A major challenge for the speech-language pathology profession in many cultures is to address the mismatch between the "linguistic homogeneity of the speech-language pathology profession and the linguistic diversity of its clientele" (Caesar & Kohler, 2007, p. 198). This paper outlines the development of the Multilingual Children with Speech Sound Disorders: Position Paper created to guide speech-language pathologists' (SLPs') facilitation of multilingual children's speech. An international exp ...
International aspirations for speech-language pathologists’ practice with multilingual children with speech sound disorders: Development of a position paper

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Running head: Multilingual children with speech sound disorders position paper
Abstract

A major challenge for the speech-language pathology profession in many cultures is to address the mismatch between the “linguistic homogeneity of the speech-language pathology profession and the linguistic diversity of its clientele” (Caesar & Kohler, 2007, p. 198). This paper outlines the development of the Multilingual Children with Speech Sound Disorders: Position Paper created to guide speech-language pathologists’ (SLPs’) facilitation of multilingual children’s speech. An international expert panel was assembled comprising 57 researchers (SLPs, linguists, phoneticians, and speech scientists) with knowledge about multilingual children’s speech, or children with speech sound disorders. Combined, they had worked in 33 countries and used 26 languages in professional practice. Fourteen panel members met for a one-day workshop to identify key points for inclusion in the position paper. Subsequently, 42 additional panel members participated online to contribute to drafts of the position paper. Finally, a moderator with international expertise in working with children with speech sound disorders facilitated the incorporation of the panel’s recommendations. A thematic analysis was undertaken of the major areas of discussion using two data sources: (a) face-to-face workshop transcript (133 pages) and (b) online discussion artifacts (104 pages). The following themes were identified: definitions, scope, framework, evidence, challenges, practices, and consideration of a multilingual audience. The resulting position paper contains guidelines for providing services to multilingual children with speech sound disorders (http://www.csu.edu.au/research/multilingual-speech/position-paper). The paper is structured using the International Classification of Functioning, Disability and Health: Children and Youth Version (World Health Organization, 2007) and incorporates recommendations for (a) children and families, (b) SLPs’ assessment and intervention, (c) SLPs’ professional practice, and (d) SLPs’ collaboration with other professionals.
HIGHLIGHTS

• An international panel created a position paper for working with multilingual children with speech sound disorders.

• The 57 international collaborators had worked in 33 countries and spoke 26 languages.

• Areas addressed include referral, assessment, intervention, cultural competence, and collaboration with communities and professionals.

• The position paper applied the International Classification of Functioning, Disability and Health: Children and Youth.
International aspirations for speech-language pathologists’ practice with multilingual children with speech sound disorders: Development of a position paper

Most children become competent communicators, regardless of the number of languages they acquire (Hambly, Wren, McLeod, & Roulstone, 2013). However, some children do not learn to communicate effectively in the languages they speak. In many cases, speech-language pathology intervention is effective for children with speech sound disorders (Law, Garrett & Nye, 2010), and may contribute to preventing or ameliorating the risk of adverse educational, social and occupational outcomes of untreated speech and language difficulties (Johnson, Beitchman, & Brownlie, 2010).

Mismatch between SLP workforces’ and clients’ languages

The homogeneity of a predominantly monolingual speech-language pathology workforce is frequently reported, especially in English-speaking countries (Caesar & Kohler, 2007; Guiberson & Atkins, 2012; Jordaan, 2008; Kritikos, 2003). In contrast, people within many countries are multilingual. For example, many countries have more than one official language (e.g., Belgium, Canada, Malta, South Africa). Even in countries with one official language, multilingualism is prominent. For example, in the US, over 55.4 million people (19.7%) over 5 years of age speak languages other than English (Shin & Kominski, 2010). The proportion of Australians who did not speak English as the first language at home rose from 21.5% in 2006 to 23.2% in 2011 (Australian Bureau of Statistics, 2012). Therefore, the question is posed: how do we “close the gap between the linguistic homogeneity of the profession and the linguistic diversity of its clientele” (Caesar & Kohler, 2007, p. 198)? In this article we describe the development of a position paper in which recommendations for overcoming challenges related to this question are proposed. Although multilingual children may have difficulty with speech, language, and literacy the overarching aim of the position
paper is to guide and support SLPs’ work with multilingual children with speech sound disorders.

