
‘Language shades everything’: Considerations and implications for assessing young children from culturally and linguistically diverse backgrounds

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Abstract: Assessment of young children from culturally and linguistically diverse backgrounds holds the potential to provide important insights into learning. Two researchers investigated an Allied Health screening program that was conducted in three kindergartens in a disadvantaged area of outer Melbourne, Australia. Drawing on narrative inquiry methodology the researchers explored the understandings given to the screening program by Allied Health professionals and Early Childhood teachers and administrators in relation to CALD children. From analysis of interview and focus group data, insights were gained into the way the screening program employed culturally and linguistically responsive practices. Flexible assessment practices, acknowledgement of children’s linguistic abilities and family-centred practice emerged as key strategies to enhance Early Childhood assessment programs that cater to the strengths and needs of young children from CALD backgrounds. However, the investigation demonstrated that issues of equity and compromise are heightened as policy and practice diverge on how to implement these strategies. In conclusion, it is argued, that targeted professional learning could assist Early Childhood teachers to negotiate this divergent space.

Keywords: *language assessment, early childhood, EAL, narrative inquiry*

Introduction

Kindergarten is a key site for engagement with early learning experiences for many children from culturally and linguistically diverse (CALD) backgrounds. Kindergarten provides an opportunity to be introduced to another language and to play with English speaking children. At times, it is a starting point for

learning English in a supportive play-based environment. Acquisition of English can assist children to demonstrate and explicate their learning, when their language differs from the English language used in mainstream kindergartens (Scully and Bremner, 2013).

Early Childhood settings are often made up of a range of ethnic and cultural groups, with many languages and dialects spoken. Therefore, a degree of fluidity is required with programming so that a bridge can be constructed between home and school literacy practices (Pennycook, 2015). Young children may simultaneously speak and develop two languages through their interactions with peers and adults. Providing opportunities for young children to learn in, and through, both languages offers them the benefits of full, simultaneous bilingualism. These benefits include increased cognitive, linguistic and academic ability as well as enhanced metalinguistic development and social growth (Hu, 2014). Bilingualism reaches its full potential when both languages reach an enhanced level of proficiency. However, research demonstrates that in English speaking contexts immigrant children are inclined to drop their home language and use English exclusively as it is the dominant language used in the community and in Early Childhood settings (Hu, 2014).

Early Childhood teachers' attitudes towards children's linguistic abilities contribute to children's choice as to whether to develop and maintain their home language alongside English language development (Hu, 2014). Pedagogy that supports young children's home language contributes to children's first or additional language development. In addition, parents' expectations for the promotion and development of their child's first language plays a factor in children's language choice. When Early Childhood teachers work with parents and families to negotiate these expectations, and implement language and literacy practices including assessment practices which are in the best interest of the child, (Hu, Torr & Whiteman, 2014) then bilingualism can be supported.

Within the Australian context, limited data exist to enable understanding of the early learning of children who enter school with limited proficiency in English. In 2009, the Australian Early Development Index (AEDI), which uses a teacher-rated checklist to assess children in their first year of school, showed that bilingual children who were not yet proficient in English were more likely to be ranked as 'vulnerable against their English-speaking peers

(Goldfield et al., 2014). Yet, for children who are fully bilingual and proficient in English, (nearly a fifth of the AEDI cohort) on school entry various understated developmental advantages exist for their on-going cognitive, linguistic and academic growth (Brinkman, Sayers, Goldfield and Kline, 2009). That is, these young children bring substantial linguistic and cultural reserves to the educational setting (Molyneaux, Scull and Allan, 2016).

There is variation not only in the make-up of English as additional language (EAL) learners but moreover, who is deemed vulnerable and who is not by measurements such as AEDI. Even though AEDI is used as a tool to gain insight into the language and early literacy abilities of children as they enter school, ongoing monitoring is required of early language and literacy development so that targeted, intentional play-based pedagogy can occur. This monitoring presents challenges for teachers and appropriate strategies and tools are needed to identify young children's capabilities and gaps in learning (Meiers, 2016), particularly for CALD children.

