



Supporting a Diverse and Culturally Competent Workforce: Charting Progress for Babies in Child Care Research-Based Rationale

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Recommendation #5

Recruit, maintain, and support diverse and culturally sensitive infant and toddler providers and caregivers. Ensure the diversity and cultural competence of infant and toddler providers and caregivers in order to meet the needs of the state's children under three and their families.

"All children are cultural beings. Their beliefs, values, and behavior stem from rich cultural perspectives that are rooted in early experiences with their families and communities."

— Carol Brunson Day, "Every Child is a Cultural Being," in *Concepts of Care: 20 Essays on Infant/Toddler Development and Learning*.²

What does the research say about babies and toddlers, diversity, and cultural competency?

Children under three are racially, ethnically, and linguistically diverse.

There are more than 12 million babies and toddlers in the United States. Nationwide, 12 percent of households have a child under age 3.³ These households are racially and culturally diverse.

Approximately 18 percent of Hispanic families, 13 percent of Asian families, 13 percent of black families, and 11 percent of white non-Hispanic families include a child under age 3.⁴ In recent years, immigration has accelerated diversity among the infant/toddler population.⁵ One in four children under age 3 live in an immigrant family (i.e., one comprised of one or more foreign-born parents).⁶ Approximately 62 percent of immigrant families with children under 3 have origins in Latin America and the Caribbean, representing many countries and many distinct languages.⁷ Approximately one of seven babies and toddlers in the U.S. have a parent who speaks limited English,⁸ indicating that a language other than English is likely to be spoken in the home. The extent to which infants and toddlers in these households are exposed also to English—for example, through sibling interactions or in child care or other settings—varies considerably.

Children’s cultural identities are shaped during the infant and toddler years.

Culture influences all aspects of child development; it is transformative and encompasses everything in a person’s environment—including language, communication, beliefs, customs, practices, interactions, relationships, and behaviors.⁹ The growth and development of babies and toddlers is rooted within a cultural context, as are the early care practices of parents and caregivers.¹⁰ The early care experiences of babies and toddlers help to shape their cultural identities, which form the basis of their personalities and sense of self as they grow older.¹¹ As babies and toddlers are developing their core identity as members of cultural groups, it is critical that providers and caregivers understand the subtle and overt ways they may convey their own ideas about diverse cultural groups to children in their care.¹²

The foundations of children’s language skills are developing during the infant and toddler years.

The earliest experiences of young children shape their growth and development, including language and communication skills. All young children need support for the development of their home or primary language. In addition, young children whose primary language is not English will ultimately need support in acquiring English language skills in order to succeed in school and beyond.¹³ Research confirms that young children have the ability to learn two languages from birth and that learning two languages does not delay development of either language. Moreover, some research suggests that dual language learning—as early as the infant/toddler years—has long-term cognitive, academic, and social benefits.¹⁴ Bilingual child care environments, therefore, may offer the best opportunity for supporting babies’ and toddlers’ development of home and English language skills.¹⁵

Many infants and toddlers are in nonparental child care with providers and caregivers who may or may not reflect their cultural or linguistic backgrounds.

The use of child care varies by race, ethnicity, and country of origin. In 2001, 50 percent of black non-Hispanic infants under age 1 were in a regular nonparental care arrangement, compared to 39 percent of white non-Hispanic infants and 33 percent of Hispanic infants.¹⁶ Similarly, 72 percent of black non-

Hispanic toddlers (ages 1 and 2) were in a regular nonparental care arrangement, compared to 56 percent of white non-Hispanic toddlers and 41 percent of Hispanic toddlers.¹⁷ Forty percent of babies and toddlers in immigrant families of all races and ethnicities were in a regular nonparental care arrangement in 2002.¹⁸

Limited demographic information exists on the licensed early childhood workforce,¹⁹ particularly on the birth to three workforce. According to U.S. Department of Labor data, 64 percent of the U.S. child care workforce is white non-Hispanic, a group that includes providers caring for children of all ages.²⁰ No national data exists on either the language diversity or linguistic abilities of the child care workforce or the birth to three workforce. Some research suggests that in certain communities, one-fourth or more of the child care workforce may speak a language other than English; yet, in other communities the child care workforce has limited multilingual capacity.²¹ Some evidence suggests that the birth to three workforce may be more diverse than the preschool workforce and that the overall child care workforce is growing more diverse with time.²²

