

MIGRANT AND SEASONAL HEAD START REPORT TO CONGRESS



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TABLE OF CONTENTS

<i>INTRODUCTION</i> _____	1
<i>HISTORY</i> _____	2
War on Poverty _____	2
Migrant and Seasonal Head Start _____	2
<i>SECTION 649(l) OF THE ACT</i> _____	4
Children eligible for services _____	4
Barriers to services _____	8
HHS’s outreach plan and its progress serving eligible children _____	10

TABLES OF FIGURE(S)

<i>Annual Estimate of MSHS-Eligible Children from 2009-2011 NAWS data</i> _____	6
Number of MSHS-Eligible Children Served Annually from 2009-2011 PIR data _____	7
Total Number of MSHS-Eligible Children Served from 2009-2011 PIR data _____	7
Services MSHS-Eligible Children Received from 2009-2011 PIR data _____	11

INTRODUCTION

The Department of Health and Human Services (HHS) submits this report to the House of Representatives' Committee on Education and the Workforce and the Senate's Committee on Health, Education, Labor, and Pensions pursuant to section 649(l)(1) through (3) of the Improving Head Start for School Readiness Act (Act), Public Law 110-134. This report contains findings based on data collected from 2009 through 2011. HHS will receive 2011 through 2013 data on or around March or April 2016. When that data becomes available, HHS will update findings contained in this report.

When Congress reauthorized the Act in 2007, it focused, in part, on ways to make Head Start services more accessible to migrant and seasonal farmworker families. Generally, the Act requires HHS to work with other federal agencies to explore ways to serve more migrant and seasonal farmworker families. It requires HHS to determine how many children are eligible for Migrant and Seasonal Head Start (MSHS) services and to provide information on states where children are underserved. It requires HHS to report how many children actually receive MSHS services and to identify barriers that prevent children from accessing services. It also requires HHS to develop an outreach plan and to describe its progress providing services to children from farmworker families.

This report has two main sections. The first section, *History*, briefly recounts how Head Start began as part of President Lyndon B. Johnson's War on Poverty and how it expanded to serve children from families that migrate to work in agriculture. It describes MSHS program features and explains what makes a family eligible for MSHS services.

The second section, *Section 649(l) of the Act*, explains the Act's requirements and describes how HHS collaborated with other federal agencies, MSHS providers, and parents to meet those requirements. It presents national and regional estimates of children eligible to receive MSHS services and explains why HHS could not provide information on states where these children are underserved. It reports how many children actually receive MSHS services. It identifies barriers that prevent children from accessing MSHS services and proposes an outreach plan to eliminate those barriers. Finally, it describes how HHS successfully serves this population.

HISTORY

This section has two subsections. The first subsection, *War on Poverty*, briefly recounts the history of Head Start, which includes Migrant and Seasonal Head Start (MSHS). The second subsection, *Migrant and Seasonal Head Start*, describes features that make MSHS programs unique, and explains what makes a family eligible for MSHS services.

War on Poverty

In 1964, President Lyndon B. Johnson declared *War on Poverty* in his State of the Union speech. President Johnson's *War on Poverty* consisted of three weapons: education, income maintenance and jobs.

In 1965, the Johnson Administration launched Project Head Start, now Head Start, as part of the education “weapon,” to help meet the needs of pre-school children from low-income families. The Johnson Administration created Head Start to provide preschool aged children from low-income families with comprehensive services to meet their emotional, social, health, nutritional and psychological needs. At that time, part of the new government thinking on poverty and on how to effectively use education was that the government was obligated to help disadvantaged groups in order to compensate for social or economic inequalities.

In 1969, the government launched Migrant Head Start to ensure children from families that migrate to work in agriculture have access to the same educational advantages available to other low-income children. In 1998, Congress expanded Migrant Head Start to serve children from seasonal farmworker families and changed the program’s name to Migrant and Seasonal Head Start.

Migrant and Seasonal Head Start

The United States Department of Agriculture (USDA) reports there are approximately one million hired farmworkers.¹ That figure includes, but is not limited to migrant and seasonal farmworker families that travel throughout the United States (U.S.) to work in the agricultural industry.²

In most states, farmworker families do not have access to local child care resources. When resources are not accessible or available, parents may take their children with them to the fields where they are exposed to pesticides, hazardous equipment, extreme heat and other health dangers.