Pennycook (2015) argues that, "early literacy matters, as long as it is understood neither too narrowly or too broadly" (p. 196). A focus on school readiness, he contends, encapsulates a narrowing towards the socialisation into 'school behaviours and textual practices' that neither contextualise literacy nor form connections with family-centred and community practices. Too broad a focus, for disadvantaged children, does not respond to the need for "sustained support to develop their abilities to use, interpret and have control over a range of textual practices" (p. 196). According to the Early Years Learning Framework (EYLF) (DEEWR, 2009), the way out of this dilemma is for Early Childhood professionals to create learning opportunities that aim to support language and early literacy growth through a targeted intentional teaching approach.

Making linkages with families for children from CALD backgrounds can contribute to the way in which Early Childhood teachers understand children's competencies (Connor, 2011). The Victorian Early Years Learning and Development Framework (VEYLDF) outlines the way in which Early Childhood professionals in partnership with families and other professionals collect, plan, act and reflect on evidence of learning and development. A key aspect of this evidence should consider and "value the culturally specific knowledge about children and their identity, wellbeing, learning and development that is embedded in their communities"

(DET, Victoria, 2016, p. 13). Nevertheless, research into assessment of young CALD children shows that professionals working in the field require further guidance in evaluating and assessing children with diverse language and cultural understandings. Support is required to choose relevant assessment tools, and to acquire professional knowledge about developmentally appropriate assessment and family-centred assessment practices (Banerjee and Hutchison, 2010). Family-centred practice is important when working with CALD families so that diversity of children's backgrounds is valued as a key factor in on-going learning.

There is a need for enhanced knowledge and expertise in language assessment by teachers (McKay, 2006). Early Childhood teachers not only require an understanding of a child's development of their first language but moreover, they need to understand principles of second language acquisition. This second language acquisition knowledge could help mitigate the chances of bilingual practices being assessed as speech and language disabilities rather than behaviours associated typically with second language acquisition (Guiberson and Atkins, 2012). Many children who cannot speak English or who have limited English do function in their home language and therefore understand how to use language and even learn through language. Bilingualism is an asset and research shows that when children become proficient and literate in their first language those skills are transferred to a second language (Cummins, 2000). Therefore, it is important that Early Childhood teachers appreciate that all children hold the potential to develop language skills in more than one language even if they are experiencing delays in language development or other disabilities (Banerjee and Guiberson, 2012). A focus of the present research involves documenting Early Childhood teachers' knowledge and practice in terms of catering for CALD children participating in an Allied Health screening program and the ensuing professional learning implications.

Assessment for learning is central to the Australian Early Years Learning Framework (DEEWR, 2009). It defines assessment for children's learning as "the process of gathering and analysing information as evidence about what children know, can do and understand. It is part of an ongoing cycle that includes planning, documenting and evaluating children's learning" (p. 17). Furthermore, assessment supports educators in partnership with families, children and other professionals in planning for children's learning, communicating about progress, identifying where

support is required, evaluating programs and approaches, and reflecting on pedagogy suitable for the context.

The changing demographics of the Australian population means that assessment practices need to consider the needs of children from a range of diverse backgrounds. Assessment is about children, whatever their cultural and linguistic background, being able to show their skills and understandings in a variety of culturally sentient forms. Young children from CALD backgrounds need to be presented with opportunities to show what they know, what they can do and how they communicate, in a variety of ways, (Connor, 2011). The NAEYC (2009) elaborates on this point and states, “Effective curriculum and assessment systems do not underestimate children’s abilities. Instead, they create multiple, often nonverbal ways for children to demonstrate interests, knowledge and skills” (p. 2). The literature suggests that rich, descriptive, authentic assessment methods are required that are appropriate for children from CALD communities (Banerjee and Guiberson, 2012). Therefore, screening tools need to be made meaningful and accessible to a child’s linguistic and cultural framework.

In sum, ongoing assessment of young children’s language and early literacy skills provides meaningful information for programming and planning. Feedback is relayed about what teachers already know, what skills are demonstrated and the strengths and gaps in learning for each child (Meiers, 2016). This information is particularly pertinent for children from CALD backgrounds who are learning English, learning through English and learning about English (Halliday, 2004) whilst perhaps still acquiring their home language.