Babies and toddlers are more likely than older children to be in informal child care settings. Many babies and toddlers are in the care of a family, friend, or neighbor caregiver;²³ and they may have caregivers who are ethnically or linguistically similar. Some anecdotal evidence suggests that family, friend, and neighbor care may be more likely to reflect the culture and languages of children cared for, because parents are connected to caregivers of the same backgrounds through common social networks.²⁴ The reasons families choose different child care arrangements are complex. One reason some families select informal care arrangements is a preference for a provider who shares similar cultural, linguistic, or religious backgrounds.²⁵ In a Washington State study, nearly one-fifth (18 percent) of parents with children under age 6 said that a racial, cultural, or linguistic match with a caregiver was “very important” to them as an indicator of the quality of a child care environment.²⁶

It is unclear from research whether babies and toddlers form attachments more easily when receiving nonparental care from a person of a similar ethnic background. One study found greater attachment between toddlers and preschoolers entering child care and providers when they shared an ethnic background.²⁷ Another found that an ethnic match between a young child and a caregiver is not related to social and cognitive outcomes for children; rather, high-quality care—care that is sensitive and responsive to the individual child—benefits all young children, regardless of the ethnic background of the person providing that care.²⁸ Yet, standard measures of quality care may not include assessments of the cultural sensitivity of providers or consider the cultural context of the practices of providers and caregivers in child care.²⁹

Providers and caregivers who reflect the home cultures and speak the home languages of babies and toddlers can support continuity between the home and child care settings and support healthy development.

Young children’s social and emotional development is supported when there is cultural and linguistic continuity between their experiences at home and in child care.³⁰ Having providers and caregivers who reflect the home cultures and speak the home languages of babies and toddlers provides a secure environment for babies and toddlers and contributes to effective communication with parents.³¹ Infants and toddlers may feel more emotionally secure when they hear their home language in a child care

setting.³² It also reinforces the importance and value of their cultural background.³³ For babies and toddlers still developing the ability to communicate in any language, it is particularly important that their caregivers and parents are able to communicate about their care and development. Providers and caregivers who share the linguistic and cultural backgrounds of families may best be able to explain and communicate potentially sensitive issues, such as those around special needs including physical, emotional, and learning disabilities or delays.³⁴ Providers who share the cultural background of the children in a child care setting may also share their knowledge of cultural practices with other providers in the setting and translate nuances of culture.³⁵

Cultural and linguistic continuity and healthy development of diverse infants and toddlers can also be supported by culturally sensitive providers and caregivers.

Continuity between home and child care can be cultivated by providers and caregivers who understand and respect families' diverse cultural practices in the child care setting, and who have the skills to build upon them—even if they do not themselves share the families' cultural or linguistic background.³⁶ At a minimum, all babies and toddlers need caregivers who respect their home cultures and languages, are willing to learn about and adapt to diverse cultural practices, and have access to appropriate resources to support that learning. According to the National Association for the Education of Young Children, developmentally appropriate practices for young children should be informed by knowledge of young children's social and cultural contexts.³⁷ Incorporating the home cultures and languages of babies and toddlers in child care settings—including the use of familiar music, materials, practices, and customs—can create positive early learning experiences; and this should be part of a planned curriculum or approach to working with babies and toddlers in child care settings.³⁸ Providers who do not speak the same language as the babies they care for can still support home language and English language development by engaging in nurturing and responsive conversations and communication with a child in any language, as well as through non-verbal communication.³⁹ When child care providers demonstrate their sensitivity and understanding of issues related to culture, they provide a supportive environment for babies and toddlers and their families. Babies' and toddlers' social, emotional, and cognitive development is enhanced through good partnerships between parents and those who care for their children. Policies and practices, including building strong relationships with families, can demonstrate respect and support for the backgrounds of diverse infants and toddlers.

All providers and caregivers need a set of skills for working effectively across cultures.

In order to develop the skills necessary to work with an increasingly diverse young child population, it is important that providers of all backgrounds receive meaningful training in cultural competency and in knowledge of dual or second language acquisition.⁴⁰ Cultural competency requires a set of skills including (but not limited to) knowledge and understanding of cultures, diverse parenting practices, family values and customs, and dual language acquisition processes. It requires individual providers and caregivers to be aware of their own cultural background and practices, to view behaviors in a cultural context, and to have cross-cultural communication skills to engage in meaningful ways with diverse families and communities.⁴¹ Child care providers need to understand the cultural backgrounds of the

young children they care for, in particular the strengths and assets of those communities and the unique ways in which their families care for them and support their healthy development.⁴² When babies and toddlers are in child care, conflicts may arise over differences between child care practices of the dominant culture and practices rooted in the traditions of minority cultural groups. Providers and caregivers can be taught strategies for mitigating these conflicts and for using reflective practices to better understand families' backgrounds and cultural preferences, as well as how their own cultural background shapes their practices and beliefs.⁴³ Child care settings can implement strategies that create opportunities for cross-cultural learning among staff and families.⁴⁴

