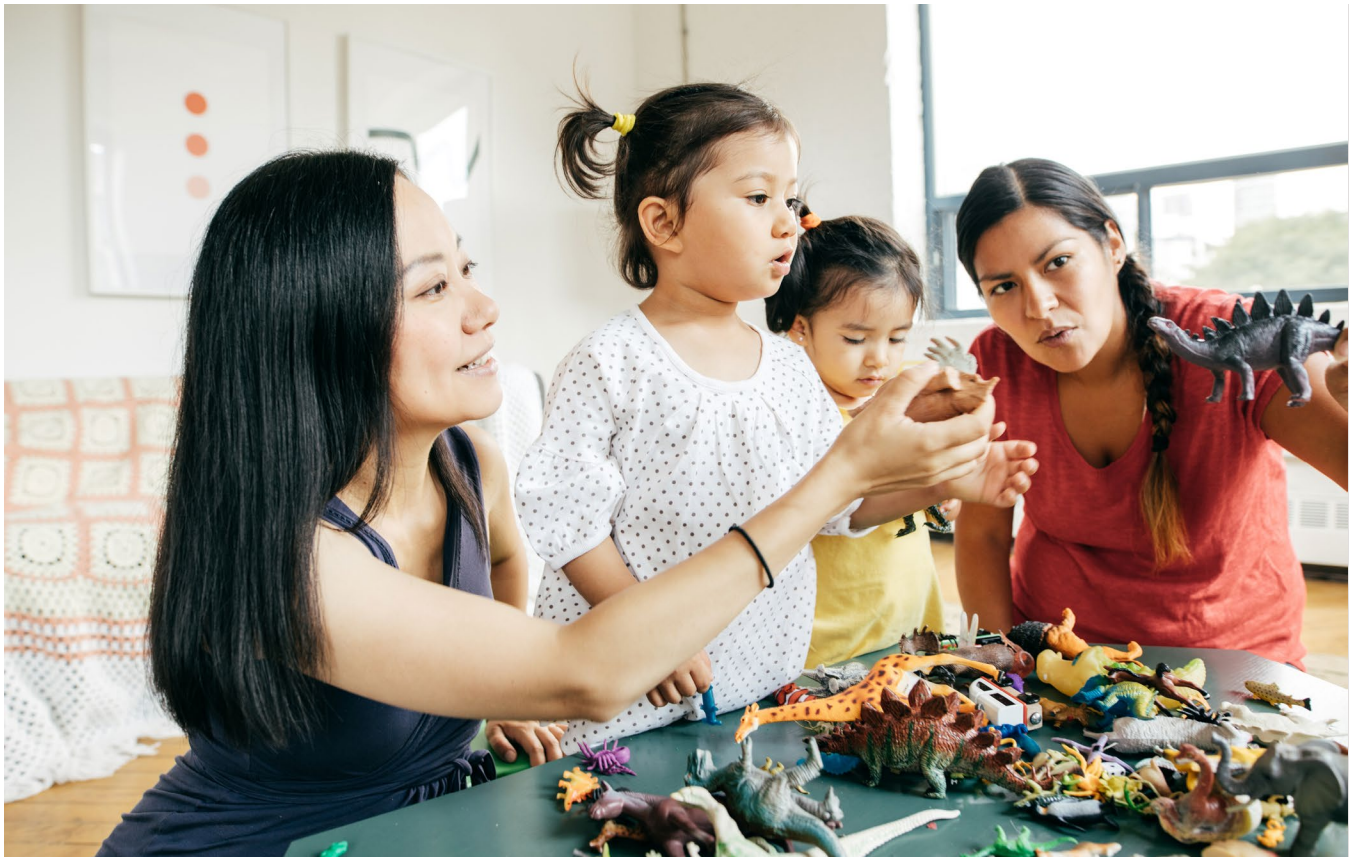
Listening to Chinese, Filipino, and Latinx Family Child Care Providers During the Pandemic:

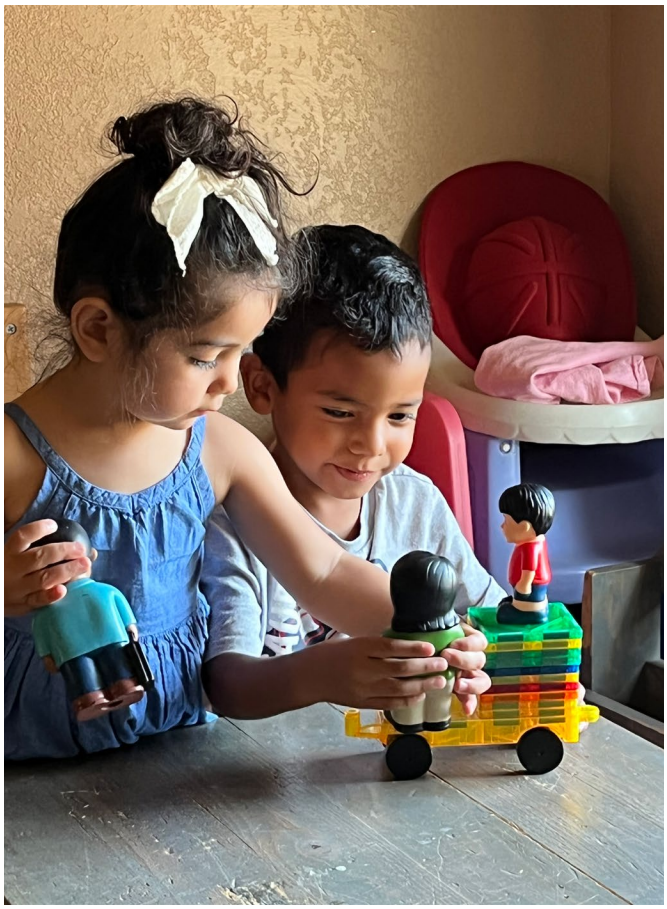
Implications for Serving Dual Language Learners and Their Families

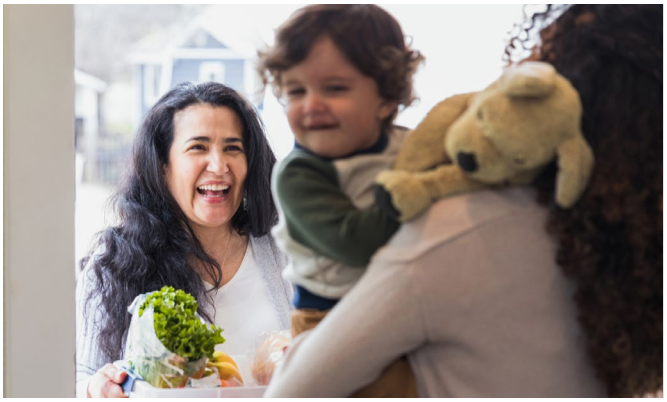
COACH SUMMARY

CAMPAIGN FOR QUALITY EARLY CHILDHOOD EDUCATION

CALIFORNIANS TOGETHER







COACH SUMMARY

> “It is the relationship part that keeps them in the field.”

Ten coaches serving providers working with Dual Language Learners and their families were interviewed via Zoom regarding their perceptions of the assets and challenges faced by providers during the pandemic and the resources they rely on for assistance. The coaches did not necessarily work with the Family Child Care Providers (FCCHs) interviewed for this study. All coaches had a minimum of two years of experience and were bilingual or multilingual in either English/Spanish or English/Cantonese/Mandarin. With the exception of one coach who served exempt providers, all coaches worked with licensed providers. No coach was located who worked with Filipino/Tagalog-speaking providers.

BACKGROUND CHARACTERISTICS

When asked how long the providers they served had worked in the field, the coaches answered that the experience ranged from around two to over twenty years in the childcare profession. Coaches reported that providers demonstrated variability in their household composition. Some lived with husbands and children; other households included their own mothers and fathers and/or in-laws. Many of the providers were older women in their 50s and 60s. The majority of the providers were not born in the United States and received their educations in their native countries. The coaches did not know the exact number of years of schooling the providers had but commented on the variability found among their group.

According to the coaches, a few providers had taken courses at the community college focused on course requirements for the Child Development permit, and a few had completed an Associate's degree. One provider had a Master's in Early Childhood Education. Coaches indicated that providers were motivated to start their business as a means of taking care of their own young children while simultaneously earning income. Some providers became familiar with the business through relatives who were Family Child Care Providers. One coach indicated that one of her providers had taken over the business of her own mother as her mother aged out. For Chinese providers, limited English language capacity was a definite barrier to education here in the US, according to the coaches.

