

- ▶ **“An altogether different approach”: Roles of Speech-language Pathologists in supporting Indigenous children’s language development**
- ▶ **« Une démarche complètement différente » : le rôle des orthophonistes pour faciliter l’acquisition du langage chez les enfants autochtones**

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Abstract

Indigenous children are a rapidly growing population that has unmet needs for programmatic supports to ensure optimal language development outcomes and for assessment and intervention to address speech and language delays and disorders. Seventy members of the Canadian Association of Speech-Language Pathologists and Audiologists who had at least two years of practice experience with young First Nations and/or Inuit children completed an original questionnaire asking for their perspectives on the relevance and utility of their professional preparation, goals, tools, and funding for meeting the needs of young Indigenous children. Among respondents, 79% (n=55) called for “an altogether different approach.” Statistical analyses of quantitative data showed almost complete agreement among speech-language pathologists (SLPs) on rated items. They uniformly emphasized, for example, an urgent need for repeat screening of Indigenous children from birth through age five, and the perceived importance of creating new screening tools specifically for Indigenous children. This article focuses on content analyses of S-LPs responses to open-ended questions in which they expanded upon their ratings, explaining their views of the need for distinctive areas of emphasis when S-LPs work with Indigenous children. Respondents identified the need for greater investments in community-based, capacity-building activities compared to individual-focused clinical treatment, and greater use of observation, criterion-referenced and dynamic assessment methods and language facilitation strategies that are customized with reference to the child’s home language environment. They emphasized understanding the cultural context of practice, building and calling upon collaborative relationships with family and community members, and situating practice within infant and child development programs that facilitate culturally congruent communication skills of all children and caregivers in a family or community.

Abrégé

Les enfants autochtones forment un groupe de la population en rapide expansion, mais qui ne bénéficient pas de programmes pour lui assurer un développement du langage optimal ni de programmes d’évaluation et d’intervention pour prendre en charge les retards et les troubles de la parole et du langage. Soixante-dix membres de l’Association canadienne des orthophonistes et audiologistes qui possédaient au moins deux années d’expérience auprès de jeunes enfants inuits ou des Premières Nations ont répondu à un questionnaire sur la pertinence et l’utilité de leur préparation professionnelle, des buts, des outils et du financement pour répondre aux besoins de cette population. Parmi les répondants, 79 % (N=55) ont réclamé « une démarche complètement différente ». Les analyses statistiques de données quantitatives ont montré un consensus presque unanime chez les orthophonistes pour les éléments évalués. Par exemple, ils ont uniformément fait ressortir le besoin d’un dépistage répété de la naissance à 5 ans chez les enfants autochtones et l’importance de créer de nouveaux outils de dépistage expressément pour ces enfants. L’article s’attarde à analyser le contenu des réponses des orthophonistes aux questions ouvertes pour lesquelles ils ont précisé des domaines particuliers auxquels les orthophonistes doivent s’attarder dans leur travail auprès d’enfants autochtones. Les répondants ont relevé le besoin d’investir davantage dans des activités axées sur la communauté pour renforcer les capacités au lieu de mettre l’accent sur le traitement clinique axé sur la personne. Ils ont ciblé la nécessité d’avoir davantage recours à l’observation, à des méthodes d’évaluation critique et dynamique ainsi qu’à des stratégies d’acquisition du langage adaptées au milieu linguistique de l’enfant chez lui. Ils ont souligné la nécessité de comprendre le contexte culturel de la pratique, de nouer et de tirer profit des relations de collaboration avec les familles et la communauté, et d’orienter la pratique vers des programmes de développement de l’enfant mettant l’accent sur des aptitudes à communiquer, adaptées à la culture chez les enfants et les intervenants dans le milieu familial ou communautaire.

KEY WORDS

CHILDREN

INDIGENOUS

FIRST NATIONS

INUIT

CULTURE

COMMUNITY

SPEECH AND
LANGUAGE DEVELOPMENT

CULTURAL COMPETENCE

COMMUNITY-DRIVEN

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LANGUAGE SOCIALIZATION

HERITAGE LANGUAGE

PRACTITIONER SURVEY

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INTRODUCTION

This article reports findings of a survey to assess knowledge and skills of speech-language pathologists (SLPs) and to expand ideas about how best to support young Indigenous children's speech and language development. In 2006, 1.17 million people in Canada identified themselves as Indigenous people, representing 3.8% of the Canadian population. These included 64.6% First Nations, 30.3% Métis, 4.2% Inuit, and .9% other Indigenous peoples (Statistics Canada, 2006)¹. Indigenous families continue to struggle with the effects of historical and ongoing Canadian government policies and interventions designed to disrupt Indigenous communities, cultures, languages, and family life and force the elimination or cultural assimilation of Indigenous peoples (Dion Stout & Kipling, 2003). Inequities persist with respect to Indigenous children's housing, food security, health, academic achievement, social well-being, and subsequent employment, income, and life expectancies (Adelson, 2005; Ball, 2008; Battiste, 2005; Salee, 2006; Stephens, Porter, Nettleton, & Willis, 2006). Indigenous families and communities in Canada are seeking ways to ensure that their own goals for their children's development drive government and agency agendas and determine allocations of resources for Indigenous children (Royal Commission on Aboriginal Peoples, 2006). This is true for child development services in general, and in relation to Indigenous children's language development in particular.

BACKGROUND TO THE STUDY

How best to support young children's speech and language development is a complex and politically sensitive topic for many Indigenous parents and communities, and a challenge that often confounds SLPs. The goals that Indigenous parents set for their children vary across a wide spectrum: some want their young children exposed to bilingual and bicultural experiences; some want their toddlers to develop a solid grounding in their Indigenous mother tongue exclusively before learning English or French as a second language in primary school or even later; others want their children first to develop skills in English or French language communication (Ball & Lewis, 2006). Indigenous language retention and revitalization are priorities in many First Nations and Inuit communities and in national Indigenous organizations such as the Assembly of First Nations, Congress of Aboriginal Peoples, and Inuit Tapiriit Kanatami (Royal Commission on Indigenous Peoples, 1996). Preferences regarding speech and language development in the early years are complicated by prescriptive demands for young children to become 'school ready,'

including having functional communication skills and emerging literacy in English or French (Janus & Offord, 2000; Rock & Stenner, 2005).