In order to understand how to best support young children from linguistically diverse backgrounds, child care providers must have knowledge of dual language acquisition.⁴⁵ Training should be made available to assist all providers and caregivers in acquiring this understanding. Child care settings may be some infants' and toddlers' primary exposure to English, and child care providers need to understand the critical importance of their role in providing this linguistic exposure for young children and how they can support language development in any language. Parents who themselves have limited English proficiency may seek out monolingual English child care environments in order for their children to learn English, often seeing English acquisition as the key to future academic and economic success. They may not have knowledge of research in this area to understand the importance of maintaining and supporting home language.⁴⁶ Child care providers with training in dual language learning can talk to parents about the importance of supporting home language along with English language development.

How can state child care licensing, subsidy, and quality enhancement policies recruit, maintain, and support the diversity and cultural competence of infant/toddler providers and caregivers?

Current research, coupled with the growing diversity of the infant/toddler population, suggests a need to increase the multilingual and multicultural capacity of the birth to three workforce. In addition, the diversity that does exist among infant and toddler providers must be maintained. It is equally important to ensure that providers of diverse racial, ethnic, and linguistic backgrounds are recruited and supported and that providers of all backgrounds are skilled to work with diverse babies and toddlers in their care. Given the large share of infants and toddlers with family, friend, and neighbor caregivers, it is critical to support diverse family, friend, and neighbor caregivers in providing culturally competent, safe, and stimulating environments for babies and toddlers in their care.

States can address diversity in core competencies and provide training and technical assistance to infant/toddler providers and caregivers to increase cultural competence.

All providers—as well as trainers and technical assistance providers—can benefit from training in cultural and linguistic competence, which can be embedded in professional development standards. At a minimum, providers need help understanding how to support the home language development of

babies and toddlers and incorporate their home cultures in daily activities, particularly when child care providers are caring for children of different backgrounds from themselves or for children from several different cultural backgrounds. States can examine whether their core competencies for infant/toddler caregivers explicitly address cultural and linguistic diversity and ensure meaningful training opportunities for infant/toddler caregivers to achieve these competencies. A recent analysis of infant and toddler early learning guidelines in 21 states found a lack of attention to the developmental and learning needs of English Language Learners (ELLs).⁴⁷ A literature review of existing state early childhood educator competencies found a general weakness in the areas of competencies in cultural diversity and dual or second language learning.⁴⁸ States can also support Program for Infant/Toddler Care (PITC) certification for infant/toddler specialists in their state. Understanding cultural continuity and developing cultural competencies are central tenets of PITC, a nationally recognized training model for child care providers.⁴⁹ The North Carolina Child Care Resource and Referral Council has 25 infant/toddler specialists that provide training to licensed child care providers serving children from birth to age 3 based on PITC, the Environment Rating Scales, and current infant/toddler literature on best practices. They currently have one bilingual infant/toddler specialist, and some trainings and technical assistance are available in Spanish to meet the needs of the state's growing Latino population.

States can recruit and support a diverse birth to three workforce by creating professional development ladders that include community-based training in multiple languages—along with financial supports for training and education—and by improving language access to licensing and professional development systems.

Recruiting and retaining linguistically and culturally diverse infant/toddler providers requires a range of supports, including scholarships and other forms of financial assistance, incentives, and partnerships between community-based organizations—particularly those focused on serving ethnic minorities and immigrant and refugee groups—and state higher education systems. A professional development ladder should consist of multiple pathways and strategies to improve the knowledge of the workforce and should include community-based training, resource and referral agencies, community colleges, and four-year colleges and universities. Racial and ethnic minority students are more likely to be enrolled in two-year institutions than four-year institutions and are often discouraged from articulating to four-year institutions because of restrictions on transferring credits.⁵⁰ State policies can improve articulation agreements among institutions of higher education and help to recognize degrees from institutions outside the U.S. Providers whose first language is not English may need additional supports—including student cohorts and mentoring, academic supports, and training in native languages—to make the most of professional development opportunities.⁵¹ Additionally, limited English proficient (LEP) early childhood educators may be prohibited from beginning early childhood coursework because of difficulties meeting English-language requirements, along with a lack of minority-language coursework.⁵² State higher education systems also need to improve their own cultural competency and capacity to prepare early childhood teachers to work with an increasingly diverse child population. The majority of early childhood education faculty members in four-year institutions are white and non-Hispanic,⁵³ a fact that highlights the need for more diversity among those preparing future child care providers. The supply of linguistically appropriate care can also be expanded by ensuring that providers and caregivers who speak languages other than English can access

the licensing process. A review of state Child Care and Development Block Grant (CCDBG) biennial state plans found that three states report that they have policies in place to make their child care licensing regulations more accessible to providers from language minority or immigrant communities.⁵⁴ Finally, states can support providers who care for children who are linguistically diverse by offering financial incentives. California, for example, pays providers who care for children with limited English proficiency at an adjusted child care subsidy payment rate that is 10 percent higher than the state standard reimbursement for contracted providers.⁵⁵

