Welcome to Fireside Chat # 430
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Child Development and Developmental Disabilities in Immigrant and Refugee Children: Approaches to Understanding and Helping Families

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Please introduce yourself!

- **Name**
- **Organization**
- **Location**
- **Part of a group?**
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Objectives

- Develop an approach to the monitoring of development and identification of developmental problems in newcomer families
- Helping where bilingualism is an issue
- Review how different cultures may view developmental disabilities
- Develop an approach to working with newcomer families with a disabled child

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School readiness is important to long-term success.

Newcomer families may have diverse attitudes about child development and disabilities. This can affect how they respond to a child with a developmental concern.

Families may be reluctant to communicate concerns to health providers.
Approach

- Use active questioning based on recommended tools to detect developmental problems, using an interpreter if possible.
- Actively observe for developmental problems in young children. Use the resources available in your community, province or territory.
- If an issue is detected, link the child and family to available preschools and intervention services.
- Follow-up contact may be needed to ensure families link to and use the referred supports.

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Newcomers may:

- Lack awareness of typical child development.
- Not know about resources and systems to help children with developmental problems.
- Not know that governments and schools provide supports and accommodations for people with disabilities.
- Some families may be reluctant to identify concerns, for fear of affecting their success in applying for permanent status.
Culture
Culture

- Culture: A pattern of ideas, customs and behaviours shared by a particular people or society
- It is constantly evolving
Hidden and obvious elements of any culture
What is health?

- Health: is a cultural concept. Culture frames how we perceive, experience and manage health and illness.

- Health a state of complete physical, mental and social well-being.
Western Medicine: Health an absence of disease, focus on biological aspects of life

Ayurveda: Health a harmony between body, sense organs, mind and world
Perspectives of health

- Traditional Chinese Medicine: Health a balance between yin and yang, or ‘hot’ and ‘cold’ qualities of an individual
Developmental Disabilities and Culture
Case: Amirah

- 4 year old Lebanese girl referred for global developmental delay. Family immigrated 15 months ago. Both parents work outside the home and English is still a challenge. Paternal grandparents are daytime caregivers. Parents recognize their daughter is delayed compared to her 6 year old brother. They have been hesitant to bring her to the doctor.
- What might be some of the challenges to assessing this child?
Developmental Disability

- A set of abilities and characteristics that vary from the norm in the limitations they impose on independent participation and acceptance in society
- Occur in isolation or together, may include:
  - Intellectual disabilities
  - Sensory related disabilities
  - Communication and language disabilities
  - Physical disabilities
Issues that may influence experience of disability:

- Social
- Medical and biological dysfunction
- Cultural/family attitudes
- Resources
- Social/legal structures
Acceptance, integration, inclusion
Confucian Beliefs

- Family hierarchy based on age, gender, generational status
- Harmony maintained by self restraint and collectivism
- Importance of maintaining ‘face’
- ‘Shameful’ family affairs not disclosed
South Asian Beliefs

- Child different than family seen as a disturbance in natural order
- Traditional communities: disabled child may be seen as taken over by djinn or spirit, may be seen as a changeling
- Parental isolation, stigma
- Affect marriage prospects of other family members, especially daughters
Competence

- Competence: What one person is capable of achieving differs across cultures
- India:
  - fulfilling family roles and duties
  - how to show respect and to whom
  - know social customs
  - more important than individual competence
Child’s behaviour viewed differently

- ‘Stubborn’ child not follow instructions
- ‘Weak memory’ may explain decreased capacity
Autism

Saudi Arabia:
- Later diagnosis in girls than boys

Asia:
- Limited ability to maintain eye contact viewed differently

India:
- Socially disruptive behaviours of ASD reported more frequently than communication challenges
Cultural understanding of what causes developmental disabilities
Cultural understanding of what causes developmental disabilities

Traditional Confucian:
- punishment for parental violation of traditional teaching
- punishment for ancestral wrongdoing
- wider community may feel parents responsible, less likely to sympathize or offer support
Cultural understanding of what causes developmental disabilities

India:
- medicine, illness during pregnancy
- consanguinity
- psychological trauma to mother
- lack of stimulation for infant

