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2 Supporting the Communication of Unserved and Underserved from Refugee and Asylum Seeker Backgrounds

Sarah Verdon, Wiebke Scharff Rethfeldt, and Helen Grech

Key information for local and national policy and lawmakers

The purpose of this chapter is to inform country leaders, professional organizations and institutions of the communication needs of people from humanitarian migrant backgrounds. A humanitarian migrant is someone who has been forcibly displaced from their home country and subsequently migrated to a new host country for refuge or asylum. In the host country, these migrants are those who have been granted some form of protection (Boese, van Kooy, & Bowman, 2018).

There are two types of communication barriers that may be faced by humanitarian migrants. One is the inability to speak the language of their host society and the other is the possible presence of a communication disorder. The inability to speak the language of the host country is not a communication disorder; however, it does present many challenges for newly resettled humanitarian migrants. For those with communication disorders, the barriers to accessing support and participating in society may be further exacerbated by a lack of proficiency in the language of their new host country. This chapter discusses the factors that impact upon the language competence of humanitarian migrants and strategies to support positive communication outcomes for this population. The focus of this is not on second language learning but rather supporting communicative competence as a whole across all languages spoken by a person.

Humanitarian migrants may arrive in their new host country speaking one or multiple languages and then acquire the societal language of their host country. Humanitarian migrants should be supported to maintain their heritage language(s) in addition to acquiring the language skills they will need to flourish in their new environment (Verdon, 2017).

Governments need to be aware of the impact of resettlement schemes upon the long-term outcomes of humanitarian migrants and their ability to successfully rebuild their lives in their host country. For example, many displaced people are settled in rural areas of English-speaking countries, such as Australia, under regional

resettlement schemes (Schech, 2014). Concerns have been voiced that financial and employment benefits of regional resettlement may be outweighed by limitations in relation to educational opportunities and access to health and social services (Sypek, Clugston, & Phillips, 2008). In other countries, such as Germany, humanitarian migrants are proportionately distributed across regions according to tax revenues and total population. However, this distribution system imposes unique burdens on large cities, since it does not take into account higher population densities, special housing conditions, or secondary migration patterns. In these large cities, prior to large-scale arrivals, migrants have unintentionally created segregated communities that may pose substantial challenges for long-term integration including access to health and social services (Haeussermann & Kronauer, 2009; Janssen & Schroedter, 2007).

Humanitarian migrants are a heterogeneous group that create new and different challenges to the health system of most countries. For example, a number of studies have shown that hospital and health care service utilization among humanitarian migrant populations is lower than the general population (Correa-Velez, Sundararajan, Brown, & Gifford, 2007; Hasanović, Šmigalović, & Fazlović, 2020; Murray & Skull, 2005; Scharff Rethfeldt, 2019). This may be due to various reasons including: not being aware of the availability and purpose of health services; access and affordability issues; the lack of knowledge of health care rights and health systems; poor knowledge of the language; different belief systems around disease and cultural expectations of health care; general lack of trust in experts and governments; as well as shame and guilt around sickness and/or disability (Davidson et al., 2004; Finney Lamb & Smith, 2002; Stow & Dodd, 2003). A lack of engagement in health services can lead to negative health outcomes which further inhibits the ability to participate in society. The absence of health care may result in negative social and economic outcomes for humanitarian migrants. This is of particular concern for those placed in regional areas where residents already face poorer health outcomes and greater barriers to health service access and availability than their metropolitan counterparts (Dixon & Welch, 2000; Verdon, Wilson, Smith-Tamaray, & McAllister, 2011). The lack of infrastructure, such as public transport in rural areas, creates additional barriers to accessing essential health and educational services for humanitarian migrants who may not afford or be eligible or qualified to drive a car (Verdon, 2022).

Other government policies, such as offshore processing and mandatory detention, have also been found to have significant impact upon the health and wellbeing of humanitarian migrants (Hartley & Fleay, 2017). Governments need to address the obstacles that limit support for the educational attainment and social engagement of humanitarian migrants, allowing them to become active participants and contributors to society. These issues should be addressed not only from a human rights perspective but also that of the economic benefit of the host countries.

