

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

Implications for Serving Dual Language Learners and Their Families

EXECUTIVE SUMMARY



**CAMPAIGN FOR QUALITY  
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# EXECUTIVE SUMMARY

California's early childhood workforce is culturally, linguistically, and racially diverse, and their backgrounds reflect the demographic characteristics of the children and families they serve (CSCCE, 2022). This diversity appears to be greater for Family Child Care Providers (FCCHs) as they generally live and work in the communities of the families they serve. In fact, 42% of California's Family Child Care Providers were born outside of the US and are bilingual or multilingual. Sixty percent of California's young children come from homes where English is not the primary language (Holtby, Lordi, Park, & Ponce, 2017), so it is very common for non-English-speaking Family Child Care Providers to serve young children whose home languages are not English. Given the likelihood that non-English-speaking Family Child Care Providers serve Dual Language Learners,<sup>1</sup> they are in a unique position to support the continued development of a child's home language, which is essential as a foundation for second language development.



## RECOMMENDATIONS, POLICY, AND PRACTICE FOR NON-ENGLISH-SPEAKING FAMILY CHILD CARE PROVIDERS

- Incorporate Dual Language Learner criteria in the Quality Counts system that value the language and cultural strengths of non-English-speaking providers.
- Add a dedicated course on Dual Language Learners to the Child Development Permit.
- Fund translation and interpretation services to ensure that non-English-speaking FCCHs have equitable access to information and educational materials.
- Fund initiatives that expand the capacity of bilingual early childhood personnel to work with non-English-speaking Family Child Care Providers.
- Expand funding supports to Resource and Referral Agencies to serve Dual Language Learners and their families.
- Fund 'staffed family child care network' models or 'family navigator' models in Family Child Care Networks.
- Incentivize participation of non-English-speaking Family Child Care Providers in Professional Development.
- Provide dedicated technical assistance in multiple languages on how to use technology to access information and training.
- Expand Professional Development on the supports needed to serve DLLs and their families for Leadership and Administrative Staff, Coaches, and Teacher Educators.
- Fund state and local funding initiatives requiring that grantees build regional and cross-sector capacity through collaborative activities.

1. Dual Language Learners (DLLs) are children birth to age five learning two or more languages simultaneously or learning a second language while developing their home language.

A study was undertaken to identify the needs and concerns of non-English-speaking Family Child Care Providers to discover how their linguistic and cultural assets contribute to their work, understand their challenges, and determine what supports are needed. The policy question addressed here is:

## ***How can California's early childhood education system better support FCCHs in serving Dual Language Learners (DLLs) and their families?***

Nine Cantonese/Mandarin, nine Filipino/Tagalog, and ten Spanish-speaking licensed Family Child Care Providers were interviewed in their native languages in 2021. The Cantonese/Mandarin and Spanish-speaking providers were currently involved or had participated in quality improvement efforts through their local Resource and Referral Agencies. Non-English-speaking FCCHs were asked about the children and families they served, the challenges and supports experienced during the pandemic, working with parents, the provider's attitudes toward bilingualism, and their language use with the children. Ten coaches who worked with similar providers were interviewed about the FCCHs' assets, challenges, and how best to support them in their work.

### **Four general questions were posed in this effort:**

- 1** What assets and contributions do non-English-speaking Family Child Care Providers bring to their work?
- 2** What challenges and barriers do non-English-speaking Family Child Care Providers face in navigating the early learning system?
- 3** Who are the trusted messengers non-English-speaking Family Child Care Providers turn to for information and support?
- 4** What are some potential professional development approaches that are appropriate to support non-English-speaking FCCHs?





## WHAT WAS LEARNED

### RESPECT

All three groups of providers emphasize the cultural value of 'respect' as a major socialization goal in their practice. They stressed the demonstration of respect as a means of enhancing cooperation with adults and peers, attending to adult directions, and being polite.

### MENTAL MODEL

These FCCHs all utilize the 'love and affection' mental model when they describe their contributions to a child's development. The giving and receiving of affection is seen as the central source of satisfaction and motivation in their work. There is a need to reframe Family Child Care practice as one that views social interaction as the context for learning and cognitive development. It should not be viewed as a continuum of care that begins with custodial work and culminates with discrete learning activities associated with 'school readiness' as the higher endpoint. Rather, early childhood pedagogical practice needs to stress a 'whole child' approach where all aspects (e.g., social, physical, cognitive, etc.) of a child's well-being are valued and viewed to function interdependently.

## FAMILY SUPPORT

The primary source of both social and instrumental support for providers was their own family members. Spouses, adult children, and mothers and mothers-in-law often pitched in to assist directly with the children, and help with cooking and cleaning. Adult and teen children were particularly helpful in translating or interpreting from English to their native language. Staff from Resource and Referral Agencies, Community Care Licensing, and other FCCHs were also mentioned as sources of support.