**Speech sound disorders**

Effective communication requires skills in the perception and production of speech and language. Speech sound disorders are the most common communication difficulty among young children (McLeod & Harrison, 2009; Mullen & Schooling, 2010). Children with speech sound disorders can have difficulty with speech perception, the physical/motor articulation of sounds, and/or the phonological representation and organization of speech (International Expert Panel on Multilingual Children’s Speech, 2012). Speech sound disorders can be of known origin (e.g., cleft lip and palate, Down syndrome) or unknown origin. Childhood speech sound disorders have been correlated with negative long-term impacts (Felsenfeld, Broen & McGue, 1994; Lewis, Freebairn & Taylor, 2000; McCormack, McLeod, McAllister & Harrison, 2009; Ruben, 2000). The longevity of these impacts, especially relating to literacy, may be exacerbated if intervention is not received by the critical age of 5 years, 6 months (Bishop & Adams, 1990; Nathan, Stackhouse, Goulandris, & Snowling, 2004). However, if timely intervention is received, speech sound disorders are the most effectively treated of early communication disorders (Law, Garrett & Nye, 2010). Therefore, identifying best practices for early intervention to address speech sound disorders in multilingual children is important, allowing SLPs to reduce the severity of these negative impacts and to promote positive outcomes.

To date, more research has been undertaken investigating multilingual children with language disorders than with speech sound disorders (Kohnert, 2008; McLeod & Goldstein, 2012). Multilingual children acquire speech differently from monolingual children depending on the languages they speak, their level of exposure to languages, the order of language acquisition, and their opportunities to use their languages (Hambly et al., 2013; Kohnert,
Thus, an important role of SLPs is to differentiate between speech errors or patterns that are typical in multilingual acquisition and those that reflect speech sound disorder.

Challenges for working with multilingual children with speech sound disorders

The gap between the linguistic homogeneity of SLPs in certain countries and the linguistic diversity of the children they work with presents a number of challenges for SLPs aspiring to provide effective and equitable services to multilingual children with speech sound disorder. In addition, there is a gap between what is reported in the literature about multilingual children’s speech and the reality of SLP practice. The following areas of concern have been recognized in studies that have considered SLPs’ practice with children with speech and language impairment: 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). Each area of concern is discussed separately in the proceeding sections.

Referral

People who are responsible for the referral of multilingual children to speech-language pathology services (e.g., parents, teachers, health visitors, doctors) often have limited knowledge or information to assist them in the accurate identification of children at risk of speech sound disorders (Stow & Dodd, 2005). Speaking more than one language has not been correlated with higher or lower incidence of speech and language disorders. Accordingly, multilingual children’s representation on SLPs caseloads should not be proportionally different from that of monolingual children (Winter, 2001). However, Stow and Dodd (2005)
reported that for children in the UK on speech-language pathology caseloads there is a statistically significant under-representation of children speech sound disorders in multilingual children (25.7%) in comparison to monolingual children (58.4%).

Parents are key referrers of their own children in the early years of speech development; however, many parents of multilingual children do not receive culturally and linguistically appropriate information regarding speech-pathology services (Stow & Dodd, 2003). Indeed, the under-referral of children from multilingual backgrounds may be partially due to limited parental awareness of multilingual children’s speech and language milestones, or the benefits of, and how to access, speech-language pathology services (issues that are also relevant to monolingual children according to McAllister, McCormack, McLeod, and Harrison, 2011). Factors, such as the stigma of disability, guilt, and shame may also inhibit parents’ willingness to bring their children to SLPs for assessment and intervention (Bowers & Oakenfull, 1996; Stow & Dodd, 2003; 2005).

**Assessment**

The main challenges identified by SLPs in the assessment of multilingual children with speech sound disorders fall within three broad categories: lack of culturally appropriate tools for assessment, lack of norms for multilingual speech acquisition, and a lack of confidence in differential diagnosis between speech sound disorder and speech difference.

First, there are widespread reports by SLPs of a paucity of culturally appropriate tools for the assessment of multilingual children’s speech (Caesar & Kohler, 2007; Jordaan, 2008; Kritikos, 2003; Roseberry-McKibbin, Brice, & O’Hanlon, 2005; Skahan, Watson, & Lof, 2007; Williams & McLeod, 2012). SLPs recount a heavy reliance on informal measures or assessment tools in other languages (often their own language) that may not be reliable and valid in the assessment and diagnosis of multilingual children (Guiberson & Atkins, 2012; Jordaan, 2008; Williams & McLeod, 2012). However, there are assessment tools in languages
other than English that SLPs may not be accessing. For example, McLeod (2012a; 2012b) provides a list of monolingual speech (articulation and phonology) assessments that are available in languages other than English (e.g., Arabic, Cantonese, Finnish, German, Spanish, Thai, Turkish) as well as multilingual speech assessments (e.g., German-Turkish, Maltese-English, Pakistani heritage languages-English, Spanish-English). However, administration of these assessments may not be possible due to unavailability of interpreters, or the relevance to the SLPs’ context (e.g., due to dialect or culture). Additionally, there are many languages, dialects, and language combinations for which monolingual or multilingual assessment tools are unavailable. Dialectal variations of languages are currently understudied in speech-language pathology research, but are important for valid diagnosis of speech sound disorders (e.g., Velleman & Pearson, 2010).

