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The Effects of Trauma on Communication in Forced Migrant Minors

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- [Amy] Once again, welcome to our event today, the effects of trauma on communication in forced migrant minors. This is a part of our virtual conference this week on adverse childhood experiences, the effects of childhood trauma on communication. And this week, Dr. Trisha Self is our guest editor. She has really helped us put together a wonderful conference, I think. Dr. Self is an associate professor in the Paul M. Cassat Distinguished Chair in the Communication Sciences and Disorders department at Wichita State University. Where she teaches courses, supervises and conducts research in autism spectrum disorders, and also serves as coordinator of the autism interdisciplinary diagnostic and treatment team lab. Trisha is a Board Certified child language specialist with over 30 years of experience working with children demonstrating complex communication needs. So, Dr. Self, I'm going to hand the mic over to you to introduce Dr. Grech to us.

- [Trisha] Thank you, Amy. As Amy mentioned, this continuing education event is in partnership with the American Board of Child Language and Language Disorders, also known as ABCLLD. I'm on the board of ABCLLD. And just want to mention to today's attendees, that if you think you have an advanced knowledge, skills and leadership in child language and are interested in becoming a certified child language specialist, you'll find resources at our website that describes the process. The web address is www.childlanguagespecialist.org. Those of us who are specialists have found many benefits to being certified as an expert in child language, one being that we're all dedicated to ensuring that children receive high quality services. So I invite you all to become a specialist. I'd like to thank all of you for joining us today. As Amy said, this is the second day of a five day series focused on the topic of adverse childhood experiences, the effects of childhood trauma on communication. If you were able to join us yesterday, you heard Dr. Chypchar discuss adverse childhood experiences and their effect on the brain, behavior and clinical practice. Today we're pleased to

welcome Dr. Helen Grech. Dr. Grech is going to visit with us about the effects of trauma on communication in forced migrant minors. Now it's my pleasure to introduce our speaker, Professor Helen Grech is the head of the Department of Communication Therapy within the Faculty of Health Sciences of the University of Malta. She is a registered audiologist and speech language pathologist. Her research interests are related to speech and language acquisition and disorders in multilingual and multicultural populations. Dr. Grech has been involved in a number of cross linguistic research projects, and intergovernmental coast actions. She was awarded several research grants, such as a Marie Curie Intra-European Research Fellowship, and a four year FP 6 project funded by the European Commission. She is a regular research grant reviewer, and is the immediate past president of the International Association of Logopedics and Phoniatrics. Welcome, Dr. Greg, we're looking forward to your presentation.

- [Helen] Thank you very much for the introduction. And good morning and good afternoon to the attendees. I will be obviously focusing on the effects of trauma on communication in children of forced migrant families. I am very happy to take questions as I go along. But if time obviously is against us, I will try and still accommodate the people who addresses the questions and will answer them at the end of the session. So let's go ahead, I hope you're hearing me clearly. And I will be covering more or less the following in this session. So I will be introducing the subject and also mentioning a little bit about the country where I come from which is really far away. But nowadays technology does wonders to us. And yet we are so close. Although we are across the mines. I will obviously give an update of the demography of forced migration, which has become of great interest worldwide. And then we'll focus on the impact of forced migration on minors, meaning children and young adults. Will also mention briefly issues related to the communication, acquisition and skills of forced migrants. And a little bit about how they communicate amongst themselves. Needless to say, we need also to look into how forced migrants communicate with

residents with those of the host country. I will then give you a scenario related to results of a survey carried out in my own home country with forced migrants that included forced migrant minors. Once we discuss the challenges that they have, I will then focus on what we can do as healthcare professionals, as educators, and in particular as speech language pathologists, to help these forced migrant minors. And will come up with the conceptual framework and strategies related to it on how SLPs can work with this population. At the end, I hope to leave some time to just summarize and to address your questions. So the learning outcomes, probably or already seeing them are related to what we will be covering and what we hope to learn. And basically it's to describe how to assess communication skills and the degree of social adaptation of forced migrant minors.

