# Report on the Impacts of Systemic Racism in the Speech-Language Pathology and Audiology Professions in Québec

Prepared by the Anti-Racism Advocacy Group for Speech-Language Pathology and Audiology
(Groupe d'Action AntiRaciste en Orthophonie et en Audiologie)

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# FORWARD

The Anti-Racism Advocacy Group for Speech-Language Pathology and Audiology (GAAROA in French) is a collective of speech-language pathologists and audiologists who feel a need for action to address the ever-present problems of systemic racism in our society.

Our mission is to educate Québec's regulating body for speech-language pathologists and audiologists, the *Ordre des orthophonistes et audiologistes du Québec*'s (OOAQ), as well as other members and stakeholders in the fields of healthcare and education about the persistent and damaging effects of systemic racism among Black, Indigenous and Racialized People (BI&RP) of Québec. Another goal of ours is to promote best practices and hopefully integrate them into the daily practice of speech-language pathology and audiology.

This group strongly hopes that the proposed solutions will encourage professionals and institutions we work with to take the first steps towards a truly inclusive health and education system for everyone.


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# EXECUTIVE SUMMARY

This report identifies issues related to the presence of direct and systemic racism in the fields of speech-language pathology and audiology. This report is based on data from literature, government statistics and testimonies given by members and students of the profession as well as clients from Black, Indigenous and Racialized (BI&R) communities in Québec.

In short, our report states that racism is present within fields of speech-language pathology and audiology in Québec, and that it has direct and indirect repercussions for BI&RP in Québec. The manifestations of racism within our professions and the implications for BI&RP are briefly outlined below along with key testimonies and main points of action we recommend to improve the situation. Furthermore, this body of work provides in-depth documentation of these manifestations and repercussions.

Testimonies were received in French and have been translated for the purpose of this report.

### Manifestations

- Underrepresentation of BI&RP in professional and student communities as well as educational faculties
- Racism and microaggressions in training, clinical and educational settings
- Lack of training and awareness for intercultural and inclusive skills in academic programs and continuing education
- Use of tests and standards unsuitable for BI&RP
- Use of non-representative and/or incomprehensible therapeutic material for BI&R patients

### Repercussions

- Assessment of competencies with negative biases against BI&RP which reduces their opportunities for training and employment
- Overestimation or underestimation of communication difficulties among BI&RP (children and adults alike)
- Therapeutic plans that are poorly or not at all adapted to the reality and needs of BI&R patients
- Refusal to provide services and early closure of files
- Negative influence on BI&R students' chances of success
- Lack of trust in speech-language pathologists and audiologists among the BI&RP

**Key Testimonies**

*"Someone asked my internship supervisors if it bothered them that I worked for them given that I am Muslim. My supervisor shared that information with me in the last days of my internship. […]"*

*"My speech pathology colleague who works in a hospital told me, to my face, that she would've preferred they hired someone from Québec rather than me. […] One of my colleagues even put a pencil in my hair 'to see if it held in place.' Some colleagues said things like 'we're talking about South Asians, not like you, you're like us.'"*

*"[…] I caught my supervisors refusing to give any care to black or Middle Eastern patients, justifying themselves that the patients are always late. For example, when one of the supervisors caught a glimpse of a Mr. X who had an Arab-sounding name, she would sigh. Other times, when Middle Eastern patients came in 20 minutes late, the supervisors would tell their receptionist not to let them in. When a Quebecer patient does the same, they allow him to come in. When I asked about the exact policy for late arrivals, she said that it depends."*

*"I was talking to a speech-language pathologist working with Indigenous children, and she said that it would be beneficial for the children to be exposed to more French at home (although their mother tongue is at risk of becoming extinct)."*

**Key Action Points:**

- Acknowledge that systemic racism exists within the professions of speech-language pathology and audiology in Québec and recognize the repercussions of such racism throughout inequalities in terms of inclusion, individual health, access to health and social services as well as in the quality of services provided to the public;
- Publicly stand against and commit to take anti-racist actions with measurable objectives;
- Form an anti-racism committee that is predominantly composed of BI&R members from the professional community in order to provide a safe space for ongoing discussions and exchanges about the challenges faced by students and professional members from these communities;
- Mandate that all OOAQ members receive an evidence-based anti-racism training from BI&RP of the professional community;
- Operate and promote an anonymous helpline to call out racist behaviours or actions performed by OOAQ members.

It is essential that our professions take action to combat racism. We are confident that the speech language pathology and audiology community will recognize the value of not being passive on this issue. The urgent need is to move forward with concrete actions in order to provide accessible quality services to the populations we serve.

# CONTEXT

Speech-language pathology and audiology are professions that focus on providing adapted and comprehensive services to patients in order to restore or enhance: their ability to communicate, their autonomy and their social integration. Patients who use speech-language pathology and audiology services come from a variety of ethnic and cultural backgrounds. The presence of racism, both individual and systemic[1], as well as its negative impacts on BI&RP at all social levels is no longer questionable. In 2018, the Canadian Public Health Association acknowledged the existence of systemic racism in Canada that results in "*inequities in social inclusion, economic outcomes, personal health, and access to and quality of health and social services*[2]*."*

Considering that language is an identity trait and a factor that fosters a sense of belonging and ethnic differentiation[3], and that communication in a broad sense is intimately linked to cultural identity[4], the professional and social duty of speech-language pathologists and audiologists is to educate themselves on the important issues of racism.

Furthermore, our professions are governed by the *Ordre des orthophonistes et audiologistes du Québec* (OOAQ), whose mission is to ensure protection of the public regarding the field of practice of its members. The OOAQ also strives to be a leader in ensuring that human communication is recognized as "*a fundamental and intrinsic need of every individual*" an institution that answers to "*the needs of the people first*[5]." That being said, the OOAQ must be able to offer services that are accessible to all and free from discrimination based on skin colour or ethnocultural background.

Therefore, it is crucial to join the fight against racism and to be part of the solution both on an *individual level* (as practitioners working in the educational system, in the health and social services system, in the private sector, or in the training systems of our future professionals) and on an *institutional level*.

Systemic racism refers to the interplay of decisions, attitudes and biases within organizational models and institutional practices that have detrimental effects on specific groups of individuals, such as BI&RP. Whether the negative effect on the group is intentional or unintentional, this is considered systemic racism. Systemic racism is therefore a dynamic process in which discrimination is fuelled by ideas (conscious or unconscious) that stigmatize or disqualify individuals based on the colour of their skin, their appearance, their ethnicity or their religious group (whether these characteristics are true or assumed).

As such, the fight against racism should therefore be at the core of the priorities of the OOAQ and of any professional association or training institution in speech-language pathology and audiology that is committed to respecting the values of our professions.

[1]Feagin and Bennefield (2014) wrote that racism can be individual as well as systemic. They also wrote that systemic racism is institutional; it is not identifiable with any one individual, but results in racial inequalities in care.

To bring about change, it is not enough to not be racist, our professions must be anti-racist. Actions speak louder than words. Without taking tangible action to counter systemic racism, we contribute to maintaining the structures and attitudes underlying its omnipresence in our communities. We need to take voluntary, clear and specific actions that arise from working with those most likely to be impacted by systemic racism—BI&RP.

Below, we propose a report outlining the manifestations and repercussions of individual and systemic racism in our professions and suggest concrete points of action to adopt in order to contribute to positive change.

# REPORT STRUCTURE

Our report is divided into four main sections, each of which focuses on an issue related to individual and systemic racism in speech-language pathology and audiology that is ultimately affecting BI&RP seeking professional services.

The first section, *"Access to Training and Opportunities in Speech-Language Pathology and Audiology in Québec for BI&R Students,"* addresses racist behaviours that exist within our educational institutions and the barriers that are created preventing access and success for BI&R students.

The second section, *"Access to Speech-Language Pathology and Audiology Services for BI&R Patients,"* addresses racist attitudes within our society in general and our professional practice; particularly those that impede access to services for BI&R patients.

The third section, *"Quality of Speech-Language Pathology and Audiology Services for BI&R Patients,"* addresses direct or indirect impacts of racism on the quality of professional services given to BI&R patients, along with the consequences for these individuals and their families beyond the clinical context.

Lastly, the section *"Specific Issues Regarding Speech-Language Pathology and Audiology Services Offered to BI&R students in Québec's School Setting"* discusses how general and profession-specific acts of racism in school environments can act and intersect thereby compromising the academic success of BI&R students.

Each of these sections are broken down into three subsections.

The first subsection, *"Manifestations and Impacts of Individual and Systemic Racism"* describes how individual and systemic racism can manifest itself and influence our communities using points made and supported by documentation.

The *"Testimonials"* subsection presents testimonies collected by our group from the student and professional community in speech-language pathology and audiology through a survey sent out to our networks in July and August 2020. Individuals who wished to do so could anonymously record the racist behaviours they witnessed or experienced in speech-language pathology and audiology.

The final subsection, *"Recommendations",* outlines concrete areas for action that the professional and training communities must take to better the situation in our fields.

# SECTION 1: Access to Training and Opportunities in Speech-Language Pathology and Audiology in Québec for BI&R Students

Education is a predominantly white Anglocentric and Eurocentric cultural institution. This is reflected in institutional values, standards and practices that hinder access to higher education as well as contribute to a hostile learning environment for BI&R students[6]. Racism in university settings takes the form of both day-to-day racism (behaviour, anecdotes and jokes with racist overtones) and systemic racism (lack of institutional reaction toward individual acts of racism, discriminatory practices regarding student admissions and faculty recruitment, and lack of recognition of foreign references or diplomas). Racism expresses itself across the whole university experience and is likely to affect both access to training and success opportunities for BI&R students admitted into various academic fields.

The last Statistics Canada census conducted in 2016 shows that only 4.7% of speech-language pathologists and audiologists self-identify as a visible minority in Québec, of whom 0% have Indigenous identity, whereas visible minorities, including those with Indigenous identity, represent 17.5% of the population. The over-representation of white speech-language pathologists and audiologists in Québec[8] *is a manifestation of systemic inequity* that reflects a lack of access to training and/or poor success opportunities for these communities, which is contrary to the values of equity, diversity and inclusion in education stated by universities[6]. In addition to limiting access to our professions, this disparity also has negative impacts on BI&RP we serve.

This section details facts and describes the mechanisms that may affect access to training and success opportunities for BI&R students and teachers in our training programs, as well as key action points to improve the situation.

## Manifestations and Impacts

### Acts of Racism

a) Canadian studies on racism in the medical field have shown that minority students are exposed to racism on a daily basis in their training (difficulty integrating, less likely to benefit from the same advantages as their white peers, prone to racial microaggressions)[9];

b) Despite the lack of evidence in speech-language pathology and audiology in the university curriculum, it is more than likely that lack of education and awareness around racism in school environments will affect recruitment and access to quality education, mental health of BI&R students as well as recruitment and retention of BI&R teachers in both academic and practice settings;

c) The testimonies gathered by our group report several more or less subtle racist events in Québec's speech-language pathology and audiology educational environments, both in the

academic context and in internship settings. These events can have a direct and indirect influence on mental health and on success opportunities for BI&R students and faculty members.

