

A Data Profile of Young Dual Language Learners in Indiana and Implications for Early Childhood Programs

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Dual Language Learners (DLLs) are young children who have at least one parent who speaks a language other than English at home,¹ meaning when they enroll in English-speaking preschool, kindergarten, or other early childhood programs, their brains are using multiple language systems that are developing at different rates.² Research shows that to effectively support DLLs' early learning trajectories, the design of these programs must be responsive to their particular cognitive, socioemotional, and language development needs.³ In Indiana, there are 80,000 young children ages 0 to 5 who are DLLs, comprising 17 percent of all children in this age group. This large and growing population is extremely diverse, bringing language skills and cultural assets among other important strengths to their schools and communities. As described below, these children are also disproportionately likely to face multiple risk factors that make them important targets for preschool and other early childhood services.

DLLs and their families benefit from access to high-quality early childhood programs and services, such as early childhood education and care (ECEC), home visiting, and infant and early childhood mental health services.⁴ These programs can support the early language development, future academic success, and long-term health and well-being of DLLs, while also providing integration-related supports for their parents, such as help navigating potentially unfamiliar early childhood, health, and social service systems. However, data show that children who live in households where a language other than English is spoken by a parent or primary caregiver have more limited access to early childhood services than peers in households where only English is spoken, despite making up a significant portion of the target populations that early childhood services aim to support.⁵

This fact sheet highlights key characteristics of Indiana's DLL children and the households in which they reside, underscoring both their diversity and certain factors that may hinder their access to early childhood services. These characteristics should be considered in the design and implementation of early childhood services to ensure they are equipped to support the well-being and future success of all children and their families. This information is based on Migration Policy Institute (MPI) analysis of data from the U.S. Census Bureau's American Community Survey (ACS) for the 2019–23 period, pooled.

BOX 1 Explore DLL Data

This fact sheet is part of a series of fact sheets on key characteristics of Dual Language Learner (DLL) children and their households nationwide and in the 30 states with the most DLLs. These fact sheets are available on the Migration Policy Institute website at: www.migrationpolicy.org/research/data-profile-dual-language-learners.

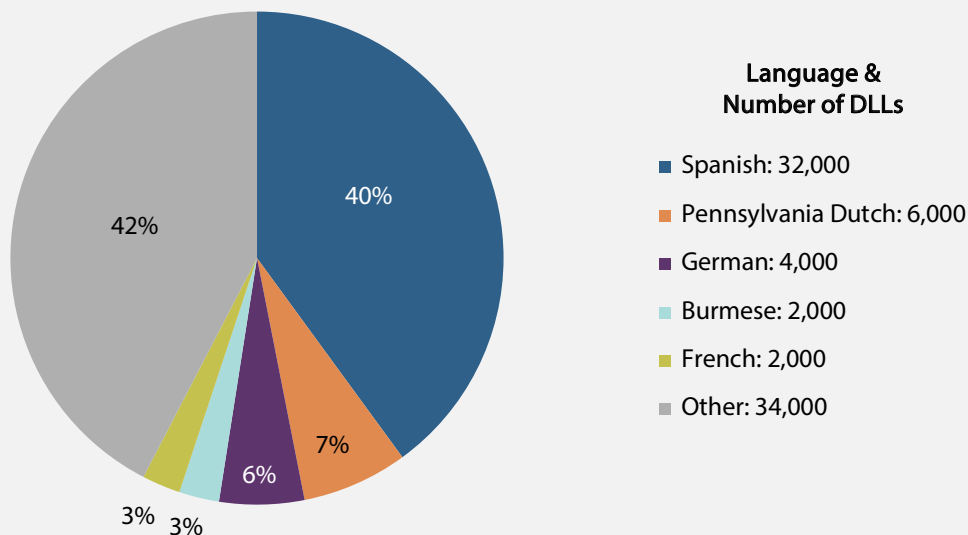
Additional data on DLLs ages 0–5 and 0–8, across the United States and in all 50 states, are also available at: www.migrationpolicy.org/programs/data-hub/charts/us-state-profiles-young-dlls.

Language barriers likely keep the families of many DLLs from accessing early childhood services on their behalf.

- ▶ Of the 80,000 DLL children ages 0 to 5 living in Indiana in 2019–23, 44 percent had at least one Limited English Proficient (LEP) parent, meaning the parent reported speaking English less than “very well” in the ACS (either “well,” “not well,” or “not at all”).
- ▶ In 2019–23, 18 percent of the state’s DLLs lived in linguistically isolated households, which the U.S. Census Bureau defines as households in which all members who are age 14 or older speak a non-English language and speak English less than “very well.”⁶
- ▶ LEP parents may find it difficult to identify and enroll their children in early childhood programs and may face challenges in communicating with program staff members.⁷
- ▶ DLLs in Indiana come from families that speak a wide range of languages. In 2019–23, 40 percent of DLLs lived in households that reported speaking Spanish, with the other 60 percent living in households reporting speaking languages other than English or Spanish, including but not limited to Pennsylvania Dutch, German, Burmese, and French (see Figure 1).