¹See United States Department of Agriculture Economic Research Service at <http://www.ers.usda.gov/topics/farm-economy/farm-labor/background.aspx>; See also *Facts about Farm Workers* at <http://www.ncfh.org/docs/fs-Facts%20about%20Farmworkers.pdf>.

²See United States Department of Agriculture Economic Research Service at <http://www.ers.usda.gov/topics/farm-economy/farm-labor/background.aspx>.

Often these children and their parents speak a language other than English, and come from different cultural and ethnic backgrounds. Like Head Start, MSHS programs focus on “school readiness” through early learning standards. MSHS programs also provide farmworker families, with children from birth to five years old, child care, health, and other social services that address their unique needs.

Because both parents typically work in the fields, MSHS programs offer full-day services. Many programs provide services on Saturdays and on holidays. MSHS programs can operate from 12 weeks to year-round in order to accommodate local agricultural industries and harvest seasons. To be eligible for MSHS services, a family’s income must come primarily from agricultural work and the family must be otherwise eligible for Head Start services (i.e. poverty, homelessness, or foster care).

In 2007, when Congress reauthorized the Act, it focused, in part, on ways to make MSHS services more accessible to farmworker families. In section 649(l) of the Act, Congress requires HHS to collaborate with the USDA, the Department of Labor (DOL), the Department of Education (ED), MSHS providers, and the Health Resources and Services Administration (HRSA), in order to gauge how many children from farmworker families are eligible for Head Start services and to provide information on states where children are underserved. Congress requires HHS to identify barriers that prevent farmworker families from accessing services and to develop a plan to eliminate those barriers. Congress also requires HHS to report the number of children that actually receive MSHS services and its progress in serving that population. The next section explains how HHS meets these requirements, and reports its findings.

SECTION 649(I) OF THE ACT

This section has three subsections. The first subsection, *Children eligible for MSHS services*, describes HHS's efforts with federal agencies and stakeholders to determine how many children are eligible for services and provides annual estimates of eligible children at national and regional levels. It explains why HHS could not provide information on states where these children are underserved. It also reports the number of children that actually receive MSHS services. The second subsection, *Barriers to services*, identifies why otherwise eligible children do not access MSHS services. The third subsection, *HHS's outreach plan and its progress serving eligible children*, proposes a plan to eliminate barriers and describes how HHS successfully serves MSHS eligible children.

1. Children eligible for MSHS services

Section 649(i)(1)(A) of the Act requires HHS to work with USDA, DOL, ED, MSHS providers, and HRSA to determine how many children from migrant and seasonal farmworker families are eligible for services.

Between 2008 and 2010, HHS organized a series of interagency meetings with representatives from USDA, DOL, ED, and HRSA to discuss how they collect, report, and share data on children from farmworker families. These meetings were conducted as roundtables, which allowed each agency to freely exchange information and ideas.

HHS entered into an agreement with DOL to participate in DOL's National Agricultural Workers Survey (NAWS). The NAWS is an annual employment-based, random survey that collects national demographics, employment data, and health characteristics on U.S. farmworkers. It is the only national information source that provides demographic characteristics, employment, health and living conditions of hired crop workers.

In 2014, HHS used 2007 to 2009 NAWS data to submit to Congress a national estimate of the annual number of MSHS eligible children. In this report, HHS relies on 2009 through 2011 NAWS data and other converging data to present both national and regional estimates of the annual number of MSHS eligible children.

To produce these estimates with acceptable confidence levels, the NAWS team compiled data over three years, from 2009 through 2011. First, to establish an annual national estimate of MSHS-eligible, DOL used several methods and data sources to calculate the size of the U.S. farmworker population, and current estimates from independent data sources converged on *a population of 1,400,000 crop workers*.³

To establish regional estimates of farmworker populations, DOL used USDA expenditure data to

³ ACF (2005) MSHS Supplement to the National Agricultural Workers Survey Report II OPRE Report ##, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 12.

establish regional shares expressed in hours to provide full-time equivalent based estimates per region. DOL then used the NAWS data to convert average hours worked per day into a number of farmworker persons. DOL then used NAWS data to identify the proportion of the farmworker populations that is eligible for MSHS services and then calculated the average number of young children per eligible farmworker.⁴

