills, education, clinical resources); (3) *Rules* (systemic barriers, sense of responsibility); (4) *Community* (sense of inclusion); (5) *Division of labour* (parents, colleagues); and (6) *Practice* (empathy with children, holistic mindset, flexible approaches). The use of the CHAT-ICF theoretical lens revealed two fundamental structural phenomena: (1) the distribution of sub-themes across many components of CHAT-ICF

This is an open access article under the terms of the [Creative Commons Attribution](https://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2024 The Authors. *International Journal of Language & Communication Disorders* published by John Wiley & Sons Ltd on behalf of Royal College of Speech and Language Therapists.

demonstrated that being a bilingual SLT is a multifactorial experience; and (2) the chain reactions between sub-themes illustrated the dynamic nature of bilingual SLTs' experiences which can be harnessed to challenge marginalisation and promote equity in the profession.

Conclusion & Implications: This is the first qualitative study to date to provide in-depth insights into the experiences and practices of bilingual SLTs in the United Kingdom. These insights can be mobilised to inform the meaningful inclusion of bilingual SLTs in workforce planning efforts and service development. Recommendations include using intersectional lenses, providing cultural and anti-racism awareness training to SLTs, developing more diverse clinical resources and flexible approaches for bilingual families, valuing bilingualism in recruitment processes and increasing accountability at the leadership level. Research giving voice to bilingual SLTs, and other underrepresented demographics in the SLT workforce, can catalyse action to promote a more diverse and inclusive profession in line with the Royal College of Speech and Language Therapists' strategic vision 2022–2027.

KEYWORDS

activity theory, bilingualism, disability, diversity, speech and language therapists, thematic analysis

WHAT THIS PAPER ADDS

What is already known on the subject

- Most research on bilingualism in speech and language therapy is focused on issues related to service provision and delivery for bilingual clients with little consideration for bilingual speech and language therapists' (SLTs) unique positionality. A few survey studies have shown that bilingual SLTs report significantly higher competency and greater confidence when working with clients who speak multiple languages, but there are significant gaps in understanding how bilingualism impacts other aspects of their professional experiences.

What this paper adds to existing knowledge

- This is the first study to provide in-depth insights into the experiences and practices of bilingual SLTs in the United Kingdom. We show that being bilingual profoundly impacts many aspects of their professional experiences, including their clinical identity, skillset, sense of inclusion in the workplace, work relationships and clinical approaches. Bilingual SLTs expressed developing trust relationships with bilingual families and adopting flexible approaches to account for their clients' environmental factors, all of which can contribute to more equitable SLT services. This study also makes a novel contribution by proposing and using the Cultural-Historical Activity Theory-International Classification of Functioning, Disability and Health (CHAT-ICF) framework to conceptualise and investigate SLTs' experiences and practices.

What are the potential or actual clinical implications of this work?

- This study provides evidence-based recommendations to inform progress towards the Royal College of Speech and Language Therapists' strategic vision 2022–2027 and the diversification of the profession. Actions to support bilingual SLTs and diversify the profession include shifting a rigid mindset of linguistic and cultural 'competence' to self-growth and awareness, developing more diverse clinical resources and flexible approaches for bilingual families, valuing bilingualism in SLT recruitment processes and career progression and increasing accountability and leadership around issues of diversity in the workplace. The novel CHAT-ICF framework has the potential to be used to support therapists' reflexivity in their practice or structure audits of rehabilitation services. Intersectionality theories and transformative processes can catalyse positive change in clinical services and research around bilingualism.

INTRODUCTION

Recruiting and retaining (allied) healthcare workforces which are representative of the tapestry and diversity of the communities they serve are strong mechanisms to drive equity, social justice, sustainability and transformation (Wilbur et al., 2020; World Health Organization, 2022). However, recent evidence indicates a considerable mismatch between the composition of the UK speech and language therapy workforce and the national population. A recent survey conducted by the Royal College of Speech and Language Therapists (RCSLT) exposed the overrepresentation of female (95%) and White people (83%), and the underrepresentation of individuals coming from neighbourhoods with lower educational achievements (9%) in speech and language therapy programmes when compared to UK students in other programmes (Royal College of Speech & Language Therapists, 2023). A report from the Health & Care Professions Council indicated that speech and language therapists (SLTs) registered in the United Kingdom have the highest proportion of females (96%) compared to any other healthcare profession (76%) (Health & Care Professions Council, 2021), which is also not representative of the 51.0% women who make up the population in England and Wales. This lack of diversity also cross-cuts other attributes, including bilingualism. Indeed, while bilingualism represents the norm for the majority of the world's population (Bhatia & Ritchie, 2012), a minimum of 8.9% of the population in England and Wales (Office for National Statistics, 2022) and at least 19.5% of school pupils in England (Department for Education, 2022), it remains a largely underrepresented attribute in the UK speech and language therapy workforce (Gréaux et al., *in preparation*).

Most research on bilingualism in speech and language therapy scholarship has been focused on service provision for bilingual clients, but with little to no consideration for SLTs' own linguistic profiles or how workforce diversity can be harnessed for transformation, inclusion and equity in the profession and speech and language therapy services (Wilbur et al., 2020). Previous studies largely pointed to the heightened risk of inequitable access to speech and language therapy services for bilingual families (Arias & Friberg, 2017; Gréaux et al., 2020; Jordaan, 2008; Letts & Sinka, 2013; Mennen & Stansfield, 2006; Stow & Dodd, 2003; Stow & Pert, 2015; Winter, 1999). For example, evidence highlighted inefficient referral systems for bilingual populations (Winter, 1999) or other systemic barriers that limit equitable provision for bilingual families, such as the lack of investments and time to offer services in more than one language for bilingual clients (Lim, Reilly, Sigafos, Ledbetter, & Lancioni, 2019). There has also been considerable interest around the need to develop appropriate clinical resources tailored to the needs of this group (Arias & Friberg, 2017; White & Jin, 2011) and more effective collaboration with linguistically and culturally diverse families (Maul, 2015; Verdon et al., 2016) and interpreters (Huang et al., 2019; Santhanam et al., 2018). Research studies that reported findings about bilingual SLTs on their services for bilingual communities are few but already elicited unique advantages to provide more equitable speech and language therapy provision for bilingual populations. For example, survey studies from Canada, the United States and the United Kingdom demonstrated bilingual SLTs self-rated higher competency (Parveen & Santhanam, 2021; Gréaux et al., *in preparation*), fewer barriers (D'Souza et al., 2012) and greater confidence (Narayanan & Rams-

dell, 2022) working with bilingual clients when compared to monolingual SLTs. Verdon et al. (2015b) highlighted that bilingual SLTs had the advantages of being able to provide therapy in multiple languages without the use of an interpreter, being highly sought after by bilingual families, and showing increased levels of comfort and confidence in working with linguistically and culturally diverse populations.

Studies focused on bilingual SLTs' experiences in the context of bilingual services provide valuable evidence on the benefits of recruiting and retaining a bilingual speech and language therapy workforce, but significant gaps remain on how bilingualism impacts other aspects of their professional experiences. In recent years, calls to diversify the speech and language therapy workforce have been accompanied with a new set of studies exploring the professional journeys and aspirations of bilingual SLTs. For instance, Guiberson and Vigil (2021) exposed the common barriers faced by candidates with linguistically and culturally diverse backgrounds entering SLT programmes, such as financial factors and academic preparedness. A small-scale qualitative study by Lowell et al. (2018) highlighted the profound impact of bilingual SLTs' backgrounds on their professional motivations and identity, such as being driven to help underserved communities and navigating the complex facets of their identity in the workplace. This was echoed in another study by Keshishian and Wiseheart (2015) where bilingual speech and language therapy students from culturally diverse backgrounds indicated choosing this career for altruistic reasons. However, these studies are sparse and none to date has elicited the views of bilingual SLTs practising in the United Kingdom.

In this study, we posit that investigating the experiences and practices of bilingual SLTs practising in the United Kingdom can yield powerful insights to better understand and meaningfully address bilingualism-related issues. It can also inform concrete and contextually-relevant recommendations to advance the RCSLT strategic priority on 'promot[ing] greater equality, diversity and inclusion, and embed[ing] anti-racism within the profession and in service provision' (Royal College of Speech & Language Therapists, 2022).