Second, although a recent review by Hambly et al. (2013) identified 66 papers written about multilingual children’s speech acquisition in the last 50 years, SLPs report a paucity of normative data for multilingual children’s speech acquisition. Unquestionably, it can be difficult for individual SLPs working with culturally and linguistically diverse caseloads to apply normative data to a particular multilingual child. For example, children exhibit diversity in the number of languages and dialects spoken, as well as differences in the number of languages known. In addition, factors such as children’s age and timing of the acquisition of each language (e.g., simultaneous or sequential acquisition), proficiency in each language, domains of language knowledge and use (e.g., perception/comprehension vs. production) and languages spoken within children’s communities (e.g., majority vs. minority languages) all impact the applicability of available normative data.

Third, SLPs indicate that they lack confidence in distinguishing speech difference from speech sound disorder. For example, one study found that as many as 42% of SLPs reported being uncomfortable with the reliability of their assessments of culturally and linguistically
diverse children (Guiberson, Miron & Brickl, 1998, cited in Guiberson & Atkins, 2012). SLPs’ lack of confidence in determining the presence of a speech sound disorder may result in late identification of multilingual children with speech sound disorders and/or over- and under-representation of multilingual children in speech-language pathology services (Winter, 2001). Under-diagnosis can lead to poor outcomes for children with speech sound disorders due to their not receiving appropriate early intervention (Law, Boyle, Harkness, Harris, & Nye, 2000; McCormack et al., 2009). Conversely, over-diagnosis may impact upon the self-esteem of children who receive intervention for a misdiagnosed speech sound disorder and can also lead to the misuse of speech-language pathology time and expertise.

**Intervention**

There is a perceived lack of available information for SLPs and families to enable informed decisions regarding the most appropriate language(s) to be used in intervention as well as in day-to-day interactions. The major challenges reported by SLPs in delivering intervention for multilingual children with speech sound disorders are lack of culturally appropriate resources (Guiberson & Atkins, 2012), and scant information regarding best practice in the choice of language for intervention (Joffe & Pring, 2008; Jordaan, 2008). Evidence from intervention research regarding multilingual children’s language skills shows that the effectiveness of intervention with multilingual children can be maximized when the home language is used (Gutiérrez-Clellen & Simon-Cereijido, 2009). However, the majority of the literature reveals that SLPs conduct intervention in their own language rather than in the multilingual children’s languages (Jordaan, 2008; Kritikos 2003; Stow & Dodd, 2003; Williams & McLeod, 2012).

The choice of language used for intervention can be influenced by a number of factors relating to both SLPs and parents. SLPs may lack training, culturally appropriate resources, and/or the availability of bilingual support staff (including interpreters/translators) to enable
them to provide intervention in the languages spoken by the children in their community (Guiberson & Atkins, 2012; Roseberry-McKibbin et al., 2005). Consequently, they may be uncertain of their competence to conduct intervention in a language other than their own (Kritikos, 2003). Parental expectations of intervention also are an important consideration (Lee & Ballard, 2011). Parents may request that intervention be conducted in the language of the community, or the language of instruction used at school, rather than their home language(s) because they may feel this is what will be best for the children’s future educational and economic success (Cruz-Ferreira & Ng, 2010; Stow & Dodd, 2003). The decision to conduct intervention in the language of the community can be influenced by a lack of knowledge and understanding about the benefits of being multilingual, and attitudes or prejudice towards second languages because of language status (Kohnert, Yim, Nett, Kan, & Duran, 2005).

**Training**

Many SLPs report they received insufficient pre-service preparation for working with culturally and linguistically diverse populations (Guiberson & Atkins, 2012; Kritikos, 2003; Roseberry-McKibbin et al., 2005; Stow & Dodd, 2003; Williams & McLeod, 2012). SLPs have identified the need for ongoing training and resources to support their work with culturally and linguistically diverse populations, including specific training in multilingual children’s speech (Kritikos, 2003; Skahan et al., 2007; Stow & Dodd, 2003; Winter, 1999). A study by Roseberry-McKibbin et al. (2005) indicated that SLPs who have received theoretical and practical training for working with culturally and linguistically diverse populations are more likely to report higher levels of confidence in working with multilingual children and families. In light of this finding, it seems that training may provide an opportunity to cultivate SLPs’ cultural competence to be culturally sensitive in meeting the individual needs of the multilingual children they work with.
Interpreters

SLPs acknowledge that interpreters and translators are professionals who are important for effective provision of services to multilingual children with speech sound disorders (Isaac, 2005). However, the following pitfalls have been identified that weaken collaboration between SLPs and interpreters and translators: insufficient funding and access to interpreters who speak all of the languages of their clients (Kritikos, 2003), lack of training for SLPs and interpreters regarding effective collaborative practices (Guiberson & Atkins 2012), time constraints and costs of working with interpreters within the clinical setting (Kritikos, 2003), and poor appreciation of the disadvantages of using family members and friends as interpreters (Jordaan, 2008; Stow & Dodd, 2003). Additionally, the code of ethics for accredited interpreters may preclude commenting on a client’s accuracy of speech production (Roger & Code, 2011). These factors may provide clues as to why many SLPs report not using interpreters in their work with multilingual children and their families (Caesar & Kohler, 2007; Jordaan, 2008).

