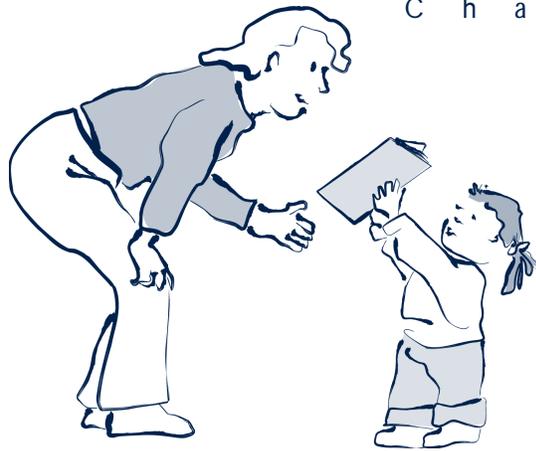# The challenge of creating an optimal learning environment in child care: Cross-cultural perspectives

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Abstract

Quality child care programs have been shown to contribute positively to children's development in many circumstances. Questions about the criteria for defining and measuring quality, the content of caregiver training programs, access to continuing professional development for child care providers, strategies for involving parents, and the impacts of multilingual learning environments have been extensively explored in research, theory, and practice. Outstanding challenges that urgently require our attention concern the nature and provision of culturally congruent learning environments for children, as well as training and supports for caregivers who are not of European heritage and wish to reflect and reproduce their own cultures in children's learning environments.

These issues are discussed in this paper, particularly with reference to Aboriginal children and families, who constitute a widely diverse population in Canada, and for whom generic programs of child care training, parent education, speech-language intervention, and curricula for children seem particularly ill-suited. This discussion draws upon the author's experience and research that shows positive impacts of an innovative partnership program with rural and remote First Nations communities aimed at strengthening their capacity to mount early childhood care and development programs. Guiding principles derived from these partnerships are offered for orienting cross-cultural initiatives in creating optimal learning environments in child care.

Introduction

Research convincingly shows that high-quality early childhood education programs for children from zero to six years of age can have long-lasting, positive conse-

quences for children's success in school and later in life, especially for those from low-income families (Barnett, 1995; Frede, 1995; Greenspan, 1997; National Institute for Child Health and Development, 1997). However, such programs are not available to all children who need them. In addition to access, a challenge is that not all programs are of the quality needed to achieve positive outcomes. Moreover, there is ongoing debate concerning what defines quality and, in particular, whether there is a universal ideal of quality for children of all cultures (Dahlberg, Moss, & Pence, 1999).

Canadian studies have shown that at school entry, group differences can already be found in school readiness and achievement among children. Those who are in a higher socio-economic class – and are not Aboriginal – possess more of the 'right stuff' to do well in the mainstream. These findings have been used to argue that to reduce achievement differences between social groups, we need to secure optimal developmental conditions for all children before they reach school age.

Research indicates that early childhood education programs that effectively facilitate language development have the potential to significantly reduce later school failure (Campbell & Ramey, 1994). On this basis, there is broad agreement that early childhood educators need to be skilful in facilitating young children's language and literacy skills (Wong & Snow, 2000). This goal presents its own challenges, including the provision of access to training and continuing professional development, and the introduction of certification processes and other forms of regulatory and accountability procedures. These issues have been addressed with varying degrees of success across provinces and territories in Canada. Other challenges include training caregivers to recognize and refer children with possible auditory processing and speech-language disorders, and ensuring geographic and financial access to relevant specialists who can provide diagnostic and therapy services, as well as parent education in language facilitation. These challenges are proving especially difficult in rural and remote areas of the country. Nevertheless, all of these challenges are long standing and generally well understood in the field of early childhood care and development in Canada (see Warr-Leeper, 2001).

