SUPPORTING DUAL LANGUAGE LEARNING: A PROGRAM FOR PRESCHOOLERS FROM REFUGEE BACKGROUNDS

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In response to the recent arrival of a large number of refugee families in Québec, we developed an early intervention strategy to support the language of refugee children. Between 2016 and 2019, we implemented and fine-tuned the program with more than 100 children through community organizations and schools, and gradually extended our focus on Syrian preschoolers who had recently arrived to Canada and compared them to other groups of children. The program's focus on language and communication was especially fitting for preschoolers, given the importance of the early years in children's linguistic and psychosocial development. This paper describes the development and implementation of the program in Montréal, Canada, with a focus on the importance of integrating support of the language of both home and school.

En réponse à l'arrivée récente d'un grand nombre de familles de réfugiés au Québec, nous avons élaboré une stratégie d'intervention précoce en ce qui a trait au soutien de la langue des enfants réfugiés. Entre 2016 et 2019, nous avons mis en œuvre et peaufiné le programme auprès de plus de 100 enfants par l'entremise d'organismes communautaires et d'écoles, et nous avons progressivement étendu notre action aux enfants d'âge préscolaire syriens récemment arrivés au Canada et les avons comparés à d'autres groupes d'enfants. L'accent mis par le programme sur le langage et la communication était particulièrement adapté aux enfants d'âge préscolaire, étant donné l'importance des premières années dans le développement linguistique et psychosocial des enfants. Cet article décrit l'élaboration et la mise en œuvre du programme à Montréal, au Canada, en mettant l'accent sur l'importance d'intégrer le soutien linguistique à la maison et à l'école

As researchers and clinicians in the field of speech-language pathology, we sought to respond to the large number of children arriving as refugees in Canada. A response was important and timely as the Canadian government has focused on welcoming families since 2016, and thus many refugees are children and youth (Wilkinson, et al., 2017). We built on our expertise as researchers studying young children and our background in speech-language pathology. In the preschool period, speech-language pathologists work with early childhood educators, teachers, and health care professionals to screen for communication difficulties and reduce the risk for language delays through early intervention. Based on our expertise in

early bilingual language development, we developed a two-pronged approach: a knowledge translation initiative that targeted teachers and clinicians, and a direct approach to support language development at home and at school that was informed by the refugee experience. This paper provides an overview of our direct approach.

BACKGROUND

Among the many consequences of civil war and subsequent migration is the interruption of formal education (United Nations Security Council, 2015; Sirin & Rogers-Sirin, 2015). Following their arrival in a host country, children who are refugees can continue to face challenges: inadequate educational placements resulting in marked differences for some children between their age and grade level, and discrimination due to their refugee status, language, and beliefs (Shakya et al., 2012). In addition, the difference between the child's first language and the language spoken in preschool or school can prevent them from understanding what is taught, asking questions, or interacting socially with peers, and can thus have negative repercussions on their achievement and well-being (McBrien, 2005; Shakya et al., 2012). However, the solution is not necessarily to deliver early intervention solely in the majority language of the host society. There is evidence that support of the first language development can help children succeed at school and ease acculturation, and promote children's sense of belonging in their families and connection to their country of birth (Portes & Rumbaut, 2001). Children's abilities in the first language can also positively influence their development of a second language (e.g., Armand, 2005); thus, educators are encouraged to support children's first language which can children's foster metalinguistic awareness (Armand, 2005).

While we believe dual language support can contribute to the resettlement of both school-aged and preschool-aged children, we found that the services available for younger children were either less systematic or less accessible. We conducted an environmental scan of services in Montréal, which showed that while daycares, drop-in parent-child sessions, and activities at local libraries exist, they were typically offered in only in French, the official language of the province. When services were offered in other languages, these targeted somewhat more established communities of new Canadians within the city. As a result, we found that the parents we worked with were often not aware of these resources and were not clear on how these resources might benefit their child. Additional barriers accessing these resources included transportation, particularly in colder months, and their limited knowledge of French. We also observed that many families experienced a challenging transition from home to school: children often had limited proficiency in the language of schooling, the expectations of Canadian schools were often quite different, and children often had difficulty being separated from their parents. In addition, little research had been conducted to identify best practices in supporting children and their families during this transition.