Cultural barriers

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-Firempong, 2003, p. 294). SLPs report a lack of cultural competence, comfort, and confidence when working with multilingual children (Kritikos, 2003). If a language barrier exists between parents and SLPs, and an interpreter must facilitate communication, it can be more challenging to build rapport and maintain relationships. Cultural differences can cause a mismatch between SLPs’ and parents’ values, priorities, goals and attitudes. For example, some cultures stigmatize disability or hold beliefs that children’s difficulties have a metaphysical cause (e.g., Semela,
A mismatch may also occur between SLPs’ expectations and children’s behavior. For example, in Samoan cultures, it is expected that children remain silent in the company of adults (Ballard & Farao, 2010). These cultural barriers, caused by both differing world-views and experiences and a lack of cultural understanding between parties, can make it difficult for SLPs and parents to work collaboratively to achieve positive outcomes for children.

**Service delivery**

There are a number of service delivery issues to be considered when working with multilingual children with speech sound disorders. Multilingual children may not access services to the same extent as children of the dominant culture in a particular setting, especially in instances where parents are required to initiate contact (Winter, 2001). SLPs report a shortage of bilingual professional support staff within the workplace that might allow more thorough assessment and intervention with multilingual children (Guiberson & Atkins, 2012; Roseberry-McKibbin et al., 2005). Increased clinical time and resources are needed for working with multilingual children (Kritikos, 2003). Additional time is needed for thorough case history taking, sourcing information about home languages and culture, training/briefing interpreters, using interpreters in sessions, and debriefing with interpreters after sessions. Often in clinical settings this extra time is not available (Stow & Dodd, 2003). Service delivery options, such as the use of home programs for intervention, are impacted by language proficiency of parents and SLPs in the languages chosen for intervention. For example, a language barrier may affect negatively an SLP’s ability to effectively train parents to implement intervention at home. Cultural competence is essential for SLPs working with children, families and other professionals in order to support multilingual children with speech sound disorders and their families during the processes of referral, assessment, intervention, and service delivery. SLPs need guidance and support in order to engage in best practice with multilingual children with speech sound disorders.
Aim of the current paper

While numerous challenges have been documented in the literature, much less has been written about developing culturally and linguistically appropriate services for multilingual children with speech sound disorders worldwide. To this end, an international expert panel was assembled to:

1. define international best practice guidelines for working with multilingual children with speech sound disorders, and

2. identify practical pathways for improving international practices for working with multilingual children with speech sound disorders.

The aim of this paper is to document the development of a position paper as an aspirational document, grounded in both currently available empirical evidence and expert opinion, concerning best practice guidelines for working with multilingual children with speech sound disorder.

METHOD

Participants

Participants in this study were 57 members of the International Expert Panel on Multilingual Children’s Speech. Participants fell into three categories: 14 participants attended a 1-day face-to-face workshop (including two conveners who are the first two authors on this paper), 42 additional participants formed the online panel, and one participant, the third author on this paper, moderated the group’s feedback. Participants were speech-language pathologists, phoneticians, linguists and speech scientists with specialist knowledge and publications in the field of speech sound disorders, multilingualism, or both. The 57 members of the International Expert Panel on Multilingual Children’s Speech had worked in the following 33 countries: Australia, Austria, Brazil, Canada, the People’s Republic of China, Ecuador, Finland, France, Germany, Greece, Hong Kong, Hungary, Iceland, the
Republic of Ireland, Israel, Jamaica, Japan, South Korea, Malta, The Netherlands, New Zealand, Paraguay, Peru, Russia, Slovakia, Singapore, South Africa, Sweden, Switzerland, Turkey, United Kingdom (England, Scotland, and Wales), United States of America, and Viet Nam. The members used the following 26 languages in a professional capacity: Afrikaans, Arabic, Australian Sign Language (Auslan), Bulgarian, Cantonese, Danish, Dutch, English, Finnish, French, German, Greek, Hebrew, Hungarian, Icelandic, Italian, Jamaican, Korean, Mandarin, Portuguese, Russian, Spanish, Swedish, Turkish, Yiddish, and Welsh plus many other languages in non-professional capacities.

**Recruitment**

To assemble the International Expert Panel on Multilingual Children’s Speech, 92 people with specialist knowledge and publications in the field of speech sound disorders and multilingualism were invited via email, and 56 accepted the initial invitation (the moderator was invited later in the process, see below). Of those who did not accept the invitation, five declined because they had retired or did not have current expertise in working with multilingual children, eight emails were undeliverable (e.g., email addresses were no longer valid), five replied with “out of office” messages, and the remainder did not respond to the invitation.

**Procedure**

The position paper was created in five phases: face-to-face workshop, creation of the initial draft, online panel discussion, thematic analysis, moderation and finalization.

