#### **KEY INDICATOR SLIDES**

### Migrant & Seasonal Head Start Study 2017



OPRE Report #2019-102

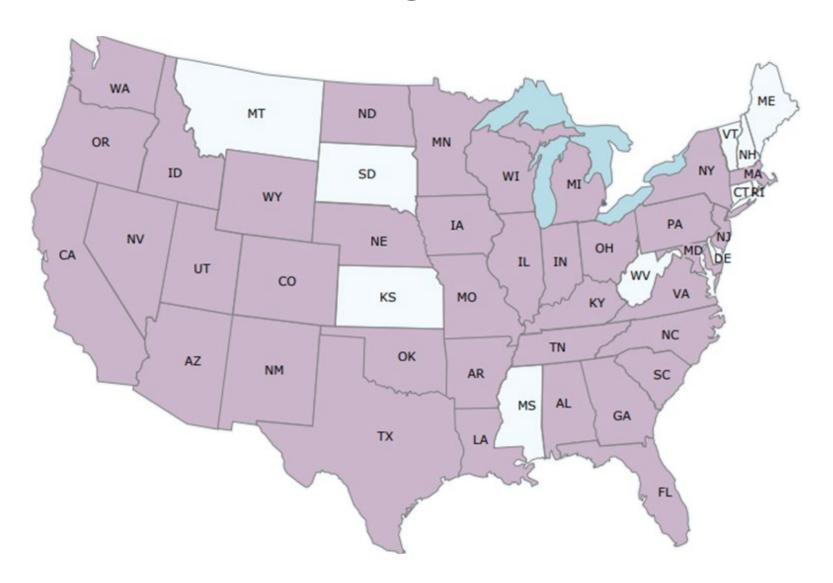
October 2019



#### Introduction

- Within the Office of Head Start, the Regional Office for Migrant and Seasonal Head Start (MSHS) is responsible for Head Start programs that specifically serve the children and families of migrant and seasonal farmworkers. MSHS programs provide child development services for young children zero to five years of age, and also provide the additional family and community supports provided by all Head Start and Early Head Start Programs.
- MSHS is administered as Head Start Region XII.
  - Regions I-X are geographically based, while Regions XI
     (American Indian and Alaskan Native children and families) and
     XII (migrant and seasonal farmworker children and families)
     are based on the populations they serve.

### There are MSHS programs located in 38



# How are MSHS programs different from other Head Start Programs?

- MSHS programs are designed to meet the unique cultural and work-related needs of migrant and seasonal families.
- For example, MSHS programs:
  - Serve infants, toddlers, and preschoolers;
  - Primarily serve Spanish-speaking children and their families in dual language classrooms; and
  - Vary in hours and months of operation depending on families' work schedules.

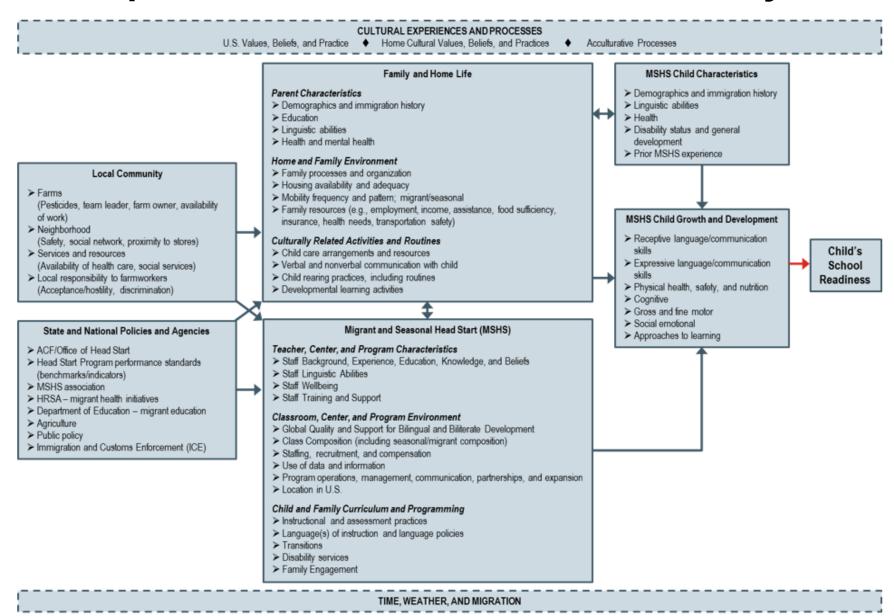
#### MSHS Study 2017 Background

- The Migrant and Seasonal Head Start (MSHS) Study provides a national picture of MSHS programs, centers, families, and children across the United States in 2017.
- The MSHS Study was informed by extensive engagement and input from the MSHS community and was carefully designed to account for the unique features of MSHS programs and characteristics of the families they serve.
- The MSHS Study was funded by the Administration for Children and Families and conducted by Abt Associates and its partners The Catholic University of America and Westat.

#### Who participated in the MSHS Study 2017?

- MSHS programs and centers—surveys of program and center directors;
- MSHS classrooms—classroom observations and surveys of teachers and assistant teachers;
- MSHS families—interviews with parents; and
- MSHS children—direct assessments, assessor ratings, and parent and teacher ratings of infants, toddlers, and preschool-aged children.

#### Conceptual Framework for the MSHS Study 2017



#### **MSHS Study 2017 Research Questions**

1. What are the characteristics of MSHS programs, centers, staff, families, and children?

2. What services does MSHS provide, and what are the instructional practices and general classroom quality of MSHS classrooms?

3. What are the associations between MSHS characteristics and child/family well-being?

## What did we learn from the MSHS Study 2017 about programs and centers?

- Program and center directors' background and experience;
- Program and center use of data and information;
- Staffing characteristics, including issues related to training, support, recruitment, and compensation; and
- Policy implementation, including language policy and eligibility.

### What did we learn from the MSHS Study 2017 about classrooms and teachers?

- Classroom approaches to family engagement and disability services;
- Classroom quality and instructional practices broadly, and in support of children's language development;
- Instructional and assessment practices, including language(s) of instruction; and
- Teacher and assistant teacher characteristics, including background, knowledge, beliefs, linguistic abilities, well-being, training, support, and compensation.

### What did we learn from the MSHS Study 2017 about children and families?

- Parent characteristics, including work schedules, health and well-being, parenting practices, and economic resources;
- Household characteristics, including type of housing, who lives in the household, and home linguistic practices; and
- Child characteristics, including language skills, socioemotional skills, counting skills, markers of physical health, and care arrangements.

#### For Additional Information

The following slides present selected descriptive findings from the MSHS Study 2017.

Tables for additional information about the study, including information on its background, methodology, measures and detailed descriptive statistics on MSHS children, families, classrooms, centers, and programs.



### Sections to the MSHS Study Key Indicator Slides

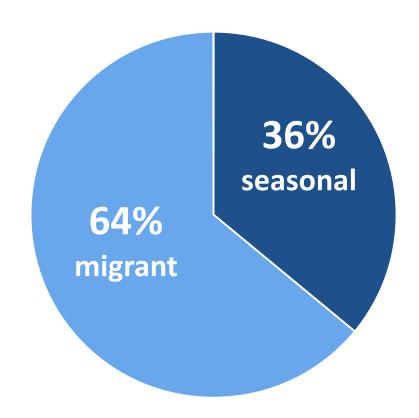
- Children
- Parents
- Program Directors
- Center Directors
- Teachers
- Assistant Teachers
- Classrooms
- Centers and Programs
- Engaging Families
- Professional Development

### **MSHS Children**

Selected descriptive findings

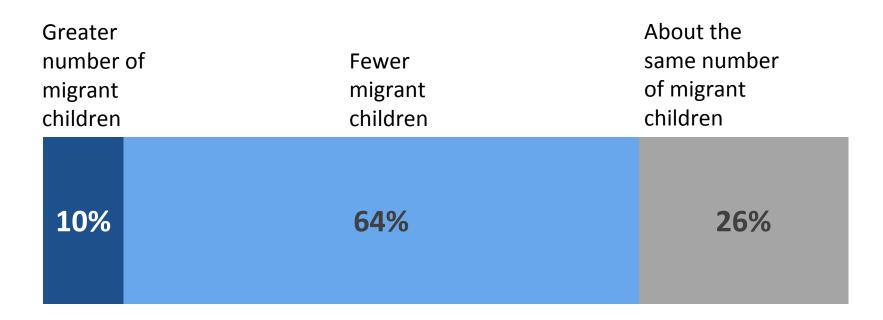
For additional findings see the: MSHS Study 2017 Data Tables

On average, about one-third of children in MSHS centers are from seasonal farmworker families and about two-thirds of children in MSHS centers are from migrant farmworker families.

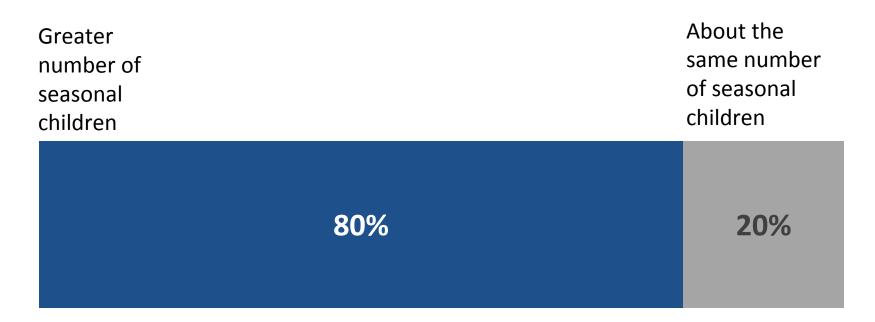


Source: MSHS Center Director Survey, Table D.11. Note: Statistics are weighted to represent all MSHS center directors in 2017.