In this article, we report on Stage One of research into an Allied Health screening program that was conducted in three disadvantaged kindergartens in the south-eastern corridor of Melbourne, Australia. We focus on a CALD-related theme gleaned from the narratives collected by the researchers from Early Childhood teachers, Allied Health professionals and management representatives of the kindergarten organisation. A crafted insight of the perceived experiences of the screening program for children from CALD backgrounds is contextualised within current scholarly debates. What emerges from these narratives is that acknowledgement of children’s linguistic capabilities, family-centred practice and flexible assessment practices are key to the implementation of appropriate screening processes for young CALD children. In conclusion, we advocate that professional learning be provided for

Early Childhood teachers so that they can make informed decisions about assessment and programming for the diversity of children in their care. We begin by outlining the screening program and the methodological underpinnings of the work.

The Screening Program & Context

A pilot screening program was conducted in three kindergartens in the south-eastern corridor of Melbourne, Australia during 2015. In early 2016, the screening program was repeated in these kindergartens. The AEDI Census results from 2015 showed that children in this corridor were significantly at risk developmentally in language and cognitive skills, (9.7%) communication and general knowledge (14.7%), physical health and wellbeing (11.6%), social competence (15.3%) and emotional competence (16.9%). 20.9% of children were vulnerable on one or more domains. These statistics influenced the choice of kindergartens to participate in the program.

The screening program involved an occupational therapist and speech pathologist taking a snapshot of children's cognitive, sensory-motor, physical, language and communication abilities. In all, the program screened approximately 150 three and four-year-old children. The intent behind the broader program was to assist teachers to develop more targeted programs for young children at cohort as well as individual levels, deliver programs that respond to these identified needs, provide ongoing development of teachers and families in responding to children's needs, and develop linkages and pathways with educational and community health services.

Methodology

Narrative Inquiry was employed to capture the storied complexities that arise when examining the possibility of change to people's beliefs and practices (Andrews *et al.*, 2013; Polkinghorne, 1995). This methodology allowed researchers to consider temporality, sociality and place (Clandinin and Huber, 2010) while gaining insights into the professional knowledge participants used to respond to the screening program. Temporality is embedded in narrative, "not just succession in time, but change through time" (Andrews *et al.*, 2013, p. 11) with researchers seeking to uncover and interpret the stories of transformation through extended time in the field and use of multiple and varied data collection methods. The dimension of sociality meant researchers considered not only

the interactions between the participants and their Allied Health colleagues but also the Early Childhood education policy context in Australia that influences the nature of professional practice and professional discourse. Finally, attention to space ensured that the very particular demographic physical context for this study informed the data analysis. This is particularly relevant in terms of the assessment needs of CALD children, their families and their teachers.

In 2015 - 2016, during Stage One of the research, two researchers had extended contact in the field for a period of twelve months. Focus groups of 45-60 minutes were conducted with (i) four Early Childhood teachers, (ii) three Allied Health professionals and (iii) two parent groups. Three semi-structured 30 – 60 minute interviews were conducted with the CEO and pedagogical leader of the kindergarten organisation. Three individual semi-structured interviews were periodically conducted with the four Early Childhood teachers. These interviews were of 30-40 minutes in duration.

Four pre-determined categories for inquiry (Kim, 2016) were the focus of the guided questions; these were the mechanics of the screening, intentions of the screening, family-centred practice and the use of data. The intent was to probe the experiences and understandings of the interviewees about the screening program. The subsequent individual interviews allowed for teachers to elaborate on points made in the earlier focus group and provided an opportunity for researchers to gain a more personalised insight into how the screening program was understood by the teachers.

Data from the interviews and focus groups were analysed using a paradigmatic mode of analysis (Polkinghorne, 1995). The initial four categories of inquiry were examined for “common themes or salient constructs in storied data” (Kim, 2016, p. 196). A subtheme that emerged was related to the flexibility of the screening program to address the assessment needs of children from CALD backgrounds. In the next section, the screening program for children from CALD backgrounds will come under discussion in terms of recognition of children’s emerging linguistic capabilities, family-centred practice, and flexibility in screening processes. The findings suggest the need for ongoing professional learning for Early Childhood teachers so that they can make informed judgements about the educational needs of a diversity of children.

