



FIRST 5 CALIFORNIA Dual Language Learner

PILOT STUDY



Experiences of Families of Dual Language Learners During COVID-19

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Many families experienced challenges because of the COVID-19 pandemic, and nearly all children faced disruptions to their learning environment at one point or another. Immigrant families and communities of color were especially hard hit during the height of the pandemic (Magesh et al., 2021; Ornelas et al., 2021), and dual language learners (DLLs) were disproportionately affected by early learning and care program closures (Quick et al., 2020). Instability in children’s home and learning environments can have a negative impact on healthy development, so it is important to understand how these experiences may have influenced DLLs’ social-emotional well-being and other developmental outcomes, especially since these effects may linger into kindergarten and beyond.

This brief examines the experiences of DLL families over the course of the first year of the COVID-19 pandemic to explore the challenges they faced, including with child care arrangements, and the extent to which families’ experiences were related to their well-being and that of their children. It draws mainly on a survey of parents conducted in early 2021, nearly a year after pandemic-related disruptions began in the United States, as part of [the First 5 California \(F5CA\) Dual Language Learner \(DLL\) Pilot Study](#).¹ The survey was completed by 1,436 parents² residing in 16 counties throughout

Key Findings

- About one third of families in the study, and closer to half of those with incomes below or near the federal poverty line, experienced a major loss of income as a result of the COVID-19 pandemic.
- Despite child care disruptions brought on by the pandemic, most parents indicated that they had sufficient child care during the 2020–21 school year.
- Negative life events during the pandemic were strongly related to both parent depression and parenting stress.
- Parenting stress and food insecurity were significantly related to lower social-emotional well-being among children.
- How children attended school or care—virtually or in person—was not significantly associated with their social-emotional well-being.
- Parenting stress and family illness were linked to lower school readiness.
- Greater parenting stress was associated with less frequent engagement of children in home learning activities.

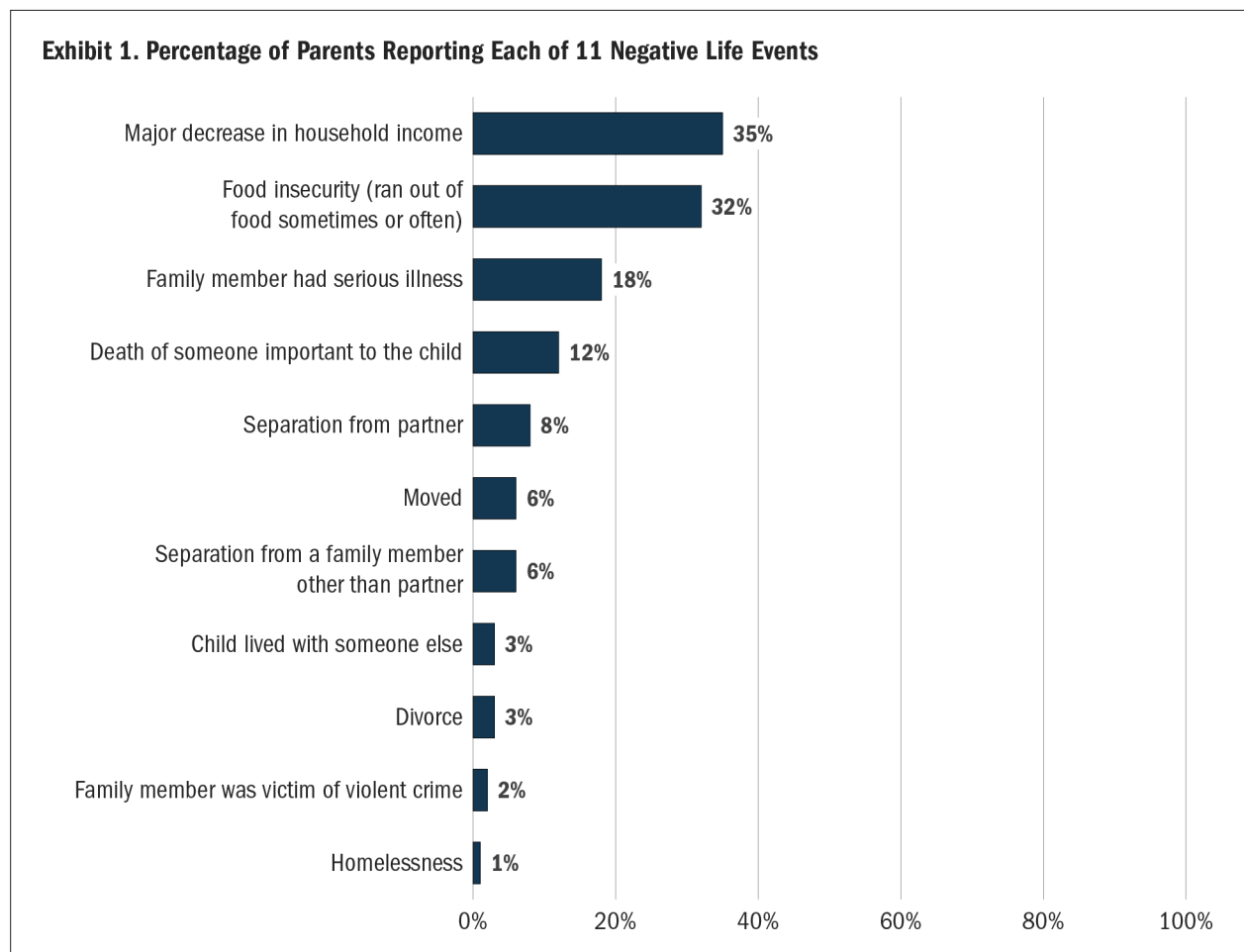
¹ Some of the data used in analyses, such as on background characteristics and baseline measures of outcomes, come from a survey of the same parents conducted approximately 1 year earlier, just prior to the onset of the COVID-19 pandemic in the United States.