**Face-to-face workshop**

Fourteen expert panel members met for a one-day workshop in Cork, Ireland (prior to the 2012 International Clinical Phonetics and Linguistics Association conference) to discuss the challenges of working with multilingual children with speech sound disorders, to define international best practice guidelines, and to identify practical pathways for working with
these children. The workshop covered the following topics: definitions, position statements, assessment, intervention, cultural competence, and research collaboration. Prior to the meeting, participants were invited to identify sub-topics from the agenda to which they wanted to contribute (see Appendix A). A comprehensive 42-page handout, collating previous research on the discussion topics, was developed to guide the discussion. Additionally, position papers regarding multilingual practice from various speech-language pathology professional associations were made available. The first author chaired the meeting and guided face-to-face discussion, starting with an overview of each topic, followed by comments from self-nominated contributors, then general discussion from the remaining participants. The topics were discussed using the International Classification of Functioning, Disability and Health: Children and Youth version (ICF-CY, WHO, World Health Organization, 2007) as a conceptual framework to ensure that Personal and Environmental Factors impacting upon children were considered during discussions. At the end of the workshop, participants formed small groups to document guidelines and key points for inclusion in the position paper. They were invited to consider the day’s discussion and to outline “opportunities, expectations, aspirations, entitlements” (Educational Transitions and Change Research Group, 2011, p. 1). They were also required to make recommendations for SLPs, as well as children and their families, to guide clinical practice when working with multilingual children with speech sound disorders. The 5-hour meeting was audio recorded for detailed analysis and subsequently transcribed by professional transcription service personnel resulting in 133 single-spaced typed pages of text.

**Creation of the initial draft**

After the workshop the first two authors considered three sources of data to generate the first draft of the position paper: (a) the documented guidelines and key points for inclusion in the position paper generated from face-to-face workshop, (b) the 42-page
handout, and (c) the 133-page transcript of the face-to-face discussion. The position paper was originally structured around addressing the key challenges for SLPs working with multilingual children: referral, assessment, intervention, training, interpreters, service delivery and cultural competence. However, it became clear to the first two authors that the holistic framework of the ICF-CY (World Health Organization, 2007) better encapsulated the ideas generated by the panel. Consequently, the first draft of the position paper was produced containing recommendations for best practice using the following headings: Body Function, Body Structure, Activities and Participation, Environmental Factors, and Personal Factors. Each heading under the ICF-CY components contained four lead-in phrases: (i) Children should ... (ii) SLP assessment and intervention should … (iii) SLPs should … (iv) SLPs should collaborate with other professionals to ... (in the final version, the word “should” was removed because of its prescriptive quality after feedback from the panel). The initial draft also included a preamble, definitions, purpose statement, explanation of the ICF-CY framework, a summary of challenges identified by SLPs reported in the literature, position statement, acknowledgment of relevant guiding position papers, funding source, references, and the names of the contributors. The first draft of the position paper was shared online with the 14 face-to-face panel members and feedback was collated to form the second draft.

**Online panel discussion**

Next the 42 online panel members were invited to join the 14 face-to-face panel to contribute to the development of the subsequent drafts. Three methods were employed to enable feedback and discussion. First, drafts of the position paper were uploaded into Google Docs (https://docs.google.com/) so that panel members could access and edit interactive versions of the document online. Only three members of the online panel chose to use this method. Second, a restricted membership Yahoo! Group was founded and versions of the
documents were uploaded to its files area. Group participants were invited to recommend changes to the draft, to comment on areas of strength and weakness of the draft, and have an interactive conversation about other members’ recommended changes (copied and posted by the conveners). While 23 panel members joined the group, the only comments posted were about the means of accessing the documents. Consequently, sending group emails was employed as the third method of gaining feedback. This was the most successful in terms of individual participation but not interactivity within the group. The majority of the 57 panel members provided feedback on the drafts via tracked changes versions of MS Word documents submitted as email attachments, or by email correspondence to the conveners. Unfortunately, this method did not enable interaction between panel members. To facilitate the transparency of the revisions to the draft position paper at each revision, all documents and comments were merged into one, and responses were made to each recommended change. For example, one version that was distributed back to the group contained tracked changes from 21 different documents as well as other tracked changes added from email correspondence. Overall, the International Expert Panel on Multilingual Children’s Speech commented on four continually evolving versions of the position paper (draft 1 to the face-to-face panel (July 2012), draft 2 to all panel members (August 2012), draft 3 (penultimate) to all panel members (September 2012), draft 4 to all panel members after the moderation process (October 2012).

