

Multilingual Children with Speech Sound Disorders: Position Paper

1. Preamble

Individuals and societies benefit when children are supported to become competent communicators. Most children learn to speak one, two, or multiple languages competently. However, not all children learn to communicate effectively and intelligibly, and some have speech sound disorders. Some children have difficulty communicating regardless of whether they speak one, two, or multiple languages. Families, communities, educators, and speech-language pathologists (SLPs) have critical roles to play in supporting children's speech and language acquisition. Early intervention can ameliorate speech sound disorders in children and can reduce the potentially adverse educational, social and occupational outcomes of communication impairment (Law, Garrett, Nye, & Dennis, 2012).

Speech-language pathologists across the world report that they have insufficient skills and resources to provide culturally appropriate assessment and intervention for multilingual children with speech sound disorders (Jordaan, 2008; Skakan, Watson & Lof, 2007; Stow & Dodd, 2003; Williams & McLeod, 2012). This is largely due to a mismatch between the languages spoken by SLPs and the languages spoken by the children and families in their communities. This position paper was developed to provide direction and practical strategies for SLPs and related professionals working with children who are multilingual and/or multicultural, and to inform policy, in response to the need to “**close the gap between the linguistic homogeneity of the profession and the linguistic diversity of its clientele**” (Caesar & Kohler, 2007, p. 198).

2. Definitions

Multilingual: People who are multilingual, including children acquiring more than one language, are able to comprehend and/or produce two or more languages in oral, manual, or written form with at least a basic level of functional proficiency or use, regardless of the age at which the languages were learned (adapted from Grech & McLeod, 2012, p. 121). Within this document, multilingualism is an umbrella term for both *bilingualism* and *multilingualism*. Although bi-dialectal individuals are not strictly multilingual, the importance of dialectal differences within languages (e.g., African American English, Australian Aboriginal English, Canadian French, Chinese-Malaysian English, Mexican Spanish, Singlish, Taiwan Mandarin) is acknowledged.

Speech sound disorders: Children with speech sound disorders can have any combination of difficulties with perception, articulation/motor production, and/or phonological representation of speech segments (consonants and vowels), phonotactics (syllable and word shapes), and prosody (lexical and grammatical tones, rhythm, stress, and intonation) that may impact speech intelligibility and acceptability. Within this document, speech sound disorders is used as an umbrella term for the full range of speech sound difficulties of both known (e.g., Down syndrome, cleft lip and palate) and presently unknown origin. Other terms for speech sound disorders include: articulation and phonological delay/disorder, and speech impairment.

Speech-language pathologist (SLP): While the term speech-language pathologist (SLP) has been adopted throughout this document, professionals, who are specifically qualified to work with children with speech and language difficulties, have a variety of appellations including: fonoaudióloga, logopeda, logopedist, logopédiste, orthophoniste, patóloga de habla y lenguaje, speech pathologist, speech-language pathologist, speech therapist, and speech and language therapist.

Culture: Culture is “... the shared, accumulated, and integrated set of learned beliefs, habits, attitudes and behaviors of a group or people or community ... the context in which language is developed and used and the primary vehicle by which it is transmitted” (Kohnert, 2008, p. 28).

Cultural competence and safety: Cultural competence “acknowledges and incorporates—at all levels—the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs” (Betancourt, Green, Carrillo & Ananeh-Firemping, 2003, p. 294). A culturally safe health care/education environment is one “which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening” (Williams, 1999, p. 213).

3. Purpose

This position paper is an aspirational document for individuals who strive for the development of policies and best practices for multilingual and/or multicultural children with speech sound disorders. It is based on international understandings of professional practice. It suggests a foundation for SLPs working in health/medical, education, and community sectors, as well as professional associations, governments, and universities that prepare SLPs to promote speech and language competence for all children in the languages of their communities. It is also relevant for everyone involved with enhancing the communicative competence of multilingual children, including interpreters, educators, and other professionals, families and communities.