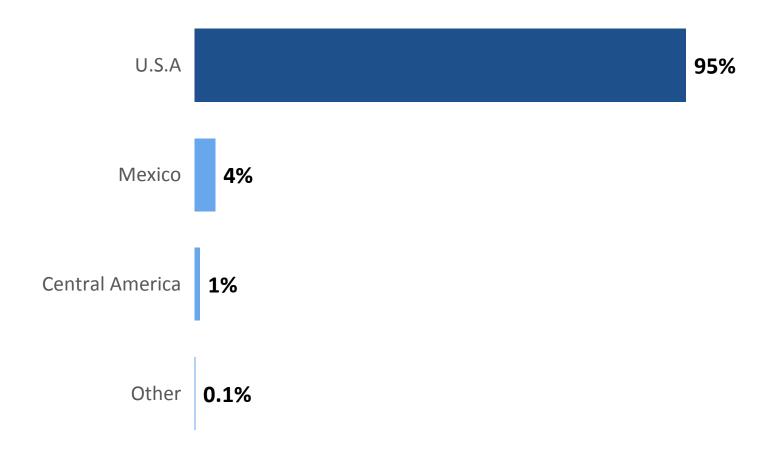
# Most MSHS program directors report serving fewer children from migrant farmworker families than three years ago.



# Most MSHS program directors report serving a greater number of children from seasonal farmworker families than three years ago.

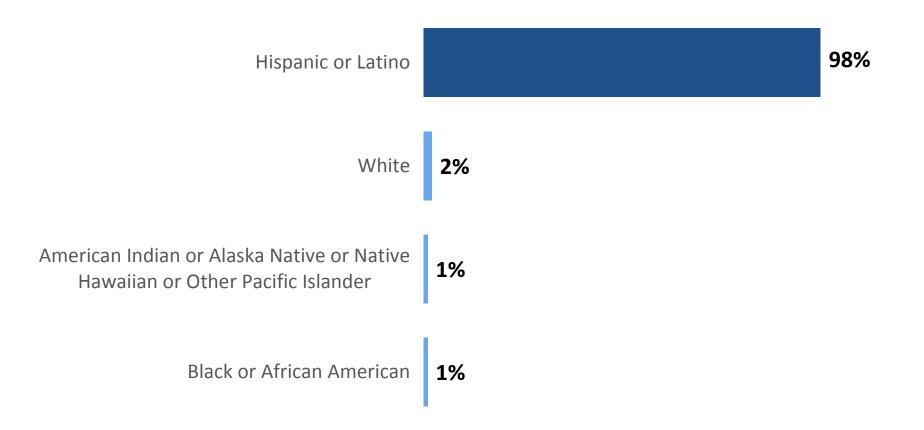


### **Nearly all MSHS** children are born in the United States.



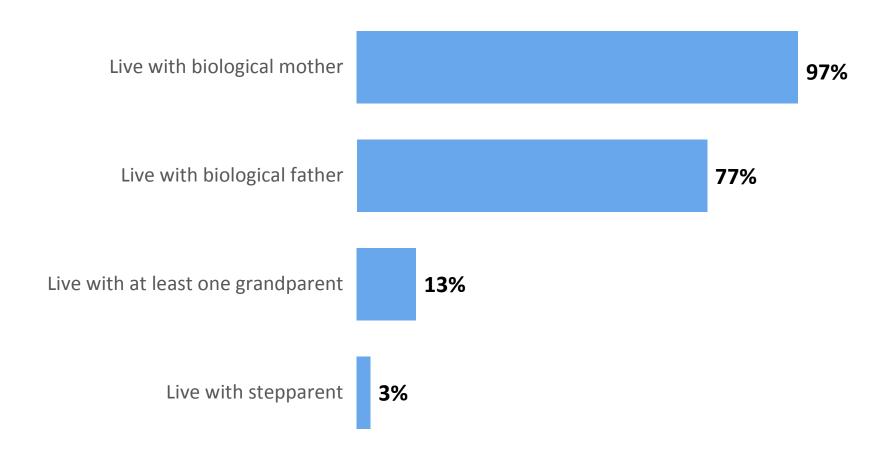
Source: MSHS Parent Survey, Table G.1.

### **Nearly all MSHS children are Hispanic or Latino.**



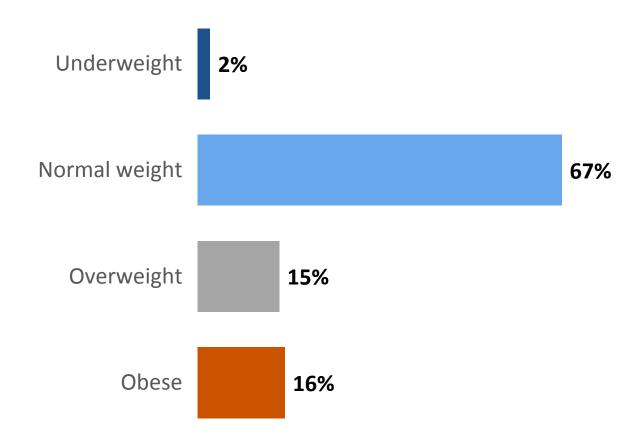
Source: MSHS Parent Survey, Table G.1.

## Most MSHS children live with their biological mothers and fathers.



Source: MSHS Parent Survey, Table G.2.

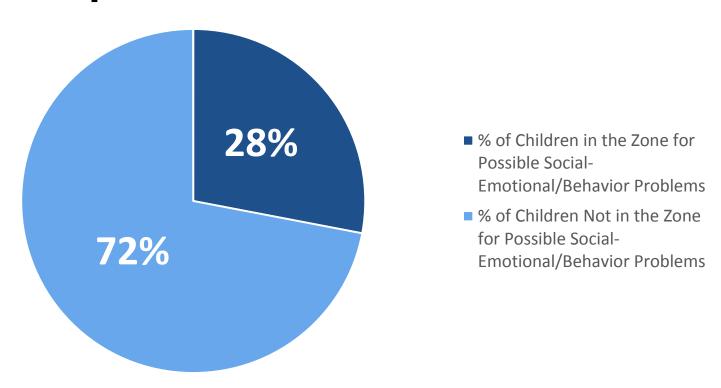
# Two-thirds of MSHS children (24 months and older) are a normal weight.



Source: Direct Measurement of Height and Weight, Table A.22.

Note: Statistics are weighted to represent all older toddlers and preschoolers (children 24 months of age and older) enrolled in MSHS in 2017.

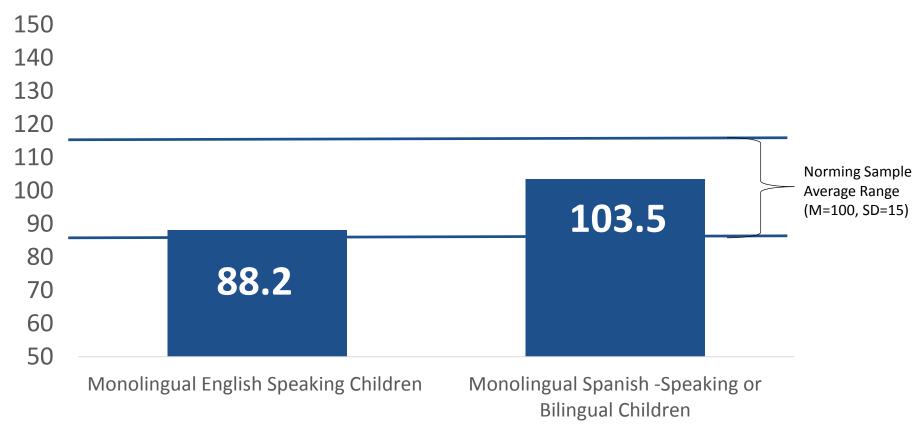
More than one-quarter of MSHS parents report that their toddlers exhibit elevated levels of social-emotional/behavior problems, indicating a possible need for more in-depth assessment or referral.



Source: Brief Infant Toddler Social and Emotional Assessment (BITSEA), Social-Emotional and Problem Behaviors Subscale; Parent Report of MSHS Children 12-35 months, Table A.13.

Note: Statistics are weighted to represent all toddlers (children 12 to 35 months of age) enrolled in MSHS in 2017.

# On average, MSHS children (24 months and older) have receptive language skills in the average range.



Source: Preschool Language Scales-Fifth Edition (PLS-5): Auditory Comprehension Subscale, English and Spanish (Bilingual) Versions, Older Toddlers/Preschoolers (24 months and older), Table A.8.

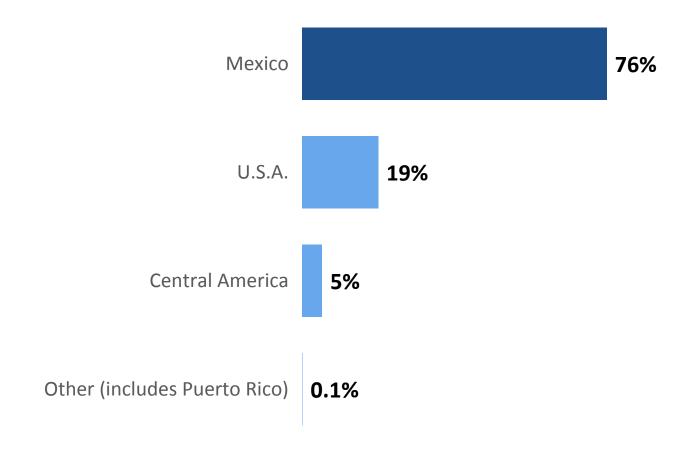
Note: Statistics are weighted to represent all older toddlers and preschoolers (children 24 months of age and older) enrolled in MSHS in 2017. Children whose parents indicated that they spoke or understood any Spanish were assessed in both languages using the Spanish (Bilingual) PLS-5. All others were assessed using the English version.