The Indigenous population in Canada is young (47.8% are under 25 yrs.) and growing significantly, primarily as a result of a birth rate that is over one and a half times that of the non-Indigenous population (Statistics Canada, 2006). As a result, the number of Indigenous children of preschool age and entering formal schooling has doubled in some areas and will continue to grow for years to come (Steffler, 2008). There is an almost complete absence of epidemiological or other data upon which to base estimates of the extent and nature of speech and language difficulties among Indigenous children, necessitating a reliance on proxies in order to gauge the extent and nature of Indigenous children's service needs. For example, the Standing Committee on Human Resources Development and the Status of Persons with Disabilities (2003) reported that a significant proportion of Indigenous infants and young children have special needs, including speech and language delays and disorders. An evaluation of Aboriginal Head Start sites in the Northwest Territories concluded that many young Indigenous children came into the programs with language deficits (Chalmers, 2006). It has also been reported by community-level S-LPs and managers of community health services and early childhood programs that Indigenous children are disproportionately represented among referrals for screening, assessment and intervention for speech and language delays and disorders (Ball, 2005a).

Although some schools have reported some success of innovative approaches to supporting Indigenous children's educational engagement and academic achievement (Bell, Anderson, Fortin, Ottoman, Rose, Simard, & Spencer, 2004), as a group, Indigenous children have a persistent high rate of early school failure and premature school drop-out (Canada Council on Learning, 2007; Mendelson, 2008). Speech and language services are not a benefit covered by the National Health and Medical Services Branch for First Nations children living on reserves. Children in First Nations that do not have discretionary funds to contract S-LP services or that have higher priorities often never receive services. Many Indigenous children wait years to receive services. It is very unlikely that existing service resources can effectively meet the demand for clinical services. Some have called into question whether clinical services to individuals, using mainstream tools and intervention strategies, are the most effective way to support optimal speech and language development and remediate speech and language disorders among Indigenous children.

Current strategies for assessing and promoting language facilitation by caregivers have drawn largely on accounts of how children of European-heritage living in middle-class, urban families learn language from adult language input. Indigenous leaders in Canada have argued that the lack of services, as well as culturally inappropriate education, specialist services, and assessment procedures, result in serious negative consequences for Indigenous children. They have pointed to the possible over- and under-recognition of children with developmental challenges, undermining of culture-driven goals for development, and failure to support Indigenous children's learning in ways that are developmentally appropriate within the cultural contexts of Indigenous children's socialization. Across North America, there is growing concern about the disappointing impacts of existing models of service delivery for young Indigenous children and families (B.C. Aboriginal Network for Disabilities Society, 1996; Canadian Centre for Justice, 2001; Royal Commission on Aboriginal Peoples, 1996).

Cultural values and belief systems are reflected in the organization of the home, the priorities and decisions of families, and the goals for infants and children in community-based programs (Cole, 1998; Greenfield & Suzuki, 1998; Levine & New, 2008; Rogoff, 2003; Super & Harkness, 1997). Values about language communication and approaches to language socialization in childhood are at the heart of how people transmit their culture (Pesco & Crago, 2008). In different cultures, different communication skills are considered important, different approaches to their teaching are valued, and different situations and people are available to teach them. Different cultures hold widely different values and beliefs on how to raise children, including social organization issues such as who talks to young children, about what topics and in what contexts (Schieffelin & Eisenberg, 1984; Wigglesworth & Simpson, 2008), interaction rules around turn-taking, the value of talk, how status is handled in interactions, interpretations of intentionality, and beliefs about teaching language (van Kleeck 1994). For example, among Northern Canadian Athabascans who were studied by Scollon and Scollon (1981), "children who do not begin to speak until five years or older are interpreted as growing up respectfully, not as being language delayed" (p. 134). Crago (1990) reports how she described to an Inuit teacher a young Inuit boy who was very talkative and who she thought was very bright. The teacher replied, "Do you think he might have a learning problem? Some of these children who do not have such high intelligence have trouble stopping themselves. They don't know when to stop talking" (p. 80). Clinicians need to understand and build on the positive cultural values of the children and families they serve, and within that framework,

clarify what goals, supports, and language development activities are most appropriate (Ball, 2002; Crago, 1992; Girolametto, Weitzman, Wiigs, & Steig Pearce, 1999; Johnston & Wong, 2002; Reeders, 2008; Schieffelin, 1990; Schieffelin & Ochs, 1986; van Kleeck 1994).

Over the past decade, there has been growing momentum and capacity to define and develop early childhood care and development programs that are culturally-based and culturally reinforcing for young Indigenous children and their families (Ball, 2005b; Greenwood, 2007). This context seems to be a promising one within which to bridge gaps between specialist training, specialist services and the language support needs of young Indigenous children. Within the growing field of community-based programs customized for Indigenous infants, young children, and families, these issues are being deliberated by practitioners and parents, including the question of what roles speech-language pathologists can play in supporting optimal development of Indigenous children.

A note about two related studies by the research team helps to provide relevant context for the study reported in this article. The first study involved conversational interviews with 60 First Nations parents and Elders about their understandings of and goals for children's language development (Ball & Lewis, 2006). Overall, these caregivers were receptive to early intervention services if a child was not developing typically with reference to normative expectations within their home community. While these First Nations parents and Elders acknowledged that specialist services, including those provided by SLPs, might be one source of support for speech-language development of young Indigenous children, most had little idea of what an S-LP does or how to engage in a working relationship with an SLP. This finding points to a need to raise awareness, through community gatherings, plain language print material, and allied professionals working with Indigenous families, about what S-LPs can do and how parents can collaborate effectively with SLPs. A second study explored First Nations English dialects and implications for Indigenous children's language development, assessment of language proficiency and school readiness, and intervention (Bernhardt, Ball & Deby, 2006). These two studies, plus the study reported in this article, were conducted within the Early Childhood Development Intercultural Partnerships program (www.ecdip.org) at the University of Victoria's School of Child and Youth Care. The unifying goals of the projects within this partnership program were: (1) to ensure cultural continuity for Indigenous children; (2) to prevent the mislabelling of cultural difference as individual or group 'pathology'; (3) to promote collaborative approaches to

professional practice in Indigenous communities; (4) and to strengthen family and community capacity for supporting Indigenous and other minoritized children's development.

