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Migrant Families' Access to Early Childhood Care and Education in Michigan

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CONTEXT: MIGRANT FAMILIES IN MICHIGAN

A migrant worker is a person who regularly moves to another state, country, or region for temporary employment.¹ Migrant workers are employed in agriculture for several months at a time, often working on farms. There were approximately 2.5 million migrant workers in the United States in 2017;² in Michigan, there were approximately 50,000 migrant workers in 2013 (the most recent year with survey data), although that number is believed to have grown substantially.^{3,4} Migrant workers often travel as families and live in camps (i.e., structures provided by farm owners to house migrant workers and their families).⁵ Migrant workers often face a myriad of challenges, including long working hours, unsafe working conditions, health disparities, and barriers to social services and instrumental support because of language or cultural barriers.⁶ Frequent relocation can lead to discontinuity in migrant children's education, which can have long-term impacts on their academic and social success.⁷

¹ Migrant Clinicians Network. (2021). *The migrant/seasonal farmworker*. <https://www.migrantclinician.org/issues/migrant-info/migrant.html>

² Migrant Clinicians Network. (2021). *The migrant/seasonal farmworker*. <https://www.migrantclinician.org/issues/migrant-info/migrant.html>

³ Carlson, L. F. (2020, June 22). *Breaking down the unique challenges of Michigan's migrant farmworkers during COVID-19*. Rapid Growth https://www.rapidgrowthmedia.com/features/migrant_farmworkers_COVID19.aspx

⁴ *Concentration of migrant and seasonal farmworkers and dependent nonworkers by county 2013*. https://www.michigan.gov/documents/dhs/MSFW_Fact_Sheet_496512_7.pdf

⁵ Part 124 of Act 368 of the Michigan Public Acts of 1978

⁶ Moyce, S. C., & Schenker, M. (2018). Migrant workers and their occupational health and safety. *Annual Review of Public Health*, 39, 351-365. <https://doi.org/10.1146/annurev-publhealth-040617-013714>

⁷ Kindler, A. L. (1995). Education of migrant children in the United States. *Directions in Language and Education*, 1(8).

In 2020, the Michigan Department of Education's (MDE's) Office of Great Start received federal continuation funds for the Preschool Development Grant (PDG) by the Administration for Children & Families at the U.S. Department of Health and Human Services. To further the state's goal to make Michigan the best state in which to raise a family, MDE launched a statewide needs assessment to understand the needs of families with young children that are currently unmet by the state's mixed delivery system. See the full needs assessment [report](#) for more information.

As part of the PDG needs assessment, MDE contracted with the American Institutes for Research® (AIR®) to conduct focus groups to learn about the needs of migrant families with young children. In the spring of 2021, AIR and its partner, Early Childhood Investment Corporation, conducted four focus groups—two focus groups with early childhood care and education (ECCE) providers (one group with administrators and one group with teachers), one focus group with family service specialists, and one focus group with migrant family members.

Focus group participants were asked about the experiences of migrant families with young children. Specifically, they were asked how easy it is for migrant families to access programs and services for their children and any barriers to access. These questions focused on three program and service types, including (1) ECCE; (2) early intervention (EI), early childhood special education (ECSE), and transitions services; and (3) medical care. These three services are key to Michigan's mixed

delivery system and are important to migrant families with young children.

From the focus group interview data with migrant ECCE providers, family specialists, and family members, we developed a better understanding of how migrant families access Michigan's early childhood mixed delivery system and the barriers the families encounter. In the sections that follow, we provide 10 key themes from the focus group interviews as findings regarding the experiences of migrant families when accessing the ECCE mixed delivery system. For these 10 findings, we provide a general overview of migrant family strengths, needs, and barriers. Then, we organize additional themes by key mixed delivery system service areas: ECCE; EI, ECSE, and transition; and medical care.

DATA COLLECTION

In spring 2021, the study team conducted four focus groups: one focus group with ECCE administrators, one focus group with ECCE teachers, one focus group with family service specialists, and one focus group with migrant family members. In total, 16 ECCE staff and 10 migrant family members participated in focus groups. The purpose of the focus groups was to identify the root causes behind the early childhood needs of migrant families. The focus groups lasted approximately 90 minutes each. AIR transcribed and analyzed all focus group transcripts to identify the needs of migrant families and their root causes using an a priori coding structure developed from the Year 1 needs assessment key themes and focus group protocols.