### **MSHS Parents**

Selected descriptive findings

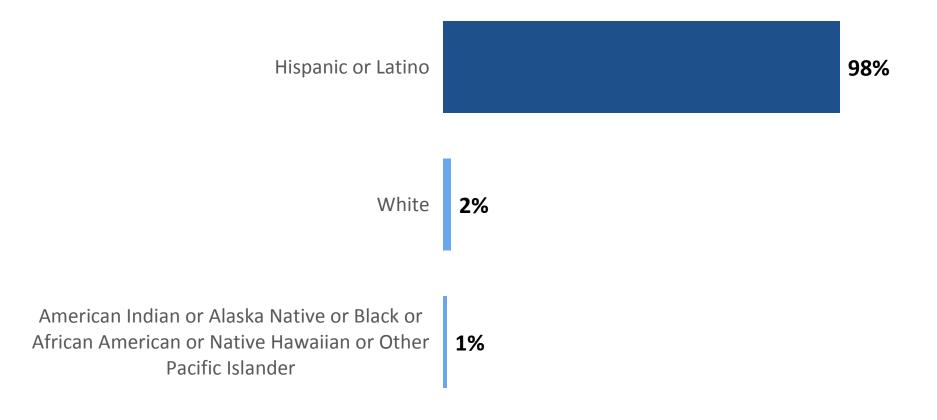
For additional findings see the: MSHS Study 2017 Data Tables

### More than three-quarters of MSHS parents are born in Mexico.



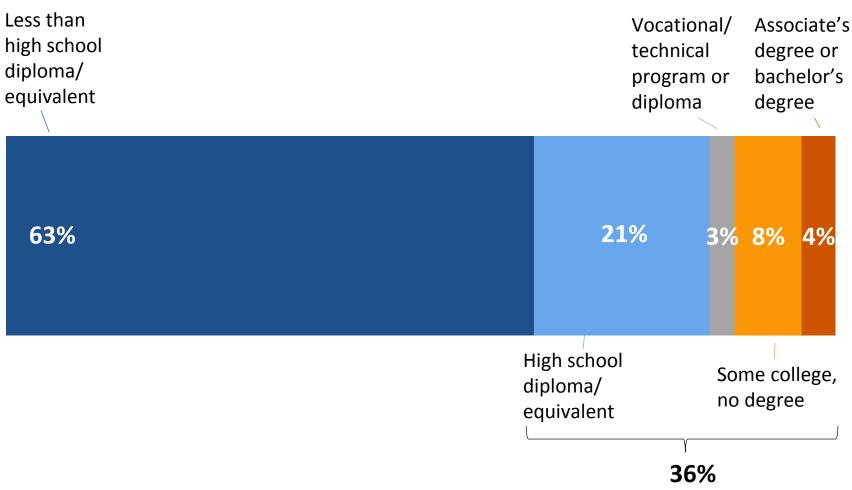
Source: MSHS Parent Survey, Table G.2.

#### Most MSHS parents are Hispanic or Latino.



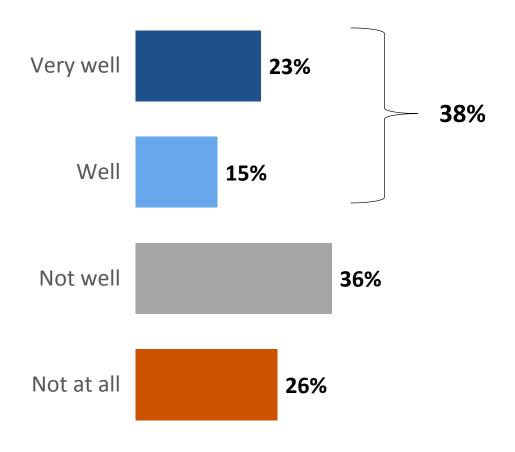
Source: MSHS Parent Survey, Table G.2.

# Over a third of MSHS parents have a high school diploma/equivalent or higher.

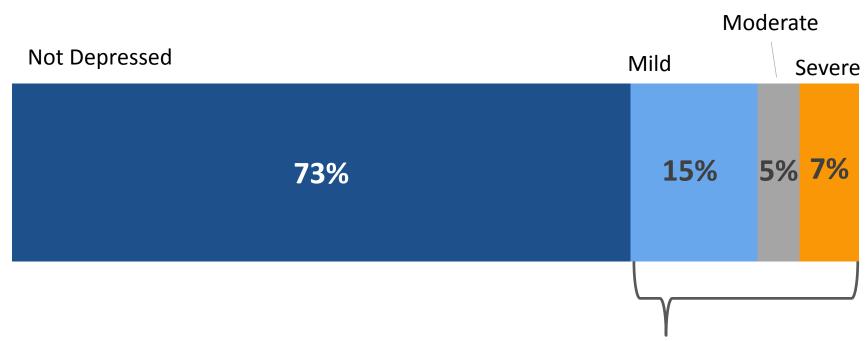


Source: MSHS Parent Survey, Table G.2.

#### Over a third of MSHS parents speak English well or very well.



## **Nearly three-quarters of MSHS parents** are not depressed.

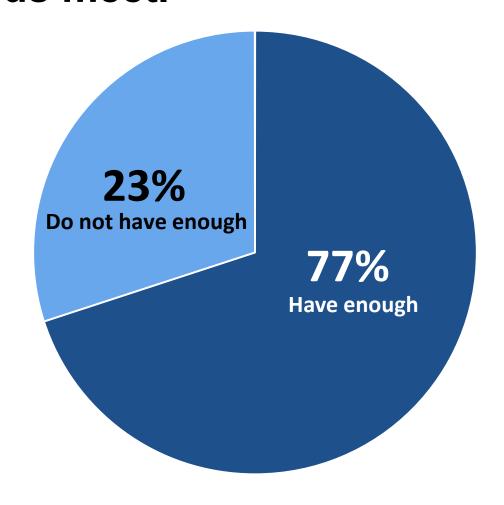


However, 27% of parents are coping with mild to severe depressive symptoms.

Source: MSHS Parent Survey, Table G.10.

Note: Statistics are weighted to represent all parents of MSHS children in 2017. Readers should use caution when interpreting results from the Center for Epidemiological Studies-Depression (CES-D) scale. This measure was developed for research purposes and does not provide a formal diagnosis of depression. A formal diagnosis can only be determined by a trained mental health professional.

More than three-quarters of MSHS parents report having enough money each month to make ends meet.



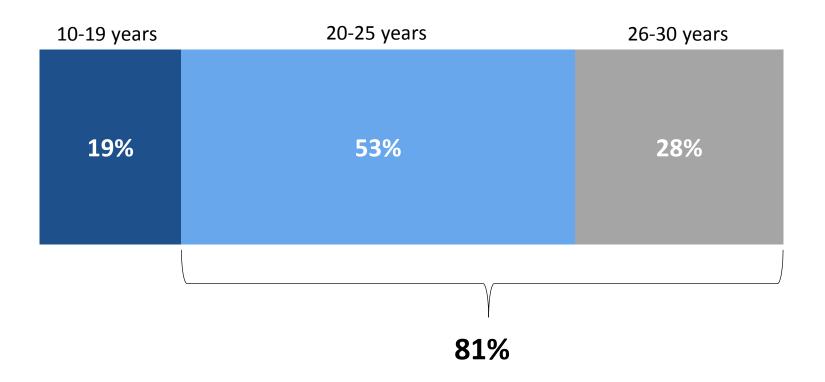
Source: MSHS Parent Survey, Table G.7.

# MSHS Program Directors

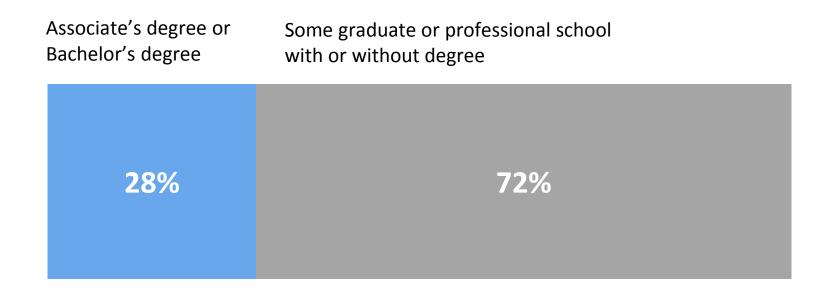
Selected descriptive findings

For additional findings see the: MSHS Study 2017 Data Tables

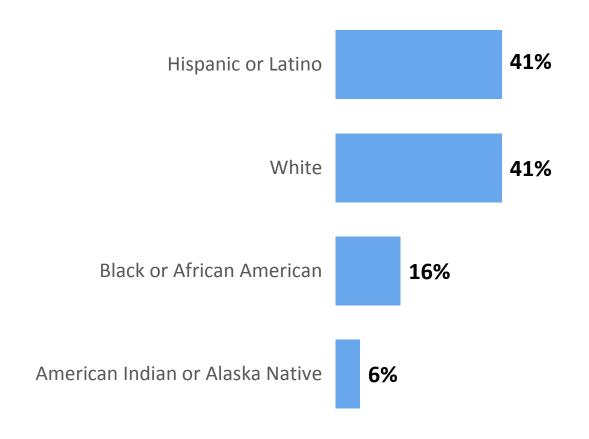
# Most MSHS programs directors have worked in the field of early childhood for 20 or more years.



## All MSHS program directors have at least an associate's or bachelor's degree.



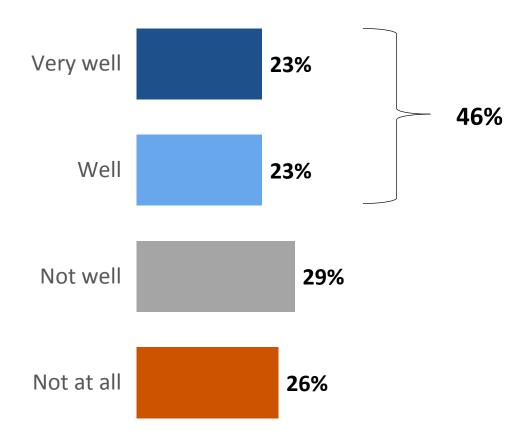
# Most MSHS program directors are either Hispanic/Latino or White.