METHOD

Participants

Survey respondents were recruited in part through a notice published in *Communiqué*, a newsletter for members of the Canadian Association of Speech-language pathologists and Audiologists (CASLPA), the national professional association for S-LPs in Canada. Respondents were also recruited through notices about the survey circulated by agencies that deliver programs for Indigenous children living in urban areas (e.g., Friendship Centres, Aboriginal Head Start in Urban and Northern Communities), agencies that deliver programs for children living on reserves (e.g., Aboriginal Head Start On-Reserves, Indian and Northern Affairs Canada), and Indigenous organizations that were known by the investigators to have contracted for S-LP services to Indigenous children. Respondents were offered either an online or a mail-in process for receiving and completing consent forms and surveys. Of the respondents, 82% (n=58) submitted online and 18% (n=12) submitted by mail (n=12). Plans and procedures for recruiting participants and for obtaining, analyzing and reporting data were reviewed and approved by the University of Victoria Human Research Ethics Committee.

Respondents were 70 certified S-LPs across Canada who reported working for at least two years as an S-LP with First Nations and/or Inuit children under nine years of age in Canada. Two respondents identified themselves as First Nations. The remainder identified as non-Indigenous. More than one-third (39%; n=27) reported spending 'all' or 'a majority' of their time working with Indigenous children. An additional 29% reported spending 'some' of their time in the past two years working with Indigenous children. Most respondents (87%; n=61) had worked 'primarily' with Indigenous children 0-5 years. All provinces and territories were represented in the sample with the exception of Prince Edward Island. Seventy-eight per cent of the respondents had worked with Indigenous children in the four western provinces. Two-thirds had gained their experience in an Indigenous school, agency or health centre.

Questionnaire

An original questionnaire was created with 59 main topic items, each with a number of follow-on questions. The questions were developed initially by the co-authors, and then were revised on the basis of feedback

requested from six S-LPs who had worked extensively with Indigenous children, including one First Nations SLP. These professionals helped to refine the wording of questions to ensure clarity and to generate some of the questions used to follow-up respondent's ratings.

The first eight questions asked for respondents' ethno-cultural identity, the type of organization where they currently worked, and the nature and extent of their work with Indigenous children (e.g., location, years, age ranges, and roles). Remaining questions asked for the respondent's perceptions and recommendations in regards to the following topics:

- Usefulness of their professional education in preparing them to serve indigenous children;
- Level of knowledge and preparedness to work with the indigenous children and families whom they have encountered in their practice;
- Indigenous children's access to services in the region where they work;
- Appropriateness of commonly used assessment methods and service delivery models;
- Service effectiveness;
- Indigenous children's needs for speech and language supports or interventions;
- Useful roles for S-LPs in relation to indigenous goals for young children's speech and language development;
- Views on language development in an indigenous language, english or french;
- Views on S-LPs roles in supporting indigenous language learning and providing therapy when the child's first language is an indigenous language;
- Observations about social language usage by indigenous children or families with whom the S-LP had worked that seem distinctive;
- Any speech or language characteristics that seem indicative of an indigenous dialect of english or french;
- People who have been helpful to the S-LP for gathering local norms or cultural expectations for children's speech and language development;
- Recommendations for improving training and services in canada to support optimal speech and language development outcomes of indigenous children.

Question formats included 4 closed questions about work history, 19 items asking for yes/no responses, 19

items asking for ratings on five points scales (e.g., never/always; most/least suitable/strongly agree/disagree), and 17 open-ended written commentaries about practice with Indigenous children, families, and/or groups. In addition, for nearly all items that respondents were asked to rate, there were also follow-on requests to expand upon or explain their answer, to give examples, and/or to make recommendations. For example, "Rate how important it is for new diagnostic tools to be created to improve practice with Indigenous children: If you rated this as important or very important to you, describe how a new diagnostic tool might be different than what is available to you already." As well, several questions were entirely open-ended. One example is the following question: "If you have noticed any features of social language usage which seem to you to be especially prevalent or unique to the Indigenous children or families with whom you have worked, describe these with reference to: (a) preschool age; (b) school age)." Another example is: "Describe any challenges that you have seen Indigenous children facing in learning to understand and use language in their home or school or community." Participants reported that completing the questionnaire took from one to three hours.

Data Analyses

Non-parametric statistical analyses were performed on the ratings. There was very little variability among respondents on virtually all of the items asking for ratings. For example, all of the respondents rated 5 ("strongly agree") advocating for a population-based rather than an individual focused clinical approach. All of the respondents rated 1 ("strongly disagree") on the statement that standardized assessment tools are appropriate for use with most Indigenous children. While it could be speculated that the questions were not sufficiently detailed to elicit more differentiated responses, more likely these S-LPs who were quite experienced in working with Indigenous children encountered very similar challenges and arrived at very similar recommendations for practice.

Respondents were generous in their written responses to open-ended questions, enabling content analyses to identify recurrent observations and to characterize frequently occurring interpretations and recommendations. An approach to coding originated by Strauss and Corbin (1990) was used. For each item with responses provided in words as well as in numbers, a coder developed a thematic code for each new idea in a respondent's answer, compared this with another respondent's answer. She constructed a new thematic code each time a response could not be represented by a previously formulated theme. This generated a large

number of discrete themes that were very closely related to the original data. A second coder then reviewed these codes with reference to the original responses and formulated slightly more abstract themes that subsumed more varied responses. This process continued until the coders had constructed summary themes that adequately represented the data. Reliability of coding was established by both coders independently coding a randomly selected sub-sample of 10 completed questionnaires. Inter-coder reliabilities using Cronbach's alpha ranged from .78 to .97 across questions and respondents.

