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Order in the chaos. Nurses' perceptions of multilingual families in a society marked by a monoglossic ideology

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ABSTRACT

This paper explores the connection between nurses' multilingual beliefs and their advice on multilingual parenting to families with young children. Data was gathered through video-stimulated reflection dialogues with 11 nurses employed at infant welfare clinics in Belgium. Our analysis disclosed two salient counter topics regarding participants' multilingual beliefs: order versus chaos. The latter refers to nurses' view of multilingualism as a linguistic imbroglio. By 'order', we understand the benefits of multilingualism for cognitive and emotional development, provided that the multilingual environment is strictly regulated, particularly through the rigorous adherence to a consistent multilingual parenting strategy. Nurses' panacea for this linguistic farrago is manifested in their advice to multilingual parents. Their recommendations are consistent: multilingualism can only be advantageous for children through a functional language segregation within spaces (i.e. home versus school) and individuals (i.e. One-Parent-One-Language). Nurses' positive perspective on multilingualism thus hinges on the condition that home languages are neatly transmitted in which the acquisition of the school language will not be impeded. Our findings illuminate how nurses' ostensible multilingual orientations are in fact coloured by a monoglossic ideology in which multilingualism is acknowledged from a monolingual vantage point: as the simple sum of separate languages.

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Introduction

Half a millennium ago, Bruegel applied the final brushstroke to his collection of oil paintings depicting the construction of The Tower of Babel, a myth from the Book of Genesis according to which a monolingual humanity was being punished for their megalomania by confounding their speech resulting in the world's linguistic diversity. Yet after all this time, the story of the Babylonian confusion of tongues still reverberates, for multilingualism is often portrayed as a byzantine phenomenon and a nuisance in societies with monoglot ideologies (Piller 2001). It is nonetheless an everyday part of life for most human beings (Romaine 2013) and with the upsurge of global migration, the number of multilinguals will only proliferate.

Children growing up in plurilingual households learn that languages are used for multifarious motives in their lives and that languages have different functions dependent on the situation. These children need meaningful and consistent experiences to acquire the languages of their speech community. However, many parents feel insecure about how to guide their children in this process, and available information about best practices on multilingual parenting does not

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always reach these families. Consequently, a dearth of clear guidance may deepen their puzzlements. Two sectors that can offer support and inform parents about children's multilingual acquisition, are Early Childhood Care and Education (ECCE) and public health care, for they can effectively reach otherwise difficult-to-reach populations such as low-income, linguistically diverse families (McCabe et al. 2013). Whilst these domains could indeed be valuable transmitters of evidence-based information on multilingual childrearing, little is known about their workforce's beliefs about multilingualism and their messages to families. The objective of the present study is therefore to explore the connection between nurses' multilingual beliefs and the advice on multilingual parenting to families visiting infant welfare clinics in Belgium. But before we throw light on our findings, we first describe recent international research on language ideologies in education and early childhood.

Marooned in the monolingual mindset

Whilst it is often believed that multilinguals possess independent language systems in their minds, in fact, they choose and utilise language-specific elements from a sole language-non-specific mental language repertoire. This process is known as translanguaging (Vogel and García 2017) and it acknowledges that the boundaries between one's languages, at least from a cognitive perspective, are nebulous. This in part explains why, in practice, many multilinguals shuttle back and forth between languages within one speech segment (i.e. 'language mixing'). However, the idea that languages are not clearly separated from one another in the multilingual brain and that there is a cross-fertilization between one's tongues, often clashes with the accepted norms in societies. Languages are still regarded as detached 'autonomous systems', thus conceptualising multilingualism as a set of parallel monolingualisms (Heller 2006, 5). The prevailing Western ideology is that language mixing is an anomaly – as neither fish nor fowl – for it deviates from the ideal monoglot speech (Bailey 2007). The notion that multilinguals' languages should be tightly regulated, is often manifested in the language policies (LP) of governments and organisations. LP does not exclusively involve the official, de jure, or overt decisions about language; but also the unofficial, de facto, or covert ideologies and practices (Schiffman 2006). Moreover, overt LPs are often expressions of aspirations, yet the endeavoured policy is not always put into practice. There is no guarantee that communities will adopt explicit formulations of official LPs and there may even be grassroots resistance to LP decision-making being imposed from the top-down (Shohamy 2006). This chasm between policy and practice is embodied in Spolsky's (2004) conception of LP in which a distinction is drawn between three components: language beliefs, practices and management. Beliefs refer to what individuals and speech communities think about language, practices involve people's language use and management includes all attempts to influence others' language practices or language beliefs. These three interconnected and independently describable elements jointly lay the foundation of a language policy (Van Oss et al. 2022).