FIGURE 1

Top Non-English Languages Spoken in DLLs’ Households in Indiana, 2019–23



Notes: Languages spoken are self-reported in the American Community Survey (ACS). Shares may not add up to 100 percent due to rounding. “French” includes French, Patois, and Cajun.

Source: Migration Policy Institute (MPI) tabulation of data from the U.S. Census Bureau’s 2019–23 ACS, pooled.

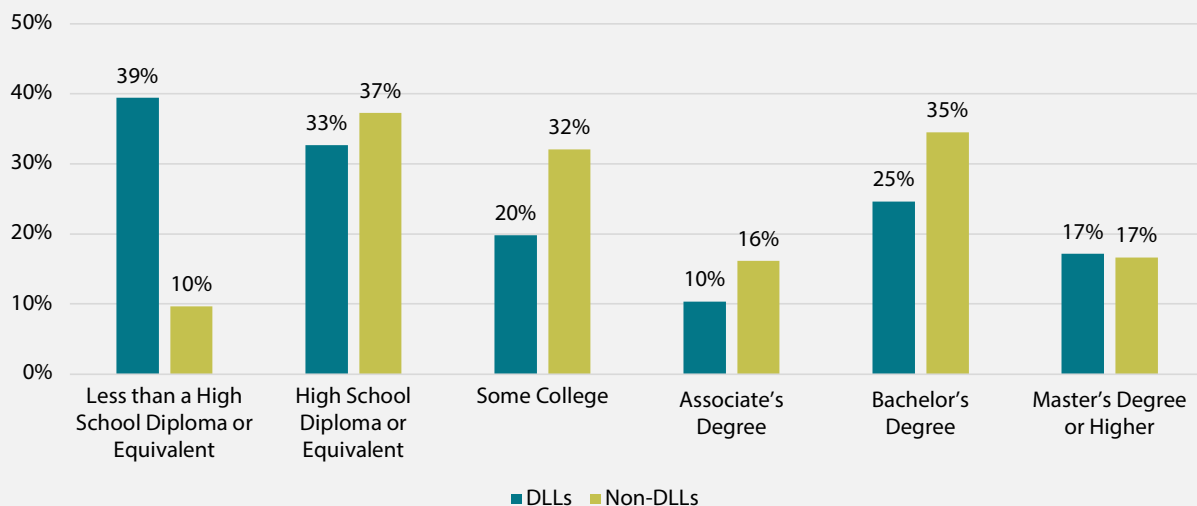
DLLs comprise a strikingly disproportionate share of Indiana’s young children whose parents have a low level of formal education, making them a significant target for early childhood services.

- ▶ In 2019–23, 39 percent of the state’s DLLs had at least one parent whose highest level of education was less than a high school diploma or equivalent. This was the case for 10 percent of non-DLLs (see Figure 2).
- ▶ While DLLs comprised 17 percent of children ages 0 to 5 in Indiana, they comprised 46 percent of all children from this age group who had at least one parent whose highest level of education was less than a high school diploma or equivalent.
- ▶ An extensive body of research shows a correlation between parental educational attainment and a child’s academic achievement.⁸ ECEC program participation can therefore play a particularly important role in supporting the future educational success of DLLs whose parents have limited formal education.

FIGURE 2

Parental Education Levels of Children Ages 0 to 5 in Indiana, by DLL Status, 2019–23

Share of children with at least one parent whose highest level of formal education is...



Source: MPI tabulation of data from the U.S. Census Bureau's 2019–23 ACS, pooled.

DLLs living in low-income households are an important target for early childhood services.

