Research Article

Folia Phoniatrica et Logopaedica

Folia Phoniatr Logop 2019;71:127–134
DOI: 10.1159/000496969

Received: June 26, 2018
Accepted: January 16, 2019
Published online: May 14, 2019

Strategies Utilized by Speech-Language Pathologists to Effectively Address the Communication Needs of Migrant School-Age Children

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Keywords
School-age children · Migrants · Assessment · Speech-language disorders · Cross-cultural approach · Speech-language pathology

Abstract
Background/Aims: The number of migrant children referred to speech-language pathologists (SLPs) is increasing in the United States. SLPs need to be competent in distinguishing between a language disorder and language differences associated with children who are learning English as a new language. ***Methods:*** SLPs need to acquire the knowledge, skills, and cultural attitudes to evaluate language of bilingual children to competently assess and intervene with linguistically diverse children and families. Often children separated from their biological parents at the border are placed in foster homes, and the foster parents often do not have essential information regarding the children's developmental history to share with the SLP. The children described in this article include school-age children in the United States who are learning to speak English as a second language and are migrants. ***Results:*** This article presents the difficulties faced when working with children learning a new language, effective strategies used with this population, and some of the resources available in the United States for children and families. ***Conclusion:*** This article highlights some challenges SLPs experience, assessment protocols used in different states and local school districts, successful strategies that involve working with interpreters, and varied service delivery options.

Introduction

When speech-language pathologists (SLPs) receive referrals for children who are reported to exhibit communication problems, it is important to obtain as much information as possible about the child's language and history as a part of the evaluation process. Given that many children that immigrated to the United States are separated from their parents and placed in foster homes, these foster parents have limited information to share with the SLP and interdisciplinary team of professionals. Some of the children speak little or no English and are reluctant to speak in their primary language, which makes assessing their language proficiency and communication skills challenging for monolingual SLPs. Monolingual English-speaking SLPs will need to utilize interpreters and varied

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assessment strategies to determine if the child presents with a language disorder in the primary language. This article shares considerations and topics for SLPs who are assessing children that are recent immigrants to the US.

Current governmental policies influence access to services for children and refugees. Fear and anxiety around possible deportation and separation of parents and children limit access to services for children of refugees and immigrants. Difficulties faced when working with children learning a new language, effective strategies for working with this population, and some of the resources available in the United States for these children should be taken into account. Some challenges SLPs experience working in the United States, including assessment protocol variability in different states and local school districts, successful strategies when working with interpreters, and various service delivery are also relevant topics. Sometimes the child's history is unknown to the current primary caregiver because they are a foster parent or relative who has just received the child and is not familiar with the child's medical history and has limited knowledge of the child's communication history.

The State of Affairs in the United States

Most SLPs and teachers in the United States are monolingual and have varying degrees of cultural competence. Some challenges for SLPs working in the United States include varying levels of knowledge about assessment resources in languages other than English and strategies for working with interpreters. The assessment protocols vary across the states and local school districts and sometimes there are few options to access persons with knowledge of the child's language or culture.

The ASHA Code of Ethics states that SLPs shall not discriminate in the delivery of professional services or in the conduct of research based on race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect [1]. The ASHA Scope of Practice in SLP [2] requires the SLP to deliver services for individuals with the international classification of functioning, which includes paying attention to the child's personal factors including ethnicity, social background, and culture.

Bilingualism or multilingualism is the ability to communicate in more than one language and can be thought of as a continuum of language skills in which proficiency in any of the languages used may change over time and across social settings, conversational partners, and topics [3, 4]. Simultaneous bilingualism involves the acquisition of two languages at the same time, typically with both languages introduced prior to the age of 3. Sequential bilingualism involves a second language introduced after age 3, at which time some level of language proficiency has been established in the primary language, also referred to as successive bilingualism or second language acquisition. Dual language learners are individuals that learn two languages simultaneously from infancy or who learn a second language after the first language. English language learners are language minority students in the United States who are newly learning English. These children may be referred to as limited English proficient students [5]. The children addressed in the current article consist of those whose exposure to a new language generally occurs in a sequential manner, not simultaneous language learning.