In terms of beliefs on multilingualism, many parents deem the principle of language separation to be the ideal vehicle for sidestepping child language mixing (Caporal-Ebersold 2018). These beliefs translate into multilingual practices and into the management of multilingualism in terms of strategies on how to deal with the presence of multiple languages in a given environment. An example of such a practice is to exclusively employ the minority language within the family nexus and to use the majority language in the speech community where one lives (e.g. at school) (Piller 2001). A well-known example of management of multilingualism is the One-Parent-One-Language (OPOL) method, which is a multilingual parenting strategy that adheres to language separation and is often pursued in families with parents of different language backgrounds (Barron-Hauwaert 2004). The approach requires caregivers to speak exclusively in their own language to their offspring, thus expecting that the child will respond to each parent in the suitable language and learn both languages actively, without intermingling. Piller and Gerber's (2021) investigation of parents in an Australian online forum of parents discussing their offspring's multilingual

development, established that parents regard OPOL as the recipe for a successful multilingual upbringing. Moreover, the study described that this forum was filled with apprehensions about the potential speech delay or language confusion as a result of children's multilingualism. Nevertheless, in that study, these concerns were often dismissed by parents as 'temporary' and counterbalanced by the long-term advantages of multilingualism.

Language ideologies and hierarchies in education and early childhood

Insight into professionals' language ideologies is imperative, given their potential impact on multilingual families and their language practices. As for education, De Angelis' study (2011) involving schoolteachers from Italy, Austria and Great Britain showed that many teachers recognise the overall cognitive benefits from being multilingual, for prior language knowledge may *contribute* to learning other languages. However, her data points towards an inherent contradiction in teachers' beliefs, given that teachers are concerned that the L1 may *interfere* with the acquisition of the school language (L2), and hence home languages (HLs) are seldom acknowledged in the classroom. Pulinx, Van Avermaet, and Agirdag (2017) investigated teachers' language ideologies in Flanders (Belgium) and found that an overwhelming majority of teachers believe that pupils should be *forbidden* to speak their HL at school and almost a third of teachers agree that pupils should be punished for speaking their HL, because many teachers believed that HL exposure in the classroom is detrimental for their scholastic performance. An 'us/them' bifurcation often materialises in polyglot contexts such as educational settings. This schism between 'natives' and 'non-natives' is characteristic of nativist ideologies (Guia 2016). Nativism draws a line between 'us' (e.g. 'our' language) and 'them' (e.g. 'their' heritage languages) and warrants the preservation of privilege for the self-proclaimed native community. Multilingualism is thus a paradoxical reality (Agirdag 2019), for it is concomitantly regarded as an enrichment and as a cause for educational underachievement. This is partly due to the different treatment of status languages and migrant languages (Agirdag 2019), for the value of a language is set on the value of its speakers, as languages are far from socially equal (Bourdieu 1977, 652); which is often manifested in language hierarchies. In the case of education, the language of instruction – and thus the dominant language in societies – is placed at the top of the language pyramid, while the languages of low SES migrants are often placed at the bottom of the hierarchy.