**Thematic analysis**

A thematic analysis was undertaken of the major areas of discussion highlighted by panel members to arrive at the final version of the position paper. In order to describe these areas of contention/discussion, two data sources were analyzed: (a) the transcript of the face-to-face workshop (133 typed pages) and (b) artifacts from the online discussions: (i) Google Docs and email correspondence (94 typed pages) and (ii) comments extracted from the
revised versions of the position paper (10 typed pages). The thematic analysis involved a five-phased cycle of compiling, disassembling, reassembling, interpreting, and concluding (Yin, 2011). The second author identified themes from the development of the position paper and reliability of coding was undertaken by the first author who checked the identified themes with transcript samples. The first two authors discussed the thematic coding, checked that the themes accurately reflected the major areas of discussion highlighted by the panel, and that the themes appropriately encompassed the data. Participant validation (Patton, 2002) was implicitly rather than explicitly undertaken through consideration of participants’ responses to the four drafts of the position paper. Transferability and authenticity was assured by using “thick description” by illustrating the data analysis using detailed extracts (Lincoln & Guba, 1985, p. 359). The following themes were identified from the development of the position paper: the definitions, scope, framework, evidence, challenges, practices, and consideration of a multilingual audience and discussion of the themes are outlined in the results section below.

**Moderation and finalization**

Given the large number of panel members and contributed comments, a moderator was invited to increase transparency, reduce potential bias, and oversee the inclusion of panel members’ perspectives in the finalization of the document. The moderator was selected on the basis of her expertise in moderating the phonological therapy list (Bowen, 2001) comprising over 8,000 members from 85 countries who discuss issues regarding children with speech sound disorders. The moderator was not involved in the initial development of the position paper, but began the moderation process after comments from the third draft had been received from the online panel. Two half-day meetings with the conveners involved responding to and resolving every comment from the panel members, and resulted in the penultimate draft of the position paper. The final draft was sent to the online panel requesting
minor revisions primarily of a typographical nature. Once these had been received, the first
convener incorporated the minor changes, then the moderator and conveners read the entire
document several more times to ensure consistency, clarity, and coherence in form and
content. This step was very important due to the international and collaborative nature of the
development of the position paper by 57 people.

Finalization of the position paper involved typesetting, licensing, registration, and
distribution. A graphic designer typeset the position paper into a 5-page document. A
Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported License was
obtained in order to formalize the right to copy and share the position paper freely, while
protecting its content. An ISBN was purchased in order to enact the publication of the paper.
A website was created to house the final document and allow for access and distribution.
Finally, members of the panel were thanked and sent the typeset document by email.
Announcements were made on international listservs, discussion groups, Twitter, Facebook,
and other social media to enable broad distribution of the position paper. International
professional associations were invited to include links to the position paper on their websites.
The entire process took just over 4 months, from June to November 2012. Subsequently, the
current paper was written to describe the development of the position paper. Twenty two
members of the panel contributed to the writing of the paper and the remaining members
agreed to its contents. Consequently, the members of the panel who consented to have their
names listed on this manuscript are found in the acknowledgments section below. The
Multilingual Children with Speech Sound Disorders: Position Paper (International Expert
Panel on Multilingual Children’s Speech, 2012) can be downloaded from
http://www.csu.edu.au/research/multilingual-speech/position-paper and excerpts can be
found in Appendix B of this paper.

RESULTS AND DISCUSSION
Seven areas were considered in the thematic analysis to integrate the opinions of panel members: the definitions, scope, framework, evidence, challenges, practices, and consideration of a multilingual audience and each are discussed in turn below. The confidentialized quotes included below were taken from the transcript of the face-to-face workshop and online discussion postings.

**Definitions of multilingualism and speech sound disorders**

An initial task of the face-to-face panel was to establish an agreed terminology and definition of the subject matter. Terms including *bilingual, multilingual, multicultural, cross-cultural, cross-linguistic, cultural and linguistic diversity* have all been used within the literature to describe the target population. Given the international context in which panel members worked there were wide ranging perspectives of what it meant to be multilingual (e.g., simultaneous vs. sequential acquisition, level of proficiency, oral vs. written vs. manual communication modes). The face-to-face panel members indicated a desire for the position paper to be inclusive, so recommended that the definition of multilingualism be broad: “I think there are unnecessarily restrictive criteria … based on our older research of critical periods in language learning,” “...I think it would be quite good to still keep that quite broad.” They adapted an existing definition of multilingualism with the requirement of minimal functional competence, but no restriction on the age of acquisition: “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)” (International Expert Panel on Multilingual Children’s Speech, 2012, p. 1). Later, the online panel members provided extensive input about the importance of recognizing diverse dialects, so this was added to the definition within the position paper.
The field of speech sound disorders has been replete with diverse terminology including articulation/phonology/speech/delay/disorder/impairment (e.g., protracted phonological development, residual articulation disorder) (see Bowen, 2009 for a discussion). The face-to-face panel decided to adopt the widespread U.S. term speech sound disorders: “I tend to like the speech sound disorders as an umbrella term, and then describe the characteristics”. The initial definition was simple, but was expanded by the online panel (with many revisions and additions) to “describe the characteristics”. The final definition was: “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…” (International Expert Panel on Multilingual Children’s Speech, 2012, p. 1). The final version was well received by the panel; for example, “I’ve been looking for a good definition of a speech sound disorder - and the one here just fits the bill - could I use it (properly referenced of course) in my thesis?”

