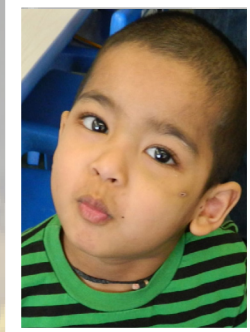
# Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA) in Early Head Start and Head Start:

## *Reaching Emerging Refugee and Immigrant Populations*



THE NATIONAL CENTER ON Cultural and Linguistic Responsiveness

THE NATIONAL CENTER ON Program Management and Fiscal Operations

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## I. Introduction

Young children of immigrant families are the fastest growing group among children in the U.S. today, and the diversity they represent is reflected in virtually all communities. The majority of immigrants are currently from Mexico, Central America, and different parts of Asia; and refugees arrived from more than 70 different countries in 2013. Many of these refugee and immigrant "emerging populations" are families who are low-income with limited English proficiency, and eligible for Early Head Start and Head Start (EHS/HS) programs. Quality early childhood education services through Early Head Start/Head Start programs can make a tremendous difference for these families, while immigrants enrich the EHS/HS settings through their diverse cultures and languages and help prepare today's EHS/HS participants for a changing world. In 2013-2014, nearly 30% of children enrolled in Early Head Start/Head Start spoke a language other than English at home.

> We urge you to make special efforts to reach populations who historically have been underserved. Changing demographics should result in a changing Head Start program.
>
> – Head Start's Achieving and Maintaining Full Enrollment ACYF-HS-PI-04-03

**Table 1. Head Start Services Snapshot, 2013-2014: Primary Language of Family at Home**

| Primary Language of Family at Home | Participants | |
|---|---|---|
| | # | % |
| English | 753,115 | 70.4 |
| Spanish | 265,301 | 24.8 |
| East Asian Languages | 11,279 | 1.1 |
| Middle Eastern or South Asian Languages | 9,947 | 0.9 |
| African Languages | 7,336 | 0.7 |
| European or Slavic Languages | 7,109 | 0.7 |
| Unspecified Languages | 4,507 | 0.4 |
| Caribbean Languages | 3,105 | 0.3 |
| Central American, South American, or Mexican Languages | 2,949 | 0.3 |
| Pacific Island Languages | 2,899 | 0.3 |
| Other Languages | 1,796 | 0.2 |
| Native North American or Alaska Native Languages | 833 | 0.08 |

https://eclkc.ohs.acf.hhs.gov/hslc/data/psr/2014/NATIONAL_SNAPSHOT_HS.PDF, The data is a subset of the annual Program Information Report (PIR) submission to the Office of Head Start

In order to serve today's changing communities, it is vital that EHS/HS programs collaborate with the local and state orgnizations that provide specialized refugee and immigrant services. This resource can be used for training and consistent messaging across staff roles to ensure EHS/HS programs are identifying, recruiting, engaging, and effectively serving the eligible emerging populations in their communities.

## II. Refugee Key Terms and Programs

A. **Refugees:** Refugees are a special class of immigrants who have fled their countries of nationality and have been determined unable or unwilling to return to their countries due to a well-founded fear of persecution. Refugees are screened and approved for resettlement to the United States by U.S. Citizenship and Immigration Services (USCIS). Refugee migration may involve a long and difficult journey, long waits in refugee camps or other countries, extreme deprivation, and/or physical and emotional trauma, including torture. Asylees are approved according to similar criteria, but apply for asylum after they arrive in the United States.

B. **Immigrants:** An immigrant is a person who has been granted permission by USCIS to reside permanently in the United States as a Lawful Permanent Resident (LPR). They are eligible to apply for citizenship after five years. In general, immigrants come to the U.S. voluntarily, while refugees are forced to leave their homeland, often with little time for preparation. Some people entering the U.S. are considered undocumented immigrants (those who enter the country without invitation or application; or who enter legally as a visitor, student, or temporary employee, and stay after their visa expires). In addition, some groups are awarded a temporary status (such as "Temporary Protected Status") by USCIS due to extraordinary and temporary conditions in designated countries that would threaten personal safety. This type of status can be terminated at any time, and it therefore provides an uncertain future to those it covers. For more information about different types of immigrant status, see the Immigrant Legal Resource Center and the USCIS glossary for legal definitions.

