

Migrant And Seasonal Head Start Report To Congress - Fiscal Year 2014-2019



Office of Head Start
Administration for Children and Families
U.S. Department of Health and Human Services
Washington, DC 20447



ADMINISTRATION FOR
CHILDREN & FAMILIES

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INTRODUCTION

The U.S. Department of Health and Human Services (HHS) submits this report to the House of Representatives Committee on Education and Labor and the Senate Committee on Health, Education, Labor, and Pensions pursuant to section 649(l)(3) of the Head Start Act (the Act). This report contains findings based on data collected on the National Agricultural Workers Survey (NAWS) from 2014 through 2016¹ and data collected on the Program Information Report (PIR) from 2014 through 2019.

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. Specifically, the Act requires HHS, including the Health Resources and Services Administration, to report on efforts to collaborate with the U.S. Department of Agriculture (USDA), the U.S. Department of Labor (DOL), the U.S. Department of Education (ED), and Migrant and Seasonal Head Start (MSHS) providers to:

- collect, report, and share data within a coordinated system on children of migrant and seasonal farmworkers and their families, including health records and educational documents, in order to adequately account for the number of children of migrant and seasonal farmworkers who are eligible for Head Start services and determine how many of such children receive those services;
- identify barriers that prevent children of migrant and seasonal farmworkers who are eligible for Head Start services from accessing Head Start services and develop a plan for eliminating such barriers, including certain requirements to tracking, health records, and educational documents, and increasing enrollment; and
- report on the progress of outreach efforts to migrant and seasonal farmworker families and the number of eligible children being served and information on states where eligible children are still underserved.

In most states, farmworker families do not have access to local child care resources and may take their children with them to the fields where they are exposed to pesticides, hazardous equipment, extreme heat, and other health dangers. The MSHS program provides families with an alternative to taking their children to the fields by providing, to over 30,000 farmworker families with children from birth to 5 years old, early childhood services in core areas of early learning, health, and family well-being, while considering the unique needs of farmworker families. These programs promote the school readiness of these children, while being responsive to the ethnic, cultural, and linguistic heritage of the farmworker families who often speak a language other than English at home and come from various cultural and ethnic backgrounds. To accommodate farmworker schedules, MSHS programs offer full-day services, including many

¹ The 2016 NAWS data is the most recent data publicly available at the time of this analysis. The next public data release is expected by DOL in the summer of 2020 at <https://www.doleta.gov/naaws/public-data/>.

providing services on Saturdays and holidays. Further, MSHS programs can operate from 12 weeks to year-round in order to align with the 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 eligible for Head Start services (i.e., poverty, homelessness, receiving public assistance, or foster care).

REPORT

About Children Eligible for MSHS Services

In 2008, 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-sample survey that collects demographic, employment, and health data in face-to-face interviews of U.S. farmworkers. It is the only national information source that provides demographic characteristics, employment, health, and living conditions of hired crop workers.

In this report, HHS relies on DOL’s NAWS data from 2014 through 2016² and other converging data from 2014 through 2019 to present estimates of the national and regional numbers of MSHS-eligible children.

To produce these estimates with acceptable confidence levels, the NAWS team compiled data over 3 years, from 2014 through 2016. First, DOL used the NAWS data to estimate the proportion of the farmworker populations that is eligible for MSHS services and then calculated the average number of young children per MSHS-eligible farmworker nationally and per region (Table 1).

Table 1: Average Annual Number of MSHS-Eligible Children per Farmworker Household using data from NAWS 2014-2016³

Group ⁴	Number of Observations in NAWS Sample	Average Number of MSHS-Eligible Children per Household	Standard Error	Lower 95% Confidence Limit	Upper 95% Confidence Limit
National	8,165	0.16	0.0139	0.13	0.18
Northeast/Midwest	1,506	0.10^a	0.0334	0.04	0.17
California	3,255	0.16	0.0110	0.14	0.18
Southeast	873	0.19	0.0541	0.08	0.29
Florida	649	0.17	0.0319	0.11	0.24

² The 2016 NAWS data is the most recent data publicly available at the time of this analysis. The next public data release is expected by DOL in the summer of 2020 at <https://www.doleta.gov/naaws/public-data/>.

