

**DEVELOPMENT OF  
A COMMUNICATION ASSESSMENT PROTOCOL  
FOR YOUNG CHILDREN WITH CLEFT LIP AND/OR PALATE  
(CL/P) IN MAURITIUS**

**BY**

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## **ABSTRACT**

Research guides the parameters for assessment and treatment of individuals with cleft lip and/or palate (CL/P). Most developing countries cannot provide an adequate standard of cleft care, due to limited resources. Speech-language therapists and audiologists in developing countries can contribute to improving cleft care through early communication intervention to minimise/prevent the negative impact of a cleft on a young child's communication ability and to support the families. However, they require linguistically and contextually relevant assessment instruments for early identification of communication disorders in these children.

The aim of the research was to develop a communication assessment protocol for young children with CL/P, for use in Mauritius, a developing country in the Indian Ocean with a multilingual and multicultural population. Eighty-eight children, with CL/P, 0-6 years, were selected by consecutive sampling and their parents acted as participants. Four speech-language therapists and audiologists from the public health sector of Mauritius participated in the data collection and appraisal of the assessment protocol developed.

A mixed methods research design was selected. Based on exploratory research of cleft care in Mauritius and international recommendations for assessment of young children with CL/P, a comprehensive Communication Assessment Protocol was compiled and speech elicitation materials in Creole and French were prepared. Speech-language therapists and audiologists conducted assessments, using non-invasive procedures to assess feeding, hearing, communication skills development, emergent literacy skills, speech production and voice of the subjects. Digital video and audio recordings of the elicited

speech samples were made and auditory-perceptual procedures for speech analysis and inter-rater comparisons for reliability were employed.

The communication assessment protocol was useful in describing the characteristics of the children with CL/P treated in the National Health System in Mauritius. The speech-language therapists and audiologists together with the parents of the children as partners in assessment were successful in early identification of communication delays/disorders in children with CL/P (73%) and also referrals to other health care professionals. The protocol was validated and accepted for application in clinical practice.

The newly developed Communication Assessment Protocol was applied by local speech-language therapists and audiologists with the possibility of implementing this assessment instrument nationally. This was an important contribution to improve cleft care in Mauritius where interdisciplinary team-based cleft care has not occurred to date.

Key Terms: Cleft lip and/or palate; communication assessment protocol; early communication intervention; developing country; Mauritius; speech-language therapists and audiologists.

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