Because the statistical analyses of quantitative data was not informative beyond showing the general trend towards a high level of agreement on key issues, rather than present these quantitative data, a series of topics have been constructed to summarize both the qualitative and quantitative data. Quotes from respondents have been chosen on the basis that they express what many respondents said about a topic.

RESULTS AND DISCUSSION

Respondents offered detailed, generally consistent characterizations of Indigenous children's language behaviours, Indigenous parents' language socialization practices, the challenges that respondents had faced trying to respond to high rates of referral and large case-loads of Indigenous children, and the perceived inadequacies of their pre-service training, tools, and funding levels. Respondents generated many practical recommendations focused on how to work collaboratively in support of Indigenous parents' goals for children's speech and language development.

Key themes, including recommendations, are presented subsequently, along with brief commentary drawing upon relevant literature in the field. A caution, reiterated by many respondents, is that there are many different Indigenous populations in Canada (605 registered First Nations, many culturally and linguistically different Inuit communities, and a diverse and growing population of Canadians who identify as Métis). Respondents pointed out that Indigenous parents vary in their developmental goals for children's language development, and Indigenous children vary in their exposure to languages and to non-Indigenous social settings and institutions. Generalizations must be taken cautiously. The themes presented here provide talking points for dialogue with Indigenous family members, early child development advocates, community leaders, and educators to develop clearer ways to recognize and respond to the language development needs of specific Indigenous children in specific (and diverse) Indigenous cultural contexts.

“An Altogether Different Approach”

The superordinate theme summarizing respondents' perspectives on S-LP roles was the need for “an altogether different approach” to serving Indigenous children, compared to serving children of dominant cultural groups (e.g., European heritage).

“An altogether different approach is needed that would include taking the time to learn about the specific community, their values and hopes for their children, making the link between this information and already known professional information.”

Fully 79% (n=55) of respondents expressed in various ways the need for a re-orientation of S-LPs roles including: (a) re-ordering priorities from direct clinical intervention to a community-based approach; (b) re-constructing professional identity from expert to collaborator or partner; (c) creating new processes for assessment based on understanding community-specific goals and norms and relying primarily on observation rather than on standardized tools; and (d) devoting a majority of time to interventions that facilitate speech and language development through communication strategies introduced at the level of the family or community-based program, reserving individually-focused, clinical treatment approaches only for a minority of cases (such as physiological impairments including-- dysphagia or neuromotor problems).

Across all of these domains, respondents emphasized the importance of: (a) understanding the cultural context in which they are practicing; (b) building and calling upon collaborative relationships with family and community members; and (c) becoming an advocate for greater investments of funding for community-based services, specialist services, research, and Indigenous representation in provincial policy and program decision-making. These themes are elaborated below.

Understanding The Culturally Specific Nature Of Communication

Seventy-one per cent (n=50) of respondents emphasized that specialists need to learn culturally based values about language specific to the Indigenous families they serve. Examples from one cultural context were provided by one of the First Nations respondents.

“We don't tend to state the obvious. We don't talk about weather. Only if it were important, such as when getting ready to go fishing (wind) or cutting some wood, if we need the skidoo or snowshoe we would talk about the snow.”

“Children don't tend to use spatial relationship words, such as prepositions. They would say 'over there' with a gesture to the positional reference.”

“In social greetings, they will tell people how they really are, at length. They will describe how they are feeling – not just a casual 'hi, how are you? Fine.' There are no words for goodbye because we know we will see that person again.”

“Most children come out as having a vocabulary delay. In our language the vocabulary is extremely descriptive and rich in descriptions such as how a thing is made or what it is used for.”

Sixty-seven per cent (n=47) of respondents pointed to the inadequacies of their pre-service training and continuing education opportunities in helping them to understand and respond appropriately to Indigenous perspectives on speech and language communication. While most described having learned on the job, fewer than half reported feeling well prepared, even after several years of experience, to serve Indigenous children and families effectively.

Culturally Appropriate Facilitation And Intervention Methods

Lack of fit between Indigenous families and mainstream practice approaches was noted by 70% (n=49) of respondents. Striking a similar chord, investigators of S-LP practice have identified Euro-centric cultural bias as a potential problem in the use of many models of early language facilitation, early intervention, and parent education, and have offered suggestions for culturally responsive practices (Johnston & Wong 2002; Van Kleeck, 1994; Warr-Leeper, 2001). Seventeen (24%) respondents gave examples of this lack of fit.

“I began to feel silly asking parents to strike up conversations with their child about nothing in particular, just for the sake of talking. Although it might build some vocabulary, it goes against the grain of how First Nations families that I've met communicate with children.”

Sixty-six per cent (n=46) of respondents perceived differences between Indigenous and non-Indigenous children and families with regards to rules governing verbal communication.

“Check your assumptions at the door. Pragmatics in particular is a big issue. You need to learn about appropriate interaction patterns.”

For example, several respondents commented that, in the First Nations families with whom they had worked, talk often seemed to be reserved for important matters

in social interactions involving Indigenous children and adults. A lot of talking, or 'talkativeness', on the part of both children and adults seemed to be discouraged. In contrast, European-heritage parents are generally considered to be effective parents if they use a lot of conversation, including rhetorical, display-type questions with their children and encourage their child to initiate conversation and generally to be talkative. "Unlike some of the Anglo families I work with, it just isn't comfortable to encourage talking without some good reason for talking, even if encouraging it is for a therapeutic reason." Typical child assessment situations and classroom situations involve question and answer sequences that may not be familiar to many Indigenous children. As one of the First Nations S-LPs remarked: "We just wouldn't ask a child the colour of the sky when the child knows that the adult can see as well as he can what colour the sky is. It would be rude for a child to give information to an adult that the adult already clearly knows for themselves."

Four respondents explained how S-LPs need to take their lead from the particular family or community with regards to the values and styles of language interaction that their culture holds as ideal, and to build upon their language facilitation strengths and preferences. Investigators have also advocated that strategies to promote optimal speech and language development take into account the family's or community's receptivity to various approaches (Ball, 2002; Crago, 1992; Girolametto, et al., 1999; Guralnick, 2001; Heath, 1983; Johnston & Wong, 2002; Reeder, 2008; van Kleeck, 1994).