² Eleven of the 1,436 respondents (i.e., less than 1%) indicated that they were caregivers other than parents, such as grandparents. Because this number is so small, we use the term “parents” throughout this brief.

California.³ All were parents of DLL children between the ages of 1 and 6; the home languages represented were Spanish (85%), Cantonese (8%), Mandarin (4%), and Vietnamese (3%). In addition to several closed-ended questions, the survey also included a few open-ended questions, which are the source of the illustrative quotes appearing in this brief. Although the sample was not designed to be representative of all DLL families in California, the number and diversity of families included (in terms of characteristics such as socioeconomic status) likely mean that many of the experiences they reported are at least somewhat generalizable.

Challenges Faced by Families of Dual Language Learners During the COVID-19 Pandemic

We asked families whether they had experienced each of 11 primarily negative life events since the beginning of pandemic-related disruptions. Exhibit 1 shows the percentage of parents who reported each of these experiences. Among the 11, a major decrease in household income, food insecurity, family illness, and a death in the family were the most commonly reported.



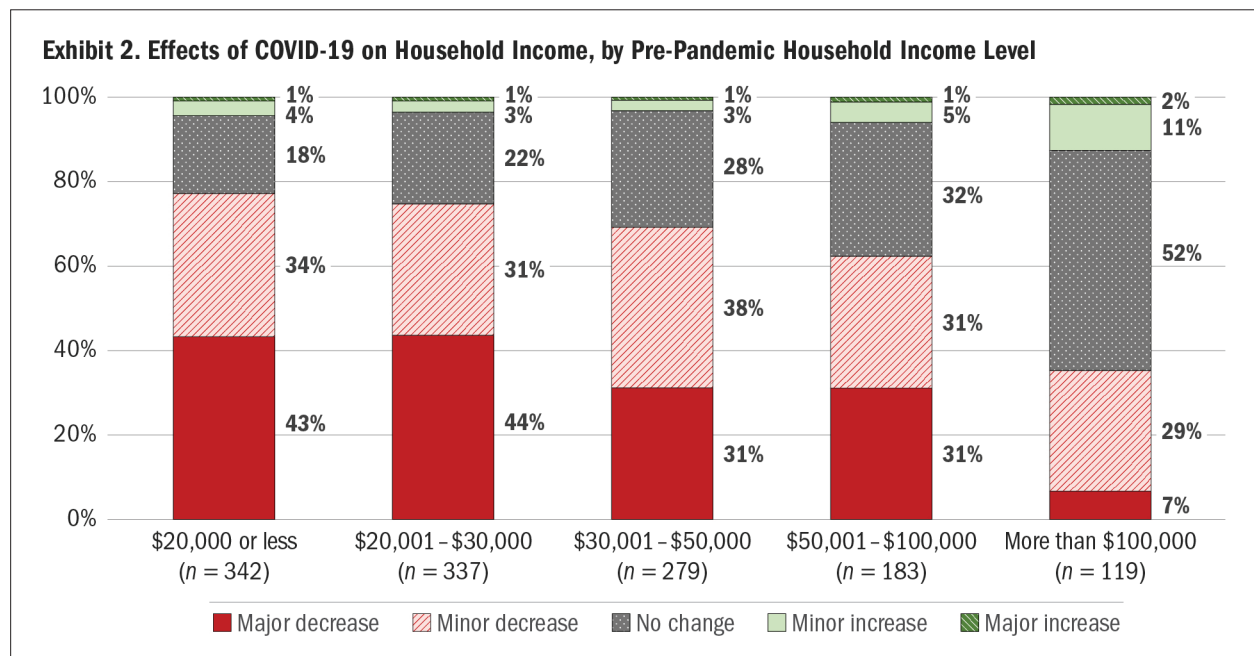
Note. Ns ranged from 1,275 to 1,352.

³ The survey response rate was 69% (1,436 / 2,079), although not all of the 1,436 respondents completed the entire survey. (All answered at least one survey question.)

Key Finding: About one third of families in the study, and closer to half of those with incomes below or near the federal poverty line, experienced a major loss of income as a result of the COVID-19 pandemic.

Approximately one third (35%) of parents indicated that, as a result of the pandemic, their household had had a major decrease in income; nearly as many (32%) said that their food had run out sometimes or often and that they had not had money to buy more. Only 51% of families reported *neither* a major income decrease nor food insecurity; 18% reported *both*.

