Barriers to the Assessment of CLD Children

Susanne Döpke

published 2003, MIG Bulletin 19(2): 7-9.

As part of my MA of Speech Pathology at La Trobe University, I conducted a survey of speech pathologists in Victoria regarding their assessment of CLD children (Döpke 2003). 99 speech pathologists responded to the survey, 81 of which indicated that they had CLD children on their case load. While such small number of respondents cannot yield generalisable results, a number of issues were brought up by this survey which may be worthy of consideration.

The survey comprised closed questions reflecting the cautions against the use of norm-referenced tests for the assessment of bilingual children as expressed in the literature over the last 20 years (Brice 2002; Omark & Erickson 1983; Roseberry-McKibbin 1994) and questions reflecting the suggestions made in the literature for alternative assessment strategies (Hammer 1998; Pearson 1998; Peña, Iglesias & Lidz 2001; Roseberry-McKibbin 1997; Terrell, Ahrensberg & Rosa 1992). In an open-ended question respondents were asked what would help them in serving their CLD clients better.

Resoundingly, respondents embraced the need for a complex assessment of CLD children including all their languages and viewed language acquisition as part of the cultural practices of the child's environment However, like Sochon & Hand (see Hand 2000) the present survey also found that norm-referenced tests remain the main vehicle for assessing CLD children. In other words, many clinicians expressed awareness of the issues involved in assessing CLD children, but most indicated that they find it difficult to put the recommendations into practice. As one respondent put it: "There are so many barriers."

Although for the most part not structured as an open-ended questionnaire (for perceived reasons of manageability at the time), respondents generously shared their views about difficulties with the assessment process and potential improvement strategies, and commented on many of the closed questions. It is these comments from which the list of "barriers" stems.

Barriers appear to originate from a range of sources:

(1) lack of knowledge of the languages of the clients, their culture, the developmental progression in the acquisition of other languages as well as ESL, and the influence of bilingualism on various aspects of a child's language development;

(2) lack of time to engage in ethnographic research methods which would bridge some of the knowledge gaps, including visits to the families and communities, for observations and language samples in various situations and with various interactants, and for professional development;

(3) lack of appropriate assessment materials for bilingual children as well as a lack of developmental scales for bilingual and ESL development;

(4) requirements by funding agents for traditional forms of assessment;

(5) difficulties working with interpreters;

(6) working in isolation.

While the list of barriers might be overwhelming, the survey produced a number of constructive suggestions. In the following I will discuss these suggestions in relation to the barriers and add a few which came out of the literature review.

Need for additional time allocation

The time barrier appears to be the most pervasive obstacle to the implementation of the assessment practices for CLD children recommended in the literature. There is no question that the ethnographic data collection suggested in the literature (involving extensive observations, consultation with the client's community, language samples and comparative data) take considerable time. However, Brice (2002: 93) argues that "the *trustworthiness* [my emphasis] of the data is dependent upon [...] the length of time involved in collecting the data (generally the longer the better)". Thus, it may be time well spent! This has already been acknowledged in the Australian guidelines on service provision to CLD populations (Speech Pathology Australia 2000). The recommendations in the literature, the

Australian professional guidelines with respect to the assessment of CLD children and the needs of speech pathologists as expressed in the survey could be made into a platform from which the profession make changes to time allocations for the assessment of CLD children and negotiate these with employers.

Need for an approved assessment plan

A number of respondents asked for an approved assessment plan for CLD children. Indeed, Anderson (2002: 165), argues hat a well planned assessment schedule is the key to making the multifaceted approach to assessing CLD children feasible. Such a plan would have the potential to break down a number of barriers at once: (1) it would provide guidance to clinician with respect to assessment strategies for CLD children; (2) it would provide structure for the additional allocation of time to be negotiated between the profession and employers; and (3) it could be used as a formal basis for the negotiation of an agreement with funding bodies to accept results obtained from assessments other than norm-referenced tests for funding purposes. The key is that such changes need to come from within the profession. Again, the three pillars of recommendations in the professional literature, the Australian guidelines for working with CLD populations and results from surveys of speech pathologists in Australia form a solid basis on which to start relevant actions.

Need for developmental reference scales for CLD children

There were many requests from respondents for ESL norms and for reference scales for language development of bilingual children in both English and other languages. Not only is nothing of the kind available locally, but for most language combinations norms and scales have not been developed overseas yet either. This is largely due to the many variables involved (eg. language combination, age of onset, exposure patterns, family and community background etc.) making the task enormous (Cline 1998).

The literature provides criterion references for selected features in a good range of languages (too numerous to start citing here). Suggestions are also available for the collection of comparative data as part of language assessments (Anderson 2002; Terrell, S.L., K. Ahrensberg & M. Rosa 1992). Through concerted actions, the collection of comparative data could be turned into a procedure for establishing developmental scales relevant to the Australian multicultural population. Comparative analysis of peers would over time contribute to the developmental scales for normal development, which clinicians so urgently need. If a great number of clinicians commit to contributing comparative data on a case by case basis, it will eventually lead to a substantial data base. The new technology makes the pooling and exchange of such information possible. It is a matter of the profession to organise this. It is unlikely that it will be done for us!