The Migrant Family Experience in Michigan

For migrant families, culture matters.

Migrant families are family oriented and have strong unity. Migrant families often travel to farms in large groups of families in which they have a close-knit community of people they trust and can depend on. They rely on their own social networks and community for childcare, resources, and recommendations to services.

“Personally, me as a migrant, coming from a migrant family, the connection that they have [is their greatest strength].” –Teacher

“I believe that [migrant families'] strengths are that they're very family oriented. So that encourages them to participate, and to be part of their [children's] education . . . You can tell the difference with the migrant families. I feel like they're so united and they're willing to take time off from work when it's possible to be there for anything that has to do with their children. I believe that is one of the biggest strengths that they have.” –Family Specialist

Migrant families have many needs often met through community resources but consistently face language, transportation, and cultural barriers in accessing these resources. Migrant families in Michigan are using local resources to meet their most pressing needs—participants described resources for food, clothing, and home essentials (e.g., blankets). However, migrant families relying on local programs to access these resources commonly face barriers related to language (e.g., translation services), transportation, and technology (e.g., no internet or cellular access). Participants also noted that migrant families decide whether to use services based on the cultural sensitivity and respect they receive from service providers. To address these barriers, migrant family members suggested having more services provided at migrant workers' camps (rather than at an off-site center) or greater access to learning materials they can use at home (e.g., books in Spanish).

“There are programs here too, not only for migrants but for all the community. If you do not have a house to stay, [these programs] even pay for a hotel room for you, or if you have not paid the rent, they can help you pay the rent.” –Migrant Family Member

“The major needs that we see in our migrant families are first of all, the language translation—either the doctor's office, mechanics, purchases they need to have—they always need somebody to translate for them. [Additional needs include] food, clothing, a better job, a better place for them to work, better pay, or better living conditions.” –Director

ECCE for Migrant Families

Migrant families have practical and cultural barriers to accessing ECCE childcare programs.

Migrant families need access to more ECCE childcare slots, as well as access to more flexible options. Both migrant and non-migrant families across Michigan reported having challenges finding ECCE childcare slots, because their local centers often have waiting lists (for unknown reasons). In some cases, eligibility for services is a barrier because the family members work year-round and do not qualify for services designed for migrant workers traveling to and from Michigan for seasonal work. In other cases, eligibility for services is a barrier because migrant families want all their children to attend the same program, yet if any of their children are over the age of 5, they are not eligible to participate in ECCE programs. Participants identified one summer care and education program that also served older children but noted that these multiage programs are rare across Michigan.

“Because here where we live, there are not many [ECCE] places where they take care of children. There are not enough for the whole county.” –Migrant Family Member

“I think that we have a lot of migrant families that stay here all year-round, so it makes it kind of difficult for them [to qualify for ECCE services]. Obviously, they have to work to provide for their families in other jobs, and maybe that’s why it’s a little harder for them to qualify.” –Teacher

Migrant families value education but need to trust ECCE providers. Migrant families see early care and education as an opportunity for their children to learn English, develop social skills, and succeed in school. Migrant family members emphasized that they want their children to learn, not just receive care, from trusted providers. However, migrant families may be less likely to use services or interact with ECCE providers if they do not trust or feel respected by ECCE staff. According to participants, migrant workers often work long days and want to trust that their children are safe and well cared for while they are in the farm fields working. Migrant families also rely on their communities to help identify which ECCE centers are culturally sensitive and show respect to migrant families. Beyond interactions with individual ECCE program staff, migrant families may distrust ECCE providers based on their policies; specifically, migrant family members expressed a desire for all migrant children to be treated equally and distrust ECCE providers with strict eligibility requirements that may exclude some children.