Families whose household income was lower to begin with (before COVID-19) were more likely to experience a loss of income during the pandemic. More than 40% of families in the study’s lowest two income categories—with a pre-pandemic annual household income of less than \$30,000, a level near the 2019 federal poverty line for a family of four (ASPE, 2019)—reported a major decrease in household income as a result of COVID-19. In contrast, such a decrease was reported by only 7% of families that had a pre-pandemic annual household income of more than \$100,000 (Exhibit 2).

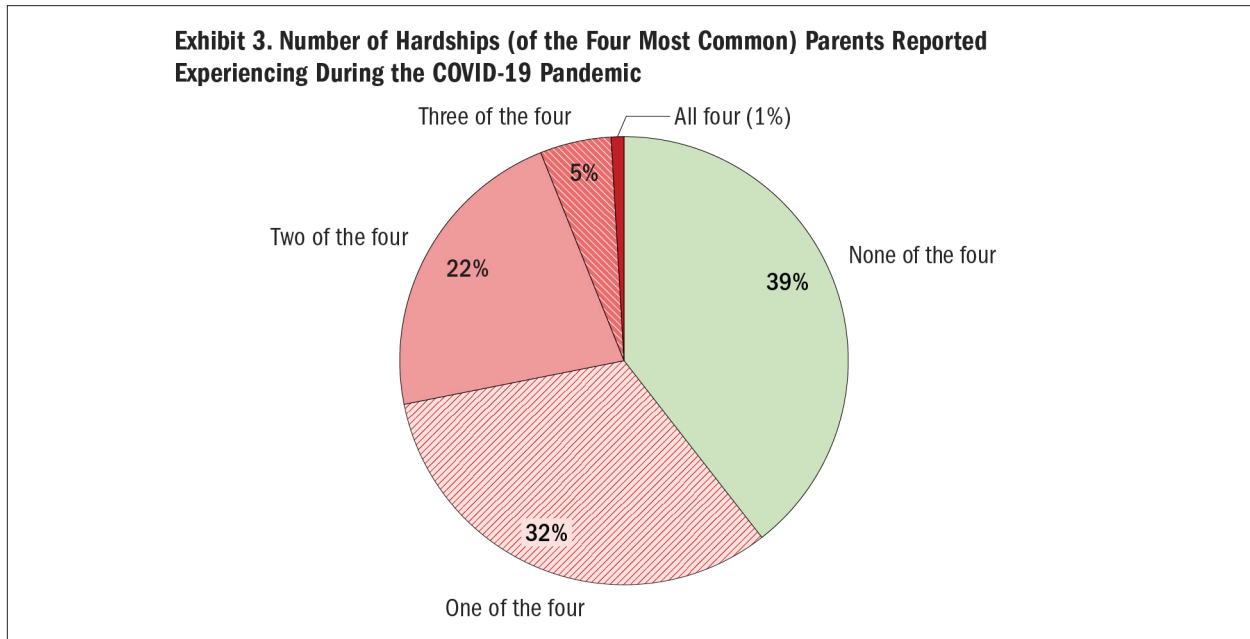


Twelve percent of families reported a death of someone important in the child’s life, and 18% reported that a family member had had a serious illness. These percentages varied little across household income categories, which is surprising given that in the general population, lower-income families fared considerably worse, in terms of COVID-related illness and death, than upper-income families (Clouston et al., 2021; Green et al., 2021; Magesh et al., 2021).

“COVID greatly affected us. ... Thank God we have been able to pay rent, but in moments of desperation we had to turn to a doctor outside of San Diego because we did not even have medical services nor home remedies. Also, our savings are gone from trying to keep our family together. ... I’ve had to work in the family business to maintain my mother’s income so that she does [not] lose her home. I’m even struggling to find help to take care of my children while I try to help my mother.”

The other seven negative life events we asked about were each reported by fewer than 10% of parents. One third of parents reported experiencing *none* of the 11 events; less than 1% reported experiencing more than five. The average was 1.2.

Of the four *most commonly* reported hardships—major loss of household income, food insecurity, family illness, and death of a loved one—about 60% of parents reported experiencing at least one, and 28% reported at least two. Only 1% reported having experienced all four hardships (Exhibit 3).

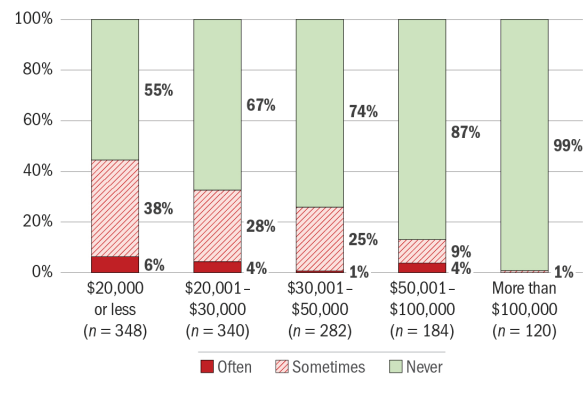


Notes. $N = 1,305$; only parents who answered all four survey questions are included. The four hardships are major loss of household income, food insecurity (defined as food running out sometimes or often with no money to buy more), serious illness of a family member, and death of someone important in the child's life. Percentages do not sum to 100 due to rounding.