This is also noticeable in the context of early childhood. Willoughby (2014) studied migrant-background families with deaf children in Australia and the communication advice they receive from oralist and signing early intervention services. She found that oralist providers advised parents to speak only English with their deaf child, thereby disregarding the importance of maintaining the families' HLs in the child's life. The overriding importance of L2 was also ascertained by Benz (2017), whose study in a bilingual childcare facility in Australia, showed that – notwithstanding educators' prima facie positive attitudes towards multilingualism – professionals believed that it may engender confusion and delay in children's general language development and have repercussions for their L2 acquisition. Similarly, a study by Van Gorp and Moons (2014) into Flemish ECCE, revealed that educators were doubtful as to whether the integration of L1s at the childcare facility can reinforce – rather than delay – L2 learning. However, socioemotional motives (e.g. comforting) induced educators to occasionally allow toddlers' home languages at the facility. Sierens and Ramaut (2018) also found an open-mindedness of Flemish preschool teachers towards multilingual classroom practices in which toddlers' L1 development was stimulated to create a safe learning atmosphere. Children's socioemotional well-being was stressed, because cherishing HLs fosters children's sense of belonging in the classroom and recognises their multilingual identities. So crucially, despite early childhood professionals' seemingly more tolerant attitude towards home languages than schoolteachers, their practices appear to go hand in hand with concerns about the implications of this openness for children's further scholastic career, where proper L2 proficiency is considered essential for academic success. Nevertheless, more research into early childhood workers'

multilingual beliefs is needed, and especially the mismatch between these practices embracing – to some extent – the HL and beliefs about the negative impact that the latter might have on the L2 development, requires more investigation.

Aim of this study

According to Shohamy (2006), researchers and policy-makers alike seldom heed the implementation of LP into practice. All too often, *overt* (i.e. official and explicit) LP formulations are given precedence over *covert* (i.e. implicit and de facto) LPs at the grass-roots level. Yet when it comes to LP, appearances can be deceiving and therefore Schiffman (2006) advocates for a deeper understanding of these more subtle LPs which are often hidden from the public eye. This paper accepts his invitation by exploring the connection between grass-roots agents' multilingual beliefs and their advice on multilingual parenting to families, specifically by examining to what extent the hypothesised mismatch between tolerant practices towards the inclusion of the HL, and fears about the negative effects that children's multilingual development might have at school, is crystallized into professionals' advice to parents.

Methodology

Research context

This study was conducted in infant welfare clinics, which are organised by the Flemish Community and located in the Flemish or Brussels-Capital Regions of Belgium. The Community's official language is Dutch and it operates a rigid monolingual policy, albeit its linguistic reality is much more miscellaneous with an increasing language plurality in the Flemish region over the past decades (Pulinx, Van Avermaet, and Agirdag 2017). In 30% of children born in 2019, the language used between mother and child was not Dutch. Other languages most spoken in households are French, Arabic, Turkish, and Romanian (Kind&Gezin 2019). The clinics are under the aegis of 'Child & Family' (Dutch = Kind & Gezin), which is an agency of the Flemish government. However, the clinics need not comply with the Flemish language regulations due to their provision of health care to (vulnerable) families with young children (Van Gorp and Moons 2014). Against this backdrop, the agency's LP embraces multilingual communication with families at the clinics and it encourages home language maintenance in multilingual families alongside the stimulation of Dutch (Kind&Gezin 2012). The centres are run by a team of nurses, physicians, family support workers and volunteers who deliver medical, psychosocial and educational prevention to parents with children up to three years old. Physicians mainly monitor children's physical development, nurses provide preventive medical support and proffer parenting advice, family support workers offer minority language assistance to families and volunteers are responsible for the reception of families. As the service provision is free, they reach approximately 90% of parents with newborns (Child and Family n.d.).

Participants

We applied purposive sampling to recruit professionals. As nurses evaluate and discuss children's language development, they were the participants of this study. To collect a diverse sample, a geographical selection was made of the clinics. We sought nurses working in officially monolingual Flanders, in urban environments and in clinics located at the border of the Brussels Region, where language sensitivity might be an issue due to the neighbouring region's official bilingual nature. Nurses were contacted by email with the invitation to take part in video-stimulated reflection (VSR) interviews on the topic of multilingualism. Our final sample consists of 11 nurses, who were divided over the targeted regions. All nurses were women, their age range was 30–61 years (M = 43) and work experience ranged from 7 months to 39 years (M = 18). As for their language

backgrounds, ten nurses were raised monolingually (Dutch) and one nurse was raised bilingually (Dutch and French). However, all nurses speak English and French (and some also Spanish and German).