Twelve (17%) respondents gave various examples of how they had sought guidance from community members in order to "bootstrap" or "devise" methods of language stimulation and support that were culturally appropriate. For example, two described helping to organize storytelling activities, and one described creating multi-age learning situations where younger children can hear and use language in the context of observing, listening, and doing. Six respondents noted that Indigenous children tended to respond with more spontaneous speech during interactions involving doing things together with the S-LP and with peers. Two respondents noted that Indigenous children with whom they had worked demonstrated better language skills when the S-LP used slower talk, with more pausing, more sharing of information back and forth, and storytelling.

Nine (13%) respondents variously expressed their concerns that the content, goals and fast-paced atmosphere in mainstream preschool and school settings seem mismatched with the experiences, understanding and expressive styles of the Indigenous children with whom they had worked.

"Programs for preschoolers assume a value of normative development along majority culture lines and teach towards advancing children according to those values. Indigenous children's experiences, understanding, and expression often seemed, in my experience, mismatched with the preschool content and goals."

There is little substantial evidence about the language socialization or learning styles of Indigenous children and families, and a great deal of conjecture and stereotyping based on limited anecdotes. A study by Moses and Yallop (2008), which gathered evidence that challenges beliefs that Indigenous people in Australia do not make use of questions as a teaching or learning tool, underscores the importance of acknowledging not knowing and needing to ask questions about each Indigenous child's speech and language learning strengths and challenges. A distinction made by Hall (1976) may be relevant here. Hall described as 'high context cultures' those cultures that rely heavily on physical context and non-verbal contextual cues to convey information. In high context cultures, teaching is accomplished primarily by demonstration and learning primarily through observation. In contrast, Hall characterized as 'low context cultures' those cultures that rely heavily on talking and verbal explanations during teaching and shared activities.

The possibility of a mismatch between some Indigenous children's early learning experiences and the strong emphasis in mainstream schools on verbally mediated teaching and learning could account for some Indigenous parents' and Elders' wariness about sending their children to mainstream schools, speech and language programs, and other services, and why they may seem resistant to certain kinds of recommendations or interventions. In Australia, educational difficulties faced by Indigenous children, and a disaffection towards mainstream schools by some Indigenous parents, have been linked to cultural and linguistic differences between the home and school (Moses & Wigglesworth, 2008; Walton 1993). The specific cultural practices of Indigenous families with regards to language socialization and the pragmatics of communication need to inform the design and delivery of programs based in the home, school or community (Crago, 1992; Gillis, 1992). These practices vary from one family and one cultural group to another. Currently, there is no research on most Indigenous language groups in Canada that can usefully guide S-LPs understandings or preparation for work with an Indigenous child or community. This means that S-LPs must become skilled at working dialogically and flexibly with each Indigenous child, family or community. It is hoped

that they will also contribute their experiences to the professional literature.

Seven (10%) respondents pointed out that Indigenous peoples' experiences in Residential Schools have no doubt resulted in unique challenges facing some Indigenous parents. As some survey respondents pointed out, these historical antecedents must be addressed in a discrete and sensitive manner. Efforts to involve parents in stimulating or remediating a child's speech and language skills may need to encompass activities to strengthen the parents' confidence and capacities as caregivers and communicators. One S-LP urged clinicians to take extra steps to ensure that parents know that their language and voice is valued and that they can play important roles in facilitating and reinforcing their children's communication skills. Another S-LP suggested that lunches or coffee hours can be helpful to promote parents' appreciation of the importance of their role and active involvement. She added that these events need to be structured in ways that both mothers and fathers find comfortable and that are easy to fit into their daily routines. Another S-LP reported building rapport with parents and early childhood educators in community based agencies by inviting them to gatherings conducted in their communities, in homey rather than institutional settings, within small groups, with food and a social aspect to make the situation relaxed and enjoyable.

Specialized support may be needed by parents who experienced poor modelling and/or abuse in residential school, as well as 'second generation' parents raised by residential school survivors. Some of the parenting challenges that have been reported by Indigenous scholars include not knowing how to play with children, not seeing the value in providing books or pre-literacy materials to children, feelings of inadequacy, and being fearful or intimidated by schools, teachers, and professionals (Hackett, 2005; Smolewski & Wesley-Esquimaux, 2003). In particular, the prohibition against speaking one's language and speaking freely at all has led many Indigenous adults to question their competence and worth as communicators (Chrisjohn & Young, 1997).

Supporting Indigenous Languages

Based on data from the census and various surveys of Aboriginal peoples, Norris (2006) reports that about 12% of Indigenous children under 15 years old speak an Indigenous language as a first language and another 5% speak an Indigenous language as an additional language. Approximately two-thirds of these are Inuit children, while one third is comprised of First Nations children living on reserves. According to Norris (2006), the Indigenous languages that are spoken most by children in Canada, from greater to fewer numbers of speakers,

are Cree, Inuktitut, Montagnais-Naskapi, Oji-Cree, Dene and Ojibway.

In a study of Indigenous communities, Gillis (1992) found that the number of Indigenous language speakers is a community benchmark for its cultural continuity and strength. In the current study, 70% (n=49) of respondents indicated that, although Indigenous language is not typically incorporated into their services, S-LPs can play a useful role in supporting children to learn and use their Indigenous language. Fully 90% (n=63) of respondents 'agreed' or 'strongly agreed' with the statement that Indigenous parents should be encouraged to maintain whatever is the dominant language used at home. Four respondents cited the positive contribution that learning a heritage mother tongue can make to a child's sense of connection to community and to self-esteem. Seventy per cent (n=49) of S-LPs reported wanting to support children learning their Indigenous language if they were given direction from speakers of the language. Where families value a child learning their Indigenous language, some respondents recommended that the S-LP needs to work collaboratively with the family to plan how to maintain the child's Indigenous language while developing facility in the language of school. This is consistent with professional practice guidelines and directions for S-LPs working in a multi-lingual and multi-cultural context (CASLPA, 1997; ASHA, 2004; Genesee, Paradis, & Crago, 2004).