Source: MSHS Program Director Survey, Table C.3.

Note: The MSHS Study 2017 attempted to survey all eligible MSHS program directors. Data collected from program directors are not weighted.

# Nearly half of MSHS program directors speak Spanish well or very well.



# All MSHS program directors speak English well or very well.



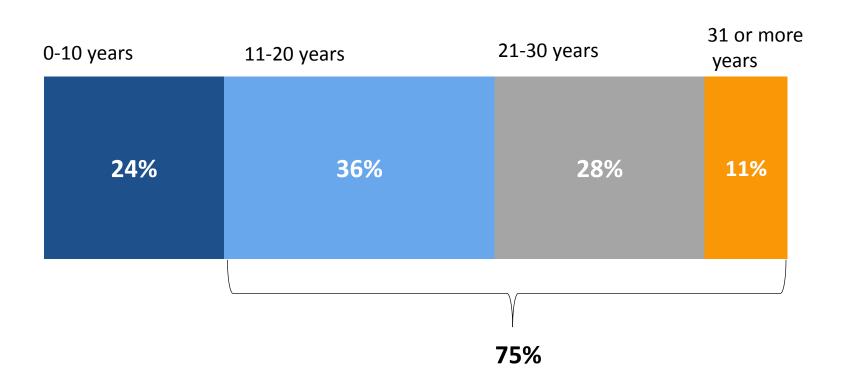
Not at all or Not well **0%** 

## MSHS Center Directors

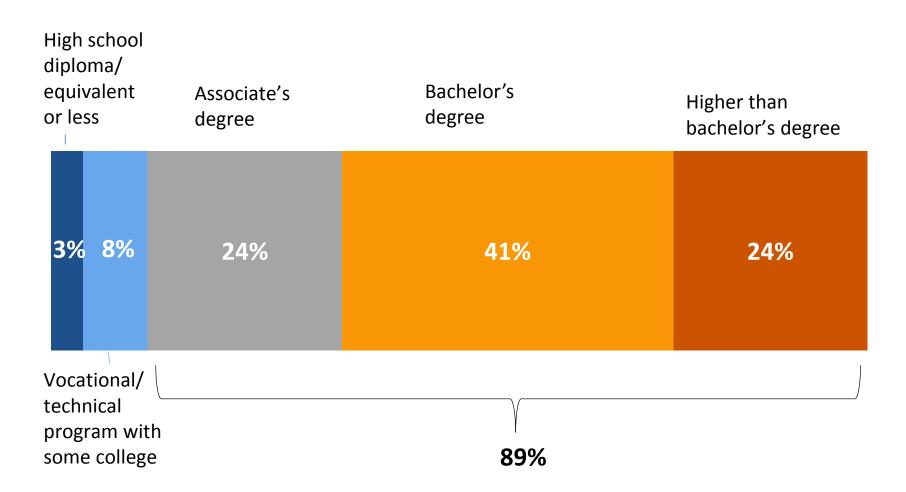
Selected descriptive findings

For additional findings see the: MSHS Study 2017 Data Tables

## Three-quarters of MSHS center directors have worked in the field of early childhood for more than 10 years.

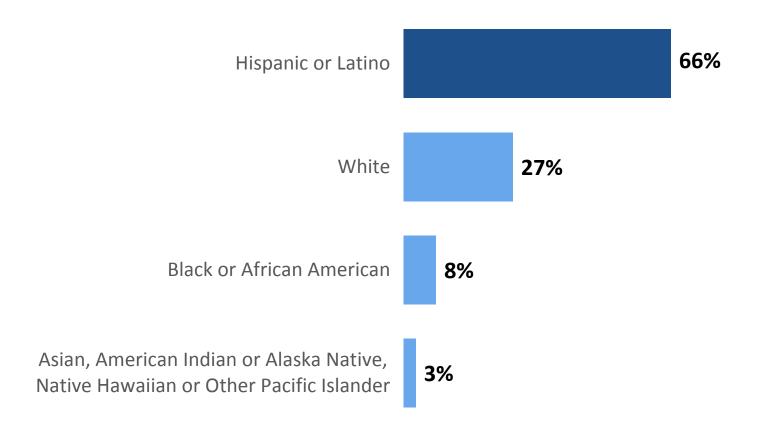


### Almost all MSHS center directors have an associate's degree or higher.



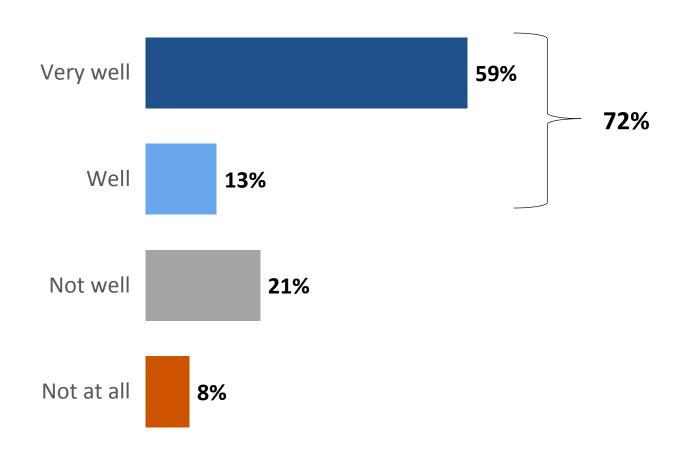
Source: MSHS Center Director Survey, Table D.2.

### Over two-thirds of MSHS center directors are Hispanic or Latino.



Source: MSHS Program Director Survey, Table C.3. Note: Statistics are weighted to represent all MSHS center directors in 2017.

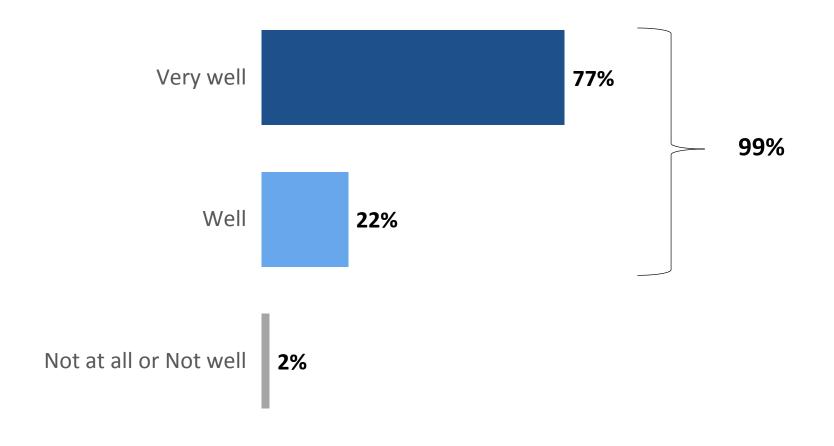
### Nearly three-quarters of MSHS center directors speak Spanish well or very well.



Source: MSHS Center Director Survey, Table D.4. Note: Statistics are weighted to represent all MSHS center directors in 2017.

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#### Almost all MSHS center directors speak English well or very well.

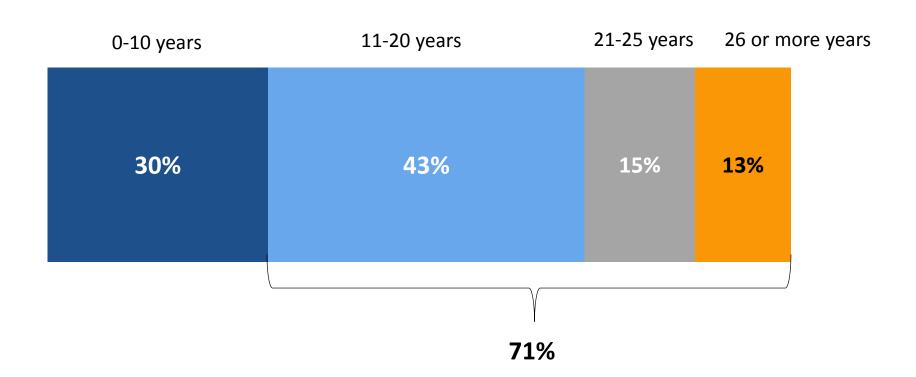


#### **MSHS Teachers**

Selected descriptive findings

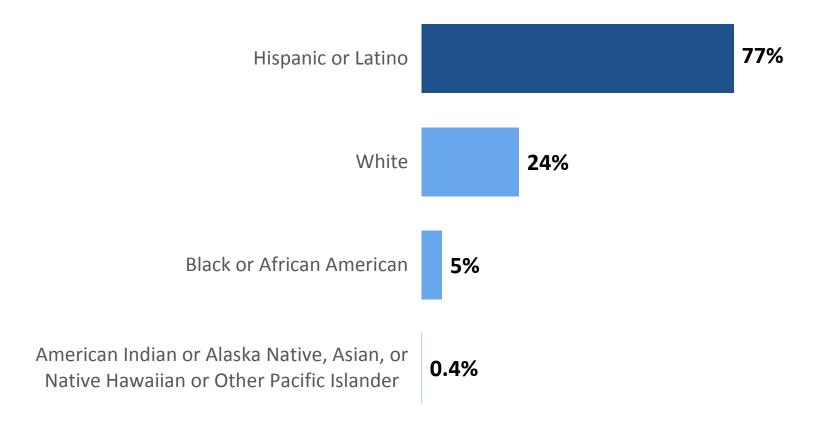
For additional findings see the: MSHS Study 2017 Data Tables

## More than two-thirds of MSHS teachers have been teaching for more than 10 years.



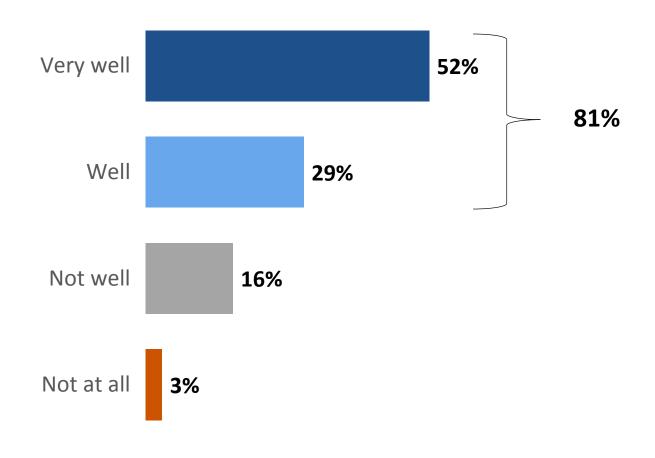
Source: MSHS Teacher Survey, Table E.1.