These challenges become all the more daunting – and less understood – in reference to children, caregivers, and communities that are not of European heritage. A majority of investigations of the effects of child care, the role of caregiver-child interaction in language development, and the effects of various parent training and intervention models have focused on white, English-speaking, urban, middle-class children and families. Studies exploring these issues in other populations often reveal strikingly different patterns of caregiver-child interaction (e.g., Crago, 1990a; Schieffelin & Ochs, 1986; van Kleeck, 1994), and different beliefs and values that motivate these patterns (e.g., Johnston & Wong, 2002). Understanding and responding to cross-cultural differences is critical at time when over half of the chil-

dren entering kindergarten in some metropolitan centres in Canada are not of European heritage and do not have English as their first language. In the United States, it is estimated that, by 2005, as much as one-third of the children seen by audiologists and speech-language pathologists will be children of non-European heritage cultures (Cole, 1989; Crago, 1990b; Shewan, 1988).

Cross-cultural challenges

Many early childhood educators and speech-language therapists do, in fact, work across cultures. However, most have not had opportunities to hone cross-cultural communication skills, to become culturally literate with reference to the diverse groups they are serving, to study and accommodate the sociolinguistic styles of communication in a child's ecology, to understand language socialization in culturally diverse families, or to adapt their professional practices in response to the expressed needs and goals of children and families in their programs. In a recent survey that I conducted of early childhood educators and speech-language therapists on community outreach and care teams in British Columbia, practitioners were painfully aware of their self-assessed inadequacies. Most expressed an urgent need to find alternative ways of reaching out to parents and children of non-European heritage in culturally appropriate ways, but their training, funding sources, and service mandates have not prepared them to do so.

Parent training programs, training in early childhood care and development, and preschool curricula embody the cultures of those who design and implement them. When these programs are designed according to dominant cultural values and goals that are reified in mainstream research on white, middle-class populations, they may conflict with and even undermine parenting approaches and goals for children in non-white families and communities (Crago, 1992; Garcia, 1992; Heath, 1989; Johnston & Wong, 2002).

With respect to Aboriginal parents and practitioners, those with whom I have worked as a partner in various initiatives have described how they are often loath to imitate or promote a culture that is not their own. Indeed, Aboriginal early childhood educators who have participated in my research have variously characterized European-heritage ways of being with young children as "totally alien," "spiritually bankrupt," "over-engineered," and "just not us." Caregivers, specialists, and trainers must confront and respond to the complex challenges presented by our increasing recognition of the cultural heterogeneity of children, families, and communities in Canada to facilitate optimal language development in the early years.

Aboriginal caregiving contexts

Within the field of early childhood care and development internationally, and since I came to Canada six years ago, my focus has been on indigenous child development. In a recent survey that I conducted of early childhood educators and speech-lan-

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guage pathologists serving First Nations communities, I heard many stories of frustration and even culture shock from these service providers. Although they may be asked into an Aboriginal community, they are often given a cool or indifferent reception by community members, especially if there is any suggestion of testing or therapy for individual children. Practitioners report that their training, tools, and agency mandates do not seem to fit the self-perceived needs, goals, pace, or style of Aboriginal parents, grandparents, or other community caregivers. What are the prevalence and demographic distribution of these challenges, and what are their underlying cultural differences?

Further, there is increasing agreement in our related fields that Euro-Western based methods and criteria for assessing language development, as currently practiced, are of questionable validity and utility in settings not dominated by children and families of European heritage. What criteria and assessment strategies can we use to differentiate between speech-language disorders and sociolinguistically normative characteristics of communication of families and communities of non-European heritage? How can parents, child care practitioners, and specialists belonging to diverse cultures work together to create needed, culturally appropriate, socially accountable strategies and supports for optimal child development? What do we need to know as starting points or guiding principles?

Questions like these have motivated the inception of a new research program upon which I am embarking at the University of Victoria. I will be undertaking this work with a number of First Nations communities with whom I have previously worked in co-delivering community-based training in early childhood education.