States can support quality initiatives for family, friend, and neighbor caregivers caring for diverse babies and toddlers.

There is a wide range of education levels, experience, and training among family, friend, and neighbor caregivers. Because of the informal nature of this kind of care, these providers are often disconnected from formal child care agencies and isolated from other child care providers in their communities.⁵⁶ Caregivers in new immigrant communities may be even more isolated, due to language barriers or immigration status.⁵⁷ In Minnesota, focus groups of immigrant and refugee family, friend, and neighbor caregivers indicated that they would like information and training to be conveniently located in informal settings, such as community-based organizations, apartment complexes, and individual homes. They also stressed the importance of having bilingual trainers who can provide information in their home languages.⁵⁸ Outreach and support initiatives can increase the child development knowledge and skills of family, friend, and neighbor caregivers, who may not have had access to culturally and linguistically appropriate information and resources prior to providing care.⁵⁹ Trusted messengers and training through peer networks can help build relationships and connect informal caregivers to training and supports.

What policies can states use to move toward this recommendation?

To move toward this recommendation, states may use multiple policy levers, starting from different points. Potential state policies include the following:

Licensing

- Train licensors and monitors in cultural competency to ensure that they understand infant/toddler care practices in cultural contexts and the ways in which diverse care practices meet licensing rules.
- Increase language access by translating licensing information, regulations, applications, preparatory materials and classes, and examinations for licensing; hiring bilingual staff; and using qualified interpreters.
- Provide training and technical assistance in languages other than English to LEP providers working towards licensure.

Subsidy

- Pay differential child care subsidy payment rates to centers and family child care homes that serve ELLs.
- Create incentives, including differential payment rates, for providers who complete coursework or training on cultural competence or have a bilingual endorsement.
- Target efforts to increase access to higher education for LEP and diverse providers to those caring for babies and toddlers in the subsidy system.
- Ensure that child care subsidy intake procedures and materials are linguistically appropriate, culturally sensitive, and accessible for those families living in immigrant communities.

Quality Enhancement

- Include representatives of immigrant serving organizations and providers from language-minority communities on state early childhood councils and decision-making bodies.
- Include measures of cultural and linguistic competence in state quality rating and improvement systems (QRIS) to encourage the recruitment of bilingual and bicultural staff and the implementation of culturally and linguistically appropriate practices; and provide financial supports to help programs meet these goals.
- Ensure that all providers receive training in cultural competence relative to the populations of infants and toddlers they serve. Trainings should be designed based on available research and in partnership with community-based organizations or representatives of diverse communities.
- Identify and support existing infant and toddler family, friend, and neighbor caregivers in low-income communities. Through collaborations with community-based organizations, ensure these caregivers' access to linguistically appropriate training, professional development opportunities, and family support programs.
- Offer culturally and linguistically appropriate trainings for caregivers in multiple languages, in language-minority communities, and during non-traditional hours.
- Develop early learning standards for infants and toddlers that encourage cultural competency with input from diverse providers; and provide accessible guidance to all providers on working with children from various ethnic, cultural, and linguistic backgrounds.
- Support the professional development of racially, culturally, and linguistically diverse providers through scholarships and stipends, access to professional development opportunities, and information in multiple languages.
- Work with child care resource and referral agencies to create community-based professional development plans that incorporate culturally and linguistically appropriate training on child development, health and safety, and the basic components of state licensing.
- Partner with community-based organizations and institutions of higher education to offer culturally and linguistically appropriate trainings for providers in multiple languages.
- Work with state higher education officials to
 - Build the capacity of the state higher education and training systems so that professionals training infant and toddler child care providers are culturally competent and language diverse.

- Eliminate higher education structural barriers, such as limited allowance of transfer credits from two-year programs to four-year programs and the lack of early childhood coursework in languages other than English.
- Evaluate and recognize infant and toddler providers' educational credentials and transcripts from relevant coursework completed in other countries. This should include paying the costs of translating foreign degrees and credits.
- Collaborate with community-based organizations to recruit new infant and toddler providers that represent the ethnic and language diversity of children under age 3 and their families.