### Over three-quarters of MSHS teachers are Hispanic or Latino.



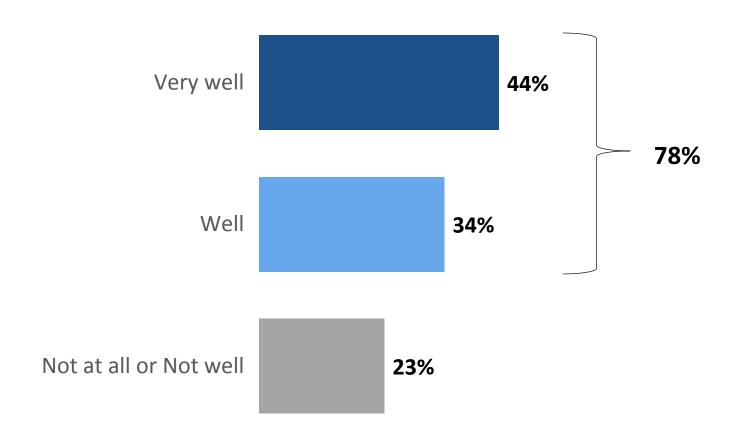
Source: MSHS Teacher Survey, Table E.6.

### Most MSHS teachers speak Spanish well or very well.



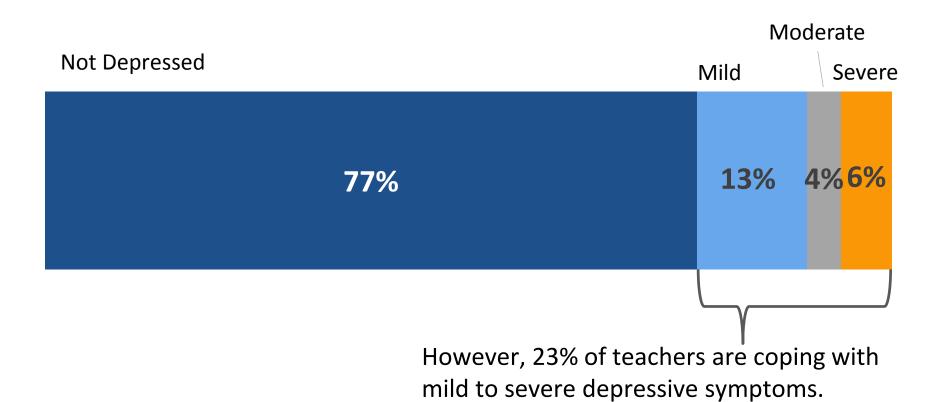
Source: MSHS Teacher Survey, Table E.7.

### Over three-quarters of MSHS teachers speak English well or very well.



Source: MSHS Teacher Survey, Table E.7.

#### Over three-quarters of MSHS teachers are not depressed.



Source: MSHS Teacher Survey, Table E.10.

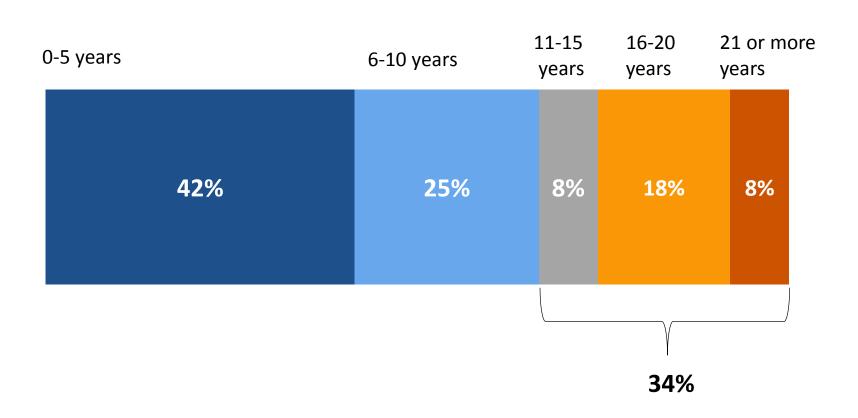
Note: Statistics are weighted to represent all MSHS teachers in 2017. Readers should use caution when interpreting results from the Center for Epidemiological Studies-Depression scale. This measure was developed for research purposes and does not provide a formal diagnosis of depression. A formal diagnosis can only be determined by a trained mental health professional.

## MSHS Assistant Teachers

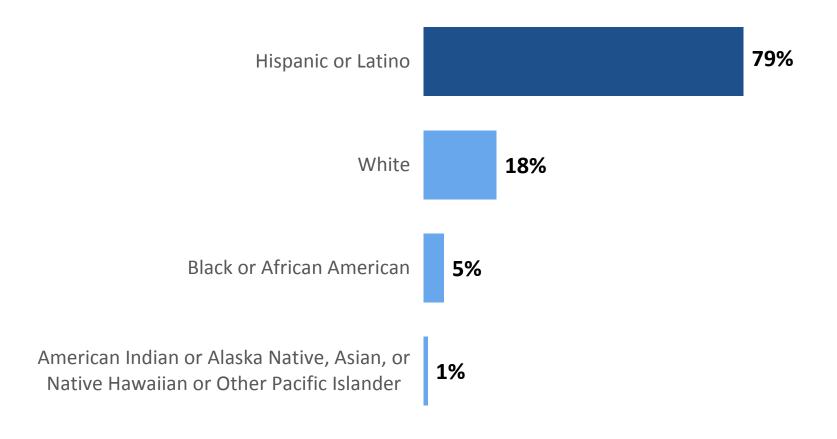
Selected descriptive findings

For additional findings see the: MSHS Study 2017 Data Tables

### A third of MSHS assistant teachers have been teaching for more than 10 years.

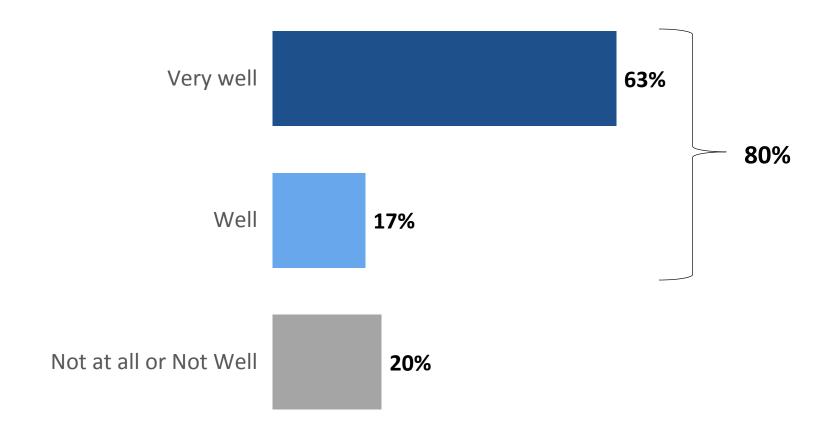


#### Over three-quarters of MSHS assistant teachers are Hispanic or Latino.

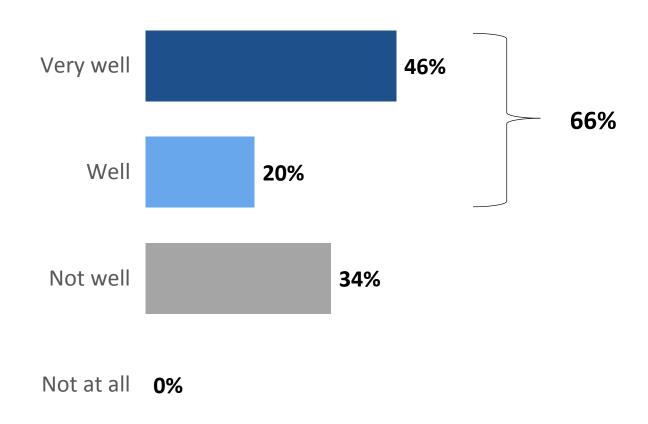


Source: MSHS Assistant Teacher Survey, Table F.6. Note: Statistics are weighted to represent all MSHS assistant teachers in 2017.

### Most MSHS assistant teachers speak Spanish well or very well.

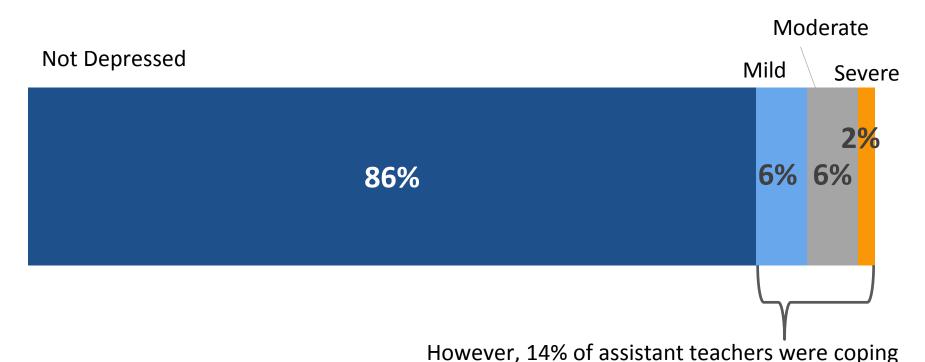


### Two-thirds of MSHS assistant teachers speak English well or very well.



Source: MSHS Assistant Teacher Survey, Table F.7. Note: Statistics are weighted to represent all MSHS assistant teachers in 2017.