Latin America:
- mother, family cursed
Cultural understanding of what causes developmental disabilities

Other cultures:

- Karma
- Evil spirits
- Black magic
- Punishment for sins

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Culture and Treatment

- Whether to seek help
- What treatment to use
- Availability of resources
- Expectations of parents of and for their child
- Relationship between families and care professionals
Culture and Treatment

- Newcomers may rely on community, not ‘outsiders’
- Conversely community may see child as solely family’s responsibility

Treatment options:
- SE Asia: Shaman
- African cultures: Traditional healers
- Asia: Complementary and alternative medicine, acupuncture, sensory integration, Chinese medicine
- India: Yoga, Ayurveda, homeopathy

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Culture and Treatment

Collectivist orientation vs competence and autonomy
Important steps

- Be aware of your own beliefs and attitudes
- Be mindful never a single cultural profile, range of adherence to cultural beliefs
- Ask parents to share their beliefs about what caused disability to help facilitate their understanding and expectations of treatment
- Ask family their hopes and dreams for their child
Important steps

- Ask family to educate you about treatment approaches within their community
- Connect with voluntary groups, local community organizations and professionals who have a working knowledge of different minority ethnic communities
- Learn about and respect cultural communications, language or nuances, utilize interpreters

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Important steps

- Recognize similar values between cultural groups, eg. importance of family and support for elders
- Encourage support groups for families of children with developmental disabilities
Case: Amirah

What is your approach?
Case: Amirah

- Use of interpreter
- Obtain parents understanding of their child’s health/development and why it might be different
- What are their aims for their child
- Review what resources are available, ask what resources they have
- Add grandparents to treatment plan
Focus on Language

Acknowledgement:
Roxane Bélanger, M.Sc.SLP, reg. CASLPO
Case: Amin

- Amin is a 3-year-old boy where parents mention he is not talking as well as his 2-year-old sister.
- He lives at home with his parents, sister and grandparents.
- Father works, mother is at home with the 2 children
- Only speak Urdu but mother is learning English
- What advice would you give?
First language use and bilingualism

- Simultaneous and sequential bilingualism
Simultaneous bilingualism

- Children learning two languages, from birth or shortly after, are simultaneous language learners.
- They are learning two separate language systems.
- Ideally, equal exposure to each language from the start supports simultaneous bilingual learning.
- Equal exposure may be difficult to achieve. At times, one language becomes more dominant than the other.
Sequential bilingualism

- Children who acquire a second language after learning a first language are considered sequential bilingual learners or “second language learners”
- 4 typical stages when learning a second language
4 stages of sequential bilingualism

- The child uses the first language in the second language environment even if no one speaks the first language.
- The child stops using the first language in the new environment: At home, the child’s first language should continue to grow.
- The child starts using the second language in a telegraphic way - counting, naming colors, labelling objects or pictures.
- Productive use of the second language - may have an accent, mispronounce words and make grammatical errors.
Language acquisition is the greatest predictor of a child’s success in school and in later life.

Parents new to Canada provide optimal stimulation for their child and support cultural identity by speaking their home language. They are the best models for their child when they use the language they know best.

Children with a strong first language base learn a second language more easily. Learning a second language can happen at any age.
Children learn best from people who speak a language well. Learning one language well is better than hearing and learning two languages poorly.

Consistent and frequent exposure to the home language or to multiple languages (in the case of bilingualism) is needed, ideally from family and caregivers, to ensure optimal language development.

Dual language exposure at a young age does not cause or contribute to language delay.

Referral to local speech and language services for children with a language problem should be encouraged, especially if they are not meeting major communication milestones on time in their dominant language, or in both languages.
Advice

- Encourage parents to talk to their child in their own first language.
- Parents shouldn’t feel pressured to speak a second language for fear that they are risking their child’s language development, success in school or integration into Canadian society.
- When they use their first language, they are offering the best language models to their child: They are modeling a rich, diverse vocabulary, appropriate grammatical structures and promoting easy, fluid and natural exchanges in daily activities.