In addition, applications for funding could be made in order to attract individuals to take on projects developing local ESL norms for groups of background speakers. Clinicians could become involved in the co-supervision of such theses.

Need for improved assistance from bilingual paraprofessionals

Of concern to respondents were the access, costs and skills of interpreters. The latter could potentially be improved through joint professional development for speech pathologists and interpreters. It is likely that interpreters have issues with speech pathologists as well. Alternatively, skills workshops for interested interpreters could be offered by speech pathologists. This would also identify interpreters particularly interested in working with speech pathologists and lead to a relevant data base.

Another avenue for gaining assistance with languages are bilingual speech pathology assistants. Guidelines for working with speech pathology assistants are available both here and overseas, and so is literature for training speech pathology assistants. For clinicians in Victoria it might be worthwhile to develop more intense collaborative structures for working with the FKA Multicultural Resource Centre and their bilingual workers. Other people potentially interested and able to undergo training as speech pathology assistants are community members with language related training from their home countries, in particular teachers and, of course, speech pathologists, or people who have trained here as child care workers or teacher aides. There are many people in migrant communities whose training is not formally recognised in Australia, but who have a wealth of knowledge and who might be interested

in casual work which respects their background.

Need for increased networking

A number of respondents made suggestions around the intensification of networking specific to CLD clients. Requests centred around a register of speech pathologists with knowledge of various languages and a help line. Both are relatively easy to accomplish steps, and therefore probably the point where we should start. At MIG Victoria we believe that the MIG discussion list is the best medium to get the ball rolling.

Conclusions

Many of the needs expressed by respondents have been addressed in the position paper entitled *Working in a Multilingual and Culturally Diverse Society* and published by Speech Pathology Australia (2000) as recommendations for best practice in servicing CLD clients. Thus, changes in the service provision for CLD clients have the backing of the professional association. Making guidelines become practice is a matter for professionals to achieve as a group.

In this article, I have listed barriers and needs brought up by my survey in the order of magnitude from the most difficult to the most immediately accomplishable. For action, we need to unravel it from the back. At MIG Victoria we have started the discussion. It is hoped that other states and territories will get involved. If you haven't subscribed to the MIGlist yet, follow the procedure described on p. **X**.

References

Anderson, R.T. (2002) Practical assessment strategies with Hispanic students. Chap. contributed to A.E. Brice *The Hispanic Child: Speech, Language, Culture and Education*. Boston: Allyn & Bacon, 143–184.

Brice, A.E. (2002) *The Hispanic Child: Speech, Language, Culture and Education*. Boston, MA: Allyn and Bacon.

Cline, T. (1998) The assessment of special educational needs for bilingual children. *British Journal of Special Education* 25(4): 159–163.

Döpke, S. (2003) Theoretical and practical issues in the language assessment of culturally and linguistically diverse children. MA thesis. Bundoora, Victoria: La Trobe University.

Hammer, C.S. (1998) Toward a "thick description" of families: using ethnography to overcome the obstacles to providing family-centred early intervention services. *American Journal of Speech-Language Pathology* 7: 5–22.

Hand, L. (2000) Stuck in a rut with assessment? New(er) methodologies with diverse populations. *MIG Bulletin* 16(3): 6–9.

Omark, D.R. & J.G. Erickson (eds) (1983) *The Bilingual Exceptional Child*. San Diego, CA: College Hill Press.

Pearson, B.Z. (1998) Assessing lexical development in bilingual babies and toddlers**.** *International Journal of Bilingualism* 2(3): 347–372.

Peña, E., A. Iglesias & C. S. Lidz (2001) Reducing test bias through dynamic assessment of children's word learning ability. *American Journal of Speech-Language Pathology* 10: 138–154.

Roseberry-McKibbin, C.A. (1994) Assessment and intervention for children with limited English proficiency and language disorders. *American Journal of Speech Pathology* 3(3): 77–88.

Roseberry-McKibbin, C.A. (1997) Working with linguistically and culturally diverse clients. In K.G. Shipley (ed) *Interviewing and Counselling in Communicative Disorders. Principles and Procedures*. (2nd ed) Boston: Allyn & Bacon, 151–173.

Speech Pathology Australia (2000) *Working in a Multilingual and Culturally Diverse Society*. Melbourne: Speech Pathology Association of Australia Ltd.

Terrell, S.L., K. Ahrensberg & M. Rosa (1992) Parent–child comparative analysis: a criterion-referenced method for the nondiscriminatory assessment of a child who spoke a relatively uncommon dialect of English. *Language, Speech and Hearing Services in Schools* 23(1): 34–42.