Humanitarian migrants experience disruption and trauma that can have serious implications for their language and communication skills (Westby, 2018; Wofford & Tibi, 2018). Communication development is complicated by experiences of trauma, interrupted development, and interrupted learning of multiple languages for children from humanitarian migrant backgrounds (Kaplan et al., 2016). Prolonged exposure to adverse childhood experiences (ACEs) can result in damage to their neurological and psychological systems, leading to detrimental impact upon children's health and development (De Nellis & Sizk, 2014; Westby, 2018). Research data indicate that children exposed to significant adverse experiences in the first three years of childhood face a 76% likelihood of having one or more delays in their language, emotional, or brain development (Westby, 2018). In addition, the frequent movement of children from migrant backgrounds to seek asylum means that their childhood routines are interrupted which can lead to significant changes in language development and access to formal education. For adults from migrant backgrounds, the incidence of communication difficulties is higher due to their exposure to trauma, both physical and psychological, and the socioeconomic barriers that they may have faced in accessing education in the past (McPherson, 2019). Humanitarian migrants already face language barriers as they are often resettled in countries where their home language is not spoken. If clinical communication difficulties go unnoticed and unsupported in host countries, they are likely to exacerbate the existing language barriers and create further significant obstacles to participate in society and the goal of attaining a better life.

Incidence and prevalence

There are currently over 82.4 million displaced persons in the world as a result of persecution, conflict, violence. or human rights violations. This number equals over one per cent of the world's population – or 1 in 95 people now being forcibly displaced which is the highest level since World War II (UNHCR, 2020). Many of these people will have additional risks of communication difficulties arising from educational disruption, illness, injury, exposure to toxic weapons, and trauma (Al-Sabbak, Sadik Ali, Savabi, Savabi, Dastgiri, & Savabieasfahani, 2012; Bencko, 2011; Müller, Büter, Rosner, et al., 2019; Plener, Groschwitz, Brähler, Sukale, & Fegert, 2017).

Impact of communication disorders on life, education, employment, and quality of life

Difficulties in speech, language, and communication can have lifelong impacts upon a person's social relationships, educational outcomes, and ability to participate in the workforce (Felsenfeld, Broen, & McGue, 1994; McCormack, McLeod, McAllister, & Harrison, 2009). Previous research has indicated that children with multilingual backgrounds are at risk of both over- and under-diagnosis of speech, language, and communication difficulties due to a lack of confidence and competence amongst both referral agents and speech-language pathologists in relation to supporting multilingualism. Both over- and under-diagnosis have potentially detrimental impacts on children's outcomes (Bedore & Peña, 2008; Stow & Dodd, 2005; Thordardottir, Rothenberg, Rivard, & Naves, 2006). The potential impacts of communication difficulties are further compounded by the fact that families from culturally and linguistically diverse backgrounds are less likely to access services due to language, cultural, and financial barriers (Zhou, 2016). This means that the chances of early identification are reduced, and potential long-term negative impacts of communication difficulties increased (Scharff Rethfeldt, 2019). This has major ramifications for governments as unmet

communication needs reduce a person's capacity for social and financial autonomy, reducing their ability to contribute to the economic and social capital of a country.

Key information for health professionals, social workers, community leaders, and educational practitioners

There is a need for governments, professional organizations, health services, and professional institutes to establish services to train health and education professionals to identify and to work with humanitarian migrants who have communication difficulties. There is also a need for healthcare professionals to be able to identify, communicate with, and appropriately refer these populations to specialist services in order to provide support to improve their communication skills. Many people from refugee and asylum seeker backgrounds may not be familiar with services such as speech-language pathology or know how to access these services in their host country (Grech, 2019). Their points of contact are far more likely to be with health (e.g., general practitioners, social workers) or education professionals (e.g., early childhood educators, schoolteachers). Therefore, these professions need to have an understanding of communications disorders along with the ability to identify the presence of disorders in people from refugee/asylum seeker backgrounds enabling them to refer these individuals to suitable support services such as speech-language therapy/pathology.

How to identify communication difficulties among humanitarian migrants

First, it is essential that humanitarian migrants are afforded the human right to communicate in their preferred language when engaging with health and educational services. This means that an interpreter will often be needed to enable them to clearly communicate their needs. An interpreter can also help to determine whether communication difficulties may be present in the home language, which helps to differentiate whether communication barriers are simply a result of not knowing the dominant language or if they are the result of an underlying condition across all of their spoken languages.

Second, it is essential that a comprehensive case history is undertaken to identify any historical factors that may be red flags for communication difficulties such as trauma, disruption to education, sickness, or injury.

Third, it is essential to ask people from humanitarian migrant backgrounds if they feel there is an issue with their communication and whether they would like support for their communication to ensure that services are co-produced, and client-centered.

The impact of communication difficulties

Communication difficulties in childhood are linked to difficulties with learning to read and write, forming relationships with friends and family, self-esteem, mental health, education, and later employment (McCormack, McLeod, McAllister, & Harrison, 2009). For adults with communication difficulties, there are significant effects in gaining the required education and training to participate in the workforce, allowing them to achieve independence and financial autonomy (Felsenfeld, 1994). Communication difficulties also influence social engagement and participation, making it difficult for adults to integrate and make social connections in their new country.