## The Underrepresentation of BI&R students in Québec's Speech-Language Pathology and Audiology Training Programs:

a) In general, BI&RP are not well represented in the Canadian university student community. In 2009, Hernandez-Ramdwar reported that 17.1% of students self-identified as a visible minority and that this represents a positive development[9]. Nevertheless, such a rise in this number does not necessarily mean that racism-related problems in Canadian institutions are solved. Qualitative studies have shown how racist tendencies continue to exist within academic institutions to the disadvantage of BI&R students whether or not born in Canada[10];

b) There is no evidence that our speech-language pathology and audiology training programs compile data on the ethno-cultural background of applicants for admission, current students and alumni. If collected, that data has not been made public;

c) However, the latest Statistics Canada census conducted in 2016 clearly demonstrates that inequity in terms of recruitment and retention of BI&R students is a problem;

d) Insufficient data concerning the ethno-cultural background of applicants, admitted students and alumni from our training programs, as well as insufficient data concerning the experiences of these individuals, prevent us from understanding the exact reasons behind this underrepresentation;

e) In turn, this lack of information leaves us without effective levers to put in place mechanisms to increase diversity and success opportunities for these students as well as to evaluate the impact of these mechanisms;

f) The testimonies we collected through our questionnaire showed the existence of individual and institutional racism in our training programs. In the following section (*Underrepresentation of BI&RP among academic and clinical faculty*), we also detail the adverse impact of poor representation of BI&RP in teaching positions on the success opportunities for BI&R students.

## Underrepresentation of BI&RP among Academic and Clinical Faculty:

a) BI&R teachers are underrepresented in Canadian universities and have fewer opportunities for career development and career evolution[7];

b) The underrepresentation of BI&R teachers in faculties has an impact on the diversity of teaching techniques used, on the research topics and questions explored, as well as on the scientific methods favoured by many. Such a lack of pedagogical and scientific diversity also contributes to an unwelcoming climate for the BI&R student who cannot relate to the dominant ideologies and practices;

c) The lack of diversity in faculty is also reflected in evaluation practices that may be consciously or unconsciously skewed towards undervaluing the competencies of BI&R students.

d) This can result in an inadequate awarding of merit grades, scholarships, and recognition awards, as well as in a lack of encouragement to achieve excellence;

e) An example particular to speech-language pathology and audiology is the ability to "act professionally." Assuredly, expressing this ability can take various forms depending on the culture and values of professionals and patients. If the assessment of this ability is carried out with insensitivity of cultural diversity, BI&R students could be disadvantaged[11]. Given that the populations served by our professions are diversified, promoting a single professional approach clashes directly with our mission.

f) Given that a portion of speech-language pathology and audiology student training takes place in practice settings under the supervision of speech-language pathologists or audiologists, institutional and individual levels of racism (conscious or not) will also penalize racialized students' academic pathways and their success opportunities. The underrepresentation of BI&RP among supervisors in clinical training settings is therefore just as problematic as it is on the academic level;

g) For example, clinical abilities of students in healthcare settings are judged based on characteristics such as enthusiasm and motivation, as well as self-confidence and the ability to communicate genuinely and effectively with clients[12]. Unfortunately, the clinical supervisor may judge the behaviour to be lacking said characteristics if they do not have awareness of cultural diversity and issues of racism;

h) Since communication abilities are central to the virtuous pedagogical relationship between the intern and the clinical supervisor, failure to understand and embrace cultural expressions outside the prevailing norm may result in barriers in the clinical training of BI&R students;

i) Given that among the most important pedagogical abilities for good clinical supervision are interpersonal and communication skills and capacity to support and encourage student participation in the clinical department or the institution's activities[12], limited diversity in our professions creates few opportunities to interact with a professional model that reflects BI&R students' own racial identity and challenges their self-image in a professional role[10];

j) Genuine professional communication is also acknowledged as a success criterion in practice settings[12]. This criterion may be difficult to meet for BI&R students negatively reinforced throughout their academic life due to their communication style deviating from the dominant standard and, in their attempts to assimilate, may appear unauthentic to a supervisor who is not culturally sensitive;

k) Being able to remain relatively stress-free in the workplace is another success criterion[12] that can counteract BI&R students. They are more likely to come from low-income households and are therefore more likely to be under greater pressure to succeed and to combine school with work in order to maintain an income, allowing less time for learning[9];

l) Finally, interns in clinical settings are required to display self-confidence[12]. This can also be challenging for BI&R students who are continuously exposed to racist microaggressions during their academic career. This effectively creates an obstacle to the development of positive self-confidence.

# Testimonials

*“When she saw the ring around a Muslim Middle Eastern intern’s finger, [the training program employee who is in an influential position for students] reportedly told the intern: ‘So how did you meet your husband? Did your dad and his dad decide that you would both get married?’”*

*Testimony from a speech-language pathology student*

*“During a video project in groups of three, one of the students, a Muslim girl of Middle Eastern background, had a lot of experience with preschool patients. Her two teammates had only worked with adults before. She helped them, guided them and showed them how to proceed with the intervention, which was filmed and presented to the professor. When the lecturer (a training program employee and the responsible for clinical training) evaluated their team, she only talked about the prowess of the white student, and demeaned the Middle Eastern student’s contribution. The teacher was nitpicking only to give negative feedback to the Muslim student, and when the student tried to justify herself or respond to the comments, the lecturer interrupted her and told her that her fast-paced speech truly harmed her clinical practice, and she had a long way to go.”*

*Testimony from a speech-language pathology student*

*“Recently, I took an online course [in French]. [...] For my part, I was one of the two Asian students, but the only one with the name displayed [...] that did not sound Caucasian, but you may notice that the name is not Chinese either. In one of the classes, the teacher shared a quick comment (word for word): ‘if you are Chinese and you don’t understand, there are English versions of this text.’ [...] in one of the next classes, the teacher chose me to answer a question. Unlike with the others, he gave no effort to try and pronounce my name correctly, saying word for word: ‘[xx]-something-something,’ then he continued to talk to me, but in English this time: ‘Do you speak English? Do you understand me?’ It was blatantly insulting, because by looking at my face and seeing that my name is non-Caucasian, he just assumed that I did not speak French. I think that the assumption that Asian people do not master that language is completely outdated. Also, given that I am in a school offering French education [...], one is to expect that the professors should assume, on the contrary, that all students speak and understand French, so they should talk to them and French first. [...]”*

*Testimony from a speech-language pathology student*

*“One of the professors used the term ‘Eskimo.’”*

*Anonymous testimony*

*“As an analogy to clinical analysis, one of our faculty members delivered a weird example about a stolen wallet in front of the whole class. This was their story: ‘So you’re walking in New York, and you enter a store to buy something. When you get to the checkout counter, you realize that you don’t have your wallet. What do you think happened?’ The students answered: ‘I forgot it at home,’ ‘I lost it,’ etc. when the students ran out of possible theories, the teacher, in their position of authority, spontaneously claimed: ‘Or you got it stolen by a young black man, because we all know that black people are all thieves.’”*

*Testimony from a speech-language pathologist*

*“The internship coordinator [ for speech-language pathology students] asked my internship supervisor if it bothered them to supervise me given that I am Muslim. My supervisor shared that information with me in the last days of my internship. I’d like to specify that I wear no religious symbol at all when I am in a school establishment, but [xx] just assumed my religion because of my name.”*

*Testimony from a speech-language pathology student*

*“My accent in French has never impacted any aspect of my life, except professionally.” I graduated from a university in Québec and am a member of the OOAQ. Recently, I was preselected for a position in an academic establishment based on my written dossier. When closing the interview, the HR staff asked me if I was able to work in a French work environment. I am a person whose competence is recognized by a university in Québec and by the regulating body of her profession. Nonetheless, my skills are still questioned. I never got an update regarding my application.”*

*Testimony from a speech-language pathologist*

*“During an internship in audiology, my religious beliefs were questioned while in the presence of a patient. Then those given questions turned into demeaning comments and negative judgments toward me. [Before knowing that I was also Muslim], that same supervisor admitted that she had an intern of the same religion and that she gave him a hard time about it (her words). Later on, when she learned that I was Muslim, she started giving me a hard time too by making degrading comments about my intervention style (and nothing about my competences). It was very difficult to deal with on a daily basis considering she had such an important influence in my future career, but I endured it and persevered. [...] I see this experience as systemic racism because my school training program didn’t do anything when I told them and they even sided with my supervisor, which disappointed me to the point where I thought of abandoning my studies. [...] What’s really appalling to me is that these people still have supervision roles and great influence over the future generations of racialized students! I felt completely helpless and intimidated by an unjust system.”*

*Testimony from an audiology student*

*“[…] during my [clinical placement] internship, my supervisor said a few racist things, such as: ‘Oh! You’re a girl? When I saw your name, I thought you were a black guy!’ Right after a follow-up meeting with an immigrant family, the supervisor, debriefing on the meeting that just happened, declared: ‘Anyway, I’m someone who has a lot of prejudice toward other cultures.’ When we presented an intervention plan to a client, our supervisor told me: ‘I’m sure that E (my teammate) did all the work.’ And at the end of my internship, she told me: ‘You should be careful with your mistakes, if a professional received your report and saw your name, they would not be interested in the content, only the quality of your French writing. She also added: ‘You completely transformed, but I don’t know how.’ I always felt that I was never good enough for this supervisor, and that I needed to put in more effort to prove myself, simply because I come from another country. That was a traumatic experience that I will never forget.”*

*Testimony from a speech-language pathology student*

*“An employee from [the training program] speaking to a person of colour who is a faculty member: ‘Your name is too complicated for me to pronounce, so I’m going to call you XXX!’*

*Testimony from a speech-language pathology professor*

*“During my internships, I caught my supervisors refusing to see black or Middle Eastern patients, justifying themselves by saying that these patients are always late. For example, when the supervisors caught a glimpse of a Mr. X who had an Arab-sounding name, they would sigh. Other times, when Middle Eastern patients came in 20 minutes late, the supervisors would tell their administrative assistant to send them back home. When a white patient did the same, they allowed them to come in. When I asked about the exact policy for late arrivals, they said that it depends…”*

*Testimony from an audiologist*

*“One of my colleagues recently took part in a scholarship grant committee for students of the Faculty of Medicine and she told me that members of the committee, mainly white men, were making racist remarks when screening the candidates’ applications based on their names (making degrading jokes, laughing about their names, questioning the legitimacy and competitiveness of the diplomas simply because of the name and/or the country of origin of the applicants). As my colleague was also a person of colour, she did not AT ALL feel comfortable stepping in. Our institution must change, so that racism, in a conscious or unconscious state, from our members does not influence the processes leading to such decisions.”*