Differentiating Varieties of the Majority Language from Disorders

Eighty-three per cent (n=58) of respondents reported that they had observed unique features of Indigenous children's expressive English. As a group, respondents described a variety of social, phonological, grammatical and semantic differences in the ways that English language is spoken and used by Indigenous children. Many of the differences referred to syntax and morphology, for example, in the use of gender pronouns, negative forms, possession, third person singular marker, past tense, sentence length, syntax complexity and use of auxiliary and copula verbs. Nineteen per cent (n=13) of respondents expressed their view that these apparent dialect differences need to be understood as aspects of the home dialect of English and not necessarily as evidence of a language delay or disorder. This point has been underscored by Ball and Bernhardt (2008) following a review of the (sparse) literature on First Nations English dialects in Canada. The authors also used information from two fora involving S-LPs and investigators who explored the implications of dialect differences for screening, assessment and intervention. The importance of distinguishing language difference from language disorder has also

been underscored with reference to Indigenous children in Australia (Gould, 2008).

In Australia, S-LPs and educators have described the needs of Indigenous children whose home language is either a non-standard variant of the majority (colonial) language, a creole or mixed language, or another language altogether. They have advocated bridging or transition support to prepare them to succeed in school and also to prepare schools to receive them appropriately (Kral & Ellis, 2008; Malcolm, Haig, Konigsberg, Rochecoste, Collard, Hill, & Cahill, 1999). They report that this support is particularly important for children whose home cultures value listening, observing and doing as major modes of learning and who are likely to be marginalized in school or program settings that place a high value on verbal explanations and oral participation (Walton, 1993; Wilgosh & Mulcahy 1993).

Working Collaboratively

Eighty-one per cent (n=57) of respondents agreed that time must be provided to build authentic relationships with family members, and where possible, with community members. They described various efforts they had tried in order to demonstrate caring and respect for the values and wishes expressed by parents, as a foundation for education, support or intervention. Some respondents emphasized that relationship building requires a long-term engagement with a child or family, and a consistent presence in the community, as well as patience, flexibility, understanding and a desire to learn. Learning through listening and observing without asking a lot of questions were encouraged.

“What worked for me was behaving as the “invited guest” – being quietly present, playing with children, chatting with Elders, Band Councillors, parents, early childhood educators, etc. and asking what I could do – what kind of service they would like and then making a plan together. I rarely pulled a child for “one on one.” I received many verbal compliments for that. Practices that are not helpful include trying to work quickly, telling them what you would like to do before they’ve stated their needs and requests; not taking time to build trust; removing children from a group.”

Six respondents described how people who are involved with a child who has been referred can often offer helpful feedback about tools, methods, and messages that are likely to be accepted and useful in various families or community-based programs that a child attends. Seventy-four per cent (n=52) of respondents gave high ratings in favour of an approach in which the S-LP works collaboratively with community members to determine optimal approaches to promotion, prevention, and in-

tervention. Consultation with community members was often described favourably by respondents in comparison to an expert-driven or strictly clinical service orientation.

“Non-helpful practices include telling the adults you’ll show them what to do, giving written handouts, or inviting the community to a lecture or presentation. It is not helpful to assume that you know what to do and by virtue of your knowledge you have the right to tell Indigenous people how to communicate with, teach, or raise their children.”

Community advisors may be early childhood educators, teachers, community health managers, nurses, or Band administrators. These people may be willing to provide knowledge of cultural protocol, cultural values, and culturally conditioned goals for children’s development, the social and linguistic organization of their language and the role of language. This approach is consistent with guidelines of the Canadian Association of Speech-Language Pathologists and Audiologists as well as Speech Pathology Australia. These guidelines urge S-LPs to work collaboratively with one or more community members who share the cultural identity of the client, and preferably, who know the Indigenous language and/ or dialect (CASLPA, 2002; Speech Pathology Australia, n.d.).

Increasing and Re-Directing Funding for S-LP Services

Ninety per cent (n=63) of respondents agreed that funding for services provided by S-LPs are both ‘inadequate’ and largely misdirected. Referring to their experience of high rates of referral of Indigenous children for assessment and therapy, combined with the geographic dispersion of these children across rural, remote, urban, and northern locations, 74% (n=52) of respondents expressed that funding allocations need to support more involvement of S-LPs in community-capacity building and working to strengthen language stimulating environments for all Indigenous children.

Strengthening Community-Based Capacities

Respondents uniformly rated as ‘most appropriate’ education and intervention approaches that involve education, training and mentoring of caregivers, working as allies and as professional resource advisors to practitioners in infant development, child care, and Aboriginal Head Start programs, and educating oneself about Indigenous cultures and language socialization practices. Eight respondents described how, whenever and however possible, in their practice they find ways to increase community members’ awareness about S-LP services, to enhance their capacity to identify developmental concerns, to advocate, to partner in service

delivery, and to promote language rich environments in the home and community for all children.

“Practitioners can make an important contribution at the community level, building awareness and understanding of language development, how it progresses, how to support it, why it matters.”

The two First Nations respondents offered some specific suggestions related to the theme of capacity building that are reproduced here with their permission.

- The whole family, including the extended family, should be involved in service planning if possible;
- Older siblings may make excellent mediators of communication programming, as they are often responsible for the younger children;
- Frequent consultation sessions and short assessment sessions work best;
- SLPs can be employed to act as indirect mediators whose role is the education of other agency workers and support for parents’ language facilitation efforts;
- Standardized testing or use of lengthy questionnaires early on is not helpful;
- If attendance is an issue, it is important to problem-solve and possibly change the service delivery model - connect with other services, community workers and/or family members. Terminating services is not useful;
- Referrals to other agencies outside of the community should be postponed until rapport is established. Attendance at outside agencies is more likely if the referring individual mediates.

Respondents’ characterization of the scope and priorities for services to Indigenous children closely resembled the continuum of programs and services conceptualized by Warr-Leeper (2001). Their emphasis on community capacity building supports the goal of many Indigenous communities to strengthen knowledge and skills within families and among members who are leading health and human service initiatives for their community (Aboriginal Healing Foundation, 2006; Ball & Pence, 2006; Ten Fingers, 2005).