Finally, to estimate the numbers of MSHS eligible children, DOL combined the population estimates and the national and regional factors that contain the average MSHS eligible child(ren) per farmworker, using the following formulas:

*MSHS children nationally = farmworker population X
national average MSHS-eligible children per worker*

*MSHS children regionally = regional farmworker
population X regional average MSHS eligible children per
worker.*⁵

The results of these calculations provide annual estimates for the number of MSHS eligible children nationally and regionally as shown in the Table below. The geographic regions listed in the Table make-up specific states. For instance, the **Northeast/Midwest** region includes Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Virginia, Delaware, Maryland, New Jersey, Pennsylvania, Illinois, Indiana, Iowa, Kansas, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Michigan, Minnesota, and Wisconsin. The **Northwest** region includes Colorado, Idaho, Montana, Nevada, Utah, Wyoming, Oregon, and Washington. The **Southeast** region includes Kentucky, North Carolina, Tennessee, Vermont, West Virginia, Alabama, Arkansas, Georgia, Louisiana, Mississippi, and South Carolina. The **Southwest** region includes Arizona, New Mexico Oklahoma, and Texas. The regional counts do not include farmworkers from Hawaii and Alaska.

⁴ ACF (2005) MSHS Supplement to the National Agricultural Workers Survey Report II OPRE Report ##, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 12.

⁵ ACF (2005) MSHS Supplement to the National Agricultural Workers Survey Report II OPRE Report ##, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 14.

Table: Annual Estimate of MSHS-Eligible Children from 2009-2011 NAWS data⁶

Group	Population of Farmworkers used in Calculations	Population of Migrant and Seasonal Head Start Eligible Children	Lower 95% Confidence Limit	Upper 95% Confidence Limit
National	1,400,000	171,339	141,573	201,104
Northeast/ Midwest	304,920	23,914	14,863	32,955
California	470,856	93,648	70,098	117,198
Southeast	168,263	13,330	2,354	24,305
Florida	116,119	19,182	9,841	28,523
Northwest	179,467	16,788	9,333	24,243
Southwest	105,860	8,605	5,235	11,974

- The estimate for the Southeast region has a relative standard error between 31 and 50 percent should be interpreted with caution.

⁶ ACF (2005) MSHS Supplement to the National Agricultural Workers Survey Report II OPRE Report ##, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 14.

In addition to working with USDA, DOL, ED, MSHS providers, and HRSA to determine how many children from migrant and seasonal farmworker families are eligible for services, section 649(l)(3) of the Act requires HHS to provide information on states where children are underserved. HHS could not provide this information using the NAWS data. The NAWS gathers information annually from a relatively small sample of workers, selected proportionally from across the states, to represent the national distribution of workers. Given this broad, yet small representative sample, the power and accuracy of the MSHS eligible children estimates at the state level are sharply limited, even when the data are consolidated over several years. In order to strengthen state-level estimates, the NAWS would need to redesign its sampling approach and primary research questions in order to pursue much more costly sampling that would only begin to approach a valid representation of each state’s annual agricultural worker population.

Section 649(l)(1)(A) of the Act also requires HHS to determine how many children actually receive services. HHS tracks how many children receive MSHS services. Since 2007, HHS requires MSHS programs to submit Program Information Reports (PIR) annually. PIR provide comprehensive data on the services, staff, children, and families served nationwide.

HHS relies on PIR data from 2009 through 2011 to show cumulative enrollment for those years. HHS also uses PIR data to show how many children MSHS programs served from 2009 through 2011. HHS presents results from this data in tables below.

Table: Number of MSHS-Eligible Children Served Annually from 2009-2011 PIR data⁷

PIR Year	Total Cumulative Enrollment
2009	34,245
2010	34,755
2011	34,043

⁷ These figures are taken from PIR reports for 2009-2011. PIR data, reports and prior year’s PIR forms are available at <http://hses.ohs.acf.hhs.gov/pir>. The public may contact the HSES Help Desk for an account to access PIR data. HSES Help Desk can be reached Toll Free: 1-866-771-4737; Local: 1-703-528-0591 help@hsesinfo.org Monday through Friday 8:30 a.m. to 7 p.m. ET.