*Testimony from a speech-language pathology professor*

*“Regarding racism specifically, I realize that if one of my students was to report an incident, I would not know on the spot how to react, whether me as a person or as a member of the establishment. Personally, I don’t feel equipped enough to avoid my own racial bias’ effects on students with a different background than mine. When I think about it, this is also true when I evaluate written exams or when I give out marks for participation in class to those students. Also, I noticed that students of colour often only hang out among themselves (they are very few). I keep telling myself that there’s a reason for that, and maybe it’s not so positive, but I don’t feel that I have the necessary resources or encouragement from the faculty to deal with that situation. [...] I feel the need for further support from the institution so that I can legitimately take some time to think about the challenges that my students live with and about how to improve our institutional climate.”*

*Testimony from a speech-language pathology professor*

*“We are told during our initial training to be aware of cultural diversity, to make sure that we have an individualized approach which recognizes the variations in language, customs and pragmatics from different cultures. Unfortunately, during my initial training and my continuing education, I’ve had very few to no opportunities to recognize my own potential racial bias, to learn to identify them, to learn how to be a better ally to fight racism, or to find ways to adapt my assessments, my interventions and my whole clinical approach, including the creation of trusting relationships with families, children and adults with whom I work with and who are part of this ‘cultural diversity’.*

*Testimony from a speech-language pathologist*

# Recommendations

1. Acknowledge that systemic racism exists within speech-language pathology and audiology professions in Québec and recognize the repercussions of such racism through inequalities in terms of inclusion, personal health, access to health care and social services and in the quality of services provided to the public;
2. Collect and analyze data on the retention of BI&R students in speech-language pathology and audiology programs in Québec;
3. Investigate the experiences of BI&R student community and faculty members in Québec's speech-language pathology and audiology programs in order to determine the factors have an impact on their experiences and training;
4. Develop an operational recruitment and retention plan for BI&R students that will include measures to support them in achieving their full academic and professional success potential (including training for faculty members, concrete mentoring plans, opportunities for financial support, etc.);
5. Examine hiring and recruitment barriers for BI&RP in speech-language pathology and audiology teaching bodies;
6. Require a mandatory evidence-based anti-racism continuing education for staff participating in the training program (professors, associate-professors, assistant professors, as well as administrative and technical staff);
7. Add a module addressing systemic racism and BI&RP to the mandatory training for internship supervisors;
8. Involve faculty in the systematic review of speech-language pathology and audiology course materials so that content potentially carrying racial stereotypes and unconscious bias is removed and changes are made as necessary;
9. Develop teaching methods and course content for speech-language pathology and audiology training that focuses on impacts of systemic racism on the determinants of health so that injustices based on ethno-cultural background are not reinforced in speech-language pathology and audiology training;
10. Ensure and maintain a dedicated budget for program development, training through raising awareness activities and information sessions that are aimed for racialized communities;
11. Provide an anonymous and safe system to denounce racist acts within the institution with no risk for repercussions on the person who makes a denunciation;
12. Establish an anti-racism committee composed of racialized faculty members, administration staff and students in order to facilitate a safe space for ongoing discussions about the challenges faced by the student community and the faculty members before, during and after professional training, while ensuring accountability for the institution's

commitments to combat systemic racism in speech-language pathology and audiology training.

# SECTION 2: Access to Speech-Language Pathology and Audiology Services for BI&R Patients

Systemic racism exists in our healthcare system as well as in private clinic services[13,14]. Despite multicultural and bilingual training, our predominantly white profession continues to operate within a training system and professional environments where thoughts, attitudes and behaviours exhibiting systemic racism are deep-rooted. Behaviours subtler than direct racist aggressions, such as how we think and do things, can have discriminatory effects on the BI&RP receiving our services[15,16,17,18]. These behaviours and mindsets contribute to the effects of systemic racism generally occurring in our society and create barriers to public (CISSS and CIUSSS) and private access to speech-language pathology and audiology services for BI&RP and their families[14]. This section details facts and describes the mechanisms that may impact **access** to our services for BI&R patients as well as the consequences of systemic racism for individuals eligible for public services or seeking private services. Evidence and theory are presented in the "Manifestations and Impacts" section, then supplemented by testimonies from practice settings in the "Testimonials" section. This section ends with concrete action points to improve the situation under "Recommendations."

## Manifestations and Impacts

### Earning

a) In Québec, immigrant families[19] from Black[20] and Indigenous[21] communities tend to have lower income compared to the Québec average and a more precarious job stability[22];

b) Low income affects accessibility to services. Taking time off for appointments can jeopardize employment stability and may reduce the income necessary to provide for the basic needs of the patient and their family;

c) It may be challenging to travel to the appointment due to costs (public transportation, taxi, gas, parking fees, etc.) or due to living in a remote location, such as for some Indigenous populations, which may require a complete relocation of the family for the duration of the therapy.

### Family Composition

a) Single-parent families are higher among Black[20] families, which may affect their ability to take time off work, leading to a decrease in family income and compromise their ability to provide for themselves and their family's basic needs;

b) Large families and overcrowded housing are more prevalent in Black[20] and Indigenous[21] communities, affecting their ability to handle multiple appointments;

c) First generation immigrant children are less likely to attend early childhood educational child care. Moreover, regarding the exclusive use of the governmentally subsidized childhood centers called "*Centres de la petite enfance*" (CPE), only half of the immigrant children of 1st and 2nd generation attend those centers (20% and 24%) compared to non-immigrant children (41%). Furthermore, these immigrant children are less likely to have had access to a CPE childcare centre at some point in their life. The primary reason behind the limited access to a CPE is the lack of available places, especially for 1st generation immigrant children. Note that *"1st generation immigrant children attending CPE during the preschool period exclusively are 5 times less likely to be vulnerable in at least one area of development than their peers who did not attend any educational services".* This places immigrant children at greater risk of needing speech-language pathology and audiology services from kindergarten and onwards[23];

d) Additionally, these families are at high risk of having more than one child with speech-language pathology and audiology needs given the hereditary characteristic of language, hearing and communication difficulties[24];

e) Going to their appointments can be problematic if the family has several young children at home, requiring either child care or the entire family to travel to their appointments;

f) Devoting the necessary time to implement the recommendations given by the speech-language pathologist or audiologist can be problematic because of the aforementioned issues;

g) Poor ability to implement recommendations can result in file closure.

## Speech-Language Pathologist or Audiologist Behaviours

a) Lack of awareness and understanding of the root causes of systemic racism among professionals can lead to behaviours that will complicate or block access to services for BI&R patients, such as closing the clinical file quickly;

b) Interpreting certain situations as a patient's lack of interest or motivation;

c) Presuming a lack of understanding regarding the importance of services;

d) Interpreting communication with the patient on the basis of stereotypical cultural references and not being able to hear the patient's real needs and concerns;

e) Using a more directive and prescriptive communication style, which is dominant among Canadians and Québecers born in Europe and may seem harsh for other cultural groups;

f) Not recognizing when prejudices and stereotypes impact access to services or their quality;

g) Not advocating for the patient when discussing with colleagues or persons in a supervisory position when prejudices and stereotypes arise in conversation and impact access to services or their quality;

h) Not involving the patient in a discussion to address the difficulties experienced with systemic racism;

i) Failing to recognize opportunities to act as an ally in order to facilitate a positive experience that is adapted to the different contexts of these BI&RP and their families.

# Testimonials

*“Some professionals (speech-language pathologists and others) make fun of their clients’ accents once they’re gone.”*

*Testimony from a speech-language pathologist*

*“My speech-language pathologist colleague who works in a hospital told me directly that she would’ve preferred they hired a Québecer rather than me. I’ve observed other behaviours, mainly microaggressions, for example people asking me where I’m really from when I tell them I am born in Montreal (that question comes from colleagues, managers and clients alike). Some colleagues even allow themselves to touch my hair because it has a different texture. One of my colleagues even put a pencil in my hair ‘to see if it held in place.’ Some colleagues said things like ‘we’re talking about South Asians, but it’s not the same with you, you’re like us.’”*

*Testimony from a speech-language pathologist*

*“Some professionals make pejorative comments based on one’s ethnicity (e.g., Haitians never follow the instructions given during activities, South Asians are not reliable during follow-ups).”*

*Testimony from a speech-language pathologist*

*“During my internships, I caught my supervisors refusing to see black or Middle Eastern patients, justifying themselves by saying that these patients are always late. For example, when the supervisors caught a glimpse of a Mr. X who had an Arab-sounding name, they would sigh. Other times, when Middle Eastern patients came in 20 minutes late, the supervisors would tell their administrative assistant to send them back home. When a white patient did the same, they allowed them to come in. When I asked about the exact policy for late arrivals, they said that it depends…”*

*Testimony from a student*

*“When delivering healthcare services, some professionals do not respect beliefs from people of certain ethnic groups.”*

*Testimony from a speech-language pathologist*

*“[...] there is a flaw in the organization for frontline services that creates a whole deal of disadvantages for racialized families. I’ve seen it with my own eyes and it is a perfect example of systemic racism in our field of work. In Montréal-Nord, speech-language pathologists are not allowed to work with community organizations to help families living in low-income housing or neighbourhoods. These families often have more needs than in any other area as children do not attend daycare, and, because some parents have financial challenges with sometimes a lower level of education. These families often do not have the means to travel by public transit to the CLSC [health center] or to own a car, so they will refuse to go to the CLSC for services. Some other families are not even aware of the speech therapy services offered at their local CLSC. Managers refuse to let their speech-language pathologists promote or raise awareness because apparently those duties are carried out by another program within the CLSC. [...]”*

*Testimony from a speech-language pathologist*

# Recommendations

1. Acknowledge that systemic racism exists within Québec's institutions and recognize the repercussions of such racism throughout inequalities in terms of inclusion, personal health, access to health and social services and in the quality of services provided to the public;
2. Make a public stand and commit to putting in place anti-racism measures;
3. Require all staff employed by the institution to undergo mandatory continuing education and creating a space where open discussions on this topic can take place;
4. Provide financial support for access to services (toy library, travel coupons, etc.);
5. Compile and analyze data about BI&RP representation in the professional and managerial functions of the institution;
6. Set up a committee for racialized patients to discuss safely about the challenges in terms of access to services and their quality, as well as share successful experiences (client committees, executive committees, etc.);
7. Have the committees collect data regarding the ethno-cultural background of clients;
8. Promote a multidisciplinary health care case management system to share data;
9. Provide a safe and anonymous helpline for interns to report without risk (e.g. potential job loss, failure of clinical placement, etc.);
10. Provide a safe and anonymous helpline for staff employed by the institution to report (job loss, fewer opportunities in their profession);
11. Set up a committee to address anonymous reporting;
    a. *This committee should be local in order to avoid dehumanizing the evaluation process of the complaints, and dampening the issues and needs of BI&RP which can make the said process cumbersome and ineffective.*
12. Set up an anti-racism committee that includes racialized professionals and patients in order to create a safe space for ongoing discussion and exchange on the challenges faced by BI&R patients;
13. Develop community-based services to serve and reach racialized patients (e.g., screening clinics in a shopping mall, information kiosk in a park), collaborate with community centres (e.g., organizations to facilitate social reintegration);
14. Increase the offer, availability and quality of interpretation and cultural adaptation services:
15. If impossible, provide compensation, as appropriate, for multilingual and racialized professionals who take on this role informally;
16. Ensure and maintain a dedicated budget for program development, training as prevention/information activities that are specifically targeting racialized communities.