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Bilingualism and language delays

- There is no evidence that exposure to two languages causes language delay.
- There are cognitive and social benefits to learning two languages.
- Children learning two languages know the difference between them even in the earliest stages of bilingual development, and will use each language separately with different speakers, and even with a stranger.
- Bilingual children become more efficient communicators in their first language, develop a greater vocabulary, improve their listening skills, have sharper memory skills, display greater cognitive flexibility and demonstrate better problem-solving and higher-order thinking.
Professionals can expect to observe the same speech and language difficulties in both languages.

Limiting a child’s exposure to a single language may negatively impact or restrict the child’s interactions with other family or community members.

It is imperative to start early, empower parents and engage children in language and literacy-rich activities.
If a communication delay is present, reassure parents that bilingualism does NOT cause a delay or confusion.

A simultaneous bilingual child with a communication delay will present a delay in both languages. Expect similar type and severity of errors as the ones found in monolingual peers with language disorders.

In a sequential bilingual child who presents with a communication delay, the delay will be present in the first language.
If concerned

- To learn language, children need to hear well. Ensure that the child’s hearing is normal.
- Identify whether a child appears to present a first language delay by using paediatric screening tools.
- Identify ‘red flags’ for high-risk social communication predictors or a significant developmental delay.
- When appropriate, reassure parents that their child’s behaviour and usage (e.g., a silent period in the second language, mixing languages, grammatical errors) are normal for a child learning two languages.
If a bilingual child is not meeting major communication milestones, in his first language or dominant language or in both languages (in the case of a simultaneous bilingual child), refer the child to speech and language services available in your region.

Never recommend that parents limit their bilingual child’s exposure to only one language, even when a language disorder is diagnosed.

Speech and language pathologists can attempt to assess a child’s skills in a first or home language with the help of a cultural interpreter.

Where possible, therapy is often conducted in the child’s first language with the support of parents and a cultural interpreter.
Case: Amin

- Check hearing
- Continue to speak in Urdu at home, emphasizing language enrichment
- Advise all adults to be active in helping Amin
- Refer to speech and language services
- Consider enrolment in preschool, advising parents of the sequence of bilingual language development
School and Education
Most newly-arrived immigrant children do well in school

Children from Africa, China and other Asian countries, India and the Middle East generally achieve greater educational success than their Canadian-born peers.

Older children and youth more at risk for adjustment difficulties

Missing school is a red flag
School resources

- School resources, such as English-as-a-second-language (ESL) classes, can improve academic progress in immigrant children.
- Teachers can help young immigrants feel a greater sense of belonging at school through supportive teacher-student relationships. If the child is not doing well in school or parents express concerns, this is an area that can be explored.
- Young immigrants tend to adjust better if they attend a school with a higher immigrant density.
Children with special education needs

- A parent or teacher may erroneously attribute a language or developmental delay to lack of proficiency in English or French.
- A parent might also attribute poor school performance to their child’s attitude, which can undermine self-esteem.
- Newcomer parents may not be as aware of publicly funded support for children with disabilities as parents born in Canada.
- (May not be eligible for such support until approved for provincial/territorial health insurance)
- May need reassurance that special education support is provided to children in schools at no cost, or that a child with a disability is still able to attend school.
Recommendations

- Ask whether children are experiencing a school problem at every visit, and refer families to a specialist and supportive resources, where available.
- Reassure parents that exposure to a bilingual environment does not cause language delay.
- If children are experiencing a difficulty in school or have a special need, discuss options with parents for interacting with schools and reinforce their role as advocates.
- Local supportive services can also help with follow-up and resources.

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Recommendations

- Watch for cultural modeling or family attitudes to a child’s problem that could interfere with their accessing services.
- Try to find information in the family’s home language.
- A list of sources of multilingual parent information is available.
- Children and adults who have experienced trauma: refer to www.kidsnewtocanada.ca/mental-health/ptsd
Conclusions

- Culture influences a newcomer’s approaches to disability including their understanding of a disability, whether to seek help, treatment options and relationships with health professionals.
- Work with the social and cultural framework of the family, ideally involving cultural experts.
- Encourage and support good exposure to the child’s first language.
- Early identification, education about condition and interventions, and support for access to resources is important.
- Further information in [www.kidsnewtocalifornia.ca](http://www.kidsnewtocalifornia.ca)
Questions?

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