**Scope of the position paper**

The scope of the position paper was discussed by the panel, aided by consultation of existing position papers that include discussion of speech-language pathologists’ practice with people from culturally and linguistically diverse backgrounds (e.g., American Speech-Language-Hearing Association, 2004; Canadian Association of Speech-Language Pathologists and Audiologists, 1997; Crago & Westernoff, 1997; International Association of Logopedics and Phoniatrics, 2011; Speech Pathology Australia, 2009). It was noted that within these position papers, no specific guidelines have been developed regarding the assessment and management of multilingual children’s speech. Furthermore, some of the existing position papers focus on the work of multilingual practitioners (e.g., American
Speech-Language-Hearing Association, 1989). However, the reality of practice is that many monolingual (and multilingual) SLPs work with multilingual populations that speak languages that are different from their own: “There’s quite a silence about what we do and what we need when we do not speak the language of that child in front of us” (face-to-face panel member).

**Establishment of a guiding framework**

To ensure that the breadth of children’s lives was covered, a framework was needed to guide the development of the position paper. The World Health Organization’s ICF-CY (WHO, 2007) was suggested by the conveners and readily accepted by the panel members due to its adoption by many speech-language pathology professional associations throughout the world (e.g., American Speech-Language-Hearing Association, Canadian Association of Speech-Language Pathologists and Audiologists, International Association of Logopedics and Phoniatries, Royal College of Speech and Language Therapists, Speech Pathology Australia). As one participant in the online panel outlined “… the ICF is for all countries, all disciplines, all professions, all ages, all everything”. Additionally, it was adopted because the ICF-CY has a focus on children in context, an essential consideration for children from culturally and linguistically diverse backgrounds.

**Evidence, challenges, and practices**

The members of the International Expert Panel on Multilingual Children’s Speech confirmed that research and information about working with multilingual children with speech sound disorders was lacking, supporting the findings of the literature review of the current paper. For example, the face-to-face panel members stated: “norms seem to be based on monolingual populations” and “a [multilingual] child presents and the speech-language pathologist, not really knowing what to do with them, just assesses them and treats them the way that they … would a monolingual English child”. They confirmed the need for a
position paper that provided guiding principles of practice, leading to position statement 5, that: “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” (International Expert Panel on Multilingual Children’s Speech, 2012, p. 2).

The importance of education and training for working with multilingual children was continually highlighted, relating to both profession preparation and continuing professional development. There was extensive discussion about the importance of a solid foundation in phonetic transcription “[specific training should include] training in phonetics (‘speech sounds’) and phonology (‘language sounds’) regardless of language. This is an area where collaboration between SLPs and linguists, … would be crucial”. Consequently, the position paper included reference to learning the International Phonetic Alphabet (IPA, International Phonetic Association, 2005) and the Extensions to the IPA (Duckworth, Allen, Hardcastle, & Ball, 1990). The face-to-face panel also discussed the benefits of instrumentation (e.g., ultrasound and electropalatography) for objective assessment and intervention for multilingual children; however, these were not included in the final position paper because of the lack of availability of this technology throughout the world.

Members of the face-to-face panel as well as the online panel flagged cultural competence as an important concept. For example, one online panel member wrote: “It is an overwhelming task to approach and even have an inkling of understanding of your same-culture neighbor, let alone someone in another country with a completely different context. I would hope that we don’t come across sounding like we know, because quite frankly, we don’t! In communities with 100 different language and cultural backgrounds … the ideal of culturally competent and safe practice is mind bogglingly overwhelming”. Originally only cultural competence was included in the position paper; however, one online panel member,
who had worked with Indigenous people, suggested that culturally safe practices should also 
be included throughout the position paper. As a result, definitions of cultural safety were 
considered, and the following definition by Williams (1999) was included in the final 
definitions: 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” (p. 213). To ensure SLPs begin to 
address the issues of cultural competence and safety, position statement 3 was included: 
“SLPs aspire to be culturally competent and to work in culturally safe ways” (International 

The importance of collaborative partnerships with families and communities was 
identified repeatedly. For example, an online panel member wrote “Our experience … is that 
students need to TALK with people of other cultures and not just attend cultural events”. 
There was emphasis placed upon a genuine appreciation of cultural viewpoints and valuing 
the contribution of diverse cultural attitudes rather than tokenistic inclusion of cultural 
elements. Subsequently, position statement 4 was included: “SLPs aspire to develop rich 
partnerships with families, communities, interpreters, and other health and education 
professionals to promote strong and supportive communicative environments” (International 
the development of the position paper was identified by another member of the group and 
added to the end of the document: “It is acknowledged that this document was not developed 
in partnership with children, families, and communities”.