What are some other recommendations that affect the diversity and cultural competence of infant/toddler providers?

- Ensuring that state guidelines for professional development, and information provided to caregivers and families about infant and toddler development, are designed to support cultural and linguistic diversity can support cultural competency. (See [Recommendation #1: Establish what providers and caregivers should know.](#))
- States will want to ensure that the needs of culturally and linguistically diverse infants and toddlers are embedded within all training and education systems. (See [Recommendation #2: Ensure that providers and caregivers have access to education, training, and support.](#))
- Working to improve compensation benefits may also be a fruitful strategy to attract and retain diverse infant-toddler providers. (See [Recommendation #4: Promote competitive compensation and benefits.](#))
- Broader state efforts to ensure adequate supply of infant and toddler child care in low-income and immigrant communities should be paired with strategies to build the diversity of the workforce and support family, friend, and neighbor caregivers. (See [Recommendation 13: Build the supply of high quality infant and toddler child care.](#))
- Developing strategies to inform culturally and linguistically diverse groups about choosing child care and receiving subsidies is another essential element of helping all parents find the best care for their children. (See [Recommendation #15: Provide culturally and linguistically appropriate information on choosing infant and toddler child care.](#))

Online tools and resources for state policymakers

Information on improving cultural and linguistic competence in child care policy and practice

- CLASP has written a checklist, [Selected State and Local Policies to Support Immigrant and Limited English Proficient \(LEP\) Early Care and Education Providers](#), that offers strategies and examples for improving policies in the areas of language access, training, and professional development.

- The **Program for Infant/Toddler Care** (PITC) is a training curriculum for infant and toddler providers that includes an emphasis on cultural sensitivity throughout its content. The **California Department of Education** has **implemented** the PITC model across the state in multiple languages.
- The **National Center for Cultural Competence** (NCCC) is a source for multiple resources on cultural and linguistic competency, with an emphasis on improving culturally competent care in health and mental health services. NCCC also has a project focusing on the important of improving cultural and linguistic competence to prevent Sudden Infant Death Syndrome and Other Infant Death (SIDS/ID).
- The **Crosswalks Project** includes an interactive database of resources that address key areas of early childhood or early intervention content and linguistic and cultural diversity.
- The Annie E. Casey **Race Matters** toolkit is designed to guide policymakers and other individuals in designing policies and practices that result in more equitable outcomes for all children, families, and communities.
- **CLAS Early Childhood Research Institute** is an online resource of research materials pertaining to culturally and linguistically appropriate early childhood services.
- **New Voices/Nuevas Voces** is a North Carolina-based professional development program for early childhood professionals working with young children from culturally and linguistically diverse backgrounds and their families.
- The **Early Childhood Resource and Training Center** in Minnesota provides training, resources, and technical assistance to families and providers, particularly those from communities of color and immigrant and refugee communities.
- Arkansas uses CCDBG quality funds to support the **Welcome the Children** project, which provides training and technical assistance to early childhood providers, caring for children of all ages, on issues related to cultural sensitivity and appropriately serving ELLs. The Welcome the Children project trains community teams in local areas as future trainers, to ensure sustainability.

Information on state QRIS to increase diversity and cultural competence

- CLASP's presentation, **Quality Rating and Improvement Systems and Cultural Competence**, discusses the importance of incorporating issues of cultural and linguistic competence in QRIS and ways of doing so.
- The BUILD Initiative has published **Developing Culturally-Appropriate Quality Rating and Improvement Systems**, which provides examples of measures that could be incorporated into QRIS systems to address cultural competency.

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² Carol Brunson Day, "Every Child is a Cultural Being," in *Concepts of Care: 20 Essays on Infant/Toddler Development and Learning*, eds. J. Ronald Lally, Peter Mangione, and Deborah Greenwald, 2006, 97-99.

³ U.S. Census Bureau, *America's Families and Living Arrangements: 2007, Family Households, by Type, Age of Own Children, Age of Family Members, and Age, Race and Hispanic Origin of Householder: 2007*, <http://www.census.gov/population/www/socdemo/hh-fam/cps2007.html>.

⁴ *Ibid.*

⁵ Randy Capps, Michael Fix, Jason Ost, Jane Reardon-Anderson, and Jeffrey S. Passel, *The Health and Well-Being of Young Children of Immigrants*, Urban Institute, 2005, http://www.urban.org/UploadedPDF/311139_ChildrenImmigrants.pdf.

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¹⁸ Urban Institute unpublished analysis of data from the 2002 National Survey of America's Families.

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