Findings

The three kindergartens involved in the screening program had identified cohorts of children from CALD backgrounds. The overarching focus of the discussion about the screening program for children from CALD backgrounds was centred on its appropriateness and sensitivity to the language skills and communication capabilities of this cohort of young children. The narratives about the screening program for this group of children raised a range of issues around monitoring second language acquisition and the implications for professional learning. The following findings provide a glimpse of the participants' experience and understandings of the screening program. Direct quotes are used to represent participants' understandings and perceptions. All names are pseudonyms.

Assessment and EAL Children

Standardised assessment tools can be problematic for children from CALD backgrounds due to cultural and linguistic bias. This bias pertains not only to the selection of the assessment tool to be used but also in the way it is implemented (Banerjee and Guiberson, 2012). Research shows that culturally and linguistically responsive screening processes are required to gauge young children's strengths and needs as this cohort are potentially at risk of over-identification and at times, under-identification due to errors in screening processes (Guiberson, 2009).

The Early Childhood teachers and Allied Health professionals were asked to describe the screening experience for children who have English as an additional language. Annie, an Early Childhood teacher, pointed out that some of this cohort did not undertake the screening program due to second language concerns. She suggested that this issue needs to be attended to so that the program meets the language assessment needs of these children:

I think another interesting thing that came out (of the screening program) was for example where we couldn't do some of the speech assessments with our children because they were just learning English so there needs to be some way of addressing that... *I think [this kindergarten] is one of the most culturally diverse centres, so if this program's going to continue...* (Focus Group).

From Annie's perspective, the exclusion from the screening program of emergent English language learners was appropriate

and sensitive to their needs. What comes out of the narratives is that the program was in a pilot stage and full consideration had not been given to the breadth of language assessment issues related to CALD learners. Early Childhood teachers adjusted and made decisions about the screening process on a case by case basis.

When this issue of screening children from CALD backgrounds was raised in the Allied Health focus group, the occupational therapist commented that the screening program was founded on children being able to understand and follow instructions. That is, a degree of competency in expressive and receptive English language skills was necessary to enact the directions being given:

And with OT understanding instructions and being able [to follow them]. We look at instruction following all the time and just the simple action of understanding an instruction, to execute it -- that's based on their ability to understand what you're actually saying. So [language] shades everything (Focus Group).

When children are not familiar with the language, resources, processes and conventions used during an assessment, difficulties can occur. Banerjee and Guiberson (2012) point out that 'method bias' can be an issue, particularly for children from CALD backgrounds. Children may be asked to respond to a string of arbitrary or disconnected instructions or asked to interact with resources which are unfamiliar to them. These activities may not be part of their 'funds of knowledge' (Moll, Amanti, Neff and González, 2005); that is, unrelated to the toys or materials they play with at home or in their communities. Screening programs assume, as the occupational therapist indicated, that children can understand instructions and are familiar with the assessment materials.

The narrative inquiry was grounded in the need to gain a better understanding from a range of stakeholders of the screening experience. Given the concern in the scholarly literature that children from CALD backgrounds can be over- or under-identified by assessment regimes (Guiberson, 2009), the intent was to examine and document more closely what was happening for these language learners. The narratives to date suggest that the screening program was being shaped to attend differently to the needs of this cohort and this resulted in some EAL children not being screened. Next, the notion of family-centred practice will be examined for its positioning in the implementation of the screening program.

Family-Centered Practice

Research reveals that positive relationships between educators and families shape the quality of Early Childhood education and care (Hughes and MacNaughton 2001). A child's parents and family are key to finding out what a child can do and not do. It is important to provide opportunities for families to give information about the child's everyday experiences and the learning opportunities they have access to at home and in their community (Banerjee and Guiberson, 2012). Leah, an Early Childhood teacher, described how she conversed with the parents to gauge the children's level of English prior to participation in the screening process:

So, this year we were asked if we thought any children needed an interpreter and ... I spoke to the parents of the children and they felt the children had enough English that they didn't need an interpreter so we didn't get any interpreters in for my children (Interview 2).

Interpreters can address some of the challenges associated with assessment bias and the language barriers that may exist between children, families and screening teams (Banerjee and Guiberson, 2012). In this case, parents were actively involved in decision-making processes and asked their opinion as to whether interpreters were required. Some parents decided interpreters were not necessary.