The International Expert Panel on Multilingual Children's Speech:

- Acknowledges that children are competent, capable, and creative and have individual characteristics, interests, and circumstances.
- Recognizes, values, and promotes genuine, reciprocal and respectful partnerships between children, families, communities, SLPs, interpreters, educators, and all who support the acquisition of communicative competence.
- Acknowledges that recent technological advances have increased access to and availability of information about languages (including real-time international audiovisual linkages) that enable re-envisioning of best practice.
- Encourages critical reflection on established policies and practices and their underlying assumptions.

4. Framework

Within this position paper the International Classification of Functioning, Disability and Health: Children and Youth Version (World Health Organization, WHO, 2007) has been used as the recommended framework to support SLPs' best practice in working with multilingual children with speech sound disorders. Factors to be considered by SLPs to support the provision of comprehensive and individually catered approaches to assessment and intervention are:

Body function: "physiological functions of body systems (including psychological functions)" (WHO, 2007, p. 9)

Body structure: "anatomical parts of the body such as organs, limbs and their components" (WHO, 2007, p. 9)

Activity: "the execution of a task or action by an individual" (WHO, 2007, p. 9)

Participation: "involvement in a life situation" (WHO, 2007, p. 9)

Environmental factors: "make up the physical, social and attitudinal environment in which people live and conduct their lives" (WHO, 2007, p. 9). Environmental factors may be barriers or facilitators or both.

Personal factors: Include "gender, race, age, other health conditions ... habits, upbringing, coping styles, social background, education, ... past and current experience ... overall behaviour pattern and character style ..." (WHO, 2007, p.15)

This position paper encapsulates elements of the World Report on Disability (World Health Organization and The World Bank, 2011).

5. Challenges identified by SLPs throughout the world in the provision of culturally competent and safe services to multilingual children

Several major areas have been identified as challenges by SLPs in their work with multilingual children: referral, assessment, intervention, service delivery, cultural competence, knowledge of other languages, training, and collaboration with interpreters (Caesar & Kohler, 2007; Guiberson & Atkins, 2012; Joffe & Pring, 2008; Jordaan, 2008; Kritikos, 2003; Priester, Post & Goorhuis-Brouwer, 2009; Roseberry McKibbin, Brice, & O'Hanlon, 2005; Skahan,

Watson, & Lof, 2007; Stow & Dodd, 2003; Topbaş, 2011; Williams & McLeod, 2012; Winter, 1999; 2001). For example, Stow and Dodd (2005) report a statistically significant under-diagnosis of speech sound disorders in bilingual children (25.74%) relative to monolingual children (58.43%). A number of international projects have been undertaken to begin to address these challenges including: research (e.g., Yavaş, 2010), resource development (e.g., Zhu Hua & Dodd, 2006; McLeod, 2007; McLeod & Goldstein, 2012) and convening the International Expert Panel on Multilingual Children's Speech.

6. Position statement

The International Expert Panel on Multilingual Children's Speech (hereinafter "the panel") recommends that:

1. Children are supported to communicate effectively and intelligibly in the languages spoken within their families and communities, in the context of developing their cultural identities
2. Children are entitled to professional speech and language assessment and intervention services that acknowledge and respect their existing competencies, cultural heritage, and histories. Such assessment and intervention should be based on the best available evidence.
3. SLPs aspire to be culturally competent and to work in culturally safe ways.
4. SLPs aspire to develop partnerships with families, communities, interpreters, and other health and education professionals to promote strong and supportive communicative environments
5. SLPs generate and share knowledge, resources, and evidence nationally and internationally to facilitate the understanding of cultural and linguistic diversity that will support multilingual children's speech acquisition and communicative competence.
6. Governments, policy makers, and employers acknowledge and support the need for culturally competent and safe practices and equip SLPs with additional time, funding, and resources in order to provide equitable services for multilingual children.

7. Recommended best practices for the provision of culturally competent and safe services to multilingual children with speech sound disorders based on the ICF-CY framework (WHO, 2007)

A. Body Function

The panel recommends that:

- (i) Children are supported to produce intelligible and acceptable speech in the languages of their family and community consistent with their cognitive, physical, and social-emotional capacities.
- (ii) Speech-language pathology assessment and intervention will take place in the child's languages (as identified by the family) using culturally and linguistically appropriate tools and evidence-based procedures. This aspirational goal can be achieved with appropriate resourcing, research, and relevant partnerships (e.g., with people around the world, including

SLPs, linguists, cultural support workers, interpreters, educators, and community groups).

