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## **CONCEPT PAPER #4**

### **NURTURING VERY YOUNG CHILDREN WHO EXPERIENCE MORE THAN ONE LANGUAGE**

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Although experiences during the early years may vary tremendously, the foundation for learning language is the same for every child. Whether a child is learning one language or more than one, to foster language learning **from the earliest ages** infant/toddler care should emphasize **warm, nurturing one-on-one conversation, that is responsive to the child's attempts to communicate.**

#### **Learning in Any Language**

The variety of experiences children have learning language in infant/toddler care is very great. For example, some children experience one language at home and another in child care; some experience two different languages at home and a third in care, and some experience the same language at home and in care. Whether children will eventually speak one language, two languages, or more, their earliest lessons take place in the universal language of human interaction. Well before the age when babies understand a word or two in the flow of language around them, caregivers teach babies important lessons about language.

**1. Communicating and sharing emotions.** Babies show us from the beginning that soothing words and lullabies can calm them. We can also see the interest babies have in our words when they turn their heads toward us and watch our mouths and eyes.

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<sup>1</sup> This article has been slightly updated since its publication in 2006 by Rebecca Burns, Ph.D. to include guidelines for children who are learning sign language.

Research tells us that the mouth and eyes are the most important points of focus when babies gaze at the faces looking at them. (Fantz 1958, Johnson and others 1991).

**2. Building knowledge about language from familiar experiences.** At birth, a baby can distinguish her mother's voice, the one she has been hearing during the last 12 or so weeks of gestation (Shelov 1994). Research shows that young infants naturally "tune in" more often and more consistently to people who speak the same language as their mother (Bosch & Sebastian-Galles 2001). Though newborns can distinguish the phonemes of every language, by age one they are already much more sensitive to the sounds present in the languages they hear every day. Infants respond to sign language as easily as they respond to spoken language, and can produce their first signs before their first words. Deaf mothers pay particular attention to their babies' gaze and consistently communicate in face-to-face fashion.

**3. Putting pointing and talking together.** By six to nine months of age, babies know to look where our eyes are looking, and they will follow our pointing if it is in their field of vision. When they, too, learn to coordinate their pointing with a vocalization (McCune and others 2003), they get us to name the things in their environment for them. Even if babies do not remember or cannot reproduce what we say, our words teach them the crucial lesson that things and actions in the world have names.

**4. Taking turns.** Babies learn the rules for turn-taking and coordination with others in the context of touch, sight, and sound.. We can communicate with them gently from the moment they are born, but they generally start "answering" in their cooing and gesturing at around three months if we give them time and encouragement to respond to us. This early back-and-forth communication will become the game of conversation and socialization more generally that children need to guide them toward the sentences and stories of their language. (The) stories help them progress beyond "learning language" to "learning *through* language" and eventually learning through schooling and their community's culture.

**5. Following the babies' lead.** Turn-taking goes an important step further when we use the babies' spontaneous sounds and gestures as the *base* for our turn. Letting the child lead (us) helps us know the right place to start. If we build on the baby's babbles in how we *respond* to the child, we are more likely to be aiming our "lesson" at the right level, at the level where the child is and from which she or he can go forward. Research studies have shown that child-initiation will remain the key to child progress through the preschool years (Cross 1977, Burns 1992).

### **Nurturing and Communicating with Children Who Experience More Than One Language**

At the foundation of nurturing infants and toddlers in the child care setting is respecting and honoring the concerns and wishes of the child's family. In working with the family, infant care teachers must balance three important considerations when trying to support children who are learning more than one language:

1. enhancing babies' comfort and self-awareness with *continuity* between the home and the child care setting;
2. encouraging caregivers to speak the language they speak most naturally;
3. communicating in the language of the broader community, especially in settings in which there is great diversity in the home languages of the children.

For infants, each of these considerations is important. They are balanced differently from one setting to another, and, depending on the balance, one or two of these considerations may require extra attention.

**1. Continuity.** Because early learning, including communication and language, is integrated and influenced by the infant's sense of emotional security and comfort, babies should be provided with predictable routines that emphasize the continuity between the home and child care setting. The home language in the child care setting can help a child feel emotionally secure. For example, when an infant is having trouble settling down at naptime, having someone who can sing or talk quietly with the child in her home language may be helpful. The intimacy of the care and the familiarity of the rhythms of the home language help the child calm down and peacefully fall asleep. Using the home

language also fosters the child's sense of self as a member of the family and its community and maintains strong ties, especially between the generations in their homes.

**2. Native language of the caregiver.** When caregivers speak their own native language, they can use the full range of rhythm and tone to convey both meaning and attitude through their utterances. Native speakers also provide the best language models for children's language learning. It is advisable to have caregivers speak their best language, as long as communication with the rest of the staff can be maintained.