C. **The U.S. Refugee Program** is a public-private partnership between federal agencies and national non-profit refugee resettlement organizations. The Office of Refugee Resettlement (ORR within the U.S. Department of Health & Human Services An Office of the Administration for Children & Families) funds the majority of services in the U.S. through a range of national, state, and local programs that support refugee self-sufficiency and integration. The U.S. State Department's Bureau of Population, Refugees, and Migration (PRM) provides services to refugees overseas, transportation to the U.S. (as a loan), and the first 30 - 90 days of resettlement services.

The initial 30 days of PRM resettlement services include:

- Housing, food, clothing, furniture, household supplies, other basic necessities, as needed (prior to refugee arrival in the U.S.).
- Airport reception and home visit for refugees not joining family in the U.S. (first 24 hours).
- Assistance with applications for social security card, food stamps, cash, and medical assistance (first 7 days).
- Referral to employment services and English as a Second Language training. Referral to other services for refugees not working due to age or health (first 10 days).
- At least one home visit provided, health screenings ensured, enrollment of children in school, and cultural information and community orientations, such as how to use household appliances, take public transportation, shop for groceries and other necessities, connect with religious and other community supports, etc. (first 30 days).

## III. The Community Assessment (CA) Process

To plan for the Community Assessment process, EHS/HS programs organize a Community Assessment (CA) team. The CA team includes EHS/HS staff, board and policy council representatives, families participating and/or who are eligible for EHS/HS, and community members. CAs are conducted every three years and updated annually, in response to the ongoing shifting demographics in U.S. communities and the requirement that Head Start participants should reflect the eligible children and families in their communities.

Through a variety of information gathering techniques (such as focus groups, surveys, interviews, and environmental scans) the CA team works together to complete the assessment and build a collective understanding about their local community and program service area.

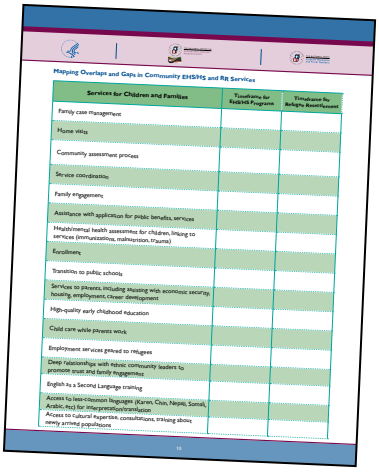
Following are suggestions for including refugee and immigrant emerging populations based on the CA process in the workbook, *Five Steps to Community Assessment*:

| Steps | Head Start Community Assessment Process | Refugee and Immigrant Emerging Populations |
|---|---|---|
| 1 | • Establish the Community Assessment (CA) team.<br>• Organize the CA process, including timelines. | • Review NCCLR materials on refugee and immigrant populations, such as Key Contacts and Talking Points.<br>• Contact state and local organizations that can inform and support your efforts. Meet with local organizations and recruit members for the CA Team. |
| 2 | • Design the data collection process to answer key questions. | • Determine unique data needed for serving refugee and immigrant emerging populations, such as languages spoken and migration background. See Section V. Data Sources for on-line data. |
| 3 | • Gather internal/external data.<br>• Review data (quality, quantity, related to key questions, multiple sources). | • Work together with the state offices and local community agencies to collect additional data.<br>• Enlist assistance of local agencies in collecting and sharing data on immigrant families. |
| 4 | • Analyze data and look for impact, relevance, significance, trends.<br>• Synthesize data and discuss collective findings. | • Provide preliminary analyses to state offices, local agencies, and Ethnic Community-Based Organizations (ECBOs) for feedback on how well data reflect these populations and to share information. |
| 5 | • Draw conclusions and filter through regulatory requirements, funding source priorities, and financial considerations.<br>• Make preliminary decisions and reccommendations. | • Throughout this process, be sure to include the unique needs and strengths of eligible immigrant families and local, regional, state, and national policies that will support cultural and linguistic responsiveness. |

Source for Head Start Community Assessment Process: Five Steps to Community Assessment: A Workbook for Head Start and Early Head Start Programs Serving Hispanic and Other Emerging Populations.

## IV. Collaboration between EHS/HS and Refugee/Immigrant Organizations

Collaboration between EHS/HS and refugee resettlement providers supports children and families in their transition and integration into U.S. communities. *Talking Points* is a tool that may be used to initiate networking between providers that will lead to increased collaboration between service delivery systems and provide additional services to refugee families with young children. The tool provides an opportunity to gather essential background information on each program, as well as to suggest questions as a catalyst for exchange of needed information.