(iii) SLPs receive sufficient training in the International Phonetic Alphabet (IPA, International Phonetic Association, 2005), the Extensions to the IPA (extIPA, Duckworth, Allen, Hardcastle, & Ball, 1990) and prosody to ensure they are competent in transcribing speech, both typical and disordered, in their own languages and the languages of the children within their communities. Specific training should also address multilingual speech acquisition compared with monolingual speech acquisition in cross-linguistic contexts (Hambly, Wren, McLeod, & Roulstone, 2013) and apply this knowledge to the identification of children with speech sound disorders. Continuing professional development should increase knowledge of multilingualism and the languages spoken by children within the SLPs' community of practice.

(iv) SLPs collaborate with other professionals (e.g., linguists, interpreters, translators, educators) to build their knowledge, skills, and resources regarding speech sound systems of languages and dialects of children within their communities.

B. Body Structure

The panel recommends that:

(i) Children be given the opportunity for impaired body structures (e.g., cleft lip and palate, malformed cochlea) to be detected and treated in a timely manner by appropriate professionals to enable optimal speech perception and the production of intelligible speech.

(ii) Speech-language pathology assessment and intervention will include evaluation of children's body structures, particularly relating to speech production (respiration, phonation, oromusculature) and hearing, to determine possible origins of speech sound disorders.

(iii) SLPs understand that there is variation within body structure across the world's people, and that children may not necessarily have had health screening or assessments to identify underlying causes for speech sound disorders.

(iv) SLPs collaborate with other professionals (e.g., medical doctors), with appropriate permissions from children's families, to reduce the impact of impairments in body structures on children's speech (e.g., cochlear implants, repair of craniofacial anomalies).

C. Activities and Participation

The panel recommends that:

(i) Children and families are given appropriate information to enable them to prioritize outcomes of speech-language pathology intervention that will enable their children's fullest participation in the cultural, social, religious, and educational communities that comprise their ambient language environment.

(ii) Speech-language pathology assessment and intervention target successful and culturally appropriate communicative interactions that support participation of children in everyday and special activities of their communities. SLPs should

use culturally relevant activities as a basis for planning assessment and intervention that is pertinent to the needs of the individual child.

(iii) SLPs are conversant with activities undertaken by children from culturally and linguistically diverse groups.

(iv) SLPs collaborate with families, communities, and professionals (e.g., cultural support workers) to understand the role of children in differing cultural contexts. SLPs have access to resources (e.g., Common European Framework of Reference for Languages, Little, 2006) that specify communicative competencies when participating in different activities.

D. Environmental Factors

The panel recommends that:

(i) Children and families have access to environmental resources (e.g., products, technology, personnel) that facilitate effective and intelligible communication across settings.

(ii) Speech-language pathology assessment and intervention is conducted with the aim of diminishing barriers and facilitating effective and intelligible communication across a range of environments. The panel recommends that during speech-language pathology assessments information will be obtained on children's language use, proficiency, contexts, communicative partners, and aspirations. SLPs will provide opportunities to reflect on children's attainments and work with children, their families, and others in their environment to share responsibilities for future achievements and development of cultural identity (Gogolin & Neumann, 2009).

(iii) SLPs develop cultural competence and culturally safe practices. This may involve accessing information, participating in discussion groups, and spending time within communities to engage in dialogue with community members and attend cultural events (where appropriate). SLPs should assess their own clinical settings to determine whether they are conducive to successful interactions with culturally and linguistically diverse children and families. SLPs will consider promoting, celebrating, and displaying cultural and linguistic diversity within the clinical setting (when appropriate). SLPs may also consider using established and new technology (e.g., telehealth with SLPs in other countries) to enhance their clinical practice, cultural competence, and cultural safety. SLPs might also consider learning new languages themselves (this might begin with learning a few key words of the most common languages of the children in their communities). Learning new languages can provide SLPs with insight into the challenge of learning languages, and demonstrates that they value children's home languages.