To describe how to identify forced migrant minors who are struggling with their communication difficulties. And explain how to use a conceptual framework to plan the management of forced migrant children and young adults in order to enhance their communication skills. Because at the end of the day, this is why we are here. We want to optimize our work, our service to these individuals who have a right to be provided with the optimum service by speech language pathologists. Okay, so where do I come from? I come from Malta, which is a really, really tiny island. Just beneath Italy, and just above North Africa. So as you can see, Malta is very strategically placed in the middle of the Mediterranean Sea. Right, this tiny dot here that has around half a million residents.

And most of the forced migrants come from Africa. And they actually travel by boat via North Africa. And very often, the first place they reach is Malta and Southern Europe. But these migrants often don't want to stay here, but want to move on to other places and other countries in Europe. Having said that, Malta very often welcomes these forced migrants who are looking for asylum or refugee status. We have a lovely island, it's actually an archipelago. The main island is Malta, sister island is Gozo. And there

are a few other islands which are uninhabited by human beings. And it's mainly all year round sunshine guaranteed. We only have a few months of rain, and beautiful Mediterranean Sea, which she's very clean and lovely to swim in. Okay, so I'd like to now introduce the subject by us watching this very short video, which was prepared by UNICEF. And it gives us a focus on today's session. So can I have the video please?

- People do not lose the human rights by virtue of crossing a border or without a visa. I deplore the adopt the adoption...

- [Helen] I think we have some minor issues with playing the video. Can someone come in and help?

- By many countries have policies intended to make themselves as inhospitable as possible by increasing the suffering of many already vulnerable people.

- [Helen] Okay, thank you. Can I have the slides back please? Okay. Right, so basically, this short video has introduced us to the population we're going to talk about today. And we're going to focus on their communication skills as experts in communication and communication disorders. But let's look at the, get an overview of the demographic update on forced migration. Okay, we know that through United Nations that there are 24 people who are displaced every single minute. So migration has become a daily, every day and daily ritual. In 2017, UNICEF reported that 30 million children were living outside the country where they were born. And around 10 million of these have been displaced from their own countries, forcibly. Besides, we have 17 million children who were internally displaced due to conflict and violence. So we are talking about millions of children worldwide, who are migrating, a lot of whom are being forced to migrate with their families or without. Okay, so approximately one in 200 children worldwide is a refugee. And this is increasing more or less every year. And the number of refugee children, for example, in 2005, doubled within a decade by 2015.

What about figures across the globe? I mentioned that this has become a global issue, or a global challenge rather. Yes, for example, there is there have been reported increasing numbers of unaccompanied minors moving within the Americas, and they are often fleeing violence within their home country. There is more than double the number of children applying for asylum within the EU, between 2015 and 2014. So not only are these children multiplying, but actually doubling within a short span. Almost half of the American refugees are minors, and approximately three million of these are confronting the world's harshest realities, and not necessarily with their families. And two out of five of the world's international child migrants are living in Asia. And indeed, in Oceania, a high proportion of all the children are migrants. So this is really a worldwide challenge that we are facing that we need to address. Particularly as professionals.

So what does forced migration do to minors? What's the impact of forced migration? Well we know that we have recently seen migrant children separated from their families across borders. And the border control of migration and asylum policies have become very strict. And forced migrant minors who flee persecution ending up in economically stable countries still endure physical and mental challenges. Both during the move as well as once they land in the host country. Because we often perhaps think that, okay, crossing or flying or fleeing to another country may be the biggest challenge. But research and data is telling us that no, the story only starts there. Children suffer a lot, very often when they arrive in the host country. And for relatively a long time. So some schools have a high percentage of migrant pupils, for example, whose mother tongue is different from that used at the school or within the community. And that makes it very challenging for the migrant children to communicate among themselves, with their educators, within the community, which makes it a big, big challenge to live there. And such pupils have gross communication difficulties, which would reflect on social interaction, learning and behavior as we all know. So following migration children with past minimal or no school education, are suddenly immersed in a new school system.