### Most MSHS assistant teachers are not depressed.



Source: MSHS Assistant Teacher Survey, Table F.13.

Note: Statistics are weighted to represent all MSHS assistant teachers in 2017. Readers should use caution when interpreting results from the Center for Epidemiological Studies-Depression scale. This measure was developed for research purposes and does not provide a formal diagnosis of depression. A formal diagnosis can only be determined by a trained mental health professional.

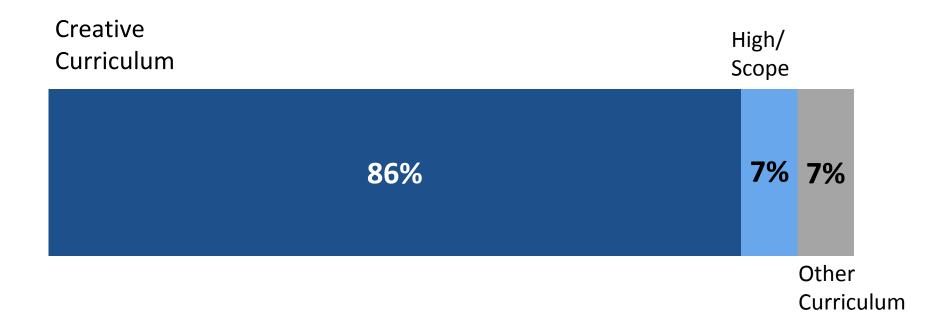
with mild to severe depressive symptoms.

#### **MSHS Classrooms**

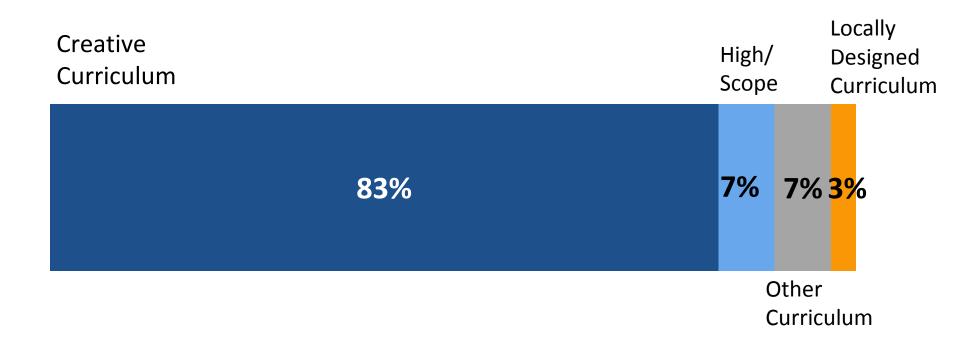
Selected descriptive findings

For additional findings see the: MSHS Study 2017 Data Tables

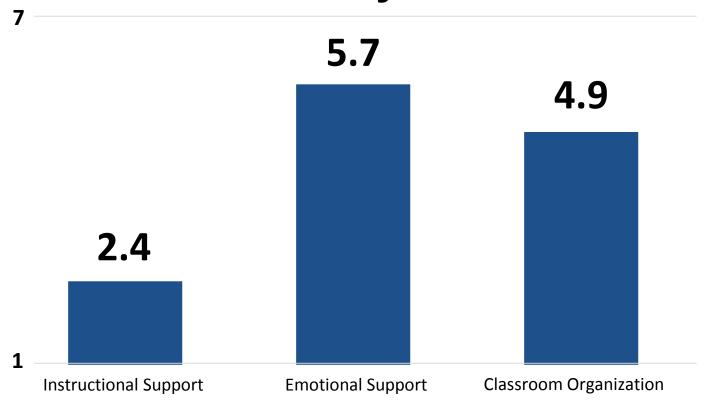
## Creative Curriculum is the most common primary curriculum that MSHS programs use with infants and toddlers.



## Creative Curriculum is the most common primary curriculum that MSHS programs use with preschoolers.



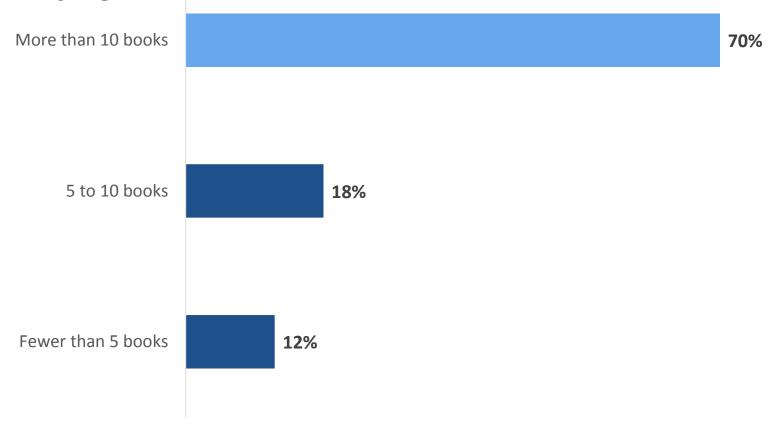
# On average, preschool classrooms have high emotional support, moderate classroom organization, and low instructional support as measured by the CLASS.



Source: Classroom Observation Scoring System (CLASS), MSHS Classroom Observation, Preschool Classrooms (36 months and older), Table B.3.

Note: Statistics are weighted to represent all preschool classrooms (classrooms in which the majority of children were 36 months of age or older) in MSHS in 2017.

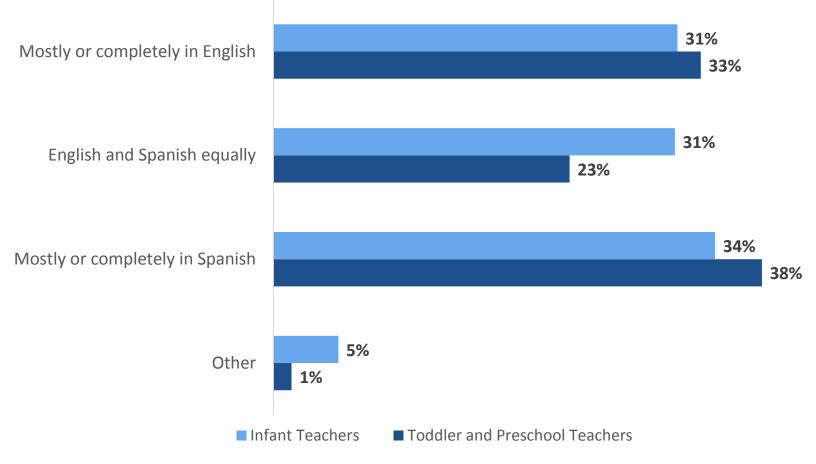
# About two-thirds of MSHS preschool classrooms have more than 10 Spanish or bilingual books easily available to children.



Source: Early Language and Literacy Classroom Observation- Dual Language Learners (ELLCO-DLL), Preschool Classrooms, Table B.5. Note: Statistics are weighted to represent all preschool classrooms (classrooms in which the majority of children were 36 months of age or older) in MSHS in 2017.

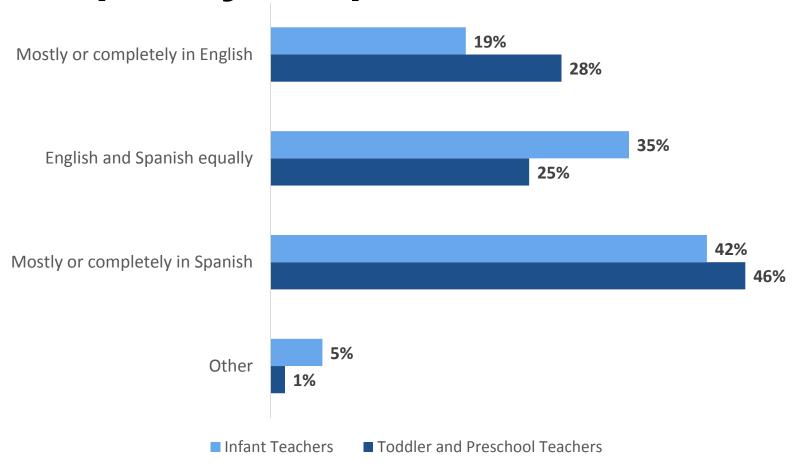
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## About one-third of MSHS teachers read to children mostly or completely in English.



Source: MSHS Teacher Survey, Tables E.17 and E.18.

## Nearly one-half of MSHS teachers soothe children mostly or completely in Spanish.



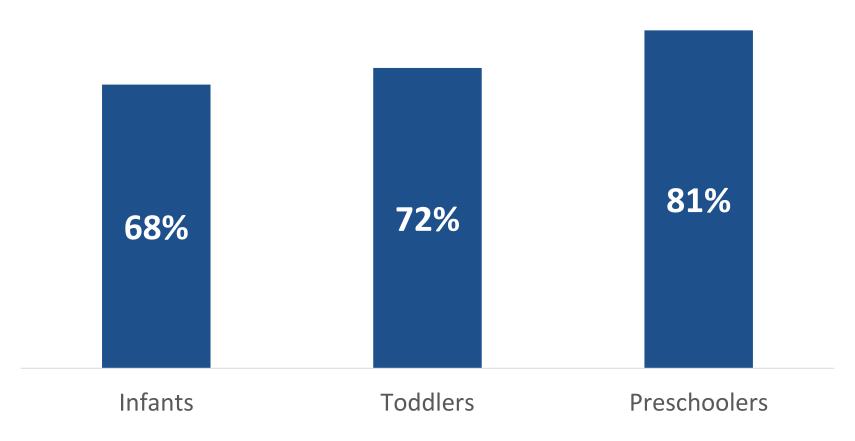
Source: MSHS Teacher Survey, Tables E.17 and E.18.