The importance of identification

Early identification is essential for increasing the chances of having a positive impact on communication outcomes for the support of humanitarian migrants to successfully participate in their host country. This is particularly relevant for children. Early identification and intervention have the potential to significantly enhance children's participation in education, employment, and society and reduce negative long-term outcomes (Law, Garrett, & Nye, 2004).

What to do when the need for assessment and intervention has been identified

Once an impression of a person's communication abilities and difficulties in the context of their history has been obtained, health and education professionals can decide whether a referral to speech-language pathology is required. If there is any uncertainty, the child/person should be referred for an appropriate detailed assessment.

How to help and support individuals who need speech-language communication assessment and intervention

Communication development is largely determined by a person's interaction within their environment. For children, key adults (including primary caregivers and early childhood professionals) have the opportunity to create a lasting impact through positive interactions that support language and communication development (Cartmill et al., 2013; Christakis et al., 2009). However, key adults often do not have the background knowledge to support language and communication development in early childhood. Therefore, it is essential to provide training in understanding communication development to increase both the capacity of humanitarian migrants to engage in health and education services and to increase the capacity of early childhood professionals to provide evidence-based, culturally responsive services to meet the needs of children and their families (Windle & Miller, 2012).

To support those who require services

1. Seek information to aid your understanding about typical multilingual development and red flags for disorders, recognize that development is different to that of monolingual speakers and therefore expected milestones may be different.
2. Train high-quality, neutral, objective interpreters to support communication rather than language mediators from the same cultural or family group, as

this can do more harm than good and act as a barrier to a person genuinely communicating their needs.

3. Engage in client- and family-centered practice to gain the perspectives and desires of people from humanitarian migrant backgrounds before acting on their behalf.
4. Support access to services by providing translated information to enable informed choices and recognize power imbalances and how these may impact upon service access and engagement. Try to minimize these imbalances through the use of interpreters, translated written material (if literate).
5. Engage with people in a safe and familiar environment, taking time to listen rather than talking when learning about the experiences of a humanitarian migrant.
6. Refer for speech-language pathology services if you suspect a person has a communication disorder and do not make assumptions about people based on their culture, language or background.

It is important not to:

- act without informed consent
- resort to only using the language of the host country
- give precedence to monolingualism in the majority language
- ignore issues, assuming they are a result of multilingualism or a lack of intelligence.

Links to resources to aid in support are presented below.

The World Health Organization

https://www.who.int/migrants/en/

Supporting refugee children

https://www.roads-to-refuge.com.au/settlement/settlement-challenges.html#children

Information for professionals working with this client group

The purpose of this section is to update speech-language pathologists and educators on the latest knowledge and research in relation to their support of humanitarian migrants and to provide resources to support culturally responsive practice.

A large body of research has demonstrated that health and education professionals are neither confident nor competently prepared for supporting the development of children from culturally and linguistically diverse backgrounds (Williams & McLeod, 2012). In addition, little has been documented about the best ways to provide such support, leaving professionals at a loss of how to best engage with humanitarian migrants. A recent systematic review by Verdon and Clark (2022) found just eight articles published worldwide investigating the practice of speech-language pathology

with humanitarian migrants. Researchers have highlighted the complexities of engaging in research with humanitarian migrants stemming from the need to engage in ethical and rigorous research with vulnerable populations and the need to effectively bridge cross-cultural divides (Ziersch, Due, Arthurson, & Loehr, 2017). There is a paucity of research in this field. However, the review by Verdon and Clark (2022) identified a number of publications that provide key insights which helpfully guide speech-language pathology practice with this population (Grech, 2019; Marshall, Barrett, & Ebengo 2017).

Update of assessment approaches

Culturally responsive assessment can be guided by adhering to the principles of culturally responsive practice as outlined by Verdon (2021). Assessment should draw on multiple sources (including observations, comprehensive case history and language profile) and not rely on standardized assessment tools, as the normative data from these assessments cannot be applied to multilingual speakers. Assessment may also be culturally inappropriate for people with humanitarian migrant backgrounds. Assessment and analysis should take into account the impacts of multilingualism and multidialectalism upon speech and language production and not view such variations as a disorder.