The research begins with principles that have been elucidated over the course of nine, two-year partnerships with over 50 rural and remote Aboriginal communities in Western Canada. The partnerships – which began with the pioneering work of my colleague Alan Pence, also at the University of Victoria – involve community-based delivery of university diploma-level training in early childhood care and development using a unique, pluricultural, 'generative' curriculum model (Pence & McCallum, 1994). A two-year research study of the processes and outcomes of this capacity building initiative was completed in 2000 (Ball, 2000). These partnerships have been community initiated. They are consistent with the recommendations of the Canadian Royal Commission on Aboriginal Peoples: *"Our recommendations emphasize the importance of protecting children through culturally-appropriate services, by attending to maternal and child health, by providing appropriate early childhood education, and by making high-quality child care available, all with the objective of complementing the family's role in nurturing young children"* (Vol. 5, Ch. 1, s 4.1).

Guiding principles for research and practice

Principles drawn from these partnerships with First Nations are briefly outlined here. Details about the partnership programs and evaluation research are available in various published reports and upon request. Because of the context in which these principles were derived, they focus on working with Aboriginal children, families, and communities. They may be more broadly applicable to cross-cultural work in early learning and development.

(1) *Follow the initiative of the caregiver or community* in forming partnerships for training, assessment, intervention or research (rather than government, school, or investigator initiation). As one community administrator told us, "It is important to be community-paced as well as community-based."

(2) *Place primary importance on building and maintaining trusting relationships* with Aboriginal community members involved in the care of young children (e.g., parents, grandparents, child minders, family day home providers, Aboriginal Head Start practitioners, early childhood educators). Adopt an open, receptive stance that honours indigenous and local knowledge about child rearing and goals for children.

Clinicians need to refrain from beginning work in a community by structuring or prescribing what is going to transpire. Rather, as one speech-language pathologist who participated in my survey said, *"We need to begin with establishing a trustable presence, however many weeks or months it takes, and to use that time to observe and listen to the natural flow of interactions in order to pick out some of the features, and some of the strengths, of language socialization in the setting or in the community."*

Developing a trustworthy and empathetic presence depends upon recognizing the values of the family or community. In contexts involving Aboriginal parents and other caregivers, this usually means appreciating the magnitude of losses to their culture, social structure, and self-esteem as a result of colonization, and recognizing their ongoing experiences of self-degradation and oppression. For it is the continuing struggle to regain their pride and revitalize their cultures and communities that accounts for the priority placed on children learning their culture and heritage languages, and on caregivers returning to some of the traditional values and ways of raising children. It is this insistence that often puts non-Aboriginal trainers, developmentalists, speech-language specialists, and other service providers at odds with Aboriginal child caregivers.

(3) Begin with an emic approach, relying on critical ethnography and narrative approaches to understanding normative sociolinguistic styles and cultural forms of early childhood socialization and language facilitation. Our training program for Aboriginal caregivers uses a 'generative curriculum model' in which indigenous knowledge and community-wide participation are central to formulating communi-

ty-driven strategies for providing culturally appropriate child care. Although the training curriculum is pluricultural, a basic principle is to begin with the community and the cultures represented by the early childhood trainees and the children and families that they will serve. Thus, the program begins with an 'emic' approach, and community members engage in auto-ethnography in which they re-discover, articulate, and discuss indigenous practices, principles, and goals for children. One First Nations chief remarked, *"We can consider what mainstream theories say and, if we choose to believe them and use them in our work, that doesn't make us less Indian. And if we choose to assert the importance of our cultural traditions and ways of raising children, that doesn't make us wrong. This program recognizes and encourages this give and take, pick and choose. It doesn't cage us and expect us to act like Europeans."*

From the point of view of the Aboriginal partners involved in this training program, the goal of transmitting cultural knowledge and pride to young children is seen as foundational to their long-term community development. Maintaining culturally-based practices in child care settings is seen as an important criterion for evaluating the effectiveness of child care programs and practitioners. Indicators of the quality of care for young children, from the perspectives of many of our Aboriginal partners, include the extent to which children are learning their heritage language, learning socially appropriate behaviours with other community members, learning to listen and watch adults engaged in routine and ceremonial tasks, and learning to cooperate in activities involving life skills that have been vital to the survival of the people of their community.

(4) *Focus on strengths*, rather than on deficits. For example, it is useful to first register what Aboriginal parents *are doing* and *can do* to support language development; what Aboriginal children *can do* (including, e.g., their abilities to listen, to be quiet, and to learn by observing a whole sequence of behaviours with minimal verbal mediation); and the potential for building on those attributes.