# MSHS Centers and Programs

Selected descriptive findings

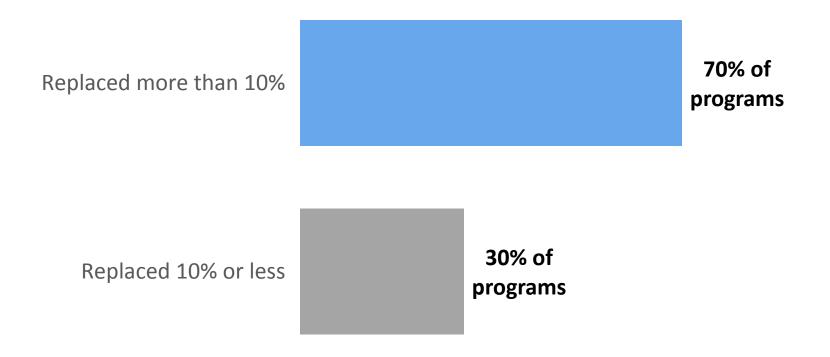
For additional findings see the: MSHS Study 2017 Data Tables

## Most MSHS centers have a formal language policy for infants, toddlers, and preschoolers.

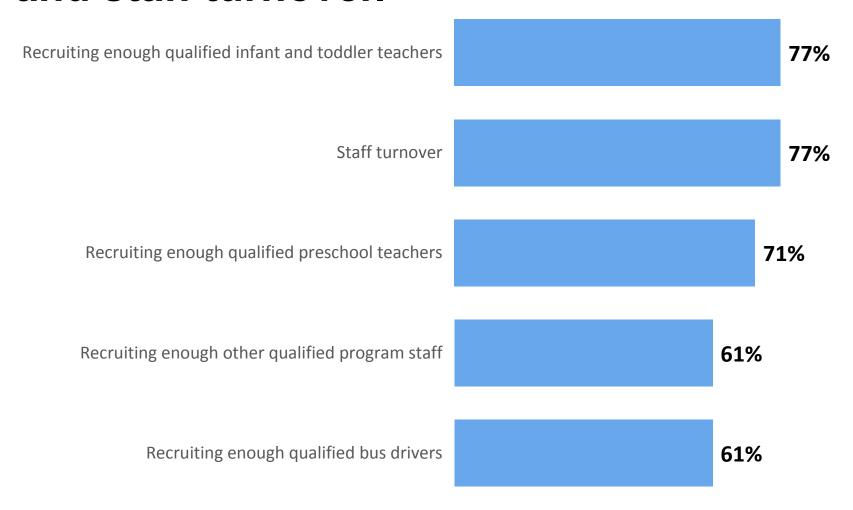


Source: MSHS Center Director Survey, Table D.23. Note: Statistics are weighted to represent all MSHS center directors in 2017.

## More than two-thirds of MSHS program directors replaced more than 10% of their teaching staff in the last year.



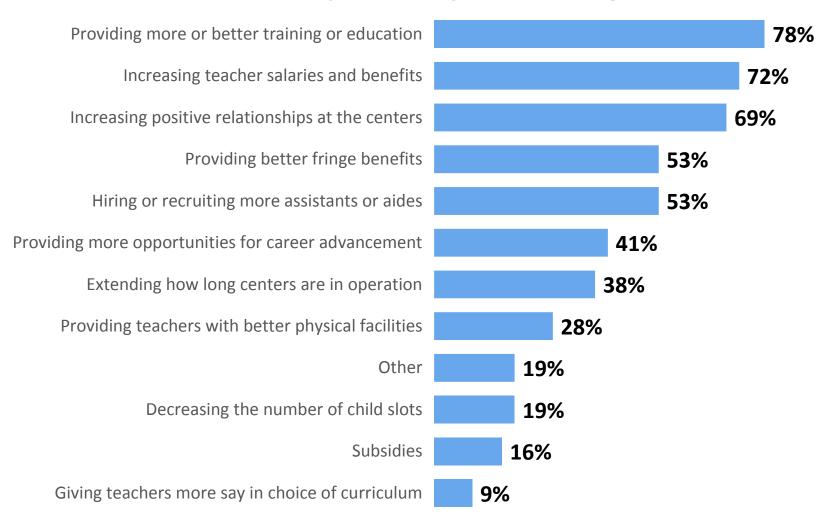
### Most MSHS program directors report challenges with recruiting qualified staff and staff turnover.



Source: MSHS Program Director Survey, Table C.12.

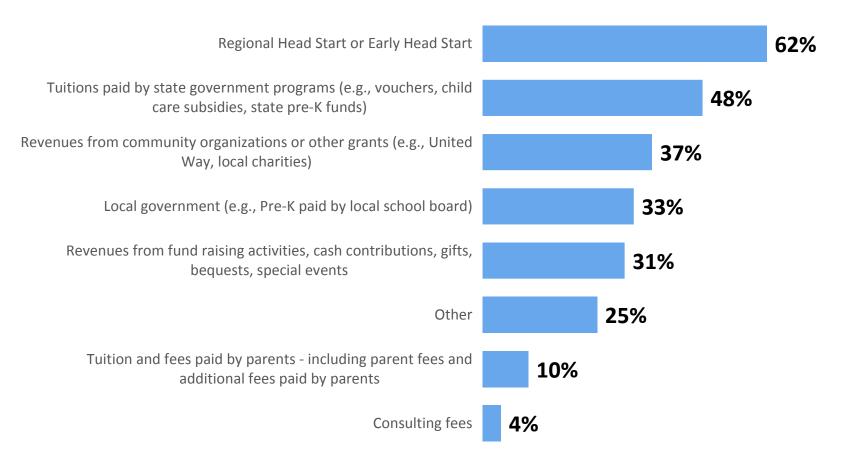
Note: The MSHS Study attempted to survey all eligible MSHS program directors. Data collected from program directors are not weighted.

### To reduce staff turnover, MSHS program directors employ many strategies.

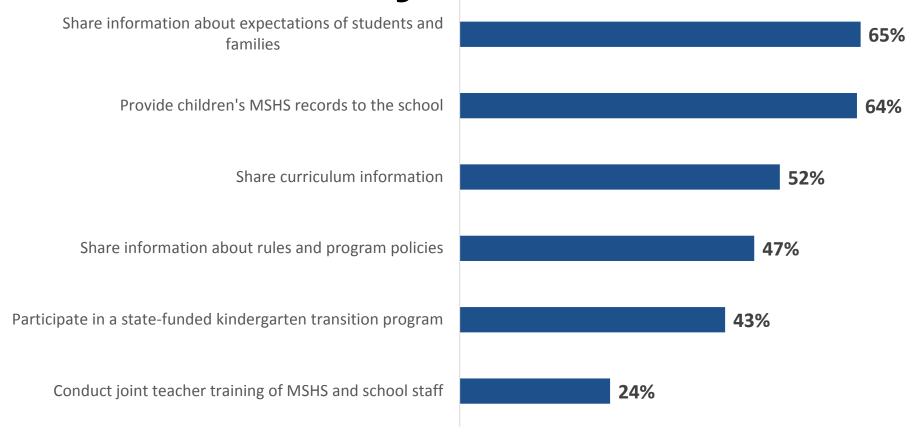


Source: MSHS Program Director Survey, Table C.8.

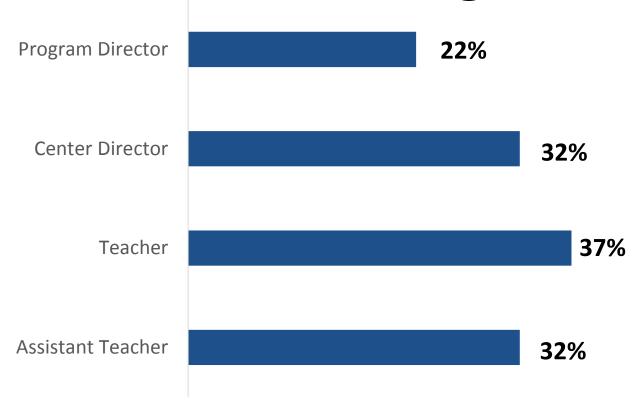
### Most MSHS program directors report receiving funding from sources other than MSHS.



# MSHS centers collaborate with local elementary schools in a number of ways:



# Many MSHS staff are or were migrant and seasonal farmworkers, including:



Source: MSHS Program Director Survey, Table C.1.; MSHS Center Director Survey, Table D.1.; MSHS Teacher Survey, Table E.2.; MSHS Assistant Teacher Survey, Table F.2.