Table: Total Number of MSHS-Eligible Children Served from 2009-2011 PIR data⁸

Age	Children Served
0-2 years old (infants and toddlers)	52,186
3-5 years old (preschool age)	50,857
TOTAL	103,043

2. Barriers to services

Section 649(l)(1)(B) of the Act requires HHS to consult with USDA, DOL, ED, MSHS providers, and HRSA in order to identify barriers that prevent children from accessing MSHS services. HHS worked with DOL to create the *MSHS Supplement* to the NAWS, and met with MSHS providers to collect information on why otherwise eligible families do not access MSHS services.

The *MSHS Supplement* to the NAWS specifically targets farmworker families with children under six years old. It asks workers what they use for child care, what their child care preferences are, whether they have heard about Head Start, and whether they would be interested in receiving Head Start services.⁹

From 2008 to 2011, the NAWS team administered the *MSHS Supplement* to 1,234 farmworkers. Of the 1,234 farmworkers interviewed, 1,215 had sufficient information about their income and employment history for the team to determine whether they were eligible for MSHS. Of the 1,215 farmworkers, 67 did not work more than 50 percent in agriculture, and 49 had household incomes greater than 200 percent of poverty. The NAWS team excluded these farmworkers from the sample. The sample was then reduced to 1,099 farmworkers. Of the 1,099, 481

⁸ These figures are taken from PIR reports for 2009-2011. PIR data, reports and prior year's PIR forms are available at <http://hses.ohs.acf.hhs.gov/pir>. The public may contact the HSES Help Desk for an account to access PIR data. HSES Help Desk can be reached Toll Free: 1-866-771-4737; Local: 1-703-528-0591 help@hsesinfo.org Monday through Friday 8:30 a.m. to 7 p.m. ET.

⁹ See Office of Planning, Research and Evaluation 2012 Report: Migrant and Seasonal Head Start Supplement to the National Agricultural Worker Survey at http://www.acf.hhs.gov/sites/default/files/opre/agricultural_survey.pdf.

farmworkers were eligible for MSHS services based on the age of their child(ren), their income, and having worked 50 percent or more in agriculture.¹⁰

The NAWS team asked farmworkers who did not mention MSHS as one of their child care sources whether they heard of the program. Sixty-two percent of MSHS eligible families had never heard of the program. Among those who had heard of the program, the majority noted that they never used the program.¹¹

The most common reason these families never used the program was because they preferred their own child care arrangements over MSHS.¹² Statistics show roughly 53 percent of farmworkers are not legally authorized to work in the U.S.¹³ MSHS providers report these families are afraid of either being separated from their children or deported back to their home countries.

In addition to immigration laws, there are other barriers that prevent farmworker families from accessing MSHS services that have not changed over the past twenty years. The most significant barriers include language, how federal agencies define *migrant*, and the MSHS application process.

Language poses a barrier for some farmworker families to learn about MSHS services, because many either do not speak English or do not speak English proficiently. Even though to the greatest extent possible, MSHS providers employ staffs that speak English, Spanish, and other languages, it is difficult to reach every farmworker family.

Different ways federal agencies define *migrant* also create a barrier for otherwise potentially eligible families to access services. Many farmworker families come from different cultural and ethnic backgrounds, and may not be familiar with how different federal programs work in the U.S. Consequently, if one federal agency turns a family away because it does not fit that agency's *migrant* definition, the family may not seek services from another federal agency.

Finally, re-applying for services poses a barrier. Each time a family moves from one MSHS program to another, it must repeat the application process. This poses more than an

¹⁰ ACF (2005) MSHS Supplement to the National Agricultural Workers Survey Report II OPRE Report ##, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 41.

¹¹ ACF (2005) MSHS Supplement to the National Agricultural Workers Survey Report II OPRE Report ##, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 45.

¹² ACF (2005) MSHS Supplement to the National Agricultural Workers Survey Report II OPRE Report ##, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 14.

¹³ See The National Center for Farmworker Health, Inc. *Facts about Farm workers* 2012 at <http://www.ncfh.org/docs/fs-Facts%20about%20Farmworkers.pdf>; See also Southern Poverty Law Center, *Who are Farmworkers* at <http://www.splcenter.org/sexual-violence-against-farmworkers-a-guidebook-for-criminal-justice-professionals/who-are-farmworke>.

inconvenience. These families, given their migratory lifestyle, may not have health records or other documents programs need to enroll their children. In intra-agency conversations with ED, HHS explored lessons learned about record keeping across states and across service programs.