(5) *Strengthen existing capacity*. Many service providers have been trained to work with individual children. This can create dependencies on non-Native services whose stability is always threatened by funding cuts, changes to eligibility criteria, accessibility due to weather, turnover among service providers (especially in the North), and other contingencies. It is important to work with child care providers in home- and centre-based programs, and with parents – as in the Hanen Program® approach – to ensure sustainable supports for child development and to provide a measure of cultural safety. Approaches to interacting with young children that may be foreign to the cultural community can then be filtered through adult caregivers before they impinge upon children.

(6) *Consider language facilitation in child care settings and the delivery of services within a holistic and ecological perspective* in which the complex and often vulnerable balance

of elements in the child's ecology must be understood and respected. Cultural practices, values, and beliefs about language socialization and development are part of the interwoven fabric that makes up a culture. When we tamper with one thread in the tapestry, we put at risk the integrity and strength of the whole social fabric that holds a child, family, or community together. We must not be naïve about the ethics – not to mention the efficacy – of encouraging a culturally foreign approach to learning environments and language facilitation, or of emphasizing mainstream criteria for achieving 'school readiness,' while assuming that other cultural forms characterizing family and community life will be unaffected.

The community, not the individual, is often the most useful unit of analysis. As many First Nations scholars in Canada have pointed out, "The identity and well-being of Aboriginal children and their families is inextricably bound with the identity and well-being of their Aboriginal community" (Schouls, Olthuis, & Engelstad, 1992, p. 12). Practitioners must have skills in working collaboratively with the community and not only with the child and his or her primary caregiver(s).

(7) *Collaborate.* Although time consuming, our experience in culturally grounded training in early childhood education has demonstrated the value of being guided by the principle asserted by many First Nations people: *"Nothing about us without us."* Culturally appropriate, effective training and service provision in early childhood requires mutually beneficial collaborative relationships with parents, preschool teachers, other caregivers, and other service providers. Individuals who belong to the culture can, with appropriate remuneration, serve as cultural interlocutors, identifying core features of language socialization, providing information about the contexts of child development and care, and offering 'insider' perspectives on priority service needs and goals. Community members can be involved in para-professional roles to deliver training and to assist with assessment and service delivery.

(8) *Explore a pluricultural and flexibly 'generative' approach* to facilitating and assessing language and other aspects of development. We have found that when service providers, trainers, and investigators begin with where the community or caregiver is and where they want to go, the potential for reciprocity begins to open up. This sets the stage for a 'community of learners' approach to supporting child development that combines indigenous and 'mainstream' theory, research, and practice approaches.

Understanding, preserving, and accommodating cultural diversity

If we are successful in protecting the rich diversity of cultures in Canada, one size will never fit all. The limited applicability of professional practices in many settings involving children, families, and practitioners not of European heritage reflects the limitations of our training, research, and clinical practice, which have tended to

represent and serve primarily white, urban-based families. Facilitating language development in child care settings requires a high degree of flexibility and ingenuity. For example, we need to be alert to diverse and changing care arrangements for children. Many Aboriginal children are not cared for primarily by their biological parent, but rather by extended family members, other community members, or foster parents. These arrangements may change frequently, with implications for whom to involve in parent training and participation programs, and how to involve them consistently.

The First Nations partners in the early childhood training programs have emphasized the heterogeneity of Aboriginal cultures within Canada. Indeed, there are 630 registered First Nations bands or tribal councils in Canada. Heterogeneity also exists within cultural groups, communities, and even within families. For example, we have found that within the First Nations partner communities, there often is not consensus among people about how much to emphasize English language learning versus heritage language learning, how much to encourage children to learn about or adapt to ways of life in the dominant culture, whether to label and address children's special needs, etc. Different families and different caregivers within families may have different aspirations for their children, regarding, for example, which language will be considered primary, and the relative importance of retaining cultural traditions and identity versus engendering bicultural identities. Among early childhood educators, variation can exist in their emphasis on culturally traditional versus more Euro-Western ways of interacting with young children. As McAlpine, Eriks-Brophy, and Crago (1996) conclude from their study of teachers in a Mohawk community, depicting caregivers as belonging to specific cultural groups may inadequately represent the complexity and diversity of individuals within communities.