WHILE HOMELESSNESS WAS UNCOMMON, WORRY ABOUT IT WAS NOT

Only 1% of families reported having been homeless during the pandemic.* Nearly a third of parents (29%), however, reported at least some degree of *worry* about becoming homeless. Not surprisingly, lower-income families were much more likely than higher-income families to report having worried at least sometimes about becoming homeless, as shown in Exhibit A. The federal government and the state of California enacted various tenant protection programs, such as an eviction moratorium and rental assistance programs, which may have mitigated the risk of homelessness (Vasquez et al., 2022), though it remained a concern for some families.

Exhibit A. Frequency of Worry About Becoming Homeless During COVID-19, by Pre-Pandemic Household Income Level



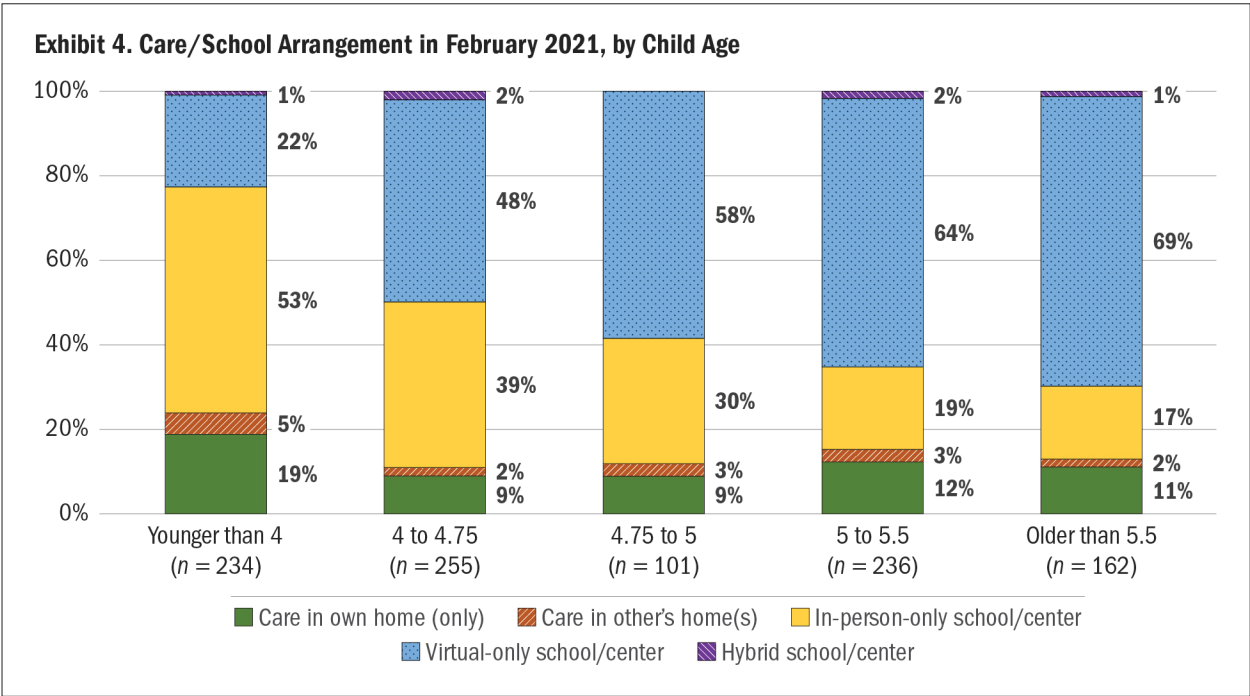
*Study families who were homeless during the period of survey administration may have been unlikely to respond to the survey, so this could be an undercount.

Child Care Arrangements During the COVID-19 Pandemic

Given widespread disruptions in the school and child care systems, and the potential stress this may have created, we asked parents about the study child’s care/school arrangements, including whether they were virtual or in person, at different time points.

At the time most parents completed the survey, in February 2021, the study’s younger children were more likely to be in in-person care than the older children. Slightly more than half of the children younger than 4 were receiving formal in-person care, according to their parents, but less than 20% of the children older than 5 (nearly all of whom were between 5 and 6) were attending school in person. Conversely, these older children were much more likely to be in virtual arrangements (Exhibit 4). This pattern of findings suggests that virtual instruction was more common in elementary schools than in early learning and care settings. Very few families reported receiving both virtual and in-person care (e.g., hybrid), but it is possible that some respondents did not realize they could select multiple options.

Overall, 15% of children were receiving only home-based care, in either their home or someone else’s home. This, too, varied by age group: 24% for children younger than 4 but lower percentages for older children.



Notes. “School/center” includes kindergarten, transitional kindergarten, preschool, and center-based child care. Child age is as of September 1, 2020. Percentages do not sum to 100 due to rounding.

We also examined whether the time children spent in virtual and in-person arrangements changed over the course of the 2020–21 school year (in each month from September 2020 through February 2021) and found little such change. That is, parents reported relatively stable care arrangements across these 6 months. (In California, many schools did not begin reopening for in-person instruction until after February 2021 [Willis & Fensterwald, 2021].)

Key Finding: Despite child care disruptions brought on by the pandemic, most parents indicated that they had sufficient child care during the 2020–21 school year.