**Consideration of a multilingual audience**

Although the position paper is written in English, the panel members were committed 
to ensuring that the paper was appropriate for non-English-speaking countries. For example,
the following appellations for SLPs were included in the definition (fonoaudióloga, logopedá, logopedista, logopédiste, orthophoniste, patóloga de habla y lenguaje, speech pathologist, speech-language pathologist, speech therapist, and speech and language therapist). Additionally, the development of the position paper includes a sentence: “While this document is written in English it represents the viewpoints of non-English speakers and is intended to address non-English speaking situations” (International Expert Panel on Multilingual Children’s Speech, 2012, p. 5). Some panel members requested that in the future consideration be given to translating the position paper into languages other than English.

Reception of the final version

The final version of the position paper was welcomed by the members of the panel for its contribution to the profession. For example, one email read: “I truly applaud your initiative and expertise; this provides such a solid foundation and framework for moving us all forward through international collaboration” and another read: “Congratulations on producing a well-constructed and easy to access document”. However, it was recognized by one panel member that despite the position paper being “a very competent document”, there is still much to be done in understanding multilingual children’s speech: “Perhaps the paper will stimulate thoughts about the research agenda, given we have very little understanding of the effects of factors such as language pair[s], learning context and … the speech processing chain … Given that, the position paper is a step in the right direction”.

CONCLUSION

The Multilingual Children with Speech Sound Disorders: Position Paper (International Expert Panel on Multilingual Children’s Speech, 2012) embodies the aspirations of an international expert panel by providing guidelines for the provision of services to multilingual children with speech sound disorders. It is structured using the ICF-
CY (WHO, 2007) and incorporates recommendations for: (a) children and families, (b) SLPs’ assessment and intervention, (c) SLPs’ professional practice, and (d) SLPs’ collaboration with other professionals regarding referral, assessment, intervention, training, interpreters, service delivery and cultural competence.

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(Curtin University, Perth, Australia), Mehmet Yavaş (Florida International University, FL, USA).

Conflict of interest statement

None declared.

References


### Appendix A. Topics discussed at the international expert panel face-to-face workshop

<table>
<thead>
<tr>
<th>Topic</th>
<th>Subtopic</th>
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</table>
| 0. Introduction | a. Overview of panel, workshop, aims and outcomes, research project  
| | b. Introductions of participants  
| | c. Background  
| 1. Definitions | a. Multilingual children in context  
| | b. Speech sound disorders of known and unknown origins  
| | c. World Health Organization frameworks  
| 2. Position statements | a. Examples of position statements, position papers  
| | b. Findings from international questionnaires  
| 3. Assessment | a. Scope of assessment  
| | b. Describing language exposure/ language use/ language competency/age of acquisition  
| | c. Sampling tools  
| | d. Transcription  
| | e. Analysis  
| | f. Typical speech acquisition (norms etc.)  
| | g. Personal and environmental factors  
| | h. Collaboration with interpreters, families, schools, communities  
| 4. Intervention | a. Scope of intervention/support  
| | b. Intervention resources  
| | c. Personal and environmental factors  
| | d. Collaboration with interpreters, families, schools, communities  
| 5. Cultural competence | a. National and international policies and practices regarding speech-language pathologists’ roles with multilingual children with speech sound disorders  
| | b. Practical pathways for improvement of international practices  
| 6. Research collaboration |  
| 7. Position statement | Writing key points, and first draft of the position statement  

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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.

**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 rich 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.
LEARNING OUTCOMES
Readers will
1. Acknowledge that multilingual children with speech sound disorders have both similar and different needs to monolingual children when working with speech-language pathologists.
2. Describe the challenges for speech-language pathologists who work with multilingual children.
3. Understand the importance of cultural competence for speech-language pathologists.
4. Identify methods for international collaboration and consultation.
5. Recognize the importance of engaging with families and people within their local communities for supporting multilingual children in context.
CEU QUESTIONS

1. Which of the following are NOT commonly reported challenges for SLPs working with multilingual children:

   (a) There is a lack of culturally appropriate tools for assessment.
   (b) There is a lack of norms for multilingual speech acquisition.
   (c) There are a higher number of multilingual children with speech sound disorders compared with monolingual children.
   (d) SLPs report a lack of confidence in differential diagnosis between speech sound disorder and speech difference.

2. True or false: Speaking more than one language has been correlated with higher occurrence of speech and language disorders.

3. True or false: Speech sound disorders are one of the most effectively treated communication disorders.

4. True or false: Standardized assessments can be translated into the language spoken by the child and used for accurate assessment.

5. Which of the following statements are made in the Multilingual Children with Speech Sound Disorders Position Paper (SELECT 3):

   (a) SLPs aspire to be culturally competent and to work in culturally safe ways.
   (b) SLPs generate and share knowledge, resources, and evidence to facilitate the understanding of cultural and linguistic diversity.
   (c) SLPs provide intervention for multilingual children in the dominant language of the community.
   (d) Children are entitled to professional speech and language assessment and intervention services that respect their cultural heritage.

Answers 1. (c) 2. False 3. True 4. False 5. (a), (b), (d)