



MIGRANT AND SEASONAL HEAD START REPORT TO CONGRESS



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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)-(3) of the Head Start Act (Act).

When Congress reauthorized the Act in 2007, it focused, in part, on ways to make Head Start services more accessible to migrant and seasonal farm worker families.

Generally, the Act requires HHS to work with other federal agencies to explore ways to serve more migrant and seasonal farm worker 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 farm worker families.

The first section of this report recounts the history of Head Start. It describes MSHS program features and explains what makes a family eligible to receive MSHS services. It also briefly describes how HHS collaborated with other federal agencies, MSHS providers, and parents to meet the aforementioned requirements.

The second section explains what HHS did to meet those requirements, provides a national estimate of children eligible to receive MSHS services and explains why HHS could not provide information on states where these children are underserved. It identifies barriers that prevent children from accessing MSHS services and proposes a plan to eliminate those barriers. Finally, it describes HHS's progress in successfully serving MSHS eligible children.

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, explains what makes a family eligible for MSHS services, and briefly describes how HHS collaborated with others to meet requirements Congress set forth in §649(l) of the Act.

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 farm worker families and changed the program’s name to Migrant and Seasonal Head Start.

Migrant and Seasonal Head Start

The USDA reports the number of hired farm workers has steadily declined from roughly 3.4 million to roughly one million, over the last century.¹ That figure includes, but is not limited to migrant and seasonal farm worker families that travel throughout the U.S. to work in the agricultural industry.² A 1993 study solely on migrant farmworkers,

¹ See 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>.

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

specifically families, indicated that there were 3.4 million of these families in the U.S..³ Since that time, it has often been cited that there are “more than 3 million” migrant farmworkers. However, prior to the activities discussed in this report, there was not information solely on this population.

In most states, farm worker families do not have access to local childcare 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. Often these children and their parents speak a language other than English, and come from different cultural and ethnic backgrounds. MSHS programs provide farm worker 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.

In order to be eligible for MSHS services, a family must meet certain criteria. The family must be eligible for Head Start services. To be eligible for Head Start services, either the family’s income must fall below federal poverty guidelines or the family must meet a categorical eligibility requirement, like homelessness. In addition to being eligible for Head Start services, the family’s income must come primarily from agricultural work.

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

Between 2008- 2010, HHS, including HRSA within HHS, organized a series of interagency meetings with representatives from USDA, DOL, and ED to discuss how they collect, report, and share data on children from farm worker families. These

³ See Larson, Alice, and Plascencia, Luis. *Migrant Enumeration Study*. Washington, D.C.: Office of Minority Health, 1993; see also *Facts about Farm Workers* at <http://www.ncfh.org/docs/fs-Facts%20about%20Farmworkers.pdf>

meetings were conducted as roundtables, which allowed each agency to freely exchange information and ideas. HHS also met with MSHS providers and with parents to discuss why otherwise eligible families do not access MSHS services.

The next section describes the Act's requirements, explains what HHS did to meet those requirements, and reports HHS's findings and program successes.

SECTION 649(I) OF THE ACT

This section provides a national estimate of children eligible to receive MSHS services and explains why HHS could not provide information on states where these children are underserved. It reports the number of children that actually receive services. It also identifies barriers that prevent children from accessing MSHS services and proposes a plan to eliminate those barriers. Finally, it describes how HHS successfully serves MSHS eligible children.

This section has three subsections: (1) *Children eligible for services and the number of children that receive services*; (2) *Barriers to services*; and (3) *HHS's outreach plan and its progress serving eligible children*. Each subsection describes the Act's requirements and explains what HHS does to meet those requirements.

1. Children eligible for services and the number of children that receive services

Section 649(I)(1)(A) of the Act requires HHS, including HRSA within HHS, to work with USDA, DOL, ED, and MSHS providers to determine how many children from migrant and seasonal farm worker families are eligible for Head Start services and how many actually receive Head Start services. Section 649(I)(3) of the Act also requires, in part, that HHS provide information on states where children are underserved.

To gauge how many children are eligible for MSHS services, 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. farm workers. It is the only national information source that provides demographic characteristics, employment, health and living conditions of hired crop workers. The NAWS uses field survey methods developed and refined predominantly for the migrant and seasonal farm worker population. Since 1988, other federal agencies, specifically DOL, HRSA, and USDA have used the NAWS⁴ to inform policy, to allocate resources, and to improve program practices that affect the farm worker populations they serve.

HHS and DOL created the *MSHS Supplement*, a supplement to the NAWS that specifically targets farm worker families with children under 6 years old. NAWS piloted the *MSHS Supplement* in 2008.⁵ The *MSHS Supplement* asks workers what they use

⁴ See <http://www.doleta.gov/agworker/naws.cfm> for more information about the NAWS' methods, measures and reports; A detailed description of the NAWS sampling can be found in the NAWS Sampling Methodology Report.

⁵ 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.

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.

Using the general NAWS data, the team isolated variables such as income, work history, and the ages of family members in order to more accurately identify families eligible for MSHS services.⁶

From 2007 to 2009, NAWS interviewers travelled to randomly selected counties, and asked approximately 300-500 agricultural employers if they would cooperate in the survey. Of the randomly selected agricultural employers determined to be eligible for the 2007-2009 data reported here, 68 percent agreed to participate. However, due to logistical issues (i.e., in scheduling interviews before farm work was completed), NAWS only completed interviews at 54 percent of the randomly selected eligible employers' sites. At these sites, interviewers surveyed a random sample of farmworkers. Of the 5,912 farm workers sampled, 1,187 had pre-school aged children. Of the 1,187 parents who had pre-school aged children,⁷ 432 had average household incomes equal to or below 100 percent of the federal poverty level and worked principally in agriculture. The Table below estimates the number of children eligible for MSHS per farmworker interviewed.