And we expect them to cope. And very often they don't. There's a lot of bullying reported, there's xenophobia and difficult policies to accommodate asylum seekers. So all these challenges and faced, of course, by migrant minors as well. And this ends up as a traumatic experience, which reflects negatively on their social communication skills. Mentioning the systematically review on risk factors related to mental health in forced migrants. And the report, following this systematic review, indicated that exposure to violence definitely affects mental health negatively of these children. And that social support and stability in settling in the country where they land, leaves very positive effects on their psychological well being. So we already know the answer on how we should tackle these migrant children and young adults who reach different shores and different lands to live presumably a better life. Health and well being of these children. They seem to be at risk of health related difficulties, as I said, including mental health.

And they may encounter difficulties in receiving services as a result of very often financial communication, and also education limitations. So, obviously, these child migrants are facing huge challenges, which are reflecting badly on their well being. So what about professional services that are being offered? We know that traumatized migrant minors are at high risk of communication difficulties. Yet, scientific reports indicate that they are often medically underserved, including speech and language therapy service. They have difficulty with accessing health service, and consequently, they will benefit less from habitation and rehabilitation services, including speech and language therapy, of course. It has been attributed partly to their language barriers, financial matters, limited knowledge of the local system, and expectations of these populations. But having identified possible barriers, we need to see how we can overcome them in order that these young migrants actually receive optimal services. So what about their communication skills and their acquisition of skills? Some of these children are very, very young. And they wouldn't have developed their native language before they move to the new land, a new country. And what do we have in the

literature? So children of forced migrants are faced with cultural and values and beliefs and social views that are may be different from their communities' beliefs and values. And these all influence their acquisition of language. Besides their traumatic experience of migration, actually adds to their struggle with acquiring even their first language very often, let alone second and/or third languages of the host country, and of the school and of the community. And what about social adaptation? Communication is very, very important to live life as happy as possible as healthily as possible. But there is also the issue of social adaptation of this country, diverse families. Migrants may initially reject the new culture and language in the hope of retaining theirs.

And it has been reported that there are different levels, different stages of adaptation to the country, to the new country, where they now have to live. And that may take time. And in the meantime, these migrant children are growing up. And it may take even years for them to adapt socially to that community. Even the parents themselves may be struggling with adapting socially to the new life and new challenges. So cultural and linguistic diversity also impacts on attitudes, such as the need for referral to professional services, including speech and language therapy. And very often, you may ask the parents or their caregivers, why wasn't this child referred for speech and language therapy?

And they may not have heard of it, of such a service. Or they may not feel the need, because within their own context, and their own community, if they have a communication difficulty or if they're struggling with acquiring language, it's accepted that they do nothing about it. Sometimes they consider it as an act of God. So who are we, as speech language pathologists to try and make them change this attitude? And they may see us as being forcefully trying to get them to do something, which they don't feel the need for. So we need to be aware of this. This may also reflect on their drive for education and to learn, to read and write, as well as the need to interact with other social, culturally linguistically different communities. And of course, if the

caregivers of these children have such attitudes, this would bounce back on the children. And they may not be motivated to learn at school, or to acquire the language of the new community. It has been indicated by Deirdre Martin, who actually started language disability in cultural and linguistic diversity in Birmingham in the UK, where there's a high percentage of migrants and living in Birmingham, that sometimes it takes up to two years for children at school to start using the school language or second language. So we cannot have too high expectations at the stage or feel that they have a disorder, if they're still not expressing themselves, after being embarrassed, for example, for a whole year, within this new school environment. We need to give them time to settle down to adapt socially, adapt linguistically. And hopefully, they will eventually pick up on the second language which may not necessarily be, and very often is not their native language, of course.

But we're talking about their own skills, that communication is not just a one way system, of course. And they very often these communities, these forced migrants end up being put in one basket with policymakers and leaders within communities, thinking that it's okay. They're forced migrants, and they can communicate very well amongst themselves. But is that so? What's happening? Do forced migrants come from same context, from same cultural background, same linguistic background? And do they really manage to communicate among themselves? Especially when they end up in detention centers or reception centers, while they are seeking asylum or refugee status?