Theoretical framework: CHAT-ICF

A theoretical framework that captures the unique positionality of underrepresented SLTs, and how this shapes their experiences and practices, is warranted. To achieve this, we created the CHAT-ICF framework by conjoining two widely used frameworks, namely the Cultural-Historical Activity Theory (CHAT second generation; Engeström, 1987, 2014) and the International Classification of Functioning, Disability and Health (ICF; World Health Organi-

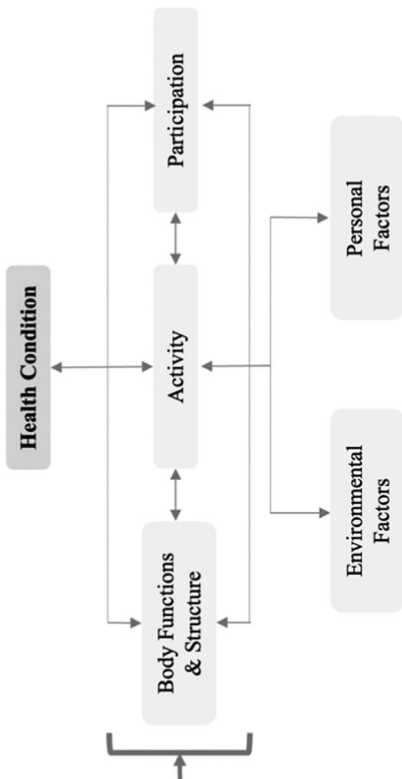
zation, 2001). Figure 1 provides definitions and examples for the components of CHAT-ICF.

On the one hand, CHAT supports the conceptualisation of SLTs' professional experiences in the form of activity systems that are informed by seven components: (1) Subject; (2) Object; (3) Outcome; (4) Tools; (5) Rules; (6) Community; and (7) Division of labour. Figure 1 provides definitions and examples. Together, these components interact in unique and multidirectional ways. CHAT is a promising theoretical framework because it acknowledges the positionality and agency of the subject (e.g., a bilingual SLT) to shape – and be shaped – by the nature of their activity systems. Importantly, CHAT recognises the transformative potential inherent to each component of the activity system (and their interactions) to operationalise change, and therefore can be used to identify opportunities to foster diversity, equity and inclusion in the speech and language therapy workforce and service development. CHAT is frequently used in clinical research (Greig et al., 2012) but has had limited applications in speech and language therapy scholarship. For instance, Wakefield (2007) used it to elaborate SLTs' collaboration in inclusive education, and Verdon et al. (2015b) used it to analyse the elements that characterise multilingual speech and language therapy.

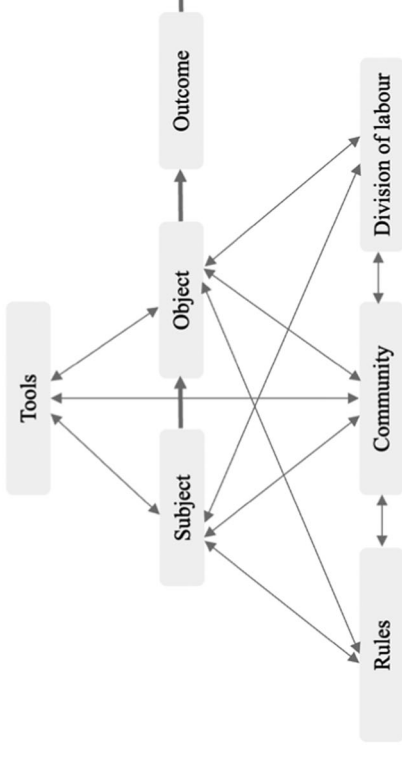
On the other hand, ICF supports the conceptualisation of disability. It is endorsed in speech and language therapy research (Threats, 2010) and by healthcare regulatory professional bodies, including the RCSLT (Royal College of Speech & Language Therapists, 2009). Through ICF, disability is conceptualised according to seven components: (1) health condition; (2) body functions; (3) body structures; (4) activities; (5) participation; (6) environmental factors; and (7) personal factors. Figure 1 provides definitions and examples. All ICF components also interact in unique and multidirectional ways, either facilitating or impeding an individual's functioning.

By conjoining the CHAT and ICF frameworks, a unified framework is being developed whereby the SLT is the *subject* of an *activity system* whose desired *outcome* is to support individuals with speech-, language- and communication-related *disability*. Extending CHAT with ICF allows to capture the dynamic and interconnected elements of SLTs' activity systems oriented to transform the lives of persons with disabilities. The specific focus of this paper is grounded in the well-defined subject (bilingual paediatric SLT in the United Kingdom) and explores how being bilingual shapes their professional experiences and practices and the specificities of their therapeutic activities with children with communication-related disabilities. Eventually, these unique insights can unveil issues and opportunities to promote meaningful change towards equality, diversity and inclusion in the profession.

International Classification of Functioning, Disability and Health (ICF)
Adapted from World Health Organization (2001)



Cultural-Historical Activity Theory (CHAT)
Adapted from Engeström (2014) and Verdon et al. (2015)



CHAT components	Definitions
Subject	The subject is the person undertaking the action. <i>Example: A subject could be an SLT working towards the object of supporting a child with language delay.</i>
Object	The object is the motivation for individuals to engage in an activity. <i>Example: An object could be for the child to communicate a need.</i>
Outcome	Every activity system involves a subject working towards the achievement of a desired outcome. <i>Example: A desired outcome would be for the child to communicate their needs to thrive in school and at home.</i>
Tools	The tools are used by the subject to work towards the object. <i>Example: A tool can be physical (e.g., therapy resources) or non-physical (e.g., language or knowledge).</i>
Rules	The rules are the formal and informal principles or procedures by which an activity is governed. <i>Example: A rule could be a policy, social convention, organisational procedure, or clinical guideline.</i>
Community	The community is the social context or group to which the people in the activity system belong. <i>Example: A community could be the SLT workforce or the multidisciplinary team in which the subject works.</i>
Division of labour	The division of labour refers to the assignment of roles among people within the activity system. <i>Example: The subject could be working in collaboration with parents, teachers and other professionals.</i>

ICF components	Definitions
Health condition	The health condition is a disorder or disease. <i>Example: A health condition could be a developmental disorder which can give rise to functioning limitations.</i>
Body functions	The body functions are the physiological functions of body systems. <i>Example: A body function could be perceptual or intellectual functions, or the mental functions of language.</i>
Body structures	The body structures are the anatomical parts of the body. <i>Example: A body structure could be body organs or limbs.</i>
Activity	An activity is the execution of a task or action by an individual. <i>Example: An activity could be speaking, making decisions, or reading.</i>
Participation	Participation is involvement in a life situation. <i>Example: Participation is any activity conducted in a life situation.</i>
Environmental factors	The environmental factors make up the physical, social and attitudinal environment in which people live. <i>Example: Environmental factors could be the immediate family, societal attitudes, education or health services.</i>
Personal factors	The personal factors make up the background of an individual's life and living. <i>Example: Personal factors include age, gender, race, lifestyle, education, or personality.</i>

FIGURE 1 CHAT-ICF framework. CHAT-ICF, Cultural-Historical Activity Theory-International Classification of Functioning, Disability and Health.

METHODS

This qualitative study aims to investigate the practices and experiences of bilingual paediatric SLTs in the United Kingdom through the lens of the CHAT-ICF framework. This paper presents one of three studies from the lead author's doctoral research on the topic of speech and language therapy workforce diversity, inclusion and transformation (Gréaux et al., 2023a, 2023b). Ethical approval for this study was obtained from the Faculty of Education Research Ethics Committee of the University of Cambridge.

Methodological orientation

This study is positioned according to the Critical Realism (CR) and Transformative Research (TR) paradigms. CR proposes a worldview that distinguishes between the 'real' and 'observable' worlds, whereby observable events are caused by unobservable structures (Fletcher, 2017). TR centres the experiences of marginalised members of our communities, recognises power differentials and is driven by actions to advance social justice (Mertens, 2007, 2021). Together, the complementary tenets of CR and TR, and the lens of CHAT-ICF, can enable us to explore the unobservable structures that regulate the experiences of bilingual SLTs and to challenge the status quo to advance equity and diversity in the profession.

Reflexivity and positionality

Reflexivity refers to the practice that researchers should acknowledge and disclose their positionality in their research, seek to understand their part in it and influence on it (Arber, 2006; Cohen, 2011; Dodgson, 2019; Guyan, 2017). Reflexivity helps the researcher to become more attuned to the impact of these internal and external influences, hence providing opportunities to deconstruct and reconstruct them, and identifying new avenues to challenge power imbalances (Guyan, 2017; Mertens, 2017). I (M.G.) am a bilingual (French, English), non-British, White, female, early career researcher who qualified as an SLT in England in 2018 with moderate research experience. I conceptualised this study, collected and analysed the data with guidance from my co-authors (J.G., N.K.). Reflecting on my positionality and subjectivity was critical to this study as I could identify closely to the experience of many bilingual participants, which likely drove the direction of this research. I used reflexivity at all phases of the study development and implementation so as not to over-emphasise issues that resonated more closely to my own experiences or neglect issues that did not align with

them. During the process of this study, I was confronted with biases and had to appreciate the nuances of my own and the participants' positionality, such as how they are shaped by experiences of living abroad, the social prestige associated with languages, or issues of intersectionality (i.e., the ways in which 'systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination intersect to create unique dynamics and effects' (Center for Intersectional Justice, 2024)).