Modus operandi

Data collection took place in October–November 2020 and was two-phased. First, each nurse was observed during a 4-h consultation session during which service encounters with multilingual families were videotaped. At the waiting room, parents were asked for their informed consent to film their consultation, to which two of fifty-nine multilingual parents declined. In the second phase, VSR dialogues were held, which involved playing nurses videotaped recordings of their consultations with multilingual families and discussing various facets of these recorded interactions. In ordinary interviews, informants are asked to remember their actions when faced with certain social situations. In contrast, the application of VSR, which originated in the work of Tobin, Wu, and Davidson (1991), makes participants reflect on their behaviour while directly being confronted with recorded illustrations of themselves in interaction with families (Dempsey 2010). After watching the videotapes, participants were first asked one of the following questions: 'Can you describe to me what is happening in this video?' or 'What are the first thoughts that come to mind when you watch this footage?', to uncover their genuine perceptions of the images. These first reflections also served as stimuli for further questions. Additionally, a semi-structured interview protocol was used. Interview questions were clustered into three themes, predicated on Spolsky's (2004) LP framework: nurses' *practices* (i.e. their experiences and communication with multilingual families), their *beliefs* about children's multilingual acquisition and home language maintenance and their advice (i.e. *management*) on language matters to multilingual families. Interviews were conducted between one to six working days after filming. Over this period, the footage was edited by selecting excerpts showing nurses' examinations and advice on children's multilingual development. Interviews were held at the nurse's office, lasted between 75 and 129 min (average duration: 102 min) and were thereafter audio-taped and transcribed verbatim. Pseudonyms were employed (N1–N11) to protect interviewees' confidentiality and quotations were translated from Dutch into English. We adopted an inductive approach where insights were allowed to bubble up from the data by conducting a thematic analysis on the interview transcripts, as proposed by Braun and Clarke (2006). In the open coding process, transcripts were perused line-by-line and labels were assigned to text fragments. Subsequently, in the axial and selective coding phases, recurring patterns of meaning were looked for by collating codes into overarching themes, assembling all data applicable to each theme; which were then divided into sub-themes. Next, a coherent pattern across the themes was sought by reviewing each theme's extracts and defining the main themes (Mortelmans 2017). The fruits of this method are presented in the following section.

Results

We first contrast nurses' positive viewpoints of multilingualism with its prerequisites and potential adverse effects, followed by a report of nurses' concerns about language mixing, their approaches to resolve it and how this is manifested in their recommendations to multilingual families.

Multilingualism as added value

Most nurses voiced analogous opinions on their conception of multilingualism; that is, it is considered a 'useful tool' which provides children with a head start in later life. Some nurses concurred that a multilingual environment is 'an enrichment for the child'. Furthermore, all nurses wholeheartedly believe in the importance of children's home language development, for which the grounds were twofold. Some nurses stressed the *socioemotional* value of the HL, in the parent–child

relationship, as it is part of one's identity and it serves as the primary vehicle to transfer one's emotions, like one of the nurses explained:

> it is most natural that you speak your mother tongue with your child, that you think and feel in that language and that you automatically share your children's songs and things that come to mind, your pure emotions, that is more logical in your mother tongue, and maternal love is so powerful, that you should actually do it in your mother tongue, because it comes so spontaneously. (N9)

Most nurses, however, emphasised the *cognitive* advantages of a good mastering of the L1. In this respect, two rationales were proposed. Firstly, nurses agreed that parents should speak their L1 – which is presumably the language they know best – to their offspring to provide high-quality language input. If the parent would communicate in L2 – a language which they do not master perfectly – they will pass on mistakes, which will consequently be reflected in children's language production. Secondly, some nurses were convinced that L1 is the cornerstone for the acquisition of L2:

> the mother tongue is the language they know best […] it serves as the basis to acquire another language. […] It's like building a house, you first need to lay solid foundations to erect walls and construct a home […] To be able to learn other languages you need a good basis. […]when a child lacks that basis, that foundation, the house will sag. […] The house may endure [laughs], but it will be crooked and, it will need support beams. (N8)

Whereas the cognitive value preponderated over the socioemotional value, they were not necessarily mutually exclusive; as four nurses enumerated cognitive as well as socioemotional benefits for children's L1 development.