LANGUAGE STIMULATION PROGRAM FOR CHILDREN WHO ARE REFUGEES

Facing this gap in available services and in the literature, we developed a program that focused on language and communication in early childhood and that built on approaches shown to support the language and communication in young children. This focus on language and communication was essential given the importance of the early years in children's development, including for immigrant (Rong & Preissle, 1998) and refugee children (Sokoloff, Carlin, & Pham, 1984). While early language stimulation programs have been developed for particular groups of children (e.g., late talkers or children with developmental disorders), we have not found programmatic approaches designed specifically with multilingual children from refugee backgrounds in mind. Our program is adapted in part from a published, evidence-based, language-focused curriculum (Bunce, 2008), designed to be implemented by speech-language pathologists in collaboration with early childhood educators and teachers. This curriculum is organized around themes to provide a shared context for communication (Bunce, 2008). Our language stimulation program also incorporates the reading of stories related to the session's theme. More specifically, we employ dialogic reading. Dialogic reading shares features with other interactive or "shared book reading" approaches (Trivette & Dunst, 2007), but employs a unique set of techniques to increase the child's participation in storytelling and allow for adult scaffolding of the child's language. Results from systematic reviews of dialogic reading suggest that while there is variability in the way that it is applied, it is an effective way to support vocabulary, grammar, and narrative production in children up to at least age six years (see Mol, Bus, de Jong, & Smeets, 2008; Trivette & Dunst, 2007). Furthermore, studies of young dual language learners show that dialogic reading can benefit their language (Tsybina & Eriks-Brophy, 2010) and early literacy (Huennekens & Xu, 2016).

Our program brings together previous approaches for supporting the language abilities of young children and applies them to an underserved community of refugee children. The key innovation of our approach is to provide dual-language stimulation to refugee children by (a) supporting and enriching their first language and building on this knowledge to introduce the language of schooling, (b) providing culturally appropriate activities, and (c) collaborating with parents, community organizations, and school personnel. Our paper outlines how the program was organized, how we provided an enriched language environment, and how we incorporated children's home language.

The program consisted of eight to ten weekly sessions of 60 to 90 minutes, offered to children aged three to six years, who were either not yet attending school (in Québec, children must be five years old by September 30th to enter school) or who were in kindergarten. The weekly sessions followed a similar sequence beginning with a welcome activity, followed by storybook reading, dramatic play, snack, a group activity, and ending with a goodbye activity. By using a consistent sequence, our intent was to provide structure and predictability for the children. For some children, this was their first experience in a "preschool" environment, and thus the predictable structure improved their participation in the activities.

As in Bunce's curriculum, our program was organized around themes, adjusted to include the recent experiences of refugee children. For example, themes included the family's recent journey (incorporating physical travel as well as emotion words to capture the journey's significance) as well as current experiences, such as going to the grocery store. The themes were explored through interactive storybook reading, socio-dramatic play, and group activities (e.g., jointly creating/constructing something or playing a collaborative game). As was the case for themes, materials were selected and developed to represent children's experiences and cultural and linguistic backgrounds. These themes also provided opportunities for children to build linguistic and conceptual bridges between their lives at home, community, and school.

The enriched language environment was provided through the systematic introduction of new vocabulary and diverse linguistic forms that were aligned with the themes. These were introduced by modelling their use, expanding children's utterances, and promoting talk between the children. Collectively referred to as "language support practices", these systematic strategies have been shown to positively influence first language skills (Bouchard et al., 2010) and have also been recommended for dual language learners (Kelly, 2015). We also provided visual supports for new vocabulary and for the sequencing of activities. By building the weekly sessions around a theme, we were able to reinvest the vocabulary knowledge in different activities and support the child's use of new words.

Finally, we incorporated the children's home language in the sessions using varied strategies, such as teaching words and phrases, reading and creating dual language books on the weekly theme, engaging children in play in their home language, and using audio-recordings of books or phrases. We had the pleasure of working with student volunteers who were fluent in Arabic and who were studying in related areas (e.g., speech-language pathology, educational psychology, psychology). These multilingual student volunteers contributed to adapting material to the languages spoken by the children, developing take-home material for the child in their home language, and participating in the small group sessions to provide input in the home-language. In return, they gained hands-on experience and received training in working with small groups of preschool-aged children. By incorporating the child's home language, we were able to build meaningful bridges to their second language and create an environment where the home language was valued.

LESSONS LEARNED

From the beginning, we have taken a formative approach to the program's design and implementation. While our goal was to provide the most effective program possible, we knew that timely support of the newly arrived refugees from Syria precluded an extended piloting stage prior to launching the program. With a formative approach, we have reflected systematically on the intervention as it has been carried out and modified it as necessary to allow the goals to be met, to identify unanticipated factors that could influence effectiveness, and to identify promising new directions.