## DLL QUALITY CRITERIA NEEDED

The Quality Improvement Matrix falls short in addressing the needs of DLLs by overlooking the importance of providers' perspectives about what constitutes quality. Currently, there is little to no focus on the specific needs of DLLs in the Quality Improvement Matrix. Providers in this study perceive the socioemotional connection between themselves and the children they serve as their most important contribution. The lack of alignment in the priorities of the Quality Rating Improvement Matrix and what non-English-speaking Family Child Care providers see as valuable may limit their engagement in professional development activities and contributes to a “loss” of language and culturally responsive practices.

## ENGLISH-ONLY MATERIAL

A major obstacle in accessing supports and resources is the lack of translated materials and early childhood personnel who speak providers' native languages. Language barriers constrain the providers' ability to access information on a timely basis, complicate their ability to use technology, and add to their sense of feeling devalued for their work. As noted in the accompanying reports, a majority of participants across all three language groups report experiences of discrimination due to their English language capacity.

## A NEED FOR A GREATER COMMITMENT TO BILINGUALISM

Bilingualism was viewed favorably among all provider groups. However, when asked about the language they use with children, both the Spanish and Tagalog/Filipino speakers primarily use English. The exception was the Cantonese/Mandarin speakers who regularly use Mandarin in their programs. The use of English over the home language may be attributable to a variety of factors, including the generational status of the children and families, parental preference for English, and the limited professional development for FCCHs in serving DLLs and their families. The commitment to bilingualism—resulting in the 2016 repeal of California's English-only policies—has not yet been fully integrated into the early education system.





## CLOSING

Non-English-speaking Family Child Care Providers contribute to the health and well-being of their communities by providing continuity of care for the many cultures and languages of the families they serve. These providers also offer children and families with dissimilar languages and cultures opportunities to benefit from a different way of experiencing the world around them. Although these Family Child Care Providers collectively demonstrate a high degree of perseverance in the face of challenges brought about by the Covid-19 pandemic, they also encounter a number of difficulties due to language and cultural barriers.

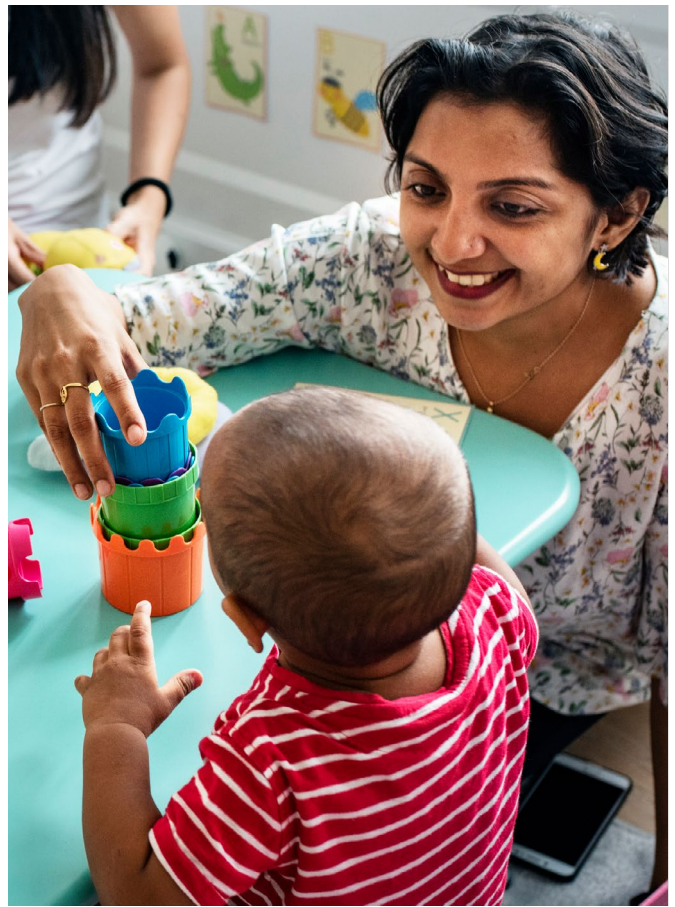
As California's early education field endeavors to fully embrace the contributions of the home-based workforce, an important lesson of the ongoing Covid-19 pandemic is how much California's economy depends on a robust early learning and care system that supports working families. Such a system requires that home-based care providers are viewed as vital contributors, equitably supported, compensated, and recognized for the value they bring to families and their communities. As California's early childhood landscape evolves, elevating the needs of non-English-speaking Family Child Care Providers in policy discussions will strengthen supportive approaches for this important segment of the workforce.

Full report(s) can be found at <https://californianstogether.org/publications-2/family-child-care-providers/>.

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## ENDNOTES

1. Center for the Study of Child Care Employment (CSCCE) (January, 2022). *Demographics of the California Early Care and Education Workforce*. <https://cscce.berkeley.edu/publications/data-snapshot/demographics-of-the-california-ece-workforce/>
2. Holtby, S., Lordi, N., Park, R., & Ponce, N. (2017). *Families with young children in California: Findings from the California Health Interview Survey, 2011-2014*, by geography and home language. Los Angeles: UCLA Center for Health Policy Research. <http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1619>





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