Necessity of L2, despite value L1

The eleven nurses are in unison that parents should speak their L1 to their children, and not to worry about their L2 acquisition, for it will, in any case, be learned at the nursery or at school. From that perspective, some nurses underlined the pivotal role that the nursery plays in the preparation of multilingual children for the L2 immersion that will occur at school:

> If that child goes to a Dutch-speaking nursery, she will learn Dutch […] if that child does not go to the nursery, then within three years she will go to school […] and she will not speak a word of Dutch and then it's already ruined in advance. (N3)

Whilst most nurses had faith in children's L2 acquisition, notwithstanding an exclusive L1 home context, many believed that children should nonetheless have acquired some basic L2 proficiency before going to school or the nursery. This L2 input could be provided via television, the radio, siblings or other family members. This way, toddlers can express themselves, and consequently, the transition from an L1 to L2 milieu will be less confounding. Additionally, whereas multilingual parents are told to solely speak their HL to their offspring, there was nevertheless unanimous agreement that parents should learn the majority language. Most nurses emphasised the interest of the child, for parents' L2 knowledge is indispensable to communicate with the school and to provide homework assistance; some nurses, however, found it above all necessary for the parents themselves, as one nurse expressed:

> Knowing Dutch is important and especially when children go to school. In time, your child will understand things you won't understand. And if they want to, they can totally bamboozle you. (N10)

Repercussions of a multilingual home environment

While there is a solid degree of valorisation of multilingualism and support for children's L1 development, there are nonetheless boundaries to nurses' espousal. To begin with, many nurses fear that more than three languages is too much for a child's language development, as this may provoke confusion among children. Others elucidated that while multilingualism definitely has its perks, it can be quite toilsome. Therefore, a limit of two L1s at home alongside the L2 at school or at the

nursery is believed to be feasible, but exceeding that limit would hamper the child's language development. Moreover, eight nurses acknowledged that, although every child has its own rhythm, most multilingual children tend to exhibit a slower language development. However, some nurses clarified that children's speech delay is not necessarily due to their multilingualism, but rather, because of a lack of language stimulation at home. One nurse explained that this particularly pertains to multilingual children from low SES families, but other nurses believe that it is primarily a cultural matter. In certain cultures, some nurses expound, parents are not inclined to talk much to their offspring or read books with them. One nurse remarked:

> You notice that with those African families […] they let their child do their thing and they don't explain anything and they don't talk to their children or they just mumble a bit to them. (N6)

Clearly, such statements reflect deficit beliefs about multilingual households, which seem to be all the more negative when multilingualism intersects with a non-western migration background or a low SES in the family.

Confusio linguarum

Virtually all nurses are perturbed that parents' language mixing is befuddling for young children. They maintain that clarity is key in a child's linguistic progress and strongly recommend parents to implement 'structure' to avoid 'chaos' in children's minds. Whilst the negative connotations attached to language mixing seem to be viewed from a monolingual perspective, surprisingly, one of the strongest opponents of mixing strategies was the bilingual nurse:

> Then you notice that the child says one word in that language and then another word in that language and then […] I think that that is really just chaos for some children in their minds. I think that babies and children need structure anyway, for their development and […] to develop their own personality and their own way of thinking and if you start talking all languages at the same time then it just won't work. (N2)

Parental language mixing is broadly interpreted by nurses and may include intrasentential or intersentential code-switching, but it may also more generally apply to a caregiver speaking more than one language to a child. Furthermore, nurses believe without hesitation that parental language mixing inexorably induces children's language mixing.