We need to understand that when forced migrants reach the host country and are placed together, they do not necessarily speak the same language and understand each other. And we cannot assume that they do. Besides once, people who take care of these communities realize that they're not really communicating very well, there is another barrier that would need to be obviously taken care of and that is interpreting services. Are they available? Are there such services available, even in detention

centers for these people and these young adults? That is something which very often is relatively scarce. And we need to remember that, because that will be reflect on limited communication, even amongst themselves when they're living in such environments. We had a study back in 2010 where we interviewed, and I was the interviewer actually, of forced migrants in Malta. And we had a survey, a questionnaire and we asked them to address this questionnaire, either through their interpreters, or coordinators, and those who were literate could read it in English, and even if it was translated in their own language and address these questions. And one of the question was on how they perceive their own communication with other migrants. And more than half complained about difficulties with communicating in the receiving country. So that's something to reflect on. Half of the adults explained that they were satisfied while the other half were concerned.

So we need to look at that group of individuals who were concerned that they weren't really communicating with other migrants. Amongst these migrants, there were the minors, the under 18 year olds who are placed separately. These were unaccompanied minors, and they were taken care of. And out of the 15 that I interviewed, only one replied, and expressed dissatisfaction. And that presumably, was because they were actually attending school. And they had been attending school for quite a while. And they were learning Maltese and/or English. So that is quite satisfying to know that a number of them did not feel that they were dissatisfied with the way they were communicating with others. And the reasons for those who were dissatisfied, including lack of understanding of each other's language, and that there was overcrowding in the detention centers, or where they were living in open centers. And that there were often regular arguments and fights among them. So they weren't necessarily happy with communicating with other migrants there. So obviously there's the other issue of communicating with the host residents. With people, with the natives, with the people who are the residents of the country where they land. Are they satisfied with communicating with them? Do they perceive as them being accepted? Do they

manage to speak to them and get on with them? Well 64%, so about two thirds, of those who replied, 36 of them, felt they were satisfied. However, one third were dissatisfied, and they gave various reasons. Some also explained that they were dissatisfied with the education within, of the children and within the schools that they were attending. And more than half, were also dissatisfied with the interpreting services. So we are welcoming these migrants in our host countries, but are we doing them a good service or a disservice? Are we really addressing their needs? We know that communication according to Maslow's hierarchy is one of the basic needs. And yet, these forced migrants and forced migrant minors are not really reaching that level. A lot of them are struggling with communication.

So that's something that we as speech language pathologist need to be aware of, and try and do something about. Okay so UNHCR, again, reported findings of another survey carried out amongst residents. And more than half of those who responded, reported that too many immigrants are arriving in their country. So they were feeling claustrophobic. And that obviously brought about some xenophobic attitudes, and very negative attitudes and perceptions towards forced migrants. And most of the residents expected migrants to adapt to the local culture and lifestyle rather than the other way around. And unfortunately, anti-immigration campaigns have been emerging, and to date are still being reported in a number of host countries, particularly in Europe. So let's go to our scenario, and I'm going to focus on Malta as the host country.

Now, you would think that with Malta having its values and attitudes of multi-denominational welcome, you would think, well, forced migrants would enjoy living here would be accepted, and would be receiving all the services that this developed country offers. Because don't forget that this is their human right, of course. So, again, we have had quite a number of researchers looking at the Maltese scenario, because it's a captive population. And it's very easy to obtain data within the local scene. So when again, there were interviews with forced migrants, some claim that

they had no point of return, and could even stay as long as they needed, as was needed in detention. However, there have been reports of these detention centers being in an inhuman state and atrocious states. And so others claim that this was not the country they wish to land. And, in actual fact, they ended up in Malta without them knowing very often because of rough seas, and the risky boats that they traveled in, either capsized and they had to swim or go on board the dinghies to be saved by bigger ships, and to land in the nearest country, which very often is Malta. A number of them didn't know about the detention policy before they learned it, of course. And they were quite shocked at the state of these detention centers, and how they were treated there. UNHCR, asked also about, and checked, about the Maltese perceptions of forced migrants. And when they carried out the interviews, over half of the respondents reported that they felt claustrophobic, because there were too many immigrants arriving on Maltese shores. It's actually, Malta is the second per capita country that takes the largest number of forced migrants.