# SECTION 3: Quality of Speech-Language Pathology and Audiology Services for BI&R Patients

Having access to speech-language pathology and audiology services is not the be-all and end-all. In fact, the challenge is to ensure that these services meet high quality standards and match the real needs and capabilities of the populations we serve.

Speech-language pathology and audiology are professions that rely on actively engaging the patient to maximize the impact of services or treatment. That said, our society is living with a changing demographic structure it has not experienced before. Therefore, this creates new requirements to address the needs of diversified populations [25].

We are also experiencing a technological shift that is introducing new health practices for both the professional community and its patients[26]. The clinical approaches of speech-language pathology and audiology are evolving towards a participation-focused intervention model between practitioners, beneficiaries and caregivers[27,28]. In short, professional awareness about the realities of BI&R patients as well as their ability to navigate the issues specific to them, are crucial to avoid harm and to ensure that adapted services will effectively respond to the needs being communicated[18,29,30,31].

This section details facts and describes the mechanisms that may affect the **quality** of professional service delivery performed towards the BI&R beneficiaries of our services. The evidence and theoretical data presented under the "Manifestations and Impacts" section is supplemented by testimonies coming from practice settings under "Testimonials". Recommendations regarding concrete actions to be taken for improvement are listed under "Recommendations".

## Manifestations and Impacts

### Language Assessment in Speech-Language Pathology

a) Failing to use the appropriate assessment form as suggested in literature (e.g., tests with words or cultural concepts that are not representative and/or incomprehensible to BI&RP) may lead to overestimate the severity of communication difficulties among BI&RP patients;[32];

b) The use of Franco-Québec/Western standards to evaluate and describe pragmatic, discursive, morphosyntactic and vocabulary skills can lead to an overestimation of the severity of communication challenges for a BI&R patient. Indeed, the clinical speech-language pathologists (SLP) may be biased towards what is adequate and acceptable in Franco-Québec/Western culture;

c) For instance, if a BI&R client does not speak very often, the SLP might judge that their conversational skills are impaired when it is simply a cultural characteristic. The same applies

to some characteristics relating to the eye contact. These biases occur whenever a child patient, a parent or an adult patient is interviewed;

d) In terms of discursive skills, narrative style may vary according to cultural characteristics and be judged as poor by the SLP who assesses a BI&R person according to prevailing norms;

e) Assuming that a patient who is from a different ethnocultural community speaks French, or that the use of an interpreter allows the completion of a language assessment tool without specific ethnocultural considerations constitutes a racist bias that can affect the quality of the speech and language assessment;

f) Linguists and SLPs working in Canada's Indigenous communities also identified elements regarding the use of dialects involving phonological, semantic, and syntactic forms of everyday Canadian English that are often referred to as First Nations English dialects[32];

g) Failing to consider the existence of Anglophone dialects and possible Francophone dialects with specific vocabulary amongst BI&R people can compromise the quality of both vocabulary and morphosyntax assessment as well as contributing to maintaining systemic racism.

## Hearing Assessment and Audiological Tests Use

a) Neglecting to consider the different education levels regarding the roles and responsibilities of the audiologist and the hearing loss of BI&R patients may compromise the quality of the provided services along with the development of clinical-patient relationship;

b) For example, in a 2006 Canadian qualitative study comparing knowledge and beliefs about hearing loss among elderly people of Western and Chinese origin, there were significant differences in the perceptions and knowledge of the two groups[33]. Chinese elders generally lack knowledge and experience with hearing loss and believe that family members are more helpful than the professional community. As such, the audiologist must consider the knowledge level in relation to his or her role and responsibilities and must take the required measures to ensure that the patient's knowledge is kept up to date;

c) Failing to use the appropriate assessment form as suggested in literature (e.g., tests with words or cultural concepts that are not representative and/or incomprehensible to BI&RP) may lead to a misdiagnosis of the severity of hearing difficulties among BI&R patients;

d) The use of Franco-Québec/Western standards to evaluate and compare the comprehension and repetition of silent letters as well as auditory information processing mechanisms that can lead to an overestimation of hearing difficulties among BI&R patients. Indeed, the audiologist may be biased towards what is adequate and acceptable in Franco-Québec/Western culture;

e) For example, if the client has difficulty repeating the words heard, the audiologist may judge that the client's hearing difficulties are more severe when this is simply a lack of knowledge of the words presented. These biases occur whether interviewing a child, a parent or an adult patient from BI&R communities;

f) Assuming a patient that is from a different ethnocultural community speaks French, or that using interpreters requires the regular completion of an assessment constitutes a racist bias that can affect the quality of the audiologist's assessment.

## Communicating Assessment Results in Speech-Language Pathology and Audiology

a) SLPs or audiologists may tend to explain the content of their report regardless that named elements may be unknown to a French-speaking parent who is not from Québec. For example, using the concept of “sentence structure” or concepts surrounding hearing loss such as “conductive” or “sensorineural” may be completely different for a parent with a different first language;

b) The SLP or audiologist may tend to neglect their position of authority and the power relationship that prevails throughout their assessments and interventions. This feeling of professional power can be intimidating for a patient. No matter how soft the tone of voice used or how clear the explanations are given, racialized patients know that the last word belongs to the clinician sitting in front of them. Therefore, the concluding remarks from an SLP or audiologist holds more weight and more importance for BI&R patients who live in constant conditions of systemic racism;

c) For example, parents’ first intuition receiving a conclusion of developmental language disorder for their child attending school is to turn towards the school. This approach is sometimes unsuccessful given the lack of resources in the school. These services may be provided in a CISSS or CIUSSS (long waiting list) or in private practice depending on the region where the parent is located and on the diagnosis. For this reason, it is important for SLP’s and audiologists to keep this in mind when dealing with the parent’s reaction after announcing a clinical conclusion, in addition to taking the necessary steps to ensure the appropriate follow-up with that parent; the barriers to accessing such care are listed in Section 2 of this document (*Access to Speech-Language Pathology and Audiology Services for BI&R patients*).

d) For instance, when hearing difficulties of a conductive nature occur, a referral for a follow-up with a doctor will be made. The barriers to accessing such care are listed in Section 2 of this document (*Access to Speech-Language and Audiology services for BI&R Patients*). For this reason, it is important for audiologists to keep this in mind when dealing with the parent’s reaction after announcing a diagnosis, in addition to taking the necessary steps to ensure the appropriate follow-up with that parent.

e) Children or their parents with more than one professional involved in their care (other than a speech-language pathologist or audiologist) are in a very vulnerable position following a clinical result indicating a need for a follow-up that involves communicating recommendations to other professionals in the student’s file (even if consent has been given by the parent);

f) The SLP who is unaware of their own personal and systemic racist biases are likely to articulate themselves in ways that may have negative consequences for the student and their family;

g) For example, if the SLP working in a school identifies that the parent does not appear to be able to understand or apply the recommendations, the school team may consider this child as “at risk” or “students with special needs and students with disabilities or adjustment or learning difficulties”;

h) This can lead to a sense of inadequacy on the parent's part and a lack of trust in professionals (including the speech-language pathologist) and in the education system. This in turn will affect the parent's ability to support their child and implement the recommendations;

i) The labelling of a BI&R child as a student with disabilities or adjustments or learning problems exposes them to a number of situations that could be harmful to their psychosocial, cognitive and emotional development in relation to systemic racism as explained in section 4 of this document;

j) Communications from speech-language pathologists can even contribute to reports alleging "negligence" to the child protective services in Quebec called *Director of Youth Protection* (DYP), which is very frequent and often without a proven cause after analysis[34];

k) Indeed, the risk of reporting BI&R children to the DYP is higher. A significant proportion of these reports, 20.1%, came from schools[34]. The *Commission des droits de la personne et des droits de la jeunesse du Québec* mentions that health and school professionals are the first reporting source for Haitian youth, while for the majority of youth, the primary source is the immediate or extended family[34];

l) The audiologist who is unaware of their own personal systemic racist biases is likely to communicate in ways that may have negative consequences for the patient and their family;

m) For example, Indigenous children have a much higher risk of developing an ear infection[35], and non-Western patients may not fully understand the benefits of hearing aids[33]. If the audiologist indicates that the patient or parent does not appear to be able to understand or apply the recommendations, the impact may be a sense of inadequacy by the parent, discontinuation of services and a loss of trust towards professionals.

## Language Treatment in Speech-Language Pathology

a) Using material (books, board games, etc.) with non-representative or incomprehensible cultural elements for Indigenous and immigrant patients constitutes a racist bias and perpetuates systemic racism in our professions;

b) The SLP may tend to buy books and equipment without thinking about the representativeness of BI&R patients. Some clinical speech-language pathologists may even think that since they have few BI&R patients in their caseloads, there is no need to have a variety of equipment. Yet, there is a consensus that in order to combat systemic racism, it is not only necessary to act adequately in the presence of the BI&RP, but also and especially when they are not there;

c) Concerning the choice of books, an American study published in 2019 reported that in 2018, 50% of the books published in the United States had a white individual as the main character, 27% an animal, and 23% a character who is from BI&R communities, regardless of the origin. However, an Ontario Institute for Studies in Education (OISE) study from 2017 states that children aged 4 to 6 years old learn more social lessons from stories with characters who look like them. Thus, given the lack of of books representative of BI&R communities, and the failure of speech-language pathologists to make a conscious choice to integrate such books into their practice, BI&R children are rarely exposed to positive role models with whom they can identify as well as being more disadvantaged in their learning;

d) The recommendations made to practice at home, which may not adapted to the patient's reality and which rely on a Franco-Québec/Western approach, also contributes to systemic racism in our professions;

e) For example, the speech-language pathologist may recommend to the parents to play games such as *Snake and Ladders or Who Am I* with their child. However, if the SLP did not initially ask the parent HOW they play or spend time with their own child, the suggested exercise is unlikely to be implemented;

f) Raising a child can be done in a number of ways that are entirely appropriate and that do not require targeted, intensive and explicit stimulation in the way it is advocated in Québec. If this is not considered, biased perceptions of neglect are therefore often associated with the parents of young BI&R patients (especially Indigenous and Black families) which then places these families at greater risk of being reported to the DYP[34];

g) Speech-language pathologists who are not aware of the social and environmental barriers created by systemic racism faced by BI&R patients may tend to close a file and end the treatment plan if the patient does not seem to demonstrate involvement as expected by field standards (e.g., practicing at home). The patient may end up being penalized twice as hard when services to which they are entitled abruptly ends.