Design and pilot

The interview schedule included questions drawn from relevant literature and informed by the findings of an initial survey (Gréaux et al., *in preparation*). It comprised three main sections: (1) demographic information, (2) advantages and disadvantages of being a bilingual SLT, and (3) impact of bilingual SLTs' lived experience on their practice, with specific interest in their services for bilingual children. The interview schedule was piloted online with three bilingual SLTs in early June 2021 to refine it with considerations of interview duration, clarity and relevance of the questions (Appendix A in supplementary information).

Recruitment

Due to the relatively small number of eligible participants across the UK paediatric speech and language therapy workforce, a snowball sampling strategy was adopted. Participants were recruited among the 277 SLTs who completed the initial survey and gave their consent to be contacted again by email. A flyer was also shared on social media (Twitter). Participants were provided with an information sheet indicating the rationale for this study, the inclusion criteria, the key expectations related to their participation, information on risk and data management, and the research team's contact details. The inclusion criteria were threefold: (1) paediatric SLTs, (2) practising in the United Kingdom at the time of data collection, and (3) who are bilingual, as defined by being fluent in at least two languages, whether the languages were acquired from birth or later in life, and regardless of whether they speak the same languages as their clients and which language(s) they use in their clinical practice. A digital consent form was completed by participants prior to the interview.

Participants

In total, 24 bilingual SLTs expressed their interest prior to data saturation, but five did not follow-up (unknown reasons) with the result that 19 bilingual SLTs participated in this study. All participants were female and speaking

a range of languages. All but one participant practised in England, and one in Wales. Most participants had their clinical practice in urban settings, with only two serving both urban and rural settings. Participants varied in the age of acquisition and fluency of their languages, clinical experience and settings; although these are not disclosed to protect participants' anonymity. This sample was largely comprised of participants unknown to M.G., but she was already familiar with six participants prior to this study due to similar clinical and research interests. Participants' details are listed in Table 1.

Data collection

Individual online interviews were conducted by M.G. over a 3-month period, from June to August 2021. The online format was privileged due to the mitigation measures in place during the COVID-19 pandemic (Rahman et al., 2021). Participants who met the eligibility criteria and gave their informed consent were invited to complete the interview through the medium of their choice: Zoom (12 participants), emails (4), Microsoft Teams (2), phone calls (1) or immediate messaging systems (none). They received the interview schedule and information about what to expect prior to the interview (Appendix A in supplementary information). The 15 oral interviews were conducted over a single session and lasted between 00:43:07 and 01:22:18 (mean duration = 00:52:00), and the four email interviews required one or two exchanges spaced by a minimum of 2 weeks to allow participants to send their answers. A semi-structured interview format was used to follow the participants' lead on issues important to them. The interviews conducted on Zoom or Microsoft Teams were video recorded, but only the audio recordings were saved and used for analysis. M.G. started to transcribe the oral interviews within 48h of the interview and finalised them within 1 month. All participants received their anonymised transcripts and were given 2 weeks to correct, add or remove data, to increase participant confidence and agency in the research process (Rowlands, 2021). All participants were also offered a £10 voucher. Data saturation was reached, meaning that the same ideas recurred so further data collection was deemed unhelpful to develop a deeper understanding of the phenomena under investigation (Yang et al., 2022).

Data analysis

The data were analysed using reflexive thematic analysis and following the six steps outlined by Braun and Clarke (2022). Audio recordings were transcribed verbatim and email interviews compiled into individual Word documents. Each transcript was reviewed repeatedly for

familiarity, and initial thoughts, notes and outstanding quotes were mapped manually onto the CHAT-ICF framework (Appendix B in supplementary information). The data were imported into NVivo 12.1.6.2 software (QSR International, 2018) for coding by M.G. following a hybrid inductive-deductive approach: each code was attached to the most relevant component of the CHAT-ICF framework and expanded by a free-text description. Initial themes were developed and refined through an iterative process. M.G. also used a reflexive diary during data collection and analysis, systematically questioning her subjectivity to strengthen a more aware approach and limit bias (Appendix C in supplementary information). The participants did not have a role in data analysis since the tenets of reflexive thematic analysis do not support the use of member checking (Braun & Clarke, 2022).

Reporting and dissemination

The consolidated criteria for reporting qualitative research checklist (Tong et al., 2007) was completed to enhance the rigour of reporting (Appendix D in supplementary information). The pre-print was published on an Open Access platform¹ and shared with the participants to contribute to research transparency, as well as stimulate timely debates and actions in the field.

RESULTS

Six overarching components of the CHAT-ICF framework hosted the 12 sub-themes that were identified to capture the experiences and practices of bilingual SLTs: (1) *Subject* (intersectionality); (2) *Tools* (language skills, education, clinical resources); (3) *Rules* (systemic barriers, sense of responsibility); (4) *Community* (sense of inclusion); (5) *Division of labour* (parents, colleagues); and (6) *Practice* (empathy with children, holistic mindset, flexible approaches). Each sub-theme is mapped onto CHAT-ICF (Figure 2) and detailed next.

Quotes have been edited for clarity and brevity. Text within brackets (*[text]*) indicates additions by the authors. Ellipsis within brackets (*[...]*) indicates passages removed by the authors. Text within asterisks (**text**) indicates participants' speech emphasis on certain words.

THEME 1: SUBJECT

Sub-theme 1.1: Intersectionality

Bilingualism was rarely expressed as a siloed facet of participants' identity, who largely perceived their languages as

TABLE 1 Participants' details.

No.	Participants ^a	Gender	Years of clinical experience	Languages	Country of practice	Primary ages of children on SLTs' caseload (years)	Urban/rural setting
1	Mansa	F	7	English ^b , Twi (Japanese, French)	England	11–18	Urban
2	Miss Séga	F	3	French ^b , English, Creole (Spanish)	England	5–11	Urban
3	Amy	F	0.5	Greek ^b , English	England	–	Mixed
4	Neha	F	1	English ^b , Hindi ^b , Gujarati	England	2.5–5	Urban
5	Yasmin	F	3	English ^b , Farsi ^b	England	11–18	Mixed
6	Kamilah	F	16	Gujarati ^b , English ^b	England	5–11	Urban
7	Isobel	F	3.5	English ^b , Italian ^b , French (Hebrew, Arabic, Spanish)	England	5–11	Urban
8	Lin	F	8	Cantonese ^b , English	England	2.5–18	Urban
9	Zoe	F	7	English ^b , Greek	England	2.5–5	Urban
10	Émilie	F	12	French ^b , English	England	5–11	Urban
11	Tanya	F	7	Bengali ^b , English (Urdu)	Wales	–	Mixed
12	Sophie	F	1	English ^b , Turkish	England	–	Urban
13	Leah	F	1	Farsi ^b , English ^b	England	–	Urban
14	Devyani	F	4	Gujarati ^b , English ^b (French, Spanish, Hindi)	England	2.5–11	Urban
15	Chloe	F	3	English ^b , French ^b , Italian (Spanish)	England	2.5–18	Urban
16	Kaylee	F	1	English ^b , Hindi ^b , Sindhi (Spanish, Mandarin)	England	5–18	Urban
17	Priya	F	7	Gujarati ^b , English, Hindi, Urdu (Marathi)	England	2.5–11	Urban
18	Andreia	F	1	Portuguese ^b , Spanish ^b , English	England	2.5–5	Urban
19	Giulia	F	5	Italian ^b , English ^b (Spanish)	England	5–11	Urban

Abbreviation: SLT, speech and language therapist.

^aPseudonyms are used to protect participants' identity.

^bMother tongue(s) of the participants, as defined by the language(s) that participants were exposed to during the first 5 years of their lives and can continue to produce fluently without formal training | (...) Languages spoken at beginner or intermediate levels.

'indissociable', 'mixed up' or 'intertwined' with other factors. This was most notably expressed with regards to race, ethnicity, cultural backgrounds, immigrant or expat status and religion.

'I think it's because my bilingual and bicultural identity is intertwined. I think maybe I have more difficulties in unpicking it. Whereas if you'd spoken to maybe, a local SLT who has

two languages, maybe that's more defined? I think my identities are all intertwined, so sometimes I'm like 'Oh, I'm not sure if it's "this" or "this"' (Lin)

A few participants expressed a sense of hierarchy for how their intersecting factors impacted their professional experiences. They could depict bilingualism as less impactful when compared to other aspects of their identity.