³ Estimates were derived from 3 years of NAWS data combined (2014-2016).

⁴ The geographic regions listed in the Table are a combination of specific states. 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 and national counts do not include farmworkers from Hawaii and Alaska, where there are no MSHS programs.

Northwest	1,271	0.18^a	0.0609	0.06	0.30
Southwest	611	0.18	0.0353	0.11	0.25

^a Estimates have relative standard errors between 31 and 50 percent and should be interpreted with caution.⁵

DOL used USDA expenditure data to establish national and regional estimates of farmworker populations. The expenditure data was used to identify regional shares expressed in hours, which represent the number of full-time equivalent crop work jobs per region. DOL then used the NAWS data to convert farmworkers' reported average hours worked per day into a number of farmworkers per region to cover those crop work jobs. Current estimates converged on an average national population of 1,615,073 farm workers between 2014 and 2016. National and regional estimates of the populations of farmworkers are shown in the first column of Table 2.

Finally, to estimate the numbers of MSHS-eligible children (Table 2), DOL multiplied the population estimates and the national and regional values that represent the average MSHS-eligible child(ren) per farmworker using the following formula:

$$\begin{array}{c} \text{Annual number of} \\ \text{MSHS-eligible} \\ \text{children} \end{array} = \begin{array}{c} \text{Farmworker} \\ \text{population} \end{array} \times \begin{array}{c} \text{Average MSHS-} \\ \text{eligible children} \\ \text{per worker} \end{array}$$

Table 2: National and Regional⁶ Annual Estimate of Children Eligible for Migrant and Seasonal Head Start, (using NAWS 2014-2016 to produce estimate)

Group	Estimated Population of Farmworkers used in Calculations	Estimated Population of MSHS-Eligible Children	Lower 95% Confidence Limit	Upper 95% Confidence Limit
National	1,615,073	254,082	209,959	298,203
Northeast/Midwest	490,975	51,538 ^a	19,292	83,784
California	444,087	70,168	60,552	79,784
Southeast	257,274	48,479 ^a	21,083	75,876
Florida	89,809	15,583	9,949	21,217
Northwest	228,064	41,558 ^a	14,200	68,916

⁵ Estimates with relative standard errors (RSEs) greater than 30 percent are identified throughout this report. The RSE is calculated by dividing the standard error of the estimate (mean or percentage) by the estimate itself. Estimates with RSEs between 31 and 50 percent are published but should be used with caution.

⁶ The regional counts do not include farmworkers from Hawaii and Alaska.

Southwest	104,864	18,834	11,553	26,115
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^a Estimates have relative standard errors between 31 and 50 percent and should be interpreted with caution.

These calculations provide updated estimates for the number of MSHS-eligible children nationally and regionally as shown in the third column of Table 2.

States Where Children Are Underserved

The Act requires information on states where such children are underserved. 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 accuracy of the estimated number of MSHS-eligible children at the state level is sharply limited and cannot be reported with any confidence. When considering eligible children receiving services, this information also cannot be provided by state. The MSHS programs may support children and families who receive services in various states during the year, and thus, the funded enrollment cannot be fully attributed to individual states.

The following table compares the funded enrollment to the estimated eligible population. The MSHS administrative and program addresses (when available) are used as a proxy to group funded enrollment by region.

Table 3: National and Regional Annual Estimate of Children Eligible for MSHS, (using NAWS 2014-2016), Compared to MSHS Funded Enrollment (FY 2019)⁷

Group	Estimated Population of MSHS-Eligible Children	MSHS Funded Enrollment	Estimated Percent of Coverage
National	254,082	30,420	12%
Northeast/Midwest	51,538 ^a	5,966	12%
California	70,168	7,041	10%
Southeast	48,479 ^a	1,158	2%
Florida	15,583	2,340	15%
Northwest	41,558 ^a	7,639	18%
Southwest	18,834	6,276	33%

^a Estimates have relative standard errors between 31 and 50 percent and should be interpreted with caution.