## Audiological Recommendations

a) Failing to consider the different non-Western realities and knowledge about the prescription, the wearing and the benefits of the hearing aid for BI&R patients contribute to systemic racism in our profession;

b) Since knowledge about hearing loss and hearing aids is not universal, the prescription and benefits of hearing aids need to be explained in detail in order to provide the necessary knowledge and tools to BI&RP in decision-making about hearing aids;

c) Certain knowledge regarding avoidance of situations that increase the risk of ear infections is not necessarily familiar to BI&R parents, which can lead to perceptions of neglect;

d) The audiologist can therefore encourage BI&R parents to promote behaviours that help prevent ear infections, such as feeding (breastfeeding) and sleeping position (on the back)[39];

e) The recommendations and communications strategies given to practice at home, which are not adapted to the patient's reality and which rely on a Franco-Québec/Western approach, also contribute to systemic racism in our professions;

f) For example, the audiologist may use eye contact as a strategy to facilitate communication. However, interpreting eye contact in conversation carries significant cultural differences and in some cases is unlikely to be implemented;

g) An audiologist who is not aware of the social and environmental barriers created by the systemic racism faced by BI&R patients may tend to close a file and end the treatment plan if the patient does not seem to demonstrate involvement as expected by the audiologist's standards (e.g., the desire to have aids or the wearing of aids). The patient may end up being twice as penalized when the services to which he or she is entitled abruptly comes to an end.

# Testimonials

*“A speech-language pathologist, who is in a position of power, always judges her clients who come in for therapy: ‘Africans are always late.’”*

*Testimony from a speech-language pathologist*

*“I was talking to a speech-language pathologist working with Indigenous children, and she said that it would be beneficial for the children to be exposed to more French at home (rather than their mother tongue while the latter is going extinct).”*

*Testimony from a parent*

*“A lot of pressure is put on racialized families so that they ‘fit in’ the Québec mold better. People who work in schools lack comprehension for the challenges that immigrant, Indigenous and racialized people face every day.”*

*Anonymous testimony*

*“It’s only after several years at practice that I realized that our intervention material could use some more cultural diversity (e.g., books, toy figures and games only contained white characters). I was discussing the impact that this could have with some colleagues, right after we participated in a community initiative (non-related to speech therapy) that consisted in giving children books that reflected and valued their culture. I was shocked to realize that I could not spontaneously think of a book in particular, while I use books in all of my interventions.”*

*Testimony from a speech-language pathologist*

*“A speech-language pathologist shared some racist comments after a student employed by the clinic felt uncomfortable because a Middle Eastern father discredited her and raised his voice upon receiving his son’s diagnosis. The student sought counsel in order to fix the situation. The speech-language pathologist, owner of the clinic, made this following racist statement: ‘I’m not surprised, we all know how Arabs are, they don’t respect women.’”*

*Testimony from a speech-language pathologist*

*“Saying that a client is not progressing fast because of the SLP’s accent or that the ideas of our colleague are more or less valid because he is part of an ethnic minority who knows less about ‘our ways’. Not wanting to pair up with our colleague because he is part of an ethnic minority and knows less about ‘our ways’. Questioning our colleague’s skills simply because he has an accent when speaking French or is part of an ethnic minority. Building narratives with team members around our colleague because he has an accent when speaking French or is part of an ethnic minority.”*

*Testimony from a speech-language pathologist*

# Recommendations

## Assessment

1. Recognize that the model of care for speech and language pathology and audiology is based on a Western, Franco-Québecois and ethnocentric approach that may not fit certain cultures, without this requiring a cessation of services. It rather indicates the eminent need to rethink the approach and find solutions with patients and BI&R communities;
2. Acknowledge the power and the authority embodied by speech-language pathologists and audiologists when communicating assessment results, reports and recommendations to the patient and to other professionals in the file of the patient;
3. Systematically review assessment materials used in speech-language pathology and audiology so that content potentially carrying racial stereotypes and unconscious bias is removed and that changes are made as necessary.

## Communicating Assessment Results

1. Recognize that the model of care for speech-language pathology and audiology is based on a Western, Franco-Québecois and ethnocentric approach that may not fit certain cultures, without this requiring a cessation of services. It rather indicates the eminent need to rethink the approach and find solutions with patients and BI&R communities;
2. Acknowledge the power and the authority embodied by a speech-language pathologist and audiologist when communicating assessment results, reports and recommendations to the client and to other professionals in the patient's file;
3. Learn how to become an ally for our BI&R patients through specific and targeted training;
4. Systematically review assessment materials used in speech-language pathology and audiology so that content potentially carrying racial stereotypes and unconscious bias is removed and changes are made as necessary.

## Treatment

1. Recognize that the speech-language pathology and audiology delivery model is based on a Western, Franco-Québecois and ethnocentric approach that may not fit certain cultures, without this requiring a cessation of services. Instead, this indicates the eminent need to rethink the approach and find solutions with patients and BI&R communities;
2. Acknowledge the power and the authority embodied by a SLP and an audiologist when communicating assessment results, reports and recommendations to the client and to other professionals in the patient's file;
3. Learn how to become an ally for our BI&R patients through specific and targeted training;
4. Require each member to use the OOAQ's reflective process in order to think about their biases and practices with BI&R communities, after completing a training program at the start of their career (first year of practice) and three years later;

5. Systematically revisit assessment materials used in speech-language pathology and audiology to eliminate content potentially involving racial stereotyping and unconscious bias, and make necessary changes;
6. Set up an anti-racism committee mainly composed of BI&RP from the professional community in order to allow the implementation of adequate and adapted training on inclusive assessment for BI&RP in the practice of speech-language pathology and audiology in Québec.

# SECTION 4: Specific Issues Regarding Speech-Language Pathology and Audiology Services Offered to BI&R Students in Québec's School Setting

*"In the school environment, much like the youth protection system, systemic discrimination can manifest itself through policies, measures, evaluation tools or organizational structures that disproportionately penalize racialized or immigrant youth*[20]*."* By affecting members of the professional community's behaviour within the school system, systemic racism can create significant barriers to accessing services for BI&R children and compromise the quality of those services.

Furthermore, the professional actions we take in school settings may contribute to magnifying the impact of systemic racism on BI&R children[18]. Speech-language pathologists and audiologists have a particularly important role to play in the school setting as our actions will have an impact on the chances of children to succeed academically, which is key to their future ability to play an active role in society as Québec citizens.

This section details facts and describes the mechanisms that may affect the quality of care for BI&R patients receiving our **school-based** services. The evidence and theoretical data presented under the "Manifestations and Impacts" section is supplemented by testimonies coming from practice settings under "Testimonials". Recommendations regarding concrete actions to be taken for improvement are listed under "Recommendations".

## Manifestations and Impacts

a) As noted before in Sections 2 and 3, Black immigrant children with special needs who are not integrated into regular classrooms are overrepresented when compared to the total population of immigrant students[34].

b) However, no difference is observed between non-immigrant populations and the immigrant population of any combined race when Black students are not isolated[40];

c) Significant increase in academic delays is also observed among BI&R students when starting high school, as well as a higher proportion of students who begin secondary school late by two years or more[41];

d) Indigenous children and particularly those living in isolated communities across Canada have significantly weaker educational outcomes both in terms of the number of students reaching high school and their post-secondary enrollment[21,41];

e) The SLP plays a role in perpetuating systemic racism and prejudice against BI&R children through their assessments as well as labeling and validating departmental codes for these students, that lead to integrating them in special needs groups. Indeed, SLPs have the

responsibility to conduct screenings or assessments in schools to demonstrate that a student is likely to have learning difficulties, that a student has a speech or language disorder, or that a student has a reading or writing learning disability;

f) More subtle behaviours also contribute to perpetuating the effects of systemic racism on the opportunities for success of BI&R students, as listed below;

g) Assuming that BI&R students have low opportunities for success, analyzing and interpreting the results of an assessment in an unfavourable way (e.g., by underestimating the child's actual abilities);

h) Interpreting certain situations as if the student or the parent was not concerned about their education;

i) Predicting a difficult path leading to the student dropping out of school, passively accepting a student dropping out of school as a possible or even expected outcome;

j) Supporting the efforts of the school team in classifying or planning intervention plans that are not representative of the student's actual abilities;

k) Failing to acknowledge the negative and cumulative impact of emotional difficulties related to direct and systemic racism in schools on the abilities of the student;

l) Failing to identify the appropriate moments to act as an ally for a positive and appropriate experience for the student in a school setting;

m) Not involving the student in a discussion to resolve difficulties experienced regarding racism that may affect their sense of belonging to the school/classroom group.

# Testimonials

*"[...] I noticed some of my own biases as a non-Black, Indigenous or Racialized speech-language pathologist, being a white woman. Here are some examples that really struck me: 1- I sometimes misinterpreted situations as a lack of interest or motivation on the client's side. 2- I did not recognize the continuous negative impact of individual or systemic racism at school on a student's performance. 3- I did not engage with students in order to help them overcome challenges relating to racism that could have affected their sense of belonging to their school or their class. 4- I contributed to the underrepresentation of the students during my evaluations, or when applying and validating the departmental code."*

*Testimony from a speech-language pathologist*

*"I heard some racist comments about Spanish-speaking or Arabic-speaking people, for example 'They often have language problems, these people.'"*

*Testimony from a speech-language pathologist*

*"Racist behaviour from a school's speech-language pathologist following a meeting with a black parent to whom she handed the intervention plan for his child. Moments after the meeting, she gave some recommendations and the parent asked to see the assessments or reports that justify*

*the recommendations before applying the intervention plan. When the meeting ended, the school's speech-language pathologist said that she was not convinced that the parents were making the right decisions for their child because as she put it: 'they probably did not understand what their child is going through, thus they can't make a clear decision.' So, she judged that this case needed closer attention. However, these parents have completed higher education and have had regular appointments in the private sector (speech language pathology, occupational therapy, etc.) and they clearly delivered facts and recommendations from their child's doctor. It was unfortunate to learn that the parents have been reported to the Director of Youth Protection by the school team (for various reasons), but especially for their non-cooperation. Until now, it is impossible to know if the speech-language pathologist had a role to play in that complaint."*

*Testimony from a speech-language pathologist*

*"I noticed that most books offered to children in academic settings do not represent a diverse population. In fact, it's actually rare to see books where all the characters are not white. If the main characters are not white, the book is often focused on other countries or another part of the world, which gives the impression that these people do not exist in our community. Furthermore, the history of Indigenous and Black people in Canada and Québec is rarely brought up throughout our education, which lets us think that these populations had nothing to do with our common history."*