When asked whether the Family Child Providers' incomes were sufficient, a number of coaches did not know. For providers in the city of San Francisco, there was additional funding that was not found in other localities. For example, during the pandemic, San Francisco continued to pay Quality Network providers for enrolled children regardless of attendance. For Chinese participants, a particular issue was medical benefits. The coaches of these providers commented that there is a focus on income thresholds for public supports. For example, some providers said that they need to keep their income low to qualify for medical insurance and, in some cases, public housing. Some work second jobs in order to secure medical benefits. A coach serving Chinese-speaking providers said the providers do not want to apply for Food Stamps because of a sense of stigma. They want to be “*self-independent, they want to leave resources for those that need them.*”

When coaches were asked about how the providers describe their work, the most common response focused on the general objective of their work. The majority referred to the purpose of the work with an emphasis on maintaining a healthy environment, demonstrating ‘love,’ and having positive relations with families. The dichotomy between the role of providers as offering custodial care versus a focus on education was mentioned by one coach who said, “*some describe their program as a school, I am here to support the children in the learning process. I am a teacher.*” Others say, “*I am not a teacher, I am here to take care of the children.*”

THE ENVIRONMENT

When asked about the general environment of their settings and what providers did to support the children, coaches gave a number of examples where providers worked to create a positive socioemotional climate. These include hugging a crying child, speaking to children in a calm voice while crouching to be at the child's level, or continuing to hold an infant while conversing with another adult. One coach said that most use positive guidance and focus on creating a safe environment for the children. However, most of the coaches described situations where more educational or pedagogical approaches might be an improvement if they were integrated into daily routines. One said, "*...they need a little bit more interaction, expand the vocabulary when walking to the park, picking up leaves, how many, what color?*" Another coach indicated that "*...adults just want the kids to be obedient, want them to listen and don't talk.*" A separate coach added that one provider had difficulty in making the connection between an event and its causation. For example, they sprayed water in the air while the sun was out to show a rainbow, but they weren't able to explain to the children what made the rainbow appear. Two coaches mentioned that regimented routines did not create space for the kids' individual needs (e.g., not moving during circle time). And one provider had unrealistic expectations for how the children replaced their materials during the clean-up period. She commented, "*...sometimes we do things by instinct, but we don't know why.*"

When asked for examples of strengths shown by providers, coaches provided a variety of responses. However, because of coaches' work responsibility for quality improvement, a number of issues focused on particular ways that providers interacted with the children. For example, one coach mentioned how a provider would narrate or explain what they were doing when cooking with the children. Another suggested they use monkey figures of dissimilar colors and various facial expressions for a same-and-different exercise (e.g., show me all the happy monkeys). Another coach told interviewers how one of her providers planned weekly activities based on a theme, while another provider mixed pedagogical activities with technology-boosted family-related fun, like looping families in on WeChat to share photos with them.

PARENTS

When asked why parents chose these providers, there were varied responses. For the exempt care coach, she said they tend to choose someone they already know. For licensed providers, coaches indicated that parents look for flexible hours, location, and a desire for a family environment. The smaller number of children in home-based care compared to centered-based care was preferred. Parents heard about providers through word of mouth, previous experience placing their other children with a particular provider, the local resource and referral agency, or Wonder Care and We Care.

CULTURAL AND LINGUISTIC MATCH

The benefits of a cultural match between the provider and the child were explored. Coaches saw an advantage to a language and culture match, but they also noted the benefits of a cross-cultural match. A number of coaches noted that sharing a family's language and culture facilitated communication and provided a common understanding of parenting practices based on culture. Speaking the child's home language was also seen as reinforcing the child's culture.

The majority of coaches did not perceive that parents emphasized English acquisition over the home language as they felt that children would eventually learn English in elementary school. Two coaches who served predominantly Spanish-speaking populations noted that intracultural variability existed in cultural practices even among those who spoke a common language. In cases where the provider did not speak the parents' language, coaches indicated that providers use a Google Translate tone of voice, and a lot of body language to communicate. In the case of some Chinese-speaking providers, parents chose them because they wanted to have their children learn to speak Cantonese/Mandarin.