In another instance, Annie, an Early Childhood teacher, described a strategy where parents took on the role of interpreters to assist the children to understand the questions:

Well, with some children, just one or two of the children, I got the parents to sit in to help with the questions. And also, that was a good experience for the parents because they got to be able to speak to the speech pathologist because a lot of the parents are very concerned that their children aren't developing well. So, that was quite good (Interview 2).

Annie negotiated for the parents to be interpreters so that they could gain a better understanding of the screening process and to enhance their access to the Allied Health professionals' expertise.

In another participating kindergarten, the Early Childhood teacher, Amber, maintained that several of the EAL children could communicate in English as their parents spoke English at home. They were competent in English and therefore, able to participate

in the screening program without a translator:

... we do have some [children with] English as a second language but it didn't really impact on the screenings because their parents speak so much English to them at home. So, they do have two languages ... They were still able to participate without a translator (Interview 2).

Amber acknowledged that the children 'have two languages'. She positioned the children as learners with cultural and linguistic abilities who can understand and communicate in more than one language. Amber's comments located the children within a strengths' based paradigm linguistically. She recognised that the children's second language acquisition was influenced by family and community linguistic practices. This information swayed her decision to allow the children to participate without a translator in the screening process.

Facilitation of active meaningful family involvement in Early Childhood education is supported by the literature and Early Childhood policy. Forging links between kindergarten, home and community is valuable for all young children but can present challenges when working with families from diverse language and cultural backgrounds. The NAEYC (2009) discourages the employment of family members as interpreters for assessment processes as they argue, they are not appropriately trained and relationships and information can be compromised. It also contends that young children can seem superficially competent and fluent in English as a second language but may find it easier to demonstrate and learn new concepts in their first language and cultural context. They argue that assessors need to be made aware of the linguistic abilities of multilingual children to consider any discrepancies in screening findings. Hence, decisions about the use of interpreters for assessment practices can raise contentious and complex issues.

The NAEYC advocates for culturally and linguistically appropriate assessment tools and practices when assessing young children (NAEYC, 2009b). Therefore, it is important for Allied Health professionals to be informed of children being screened in, and through, a second language and that Early Childhood teachers seek information from parents about children's linguistic abilities. The narrative inquiry highlighted the need to have open and effective communication strategies between the various stakeholders involved in the screening program.

Leah, Annie and Amber took into consideration families when making judgements about the screening program for CALD children. These Early Childhood teachers justified their actions as being grounded in their experiences and knowledge of the children. In bringing together three different scenarios, we highlight the way that Early Childhood teachers made different decisions about similar assessment practices. Examining these decisions against policy brings the policy-practice divide into light. Through stories of practice we can consider more deeply the relationships constructed between professionals and families, practice and policy, researchers and Early childhood practitioners, and what the role of professional learning is in this interplay (Bristol & Ponte, 2016). The location of professional learning in screening programs for CALD children will be considered next in this report.

Professional Learning

Leaders in Early Childhood education face unparalleled challenges with the advent of a range of recent frameworks including the Australian National Quality Framework (NQF) and the National Early Years Learning Framework (DEEWR, 2009). Leaders can guide best practice and assist Early Childhood teachers to cast a critical lens over assessment and teaching and learning processes. Early Childhood leaders facilitate professional learning opportunities and the development of pedagogical capacity in the Early Childhood workforce to bring about reform and attain quality outcomes for children (Stamopoulos, 2012).

The Allied Health screening program was an initiative of the CEO of the management organisation. The CEO had a vision that through identification of children's strengths and needs Early Childhood teachers could better plan and implement targeted programs for this cohort of young children. The pedagogical leader, Marnie, was given the task to coordinate the program. Marnie provided insights into the needs of not only children from CALD backgrounds but moreover, the professional learning requirements of the Early Childhood teachers. She drew on the notion of equity in relation to the screening program and contended that Early Childhood teachers need to be better versed in second language acquisition theories:

I also think we need to do some research into linguistics, how you get an overview of a child's language who has ESL. How do we do that if it's not using a translator?... If there's a problem

in both languages, is there a sort of language deficit or is it just they're learning ESL? I think we really need to build our capacity in understanding that if we're doing everybody and we're doing it equally... We're striving for [equity], aren't we? We're striving to break down those barriers. The more we do it, the more we learn and the better we get (Interview 2).