*Testimony from a speech-language pathologist*

*"Telling parents that we do not expect them to collaborate because they don't speak French or are of different ethnicity. Not requesting the services of an interpreter when we communicate with children who do not speak French or with their family in a professional setting. Not adapting our specific speech-language pathology services to children in newcomer classes (e.g. language instruction classes). Asking parents if they can talk to their children in French even though it's not their mother tongue. Thinking that we should not give priority to students using our services, because their parents do not speak French or they belong to an ethnic minority who do not understand 'our ways'."*

*Testimony from a speech-language pathologist*

*"Stating that the facts of not having French as a mother tongue or of belonging to a different ethnicity could trigger language use or language learning problems."*

*Testimony from a speech-language pathologist*

*"I heard teachers judge some children and make comments about their different cultural customs. I heard some French speech-language pathologists correct children who in fact use words completely accepted in the Québec language register".*

*Testimony from a speech-language pathologist*

*"Comments about pork-free diets directed toward Muslim students, comments about the number of children in certain racialized families, inappropriate comments about a six-year-old wearing a scarf on her head, inappropriate comments about certain traditions in some Indigenous*

*communities, and a truckload of double standards, and prejudicial nonverbal behaviours against some groups of students"*

*Testimony from a speech-language pathologist*

# Recommendations

1. Recognize that systemic racism exists in Québec within the education system and school boards and its impacts on inclusion, personal health and access to quality education through inequalities;
2. Take a public stand and commit to take anti-racist measures;
3. Require all staff employed by educational institutions to undergo mandatory further training using a platform where open discussions on this topic can take place;
4. Collect and analyze data regarding the presence of BI&R students who are considered as having disabilities, learning or adjustment difficulties. This includes whether they ar integrated or not into regular classrooms, and students who are considered "at risk" of difficulties according to the school, board, or ministry;
5. Collect and analyze data regarding the presence of BI&RP in the teaching and non-teaching professional staff;
6. Develop an assessment system that reduces bias in the ranking and decision-making process to help a student and evaluate his or her integration;
7. Provide adequate support and mandatory in-service training for teachers in Orientation Programs;
8. Ensure the implementation of language assessments tailored to the ethnocultural reality of each student entering the Orientation Programs and carried out by a SLP as recommended by the *Ordre des Orthophonistes et Audiologistes du Québec*[38];
9. Acknowledge that learning styles (perception, processing, organizing and information retention) are a consequence of communication, interaction, norms and values that are promoted within a cultural community. This must be recognized and used as a strength in therapeutic follow-up[32];
10. Increase the offer, availability, as well as the quality of interpretation and cultural adaptation services;
11. Set up an anti-racism committee that includes racialized professionals and parents in order to create a safe space for ongoing discussion and exchange on the challenges faced by BI&R patients (parent committee, school committee, etc.);
12. Provide a safe and anonymous helpline for parents to report (without any risk of losing help for their child, bullying, academic failures, etc.);
13. Provide a safe and anonymous helpline for staff employed by the school boards to report (without risk of job loss, fewer opportunities in their profession, etc.);
14. Set up a committee to address anonymous reporting;

- *It must be a local committee in order to avoid centralizing the evaluation of complaints, issues and needs, which can make the process cumbersome and thus dehumanize it.*

15. Ensure and maintain a dedicated budget for project development, training as prevention/information activities that are specifically targeting racialized communities.

# CONCLUSION

In conclusion, systemic racism is present in every aspect of our professions. As we work in the current Québec society, which is marked by systemic racism, it is impossible to ignore the latter or to ignore its impacts, while hoping to offer adequate care for our patients.

An enormous amount of work remains to be done in order to fight systemic racism in the professions of speech-language pathology and audiology in Québec. Although anti-racist reflection efforts must obviously be done at the individual level, it must be initiated and carried out by our institutions, the OOAQ, professional associations, Québec university programs, health and social services administrations, and the education system.

We reiterate that the statement on systemic racism issued by the OOAQ in July 2020 appears to be insufficient for us and at odds with the current reality of BI&RP in the various sectors where speech-language pathology and audiology are practised. Gone are the days when BI&R speech-language pathologists and audiologists had to tolerate microaggressions and macroaggressions perpetrated by their colleagues and those in positions of authority. Gone are the days when BI&RP had their right to access care and services be hindered by individual and systemic racism. At the very least, this is what we are striving for.

It must be recognized that speech-language pathology and audiology training must take place in an anti-racist environment which allows for open discussion about the conscious and unconscious biases of each and every individual. Diversity is undoubtedly an important issue in speech-language pathology and audiology programs. As such, it is critical that standards for education, professional certification and accreditation be revised to explicitly address diversity and inclusiveness in vocational training, all through evidence-based methods.

It should also be remembered that beyond bilingualism, people from BI&R communities are much more than the language they speak. They are intrinsically complex individuals with different cultural backgrounds, which must at all cost, be taken into consideration in the approach to rehabilitation. Currently, our prejudices undermine the quality of the services we receive, and education and awareness work are essential to reduce and eventually eradicate these prejudices.

In addition, systemic racism within the school system in which our professions are actively involved has a negative impact on the academic success of students who are BI&R and on their chances of accessing post-secondary education. These discriminating systems prevent BI&RP from occupying their righteous and important place in society.

Speech-Language pathologists and audiologists who work in the private sector, the health sector and school settings, and who provide services to BI&R families, find themselves in a position of privilege and power. Considering that we hold these powers, it is our duty as clinicians to adapt our assessment and intervention approaches to the reality of each patient. This must be done in a respectful manner by making a conscious effort to seek, to understand and to unlearn as well

as re-learn concepts, while keeping oneself from viewing a patient as a stereotype. By educating ourselves, collaborating actively, as well as adapting our approach and our recommendations according to the patient's experience, we can ensure a genuine partnership with our clientele that is BI&R.

# REFERENCES


1. Feagin J, Bennefield Z. Systemic racism and U.S. health care. Social Science & Medicine [En ligne]. 2014 [cité le 29 août 2020]; 103 :7-14. Disponible : https://www.sciencedirect.com/science/article/pii/S0277953613005121?via%3Dihub
2. Association canadienne de santé publique [En ligne]. Ottawa (ON): ACSP; c2018. Racisme et santé publique [cité le 29 août 2020]; [environ 5 écrans]. Disponible : https://www.cpha.ca/fr/racisme-et-sante-publique
3. Barth F. Les groupes ethniques et leurs frontières. Dans Poutignat P, Streiff-Fenart J. Théories de l'ethnicité. Paris (FR) : Presses universitaires de France; 1969/1995. pp. 203-249.
4. Yin, J. Rethinking cultural identity in the context of globalization: Comparing insights from the Kemetic and Confucian traditions. Dans Dai X, Chen GM. Conflict management and intercultural communication: The art of intercultural harmony. London (UK): Routledge; 2017. p.155-174.
5. Ordre des orthophonistes et Audiologistes du Québec [En ligne]. Montréal (QC) : Ordre des orthophonistes et Audiologistes du Québec; c2012. Mission [cité le 29 août 2020]; [environ 2 écrans]. Disponible : http://www.ooaq.qc.ca/ordre/mission
6. Henry F, Tator C. Racism in the Canadian university: Demanding social justice, inclusion, and equity. Toronto (ON): University of Toronto press; 2009.
7. Henry F, Tator C. Theoretical perspective and manifestations of racism in the academy. Dans: Henry F, Tator C, rédacteurs. Racism in the Canadian university: Demanding social justice, inclusion, and equity. Toronto (ON): University of Toronto press; 2009. p. 22-59.
8. Statistique Canada [En ligne]. Ottawa (ON): Gouvernement du Canada; c2020. Table 98-400-X2016357: occupation – National Occupationalal Classification (NOC) 2016 (691), employment income statistics (3), highest certificate, diploma or degree (7), Aboriginal identity (9), work activity during the reference year (4), age (4D) and sex (3) for the population aged 15 years and over who worked in 2015 and reported employment income in 2015, in private households of Canada, provinces and territories and census metropolitan areas, 2016 census – 25% sample data [cite juillet 2020]; [environ 2 écrnas]. Disponible : https://www150.statcan.gc.ca/n1/en/catalogue/98-400-X2016357
9. Beagan BL. 'Is this worth getting into a big fuss over?' Everyday racism in medical school. Med Educ [En ligne]. 2003 [cite le 29 août 2020]; 37(10):852-860. Disponible: https://onlinelibrary.wiley.com/doi/full/10.1046/j.1365-2923.2003.01622.x
10. Hernandez-Ramdwar C. Caribbean students in the Canadian academy: We've come a long way? Dans: Henry F, Tator C, rédacteurs. Racism in the Canadian university: Demanding social justice, inclusion, and equity. Toronto (ON): University of Toronto press; 2009. P. 106-127.

11. Saenz, TI. Issues in recruitment and retention of graduate students. Communication Disorders Quarterly [En ligne]. 2000 [cite le 29 août 2020]; 21(4): 246-250. Disponible: https://journals.sagepub.com/doi/10.1177/152574010002100407

12. Goldie J, Dowie AI, Goldie A, Cotton P, Morrison J. What makes a good clinical student and teacher? An exploratory study. BMC Medical Education [En ligne]. 2015 [cité le 29 août 2020]; 15(40). Disponible: https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-015-0314-5

13. Beavis ASW, Hojjati A, Kassam A, Choudhury D, Fraser M, Masching R, et al. What all students in healthcare training programs should learn to increase health equity: Perspectives on postcolonialism and the health of Aboriginal Peoples in Canada. BMC medical education [En ligne]. 2015 [cité le 31 août 2020]; 15(1), p.1-11. Disponible : https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-015-0442-y

14. Ahmed S, Shommu NS, Rumana N, Barron GR, Wicklum S, Turin TC. Barriers to access of primary healthcare by immigrant populations in Canada: A literature review. Journal of immigrant and minority health [En ligne]. 2016 [cité le 31 août 2020]; 18(6): p.1522-1540. Disponible : https://link.springer.com/article/10.1007%2Fs10903-015-0276-z

15. Walls M., Gonzalez J, Gladney T, Onello, E.Unconscious biases: Racial microaggressions in American Indian health care. The Journal of the American Board of Family Medicine [En ligne]. 2015 [cité le 31 août 2020]; 28(2): p. 231-239. Disponible: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4386281/

16. Freeman L, Stewart H. Microaggressions in clinical medicine. Kennedy Institute of Ethics Journal [En ligne]. 2018 [cité le 31 août 2020]; 28(4): p.411-449. Disponible : https://muse.jhu.edu/article/715809

17. Jacklin KM, Henderson RI, Green, Walker LM, Calam B, Crowshoe LJ. Health care experiences of Indigenous people living with type 2 diabetes in Canada. Cmaj [En ligne]. 2017 [cité le 31 août 2020]; 189(3), E106-E112. Disponible: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5250516/

18. Johnston-Goodstar K, Roholt RV. “Our Kids Aren’t Dropping Out; They’re Being Pushed Out”: Native American Students and Racial Microaggressions in Schools. Journal of Ethnic & Cultural Diversity in Social Work [En ligne]. 2017 [cité le 31 août 2020]; 26(1-2): p.30-47. Disponible: https://www.tandfonline.com/doi/abs/10.1080/15313204.2016.1263818?journalCode=wecd20

19. Direction de la planification, de la recherche et des statistiques du ministère de l’Immigration, de la Diversité et de l’Inclusion. Recueil de statistiques sur l’immigration et la diversité au Québec. Québec (QC) : Ministère de l’immigration, de la diversité et de l’inclusion; 2016.