COVID EFFECTS AND CHALLENGES

Coaches noted several challenges associated with the pandemic. Chief among them was lost enrollment and the financial stress associated with a reduced income, the increased costs related to Covid protocols, and confusion over changing procedures and regulations. It was difficult to change their practices with children, such as holding infants' faces out, ensuring the children kept their masks on, not sharing toys, and limiting or eliminating contact with parents. Some coaches stated that many providers feared getting sick, and some did not want to reopen. "*Some just closed or retired or sold their business.*" Paperwork associated with applying for grants and loans was a challenge. As described by one coach, "*It was very overwhelming, their priorities changed. They focused less on paperwork (e.g., Ages and Stages Questionnaire, Desired Results Developmental Profile—DRDP), and they would not do it as before; less emphasis.*"

Challenges faced by providers consisted of financial viability, difficulties using technology, and English language capacity. The language challenge was mentioned by a coach serving Chinese speakers. They said, "*It takes a month or two for translation. When I hear equity, it seems sarcastic. If there is a workaround, we use our own time to translate. It needs to be better coordinated across the state.*" Also, one coach commented that the cost of mandated reporting training is borne by Chinese speakers but not English and Spanish speakers. This was deemed unfair. Another coach believes that using different languages presents difficulties for children and their families. The issue of serving special-needs children arose again when discussing challenges.

QUALITY RATING IMPROVEMENT SYSTEM (QRIS)

The Quality Rating and Improvement Matrix was the backdrop for coaches' work with FCCHs. When asked about their experiences in supporting providers with quality improvements, most coaches focused on (1) The challenge of conducting the required assessments and (2) How the educational requirement to gain a 5-star rating was unrealistic and unobtainable for many. As one coach said, "*Can't get a 5 without going to school and some aren't going to make it.*" Similarly, another coach noted, "*...need an AA degree or that type of thing; if there is no cohort, they will not get a degree, will get 24 units only.*" One theme noted by several coaches was how providers documented their observations. "*It is very hard for them to not write about their feelings...*" This coach indicated that they allow for 'feelings' but rework the documentation when entering it into their database.

One coach said that providers do not implement the required assessments in between assessment periods—but they panic when the assessment due dates get closer. The Family Child Care Environmental Rating Scale (FCERS), in particular, is viewed as unfair as some providers do not have the resources to change their physical environment (e.g., adding a ramp for disabled children). Conversely, although challenging, the Classroom Assessment Scoring System (CLASS) helps with communication with the children. And the Desired Results Developmental Profile (DRDP) alerts the provider to a child's individual strengths and weaknesses. For example, by using the DRDP, a provider noticed that a child who "*hadn't been able to read*" actually could read and would read to the rest of the children. Although assessment is 'not something they love,' some providers found Quality Counts programs had made modifications during the pandemic. With the conversion of FCERS to a questionnaire, the providers felt more comfortable with the assessments.

PROFESSIONAL DEVELOPMENT

What about the professional development needs of providers? Several observations arose from these specific interviews. First, coaches felt that providers needed assistance in serving children with special needs. Second, an overall theme was revealed, which focused on the necessity for more intensive and comprehensive support for providers that, for many, needed to be in their native language. Coaches stated that providers need bilingual services. As noted by one coach, "*not everything is available in Spanish." And "some of the Chinese information is given at a very minimal level.*" One coach felt that training offered in the evening when providers were tired from working all day prevented their full attention on the subject. Another coach felt that professional development training provided the first step but that support was needed for the actual implementation of practices. This coach said, "*...trainings that are not presented as activities with children (e.g., anti-bias, engaging with families) are not implemented as quickly. They would need a Professional Learning Community after the trainings.*" This sentiment is echoed by another coach who stated, "*...they may get it at a surface level, but they don't have a group to talk to.*" Overall, several coaches lobbied for the importance of social connections with other providers as a means of psychological support. One said, "*...providers need to talk to each other; if they stand on the same side, it is easier.*" Finally, if providers do not have accessible and appropriate material for their level of interest or in a language that they understand, they will, "*run their programs in their own way.*"

Technology for professional development during the pandemic presented difficulties. Technology challenges varied with the providers' individual expertise. Some providers had no computers, tablets, or internet access, which was an additional cost burden; and some did not know how to use email. Others received iPads through their participation in Quality Rating Improvement programs, had internet access, and managed relatively well. Training on applications like the use of Google docs has been a struggle for some. One coach said, "*... the less tech, the better for my group. They really want face-to-face; it has taken a lot for them to get up to speed on technology.*"

When asked about who providers identified as trusted messengers, most coaches agreed that turning to other providers and the coaches themselves was viewed as the first line of communication. Some, like those in San Francisco, have their own provider network that communicates through WeChat. Other resources cited were the resource and referral agencies and the regional centers. One coach endorsed Community Care Licensing as a trusted source.