Table: Annual Estimate of MSHS-Eligible Children from 2007-2009 NAWS data

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	121,381	101,594	141,168

The national number in the Table above is an estimate of the annual number of MSHS eligible children, derived from the 2007-2009 NAWS data. HHS could not provide information on states where children are still underserved using the NAWS data. NAWS compiled data over three years in order to produce the national estimate in the Table with acceptable confidence levels. By pooling data, NAWS could potentially report some findings at the regional-level. State-level reporting would require a

⁶ *Id.* at page 1.

⁷ As indicated above, the MSHS Supplement targets families with children under 6 years old. For purposes here, the phrase "preschool-aged children" means children under 6.

significant increase in the annual sample size. And increasing the sample size to generate robust state-level findings would, in turn, require more resources.

The NAWS survey is an example of a 'top-down' approach to establishing estimates. In 'top-down' approaches, representative data is gathered uniformly and the sample is designed to be aggregated meaningfully at the national level.

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. It can sometimes be appropriate to break down the national estimate to establish estimates for sub-sections of the population (e.g., MSHS eligible national and regional estimates). But there is a limit to how far this is possible before the estimates become invalid. For example, NAWS carefully identified, as a subset of the sample, farmworker families whose incomes, work histories and children's ages matched the MSHS-eligible definition as a subset of the sample. NAWS's attempts to calculate regional estimates resulted in unacceptable confidence intervals (ranging from +/- 24% to +/- 82%). Given the way NAWS currently calculates estimates, it could not achieve valid regional or state estimates.

The NAWS will publish new findings based on data collected from 2009-2011. HHS will supplement this report, when NAWS makes those findings available.

HHS tracks how many children receive MSHS services. Since 2007, MSHS programs have been required to submit Program Information Reports (PIR)⁸ annually. PIR provide comprehensive data on the services, staff, children, and families served nationwide. PIR data show from 2007 to 2009, approximately 34,883⁹ children from migrant and seasonal farm worker families received MSHS services annually. This figure is consistent with the annual estimate in the Table on page 5.

2. Barriers to services

Section 649(l)(1)(B) of the Act requires that HHS, including HRSA within HHS, consult with USDA, DOL, ED, and MSHS providers in order to identify barriers that prevent children from accessing MSHS services.

The barriers and obstacles that prevent farm worker families from accessing federal services have not changed over the past twenty years. The most significant barriers

⁸ This figure was taken from PIR reports for 2007-2009. 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 Due to the way PIR data is collected and due to the highly mobile nature of children in migrant and farmworker families, this figure may include some children that are double counted.

include how federal agencies define *migrant*, immigration laws, language, and the application process.

Federal agencies typically define *migrant* differently. In some states, *migrant* excludes vast amounts of agricultural employment. For example, in Oregon there is seasonal fishing and nursery work available, but these workers do not qualify for migrant programs. Varying definitions have created barriers for otherwise potentially eligible families from accessing federal services. One reason being, many farm worker families come from different cultural and ethnic backgrounds, and may not be familiar with how different programs and services work in the U.S. Consequently, if a family is turned away from one federal service because it did not fit that agency's *migrant* definition, it may not seek other federal services.

Immigration laws make it difficult to provide services to migrant and seasonal farm worker families, particularly those that are undocumented. The 2007-2009 NAWS survey results indicated that 48 percent of farm workers were not legally authorized to work in the US.¹⁰ These families are often afraid to access government services.

To the greatest extent possible, MSHS programs employ staffs that speak English, Spanish, and other languages. However, language still poses a barrier for some migrant farm workers to even learn about MSHS services. Many immigrants either do not speak English or do not speak English proficiently. Further, non-English-speaking applicants that arrive at local public agencies cannot always count on multilingual information or signage to help them navigate buildings or find appropriate providers. There may be even larger barriers for farm workers who speak languages other than English and Spanish to overcome, particularly those for whom interpreters may not be readily available.

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

¹⁰ See The National Center for Farmworker Health, Inc. *Facts about Farm workers* 2012 at <http://www.ncfh.org/docs/fs-Facts%20about%20Farmworkers.pdf>.

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. HHS will 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 also will 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).¹¹ The MSIX¹² 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.

HHS is proud of its efforts to serve children from migrant and seasonal families. From 2007-2009, MSHS programs have successfully served 104,650 children from farm worker families.¹³ MSHS programs have helped 100,250 of those children get proper immunizations and 97,369 of those children find a *medical home*, which the American Academy of Pediatric describes as an "accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective" form of medical care.¹⁴ MSHS programs have helped 85,120 of those children find a *dental home*.¹⁵

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>.

¹² See Department of Education Lead & Manage My School Migrant Student Records Exchange Initiative at <http://www2.ed.gov/admins/lead/account/recordstransfer.html#des>.

¹³ This figure was taken from PIR reports for 2007-2009.

¹⁴ This figure was taken from PIR reports for 2007-2009; See Sia C, Tonniges TF, Osterhus E, Taba S. History of the medical home concept. *Pediatrics*. 2004;113:1473-1478

¹⁵ 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.

From 2007-2009, MSHS programs have served 50,783 preschool aged children. Of those children, 4,201 received special education or related services. MSHS programs also helped 574 homeless families acquire housing.¹⁶

¹⁶ This figure was taken from PIR reports for 2007-2009.