Programs in the United States

There is limited access to excellent language programs in the United States for children of refugees and migrant workers. We can learn from programs in other countries of the world such as the European Union. It is important to highlight a federal program that exists in the US. In some areas of the US, an Office of Migrant Education [6] exists and provides funds to support high-quality education programs for migratory children to ensure that migratory children who move among the states are not penalized by disparities among states in the curriculum, graduation requirements, state academic content, and student academic achievement standards. These funds also ensure that migratory children are provided with appropriate education services (including supportive services) that address their special needs, along with full and appropriate opportunities to meet the same challenging state academic content and student academic achievement standards that all children are expected to meet. Federal funds are allocated by formula to State Education Agencies, based on each state's per pupil expenditure for education and counts of eligible migratory children, age 3–21, residing within the state. The goal of the Migrant Education Program is to ensure that all migrant students reach challenging academic standards and graduate with a high school diploma (or complete a General Equivalency Diploma) that prepares them for responsible citizenship, further learning, and productive employment. When these offices exist, they can provide assistance to facilitate selection of appropriate tests for use with migrant children and to access appropriate education and services.

Migrant Children

The majority of SLPs working with children in the United States are monolingual English-speaking clinicians; only 6.5% of SLPs identified themselves as meeting the criteria for being bilingual [7]. Clinical strategies that SLPs find successful working with migrant children include working with interpreters, selecting appropriate tests and assessment tools and strategies such as dynamic assessment, as well as observing children's interaction with peers and others of the same cultural background [8]. Most critical is access to information about proficiency in the primary language spoken in the child's home in order to distinguish children who possess a true disorder from those who have not yet acquired English proficiency. Some common features of second language learners include speaking English influenced by first language features, mixing and switching codes by using phrases and sentences from both languages, atypical prosody, good performance on context-rich tasks, and borrowing from the first language [9].

Cultural Considerations of Bilingual Children

SLPs should use ethnographic paradigms to collect information about a child's community, past cultural experiences, and the family's culture. Importantly, information about school cultures and systems to which the children have been exposed may provide valuable information regarding the child's behaviors [10–13]. Cultural parameters may include, but are not limited to:

- behaviors that are incongruent with conventional behaviors, including different types of eye contact, the time it takes to answer questions, and language use with adults
- beliefs pertaining to reasons for being tested: who should be doing the testing, how much effort should be expended on assessment exercises
- expectations related to school and school personnel roles: what is required of the child, use of information gathered from the assessment procedures
- the degree of assimilation, including exposure to school subject matter, level of comfort with relating to new environments and persons, and adeptness at using methods to demonstrate learning [14]. Assimilation is defined as becoming more like the new culture that accepts the new person. Acculturation is a complex process that involves modifying one's culture by borrowing from another culture as often seen with immigrants to the US that stop speaking their primary language and only speak English to feel more accepted by the culture in the new country [15]

Students Learning English as a Second Language

Many school-age children in the United States are learning to speak English as a second or third language. Many of these children live in migrant communities and have varying degrees of English proficiency. Children whose parents are migrants may often move as the family relocates for work as seasonal farm laborers. It is important that SLPs are competent in both languages when they assess English language learners or that they utilize the services of an interpreter [14]. Both monolingual and bilingual SLPs need to be educated about the process of second language acquisition. Having knowledge about bilingualism and acquisition of more than one language is helpful to both the assessment process of distinguishing a disorder from a language difference and facilitates the appropriate intervention strategies and goals. In the United States, a number of children are unaccompanied minors and they are either awaiting placement with relatives who are currently living in the country legally and can take the children into their home or they are a part of the foster care system living with a new foster family that is unfamiliar with the child's communication history. IDEA's "determination of eligibility" [16] (Section 300.534 [b.1.ii]) addresses students who speak languages other than English. This section stipulates, "A child may not be determined to be eligible under this part if the determinant factor for that eligibility determination is limited English proficiency." For the population of students who are learning English as a second language, their linguistic features may be different from children in their class who are monolingual English speakers because these features reflect the native language, the process of acquiring English, or communication strategies and behaviors of bilingual persons. These differences, which are not disorders, may also appear in other areas of voice, fluency, and prosody as well as phonology, syntax, pragmatics, and semantics [17].