Seventy-one percent of parents agreed with a statement that since September 2020, they had had as much child care for the study child as they needed or wanted. Forty percent of parents agreed strongly, and another 31% of parents agreed somewhat; only 29% disagreed. There were some differences by income level, with lower-income parents being more likely to agree that they had had enough child care: 46% of parents in the lowest income category (\$20K or less) agreed strongly, but only 33% of parents in the highest income category (more than \$100K) agreed strongly. In addition, parents of children who were 5 and older were less likely to agree that they had enough care, perhaps because many children in this age group were attending school virtually (see Exhibit 4).

“[My child’s child care program] take[s] as many precautions as they can to keep everyone safe and it’s noticeable. I love it and like the fact they try and keep open for those of us who are still working and need somewhere safe and fun to drop our kids off.”

Relationships Between Family Experiences and Parent Well-being

Research has documented that parents’ well-being is linked to their children’s well-being (Behrendt et al., 2020; Conners-Burrow et al., 2015; Valdez et al., 2013), so we wanted to investigate the extent to which pandemic-related stressors such as the factors described above were associated with two measures of parent well-being: (a) depression and (b) parenting stress. Depression was measured using a modified version of the Center for Epidemiologic Studies Short Depression Scale, and parenting stress was measured by the survey items in Exhibit 5, which were loosely based on items from the Protective Factors Survey (Counts et al., 2010).

Exhibit 5. Survey Items Constituting the Parenting Stress Measure

How often during the past week have you felt ...
<ul style="list-style-type: none">▪ that you did not know how to help [child] learn▪ that you did not know how to handle [child]’s misbehavior▪ that you could not help [child] feel better if he/she was upset▪ that you did not enjoy spending time with [child]▪ that it was difficult to resolve conflicts in your family or household▪ that the people (adults and/or children) in your household were not getting along with one another▪ that you were not as good a parent as you thought you ought to be
Response options were <i>never, some of the time, a moderate amount of the time, and most of the time.</i>

Note. The measure was calculated as the average of the seven items, provided at least five items were answered.

Across all respondents, the mean of the depression measure, on a scale from 0 (representing a response of “never” on all of the items) to 3 (representing a response of “most of the time” on all of the items), was 0.58.

Similarly, on the parenting stress measure, which used the same scale, the average score was 0.5.⁴ These depression and parenting stress means seem relatively low, given prior findings of elevated stress levels during the pandemic (Salari, 2020), but in the absence of comparable data prior to the pandemic, we cannot say whether parents became more or less depressed or stressed by the time of the survey.

We examined the extent to which each of the following factors was related to each of the two parent well-being measures:

- How many of the 11 negative life events shown in Exhibit 1 the family had experienced since the start of the COVID-19 pandemic
- Whether the family had experienced each of the four most commonly reported negative events:
 - a major decrease in income
 - food insecurity (defined as running out of food, and not having money to buy more, sometimes or often)
 - the death of someone important in the study child's life
 - serious illness of a family member
- Whether the family had moved
- Whether the child was attending care virtually or in person

Analyses controlled for some background characteristics—parent education level, parent (self-rated) proficiency in English, family structure, parent race/ethnicity, and whether the child was in kindergarten (or transitional kindergarten), an early learning program, or neither⁵—that preliminary analyses indicated were related to one or both outcomes.

Key Finding: Negative life events during the pandemic were strongly related to both parent depression and parenting stress.

Several of the negative life events we asked about strongly predicted parent depression. Considered separately, the total number of negative life events, a major decrease in household income, food insecurity, family member illness, and the death of someone important, were each significantly associated with greater depression ($p < .001$ for each one). And even when the latter four were considered together instead of separately, each one remained significantly related to depression ($p < .001$ for the first three and $p < .05$ for the fourth). In other words, even taking into account the fact that these experiences may have been interrelated—for instance, loss of income may result in food insecurity—each one contributed to an increase in depression. A parent who experienced all four of these difficulties would be expected to have an increase of approximately three quarters of a point on the four-point depression scale, other

4 The depression measure had a Cronbach's alpha of .94 in our sample ($n = 1,335$); the parenting stress measure had a Cronbach's alpha of .88 ($n = 1,330$). The two measures were closely related, with a correlation of .69 ($n = 1,329$).

5 All of the children had attended early learning and care programs in early 2020, prior to the pandemic. Some of them aged into kindergarten, some remained in early learning and care, and some may have left care altogether (perhaps as a result of the pandemic or hardships caused by it).

things being equal. (As noted earlier, though, very few parents experienced all four; see Exhibit 3.) Among the four, experience of food insecurity constituted the largest portion (0.30 points) of the predicted increase.

Family moving was not significantly associated with depression, nor was whether the child attended school or care virtually or in person. The child being in kindergarten (versus not being in any type of school or care setting) was significantly associated with less parental depression ($p < .05$): other things, including child age, being equal, parents who reported that their child was in kindergarten had lower scores on the four-point depression measure, by 0.14 points on average, than did parents of other children.

The same five factors that were related to depression—number of negative life events, major decrease in household income, food insecurity, illness, and death of a loved one—were also each significantly related to parenting stress in separate statistical models ($p < .05$ or better). When these latter four factors were considered together in a single model, however, only food insecurity and family illness remained significantly related to parenting stress (0.25 increase in parenting stress on the four-point scale, $p < .001$, for the former; 0.12 increase, $p < .01$, for the latter).