However, if it is necessary for some individuals to speak a language they speak imperfectly or with an accent, there is no lasting harm done to the child's language development, as long as there are other models available to the child as well (Pearson and Navarro 1997, Baron-Cohen and Staunton 1994).

**3. The language of the broader community.** When the child's home language is not English, and no staff members speak the child's home language, infant care teachers often wonder whether they should speak English or try to learn the child's home language. It is appropriate to communicate in a language different from the child's home language, as long as consistent effort is made to support the child when he communicates in his home language. After all, many children worldwide are born into homes where two (or more) languages are spoken and where it is important for the child to become a functioning member of two or more language communities (Romaine 1995).

Infant care teachers who are more competent in a language different from that of the broader community should use the language that is most natural to them at least some of the time. Research indicates that children with vastly different language experiences in early childhood settings can perform similarly in school. In a carefully balanced study of Hispanic schoolchildren in Miami (Oller and Eilers 2002), when ten-year-old bilingual children who began learning English at age five were compared to bilingual children who began using English earlier, there were almost no differences between them in their fifth-

grade reading and writing scores. The differences observed between the two groups' vocabulary at that age were more closely associated with the language of the home and appeared to depend less on the language of the school (English only versus Spanish and English equally). In other words, the home language was a stronger influence than the language of the school for some aspects of language, like vocabulary, and the language of the school was a stronger influence for other aspects of language.

### **Program Models**

Taking these three factors into consideration, we can picture several program models that maximize the language resources available.

Program Model 1: Caregivers speak child's language.

Child's language =	= Caregivers' language ≠	≠ Community language
<i>Use the child's and caregivers' common language.</i>		

Quality of the experience for infant or toddler:

- Continuity between home and the care setting, which supports the child's overall development and sense of self, and facilitates a secure relationship as the base for learning language.
- Caregivers speaking their own native language.

Key consideration:

- The caregiver should frequently engage in warm, nurturing communication that is responsive to the child. This type of interaction provides a strong foundation for learning both a first and any additional languages.

Program Model 2: Caregivers speak community language.

Child's language ≠	≠ Caregivers' language =	= Community language
	<i>Use the caregivers' and community language.</i>	

Quality of the experience for infant or toddler:

- Caregivers speaking their own native language.
- Child has experience with community language.

Key considerations:

- The caregiver should frequently engage in warm, nurturing communication that is responsive to the child.
- Caregiver should work with child's family to create continuity between the home and child care setting.
- Caregiver should support and value the child's efforts to communicate in the home language.

Program Model 3: Caregivers speak community language as a second language.

Child's language $\neq$	$\neq$ Caregivers' language Caregivers' second language =	= Community language
		<i>Use community language.</i>

Quality of the experience for infant or toddler:

- Child has experience with the community language.

Key considerations:

- If children of different linguistic backgrounds are in the same program, for example, the caregivers cannot speak four different languages natively, but the caregiver should still frequently engage in warm, nurturing communication that is responsive to the child.
- Caregiver should work with child's family to create continuity between the home and child care setting.
- Caregiver should support and value the child's efforts to communicate in the home language.

- The program offers child opportunities to interact with other adults who speak the community language natively.

Using the community language fosters a common language for the child care setting. In this circumstance, volunteers and family members who share the child's language can participate to enhance the continuity between the home and child care.

Program Model 4: Different caregivers use different languages. (Mixed)

Child's language=	=Some caregivers' language	Some caregivers' language=	=Community language
<i>Use child's language sometimes.</i>			
	<i>Use community language sometimes.</i>		

Quality of the experience for infant or toddler:

- Some continuity between home and the care setting, which supports the child's overall development and sense of self, and facilitates a secure relationship as the base for learning language.
- Caregivers speaking their own native language.
- Child has experience with the community language.

Key considerations:

- The caregivers should frequently engage in warm, nurturing communication that is responsive to the child.

Program Model 4 brings the benefits of the first two models, but it may introduce a greater administrative burden to coordinate caregivers who speak different languages.

From the child's point of view, there is little problem with using more than one language. The experiences of bilingual families show us different ways children adapt to the use of two languages (Baker and others 2000). It is very common to have different people use

different languages consistently, and children often come to expect it. Children as young as two have been known to protest when one person uses the language the children associate with another person, and they may insist that the person switch back to their customary language (Volterra and Taeschner 1977, Baker 2000). Other families use different languages in different settings—for example, one language in the home and another language outside the home (Deuchar and Quay 2000). In a child care setting, this may translate into using one language during intimate, one-to-one contact and another language in the group context. Of course, each program needs to work with families to determine the strategy that takes best advantage of the people and resources it has.

### **Summary**

Infants and toddlers experiencing more than one language can learn language well in different kinds of child care settings. Some situations require special attention to ensure that they meet very young children's need for consistent, familiar routines that support their developing emotional security and sense of self. Providers should relate to infants and toddlers as conversational partners whose ideas and feelings they respect. This can be done in any language.

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