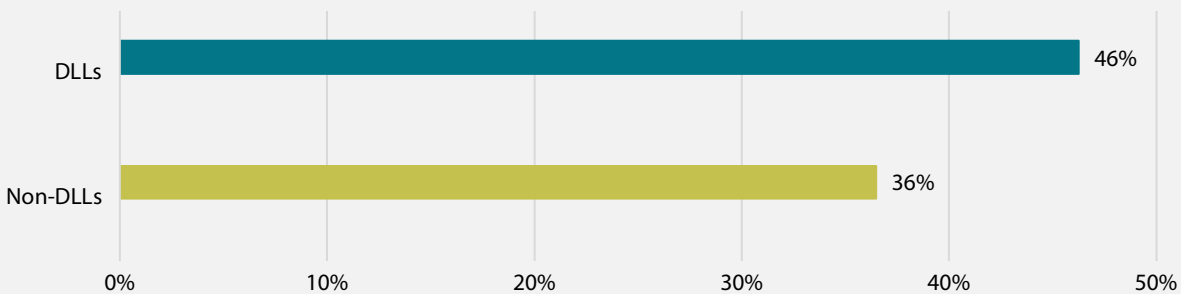
- ▶ DLL children in Indiana are more likely than their non-DLL peers to live in low-income households; 46 percent of Indiana’s DLL children resided in low-income households in 2019–23, compared to 36 percent of non-DLL children (see Figure 3). These are households with an annual income below 200 percent of the federal poverty line.
- ▶ DLLs made up 21 percent of Indiana’s young children living in low-income households, similar to the DLL share of all children ages 0 to 5 (17 percent). Research shows that children experiencing poverty, particularly during the early years of their development, are at risk of negative cognitive, academic,

social, health, and long-term economic outcomes.⁹ It also shows that high-quality ECEC programs can help mitigate the adverse effects of child poverty by promoting cognitive, social, and emotional development.¹⁰

- ▶ Early childhood programs such as Head Start and Early Head Start prioritize enrolling children from low-income families, using the U.S. Department of Health and Human Services' Poverty Guidelines and Section 645 of the *Head Start Act* to determine income eligibility for participation.¹¹ This focus on serving low-income families, coupled with DLLs' disproportionate likelihood to live in a low-income household, makes these children a significant target population for such early childhood services.

FIGURE 3

Share of Children Ages 0 to 5 in Indiana Who Reside in Low-Income Households, by DLL Status, 2019–23



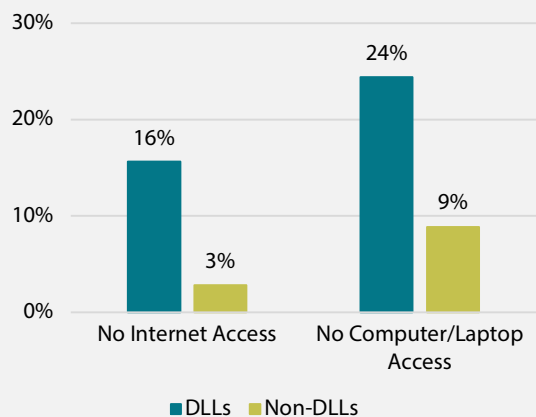
Source: MPI tabulation of data from the U.S. Census Bureau's 2019–23 ACS, pooled.

Limited access to the internet and digital devices is a significant barrier that can keep some DLLs' families from accessing early childhood services.

- ▶ In 2019–23, 16 percent of DLL children in Indiana lived in a household with no access to the internet, and 24 percent in a household with no access to a computer or laptop at home, as compared to 3 percent and 9 percent of the households of non-DLLs (see Figure 4). With limited digital access, it may be difficult for parents and caregivers to connect with early childhood programs and resources.
- ▶ DLLs made up 52 percent of all children ages 0 to 5 in Indiana whose households had no access to the internet, despite comprising 17 percent of the state's children in this age group.

FIGURE 4

Internet and Computer/Laptop Access in the Households of Children Ages 0 to 5 in Indiana, by DLL Status, 2019–23



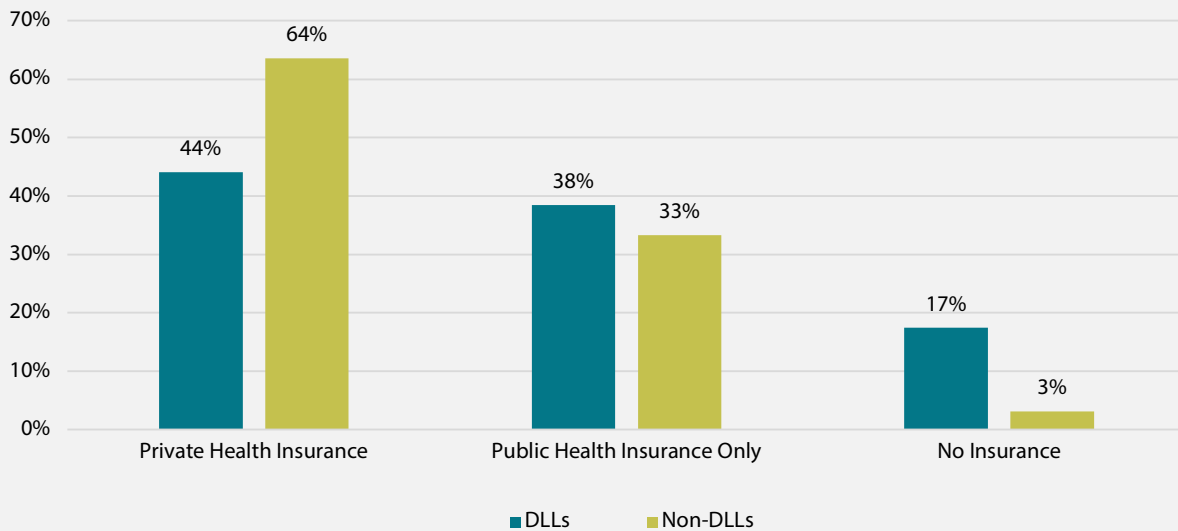
Source: MPI tabulation of data from the U.S. Census Bureau's 2019–23 ACS, pooled.