⁷ Using FY 2019 MSHS Funded Enrollment for comparison purposes since it is the most recent data and the funded enrollment has been stable since FY 2017 as shown in Table 4.

Overall, all regions listed in the table are underserved with an average percent of coverage for the MSHS-eligible children at 12 percent. The Southeast region at 2 percent has the least coverage of MSHS program services for MSHS-eligible children. The Southeast region is comprised of Kentucky, North Carolina, Tennessee, Vermont, West Virginia, Alabama, Arkansas, Georgia, Louisiana, Mississippi, and South Carolina.

Number of MSHS-Eligible Children Served

In FY 2019, MSHS programs were funded to serve 30,420 children. Table 4 shows the change in funded enrollment since 2014.

Table 4: Total Funded Enrollment for MSHS Programs by Fiscal Year

Fiscal Year	Total Funded Enrollment ⁸
2014	30,276
2015	32,101
2016	32,087
2017	30,644
2018	30,326
2019	30,420

Each year, MSHS programs are required to submit a PIR⁹ on the services they have provided to children and families throughout the program year, including child, family, and staff demographics and program characteristics. In FY 2017, the MSHS funded enrollment dropped primarily due to a significant enrollment reduction. Under section 640(g)(3) of the Act, Head Start agencies can request an enrollment reduction if it is necessary to maintain the quality of program services. Additionally, pursuant to sections 640(f)(2)(B) and 645(a)(5) of the Act, grantees can request a conversion of funded enrollment slots from Head Start to Early Head Start. Further, grantees can apply to serve a different ratio of Head Start to Early Head Start slots when a service area is competed under the Designation Renewal System. Changes in enrollment often result in a proportional increase of children ages 0 to 2 being served, which in turn lead to decreases in the overall funded enrollment to account for the higher costs to operate services for the younger age group. Table 5 shows the percent of children ages 0 to 2 and ages 3 to 5 served from 2014 to 2019 according to the PIR.

⁸ Source: The Head Start Enterprise System.

⁹ A copy of the PIR form, detailed reports, and access to data sets are available at <https://eclkc.ohs.acf.hhs.gov/data-ongoing-monitoring/article/program-information-report-pir>.

Table 5: Percent of Ages Served by Year

PIR Year	Percent of 0-2 years old (infants and toddlers)	Percent of 3-5 years old (preschool age)
2014	49%	51%
2015	53%	47%
2016	55%	45%
2017	53%	47%
2018	54%	46%
2019	53%	47%

In 2015, there was an increase in the total funded enrollment as well as the percent of infants and toddlers being served across all of Head Start including MSHS primarily due to a significant investment into services for this age group through new Early Head Start Expansion and Early Head Start-Child Care Partnership grants.

Barriers to Services

HHS worked with DOL to create the *MSHS Supplement* to the NAWS and also met with MSHS providers to collect information on why eligible families do not access MSHS services.

The *MSHS Supplement* to the NAWS specifically targets farmworker families with children under 6 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.¹⁰

Since there may be a perceived stigma with the terms “migrant” or “immigrant,” grantees reported to HHS that some MSHS-eligible parents are choosing not to enroll in the program. The name of the program may also be a barrier as some families do not want to be perceived as migrants or immigrants.

In addition, there are other long-standing barriers that prevent farmworker families from accessing MSHS services. 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. Although MSHS providers employ staff that speak English, Spanish, and other languages, to the greatest extent possible, it is difficult to reach every farmworker family.

¹⁰ See Office of Planning, Research, and Evaluation 2015 Report: Migrant and Seasonal Head Start Supplement to the National Agricultural Worker Survey at <https://www.acf.hhs.gov/opre/resource/migrant-and-seasonal-head-start-supplement-to-the-national-agricultural-workers-survey-2015-report>.

The different ways in which federal agencies define *migrant* also create a barrier for 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. 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.