(iv) SLPs collaborate with families, educators and other professionals (e.g., cultural support workers) in ways that strengthen and support children's ongoing learning and development. This allows SLPs to develop knowledge, evidence, skills, and resources regarding cultural priorities, culturally respectful interactions, and socially appropriate conduct (e.g., eye contact, touching, proximity, gender roles). SLP professional preparation programs could support students (e.g., via discussions with community members,

guided cultural observations, role plays, discussion groups) to learn to work effectively with multilingual clients, their families, and key professionals such as interpreters.

E. Personal Factors

The panel recommends that:

- (i) Children and families are given the opportunity to tell their story to assist SLPs' understanding of their background, identity, and specific factors that are important to them.
- (ii) SLPs draw on expertise from the family, the community and other professionals (e.g., interpreters and cultural mediators) to understand important personal factors. This can develop through SLPs spending time listening, learning, understanding, and incorporating important personal factors into assessment and intervention sessions with children and their families.
- (iii) SLPs reflect on their own characteristics that may be barriers and facilitators to successful cross-cultural interactions and are aware of their own linguistic and cultural backgrounds and how these may impact on their interactions with children and their families. For example, there may be a power imbalance between SLPs working in the dominant language and clients from cultural minorities or poverty.
- (iv) SLPs collaborate with families to develop knowledge about individual children's habits, other health conditions, upbringing, coping styles, social background, past and current experience, overall behavior patterns, and character style (WHO, 2007).

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The following position papers informed the development of the current document

1. **Speech Pathology Australia**
Working in a Culturally and Linguistically Diverse Society (2009)
http://www.speechpathologyaustralia.org.au/library/Clinical_Guidelines/Working_in_a_CALD_Society.pdf
2. **Royal College of Speech and Language Therapists (RCSLT)**
Communicating Quality (pp. 268-271)
http://www.rcslt.org/speech_and_language_therapy/standards/CQ3.pdf
3. **American Speech-Language-Hearing Association (ASHA)**
Bilingual Speech-Language Pathologists and Audiologists: Definition (1989)
<http://www.asha.org/docs/pdf/RP1989-00205.pdf>
Cultural Competence (2005)
<http://www.asha.org/docs/pdf/ET2005-00174.pdf>
Provision of Instruction in English as a Second Language by Speech-Language Pathologists in School Settings (1998)
<http://www.asha.org/docs/html/PS1998-00102.html>
4. **Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA)**
Position Paper on Speech-Language Pathology and Audiology in the Multicultural, Multilingual Context September (1997)
<http://www.caslpa.ca/PDF/position%20papers/multicultural%20multilingual%20contexts%20for%20pdf.pdf>
5. **International Association of Logopedics and Phoniatrics (IALP)**
Recommendations for Working with Bilingual Children (2006)

http://www.cplol.eu/CD-Rom_2006/content/List%20of%20papers/org_text/31_Fredman-Yaacov-Centeno_full%20text_EN.htm
Recommendations for Working with Bilingual Children (Updated May 2011) (2011) http://ialp.info/rs/7/sites/935/user_uploads/File/Recommendations_Working%20with%20Bilingual%20Children_Updated%20May%202011.pdf

6. **Educational Transitions and Change (ETC) Research Group, Charles Sturt University**
Transition to school: Position statement (2011)
<http://www.csu.edu.au/research/ripple/research-groups/etc/Position-Statement.pdf>

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10. Suggested citation and licensing

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11. Development of the position paper

This document may be relevant to multilingual children with other communication difficulties including: specific language impairment, stuttering, voice disorders, and hearing loss. While this document is written in English it represents the viewpoints of non-English speakers and is intended to address non-English speaking situations. It is acknowledged that this document was not developed in partnership with children, families, and communities. We also acknowledge that young people, as well as children, can have persisting speech sound disorders.

This position paper was developed by members of the International Expert Panel on Multilingual Children's Speech, including those who have consented for their names to be listed below.

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