Limited health insurance coverage is another barrier that can hinder some DLLs' access to important early childhood services.

- ▶ In 2019–23, DLL children in Indiana were more likely than non-DLLs to live in a household without health insurance (17 percent versus 3 percent), as shown in Figure 5.
- ▶ Without health insurance, parents may not have access to early childhood health services provided by pediatric physicians or have the opportunity to be referred to services such as early intervention (a system of services that support babies and toddlers up to age 3 with development delays or disabilities) or home visiting (a service delivery strategy in which a trained professional visits families in their homes to provide support, guidance, and resources).
- ▶ In Indiana, 44 percent of DLLs' households had access to private health insurance, in comparison to 64 percent of non-DLLs' households.

FIGURE 5

Health Insurance Access in the Households of Children Ages 0 to 5 in Indiana, by DLL Status, 2019–23



Source: MPI tabulation of data from the U.S. Census Bureau's 2019–23 ACS, pooled.

Endnotes

- 1 Multiple terms are used to refer to Dual Language Learners in research, policy, and education, including but not limited to multilingual learners, emergent bilinguals, and bilingual learners.
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- 3 Linda Espinosa, *Early Education for Dual Language Learners: Promoting School Readiness and Early School Success* (Washington, DC: Migration Policy Institute, 2013).
- 4 Julia Gelatt, Gina Adams, and Sandra Huerta, *Supporting Immigrant Families’ Access to Prekindergarten* (Washington, DC: Urban Institute, 2014); Caitlin Katsiaficas, *Supporting Immigrant and Refugee Families through Home Visiting: Innovative State and Local Approaches* (Washington, DC: Migration Policy Institute, 2020); Maki Park, Lillie Hinkle, Katherine Habben, and Emma Heidorn, *Supporting Immigrant and Refugee Families through Infant and Early Childhood Mental Health Services* (Washington, DC: Migration Policy Institute, 2024).
- 5 Maki Park, Jacob Hofstetter, and Ivana Tú Nhi Giang, *Overlooked but Essential: Language Access in Early Childhood Programs* (Washington, DC: Migration Policy Institute, 2022).
- 6 Data on linguistically isolated households exclude individuals living in group quarters.
- 7 Park, Hofstetter, and Giang, *Overlooked but Essential*.
- 8 Robert Crosnoe, *Two-Generation Strategies and Involving Immigrant Parents in Children’s Education* (Washington, DC: Urban Institute, 2010); Thomas Gabe and Gene Falk, *Parents’ Work and Family Economic Well-Being* (Washington, DC: Congressional Research Service, 2006); U.S. General Accounting Office, *Early Childhood Programs: Parent Education and Income Best Predict Participation* (Washington, DC: U.S. General Accounting Office, 1994); Lynn A. Karoly and Gabriella C. Gonzalez, “Early Care and Education for Children in Immigrant Families,” *The Future of Children* 21, no. 1 (2011): 71–101; National Research Council, *Hispanics and the Future of America* (Washington, DC: The National Academies Press, 2006); National Academies of Sciences, Engineering, and Medicine, *Promoting the Educational Success of Children and Youth Learning English: Promising Futures* (Washington, DC: The National Academies Press, 2017).
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- 10 Lawrence J. Schweinhart, and David P. Weikart, “Effects of the Perry Preschool Program on Youths through Age 15,” *Journal of the Division for Early Childhood* 4, no. 1 (1981): 29–39; Craig T. Ramey and Sharon Landesman Ramey, “Early Childhood Education That Promotes Lifelong Learning, Health, and Social Well-Being: The Abecedarian Project and Its Replications,” *Medical Research Archives* 11, no. 11 (2023); U.S. Department of Health and Human Services, Administration for Children and Families, *Head Start Impact Study: Final Report* (Washington, DC: U.S. Department of Health and Human Services, 2010).
- 11 U.S. Department of Health and Human Services, “Poverty Guidelines and Determining Eligibility for Participation in Head Start Programs,” updated February 13, 2025.

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