N10:	they're going to mix faster […] mixing up words like that. I have seen a child who said donnez-moi *(French)* un appel *(Dutch)* [*translation: give me an apple*], come on, those are the kind of things [laughs] you can come across. […] They simply mix them together.
Interviewer:	Is that problematic, do you think?
N10:	problematic, yes, […] it's interesting that you know what language you're speaking, isn't it? If you mix it all up, it's more difficult, I think. It's more confusing

Nevertheless, some nurses view child language mixing as a linguistic feature that will fade away in due course. They have faith in children's language capacity, and explain that, eventually, children's temporary 'language mishmash' will evolve toward a clear separation of pure and unsullied versions of their languages.

Protecting toddlers from a linguistic imbroglio

Participants uniformly believe that it is their task to give families advice on multilingual parenting, for language is viewed as an integral part of a child's holistic development. However, some nurses admit that they only have fifteen minutes per family and other matters such as the child's weight evolution and the administration of vaccines are often at the top of the agenda. In spite of this time constraint, some nurses stressed the *necessity* of offering families advice on multilingual parenting. They surmise that parents do not always know how to approach multilingual childrearing and that it is therefore necessary to guide them in this process. Because, they clarified, the lack of a consistent multilingual parenting strategy (i.e. the prevalence of a potpourri of different languages at home without any

agreement on who speaks what and when) will have long-term, future-oriented consequences for the child. This endeavour is crystallised in a twin-track approach. Firstly, the language imbroglio is being circumvented through a functional segregation of milieus. Parents are recommended to preserve L1 in the home context whereas L2 should be exclusively employed at the nursery or at school. Secondly, as for the implementation of L1s *within* the family nexus, another dichotomy is proposed to prevent a language jumble: home languages should be linked to locations or caregivers. An example of the former can be found in the following quote:

> The advice that we, […] have to give to parents, is to implement structure, so that it is clear to the child. So, you can, as a […] parent, teach your child multiple languages, that's no problem at all. But make sure there is some sort of regularity in it. And I try to explain to them, that, for example, when you are at home, you always speak French. If you go outside, you always speak Arabic. Or if that's too difficult, then, for example, you speak one language in the bathroom, and in the rest of the house, you speak something else. That there is a handhold for children […] because […] it is often a mishmash'. (N1)

As regards the language allocation to caregivers, the nurses included in the current study seem to support the OPOL principle. They advise multilingual parents to adhere to this method, because they believe that it creates mental clarity in toddlers' minds. However, no account was taken of the potential intricacy of the parent(s) possessing more than L1. The nurses were therefore presented with a case of a multilingual household in which the mother is from Brazil and was raised with Portuguese and Spanish and the father is Belgian and has two L1s: French and Dutch. When asked how the OPOL principle could be applied to such a linguistically diverse family, one nurse reflected:

N10:	I think you have to say […] 'we'll split up, mum speaks that language, dad can still speak another one, but don't add a third language, because […] then it becomes terribly difficult
Interviewer:	But if the parents don't share one of these two languages to communicate with each other, what do they do then?
N10:	[laughs] that's difficult. Then everyone has to stick to their own language towards the child.
Interviewer:	But at the kitchen table, how would they do that?
N10:	Well, then they switch when they speak to the child in that language.

Multilingual parents are thus expected to make a choice and opt for one of their home languages in order to effectively implement the OPOL strategy, even if they are equally good at both languages. When asked where nurses had learned about children's multilingual development and the OPOL strategy, a diverse range of answers was encountered. The more experienced nurses had attended a workshop on multilingualism or children's linguistic growth in the past, however, they questioned the up-to-datedness of their knowledge. Other nurses had been informed by more experienced colleagues or could not remember where they had gained their information.

Discussion and concluding remarks

This paper's purpose was to explore the connection between nurses' multilingual beliefs and their advice on multilingual parenting to families. From our analysis emerged two salient counter topics: order versus chaos. 'Order' entails nurses' acceptance of multiple languages in a context, if – and only if – languages are allocated a clear function which is non-negotiable: within individuals and in spaces. However, anything that overrides these demarcations, engenders 'chaos', that is, nurses' view of a mishmash of languages. Nurses' panacea for this linguistic farrago is manifested in the provision of advice to multilingual parents. Their recommendations are homogenous: multilingualism can only be beneficial for children through a functional language segregation of milieus (e.g. L1 at home and L2 at school) as well as an implementation of the One-Parent-One-Language principle within the family nexus.