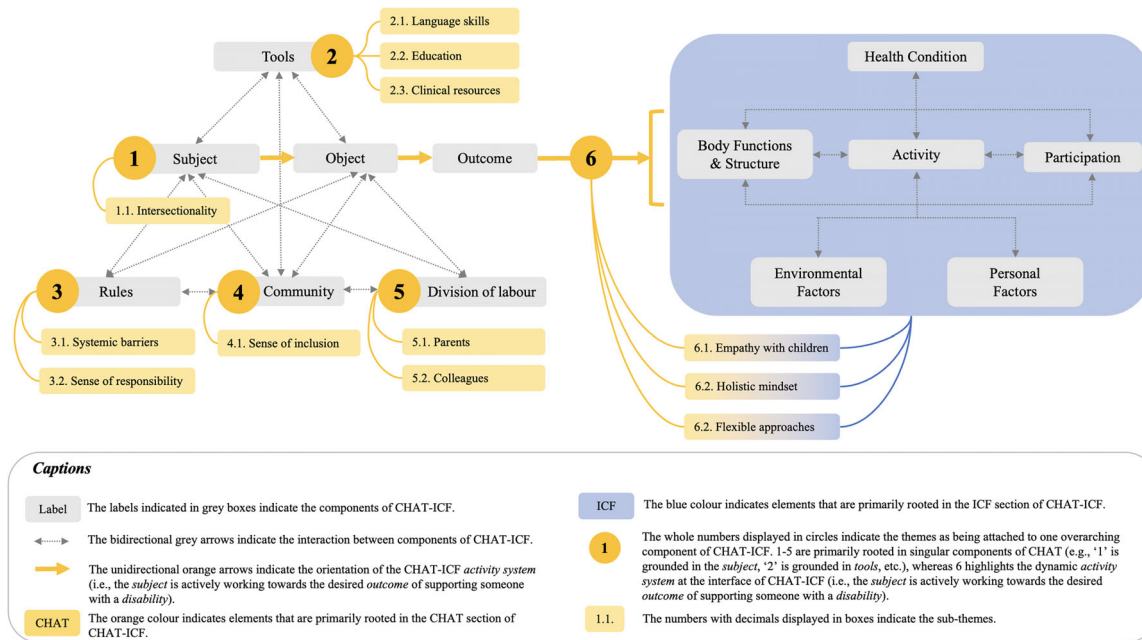


FIGURE 2 Themes and sub-themes on the experiences and practices of bilingual SLTs mapped onto CHAT-ICF. CHAT-ICF, Cultural-Historical Activity Theory-International Classification of Functioning, Disability and Health; SLT, speech and language therapist. [Colour figure can be viewed at wileyonlinelibrary.com]

For example, sharing similar ethnic or religious backgrounds with their clients and families could lead to a stronger connection (sub-themes 5.1; 6.1), or facing racial discrimination could outweigh any other systemic barriers associated with bilingualism in the workplace (3.1).

*'So, I'm a practising orthodox Jew and that *definitely* has a huge impact. I think in a lot of ways – and sometimes *more* than my language.'* (Leah)

Interestingly, bilingual SLTs also reported that their bilingualism could be an invisible facet of their identity that would be overlooked in the workplace in the absence of more overt intersecting factors often associated with bilingual people, such as an accent or foreign name.

'People don't necessarily see that in me [...]. I'm bilingual but a lot of people don't know I'm bilingual because I don't have an accent and there's nothing that... that says or that indicates that I speak French.' (Chloe)

THEME 2: TOOLS

Sub-theme 2.1: Language skills

Participants reported that one of the key advantages of being bilingual was to 'have access to', be 'more attuned',

'sensitive' and 'aware' of different linguistic systems (e.g., grammatical structures, phonetics, vocabulary), extra-linguistic features (e.g., sociolinguistic knowledge, non-verbal communication) and bilingual language development (e.g., code-switching, vocabulary growth). They valued these linguistic skills and meta-linguistic awareness as clear assets in a language-oriented profession and would use them actively in their practice.

'Sometimes, you can pick up speech sound disorder in home language. [...] [T]eachers would think 'Oh they can't produce the "W" instead of the "wuh"; like the "V". And really, it's just an accent thing. [...] it's not speech sound difficulties, it's just knowing that culturally the "W" sound doesn't exist.' (Neha)

Most bilingual SLTs expressed high expectations for their own knowledge and fluency in all of their languages, and particularly in English.

'I'm getting the impression that a key challenge of being bilingual in this profession is an overwhelming pressure to have flawless English competency.' (Isobel)

English proficiency was an important consideration for bilingual SLTs who acquired English later in life and were often hyper-aware of their accent, or during situations that could impact their fluency. This was sometimes described

as a source of worry for how it was perceived by others, especially by their monolingual counterparts (5.2).

*‘As a speech and language therapist, you expect – and rightly so – to have *enhanced* communication skills. But [...] sometimes when you might meet challenging situations or if you’re anxious, you might not be able to code-switch as quickly. Or there might not be a word to kind of describe how you’re feeling in that situation, and you might choose the not-quite the word that you’re looking for, and then that affects how others might perceive you in a professional way.’ (Lin)*

Sub-theme 2.2: Education

Bilingual SLTs expressed the need for more education and a change of mindset on topics of linguistic and cultural diversity in the profession. They reported, through their bilingual experience, having a deep appreciation that languages and cultures are rooted in contextual and individual factors. They mentioned feeling ‘more attuned’ to these factors but were cautious not to equate it with being ‘more knowledgeable’ or having an innate, finite or static encyclopaedic ‘guidebook’ on issues of linguistic and cultural diversity. They were largely in favour of novel education approaches in speech and language therapy that move away from rigid conceptualisations of ‘competency’ to promote person-centredness, reflexivity, self-growth and ongoing professional development.

‘[...] there’s this whole thing [...] about cultural competence [...] but I kind of think that it’s an ongoing development and learning. We can’t be “competent” in someone’s culture. You have to ongoingly learn about that culture, and actually their language and how language evolves as well [...].’ (Lin)

Participants also expressed being confronted with misconceptions about the bilingual experience and language development, which could affect their work (6) and relationships with monolingual colleagues, teachers and parents (5). Therefore, they also called for more education, awareness, and increased responsibility (3.2) by all SLTs to challenge the common beliefs that bilingualism can negatively impact children’s language development.

‘[...] there’s things that, which you just hear all the time [...] I would be sat in meetings and

[teachers] would say “Oh, you know, I think this child is going to be confused because he’s hearing two languages”, and then the parents start to really believe that as well, so... Yeah, I think we have a really powerful responsibility there. And I think as, knowing that we’ve grown in that environment also kind of emphasises that.’ (Yasmin)

Sub-theme 2.3: Clinical resources

Participants expressed the ‘cognitive dissonance’ (i.e., psychological impact when new knowledge or information does not coincide with people’s previously acquired understandings or beliefs (Festinger, 1957; McFalls & Cobb-Roberts, 2001)) and ‘conflicting’ feelings between their lived experiences and the speech and language therapy clinical resources and materials that they had access to, deploring the lack of, limited or inappropriate representation of bilingualism and minority communities. This was reported in assessment tools and checklists, interventions, augmentative and alternative communication devices or pictures. Importantly, participants expressed that this lack of diversity in clinical resources meant that they did not feel equipped to provide equitable services to bilingual families and were concerned – even interiorised feelings of guilt – about the negative implications that this would have on already marginalised communities: ‘isolating’ and damaging the trust and engagement of bilingual children and families who ‘cannot recognise themselves’ in speech and language therapy resources.

‘[...] there’s not always the sort of resources to action what you know. So, there’s a bit of a cognitive dissonance in a way – that actually yes, [...] we know we need to promote and enable families to use [...] whatever language that they feel most comfortable with. But the actual resources, [...] there’s not that there. It’s still very English-based.’ (Lin)

THEME 3: RULES

Sub-theme 3.1: Systemic barriers

Many participants expressed ‘being hyper-aware’ and ‘frustrated’ with the systemic barriers that hinder equitable opportunities, diversification of the workforce and inclusive environments for bilingual SLTs. The systemic barriers that they reported were largely dependent on individual circumstances and backgrounds: those who

were coming from abroad highlighted difficulties to access employment in the United Kingdom; those with ethnic minority backgrounds stressed the impact of discriminatory attitudes and behaviours in a White-dominated workforce; and many reported that bilingualism was rarely (although increasingly so) recognised or valued in recruitment processes or opportunities for career progression.

'The profession needs to become a lot more diverse than it currently is. The RCSLT has a major role to play in this respect, but so do universities and employers. There is a vicious cycle of biased English monolingual SLTs recruiting SLTs who are like them.' (Isobel)

Bilingual SLTs also reported the systemic barriers that limit their services to bilingual families: the inappropriateness of a 'one-size-fits-all' system, inflexible clinical pathways, insufficient or misaligned bilingual guidelines with 'the reality of our clinical practice', and the lack of time or insufficient funding to collaborate with interpreters were among the most pressing barriers.

*'[...] I worked with a child and I didn't manage to finish the whole assessment in one session with an interpreter. So, I said to my manager, "I'm gonna need an interpreter again to do another session." And they were like "Do you *really* need an interpreter again?" [...] There's not that much willingness to even put the funding into what is needed.'* (Sophie)

Many bilingual SLTs recognised and valued recent efforts from authorities to address some of these systemic barriers, but largely agreed that more needed to happen.

'I think there is more of an active fight for it now. I know that [institution] themselves actually are working towards this. We have a diversity project [...] we are pushing for that [...].' (Leah)

Sub-theme 3.2: Sense of responsibility

As participants reported systemic barriers (3.1), they were also grappling with their own role and responsibility to address these issues. Most participants expressed passion, pride and interest to contribute to – even lead on – efforts to promote bilingualism and diversity in speech and language therapy workforce and services. However, a few participants expanded on their fragile position: their lived experience could easily be misconstrued or lead to unfair expectations about their responsibility. As Kamilah put

it, 'it's just assumed' that bilingual SLTs would be interested in leading roles or activities to advance the agenda on bilingualism. They often reported feeling an added pressure to 'be the face of diversity' or 'champion' for bilingualism in the profession, and warned against the risk of tokenism.