Following each offering of our program, we documented what worked and what challenges we encountered, and thoughtfully adjusted the following offering of the program. For example, when we first began the groups, we changed themes weekly as we hoped to introduce a broad range of vocabulary, and maintain children's interest. However, we found that this time was insufficient to meet our goal of children putting the new vocabulary to use. As a result, we extended themes to three-week periods and have found that this duration was optimal for incorporating new vocabulary and generalizing its use across a number of contexts, while maintaining the children's interest. Another example of a modification concerned the size of the groups and the number of adults. We began with groups of eight to ten children with one or two adults but later found that it was important to routinely have at least two adults and to keep the group size under 8 children. The smaller adult:child ratio provided support for all children and ensured that all children participated in the activities. A third example was the incorporation of strategies to support children's participation, peer interactions, and focus as these groups were among the first "preschool" experiences for many children, and they were not yet familiar with expectations of this context. These techniques included having a consistent schedule of activities, developing and reviewing three "promises" for the group (e.g., we are nice to our friends, we try to speak Arabic and French, we listen), and encouraging behaviours that were on task. By consistently and clearly supporting positive behaviours, we observed clear improvement in participation in the activities. By documenting these modifications, we were able to build iteratively on what we had learned when beginning a new group.

By working closely with families, we identified several factors that influenced the effectiveness of our program. The weather was an important factor within the Canadian context. For

these families, navigating difficult winter weather could be challenging. Families would simply opt out of a weekly session. As a result, we re-worked our timetables and have since avoided programming in December, January and February, in most cases. We also observed unanticipated changes due to the resettlement process. Some families moved from their first housing situation to a second, which tended towards a greater dispersion of families and challenges in accessing public transportation. As a result, we had to review where we held our sessions and develop new community partnerships to facilitate the participation of families. We also developed partnerships with neighborhood schools to provide the program for children in kindergarten (MacLeod, Meziane & Pesco, accepted). These sessions provided additional support to children, enhanced their learning, and provided opportunities for knowledge exchange with the teachers and school-based speech-language pathologist. These adjustments improved the participation of families and the number of children we could reach.

A new direction we are developing is to enhance the role of the parent in sessions. We began with parents simply observing their child during the group sessions. More recently, we have begun to integrate parents in the group sessions, and to work with them to enhance their child's language learning. We developed goals and strategies to help parents support the language development of their children; for example, following the child's interests in play, encouraging singing, storytelling and nursery rhymes in the home language, and expanding on the child's statements. By partnering with community groups that provide language instruction to recent immigrants, we have built on parent's strengths by using their new knowledge of French and their mastery of their first language to help us translate passages from children's books. Working with the parents has also provided insight with regards to parenting and cultural practices in their community. For example, the kindergarten curriculum in Québec emphasizes learning through play – a framework for education that was unfamiliar to many Syrian families we worked with. By participating in our program, the parents were initiated to this framework and provided with an informal context for asking questions and understanding this educational framework. Parents have expressed their pleasure at being included in a learning environment with their child where they can understand and interact with few language barriers.

CONCLUSION

Our innovative program aimed to support the resettlement of children and their families in Canada, by supporting children's early language development (MacLeod, Meziane & Pesco, accepted). With this in mind, our program built on evidence-based approaches that included a language-focused curriculum (Bunce, 2008) and dialogical reading (Trivette & Dunst, 2007). The resulting program is innovative in four key ways: we focus on dual-language stimulation, we build on first language knowledge to introduce the language of schooling, we provide culturally-appropriate activities, and we collaborate with parents, community organizations, and school personnel. In addition, our program has provided rich experiences for our student volunteers: students learned from one another, students who spoke Arabic were able to use this knowledge within the groups and in developing materials, and students learned from their experiences in welcoming new Canadian families. We have adopted an "open-source" approach, whereby we made freely available the tools we developed for working with this vulnerable community to educators, community workers, and speech-language pathologists, who have a critical role to play in supporting the language development of refugee children. We have developed a workbook (Jaber, Meziane, Pesco & MacLeod, 2019), hosted workshops, and provided coaching to speech-language pathologists who sought to implement this approach. The program has been recognized locally (i.e., by the University of Montréal) and awarded at a provincial level (i.e., Muslim Association of Canada, Forces Avenir) for its role in engaging the community and university students. In sum, we have been honored to work with more than 100 children who are refugees and their families, and to collaborate with community centers and schools in Montreal.

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