

# Accessible developmental screening tools needed to ensure children from diverse backgrounds have proper support

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Despite what many first-time parents may wish for, kids don't come with instruction manuals. Even seemingly straightforward developmental

milestones, like when to introduce solid food, can vary across countries. And when it comes to language development, things get even more complicated. It can be challenging to gauge what is just a child's creativity, and what may be cause for concern.

Parents in search of assurance will likely turn to the experts, who use screening tools and tests to determine the best path forward. The problem is, these tools and tests aren't equally effective for all children, and children from marginalized populations often don't have their language-related developmental skills accurately assessed because of it, explained Andrea MacLeod.

"We have fewer tools we can turn to when we're looking at families that speak [different languages](#) or are from different backgrounds," said MacLeod, professor in the Faculty of Rehabilitation Medicine and former Canada Research Chair in Bilingual Acquisition and Communication Disorders.

One prevalent challenge is that many screening tools are developed in English, and adapting them to other languages is more complex than mere translation, explained MacLeod.

For example, "You have to think about what are the common words in that language, what are the common sentence structures for [young children](#) and what are familiar contexts for the child."

Additionally, many of the common screening tools don't take cultural context into account. For example, one family may grow concerned if their child isn't always looking adults in the eye when they speak to them. Another family may view it as a completely appropriate demonstration of respect in their culture.

## **Community involvement is key**

Though first-time parents, or parents who are new to Canada, may look to experts for guidance, it's actually the community around a child that is the key to better supporting children of all backgrounds and making these screening tools more universally applicable, MacLeod noted.

"Some of the really promising strategies involve working with communities to do smaller-scale research to understand what expectations are, and to review the tasks used in screening," said MacLeod. "Getting that [local community](#)-based input is really important."

That community-first focus is much different from the commonly recommended "wait and see" approach, in which a child is left to develop naturally for a period without bringing in additional intervention. This approach disproportionately affects children from marginalized communities, and it can cause issues with accessing the appropriate services when it's eventually decided that intervention is needed.

"Many services provided, such as [speech language pathology](#), start diminishing significantly by about Grade 2," said MacLeod, who is also a member of the Women and Children's Health Research Institute. "If you wait until the child is seven or eight years old, they often have a very short period where they can access really robust services."

Finding ways to involve the community and intervene earlier with [children](#) who need added support gives them the tools and skills to enter school with their "best foot forward."

"Language and language abilities are part of our identity. They're part of how we communicate and participate in society," said MacLeod.

Provided by University of Alberta

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