Screening children from CALD backgrounds draws into question what is appropriate assessment practice. Marnie raised pertinent questions about Early Childhood teachers' knowledge of linguistics. As a leader, she recognised the need for professional learning in second language acquisition principles. This recognition links with research that demonstrates that professional learning in language acquisition, working with CALD families, inter-cultural communication and development of a critical awareness enhances Early Childhood professionals' understandings in culture, language and diversity (Banerjee and Guiberson, 2012; NAEYC, 2009).

Professional Learning, whether in terms of working with other professionals in the field or attending more formalised programs, is part of Early Childhood teachers' reformation of their professional practice. It can aim to shift practice in line with changing societal expectations and resources, or realign practice in accord with evolving learning theories and policies (Butler et al., 2004). Sarah, an Early Childhood teacher, talked about the impact the Allied Health screening program had on her pedagogy in terms of language learning practice. She described how it helped her rethink existing knowledge and skills:

I don't think it's (the screening program) really taught me anything I didn't know but I think it's helped to remind me and make me think about how I'm doing those things every day and really think about the way I talk to the children. And making sure that I'm not just always giving them the answers to things or doing things for them and predicting what they want. So really making sure that we're encouraging children to use language (Interview 3)

The literature does not clearly define how best to engage Early Childhood teachers with professional learning that is relevant and current. That is, how to construct professional learning programs so that they meet Early Childhood teachers' contextualised needs and bring about meaningful change is a big question (Butler et al., 2004). This becomes a greater issue when considering the assessment needs of children with varied linguistic abilities.

The screening program is only a first step in meeting the assessment needs of CALD children. Identification serves an isolated purpose unless it is bound up with learning, both for children and Early Childhood teachers. Connor (2011) stimulates thinking around these issues by asking: “If we are concerned about some children’s progress, do we look critically at our learning programs, and make changes or do we assume that the problem lies with the learner?” (p. 11). Leah sees the need for ongoing professional learning. This professional learning, she suggested, needs to focus not only on assessment but furthermore, on how to revise programming and teaching, while taking into consideration assessment results:

as a team, it’s made us realise that we are quite knowledgeable because some of the children we did already pick up. But then it’s highlighted to us that we don’t know how to support them after that. So for one of the children we’ve been speaking about today it was highlighted that his comprehension and understanding through the language is quite low but then we’re not sure how to further support that. ... there are definitely areas that we need to work on ourselves and we’re trying to find out how do that. We seek out that information? Where do we get that from? (Interview 2)

The screening program, as Marnie and Leah pointed out, has not just identified children’s needs but also a professional learning focus for Early Childhood teachers. Attention to professional learning could support teachers to fulfil the requirements of national and state Early Childhood frameworks and plans, and to evaluate and reflect on programs and pedagogy that cater for specific cohorts of children, including children from CALD backgrounds. Targeted professional learning programs could assist Early Childhood teachers to jointly construct their own rich, descriptive and authentic assessment procedures (Banerjee and Guiberson, 2012). Collaboration with other professionals, for example Allied Health professionals, could assist with the construction of such practitioner-oriented assessment tools.

Conclusion

The participant narratives elucidated how the screening program was challenged by an array of issues for children for whom English is an additional language. Allied Health professionals and Early Childhood teachers spoke of the ways in which they needed to

show flexibility in accommodating the language needs of children. Several strategies were instigated for EAL children in consideration of their specific language and communication requirements. These strategies included exclusion of some children from the screening program, involvement of parents in active decision making about whether children should be screened or not, and the use of parents as interpreters.

Yet policy provides alternative perspectives on these strategies that were used in practice to meet the assessment needs of CALD children. Policy also advocated flexible assessment practices, the notion of family-centred practice and acknowledgement of children's linguistic capabilities as key considerations when screening EAL children. However, these strategies played out differently across the policy and practice contexts. This interplay heightens questions of compromise and equity, 'muddying the space' (Bristol & Ponte) of assessment for CALD children. Advocating for professional learning opportunities that assists Early Childhood teachers to plan and implement language assessment practices that address the needs of linguistically diverse communities is one response. This response could initiate a shared vision in terms of rich, descriptive and authentic assessment (Banerjee and Guiberson, 2012) that assists with understanding the early learning of children with a range of linguistic capabilities.

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