Mapping Overlaps and Gaps in Community EHS/HS and RR Services

| Services for Children and Families | Available for EHS/HS Programs | Available for Refugee Resettlement |
|---|---|---|
| Family case management | | |
| Home visits | | |
| Community assessment process | | |
| Service coordination | | |
| Family engagement | | |
| Assistance with application for public benefits, services | | |
| Health/mental health assessments for children, linking to services (immunizations, malnutrition, trauma) | | |
| Enrollment | | |
| Transition to public schools | | |
| Services to parents, including assisting with economic security, housing, employment, career development | | |
| High-quality early childhood education | | |
| Child care while parents work | | |
| Employment services geared to refugees | | |
| Deep relationships with ethnic community leaders to promote trust and family engagement | | |
| English as a Second Language training | | |
| Access to less-common languages (Karen, Chin, Nepali, Somali, Arabic, etc) for interpretation/translation | | |
| Access to cultural expertise, consultations, training about newly arrived populations | | |

Both EHS/HS and ORR-funded services vary by program. Work together with your local service providers and/or State Refugee Coordinator to identify overlaps or gaps in services for families and children in emerging populations in your communities. *The Overlaps and Gaps in Community Worksheet* on page 10 can help you in your collaborative efforts.

For example, Head Start may not have access to a less common language such as Somali. A Refugee Services provider may have a cultural broker who can assist the Head Start program in interpreting and translating important information to a Somali parent in their program.

See the NCCLR's Refugee Families page for tools that support collaboration between HS/EHS and Refugee Resettlement organizations, including Key Contacts and *Talking Points*.

### Promising Practices:
*Syracuse, NY*

P.E.A.C.E. Inc., Syracuse, NY, had been experiencing an influx of refugee families from Somalia, Burma, and Bhutan/Nepal for several years. Realizing their agency was not equipped to serve these emerging populations, the EHS/HS ERSEA Coordinator for P.E.A.C.E. Inc., Syracuse, NY, initiated a relationship with local Refugee Resettlement (RR) agencies. They have since been working together to identify eligible refugee families and to increase their enrollment in their service area. They have also collaborated to:

- Conduct focus groups with refugee parents, resettlement and EHS/HS staff to better understand challenges and provide solutions for improving services to refugee families.
- Develop recruitment videos in refugee languages.
- Establish a shared online database on services to refugee families so that these agencies can coordinate case management services.
- Refer eligible children to HS/EHS programs.
- Provide space in RR agency offices so that EHS/HS intake workers can meet with refugees in a familiar environment.
- Provide RR agency interpreters to aid HS/EHS intake interviews.
- Organize a community fair together with refugee agencies and other non-profits to increase awareness of HS/EHS and to enroll eligible refugee families in their program at the fair.

## V. The Five ERSEA Elements

- **Eligibility:** Immigrants have an overall higher poverty rate than families with parents born in the U.S.; immigrants arriving within 5 years have the highest rates of poverty. Most refugees will meet the EHS/HS income requirements upon arrival and some for years after. (See Section V. Sources of Data for Elinks to data on refugees and other foreign-born persons by state and county.) In addition to numbers and countries of origin, some of these sources can provide data according to age, language spoken at home, income, and English proficiency. PRM (U.S. State Department's Bureau of Population, Refugees, and Migration) data can provide information on refugees within a few days to a few weeks of their arrival in communities.

- **Recruitment:** Refugee and other immigrant organizations have typically earned the deep trust of their communities and can assist by disseminating information about Head Start, promoting the advantages of EHS/HS in communities, and advising on EHS/HS outreach and recruitment methods. Some HS/EHS programs have held focus groups with families and immigrant providers in order to better understand barriers and then developed recruitment videos in refugee languages. An especially effective strategy for recruiting refugee families has been to hire a "cultural liaison" from the refugee community as a staff member.

- **Selection:** Refugee and other immigrant families may be among the most vulnerable in EHS/HS communities based on income level, Limited English Proficiency, hardships such as nutritional deprivation and emotional/physical trauma, low levels of formal education and literacy, and challenges in finding long-term employment with adequate salary and benefits. Some EHS/HS programs have added extra points for refugee status with regard to their selection criteria.

- **Enrollment:** EHS/HS programs that are under-enrolled are especially encouraged to reach out to and enroll eligible families from emerging populations (ACYF-HS-PI-04-03). Some EHS/HS programs have developed creative strategies for enrolling immigrant families, including attending immigrant health fairs and holding enrollment sessions at refugee resettlement agencies.