Evidence-based intervention

A review of the literature found no specifically identified interventions for speech-language pathologists working with humanitarian migrants (Verdon & Clark, 2022). However, interventions can be informed by research in other disciplines and interventions designed for other culturally and linguistically diverse populations (see Due & Riggs, 2016; Due, Riggs, & Augoustinos, 2016). Health professionals play a key role in supporting people from humanitarian migrant backgrounds to thrive in their new country. Many humanitarian migrants may not have heard of specialist professions to support communication such as speech-language pathologists. Consequently, it is important for more prominent health services (such as general practitioners) to act as gateways for referral and liaison between services to help navigate linguistic and cultural barriers that may exist. Furthermore, it is important that professionals give evidence-based advice to families about the best ways to support their needs. This means being aware of appropriate ways to manage post-traumatic stress and supporting the benefits of diversity and multilingualism in their practice. Humanitarian migrants should be supported to maintain their home languages while also acquiring an additional language needed in their host country (Eisenchlas & Schalley, 2019). Culturally responsive assessment and intervention is needed to effectively identify communication needs and to provide appropriate support to enable participation in their new society (Kaplan et al., 2016).

Key dos and don'ts

The following are the suggested paths to follow when engaging in support for these populations.

- Do use the ICF (World Health Organization, 2001) to consider the individual person holistically in their context.
- Do draw on multiple sources to gather information about a person's linguistic competence across all languages remembering that multilingualism has an impact on more than grammar and vocabulary - consider phonology, semantics, pragmatics, and suprasegmentals (Scharff Rethfeldt, 2013).
- Do draw on a range of assessment practices including dynamic assessment, informal assessment, use of formal tests to gain qualitative data about language competency in different languages, observation, case history interviews and comprehensive language profiles such as the Alberta Language Scales (Paradis, Emmerzael, & Sorenson Duncan, 2010).
- Do engage in client and family-centered practice.
- Do co-produce services with humanitarian migrants giving them choice and control over what support they receive and how this is developed to meet their individual needs.
- Do not adhere to traditional 'top down' approaches for working with marginalized communities. When working cross-culturally it is essential to rebalance the voices of all parties and to disrupt power imbalances that make the silence of those in less powerful or marginalized positions unacceptable. Through this amplification of diverse voices, professionals can identify effective approaches to address complex problems.
- Do collaborate with other professionals engaged in supporting humanitarian migrant communities in your area, explaining the role of the speech and language therapist.
- Do recognize the cognitive, social, emotional and economic benefits of supporting multilingualism to speaking more than one language (e.g., Adesope, Lavin, Thompson, & Ungerleider, 2010; Bialystok, 2011; Blake, McLeod, Verdon, & Fuller, 2018; Cho, 2000; Clarkson, 2007; Fan, Liberman, Keysar, & Kinzler, 2015; Park & Sarkar, 2007; Wright & Taylor, 1995) and support multilingualism among humanitarian migrants.
- Do not use standardized assessments and interventions normed on monolingual populations if humanitarian migrants do not meet the reference group of a measure in terms of age, language exposure, culture.
- Do not advise families against speaking their home languages in order to integrate into their new context.

Resources

Alberta Language Questionnaires:
https://www.ualberta.ca/linguistics/cheslcentre/questionnaires.html

ASHA resources for cultural competence:
https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Competence/

IALP global website – Frequently asked questions, Multilingual and Multicultural Affairs Committee:
https://ialpasoc.info/faqs/faqs-from-the-multilingual-affairs-committee/

Multilingual children's speech website:
https://www.csu.edu.au/research/multilingual-speech

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3 Health Literacy for Multilingual and Multicultural Populations

Sharon Moonsamy and Sandra Levey

Key information for local and national policy and lawmakers

Health literacy is described by the World Health Organization (2021) as the achievement of a level of knowledge, personal skills, and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. Thus, health literacy means more than being able to read pamphlets and make appointments. The WHO argues that improving health literacy allows populations to play an active role in improving their own health and meets the needs of the most disadvantaged and marginalized societies to reduce inequities in health and beyond. The purpose of this chapter is to inform political leaders, healthcare practitioners, professional organizations, and institutions about the need to foster greater health literacy among those in lower socioeconomic groups and in medically unserved populations.

Health literacy should be high on the agenda in all countries to promote health and improve access to health services. A review of intervention programmes showed that they were often designed to support individuals with lower or absent health literacy, to improve health literacy capacity and to improve organizational, government, policy, and system practices to support this goal. Health literacy allows clients to process and understand basic health information (Health Resources & Services Administration, 2019). Additionally, health literacy allows individuals to access, process, and fill out medical forms (Health Resources & Services Administration, 2019). Limited health literacy occurs when individuals lack basic literacy skills (Center for Disease Control and Prevention, 2019).

Incidence and prevalence of health literacy

The incidence and prevalence of health literacy has shown that, unsurprisingly, developed nations have a higher rate of literacy. However, many countries have lower rates of literacy: Gambia, Iraq, Liberia, and Côte d'Ivoire (47%–51% of the population); Sierra Leone, Afghanistan, Benin, and Burkina Faso (41%–43% of the population); Central