3. HHS's outreach plan and its progress serving eligible children

Section 649(l)(1)(B) of the Act requires HHS to develop a plan to eliminate barriers that prevent children from accessing MSHS services. This plan must address increasing enrollment and tracking children's health and educational records. In addition, section 649(l)(3) of the Act, requires, in part, that HHS report its progress serving eligible children.

Children of immigrants face many hardships that put them at greater risk for negative early childhood development and that limit the likelihood they will enter kindergarten prepared to succeed. Although these children stand to benefit greatly from early education programs, they currently participate at lower rates than children of U.S. born citizens.

Reasons why these children participate at lower rates than children of U.S. born citizens vary. One reason otherwise MSHS eligible families do not participate in MSHS programs, as noted in the previous subsection, is they never heard of the program.

HHS recognizes this issue and works to raise awareness about Head Start programs among farmworker families. One way HHS works to raise awareness is to require MSHS providers to develop and implement plans to recruit eligible farmworker families. Some providers visit local community agencies to share information. Some distribute information about MSHS services door to door and some work with local school districts. Some providers advertise on local radio stations, while others post announcements in laundry mats and churches.

HHS will continue to require MSHS providers to reach out to farmworker families, but will also explore ways to conduct more research on how to more effectively increase enrollment and on how to serve the growing numbers of immigrant families.

HHS will also explore ways to streamline how MSHS programs track children's health and educational records. During the roundtable meetings with other federal agencies, ED introduced its Migrant Student Information Exchange (MSIX).¹⁴ The MSIX¹⁵ allows states to exchange educational and health information on migrant children. It works with existing state migrant student information systems to track enrollment, placement, and academic credits for migrant children nationwide. HHS will consider how feasible and how effective it would be to create a system, like the MSIX, that could help MSHS programs exchange information and track children's records.

¹⁴ See Department of Education Lead & Manage My School Migrant Student Records Exchange Initiative at <http://www2.ed.gov/admins/lead/account/recordstransfer.html#des>.

¹⁵ See Department of Education Lead & Manage My School Migrant Student Records Exchange Initiative at <http://www2.ed.gov/admins/lead/account/recordstransfer.html#des>.

HHS is proud of its efforts to serve children from farmworker families. Of the 103,043 MSHS children served from 2009 through 2011, 2,708 between 0 and 2 years old and 4,039 preschool age children received special education or related services. Of the 103,043 children served, 99,415 were properly immunized, 97,786 obtained medical homes,¹⁶ and 87,286 found dental homes.¹⁷ HHS presents these figures in the table below.

Table: Services MSHS-Eligible Children Received from 2009-2011 PIR data¹⁸

Age	Service	Children Served
0-2 years old (infants & toddlers)	Special education or related services	2,708
3-5 years old (preschool age)	Special education or related services	4,039
0-5 years old	Immunizations	99,415
0-5 years old	Medical homes	97,786
0-5 years old	Dental homes	87,286

¹⁶ The American Academy of Pediatric describes a *medical home* as an “accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective” form of medical care. See Sia C, Tonniges TF, Osterhus E, Taba S. History of the medical home concept. *Pediatrics*. 2004;113:1473-1478.

¹⁷ The concept of a *dental home* is derived from the AAP’s concept of a medical home. Pediatric primary dental care includes the same characteristics set forth in the AAP’s definition of a medical home, i.e., accessible, continuous, family-centered, comprehensive, coordinated, compassionate, and culturally and linguistically sensitive. The dental home is a specialized primary dental care provider who exists within the broader concept of the medical home, and is a necessary part of complete well child care.

¹⁸ These figures represent the number of children served out of the total 103,043 MSHS children served from 2009-2011. They are taken from PIR reports for 2009-2011. PIR data, reports and prior year’s PIR forms are available at <http://hses.ohs.acf.hhs.gov/pir>. The public may contact the HSES Help Desk for an account to access PIR data. HSES Help Desk can be reached Toll Free: 1-866-771-4737; Local: 1-703-528-0591 help@hsesinfo.org Monday through Friday 8:30 a.m. to 7 p.m. ET.

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