A Population-Based Approach

Related to capacity-building, seventy-nine per cent (n=55) of respondents endorsed the view that speech and language issues need to be addressed in the context of all children in a family, program or community, and not as isolated needs.

“Practitioners need to engage in preventive programs that are not necessarily tied to specific children on the caseload. Caseload sizes need to be kept small so that practitioners can be more present and available to the community and to work in programs that reach all children or parents.”

While nearly all respondents endorsed the view that all approaches common to the profession are potentially helpful in their work with Indigenous children and families, depending on assessed needs, 74% (n=52) of respondents strongly recommended that services to Indigenous children use a more community-wide, capacity building approach than is currently typical. They rated as ‘least suitable’ direct therapy with individual children, suggesting that clinical work be reserved for a minority of referred cases.

When cultures have been disrupted and individuals have been displaced, as has happened to most Indigenous communities, individuals often experience problems that are in part contextual or communal, rather than strictly personal. In these situations, contextual and communal responses can help tremendously (Stover & Weinstein, 2004). However, as respondents in the current study repeatedly noted, early intervention strategies predominantly used by S-LPs in Canada are based on individual deficit and remediation models. In response to questions about the circumstances surrounding their engagement with Indigenous children and families, 71% (n=50) of respondents reported that they usually became engaged in providing services as a result of referrals of individual children. Correspondingly, more than half of S-LPs reported that the majority of their time spent with Indigenous children and families was devoted to delivering services to individual children with communicative disorders and weak language skills. The trend for S-LPs to be deployed primarily in individual-level remediation services is multiply determined by factors such as how S-LPs are trained, scheduled, and reimbursed. No doubt, the tendency to engage S-LPs to treat individual disorders reflects in part a lack of information to Indigenous communities and limited community-based understanding about the potential contributions that S-LPs can make at a community level.

Consistent with respondents’ emphasis on community-wide interventions, Schuele (2001) recommended that S-LPs participate in a collaborative process of developing early child development curricula that enhance the language and language related skills of all children. To do so, S-LPs can work towards combining their language expertise with the early childhood educators’ curricular

expertise and the Indigenous community practitioner's cultural expertise as well as their familiarity with the children and families.

Culturally Fitting Screening And Assessment

Seventy-six per cent (n=53) of respondents asserted that assessments and interventions that have been developed and validated with a European-heritage orientation are generally not appropriate for Indigenous children. Seventy-one per cent (n=50) of respondents called for new tools for screening and assessing Indigenous children using experientially relevant materials and tasks and showing pictures of Indigenous people. Rather than using norm-referenced assessment, five respondents recommended greater use of criterion-referenced assessment, where individual children's change can be measured against their own baseline, much like a physical height and weight growth chart, rather than comparing children to one another or to norms imported from outside the community.² If locally valid norms are available, children's development and growth could also be measured against those.

One of the First Nations respondents suggested story and legend re-telling activities as well as crafts using local woods, clay, or leather, followed by asking a child to re-tell the steps involved. She also recommended community outings with photos to use for re-telling the journey later on. In Canada, Indigenous early literacy investigator Hare (2005), speech-language investigator Johnston (2006) and others advocate story-telling approaches to monitoring, screening and assessing Indigenous children's development. These investigators also emphasize the need to take into account dialect differences to ensure that children are not over-diagnosed, as did some of the survey respondents discussed earlier.

Johnston encourages the use of dynamic assessment, involving a test-teach-test sequence aimed at separating out the effects of children's prior language experience and their current language learning potential (Johnston, 2006; Gutierrez-Clellen & Pena, 2001). Dynamic assessment draws on Vygotsky's notion of the zone of proximal development, and can be useful as an assessment strategy that also points to the areas where a child is most receptive to guidance and ready to expand their repertoire. In Australia, practitioners working with Indigenous children are also struggling with the lack of published research on valid and practical assessment strategies. Jones and Nangari (2008) suggest that assessment of receptive language skills can offer a relatively accurate and useful picture of children's language skills.

In other studies, Indigenous parents, early childhood development program providers, and educators expressed

frustration about culturally inappropriate assessments (Ball, 2006; Ball & Lewis, 2006). Some practitioners questioned whether it is the content and structure of screening and assessment tools that are culturally biased or the often impersonal, authoritarian process surrounding the practice of assessment that is so culturally unfitting. They have also pointed to the test-like context of screening and assessment, where a child may be sequestered in an unfamiliar setting with a stranger, which may hamper a child's ability to demonstrate his or her full speech and language competence. Some respondents argued that timed tasks are biased against Indigenous children who may be hesitant to respond around unfamiliar adults, and who may have been taught to take their time to critically review the question posed to them and their possible responses, rather than to blurt out a response. A First Nations respondent commented:

"When my people are asked a question, they seriously consider that question. If it is someone she is comfortable with, she might give an answer within a minute or two. Usually it takes a longer time, sometimes many days! In analyzing dialogue, you would see a very long pause in the conversation. I will weigh it out looking at every possible viewpoint and how it relates to her point in her life cycle."

Thirty per cent (n= 21) of respondents in the current study emphasized that it is critical to build trusting relationships, ensure that parents understand the nature of their engagement with an SLP, and involve them in every step of a screening-assessment-treatment process.

"Meet with First Nations parents in a social group first, and present yourself in a casual way that they are not likely to mistake you for a police officer or a social worker who may be coming for their children. Staying away from professional jargon is also really important. Schools are not typically seen as safe or comfortable settings for meetings because many parents have negative associations with schools. I have found over time that parents are less threatened if I say I am going to do a speech and language screening versus an assessment, that I am a speech and language teacher versus a speech-language pathologist or therapist, and where I say that I am offering an English skills development program that will help their child talk in groups, understand and follow spoken directions, and understand what they are reading"

Eleven respondents (16%) recommended seeking advice from Indigenous community members or community-based practitioners in order to sort through their toolkit of screening, assessment, and intervention approaches to find culturally appropriate, child-friendly

approaches that bring the child's developmental context and functional demands into focus.

“For assessment, it would be helpful for the practitioner and community members to sit together and discuss: What skills does the child need to communicate effectively at home, school and in the community? How close is the child coming to accomplishing those? What bridges can be built to support the child in meeting the demands of educational language in the school? How should the curriculum be changed at preschool and school to respond to the information obtained?”