We ascertained a trickle-down effect of the organisation's language policy into nurses' language ideologies, as the organisation's support for home language maintenance is reflected in nurses' recognition of the importance of children's HL development. The grounds for nurses'

acknowledgement are twofold: socioemotional and cognitive. The argument for L1's socioemotional value has been emphasised by early childhood workers in previous research (Sierens and Ramaut 2018; Van Gorp and Moons 2014). In our study, it was especially L1's *cognitive* value that came to the fore, thus showing more concurrence between nurses and teachers, who seem to recognise prior language knowledge as a stepping stone for the acquisition of additional languages, albeit not in the classroom (De Angelis 2011). Surprisingly, the socioemotional asset seems to play only a secondary role for parents themselves, as Piller and Gerber (2021) found that parents view multilingualism primarily as an academic and economic advantage for their offspring.

In spite of these positive beliefs about multilingualism and home languages, we encountered a kind of stalemate, a cognitive short-circuit, so to speak. On the one hand, nurses recognise that parents should speak their home language to their offspring, to guarantee exposure to high-quality language input; a conviction which is indeed substantiated by research (McCabe et al. 2013). Nurses assume that when multilingual parents communicate with children in L2 – a language which they presumably not master perfectly – this will result in the transmission of linguistic errors, which will then be reflected in children's language output. On the other hand, the reality that these toddlers will inevitably become multilingual individuals, by acquiring an L2 alongside their L1(s), may produce side effects such as cerebral confusion and resultantly language mixing. Hence, despite nurses' views of children's multilingual habitat as an 'enrichment', they discern boundaries to the delights of a polyglot upbringing. This particularly applies to the number of languages present in the household, for too many languages are viewed as being mentally confounding for toddlers, and might delay language development. Concerns about speech delays seem ubiquitous, including among multilingual parents and early childhood educators (Benz 2017). Piller and Gerber (2021), however, found that parents consider it as an evanescent inconvenience, outweighed by multilingualism's long-term benefits. In this study, the perceived language delays are not necessarily ascribed to multilingualism. Instead, some nurses clarify that the cause is a scarcity of language stimulation at home. Such seemingly innocent statements reveal that despite nurses' enthusiasm for linguistic diversity, they still have deep-seated deficit perceptions about multilingual families.

Another boundary to nurses' espousal of multilingualism, is the fear of language mixing; an apprehension often shared by parents (Caporal-Ebersold 2018; Piller and Gerber 2021). An idea prevails that parental language mixing ineluctably engenders language mixing among children and that language mixing – in the broadest sense – is equivalent to *chaos*. Curiously, we found an internal contradiction for several nurses argue that child language mixing is a temporary phase which will pass naturally in due time, as children's 'language mishmash' evolves toward a multilingual configuration in which languages are detached and uncontaminated, thereby themselves minimising the assumed negative impact of parental language mixing on children's long-term language development. An antithesis thus materialises between two opposite poles: the *temporal* versus the *continuous*. Our data reveals that some nurses regard language mixing as a temporal phenomenon; in contradistinction to the notion of language mixing as something continuous, a permanent property of multilingual language use. The continuous perspective on language mixing thus recognises the hybridity of translanguaging as a new reality, as contended by eminent researchers in the field (García and Wei 2014; Otheguy, García, and Reid 2019).

Nurses firmly believe that the recipe for successful multilingual childrearing requires two indispensable ingredients: clarity and consistency. Interestingly, parents and professionals' perspectives converge in this regard, for Piller and Gerber (2021) found that multilingual parents also believe that consistency in the implementation of one's chosen strategy is of overriding importance in multilingual childrearing. Nurses' two ingredients coincide in the One-Parent-One-Language strategy as well as the advice to speak the L1 exclusively at home and the L2 at school, which are both unvaryingly recommended to parents. However, whereas parents are advised to exclusively speak the L1 at home, concurrently, some basic L2 input should be provided in addition to the fact that multilingual parents should learn the L2 to, in the future, assist children with their homework and communicate

with the school. Surprisingly, nurses do not fear that this L2 mingling in the L1 context of the home will interfere with children's language development.