In interagency conversations with the Education Department (ED) and other agencies serving farmworkers, HHS discussed record keeping across states and across service programs, limited availability of data especially at the state level on eligible families, and the impact of definitions related to eligibility on the continuity of program services. In 2016, to improve the recruitment and enrollment of eligible families in MSHS programs, the Office of Head Start (OHS) provided the flexibility for MSHS programs to prioritize local types of agricultural work beyond field and tree crops, which may result in varying enrollment opportunities across MSHS programs that better reflect the communities they serve.

Finally, finding and re-applying for services may pose a barrier when a family moves from one MSHS program to another. Although MSHS programs can refer children to other MSHS programs, the subsequent entity must ensure they have a complete eligibility determination record for the child. Additionally, these families, given their migratory lifestyle, may not have complete health records or other documents needed to support their transition from one program to another. Approaches that are used by MSHS programs to ease and support successful transitions from one provider to another include:

- the MSHS program providing child records to the family to share during the application process with the subsequent early childhood service provider;
- staffing family service workers to support families in identifying and transitioning to other early childhood services in their new location to which they are moving;
- leveraging resources on supporting successful transitions on the Early Childhood Learning and Knowledge Center website provided by OHS at <https://eclkc.ohs.acf.hhs.gov/transitions>;
- ensuring MSHS program staff are available for communication for the subsequent provider; and
- leveraging technology to support transitions such as the phone application developed and made available by the Migrant and Seasonal Collaboration Office to support migrant and seasonal farmworker families in locating MSHS providers in their community.

HHS's Outreach Plan and Progress in Serving MSHS-Eligible Children

In the 2016 revision of OHS’s Performance Standards, eligibility for migrant and seasonal farmworker families was made more flexible. Prior to 2016, only farmworkers that work in field and tree crops were eligible. The new standards allow grantees to use locally relevant definitions of “migrant” to be inclusive of migrant families nearby. Many grantees have opted to use the ED or the USDA definitions of migrant agricultural work.

HHS works to raise awareness about Head Start programs among migrant and seasonal farmworker families. For example, HHS requires MSHS providers to develop and implement plans to recruit eligible farmworker families. Providers employ a wide variety of practices to recruit MSHS-eligible families, including visiting local community agencies to share information, distributing information about MSHS services door-to-door, working with local school districts, advertising on local radio stations, and posting announcements in laundromats and churches.

The data presented in this report indicates that the number of eligible MSHS children being served is a small proportion of the eligible children. HHS is exploring ways to more effectively maximize enrollment for the growing number of eligible migrant and seasonal farmworker families.

One possible approach to maintaining family accessibility for children’s health and education records is that of ED, which has established a Migrant Student Information Exchange (MSIX).¹¹ The MSIX is a non-Federal data transfer system that allows states to securely exchange educational and health information on migrant children. It works with existing state migrant student information systems to maintain records of enrollment, placement, and academic credits for migrant children nationwide. A similar system could reduce obstacles to service continuity and the intake paperwork required by each MSHS site.

In FY 2019, MSHS programs were funded to serve 30,420 children. The following table provides some information on the percent of children enrolled in MSHS programs receiving health and disability services during the 2019 program year.

Table 6: Services MSHS-Eligible Children Received from 2019 PIR data

Age	Service	Percent of Children Served
0-2 years old (infants & toddlers)	Disabilities - Children who have an Individualized Family Service Plan (IFSP) and eligible to receive early intervention services under the Individuals with Disabilities Education Act (IDEA)	8% of infants and toddlers served

¹¹ See Department of Education Lead & Manage My School Migrant Student Records Exchange Initiative at <http://www2.ed.gov/admins/lead/account/recordstransfer.html#des>.

3-5 years old (preschool age)	Disabilities - Children who have an Individualized Education Program (IEP) and eligible to receive special education and related services under IDEA	11% of preschool age children
0-5 years old	Immunization - Children with up-to-date immunizations, all immunizations possible at the time, or who meet state guidelines for exemption at the end of enrollment	97% of all children
0-5 years old	Medical Home - Children with an ongoing source of continuous, accessible health care at end of enrollment	94% of all children
0-5 years old	Dental Home - Children with continuous, accessible dental care provided by a dentist at end of enrollment	94% of all children