“It is very important to [make notes on] their cultural background . . . [Knowing] their backgrounds can help us to make them feel welcome and accepted in our community. When we do this, then they can feel more comfortable to approach us to make them feel more comfortable sharing their necessities.” –Director

“I would tell [service providers] to be culturally humble, because sometimes we feel that we do not receive the same treatment because we are immigrants, or because we are Hispanic.” –Migrant Family Member

“I believe that having that connection with the family is a big part [of gaining their trust]—letting them know that we care and we are not just there for work, that we actually care for the children, and we want to be there to help them out.” –Teacher

Migrant families sometimes find childcare in camps, but it is not always safe or educational. In some cases, migrant families choose informal care options in their camps because of trust, language, or financial needs. Parents want a caregiver who speaks their home language (e.g., Spanish), and that person tends to be someone within their community who they trust. Enrolling multiple children in preschool can also be unaffordable. However, migrant family members shared that care in camps can be unsafe, with less supervision and not as educational as formal care settings.

“[Migrant families] are a group that stays together, and they work together with their own family . . . It’s very much an extended family situation. So, when you’re talking about a family coming up here, it’s not necessarily just one family, but it’s two or three or four families. And so, that grandmother who’s taking care of children from one family may be taking care of other children from other additional families.” –Director

“ I feel that, when sometimes children do not qualify for schools, well, there is no choice, we have to look for a babysitter, but to be honest . . . it is not the same as children at school. When we send children to school, they learn. They are educated. Instead, when they go with the babysitter, children watch TV or play. They are entertained, but it is not the same as in school.” –Migrant Family Member

Early Intervention (EI) and Early Special Education Services (ECSE) for Migrant Families in Michigan

ECSE providers often lack access to the information they need about students’ learning needs to provide continuous services to migrant families.

Migrant families can access continuous care and education supports when transitioning across states if providers in Michigan can coordinate with migrant families’ home school districts. When ECCE administrators and teachers receive information about migrant families’ home school districts or providers in advance or upon migrant families’ arrivals in Michigan, ECCE administrators and teachers are better able to provide continuous care and education supports. Ideally, migrant families’ providers in their home school districts (i.e., the school districts from which they are transitioning) and providers in their new school districts can coordinate and share information about students’ individualized education plans (IEPs) and other accommodations before families arrive in Michigan so that families do not have breaks in supports. ECCE administrators and teachers described that, when information about home school districts and providers is available, they have frequent communications and coordination between centers (e.g., Head Start) on how to best serve incoming migrant families, even across states (e.g., Florida and Michigan).

“ We have good communication with our centers here . . . And I also have some good communication with the ones in Florida where some of our families go. We let them know when they’re going, and they usually let me know when they’re coming. So, it’s important to have [a] good relationship with your other childcare centers.” –Family Specialist

In many cases, new school districts and providers in Michigan face barriers to communicating and coordinating with home school districts and providers, leading to challenges in maintaining IEPs and other accommodations. ECCE providers noted that, in addition to facing the persistent challenges related to language (e.g., limited staff who speak Spanish), transportation, and technology (e.g., internet access or digital literacy), sometimes, migrant families are not aware that their children are receiving specialized services. Therefore, families do not share the information about their children’s EI or ECSE needs required to coordinate and continue services with the new Michigan-based ECCE providers. Sometimes, programs from migrant families’ home districts are identified but do not share necessary information with Michigan providers before they close for the summer. Also, because migrant families move frequently and often with extended family members who may not know the details of each move or new work location, migrant families cannot always confirm which school district they are transitioning from. Language barriers can exacerbate confusion or miscommunication regarding the details of their moves.

“ Lots of times, if you were traveling with a larger extended family, you find out from a relative or a friend of a relative where it is that you’re going, and you are living in a place that you don’t even know what the address is for sure.” –Director

“ Sometimes, because of the language barrier, families don’t understand what type of needs they have . . . When their families arrive at the destination or at the other agency, they’re not sure . . . what they’re looking for or what their needs are.” –Family Specialist

Without information about previous plans and supports, identifying and planning EI and ECSE services for migrant children can take providers too much time. If information about home school districts and providers is not available, providers must take time to identify migrant families’ needs anew rather than continuing services from their previous

locations. Specialists use screening procedures and protocols to identify students in need when ECCE centers suspect that a child from a migrant family may require EI or ECSE services. However, by the time ECCE providers identify students in need of EI or ECSE services and develop an education plan, there is often not enough time to provide services before the migrant family leaves the area, preventing continuity in care and education supports for migrant families.