An internal tension thus arises between nurses' language ideologies in the present and in the future. In the *present*, nurses encourage children's L1 development, because they believe it is important for parents to speak the language they know best to their offspring. However, when they think of the *future*, L2 is given precedence over L1, because nurses believe that Dutch is essential for children's education and functioning in society. Children should therefore become acquainted (in the present) to Dutch in their multilingual home context. As a result, chaos may arise due to the presence of L1(s) alongside L2 in the family sphere. This tension indicates that beneath nurses' espousal of children's linguistic wealth, traces of nativism emanate. The 'us/them' dichotomy that is characteristic of nativist ideologies (Guia 2016) is manifested in the appreciation of 'their' languages, but only to the point that the development of 'our' language (Dutch) is not compromised. In terms of language hierarchies, Dutch is located at the apex of the language pyramid. This is clearly reflected in the purely *auxiliary* role assigned to home languages. This finding was previously established in early childhood contexts (Benz 2017; Van Gorp and Moons 2014; Willoughby 2014) and education (Pulinx, Van Avermaet, and Agirdag 2017). Furthermore, in light of the Flemish Community's monolingual LP, which most Flemish schoolteachers rigorously adhere to (Pulinx, Van Avermaet, and Agirdag 2017), we ascertained that this is much less the case with nurses, who, all things considered, have the intention of acting in the best interest of multilingual children.

Spurred on by Schiffman's (2006) advocacy for more research into the subtleties of *covert* LPs, this study untangled the intricacies of grass-roots agents' implementation of policy into practice. We showed how nurses in their daily professional practice give sense to two opposing top-down policy forces: the rather positive and open-minded policies towards multilingualism in early childhood, and the official monolingual policy stressing the sole importance of the majority language at the detriment of home languages, in other domains. Nurses' synthesis of these two opposing forces is that even though multilingualism might lead to chaos in the longer term, structure and order starting at an early age through rigid bilingual management might attenuate the detrimental impact that multilingualism in their view will generate later on in life. With the results of this study in mind, the Child & Family agency could reflect on their stance on nurses' rigid separation of languages in spaces (e.g. L1 at home and L2 at school) and individuals (e.g. OPOL) as a sine qua non for a flourishing multilingual development. Our data shows that participants have had little to no training on children's multilingual development; hence, investing in training initiatives would be an effective means to address this and bring about change, through nurses, and ultimately in multilingual families.

In conclusion, this study made a substantial contribution to the field by investigating how nurses' language ideologies are crystallised into concrete recommendations to multilingual families. We unveiled tensions in nurses' beliefs in which a positive view on multilingualism hinges on the condition that home languages are transmitted in an orderly fashion in which the (future) L2 acquisition will not be impeded. This orderly fashion entails a functional segregation of languages in *individuals* (language devoid of mixing) and in *spaces* (education is expected to contribute to the development of L2 and L1 is learned at home). Nurses fear that if these conditions are not met, a linguistic farrago arises; that is, a potpourri of languages at home without any agreement on who speaks what and when. Nurses believe this farrago will result in children's language mixing, which is viewed as an undesirable outcome of multilingual childrearing. Representative of a separate space within this multilingual order, the educational setting is expected to be fully devoted to the acquisition and learning of the L2, with no (or only limited) attention for the L1, which, if present, could interfere with or even impede successful acquisition of the L2. Nurses' conception of successful multilingualism thus corresponds to a set of *parallel monolingualisms* (Heller 2006) and their ostensible multilingual orientations are in fact coloured by a monoglossic ideology in which multilingualism is acknowledged from a monolingual vantage point: as the simple sum of separate languages

instead of as the result of interacting linguistic codes that shape individual language use into a unique product (García 2013).

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