20. Statistique Canada. La population noire au Canada : éducation, travail et résilience. Ottawa (ON) : Statistique Canada; 2020. Disponible : https://www150.statcan.gc.ca/n1/fr/pub/89-657-x/89-657-x2020002-fra.pdf?st=_q0ZKDiW

21. Posca J. Portrait des inégalités socioéconomiques touchant les autochtones au Québec. Montréal (QC) : IRIS; 2018. Disponible : https://cdn.iris-recherche.qc.ca/uploads/publication/file/Note_Ine_galite_s_4_WEB_02.pdf

22. Observatoire québécois des inégalités [En ligne]. Montréal (QC) : l'observatoire; c2020. Racisme systémique – le marché du travail au Québec [cité le 29 août 2020]; [environ 5 écrans]. Disponible : https://www.observatoiredesinegalites.com/fr/blogue/racisme-systemique---le-marche-du-travail-au-quebec

23. Guay D, Laurin I, Léonard M, Fournier M, Bigras, N. L'effet du parcours éducatif préscolaire des enfants issus de l'immigration sur leur développement à la maternelle : résultats de l'Enquête montréalaise sur l'expérience préscolaire des enfants de maternelle. Montréal (QC) : Direction régionale de santé publique CIUSSS du Centre-Sud-de-l'Île-de-Montréal; 2018. Disponible : https://santemontreal.qc.ca/fileadmin/user_upload/Uploads/tx_asssmpublications/pdf/publications/9782550818724.pdf

24. Barry JG, Yasin I, Bishop DVM. Heritable risk factors associated with language impairments. Genes Brain Behav [En ligne]. 2007 [cité le 29 août 2020]; 6(1): 66-76. Disponible: https://pubmed.ncbi.nlm.nih.gov/17233642/

25. Jurkowski ET. Implementing culture change in long-term care: Benchmarks and strategies for management and practice. États-Unis; Springer publishing company; 2013.

26. Carrier S, Morin P, Gross O, De La Tribonnière X. L'engagement de la personne dans les soins de santé et services sociaux : regards croisés France-Québec. Québec (QC) : Presses de l'Université du Québec; 2017.

27. Baylor C, Darling-White M. Achieving Participation-Focused Intervention Through Shared Decision Making: Proposal of an Age-and Disorder-Generic Framework. American Journal of Speech-Language Pathology [En ligne]. 2020 [cité le 31 août 2020]; 29(3): p.1-26. Disponible: https://pubs.asha.org/doi/10.1044/2020_AJSLP-19-00043

28. DiLollo A, Favreau C. Person-centred care and speech and language therapy. In Seminars in Speech and Language [En ligne]. 2010 [cité le 31 août 2020]; 31(2): p. 090-097. Disponible: https://www.thieme-connect.de/products/ejournals/abstract/10.1055/s-0030-1252110

29. Ahmad NJ, Shi M. The need for Anti-Racism training in medical school curricula. Academic Medicine [En ligne]. 2017 [cité le 31 août 2020]; 92(8), p.1073. Disponible : https://journals.lww.com/academicmedicine/Fulltext/2017/08000/The_Need_for_Anti_Racism_Training_in_Medical.19.aspx

30. Hojjati A, Beavis ASW, Kassam A, Choudhury D, Fraser M, Masching R, et al. Educational content related to postcolonialism and indigenous health inequities recommended for all

rehabilitation students in Canada: a qualitative study. Disability and Rehabilitation [En ligne]. 2018 [cité le 31 août 2020]; 40(26), p.3206-3216. Disponible : https://www.tandfonline.com/doi/full/10.1080/09638288.2017.1381185

31. Wylie L, McConkey S. Insiders' insight: discrimination against indigenous peoples through the eyes of health care professionals. Journal of racial and ethnic health disparities [En ligne]. 2019 [cité le 31 août 2020]; 6(1), p.37-45. Disponible: https://link.springer.com/article/10.1007%2Fs40615-018-0495-9

32. Eriks-Brophy A. Assessing the language of aboriginal Canadian children: Towards a more culturally valid approach. CJSLP. 2014; 38(2): 152-173.

33. Hsu BCL. Chinese and Western cultural differences in seniors' attitudes and beliefs concerning hearing loss and related coping strategies (Doctoral dissertation). University of British Columbia (C-B); 2006.

34. Eid P, Magloire J, Turenne M. Profilage racial et discrimination systémique des jeunes racisés : rapport de la consultation sur le profilage racial et ses conséquences. Montréal (QC) : Commission des droits de la personne et des droits de la jeunesse; 2011. Disponible : https://www.cdpdj.qc.ca/publications/Profilage_rapport_FR.pdf

35. World Health Organization. Prevention of hearing impairment from chronic otitis media: report of a WHO foundation workship (No. WHO/PDH/98.4). London (UK): World Health Organization; 1998. p.19-21.

36. CCBC [En ligne]. Madison (WI): University of Winsconsin-Madison; 2019. ooks by and/or about black, indigenous and people of colour 2019 [cité le 29 août 2020]; [environ 2 écrans]. Disponible: https://ccbc.education.wisc.edu/literature-resources/ccbc-diversity-statistics/books-by-and-or-about-poc-2019/

37. Larsen NE, Lee K, Ganea PA. Do storybooks with anthropomorphized animal characters promote prosocial behaviours in young children? Developmental Science [En ligne]. 2017 [cite le 29 août 2020]. Disponible: https://onlinelibrary.wiley.com/doi/abs/10.1111/desc.12590

38. Zhao F, Manchaiah V, St-Claire L, Danermark B, Jones L, Brandreth M, et al. Exploring the influence of culture on hearing help-seeking and hearing-aid uptake. International journal of Audiology [En ligne]. 2015 (cité le 30 août 2020): 54(7); p. 435-443. Disponible : https://www.tandfonline.com/doi/full/10.3109/14992027.2015.1005848

39. Ball J. Aboriginal young children's language and literacy development progress, promising practices, and needs. Canadian language and literacy research network. 2007.

40. Mc Andrew M, Ledent J, Ait-Said R. La réussite scolaire des jeunes des communautés noires au secondaire : rapport final [En ligne]. Montréal (QC) : Chaire de recherche du Canada sur l'éducation et les rapports ethniques – Université de Montréal; 2008. Disponible : http://www.chereum.umontreal.ca/publications_pdf/Rapport%20final%20Jeunes%20Noirs%2030%20octobre%202008.pdf

41. Conseil des ministres de l'Éducation. Rapport du Canada sur la lutte contre la discrimination dans le domaine de l'enseignement : Une éducation de qualité pour toutes et tous. Toronto (ON) : CMEC; 2018. Disponible : https://www.cmec.ca/Publications/Lists/Publications/Attachments/382/Rapport-du-Canada-sur-la-lutte-contre-la-discrimination-dans-le-domaine-de-lenseignement-FR.pdf

42. Ordre des orthophonistes et Audiologistes du Québec. Les orthophonistes et Audiologistes, présents pour la réussite éducative. Montréal (QC) : OOAQ; 2016. Disponible : http://www.ooaq.qc.ca/publications/doc-memoires/OOAQ-ConsultationReussiteEducative-Final.pdf

43. Fédération des travailleurs et travailleuses du Québec. Racisme systémique, de quoi parle-t-on? Montréal (QC) : FTQ; 2017. Disponible : https://ftq.qc.ca/wp-content/uploads/2017/10/depliant-racisme-systemique.pdf

44. Nadal KL. A guide to responding to microaggressions. Cuny Forum [En ligne]. 2014 [cité le 29 août 2020]; 2(1): 71-76. Disponible : https://advancingjustice-la.org/sites/default/files/ELAMICRO%20A_Guide_to_Responding_to_Microaggressions.pdf

45. Instituts de recherche en santé du Canada. Module de formation portant sur les préjugés inconscients : Les préjugés inconscients et le processus d'évaluation par les pairs [En ligne]. Ottawa (ON) : Gouvernement du Canada; 2019 [cité le 29 août 2020]. Vidéo. Disponible : https://www.chairs-chaires.gc.ca/program-programme/equity-equite/bias/module-fra.aspx?pedisable=false

46. Office québécois de la langue française [En ligne]. Québec (QC) : Gouvernement du Québec; 2002. Intersectionalité [cité le 29 août 2020]; [environ 1 écran]. Disponible : http://gdt.oqlf.gouv.qc.ca/ficheOqlf.aspx?Id_Fiche=26532478

47. Institut universitaire SHERPA immigration, diversité, santé [En ligne]. Montréal (QC) : SHERPA. Intervention en contexte interculturel [cité le 29 août 2020]; [environ 8 écrans]. Disponible : https://sherpa-recherche.com/expertises/intervention-en-contexte-interculturel/#expertises-8

# APPENDICES

## Appendix 1: Tables, Charts and Statistics

## Appendix 2: Glossary

## Appendix 3: Summary of Recommendations

# Appendix 1: Tables, Charts and Statistics

The data presented in this appendix is derived from publicly available data on Statistics Canada's website: https://www12.statcan.gc.ca/[8].

The underrepresentation of BI&RP is observed at both national and provincial levels. Table 1 illustrates the data for Québec.