- **Attendance:** To maintain the required minimum 85% EHS/HS attendance rate, some EHS/HS programs have worked together with local refugee and immigrant organizations to ensure families have transportation and interpretation services, if needed, and to support relevance of EHS/HS services through cultural consultation and staff training. Some refugee parents are recruited as volunteers and can help ease the adjustment of other parents and children, and some EHS/HS programs have hired qualified refugee parents as interpreters and classroom assistants.

Although it may not be possible to serve all the low-income children in your service or recruitment area, each eligible family has a right to learn about Head Start and be given a fair chance to have their child considered for enrollment.

This means taking steps such as providing recruitment materials in the languages of the major population groups who live in your area and hiring staff who can do outreach to these families in their languages.

In many communities throughout the country, there have been dramatic changes in population and demographics over the past decade...

- Are there new populations who have moved into parts of your service area where your Head Start program does not recruit children?
- Does the location of your program's centers or its transportation services make it difficult or impossible for these families to enroll in Head Start?

– Head Start's Achieving and Maintaining Full Enrollment ACYF-HS-PI-04-03

## VI. Sources of Data on Emerging Populations

The following sources of information can be used to gather data and help develop targeted ERSEA strategies and culturally responsive program services:

- Community Meetings (ethnic community leaders, families, agency staff, state refugee coordinators)
- Focus Groups (community leaders, parents/guardians/ families, agency staff)
- Intake Conversations
- NCCLR Resources (see next page)
- On-line data sources on refugees and other immigrants
  - PRM Refugee Processing Center Data: http://www.wrapsnet.org/Reports/AdmissionsArrivals/tabid/211/Default.aspx
  - ORR Refugee Arrival Data: https://www.acf.hhs.gov/programs/orr/resource/refugee-arrival-data
  - Department of Homeland Security Immigration Statistics: http://www.dhs.gov/immigration-statistics
  - U.S. Census Bureau's American Community Survey: http://www.census.gov/population/foreign/data/acs.html
  - Migration Policy Institute's Data Hub: http://www.migrationpolicy.org/programs/data-hub
  - Urban Institute's Children of Immigrants Data Tool: http://datatool.urban.org/charts/datatool/pages.cfm

## VII. References

Immigrant Legal Resource Center (n.d.). *Immigration Law Information*. Retrieved from http://www.ilrc.org/Immigrant-criminal-law-Information-citizenship-naturalization-vawa-uvisas

**Promising Practices:**
*Phoenix, Arizona*

The state refugee office in Phoenix, Arizona decided that their services should be working more closely with EHS/HS agencies. They initiated regular meetings with three EHS/HS programs that included strategic planning regarding barriers to EHS/HS for refugees and local solutions. The following are examples of outcomes:

- Improved data collection on refugees enrolled in EHS/HS by adding a refugee check-box to city-wide EHS/HS intake forms
- Added points for refugee status to their selection criteria
- Received permission to use city vehicles to transport refugee children to EHS/HS programs
- Provided refugee parent volunteers to EHS/HS programs
- Hired trained parents as interpreters/ translators/cultural liaisons for EHS/HS
- Developed an educational video for both refugee resettlement and EHS/HS programs on the benefits of working together
- Conducted Refugee Resettlement and EHS/HS cross-trainings

## VII. References (cont'd)

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Cultural and Linguistic Responsiveness (NCCLR) http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/refugee-families/prom-practices.html

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start (2004). *Achieving and Maintaining Full Enrollment ACYF-HS-PI-04-03*. OHS Policy & Regulation, Program Instructions (PI's). Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/standards/PIs/2004/resour_pri_00006_060805.html.

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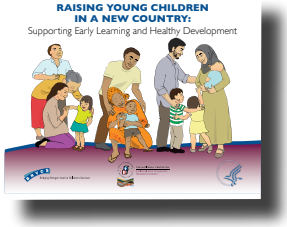
U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement. *Summary of ORR Benefits and Services to Eligible Populations*. Retrieved from https://www.acf.hhs.gov/sites/default/files/orr/orr_fact_sheet_benefits_at_a_glance.pdf.

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement. *What We Do*. Retrieved from http://www.acf.hhs.gov/programs/orr/about/what-we-do.