And the majority of the respondents who hailed from Malta indicated that these migrants should adapt to the Maltese culture. But in actual fact it was taking them quite a while to do so. So we ended up with some challenging behavior from forced migrants and arguments even with local people, and harassment and attitudes that are very negative. And some xenophobic feelings from the host country residents, which did not put forced migrants and forced migrant minors in a good state and feeling secure and welcomed. And in fact, the Commissioner for Human Rights reported concerns at the attitudes of racism and xenophobia in Malta. For example, this actually is a quote from a forced migrant, very recently interviewed in only last month. And basically, he was quite shocked at the attitude of the Maltese and expressed by saying, "What did we do to the Maltese?" Evicted migrants left confused and feeling helpless and alone. We also asked them, how can we improve the service towards them? And the main, after the traumatic analysis, the main themes they came up was that they wanted opportunities, or rather more opportunities to learn to read and write in English

and, or the language of the country. That they wanted better transport to the hospital and better work opportunities. I thought about speech and language therapy. The survey in Malta reported that 74.4%, almost three fourths, were unaware of speech language therapy. And 25.6% of the respondents claiming that they knew about the service. So we need to do a lot about campaigning and offering the service and making them aware of speech and language therapy. So there's a lot to do from our end as speech language therapists. And my colleague and I came up with a conceptual framework which I will highlight at the end, in order to look at this need of forced migrant minors holistically and see how we can help them optimally to acquire and communicate, acquire communication skills and communicate better within the host country.

So how can we help the migrant minors? Even governments and NGOs are concerned about the influx of these populations, and that they have specific needs. And WHO and United Nations and other agencies are looking at these issues and trying to formulate strategies to try and address and bring up some solutions. The important thing is we need to offer equitable services. As speech language pathologists and other healthcare professionals are committed to being empathetic, respectful, and non-discriminatory. So we need to offer equitable caring, and the holistic service tailor made to their needs. And that's quite important to know. So what do SLP, speech language pathologist, need to know about forced migrants? What questions do we need to address when we are referred these migrants? Is communication being facilitated in a culturally and linguistically appropriate manner? Do these minors receive adequate language stimulation and education.

Do they have opportunities to participate and socialize? Do they have access to timely diagnosis of communication disorders. And do they have learning opportunities at school via the medium, the language that they understand? Obviously, this would be very resourceful, but we need to consider that. And this is the conceptual framework

that I was talking about that I would like to share with you for speech therapy services with migrant populations. So initially, we need to acknowledge the culture, the linguistic and the social diversity. And have a collective engagement in the process of care of the individual with very often communication disability. So initially, at the core of this, we have the individual with communication and also allowing difficulty. We need to cater for the family, the community understand the values, beliefs and attitudes. We need to see what policymakers are telling us within the host country and address these as well, because we may have limitations on how to help these people. We need to see how other professional careers are looking at it and how we can help them to refer them to these professionals if necessary. And at...

And A, the important thing is that we are empathetic, knowledgeable, skillful, trans linguistics speech language pathologists. This is crucial if we really need to help these individuals optimally. So as Pillay argues, that very often education and training of speech language pathologist is carried out only in their native language. And it restricts a true picture of the world's population. So the conceptual framework should highlight the importance of having multilingual and culturally sensitive practitioners. And even looking at students. It's quite important the training programs address these needs which are becoming more and more important. So what about clinical competence to manage these diverse populations? People with disabilities and communities are collectively engaged in the process of care and professional frameworks for underserved populations need to focus on this. And service provision should match with their beliefs, behaviors, attitudes, values, that are conveyed by cultural wisdom. So as I mentioned, students need to be trained accordingly. And not only does their perception need to be more open, and not stereotypical, but also they need to be creative, flexible, reflective, and evaluative when working with forced migrant children. So in summary, the overall trends indicate that the number of young migrants suffer from culture shock and feel marginalized. A high percentage of these migrants seem to be rejecting the new culture and language, trying to retain theirs, and they end up

feeling dissatisfied with the service they receive. So the core underlying issue of migrant dissatisfaction is very often communication or the lack of it. And this is a basic human need, and behavior and multiple aggregating difficulties may be the consequence of difficulties with communicating. There is a clear need that before embarking in service profession, we need to have cultural and linguistic characteristics that need to be identified to be able to interpret better the behavior of these traumatized migrants, which need to be treated with tender loving care. So I'm stopping here just for perhaps a few questions from the attendees. Thank you very much. So you--