Heath (1989) proposes a distinction between societies in which children are thought to 'grow up' and those in which children are 'raised' or 'brought up.' Heath found that parents who believe that children must be 'raised' engage in a distinct set of verbalizations with their children involving highly specific verbal communication about events, requests for children to recount step-by-step features of their own actions, and so forth. In contrast, parents who believe that children 'grow up' tend to make fewer attempts at dialogue with their young child, and are less likely to prompt their child to recount events to practice verbal communication. Examples can also be found in the pioneering research by Crago (1990a) on Inuit children and by Johnston and Wong (2002) on Chinese Canadians. In both study populations, the children were not actively encouraged to speak at very young ages and were instead encouraged to learn by observing.

Johnston and Wong (2002) found significant differences between cultural groups in the ways that parents teach their children to speak, as well as in their belief systems about parent-child interactions in language learning. For example, Chinese-

Canadian toddlers may spend hours with their parents and grandparents, getting advice on how to talk and receiving direct instruction to extend their vocabularies. This approach contrasts with the experience of toddlers with European-heritage parents who may ask their child questions to which they already know the answer in order to stimulate and extend the child's verbal expression. Johnston and Wong (2002) argue that, ideally, speech-language pathologists would be equipped with a flexible range of language facilitation strategies so that they could tailor their interventions to the child and his or her family, rather than imposing a single approach reflecting the values, beliefs, and approaches of European-heritage parents and professionals.

Similarly, Crago reports that Inuit children are first taught to listen and learn and then to speak. Studying teacher-led lessons and student-generated narratives of Inuit and Algonquin children, Crago and her colleagues (1997) conclude that many instances of miscommunication may originate in cultural differences regarding language use, appropriate participation and interaction structures, and narrative forms. They suggest the idea of negotiated communication, with implications for language development as well as cross-cultural communication and interaction. Crago (1992) pointedly warns that *"practitioners who are ignorant of, or refuse to alter their practices in ways that recognize the strength of, cultural patterns of communicative interaction can, in fact, be asserting the hegemony of the mainstream culture and can thereby contribute, often unknowingly, to a form of cultural genocide of non-mainstream communicative practices"* (p. 37).

Certainly, the success of community-initiated partnerships with First Nations for the co-delivery of early childhood education training has suggested a practical and promising alternative to uniform training for caregivers, standardized practice, and generic curricula for children in early learning environments and for parents in language facilitation programs. There will always be a need for reciprocity and accommodation in building useful relationships with parents and other caregivers across cultures, and for flexibility in both program delivery and the administration of assessment tools.

It may seem ideal for early childhood caregivers and speech-language pathologists to have specific information at hand about the practices and belief systems specific to the cultures represented by the children and families they are intending to serve. However, given the plethora of cultural and language groups in Canada, this is not realistic. Caregivers and speech-language pathologists need help to acquire skills for quickly recognizing and interpreting cultural forms and for bringing cultural interlocutors alongside in collaborative partnerships to ensure the cultural appropriateness of caregiving, assessment, and therapy approaches.

Van Kleeck (1994) offers a synthesis of studies of language socialization that exemplify various cultural practices and underscore the cultural relativity of values and beliefs about children's language. She encourages a thorough exploration, in each

new cultural context, of several key areas that may vary significantly from one family or social group to another, including: (1) aspects of social organization related to interaction; (2) the value of talk; (3) how status is handled in interaction; (4) beliefs about intentionality; and (5) beliefs about teaching language to children.

Van Kleeck states, "Understanding cultural variations in language socialization should heighten clinician's awareness of the potential cultural biases in current programs focusing on the interaction patterns of parents and their children with delayed language development." At the same time, this kind of enhanced cultural sensitivity should help the caregivers decide on child care and parent training curricula that are appropriate for each family and community.

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