**Table 1.** Proportion of the population practising as Speech-Language Pathologists or audiologists who identify as a visible minority compared to the proportion of people who identify as a visible minority in all professions and in the general population.

| | SLP/Audiology | All professions | General population |
|---|---|---|---|
| *Indigenous Identity—all communities* | | | |
| Canada | **1.2%** | **3.9%** | **4.8%** |
| Québec | **0.0%** | **2.0%** | **4.5%** |
| *Visible minorities—all communities* | | | |
| Canada | **9.4%** | **20.8%** | **22.3%** |
| Québec | **4.7%** | **11.5%** | **13.0%** |
| *Québec's visible minorities divided into groups* | | | |
| South Asian | **0.5%** | **0.1%** | 1.1% |
| Chinese | **0.5%** | **1.1%** | 1.2% |
| Black | **1.6%** | **3.6%** | 4.0% |
| Filipino | **0.0%** | **0.5%** | 0.40% |
| Latin American | **0.4%** | **1.7%** | 1.70% |
| Arab | **0.9%** | **2.2%** | 2.7% |
| Southeast Asian | **0.7%** | **0.7%** | 0.1% |
| West Asian | **0.0%** | **0.3%** | 0.4% |
| Korean | **0.0%** | **0.1%** | 0.1% |
| Japanese | **0.0%** | **0.1%** | 0.1% |
| Multiple visible minorities | **0.0%** | **0.2%** | 0.3% |

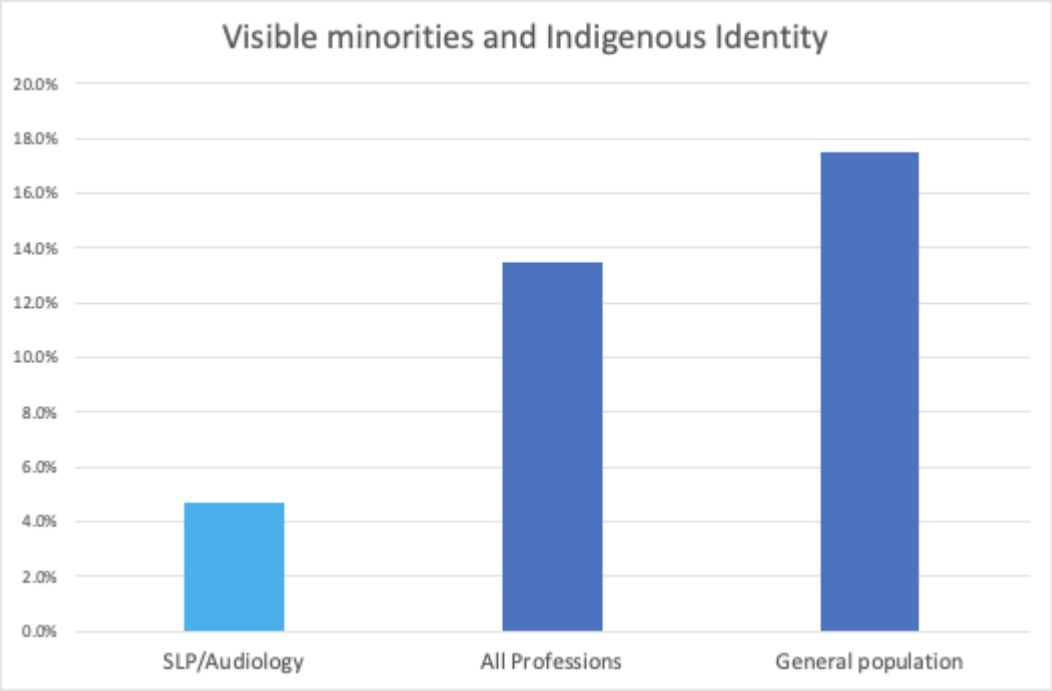


**Chart 1.** Proportion of visible minorities and Indigenous people in the Speech-Language Pathology and Audiology professions in Québec (left), in all professions (center), and in the general population (right).

It should be noted that the data made available by Statistics Canada is general and does not allow us to cross-tabulate variables to understand the origins of the observed disproportion of BI&R professionals in the speech-language pathology and audiology professions. For this, more in-depth studies of the socio-demographic and economic determinants explaining the observed differences would need to be undertaken.

# Appendix 2: Glossary

**BI&RP:** Acronym which stands for Black, Indigenous and Racialized People.

- **BI&R:** Acronym which stands for Black, Indigenous and Racialized.

**Racism:** A set of ideas, attitudes or actions that have the effect of belittling ethnocultural and national groups, economically, culturally and politically, thus preventing them from enjoying the benefits granted to all citizens[43].

**Systemic racism:** A form of discrimination caused by a set of facts such as institutional policies, decision-making processes, behaviours and attitudes that are often unconscious and seemingly innocuous and that target a group of racialized people (BI&RP) and cause exclusionary effects[43].

**Microaggression (of racial nature):** Manifestations of prejudices and bias in the form of comments or behaviours that are both subtle and contemptuous, directed toward a minority group, particularly BI&RP. Microaggressions represent a form of discrimination[44].

**Unconscious biases:** Implicit attitude, stereotype, motivation or presumption that may arise in the mind of a person, involuntarily and unconsciously, resulting from personal experiences and causing harm to a group of people, such as BI&RP.

**Intersectionality:** A combination of different forms of discrimination experienced by an individual based on ethnocultural identity, gender, age, religion, sexual orientation, social class or physical ability that leads to an increase in the prejudices suffered (e.g., a black woman suffers the effects of both sexism and racism).

**Intercultural and inclusive competence:** A set of skills and attitudes of individuals and systems that, by taking cultural and social factors into account, improve the delivery of care and services in health and social service settings, as well as in education. These include the ability to establish an alliance, to respectfully discuss beliefs and concerns specific to a diagnosis, to address broader socio-cultural concerns, and to develop an appropriate and individualized treatment plan. While the importance of intercultural and inclusive competence is increasingly recognized at the institutional level, practical training resources that are relevant and adapted to clinicians' time constraints are scarce[47].

# Appendix 3: Summary of Recommendations

### Key Action Points for Institutions

- Acknowledge that systemic racism exists within the professions of speech-language pathology and audiology in Québec and recognize the repercussions of such racism throughout inequalities in terms of inclusion, individual health, access to health and social services as well as in the quality of services provided to the public;
    - Publicly stand against and commit to take anti-racist actions with measurable objectives;
    - Form an anti-racism committee that is predominantly composed of BI&R members from the professional community in order to provide a safe space for ongoing discussions and exchanges about the challenges faced by students and professional members from these communities;
        - Require success indicators for the year and have them voted on by the members during general assemblies;
        - Get the group to commit to doing research every five years (census, data collection, analysis and follow-up) and to produce a report;
        - To make recommendations and propose concrete ways to address the challenges reported to the committee;
        - To secure funds for the committee's operating budget (travel, printing, communications, etc.);
        - To provide a safe, anonymous helpline for the community that creates no risk student and staff members of an institution that denounce (job losses, reduced opportunities in the profession or in obtaining an internship, impact on marks academic);
        - Provide an anonymous and safe system to denounce racist acts within the institution with no risk for repercussions to students and staff members who make a denunciation;
        - Provide an anonymous and safe system to denounce racist acts within the institution with no risk for repercussions to members of the community who make a denunciation;
        - Require that all faculty staff and the students in the speech-language pathology and audiology programs in Quebec follow an evidence-based anti-racism training as a prerequisite for program accreditation;
        - Create a position of "Representative for Black, Aboriginal and other racialized communities' affairs " within the current institutions structure. This person will be able to follow up on the anonymous hotline regarding systemic racism issues.

- Collect and analyze data on the retention of BI&R students in speech-language pathology and audiology programs in Québec;
- Investigate the experiences of BI&R student community and faculty members in Québec's speech-language pathology and audiology programs in order to determine the factors have an impact on their experiences and training;
- Require all staff employed by the institution to undergo mandatory continuing education and creating a space where open discussions on this topic can take place;
- Examine hiring and recruitment barriers for BI&RP in speech-language pathology and audiology teaching bodies;
- Create a scholarship for racialized students in order to counter the difficulties of access related to the barriers created by systemic racism to achieve a master's degree in speech-language pathology or audiology, thereby creating adequate representation in the profession;
- Ensure and maintain a dedicated budget for program development, training through raising awareness activities and information sessions that are aimed for racialized communities;
- Raise faculty awareness on issues related to systemic racism so that professors and associate professors can independently but systematically review their course content to eliminate elements that may contain racial stereotypes and unconscious bias;
- Focus on the impact of systemic racism on the determinants of health (rather than cultural and belief differences) in order to make an effort not to reinforce ethno-cultural differences in speech-language pathology and audiology education;
- Develop an operational recruitment and retention plan for BI&R students that will include measures to support them in achieving their full academic and professional success potential (including training for faculty members, concrete mentoring plans, opportunities for financial support, etc.);
- Require a mandatory evidence-based anti-racism continuing education program;
- Require each member to use the OOAQ's reflective process in order to think about their biases and practices with BI&R communities, after completing a training program at the start of their career (first year of practice) and three years later;
- Add a module addressing systemic racism and BI&RP to the mandatory training for internship supervisors.

**Key Action Points for Speech-Language Pathologists and Audiologists during Assessment Activities:**

- Recognize that the model of care for speech and language pathology and audiology is based on a Western, Franco-Québecois and ethnocentric approach that may not fit certain cultures,

without this requiring a cessation of services. It rather indicates the eminent need to rethink the approach and find solutions with patients and BI&R communities;

- Acknowledge the power and the authority embodied by speech-language pathologists and audiologists when communicating assessment results, reports and recommendations to the patient and to other professionals in the file of the patient;
- Encourage education opportunities on how to become an ally for the BI&RP who receive our services by seeking and receiving specific and targeted training;
- Systematically review assessment materials used in speech-language pathology and audiology so that content potentially carrying racial stereotypes and unconscious bias is removed and that changes are made as necessary.
- Focus on the impact of systemic racism on the determinants of health (rather than cultural and belief differences) in order to make an effort not to reinforce ethno-cultural differences in speech-language pathology and audiology assessment;

**Key Action Points for Speech-Language Pathologists and Audiologists when Communicating Assessment Results:**

- Recognize that the model of care for speech-language pathology and audiology is based on a Western, Franco-Québecois and ethnocentric approach that may not fit certain cultures, without this requiring a cessation of services. It rather indicates the eminent need to rethink the approach and find solutions with patients and BI&R communities;
- Acknowledge the power and the authority embodied by a speech-language pathologist and audiologist when communicating assessment results, reports and recommendations to the client and to other professionals in the patient's file;
- Set up an anti-racism committee mainly composed of BI&RP from the professional community in order to allow the implementation of adequate and adapted training on inclusive assessment for BI&RP in the practice of speech-language pathology and audiology in Québec.

**Key Action Points for Therapy in Speech-Language Pathology:**

- Set up an anti-racism committee mainly composed of BI&RP from the professional community in order to allow the implementation of adequate and adapted training on inclusive therapy and counseling for BI&RP in the practice of speech-language pathology in Québec;
- Require a mandatory evidence-based anti-racism continuing education program and creating a space where open discussions on this topic can take place;
- Recognize that the speech-language pathology and audiology delivery model is based on a Western, Franco-Québecois and ethnocentric approach that may not fit certain cultures,

without this requiring a cessation of services. Instead, this indicates the eminent need to rethink the approach and find solutions with patients and BI&R communities;

- Acknowledge the power and the authority embodied by a speech-language pathologist when communicating assessment results, reports and recommendations to the client and to other professionals in the patient's file;
- Acknowledge that learning styles (perception, processing, organizing and information retention) are a consequence of communication, interaction, norms and values that are promoted within a cultural community. This must be recognized and used as a strength in therapeutic follow-up;
- Encourage education opportunities on how to become an ally for the BI&RP who receive our services by seeking specific and targeted training;
- Systematically revisit assessment materials used in speech-language pathology and audiology to eliminate content potentially involving racial stereotyping and unconscious bias, and make necessary changes;
- Focus on the impact of systemic racism on the determinants of health (rather than cultural and belief differences) in order to make an effort not to reinforce ethno-cultural differences in speech-language.