- [Amy] Thank you so much Helen. I will, I see we already have one question in the Q and A pod. And I just wanted to encourage our participants, if you have questions or comments on this topic, go ahead and type those into the Q and A pod on your screen. In the meantime, I'll read this first question. Helen, what do you think might be a good assessment protocol to consider for the migrant population?

- Okay.

- Is there a standard protocol that you would recommend or?

- [Helen] Okay, that's a very good question, thank you. Yes, the first thing is do not use standardized assessments, because very often what we have in the clinic are standardized on the host population, right? And these are not, especially norms are not applicable to forced migrant children, and even adults, whose language and first language is not English, American English, or whatever. Translating these assessments is not good enough. So I, my suggestion is there some data and some publication on this, that we look at the RIOT and the SWOT approach. SWOT by doing a SWOT analysis. Checking the strengths, the weaknesses, opportunities and threats, related to the communication, difficulties that these children are facing. And RIOT is by, means

that it's an acronym for reviewing whatever information you have, from schools, files whatever. Interviewing whoever the stakeholders are. Observing these children, and perhaps even children within the same community, and then testing informally. Dynamic assessment sometimes is very useful with these children. So the protocol is very different from the protocol we use for the host children within our countries. I hope I answered your question.

- [Amy] Right, thank you. Let's see what else we have here. There's a question from Aaron that says, I'm gonna have to expand the box so I can read it. How do you think that we in the US can try to provide services when these migrants are separated, caged and even medical care is withheld? It's extremely frustrating to know. Just having to do with our border policy and do you have any, perhaps suggestions specific to our situation here in the US where we do have some migrant children separated from their parents?

- [Helen] Yes a very, very sad situation, even the United Nations is trying to do something about this. But it's definitely not a consolation. But perhaps I should mention that this is not solely within the US. We have a lot of unaccompanied minors even in Europe, very sad situation. And sometimes they cannot reach the service, and we cannot provide the service easily. So my suggestion, and it is actually included in the conceptual framework, is that we try and go to the policymakers. Try and reach the stakeholders and offer help from that end. It's very, very difficult, when you know that you can be of some help, but that help cannot be reached by the person who needs it. Indeed, so I think we really need to promote our service, and that we are experts, and can help such situations, particularly within our area of expertise in communication, and communication acquisition in case off children.

- [Amy] Thank you, we have another question here about what are some considerations as we look at trying to train future SLPs in our grad schools, to perhaps work with

populations of the type that you're talking about. What are some considerations we need for our graduate university programs? Perhaps some of a bit more detail on what you think is important to teach different courses and materials, concepts?

- [Helen] Yes, I think it has become a big issue within programs, SLP programs. And I think it should be a must that within the curriculum, the program of studies, there should be a module, a unit, a course, on how to address the needs of forced migrants. Because as I inferred earlier on, we definitely need to treat these individuals differently. In order to offer them the optimal service that we can. And this reflects on the training of our students. Primarily, I would stress that we need to help them understand the diversity, not only of language and languages, but also of cultures, values and attitudes. It's very, very important that they understand acknowledge and respect all this. Some students are quite shocked when they realize that people may have a different perception. May not even want to know about speech therapy. So we need to be very respectful. That's the first thing I would do. The second thing is, I think it's very important that we train them in informal assessment. They cannot just pick up an assessment pack from the cupboards and use it or translate it, definitely not. The other issue is working with interpreters, and understanding interpreters. Both interpreters and SLPs need to be trained on how they can communicate between themselves before they work together. Because sometimes, interpreters may not understand what the speech language pathologist wants to know. So there's no point in having an interpreter who may not give you the salient information when he or she are translating, and interpreting whatever is being said by the client. So I think that these are three important issues. Acknowledging the diversity and respecting it. Using informal assessment and also working with interpreters optimally. Okay.