As with depression, whether the child attended care virtually or in person was unrelated to parenting stress. In contrast, having a child in school or child care—whether kindergarten, preschool, or any type of child care—was associated with less parenting stress. In other words, having a child in any type of care/school (versus not), regardless of whether the format was virtual or in person, may have mitigated parenting stress.

Relationships Between Family Experiences and Children’s Outcomes

We also explored how families’ experiences during the pandemic were related to outcomes for children, in particular their social-emotional well-being and school readiness. We considered the same pandemic-period experiences discussed already, as well as parent depression and parenting stress themselves. Food insecurity was of particular interest, given prior research showing that food insecurity experienced during early childhood is unfavorably associated with school readiness and children’s social-emotional outcomes in kindergarten (Jackson et al., 2021; Johnson & Markowitz, 2018).

These analyses controlled for background characteristics such as child age and gender, whether the child was attending preschool or kindergarten, pre-pandemic household income level, and language-related variables.⁶

Social-Emotional Development

The measure of child social-emotional well-being used in the study was the *Ages and Stages Questionnaires: Social-Emotional, Second Edition (ASQ-SE2; Squires et al., 2015)*, a validated instrument for assessing young children’s social-emotional skills and challenges (based on parent report). The ASQ-SE2 gauges skills such as self-regulation, adaptive functioning, and interaction with people.⁷

6 Analyses of the different outcomes presented in this section (social-emotional well-being and kindergarten readiness) and the following section (home activities) used somewhat different sets of control variables, based on preliminary analyses (i.e., analyses of the outcomes without including the key predictors of interest).

7 The instrument has nine different age forms, of which our study used eight (appropriate for children as young as 3 months and as old as 72 months, to match the ages of children in the study); the number of items, and therefore the scoring, varies by age form. Although the instrument was designed primarily to screen children for potential social and emotional problems, with scoring thresholds indicating *no or low risk*, *monitor*, and *refer*, we analyzed the scores as a continuous measure of social-emotional well-being, with lower scores indicating greater well-being. To enable inclusion of all ages in a single analysis, we standardized scores within form based on means and standard deviations from the ASQ-SE2 validation sample as provided by the instrument developer.

A total of 848 parents completed the ASQ-SE2 at two points in time: just prior to the pandemic in early 2020 and about 1 year later in early 2021.⁸ We were thus able to control for the children's pre-pandemic social-emotional well-being, allowing us to isolate the social-emotional effects of experiences the children had *during* the pandemic period.

At the initial timepoint (before the pandemic), the mean social-emotional score among the 848 children was -0.29 ; at the later timepoint (during the pandemic), the mean was -0.35 . Because lower scores are better (i.e., indicative of fewer concerns about the child's social-emotional well-being), this suggests that the participating children showed greater social-emotional well-being at the second timepoint than at the first, despite the onset of the pandemic shortly after the first timepoint.⁹ This finding is contrary to what we expected, given reports that children's social-emotional well-being declined during the pandemic (Barnett & Jung, 2021). However, our understanding of the pandemic's impact on children is still emerging; there is relatively little rigorous research evidence confirming such a decline in children as young as those in our sample, or in DLL children specifically. Also, the ASQ-SE2 measures a subset of social-emotional dimensions, and these aspects of social-emotional well-being may be less sensitive to environmental stressors.

Key Finding: Parenting stress and food insecurity were significantly related to lower social-emotional well-being among children.

Separately considered, food insecurity, parent depression, and parenting stress were each significantly associated with lower ratings of child social-emotional well-being ($p < .001$).¹⁰ When these three factors were considered all together, however, only parenting stress and food insecurity remained significantly related to child social-emotional well-being; depression did not.

The total number of negative life events a family experienced was also significantly ($p < .05$) related to children's social-emotional well-being, although this effect was small. In addition, we found a significant ($p < .05$) though small association between a family having moved over the past year and children's social-emotional well-being, but contrary to expectations, moving was associated with better social-emotional well-being. None of the other pandemic-period life events were related to children's social-emotional status.

A few notes of caution are warranted in interpreting these findings, particularly related to the apparent effects of parent depression and parenting stress. First, the measure of children's social-emotional well-being was completed by the parents and was not independently verified (such as through a professional observation or direct assessment of the child). Parents' own psychological well-being may have influenced their perceptions and ratings of their child's social-emotional well-being.¹¹ To the extent that this is true, the relationship between parent well-being and child well-being we observed could be overstated, as the ratings of child

8 Due to missing data on key predictors, some analyses of the social-emotional outcome included fewer than 848 children. All but one, however, included at least 840 children.

9 In a paired *t*-test, the difference between the two timepoints was significant at $p < .001$.

10 As noted, the way the ASQ-SE2 is scored, lower scores reflect greater social-emotional well-being, that is, lower scores are better. In this summary of findings, however, where we refer to lower *ratings* of social-emotional well-being, we mean lower *health* (and in fact higher scores), not lower scores per se.