The very concept of “testing” and ranking the developmental levels of children is offensive to many Indigenous parents, who may be threatened by its judgmental aspects or find it antithetical to a culturally-based value of appreciating each child for who they are, accepting differences, and waiting until children are older before making attributions about them (Gerlach, 2007; Greenwood, 2007; Stairs, 2002). Many Indigenous parents have had extremely negative encounters with professionals, often with disastrous consequences, particularly during the ‘60s Scoop’ (Fournier & Crey, 1997). During the 1960s, as the government began to realize that residential schools were failing to de-culturate Indigenous children, there were massive apprehensions of Indigenous children who were then placed permanently in foster homes or placed for adoption in non-Indigenous homes. Indigenous parents may sometimes fear that, by having their child assessed or by revealing challenges at home, they could inadvertently contribute to social workers making a case for removing their children from their care.

IMPLICATIONS FOR TRAINING, POLICY, PRACTICE, AND RESEARCH

Research, training, policy and practice are interrelated in that they inform one another and provide impetus for change. Implications derived from the current study are outlined subsequently.

1. Ensure Indigenous consent, support and cultural appropriateness of S-LP services goals and approaches.

Family consent for individual-based services and community consent for community-based services needs to be obtained before using tools and approaches for testing and intervention with children. This is particularly important in the area of assessment given that there are many important inter and intra-cultural differences between the beliefs, values and experiences of

Indigenous peoples and the populations upon which existing tools for measuring language and communication skills have been developed.

2. Increase professional training of Indigenous S-LPs.

There are fewer than 20 Indigenous S-LPs in Canada. Strategies to remove barriers to access and success in training programs and incentives to increase Indigenous capacity need to be explored with representatives of government, Indigenous groups and universities.

3. Create pre-service and in-service training curriculum to better prepare S-LPs to work with Indigenous peoples.

4. Dialogue and partner with Indigenous community leaders.

Through existing Indigenous early childhood development advisory structures and personnel in provinces and territories, Indigenous community leaders should be informed of available S-LP services. The help of practitioners in Indigenous infant, early childhood, and family development programs should be sought to work alongside the S-LP in planning culturally appropriate, respectful services to a child, family or community program.

5. Increase resources for speech and language services to Indigenous young children.

Targeted funding for a continuum of speech and language services to Indigenous children needs to be made available both for First Nations children living on and off reserves. Health Canada should create mobile teams of specialists to ensure that First Nations, Inuit and Métis children in rural and remote areas have access to diagnostic and ancillary health services including speech and language and audiology in their home communities (Leitch, 2008). Such an initiative would reduce wait times, and enable some innovative and collaborative roles of S-LPs in community-based programs in addition to clinical services focused on individuals.

6. Create Indigenous provincial and territorial advisors for speech and language development programs serving Indigenous young children.

7. Support research partnerships with Indigenous communities to develop and evaluate promising efforts to demonstrate ‘an altogether different approach.’

Improvements in S-LPs practices and investments in innovative training, service, and research programs can lead to more collaborative approaches to professional practice with Indigenous families and communities (White, Maxim & Beavon, 2003). Findings of the current study call for redressing the balance of investments of limited S-LP services to support more community-wide and less individual clinical practices.

The study reported in this article encourages innovations that ensure cultural continuity, avoid pathologizing cultural difference, strengthen family and community capacity for supporting child development, and ultimately enhance the development, literacy, and school success of all Indigenous children.

CONCLUSION

A clear and compelling case for re-thinking the content, manner of delivery, and distribution of efforts by S-LPs can be construed from the detailed responses of 70 members of CASLPA to a survey about their years of experiences serving First Nations and Inuit children. These S-LPs strongly agreed that more time needs to be spent by practitioners developing relationships with leaders in child and family affairs in First Nations and Inuit communities and community-based programs. S-LPs should also engage at a community level in public education about how to facilitate infants' and young children's speech-language development and about the roles that S-LPs can play. They emphasized the value of engaging First Nations or Inuit community members as advisors on cultural protocols and appropriate practices. Community advisors can also accompany children and caregivers who may not be immediately comfortable with a stranger or with speech-language interventions and/or who may primarily speak an Indigenous language. Community-based collaborators can also advise on the materials or examples used in test items, and help with the development of screening, assessment and intervention strategies that fit local circumstances, goals and needs.

Taken together, the survey results indicate a need for the introduction of curriculum content across pre-service education and professional development addressing issues of diversity and cultural safety in general, and considerations for practice with Indigenous children in particular, since this population appears to have high needs and has been underserved. The findings indicate a need for research to identify and provide meaningful support for Indigenous children with speech-language difficulties. The overall thrust of S-LPs extensive commentaries on their view of the field resonates with similar conclusions reached in other professions, including education (Battiste, 2005; Bell et al., 2004), child

and youth care (Ball, 2005b; Stairs, 2002), social work (McKenzie & Morrissette, 2003), and nursing (Smye & Brown, 2002). All point out that the middle-class, Euro-Western basis of mainstream theory, research and practice, and underscore the need to increase the relevance and effectiveness of services to Indigenous populations.

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ENDNOTES

¹The terms Indigenous and Aboriginal are used somewhat synonymously in Canada to refer to people who identify themselves as descendants of the original inhabitants of the land now called Canada. The term 'Aboriginal' was coined in the 1800s by the Canadian government as a catch-all label for the original peoples of the land now called Canada. Some people refrain from using this term because of its colonial origins. Many people prefer the term Indigenous because of its connection to a global advocacy movement of Indigenous peoples who use this term, notably the Maori in Aotearoa/New Zealand. First Nation is a term that can apply both to individuals and to communities. First Nations communities are culturally distinct, federally registered entities comprised mostly of Registered Status Indians living on lands reserved for them by the federal government. Unlike all other Canadians, their health care services are a responsibility of the federal government. Generally, clinical ancillary services, including speech and language services, are not provided.

²These distinctions, along with dynamic assessment, have been discussed by Freeman and Miller (2001).

AUTHOR'S NOTE

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