“As we educate our parents more about what special needs are and developmental milestones . . . it also falls on us with accountability, with our screening procedures and protocols, making sure we’re not missing them, even if we only have them for some short amount of time, whether it be in our summer program or our regular school year programs.” –Teacher

ECCE and ECSE providers work hard to support migrant children’s transitions to kindergarten.

Communication and coordination are important for supporting the transition to kindergarten. As with supporting transitions of EI and ECSE services across districts and states, ECCE administrators and teachers emphasized the importance of communication and coordination when children from migrant families transition to kindergarten.

“Regardless of where the communication comes in or who gets it first, it’s always a big, big communication issue. It’s a team effort to make sure that the center director, families, teacher, bus driver, family service, health, and everybody is involved on the transition.” –Family Specialist

“When they are ready to go to kindergarten, we contact the [school districts] and we do the paperwork for them to start kindergarten . . . We usually get somebody from the [school district] to join us in one of the parent meetings and talk about how the parents can register their kids . . . Sometimes they don’t know what school they are going or attending, so we try to help them as much as we can. And if they need translations, we have people who speak both languages, and they can help translating the paperwork for them.” –Teacher

Medical Care for Migrant Families

Migrant families face barriers to accessing medical services, similar to barriers experienced when accessing ECCE services.

As with access to ECCE services, the major barriers to accessing medical services for migrant families are language, transportation, and technology. A critical condition for migrant families in accessing medical care is trust. Migrant family members shared that, when they have felt disrespected, uncomfortable, or unsatisfied with the quality of their care, they would not return to those providers. Scheduling is also a barrier to medical services for migrant families. Families are unable to take time off during the workday to attend doctor appointments, but by the time work is over, the doctor’s office is closed.

“The first year was difficult [to get medical attention] because we had to find where [to go], and, the first two or three places, we did not like the treatment we received . . . The way they responded or spoke, it was not a respectful treatment.” –Migrant Family Member

“If a family is working all day, the doctors aren’t open when they’re off work.” –Director

Districts are utilizing partnerships to make medical services more accessible to migrant families. A migrant family member shared an example of a doctor who came directly to migrant families in their camps and offered flexible hours, which helped to alleviate many access barriers. Participants also shared that migrant families like to have screenings at local health clinics, because migrant families are often familiar with these providers and can use them as a “one-stop shop.”

“ [Partnership agreements] are one big thing that I can say is a big plus that we have because we just refer to those connections . . . Like in our county . . . they know that transportation is the big lack that [migrant families] face. [Service providers] used to come over to the center and provide the services right there. And we also contact the MDHHS [Michigan Department of Health and Human Services] to find out how they can get more medical services and the health department too. We bring them into parent meetings and do presentations.” –Family Specialist

“ [Because migrant families sometimes] can't go to the clinic, I have been tapping into the district health department, especially with their WIC support . . . I find the developmental screenings and things like that that can also be picked up through there because many of our migrant families are very comfortable with our local health departments and the services they offer. So, I try to piggyback on as much as that as I can.” –Director

Conclusion

Our results from focus groups with migrant family members and ECCE providers in Michigan both confirmed and expanded upon our [previous needs assessment findings](#) (e.g., families with young children sometimes struggle to navigate Michigan's mixed delivery system, especially families facing language or other types of barriers). Although we heard from all focus groups that migrant families have a strong connection and unity, it can be difficult for migrant families to successfully access necessary services without the support of community resources to guide them. For migrant families, it is important that they be able to trust and communicate with providers; for providers serving migrant families, it is important that they be able to access information about children's needs to ensure continuity of services. The findings from our focus groups on the needs of migrant families suggest there may be value in identifying best practices or successful strategies that ECCE, ESCE, and medical providers have used with migrant families. For example, it may be beneficial to further investigate the specific language and practices that providers can use to recognize and respect migrant families' cultural backgrounds. Likewise, it may be beneficial to investigate whether there are best practices or successful strategies that providers can use to better facilitate information sharing and communication to support continuity of services for migrant children.



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