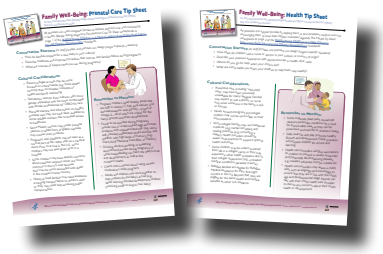
U.S. Department of Homeland Security, U.S. Citizenship and Immigration Services. *Glossary*. Retrieved from http://www.uscis.gov/tools/glossary.

# VIII. Resources

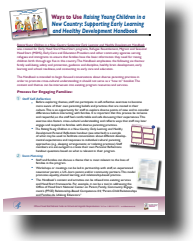
## General




***Raising Young Children in a New Country: Supporting Early Learning and Healthy Development* Handbook** *Available in Arabic and Spanish (español)*
This handbook provides families with information on six themes: family well-being, health and safety, healthy brain development, early learning and school readiness, guidance and discipline, and family engagement in early care and education. Programs serving refugees families, newly arrived immigrant families, and others may use this resource with parents to help ease their transition to a new country. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/fcp/docs/raising-young-children-in-a-new-country-bryc5.pdf

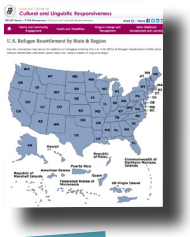


**Ways to Use *Raising Young Children in a New Country: Supporting Early Learning and Healthy Development* Handbook** is a tool designed to support Early Head Start/Head Start, MSHS, Refugee Resettlement staff, and other early care and education providers in using and applying concepts from the Handbook. It includes staff self-reflection activities, team planning strategies, and approaches to family engagement. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/fcp/docs/ways-to-use-the-handbook.pdf

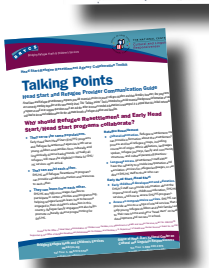


***Raising Young Children in a New Country: Supporting Early Learning and Healthy Development* Handbook Tip Sheets**
Handbook Tip Sheets correspond to the themes in the Handbook and include conversation starters, cultural considerations, and additional resources for each theme. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/refugee-families/refugee-families.html

## Sources of Data on Emerging Populations



**U.S. Refugee Resettlement Maps and State Contacts**
This resource provides state and regional data on the arrival of refugee families and children to the United States and contact information for the Office of Refugee Resettlement by state. This information is useful for recruitment efforts and community assessments. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/refugee-families/com-assessment.html




**Talking Points: Head Start and Refugee Provider Communication Guide**
This toolkit is designed to promote effective partnerships between Head Start and Refugee Resettlement agencies. It provides essential background on both programs. The toolkit also suggests questions each program can ask the other to ensure needed information is exchanged. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/fcp/docs/talking-points-hs-refugee-provider-communcation-guide.pdf

**Talking Points User Guide**
This companion guide includes program information, steps to follow, and key resources to increase networking between Early Head Start and Head Start and Refugee Resettlement programs. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/fcp/docs/talking-points-user-guide.pdf

**Cultural Backgrounders** *Available in Spanish (español)*
This series of resources provide general cultural information on various refugee and cultural groups new to the United States. It is always best to get to know each family and learn their individual characteristics, as every family is unique and cultural practices vary by household and by generation. These resources provide basic information to help staff begin discussions with families and communities. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/refugee-families/cul-backgrounders.html

## SAMPLE WORKSHEET: Overlaps and Gaps in Community Services

This form is for EHS/HS and RR staff to work on together to find the overlaps and gaps in services.

| Services for Children and Families | Types/Requirements for EHS/HS Programs | Timeframe for Refugee Resettlement | Who is Responsible? |
|---|---|---|---|
| Family case management | | | |
| Home visits | | | |
| Community assessment process | | | |
| Service coordination | | | |
| Family engagement | | | |
| Assistance with application for public benefits and services | | | |
| Health/mental health assessment for children, linking to services (immunizations, malnutrition, trauma) | | | |
| Enrollment | | | |
| Transition to public schools | | | |
| Services to parents, including assisting with economic security, housing, employment, and career development | | | |
| High-quality early childhood education | | | |
| Child care while parents work | | | |
| Employment services geared to refugees | | | |
| Deep relationships with ethnic community leaders to promote trust and family engagement | | | |
| English as a Second Language training | | | |
| Access to less common languages (Karen, Chin, Nepali, Somali, Arabic, etc) for interpretation/ translation | | | |
| Access to cultural expertise, consultations, and training about newly arrived populations | | | |