11 There is some evidence for such bias, such as a study of the relationship between maternal psychological distress and child ASQ-SE scores, although that study was for infants (Salomonsson & Slead, 2010); see also Silverstein et al. (2010).

well-being could at least partly reflect parents' psychological or emotional outlook. Second, the causality of the relationship between parent and child outcomes could flow in the reverse direction: Rather than parent well-being influencing child well-being, it could be that child well-being influences parent well-being. (For instance, if a child is exhibiting challenging behaviors, that could cause the parent distress.) Even so, the relationships are important to note as early learning and care programs and other schools and agencies seek to support these families.

Key Finding: How children attended school or care—virtually or in person—was not significantly associated with their social-emotional well-being.

Notably, whether children were attending care/school virtually or in person was not associated with their social-emotional well-being, contrary to the findings of other research indicating that attending school virtually during the pandemic did hurt students' social-emotional well-being (Hamzeh et al., 2021; Hanno et al., 2022). This finding is also contrary to what several parents indicated in open-ended comments on the survey. Again, it is possible that the ASQ-SE2, as completed by parents, is not a good measure of the types of social-emotional issues that may have been affected by virtual learning.

School Readiness

We also investigated whether children's readiness for school, as reported by parents, was related to family experiences during the pandemic. The measure of school readiness consisted of 11 survey items (Exhibit 6), with responses on the 11 items averaged together to create a single measure for each child.¹²

"I would like for him/her to return to in-person classes because it's not the same online. He/she gets distracted a lot and they don't do the same activities."

"It [is] really hard for [my child] to focus on virtual learning, home is a HUGE distraction for my kids ... they have their own study area but is so hard for them to focus."

"My son really misses school. He needs to go back soon. He misses social interactions with other children. He dislikes online learning."

¹² The measure had a Cronbach's alpha of .83 among the 996 children in the analysis sample.

Exhibit 6. School Readiness Measure

Parent rating of how well the child is able to ...
<ul style="list-style-type: none">■ count to 20 or more in English■ count to 20 or more in [home language—Spanish, Cantonese, Mandarin, or Vietnamese]■ take turns and share■ have good problem-solving skills■ be sensitive to other children’s feelings■ follow verbal directions in English■ follow verbal directions in [home language]■ write his/her own name■ name most of the letters of the English alphabet■ communicate needs, wants, and thoughts verbally in English■ communicate needs, wants, and thoughts verbally in [home language]
Response options were <i>not able to do at all, still working on it, pretty well, and expert.</i>

We had not included this school readiness measure on our earlier parent surveys, so we did not have an exact measure of children’s pre-pandemic school readiness to use as a control, but for 996 children, we had a pre-pandemic measure of their vocabulary skills.¹³ We included this as a control variable, along with other background variables.¹⁴

Key Finding: Parenting stress and family illness were linked to lower school readiness.

As with the social-emotional outcome, both parent depression and parenting stress were significantly associated with children’s school readiness ($p < .001$) on their own, but when these two factors were considered together, only parenting stress remained significant. Perhaps not surprisingly, the more parenting stress the parent reported, the lower they rated their child’s school readiness skills. In addition, parents who reported that a family member had had a serious illness tended to rate their children’s school readiness skills lower, on average, than parents who did not have an ill family member ($p < .01$). None of the other pandemic-period experiences, including whether the child attended school virtually or in person, were significantly related to school readiness.

13 The measure of vocabulary was the Picture Vocabulary subtest from the *Woodcock Johnson IV Tests of Oral Language*. Children were assessed in both English and Spanish and received a separate score for each. For the analyses reported in this brief, we took the higher of the two scores, which were in an equated metric (the Woodcock-Johnson *w* score).

14 Exact *N*s for the school readiness analyses ranged from 934 to 996. All but one were at least 969. All children with a vocabulary score had been at least 3 years old at the time of the vocabulary skills assessment, so the sample of children included in the school readiness analysis was somewhat older than that for the other analyses reported in this brief. The average child age at the time of the school readiness measure was 5.4 years old.

Again, caution is warranted in interpreting relationships between family experiences and school readiness. For instance, although it is possible that parenting stress interfered with children’s school readiness, it could also be that children struggling with readiness was causing parents to feel parenting stress, or that some other factor we did not measure was causing both parenting stress and lower school readiness.

Relationship Between Family Experiences and Home Learning Activities

Finally, we examined whether families’ experiences during the pandemic were related to the extent to which parents engaged in learning activities with their children at home.¹⁵ The measure of home learning was an average of 10 specific activities, shown in Exhibit 7, that parents reported about on the survey.¹⁶

Exhibit 7. Home Learning Activities Measure

Parent report of how often they ...
... (or any other adults in the household) did each of the following activities with the child in the past week:
<ul style="list-style-type: none">■ talked about the names of colors■ practiced counting, for example, “1, 2, 3, 4, 5...”■ read or looked at books■ asked the child questions about a book you are looking at together■ talked about things the child saw outside the home, for example at the grocery store or park■ talked to the child using some words he/she does not know to help build his/her vocabulary■ told the child about your family’s cultural traditions, food, and music■ told stories to the child■ sung songs to the child■ recited poems/rhymes with the child
Response options were zero times in the past week, 1 or 2 times in the past week, 3 or 4 times in the past week, and 5 or more times in the past week.

Key Finding: Greater parenting stress was associated with less frequent engagement of children in home learning activities.