Children who are learning a second language after the age of 5 have varying degrees of experience with the new language. How children acquire the second language varies from the paths of monolinguals or children who learn two languages simultaneously. It is important to have this knowledge when analyzing the assessment results and planning an intervention. They may appear to exhibit a

language disorder in the second language when they actually have had limited experience with the language and are not yet competent in the second language. This is not a disorder but follows typical paths for sequential language learning. It is important to remember the eligibility requirements in IDEA for English as a second language learners versus children with language disorders.

Interpreters and Translators

Clinicians must consider several factors when selecting an interpreter, transliterator, or translator. Translators are trained to translate written text from one language to another whereas transliterators are trained to facilitate communication for individuals from one form to another form of the same language. This assistance is most often used with individuals who are deaf or hard of hearing who use oral, cued, or manual communication systems rather than a formal sign language. Transliterators differ from interpreters in that interpreters generally receive information in one language and interpret the information in a different language [8]. In the selection of this professional, the clinician must consider several factors.

These factors include identification of the language/dialect used by the child and family, along with information about the professional's prior language experiences, educational background and/or professional training, and certification. Choosing an interpreter can be challenging, particularly in rural and suburban settings where few people are available that speak the child's primary language. Interpretation services may be provided in a variety of ways that include face-to-face interaction, phone, online language services for interpreting spoken languages (e.g., French to English), videoconferencing services/video interpreting platforms, and software applications via electronic devices (tablets, computers, and smartphones).

Successful collaboration with interpreters is important for successful service delivery. The collaboration must begin with a shared understanding of the goals established by the clinician. The clinician may need to provide training, prior to the session, to ensure the best possible outcome during clinical sessions. The fact that a person speaks both languages does not automatically qualify them to interpret messages during assessment or treatment sessions. SLPs should avoid asking custodial staff, secretaries, or family members to serve as interpreters or translators just because they are bilingual. Interpreters, transliterators, and translators may serve in the role of a cultural broker or a linguistic/sociolinguistic informant/broker. A cultural broker is knowledgeable about the child's culture and/or speech-language community. The broker passes cultural/community-related information between the client and the clinician that acts to optimize services. A linguistic broker is knowledgeable regarding the client's/patient's speech community or communication environment. Under the clinician's guidance, this broker can provide valuable information about language and sociolinguistic norms in the client's/patient's speech community and communication environment [8].

Distinguishing Language Difference from Disorder

SLPs need to distinguish if a bilingual migrant child presents with a language disorder and qualifies for speech-language therapy. The SLP needs to know the characteristics of language differences versus a language disorder. To make the diagnosis of language disorder, the SLP needs to consider all aspects of language including phonology, morphology, syntax, and semantics. True communication disorders will be evident in all languages the child uses. The SLP needs skills to determine how dual language acquisition and use as well as the impact of language dominance fluctuation influences the child's language [18]. Language difference is not a disorder and does not require language therapy. Language differences do not meet the criteria for speech-language therapy in the schools according to IDEA.

Medical Care and Speech-Language Services

Seeking medical care or speech-language services for migrant children is not easy and places families in situations where authorities will ask questions that may lead to separation of families or deportation of one or more family members. Collaboration with family members to care for children and maximize support for families and children is the target that SLPs seek, but recent parental separation from children is challenging best practices. The clinical practices in the United States that SLPs utilize successfully are guidelines and suggestions for practice in other places across the globe. The most successful practices and strategies must work within the cultural framework of the environments within which the SLPs and families are living. Children that are living with their biological parents and are enrolled in schools with support

for English as a second language learning typically are successful academically and adjust better to the transition to the new country.

Assessment Process

A primary goal for a child learning English as a second language is for the SLP to engage in differential diagnosis. The goal is to determine if a child presents with a communication disorder or with typical linguistic variations associated with second language learning. Case history information should provide information regarding the language used with the family and in school, length of exposure to each language, age of immigration, and any prior receipt of language services in school [19]. All of this information is necessary to determine intervention needs.

Assessment tools vary, and observations and criterion-referenced assessment tools provide the SLP with information to assess the child's strengths and needs in varied communication situations and with peers and different adults. No standardized language tests are free of cultural bias and most formal testing is structured to be administered in a specific way with specific stimuli. When SLPs modify conditions during testing, standardized scores are no longer valid. However, some accommodations that allow valid use of tests include allowing additional time for responses, rewording instructions when presenting items, repeating task items, or providing additional cues.