'It's actually been an issue that I had to raise, that I'm not the face of diversity! It can't always just fall onto me to be culturally responsive.' (Lin)

Bilingual SLTs overwhelmingly welcomed opportunities to capitalise on their lived experiences to help tackle these systemic barriers, but highlighted that they should have genuine agency over the decision to access these roles, and be supported by clinical managers. Furthermore, they stressed that this responsibility should be distributed across the workforce (5) and facilitated by strong leadership whose actions need to move beyond performative activism to promote sustainable change.

THEME 4: COMMUNITY

Sub-theme 4.1: Sense of inclusion

The experiences of bilingual SLTs were clearly shaped by their sense of inclusion in the SLT community, as illustrated by contrasting experiences of feeling 'included' and 'valued' to feeling like an 'outsider' or othered in a predominantly monolingual workforce; as illustrated by the following quotes.

'I've always felt absolutely part of the team. I have always felt valued.' (Émilie) *'I was like "well, I'm the outsider." I don't speak as perfect [...], I don't have an accent like them, and just feeling that difference.'* (Miss Séga)

Participants' sense of inclusion was closely linked to issues of intersectionality (1.1) and their relationships with other SLTs (5.2), and many recalled their time training as SLTs as a critical period to shape this sense of inclusion. This sense was positively determined when bilingualism was viewed as an asset by their colleagues and valued in career opportunities and progression. However, a few participants reported misperceptions about their lived experiences (2.2), micro-aggressions (3.1) or negative attitudes from colleagues or parents (5), which would negatively impact their sense of inclusion in their professional community. 'Feeling different' was often associated with an increased pressure to 'fit in' and accompanied with a tendency to overcompensate, for example by monitoring their lan-

guage fluency or accent in the workplace (2.1). This sense of inclusion had a fundamental impact on their professional self-confidence, self-worth, and career aspirations.

THEME 5: DIVISION OF LABOUR

Sub-theme 5.1: Parents

Participants reported that their bilingual identity was the foundation for a particularly 'strong connection' and 'special relationship' with the parents of bilingual children on their caseloads (even more so when sharing the same mother tongue or cultural background). Bilingual SLTs emphasised that sharing a bilingual identity with the parents 'helps increase trust' and 'really helps with the therapy process': it enables timely support and more open discussions to understand the needs and concerns of families, appreciate their home environment and parents' readiness to engage in interventions (6.2).

'It helps parents sometimes develop an instant trust and comfort with the SLT, if they speak the home language [...] The parents don't usually say it outright, however I feel it comes across through their body language, their keenness to share information over and above what is being discussed [...]': (Priya)

However, a few bilingual SLTs disclosed more negative experiences with parents (monolingual or bilingual) who expressed reluctance or opposition to their child receiving services from a bilingual SLT, often due to the fear that pronunciation differences might confuse their child who is already struggling with language, or occasionally traced back to issues of racism (3.1).

'They actually want someone else for speech sounds because they don't trust your pronunciation, even though you've spoken to them and they can understand you and you might sound English on the phone. But they still want a different SLT because they want someone whose home language is English': (Neha)

Sub-theme 5.2: Colleagues

Being bilingual also shaped participants' relationships with their colleagues; most notably other SLTs, teaching staff and interpreters. Bilingual SLTs overwhelmingly expressed positive relationships with their monolingual counterparts, but a few participants mentioned feeling

'under scrutiny' or the pressure to 'make an extra effort' or to have 'flawless English competency' (2.1) when working with them, which could challenge their sense of authenticity and inclusion (4.1) in the workplace.

'I do still feel a connection with my colleagues, but I just feel that I cannot be 100% myself or that I am not able to be the best version of myself. For example, I am not entirely confident about making jokes!' (Andreia)

Participants greatly valued their relationships with fellow bilingual SLTs to share their experiences more openly and collaborate to promote bilingualism in the profession. They encouraged opportunities to create safe spaces for SLTs with underrepresented backgrounds to establish support networks and promote their sense of inclusion (4.1), and to stimulate discussions on languages and cultures in the profession (2.2).

'I think surrounding yourself around sort of positive other therapists that you can build that kind of network would be a good idea to help [bilingual SLTs] thrive in the profession'. (Devyani)

Participants expressed that being bilingual helped them to collaborate efficiently with other professionals in the context of delivering services to bilingual children. They reported feeling determined, confident and trusted when raising awareness of bilingualism with teaching staff (2.2). Bilingual SLTs felt advantaged to collaborate effectively with interpreters since they could better appreciate the 'cognitive load of interpreting' and discern whether the interpreter had understood their instructions.

'I have a better understanding of how to work with interpreters, e.g., I understand the cognitive load of interpreting and take this into account by not expecting an interpreter to translate several minutes of uninterrupted connected speech for example'. (Isobel)

THEME 6: PRACTICE

Unlike the other themes which were primarily rooted in a singular component of CHAT, the theme 'Practice' relates to the participants' experiences when providing services for children with communication difficulties. This theme captures a more dynamic activity system and elaborates the strongest links at the interface of CHAT-ICF.

Sub-theme 6.1: Empathy with children

Many participants reported that their lived experiences of bilingualism helped them to empathise with the frustration or anxiety of language difficulties experienced by children on their caseloads, especially those with word finding difficulties (activity; ICF).

'Being bilingual makes me be more sensitive and possibly able to put myself in the children's shoes, as I know exactly what it feels to not being able to communicate due to the language barriers' (Andreia)

Interestingly, a few participants were cautious to nuance this sense of empathy as they reported that their experiences were *not* grounded in the context of disability.

*'I know what it's like to want to say something and you *just* haven't got the words, and you're stuck! So, even though from my point of view it's not a clinical aspect – I understand that frustration.' (Émilie)*

When working with the bilingual children on their caseload, bilingual SLTs highlighted being able to relate to the complexity of *environmental and personal factors* (ICF) that influence a bilingual upbringing, such as experiencing the home-school language divide, adjusting to communication expectations in different social contexts or forming and navigating their bilingual identity (1.1). They used these insights to build a strong rapport, set meaningful and person-centred goals and engage the children's bilingualism positively in therapy.

'I once had a family who spoke Hindi [...] I only had that young person [...] but there were phrases and things that we shared [...] I think it really helped us and bond, and just laugh about things, and share experiences [...]'. (Yasmin)

Sub-theme 6.2: Holistic mindset

Participants expressed how their lived experiences allowed them to adopt a holistic mindset when working with children with language and communication disabilities. This was manifested in how they approached children's language skills beyond mere communication abilities (activity; ICF), but as vehicles to their emotions, social and cultural heritage, 'a link to their family and community' (personal and environmental factors; ICF).

*'[F]or me, I think it's just about understanding that languages are more than just about communication. It's about *so much* more, and you wouldn't understand that unless you were bilingual. [...] Your home language brings with it heritage, culture, a link to your family – and that can't be discounted, that's *really* important'. (Tanya)*

This holistic mindset allowed them to seek the 'whole view', the 'big picture', 'issues that are at play at large' and influenced their therapy. This entailed putting greater emphasis on integrating *environmental and personal factors*, set functional goals tailored to the needs and concerns of families and prioritise therapies to facilitate children's *participation* in school and family *environments*. Again, this applied to their entire caseload but this mindset was viewed as particularly important when working with bilingual children. However, participants often expressed feeling limited by the rules (3.1) and resources (2.3) to meaningfully enact this mindset in practice.

Sub-theme 6.3: Flexible approaches

Bilingual SLTs reported that navigating diverse contexts and communities in their personal lives made them 'more flexible', 'highly adaptable', 'adjusting', 'open-minded', 'less invested in norms' and 'not making assumptions' on populations, situations, or circumstances (personal and environmental factors; ICF). They readily valued and adopted flexible approaches to 'sync' with the varied needs of children and families, set person-centred and functional clinical goals, tailored interventions, and thought creatively around the limited clinical tools (2.3).

'I guess that I am a bit quicker or practical when thinking about alternatives to communicate, or I can be less attached to formal assessments as I am quite used to adapting tools and thinking about other ways to send my message across'. (Andreia)

They emphasised that flexible approaches were essential to operationalise their holistic mindset (6.2) and address some of the systemic barriers (3.1). However, while participants largely considered their aptitude to adopt flexible approaches as strengths, they also associated with it a certain uneasiness: some mentioned grappling with feelings of uncertainty without the safety-net of norms and validated practices, which could further challenge their sense of inclusion in the SLT community (4.1).