- [Amy] Thank you, Helen. I have several other questions here. Someone is asking about how can a monolingual SLP effectively work with multilingual populations that we're talking about here?

- [Helen] indeed a big challenge, but that's a challenge we have to face because cause two thirds of the world's population are now multilingual. And that reflects the child population also. We are increasingly becoming multilingual. So this figure is going to increase as we go along. So we need to be able to deal with children, adults who do not speak our language. There are some already resources by different groups of speech language pathologists, particularly for speech sound disorders, Which are available freely, online. Quite a few resources on how to deal with informal assessment and gathering information from individuals whose language you do not speak. There are also resources on different language characteristics and language acquisition data of various languages across the world. And these are databases that are becoming freely available to speech language pathologists. So look out for these, it's very important. And then hopefully, you get some help from interpreters. But as I said, interpreters have to be trained by speech language pathologists. Because we need to tell them what information they need to extract from whatever answer they get from the clients or their caregivers.

- [Amy] Very good, thank you. Someone is asking, what international groups do you know of that are currently providing services to some of these young forced migrant children and their families. For example, UNICEF, but any others that you know of. And I think this participant is interested in perhaps getting involved. And so if you could list a few more that you know, work with these groups.

- [Helen] Right, right, quite a few groups are now working. And even forced migrants are being encouraged to have their own groups as well, in order to show more and express more of their needs. For example, Madison Symphony, its frontiers, it's included in my slides. There are a lot of just with refugee services as well across different countries. So you need to tap on these. If you manage to, perhaps include key words, forced migrants, help, voluntary work, you'll easily be able to access these,

easily be able to access these groups who may be able to be of help whom you could join within your own country. I hope that's useful. Even if you perhaps step on the United Nations, UNICEF website, you may easily get information and resources about your own country. And if you want to be a volunteer where you could tap on.

- [Amy] Very good, I think we'll just try to handle one more question here. Someone is asking in terms of assessment, and the idea that you communicated about students needing time to adjust once they arrive in the host country. Then at what point do you feel like it's appropriate to initiate an assessment when a child, at what point after their arrival in this in the host country, do you think it's appropriate to start assessment?

- [Helen] Obviously, we always learn that we need to intervene as early as possible. But we need to be cautious. Because these children are traumatized, we cannot, move too fast. And because their parents very often are not interested in speech language therapy, that's not their main concern. Sometimes as I mentioned, and as has been reported, they end up in a country or in a place or a state, which they didn't really want to land in. And very often, they really have the basic needs not met. So initially, parents want food, want safety, want health for their children. Then education may come in and services. So we need to be very careful. But as long as we step in very sensitively, then hopefully, we can intervene early enough. The best way to do it, if you have access to schools, schools very often will tell you, this child is not ready. Or his parents are not ready to meet you and to do anything about it. So we need to respect that. Even though we know that early intervention is more effective, blah, blah, blah. We need to respect the values, the attitudes, and the package that they come with.

- [Amy] Exactly, I think as always, in any situation, it needs to be just very individualized.

- [Helen] Definitely, yes.

- [Amy] Well, I think I'll go ahead and wrap it up here today. Helen, thank you so much for being with us here all the way from Malta.

- [Helen] Yeah, it's been a pleasure.

- [Amy] And I would also like to say a thank you to Dr. Trisha Self, our guest editor for this week's virtual conference. We do have three more events this week, one each day, same time, same place. So I hope that we will see some of you again, in some of those events. And if you're not able to make it to the live events, as always, we will offer them in at least a recorded format, if not other formats. So everyone, I hope you have a great day. Thank you so much for attending. And thank you again, Dr. Helen Grech for being here with us as our speaker.

- [Helen] Thank you all, thank you attendees and thank you for the organizers. It's been a pleasure meeting you virtually.