Dynamic assessment is a method of conducting language assessments using active participants that includes the examiner and is modifiable, fluid and responsive. The process involves learning and is highly interactive. Therefore, a dynamic assessment process is the best practice with children exposed to two languages as they acquire linguistic competence. It contrasts with static assessment procedures in which the examiner observes the individual's responses to standardized stimuli and results in the identification of specific deficits exhibited by the individual [20]. Dynamic assessment is based on test-teach-retest. The test phase determines the children's base level of functioning without any aid for their weaknesses. The teach phase requires modeling and scaffolding, along with providing strategies to support children's learning. The retest phase measures progress and learning, along with the degree of effort needed for learning.

Dynamic assessment reduces test bias of preschool children in a word learning experience. The results of the study by Peña et al. [18] revealed that dynamic assessment approaches may effectively differentiate language difference from language disorder. As migrant children continue to acquire more knowledge of English while living in the United States and particularly those living with foster parents that speak English, the dynamic assessment process offers the requisite flexibility to provide information to the clinician that will inform diagnosis or intervention plans.

Treatment Considerations

Once a comprehensive assessment is complete, there are a number of factors to consider regarding intervention [22]: language history, relative exposure and experience with each language, frequency of use for each language, and home and school environment. Two approaches to bilingual intervention frequently utilized are the bilingual and cross-linguistic approaches. A bilingual approach begins with goals that treat linguistic constructs that are common to both languages or the error patterns exhibited with equal frequency in both languages [23]. The cross-linguistic approach focuses on the linguistic skills that are unique to each language, addressing errors noted in a specific language. Sometimes clinicians, in conjunction with the bilingual approach, to address differences in the linguistic structures of the two languages use this approach [23].

Some children may present with communication disorders caused or exacerbated by the anxiety of their adverse living conditions including living away from parents or siblings, moving frequently, and traumatic experiences with moving. Some of the disorders that children may present with include stuttering, selective mutism, traumatic brain injuries, or pragmatic disorders characterized by limited communication initiations, nonverbal or single-word responses to questions and limited or no eye contact.

Strategies for Collaborating with Parents and Caregivers

SLPs need to work collaboratively with parents, foster parents, or caregivers. It is also important for SLPs to know that some parents that immigrate to the United States and are not yet permanent residents or citizens may exhibit anxiety. They are dealing with a number of issues including finding appropriate housing, employment and schools for their children. In the United States since 2017 and at a heightened level in 2018, parents are separated

from their children at the border. The children become unaccompanied minors and the parents are deported or held separately from their children. Parents who have lived in the US for several years risk being returned to their birth country and have their children placed in the US Health and Human Services foster care system if no other family members who are living in the US legally can be found to care for the children. This results in high levels of anxiety and parents may avoid seeking assistance within the community.

Family Engagement

Family engagement is a key component of a child's linguistic and academic success. Family involvement activities that are sensitive to the child's way of life, traditions, and culture are essential components for the academic success of migrant children [24]. Bilingual community liaisons can help bridge language and cultural differences between home and school (i.e., train parents to reinforce education concepts in the native language and/or English). Childcare, transportation, evening and weekend activities, and refreshments can increase the likelihood of migrant parent participation. Curricula that reflect the culture, values, interests, experiences, and concerns of the migrant family can enhance learning. In this way, parents can more easily relate to culturally relevant "homework" and will be more inclined to help their child with subjects that affirm their experiences and address their confidence and self-esteem. Flexible instructional programming that allows students to drop out of school to work or take care of family responsibilities and that allows them to return and pick up their academic work without penalties can increase migrant student success. Multiple, coordinated "second-chance" opportunities for education and training at worksites, community centers, churches, and school sites are available for use by both students and families. Distance learning efforts in public computer centers can provide migrant students and their families with continuous access to on-line links to college and English as a second language courses.

Partnerships with agricultural industry can help cultivate potential collaborative activities that allow schools to tap into a parent's knowledge, skills, and talents through "flextime," (i.e., allowing parents to attend school activities during work hours). Parent conferences and workshops can give migrant parents an opportunity to express ways they believe they can contribute to their children's education. Social and health outreach efforts can be coordinated with local school community-based activities, making them less threatening to migrant parents who are hard to reach. Transcribed library collections of oral family histories or experiences provide parents, grandparents, and other family members with links to the school and community at large. Another strategy involves accessing bilingual community liaisons and others – secondary school advisors, advocates, and peer and cross-age tutors or mentors. Often these individuals can effectively reach out to parents and secondary school students. Parent programs can include workshops or retreats at colleges and universities, which also provide an early orientation to the postsecondary education process. Professionals who think about the "family" rather than just the "parent" when planning engagement activities help enhance the program's success and effectiveness [24].