DISCUSSION

This is the first study to gain in-depth insights into the experiences and practices of bilingual SLTs in the United Kingdom. Participants expressed the varied and significant implications of being bilingual in this profession. We now discuss, using the lens of the CHAT-ICF framework, the experiences of bilingual SLTs and recommend actions to promote diversity and inclusion in the profession.

Firstly, being a bilingual SLT cannot be reduced to one's ability to speak more than one language, as demonstrated by the distribution of themes across many components of the CHAT-ICF framework. For instance, many participants articulated how their lived experiences of bilingualism and other intersecting factors, such as ethnicity, race or religion, profoundly shaped their professional identity (subject), informed their conceptual framing of languages (tools), influenced their position with regards to systemic factors (rules), impacted their work relationships (division of labour), and guided their clinical approaches (CHAT-ICF). These findings align with the experiences reported by bilingual SLTs from Northern America (Lowell et al., 2018; Núñez et al., 2021) and warrant the use of multifactorial solutions to meaningfully promote inclusion and diversification in speech and language therapy workforce planning.

Secondly, being a bilingual SLT shapes (and is shaped by) uniquely connected experiences and practices, as demonstrated by chain reactions involving multiple components of the CHAT-ICF framework. For example, building a strong trust relationship with bilingual families (division of labour) helps them to compensate for some of the systemic barriers (rules) to provide more equitable services to bilingual communities (ICF). However, negative chain reactions were also expressed. For instance, issues of discrimination (rules) could have detrimental effects on their sense of inclusion in the workforce (community). These insights emphasise the complex interacting mechanisms that regulate bilingual SLTs' experiences and practices, highlight the strength of the CHAT-ICF framework to capture cross-cutting issues and the need to adopt coordinated actions to accelerate equity, inclusion and diversity in the profession.

Thirdly, being a bilingual SLT is associated with unique experiences at the interface of language diversity and disability, as demonstrated by interactions between the CHAT and ICF sections of this framework. Most notably, bilingual SLTs (subject) reported strong empathy for children with word-finding difficulties (activity; ICF) since their lived experience of bilingualism can also be punctuated by this phenomenon. This underscored affinities for the experience of disability (ICF) and could positively inform

their rapport-building and clinical approaches. Interestingly, bilingual SLTs (subject) indicated using their lived experiences as reference points to better consider and integrate children's *personal and environmental factors* (ICF) in ways that challenge stereotypical views of minority communities. Importantly, bilingual SLTs (subject) expressed being exposed to beliefs that bilingualism is detrimental to children's language development (Guiberson, 2013), especially in the context of language-related disability (ICF). These beliefs can negatively impact people's perceptions on the value of bilingual SLTs and influence clinical approaches in favour of forced monolingualism for children with language difficulties. Since these beliefs are not supported by evidence (Kay-Raining Bird et al., 2016; Uljarević et al., 2016), they must be challenged to protect the positive value of bilingualism in speech and language therapy workforce and services.

Fourthly, bilingual SLTs' insights can inform transformative solutions to challenge marginalisation and promote inclusion and equity in the profession, as supported by the dynamic nature of CHAT-ICF. For example, some participants articulated an increased risk of tokenism, unconscious biases (i.e., 'attitudes or stereotypes that unconsciously affect our understanding, actions and decisions' (Arora, 2017)) in recruitment processes or systemic factors disadvantaging their career evolution. Similar barriers were found in the RCSLT's anti-racism report (Nkomo et al., 2022), but can be successfully addressed by implementing accountability mechanisms in workforce planning and promoting managers' training on the inclusion of minority professionals (Wang et al., 2023). Bilingual SLTs also reported the barriers that hampered equitable SLT services for bilingual families, such as the lack of time and adequate resources. Their insights can be harnessed to inform the development of more equitable clinical pathways and resources tailored to the needs of minority communities (Wilbur et al., 2020).

Clinical implications

This study can inform progress towards the vision of the RCSLT strategy 2022–2027 and the diversification of the profession (Royal College of Speech & Language Therapists, 2022). Our analysis demonstrates the need to adopt solutions that are multifactorial, integrated, strengthen the sense of agency and authenticity of bilingual SLTs and inform equitable bilingual service delivery. Specific recommendations include:

- Using intersectional lenses and transformative processes to support a richer understanding of the experi-

ences of underrepresented members of our community (Severs et al., 2016).

- Tailoring UK speech and language workforce and service planning efforts to the unique demographics of the United Kingdom, with particular consideration to the distinct socio-politico-linguistic contexts of England, Wales, Scotland and Northern Ireland.
- Systematically collecting data on the languages of SLTs and speech and language therapy service users to better identify the language needs in the profession, and optimise service development and SLT recruitment accordingly.
- Strengthening the clinical education of all SLTs on topics of bilingualism and diversity, including through the delivery of compulsory modules in initial and continuing professional development training. To optimise efficiency, this should be coordinated and enforced by professional bodies, such as the RCSLT, and promote reflexive and self-growth learning approaches (Lowell et al., 2018; Nkomo et al., 2022)
- Raising awareness of other professionals and the public on topics of bilingualism, languages and cultures.
- Creating safe spaces and support networks for bilingual SLTs to share their experiences and promote their sense of inclusion (Núñez et al., 2021). This is particularly important for students and newly-qualified SLTs during their formative years.
- Investing in the development of linguistically and culturally diverse clinical education and resources that represent the make up the SLT workforce and the communities that they serve (Verdon, 2015).
- Addressing systemic barriers faced by bilingual and other underrepresented SLTs, especially unconscious biases in recruitment processes and career progression (Nkomo et al., 2022). This should be acknowledged and targeted in policies.
- Distributing the responsibility on bilingualism-related issues across the speech and language therapy workforce, especially through training opportunities and accountability mechanisms that promote the implementation of bilingualism guidelines (Royal College of Speech & Language Therapists, 2018) and support leadership on these issues (Bernstein et al., 2021).

The CHAT-ICF framework, a new contribution of this study, can also become a useful tool to all SLTs and other professionals working in the field of disability to support their reflexivity, consider how their unique backgrounds shape their practices, and structure audits of rehabilitation services.

Limitations

The inclusion criteria were deliberately broad due to the relatively small number of bilingual SLTs in the UK workforce (Gréaux et al., *in preparation*), which led to a heterogeneous group of participants (e.g., SLTs who are native and non-native English speakers, White and ethnic minorities, with few and many years of clinical experience, practising in different socio-linguistic contexts in the United Kingdom, etc.). This warrants caution upon interpretation of our findings and indicates the need for future research with more defined groups of bilingual SLTs, with particular consideration to intersectional characteristics and the distinct socio-politico-linguistic contexts of England, Wales, Scotland and Northern Ireland.

Generalisation cannot be the purpose of this qualitative study (Polit & Beck, 2010), which rather aims to provide a rich and contextualised understanding. Reflexivity and other contextual information are discussed to allow the reader to determine the relevance of these findings in relation to other contexts.

A pilot was undertaken with bilingual SLTs to inform this study, but a more extensive engagement was not feasible due to resource constraints.

The flexible interview format (asynchronous emails versus synchronous video calls) shaped the interactions and engagement from participants. For example, email interviews often elicited concise and relevant responses, and participants benefited from prompts to expand their answers. Oral interviews had a higher chance of tangential responses and participants benefited from redirection and repetition. Using email interviews, especially when conducting research with busy professionals, can increase participants' reflexivity and depth of insights by giving the needed time and space to construct their answers (James, 2007). Adopting flexible data collection methods can increase the agency and empowerment of participants during the research process (Goriss-Hunter & White, 2023), which is particularly important when conducting research with minoritised communities, and to better align with the principles of Transformative Research (Mertens, 2007).

Implications for future research

Mobilising the insights of marginalised groups can positively inform their sense of agency and promote authenticity, and is critical to advance social justice (Mertens, 2021). Future research including underrepresented SLTs should consider how to maximise their level of involvement, consultation and empowerment, such as by using

participatory research methods (Kesby et al., 2007) or involving participants in all steps of the research cycle (Mertens, 2021).

This study introduces the CHAT-ICF framework as a promising theoretical lens to investigate the experiences and practices of SLTs and other professionals working in the field of disability. If used widely and systematically, CHAT-ICF can promote incremental knowledge in healthcare and rehabilitation research. Future research with other well-defined groups of participants, focusing on different phenomena or grounded in different contexts, could enrich these findings.

Lastly, adopting the dual paradigmatic tenets of Critical Realism and Transformative Research enabled us to use the structure of CHAT-ICF to better understand the experiences of bilingual SLTs (CR), while being critically engaged on the issues and opportunities of social justice, agency, accountability and equity for marginalised SLTs (TR). Future researchers working with marginalised communities are encouraged to seek and use paradigmatic groundings and methods that optimise change, power redistribution and social justice.

CONCLUSION

This is the first qualitative study to date to provide in-depth insights into the experiences and practices of bilingual paediatric SLTs in the United Kingdom. Being bilingual in a profession oriented towards language disability creates a unique positionality that profoundly impacts SLTs' experiences and practices. Research giving voice to bilingual SLTs, and other underrepresented demographics in the speech and language therapy workforce, has the potential to hasten the identification of barriers and catalyse action to promote a more diverse and inclusive profession, and to guide efforts for the RCSLT strategic vision for 2022–2027.

