

# Migrant and Seasonal Head Start Participants, Programs, Families, and Staff in 2016

## Introduction

Migrant and Seasonal Head Start (MSHS) provides child care and other services to migrants, ensuring young children birth to age 5 are not with their parents in the fields, where they can be exposed to pesticides, hazardous equipment, extreme heat, and other health dangers.<sup>1</sup> MSHS provides services focused on the “whole child,” including early education addressing cognitive, developmental, and socio-emotional needs; medical and dental screenings and referrals; nutrition services; parental involvement activities; referrals to social service providers for the entire family; and mental health services.

This fact sheet references data from the annual Program Information Report (PIR). The PIR collects data on all children and pregnant women who participate in a Head Start program, including MSHS, at any point during the program year. We’ve used these data to describe the children and families served by MSHS and the services provided during 2015-2016.<sup>2</sup>

In 2016, MSHS served 29,234 children ages 5 and younger and 190 pregnant women through 62 grantees/delegates nationwide.

## Key Findings

Head Start PIR data provide a critical look at the array of services Migrant and Seasonal Early Head Start delivers to America’s most vulnerable children. Our review of 2016 PIR data produced these important findings:

- **Public health insurance plays a vital role in connecting Migrant and Seasonal Head Start children to health care services.** The state Children’s Health Insurance Program (CHIP), Medicaid, a combined CHIP/Medicaid program, and other state-funded programs connected 88 percent of MSHS children to health care for needed medical services, including treatment for chronic conditions and immunizations.
- **Public nutrition programs support MSHS participants’ nutritional needs.** The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provided benefits to 71 percent of MSHS families. In addition, 42 percent of MSHS families received benefits from the Supplemental Nutrition Assistance Program (SNAP).



Detailed findings from the 2016 PIR on Migrant and Seasonal Head Start include:

### **Participants**

- Eighty-nine percent of MSHS children were up to date on a schedule of age-appropriate preventive and primary health care, according to the relevant states Early and Periodic Screening, Diagnostic and Treatment (EPSDT) schedule for well child care. Among them, 9 percent were diagnosed by a health care professional with a chronic condition needing medical treatment during the MSHS year. Of those children, nearly all (95 percent) have received or are receiving treatment.
- The majority of children received health insurance through public programs. Eighty-eight percent had publicly funded health insurance through Children’s Health Insurance Programs (CHIP), Medicaid, a combined CHIP/Medicaid program, or other state-funded insurance. Just 2 percent had private insurance in 2016.
- By the end of the program year, 96 percent of children had a medical home, which serves as an ongoing source of continuous, accessible health care. Ninety-three percent had a source for ongoing dental care.
- Eight percent of enrolled children had a disability—67 percent of whom were diagnosed prior to MSHS enrollment.
- Ninety-nine percent of pregnant women received prenatal health care, while 65 percent received postpartum health care. Additionally, 86 percent of pregnant women had health insurance at the end of the program year. Fifty-seven percent received a dental examination. And 55 percent accessed mental health interventions and follow-up.
- Sixty-eight percent of children were white, Hispanic. Ninety-nine percent were Hispanic regardless of race.<sup>3</sup>
- Participants were linguistically diverse. Eighty-nine percent of participants were from homes where English was not the primary language spoken by the family.

Eighty-two percent were from homes where Spanish was the primary language spoken. Eleven percent were from homes where English was the primary language spoken by the family, while 5 percent were from homes where Native Central/South American and Mexican languages was primary. Other languages each accounted for less than 1 percent of the total MSHS population.

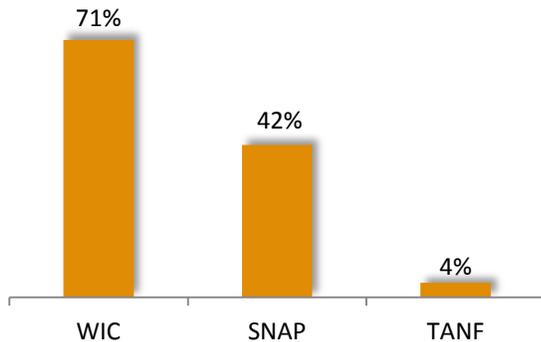
### **Programs**

- Ninety-two percent of MSHS slots for children were center-based. Eight percent were in family child care settings. Less than 1 percent of MSHS children also received services in combination programs.
- MSHS funding provided for 32,212 MSHS slots, with 109 of these slots reserved for pregnant women. The federal government funded 32,112 slots, while states and other sources funded 100 slots.<sup>4</sup>

### **Families**

- Among MSHS families, 86 percent had at least one working parent. Six percent had at least one parent in school or job training.
- Sixty-five percent of families accessed at least one support service. Forty-eight percent of families accessed health education and 45 percent accessed parenting education. Other frequently used services included emergency and crisis intervention, adult education, English as second language (ESL) training, and mental health services.
- Seventy-one percent of families received the WIC benefits and 42 percent received SNAP benefits. Four percent received cash assistance through the Temporary Assistance for Needy Families (TANF) program. Additionally, 4 percent of children received a child care subsidy.

### Share of Migrant and Seasonal Head Start Families Accessing Public Benefits, 2016



### Staff

- Among non-supervisory MSHS child development staff, 4 percent were Black, non-Hispanic; 11 percent were white, non-Hispanic; 57 percent were white, Hispanic; and 2 percent were biracial/multi-racial, Hispanic.<sup>5</sup>
- The majority (80 percent) were proficient in Spanish.
- Fifty-seven percent of MSHS teachers had at least an associate's degree in early childhood education or a related field. Twenty-two percent of teachers had a bachelor's degree or higher in early childhood education or a related field.
- Overall, MSHS teachers earned an average of \$24,357. By comparison, Head Start preschool teachers earned an average of \$32,341 and Early Head Start teachers earned an average of \$26,726

### Endnotes

<sup>1</sup> Services for migrant farmworkers include Head Start programs that serve families engaged in agricultural labor and who have changed their residence from one geographic location to another in the preceding two-year period. Services for seasonal farmworkers include Head Start programs that serve families engaged primarily in seasonal agricultural labor and who have not changed their residence to another geographic location in the preceding two-year period.

<sup>2</sup> For more information see CLASP's fact sheets, *Head Start Participants, Programs, Families, and Staff in*

*2016 and Early Head Start Participants, Programs, Families, and Staff in 2016.*

<sup>3</sup> Children referred to as Hispanic in this brief are categorized as Hispanic/Latino in PIR data.

<sup>4</sup> For information on state-funded Early Head Start initiatives, see *Expanding Access to Early Head Start: State Initiatives for At-Risk Infants and Toddlers.*

<sup>5</sup> We are not including other and unspecified in this list if they are above 1 percent.