CONCLUSIONS

A few conclusions and policy implications can be drawn from the responses of coaches who serve primarily providers born outside of the US and whose first language is not English. These providers have faced many of the same challenges faced by all Family Child Care Providers during the pandemic, regardless of their background characteristics. Issues such as loss of income, increased costs for pandemic supplies, and adapting to changing regulations have been common concerns. Some coaches are not sure the field will return to 'normal.' The pandemic has underlined the importance of hygiene (hand washing, disinfecting surfaces) and possible hybrid interaction (e.g., face-to-face and internet) as important lessons learned. Because young children are not vaccinated, providers must be very careful. As summarized by a coach, "*They will definitely need support to feel stable, they need more families to serve, more coaching, more resources, and more guidance.*"

However, what do coaches' perceptions tell us about providers serving Dual Language Learners? First, these providers are aware of cultural and language differences between themselves and the families they serve. Communication across languages is a challenge for many, and they try to manage as best they can by using Google Translate or adult children to help with communication. Second, they don't perceive

that parents are emphasizing English over a family's home language. Families placing children in these home environments have likely identified the provider's English language capacity prior to placement and have not prioritized English language development over their home language. Third, coaches filtered their understanding of providers through the lens of the Quality Rating and Improvement Matrix. Thus, they focused on helping providers align their interactions with children within the 'standard' pedagogical approaches advanced by the quality matrix. Although the Quality Rating and Improvement Matrix is helpful for some aspects of support, it may discount more grounded orientations of the providers that are also beneficial for healthy child growth and development. It is important to note that some quality measures are outside the providers' control, such as college degrees, access to outdoor space, and some indoor features given the constraints of their home or apartment. The current system of an overall rating leaves some hard-working providers who strive for excellence feeling defeated or undervalued and does not align with the elements that families use to define choice: word of mouth, family environment, location, schedule, and for many, a culture and linguistic match.

Coaches spoke of defining quality to focus on what providers do well and strengthening and improving what is possible. The one-size-fits-all approach to some Quality Rating Improvement System (QRIS) practices could be modified. For example, some providers are marked down for writing objective observations that include their pride or love for the "whole child." Can we train assessors and coaches to look for objectivity while allowing subjective comments of love and pride to shine?

The frustration about the unavailability of access and use of professional development training and resources in the provider's preferred language is a recurrent theme. Some coaches commented that the length of time it takes to get a formal translation causes a lag in understanding critical information, such as for changing Covid protocols. This lag inhibits timely responses from the Child Care Resource and Referral agencies even as bilingual coaches and Family Child Care Networks attempt to close these gaps. The challenge is to make the delivery of information consistent. Currently, providers outside of Family Child Care Networks and Quality Counts programming serving providers with coaches are left out of the communication loop, thus leaving them accountable to rules they had never seen.

This lack of attention to the need for information in their native language may relate to a provider's sense of self. One coach commented on the lack of confidence non-English- speaking providers feel. She said that because the provider could not speak English, they felt ill-informed because if "*I don't know English, I don't know anything.*" Professional development is not beneficial to many without the timely and appropriate translation of materials and the availability of multilingual support personnel who can deliver the necessary services. Although Spanish is the most common second language found in California, the need is different for various communities, such as San Francisco. In that city, providers would benefit from an established Chinese-speaking network of bilingual people who can offer written material in their native language. Not having that availability reduces the possibility of having the highest and best child care for our multilingual children and the providers serving them.


yellow
green
Hanes

ACKNOWLEDGEMENTS

This project was supported by the Heising Simons Foundation. The author thanks the Foundation for their additional assistance during the time of the Covid pandemic. The author also thanks the Family Child Care Providers who shared their work and life experiences, the Resource and Referral Staff who assisted with outreach and recruitment of participants, and interviewers who connected with Family Child Care Providers in their native languages. Special thanks to Angela Cabrera, Elizabeth Crocker, Allison Fuligni, Lisa Lee, Antonia Lopez, LaWanda Wesley, and Holli Tonyan for their advice and counsel at different points in the study.

ABOUT THE AUTHOR

Marlene Zepeda is Professor Emeritus at California State University Los Angeles. Her scholarship focuses on early childhood education for Dual Language Learners. She is a member of the Campaign for Quality Early Education, an advocacy group that focuses on the needs of young children whose home languages are not English.

FOR MORE INFORMATION CONTACT:

Californians Together
525 East Seventh Street, Suite 203
Long Beach, CA 90813
562-983-1333
info@californianstogether.org
www.californianstogether.org