ACKNOWLEDGEMENTS

The authors gratefully acknowledge and thank the participants, clinicians and researchers who provided ongoing support, their time and expertise for this study. The lead author received funding by the Economic and Social Science Research Council (ESRC) and Autistica to complete this research as part of her doctoral studies, under the research grant RG/98617/LB. The second and third authors received funding from the Arts & Humanities Research Council (AHRC) as part of a research grant 'Multilingualism: Empowering Individuals, Transforming Societies (MEITS)' (AH/N004671/1). None of the funding bodies had a role in the design of the study, data collection and analysis, interpretation of results, decision to publish or preparation of the manuscript.

PERMISSION TO REPRODUCE MATERIAL FROM OTHER SOURCES

Two figures are reproduced in this manuscript. (1) International Classification of Functioning, Disability and Health (ICF): World Health Organization, 2001. Licence CC BY-NC-SA 3.0 IGO allowing users to freely copy, reproduce, reprint, distribute, translate and adapt the work for non-commercial purposes, provided World Health Organization is acknowledged as the source. (2) Cultural-Historical Activity Theory (CHAT); adapted from Engeström (2014): permission obtained by the first author via PLSclear RefNo 91186 (licence date: 26/02/2024).

CONFLICT OF INTEREST DISCLOSURE

The authors report no conflict of interest.


DATA AVAILABILITY STATEMENT

Anonymised data are available where consent has been given by the participants and upon reasonable request to the corresponding author, within 2 years of publication.

ORCID

Mélanie Gréaux  <https://orcid.org/0000-0001-7010-6407>

Jenny L. Gibson  <https://orcid.org/0000-0002-6172-6265>

Napoleon Katsos  <https://orcid.org/0000-0002-4722-674X>

ENDNOTE

¹ PsyArXiv Preprint link: <https://psyarxiv.com/etk4u/>

REFERENCES

- Arber, A. (2006) Reflexivity: a challenge for the researcher as practitioner? *Journal of Research in Nursing*, 11(2), 147–157. <https://doi.org/10.1177/1744987106056956>
- Arias, G. & Friberg, J. (2017) Bilingual language assessment: contemporary versus recommended practice in American schools. *Language, Speech & Hearing Services in Schools*, 48(1), 1–15. https://doi.org/10.1044/2016_LSHSS-15-0090
- Arora, N. (2017) Look at your blind spots: do unconscious preconceptions shape your clinical judgment? A school-based clinician offers ways to uncover—and address—implicit bias. *ASHA Leader*, 22(11), 6–7. <https://doi.org/10.1044/leader.FMP.22112017.6>
- Bernstein, R. S., Salipante, P.F. & Weisinger, J.Y. (2021) *Performance through diversity and inclusion: leveraging organizational practices for equity and results*. London: Routledge.
- Bhatia, T.K. & Ritchie, W.C. (2012) *The handbook of bilingualism and multilingualism*. Somerset: Wiley-Blackwell.
- Braun, V. & Clarke, V. (2022) *Thematic analysis: a practical guide*. London: SAGE Publications Ltd.
- Center For Intersectional Justice. (2024) *What is intersectionality?* [Online]. Available from: <https://www.intersectionaljustice.org/what-is-intersectionality> [Accessed 6 February 2024].
- Cohen, L. (2011) *Research methods in education*. London: Routledge.
- De Lamo White, C., & Jin, L. (2011) Evaluation of speech and language assessment approaches with bilingual children.

- International Journal of Language & Communication Disorders*, 46(6), 613–627.
- D'souza, C., Bird, E.K.-R. & Deacon, H. (2012) Survey of Canadian speech-language pathology service delivery to linguistically diverse clients. *Canadian Journal of Speech-Language Pathology and Audiology*, 36(1), 18–39.
- Department for Education. (2022) School, pupils and their characteristics. <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>
- Dodgson, J. (2019) Reflexivity in qualitative research. *Journal of Human Lactation*, 35, 089033441983099. <https://doi.org/10.1177/0890334419830990>
- Engeström, Y. (1987) *Learning by expanding: an activity-theoretical approach to developmental research*. PhD thesis, University of Helsinki.
- Engeström, Y. (2014) *Learning by expanding: an activity-theoretical approach to developmental research*. West Nyack, NY: Cambridge University Press. <https://doi.org/10.1017/CBO9781139814744>
- Festinger, L. (1957) *A theory of cognitive dissonance*. Evanston, IL: Row, Peterson.
- Fletcher, A.J. (2017) Applying critical realism in qualitative research: methodology meets method. *International Journal of Social Research Methodology*, 20(2), 181–194. <https://doi.org/10.1080/13645579.2016.1144401>
- Goriss-Hunter, A. & White, K. (2023) Using email interviews to reflect on women's careers at a regional university. *Australian Educational Researcher*, 1–15. <https://doi.org/10.1007/s13384-023-00617-9>
- Gréaux, M., Chadd, K., Gheewala, F., Pang, V., Katsos, N. & Gibson, J.L. (2023a) Amplifying the voices of underrepresented speech-language pathologists through research: a transformative scoping review. *Preprint*. <https://doi.org/10.31234/osf.io/zsfx5>
- Gréaux, M., Katsos, K. & Gibson, J.L. (2023b) "I'm in a unique position to make a difference": The experiences and practices of autistic speech and language therapists. *Preprint*. <https://doi.org/10.31234/osf.io/6wj2p>
- Gréaux, M., Katsos, K. & Gibson, J.L. (in preparation) Monolingual and bilingual speech and language therapists in the UK: prevalence and reported levels of confidence on service provision for bilingual autistic children.
- Gréaux, M., Katsos, N. & Gibson, J. (2020) *Recognising and protecting the communication rights of autistic children*. Languages, Society and Policy. <https://doi.org/10.17863/CAM.60323>
- Greig, G., Entwistle, V.A. & Beech, N. (2012) Addressing complex healthcare problems in diverse settings: insights from activity theory. *Social Science & Medicine*, 74(3), 305–312. <https://doi.org/10.1016/j.socscimed.2011.02.006>
- Guiberson, M. (2013) Bilingual Myth-Busters series language confusion in bilingual children. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations*, 20, 5. <https://doi.org/10.1044/cds20.1.5>
- Guiberson, M. & Vigil, D. (2021) Speech-language pathology graduate admissions: implications to diversify the Workforce. *Communication Disorders Quarterly*, 42(3), 145–155. <https://doi.org/10.1177/1525740120961049>
- Guyan, K. (2017) *Reflexivity: positioning yourself in equality and diversity research*. Research and Data Briefing.
- Health & Care Professions Council. (2021) *HCPC diversity data report 2021: speech and language therapists*. London: Health & Care Professions Council.
- Huang, A.J.R., Siyambalapitiya, S. & Cornwell, P. (2019) Speech pathologists and professional interpreters managing culturally and linguistically diverse adults with communication disorders: a systematic review. *International Journal of Language & Communication Disorders*, 54(5), 689–704. <https://doi.org/10.1111/1460-6984.12475>
- James, N. (2007) The use of email interviewing as a qualitative method of inquiry in educational research. *British Educational Research Journal*, 33(6), 963–976. <https://doi.org/10.1080/01411920701657074>
- Jordaan, H. (2008) Clinical Intervention for bilingual children: an international survey. *Folia Phoniatrica et Logopaedica*, 60(2), 97–105. <https://doi.org/10.1159/000114652>
- Kay-Raining Bird, E., Genesee, F. & Verhoeven, L. (2016) Bilingualism in children with developmental disorders: a narrative review. *Journal of Communication Disorders*, 63, 1–14. <https://doi.org/10.1016/j.jcomdis.2016.07.003>
- Kesby, M., Kinson, S.L. & Pain, R. (2007). In: Sara, K., Rachel, P. & Mike K. (Eds.) *Participatory action research approaches and methods: connecting people, participation and place*. London: Routledge.
- Keshishian, F. & Wiseheart, R. (2015) Bilingual and monolingual students' perceptions of the CSD major: a qualitative study. *Perspectives on Issues in Higher Education*, 18(1). <https://doi.org/10.1044/ihe18.1.16>
- Letts, C. & Sinka, I. (2013) Research and practice in working with children who are bilingual or have English as an additional language and who have language and communication needs. *Child Language Teaching and Therapy*, 29(1), 7. <https://doi.org/10.1177/0265659012474755>
- Lim, N., O'Reilly, M. F., Sigafos, J., Ledbetter-Cho, K., & Lancioni, G. E. (2019). Should heritage languages be incorporated into interventions for bilingual individuals with neurodevelopmental disorders? A systematic review. *Journal of Autism and Developmental Disorders*, 49(3), 887–912. <https://doi.org/10.1007/s10803-018-3790-8>
- Lowell, S.Y., Vigil, D.C., Abdelaziz, M., Edmonds, K., Goel-Sakhalkar, P., Guiberson, M., Fleming Hamilton, A., Pei-Fang, H., Miller, C. & Rivera Perez, J.F. (2018) Pathways to cultural competence: diversity backgrounds and their influence on career path and clinical care. *Perspectives of the ASHA Special Interest Groups*, 3(14), 30–39. <https://doi.org/10.1044/persp3.SIG14.30>
- Maul, C.A. (2015) Working with culturally and linguistically diverse students and their families: perceptions and practices of school speech-language therapists in the United States. *International Journal of Language & Communication Disorders*, 50(6), 750–762. <https://doi.org/10.1111/1460-6984.12176>
- Mcfalls, E.L. & Cobb-Roberts, D. (2001) Reducing resistance to diversity through cognitive dissonance instruction: implications for teacher education. *Journal of Teacher Education*, 52(2), 164–172. <https://doi.org/10.1177/0022487101052002007>
- Mennen, I. & Stansfield, J. (2006) Speech and language therapy service delivery for bilingual children: a survey of three cities in Great Britain. *International Journal of Language & Communication Disorders*, 41(6), 635–652. <https://doi.org/10.1080/13682820600623911>