Paralleling the findings presented in earlier sections of this brief, parents who were depressed or had more parenting stress reported less frequent engagement of children in home learning activities, on average. When both depression and parenting stress were considered simultaneously, however, only parenting stress remained a significant predictor of activity frequency ($p < .001$). This suggests that feelings of

15 The number of children included in these analyses ranged from 993 to 1,051, and the average age was 5.0 years old, ranging from 1.8 to 6.5. Analyses controlled for background characteristics and home learning activities prior to the pandemic, given that the survey question about home activities was asked on both the early 2020 and early 2021 parent surveys.

16 For the analysis sample of 1,051 children, Cronbach’s alpha for the measure was .88 in 2020 and .89 in 2021.

stress related to parenting may have a stronger linkage to whether parents engage in such activities with their children than do feelings of depression.

In addition, when parenting stress was held constant, parents whose households experienced a major decrease in income engaged significantly *more* frequently than did other parents in home activities with their child ($p < .01$). A possible explanation for this finding could be that one or both parents lost employment and thus had more time to spend with the child.

“It’s very difficult. I’ve had to adjust my work hours, thankfully I was able to do so. It still doesn’t feel like it’s enough. I have to be the mother, the provider, the nurturer, and the schoolteacher all at once. It doesn’t feel balanced, but we’re working with what we have.”

Summary and Implications

Data collected from parents of DLLs approximately 1 year into the COVID-19 pandemic offered an opportunity to examine families’ experiences and children’s well-being during this historic and difficult time. More than one third of families in the study experienced a loss of family income, a hardship that hit families with lower pre-pandemic incomes even harder. Almost as many families reported that their food had run out and that they had not had money to buy more, and many DLL families, especially those with lower incomes, worried about becoming homeless. Although other studies have shown a decrease in financial hardships during the pandemic due to stimulus payments and other supports (Fisher et al., 2021), the timing of these payments (available in late February and early March 2021) means that parents may have received them after they completed our survey. Families’ experiences during the pandemic were related to measures of both depression and parenting stress.

Child care was also a challenge for many families, particularly for higher-income families. More than 70% of parents agreed with a statement that since September 2020, they had had as much child care for the study child as they needed or wanted, but only about one third of parents in the highest income category agreed strongly. Among all parents, having a child in either kindergarten or another type of school or child care setting was associated with less parenting stress. Overall, slightly more than half of children younger than 4 were participating in in-person care as of February 2021, whereas children older than 5 were much more likely to be participating in school virtually rather than in person.

The children in the study, all of whom were DLLs, were rated by their parents as having greater social-emotional well-being in February 2021 than a year prior. Negative family experiences during that COVID-19 period, however, were linked to decreased social-emotional well-being among the children; these experiences included parenting stress and food insecurity. Despite what other reports and research have shown, we did not find a link between virtual versus in-person school or child care and children’s social-emotional well-being as measured by the ASQ-SE2.

The study also examined the relationship between families' COVID-19 experiences and both home learning activities and children's school readiness. Parents who reported having a family member with a serious illness over this time period rated their children as less school ready. Greater parenting stress was related to both lower school readiness ratings and less frequent engagement in home learning activities such as reading and counting together. Having a major decrease in household income, however, was associated with more frequent use of such activities, perhaps because decreases in income were often due to one or both parents losing a job or reducing work hours.

Given the findings from this sample of families and how they differ from anecdotal and other evidence about the effects of the pandemic, further research is needed to fully understand how representative these experiences are for DLL families and children, how they adapted to difficult circumstances, and how their language experiences may have played a role in those adaptations.

As California recovers from COVID-19, program and policy leaders will need to be mindful of the life events and challenges DLL families have experienced during the pandemic period. Families may need additional resources, and children, especially those from families who experienced greater-than-average hardships, may need additional supports to develop skills needed for the next school year and beyond. In engaging with families, program leaders and educators should take into account the stressors each family has experienced; early learning and care programs might also consider strengthening referral services to other community supports to help families continue to recover and support their children's development.

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About the First 5 California DLL Pilot Study

In 2015, First 5 California committed \$20 million for a “DLL Pilot” to identify and promote effective, scalable strategies that early learning and care programs can use to support DLLs and their families. A key component of this initiative is a study focused on three high-leverage areas: instructional practices, professional development for early educators, and family engagement. The study is examining the practices used across different early learning settings, diverse language groups, and DLLs of varying ages and backgrounds, and the extent to which various practices are associated with child and family outcomes. Sixteen counties, selected to be broadly representative of California’s DLL population, are participating in the DLL Pilot: Butte, Calaveras, Contra Costa, Fresno, Los Angeles, Monterey, Orange, Riverside, Sacramento, San Diego, San Francisco, Santa Barbara, Santa Clara, Sonoma, Stanislaus, and Yolo. The study is being conducted by the American Institutes for Research in partnership with Juárez & Associates; CRI; School Readiness Consulting; Allen, Shea & Associates; and Stanfield Systems, Inc. Guidance is provided by a DLL Input Group composed of stakeholders, advocates, and state and national experts on DLLs.

For more information about the study and to read other study briefs and reports:

<https://californiadllstudy.org/>

www.cafc.ca.gov/

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