Resources to Facilitate Work with Bilingual Children

There are several resources that can inform SLPs working with children who are new to the US and new to learning English. It is important to know that there are other procedures and practices in other countries that may provide some guidance to SLPs in the US. The IDEA law passed to ensure that each child receives a free appropriate public education. IDEA 2006, Part B, Final Regulations supports nondiscriminatory service delivery by establishing the following parameters that apply to children learning English as a second language:

- assessment and other evaluation materials are to be provided in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible;
- parents are entitled to an interpreter at the individualized education program meeting if needed to ensure that the parents understand the proceedings; and
- when developing an individualized education program for a child with limited English proficiency, the language needs of the child must be considered [16].

The Leaders Project is a site that Dr. Cate Crowley manages, and it provides information regarding laws, policies, evaluations, and intervention as well as access to the bilingual extension institute and professional development opportunities for SLPs and other professionals [25].

The American Speech-Language-Hearing Association (ASHA) website is another good vehicle for accessing information available to SLPs working with bilingual children and children learning English in the US [8].

Conclusions

The number of multilingual children of migrant workers referred to SLPs is increasing in the United States. It is critically important that SLPs acquire the knowledge, skills, and attitudes required to competently evaluate and address the language needs of bilingual children. As SLPs establish rapport with a child, they also seek opportunities to communicate with the primary caregiver, case managers, and cultural brokers in the community. Clinical strategies for successful work with interpreters, select appropriate tests and assessment tools, and to access resources about the language proficiency of primary languages spoken at home are essential. It is important to distinguish children that present with a language disorder in their primary language from English learners that have not yet acquired English proficiency. It is also important for SLPs to consider the possibility of communication disorders that are unrelated to second language acquisition but are indicative of adverse living conditions or trauma that occurred in leaving the home country and finding homes within the new country.

Many school-age children living in migrant communities in the United States have varying degrees of English proficiency. The populations described in this article include school-age children in the United States that speak a language other than English and are learning to speak English as a second language. Their parents are migrants and move frequently within the United States for work. This article highlighted some of the challenges faced by SLPs working in the United States, including assessment protocol variability in different states and local school districts and the strategies for working with interpreters. These are the same challenges faced by SLPs and health practitioners across the globe.

Assessment of a child's primary language skills is key to determining if the child has a communication disorder or if they are simply not yet proficient in learning the English language due to the recent exposure to the language. It is important to understand that a disorder must appear in the primary language. A difference appears only in the new language that is being learned and for which the speaker has not yet become proficient. Collaborative practice is an effective approach to working with children that are new to the country and language. Other professionals including social workers, teachers, physicians, nurses, and case managers have expertise that can strengthen the development of appropriate goals and achievement of functional goals for children that have recently moved to the United States.

While the focus of this article addresses the monolingual SLP working in the United States with school-age migrant children that are separated from the bilingual parents, there are elements that are appropriate information and considerations for SLPs practicing in other countries. The issues regarding communication skills of migrant children in Europe, Africa, Asia, and many countries across the globe are relevant. Most SLPs in Europe, Africa, and Asia may be bilingual but they may not be competent in the languages spoken by migrant or refugee children; therefore, many of the issues that SLPs in the United States are dealing with may be applicable. While the criteria for eligibility and reimbursement systems are very different across countries, the issue of determining if a child presents with a language disorder and if they need speech therapy is important in all countries.

The World Health Organization has issued technical guidance to assist professionals working with refugee and migrant children in Europe and other parts of the globe. Between 2015 and 2017, almost one million children seeking asylum have registered in the European Union and 2,000,000 arrived unaccompanied by a caregiver as another indication that the information is relevant across continents [26]. It is important for colleagues to share successful strategies with each other and this article provides some practical insights for professionals.

Statement of Ethics

The author has no ethical conflicts to disclose.

Disclosure Statement

The author has no conflicts of interest to declare.

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