- Mertens, D.M. (2007) Transformative paradigm: mixed methods and social justice. *Journal of Mixed Methods Research*, 1(3), 212–225. <https://doi.org/10.1177/1558689807302811>
- Mertens, D.M. (2017) Transformative research: personal and societal. *International Journal for Transformative Research*, 4(1), 18–24. <https://doi.org/10.1515/ijtr-2017-0001>
- Mertens, D.M. (2021) Transformative research methods to increase social impact for vulnerable groups and cultural minorities. *International Journal of Qualitative Methods*, 20, 160940692110515. <https://doi.org/10.1177/16094069211051563>
- Narayanan, T.L. & Ramsdell, H.L. (2022) Self-reported confidence and knowledge-based differences between multilingual and monolingual speech-language pathologists when serving culturally and linguistically diverse populations. *Perspectives of the ASHA Special Interest Groups*, 7(1), 209–228. https://doi.org/10.1044/2021_PERSP-21-00169
- Nkomo, C., Pagnamenta, E., Nair, V. & Chadd, K. & Royal College of Speech And Language Therapists. (2022) *Analysing diversity, equity and inclusion in speech and language therapy*. Royal College of Speech and Language Therapists.
- Núñez, G., Buren, M., Diaz-Vazquez, L. & Bailey, T. (2021) Bilingual supports for clinicians: where do we go from here? *Language, Speech & Hearing Services in Schools*, 52(4), 993–1006. https://doi.org/10.1044/2021_LSHSS-20-00176
- Office For National Statistics. (2022) Language, England and Wales: census 2021. *Statistical bulletin*. ONS website.
- Parveen, S. & Santhanam, S.P. (2021) Speech-language pathologists' perceived competence in working with culturally and linguistically diverse clients in the United States. *Communication Disorders Quarterly*, 42(3), 166–176. <https://doi.org/10.1177/1525740120915205>
- Polit, D.F. & Beck, C.T. (2010) Generalization in quantitative and qualitative research: myths and strategies. *International Journal of Nursing Studies*, 47(11), 1451–8. <https://doi.org/10.1016/j.ijnurstu.2010.06.004>
- Qsr International. (2018) NVivo qualitative data analysis software. Version 12.
- Rahman, S.A., Tuckerman, L., Vorley, T. & Gherhes, C. (2021) Resilient Research in the Field: insights and lessons from adapting qualitative research projects during the COVID-19 pandemic. *International Journal of Qualitative Methods*, 20, 160940692110161. <https://doi.org/10.1177/16094069211016106>
- Rowlands, J. (2021) Interviewee transcript review as a tool to improve data quality and participant confidence in sensitive research. *International Journal of Qualitative Methods*, 20, 16094069211066170. <https://doi.org/10.1177/16094069211066170>
- Royal College of Speech and Language Therapists. (2009) *Resource Manual for Commissioning and Planning Services for SLCN*.
- Royal College of Speech and Language Therapists. (2018) Bilingualism guidance. In: Pert, S. & Bradley, B. (Eds.) *Clinical guidance*. London: Royal College of Speech and Language Therapists.
- Royal College of Speech and Language Therapists. (2022) *The RCSLT strategic vision: 2022–2027*. Royal College of Speech and Language Therapists.
- Royal College of Speech and Language Therapists. (2023) *Diversity in the profession: fast facts* [Online]. Available from: <https://www.rcslt.org/members/speech-and-language-therapy/careers-promotion-and-diversity/careers-fast-facts/#section-1> [Accessed 15 September 2023].
- Santhanam, S.P., Gilbert, C.L. & Parveen, S. (2018) Speech-language pathologists' use of language interpreters with linguistically diverse clients: a nationwide survey study. *Communication Disorders Quarterly*, 40(3), 131–141. <https://doi.org/10.1177/1525740118779975>
- Severs, E., Celis, K. & Erzeel, S. (2016) Power, privilege and disadvantage: intersectionality theory and political representation. *Politics (Manchester, England)*, 36(4), 346–354. <https://doi.org/10.1177/02633957166630987>
- Stow, C. & Dodd, B. (2003) Providing an equitable service to bilingual children in the UK: a review. *International Journal of Language & Communication Disorders*, 38(4), 351–377. <https://doi.org/10.1080/1368282031000156888>
- Stow, C. & Pert, S. (2015) *SLT assessments and interventions: best practice for children and young people in bilingual settings*. London: Royal College of Speech and Language Therapists.
- Threats, T.T. (2010) The ICF and speech-language pathology: aspiring to a fuller realization of ethical and moral issues. *International Journal of Speech Language Pathology*, 12(2), 87–93. <https://doi.org/10.3109/17549500903568476>
- Tong, A., Sainsbury, P. & Craig, J. (2007) Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Uljarević, M., Katsos, N., Hudry, K. & Gibson, J.L. (2016) Practitioner Review: multilingualism and neurodevelopmental disorders—an overview of recent research and discussion of clinical implications. *Journal of Child Psychology*, 57(11), 1205–1217. <https://doi.org/10.1111/jcpp.12596>
- Verdon, S. (2015) Enhancing practice with culturally and linguistically diverse families. *Journal of Clinical Practice in Speech-Language Pathology*, 17(1), 2–6.
- Verdon, S., Mcleod, S. & Wong, S. (2015a) Reconceptualizing practice with multilingual children with speech sound disorders: people, practicalities and policy. *International Journal of Language & Communication Disorders*, 50(1), 48–62. <https://doi.org/10.1111/1460-6984.12112>
- Verdon, S., Mcleod, S. & Wong, S. (2015b) Supporting culturally and linguistically diverse children with speech, language and communication needs: overarching principles, individual approaches. *Journal of Communication Disorders*, 58, 74–90. <https://doi.org/10.1016/j.jcomdis.2015.10.002>
- Verdon, S., Wong, S. & Mcleod, S. (2016) Shared knowledge and mutual respect: enhancing culturally competent practice through collaboration with families and communities. *Child Language Teaching & Therapy*, 32(2), 205–221. <https://doi.org/10.1177/0265659015620254>
- Wakefield, L.L. (2007) *Case study of a speech-language pathologist's roles, routines, and perceptions as a collaborative partner in inclusive service delivery*. University of Cincinnati.
- Wang, M.L., Gomes, A., Rosa, M., Copeland, P. & Santana, V.J. (2023) A systematic review of diversity, equity, and inclusion and antiracism training studies: findings and future directions. *Translational Behavioral Medicine*, 14(1), 156–171. <https://doi.org/10.1093/tbm/ibad061>
- Wilbur, K., Snyder, C., Essary, A.C., Reddy, S., Will, K.K. & Mary, S. (2020) Developing workforce diversity in the health professions: a

- social justice perspective. *Health Professions Education*, 6(2), 222–229. <https://doi.org/10.1016/j.hpe.2020.01.002>
- Winter, K. (1999) Speech and language therapy provision for bilingual children: aspects of the current service. *International Journal of Language & Communication Disorders*, 34(1), 85–98. <https://doi.org/10.1080/136828299247658>
- World Health Organization. (2001) *International classification of functioning, disability and health: ICF*. Geneva: World Health Organization.
- World Health Organization. (2022) *Strengthening primary health care to tackle racial discrimination, promote intercultural services and reduce health inequities: Research brief*. Geneva: World Health Organization.
- Yang, L., Qi, L. & Zhang, B. (2022) Concepts and evaluation of saturation in qualitative research. *Advances in Psychological Science*, 30(3), 511–521. <https://doi.org/10.3724/SP.J.1042.2022.00511>

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Gréaux, M., Gibson, J.L. & Katsos, N. (2024) ‘It’s not just linguistically, there’s much more going on’: The experiences and practices of bilingual paediatric speech and language therapists in the UK. *International Journal of Language & Communication Disorders*, 1–19. <https://doi.org/10.1111/1460-6984.13027>