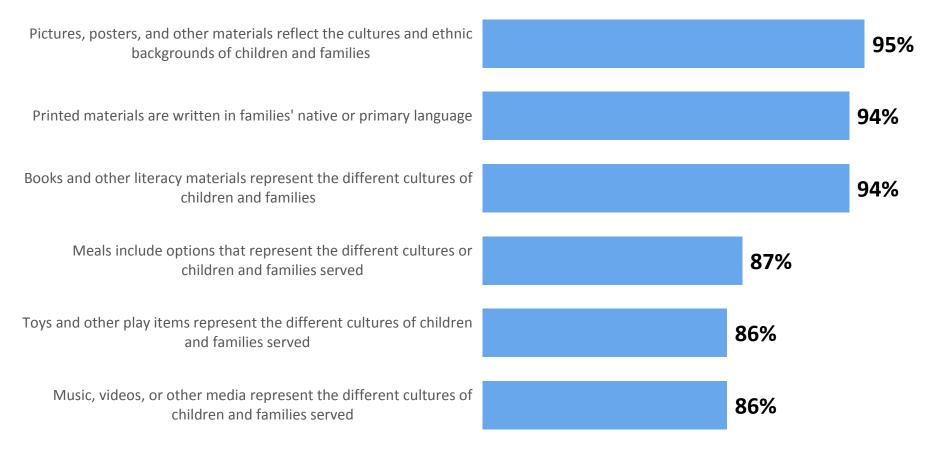
Note: Statistics are weighted to represent all MSHS center directors, teachers, and assistant teachers in 2017. The MSHS Study 2017 attempted to survey all eligible MSHS program directors. Data collected from program directors are not weighted.

## **Engaging MSHS Families**

Selected descriptive findings

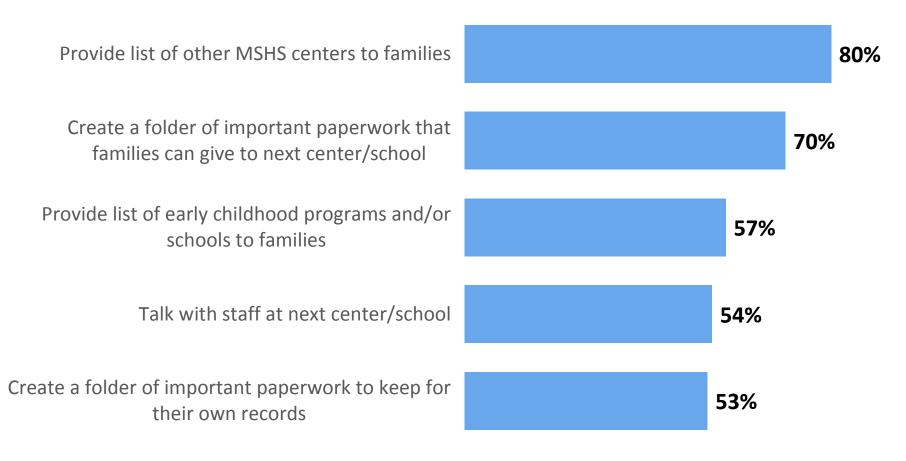
For additional findings see the: MSHS Study 2017 Data Tables

## MSHS center directors use multiple strategies to engage culturally and linguistically diverse families.



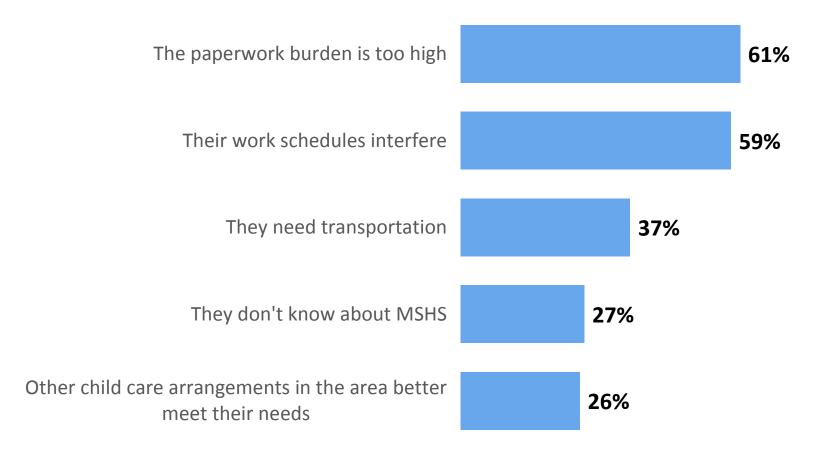
Source: MSHS Center Director Survey, Table D.18.

## MSHS centers use a number of strategies to facilitate families' transitions if they migrate or move.



Source: MSHS Center Director Survey, Table D.24.

### These are the top five barriers for parents enrolling their child in MSHS, according to center directors.



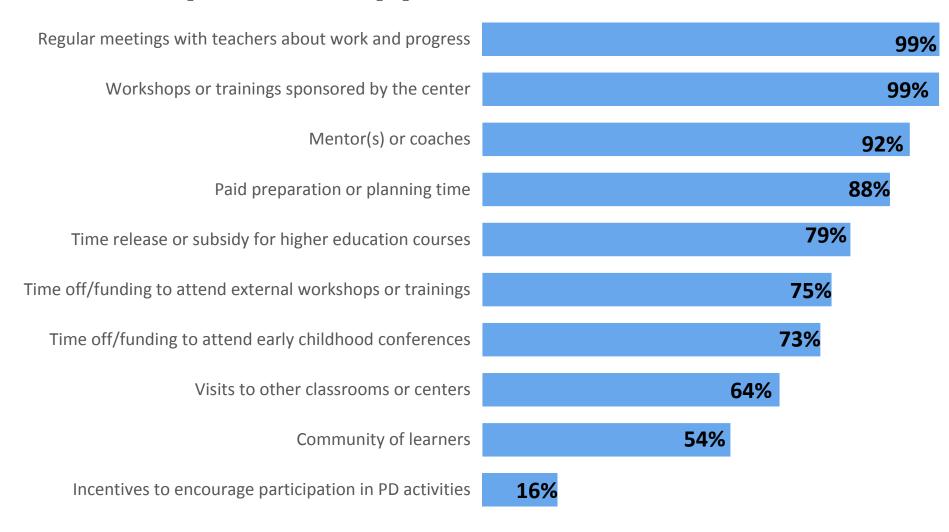
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# Professional Development

Selected descriptive findings

For additional findings see the: MSHS Study 2017 Data Tables

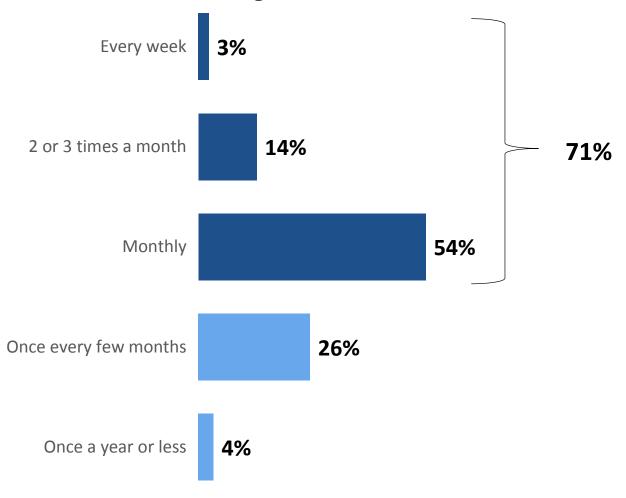
### MSHS centers offer many professional development supports to their teachers.



Source: MSHS Center Director Survey, Table D.5.

Note: Note: Statistics are weighted to represent all MSHS center directors in 2017.

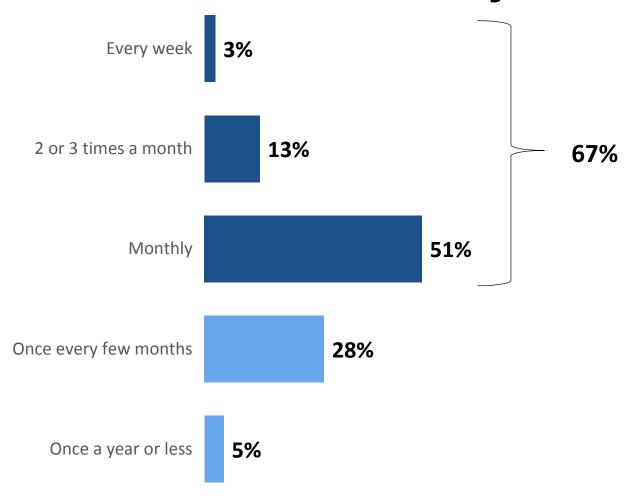
## Most MSHS teachers participate in training and technical assistance activities at least monthly.



Source: Center Director Survey, Table D.7.

Note: Statistics are weighted to represent all MSHS Center Directors in 2017

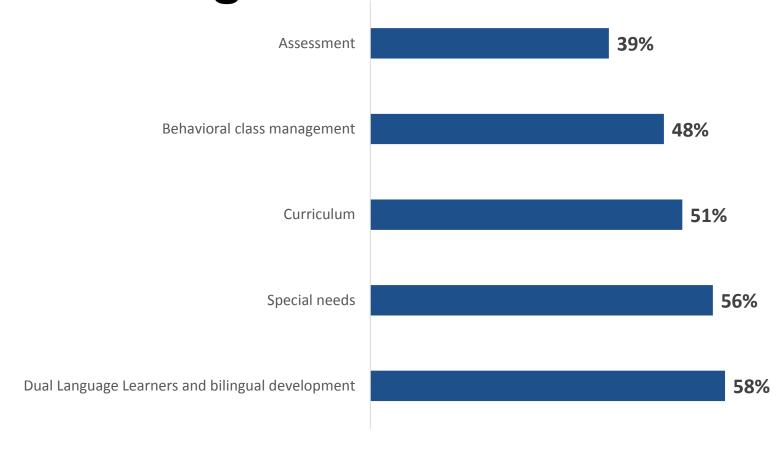
## Most MSHS assistant teachers participate in training and technical assistance activities at least monthly.

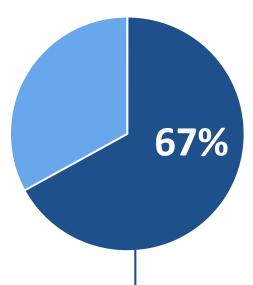


Source: Center Director Survey, Table D.7.

Note: Statistics are weighted to represent all MSHS Center Directors in 2017

# Many MSHS teachers want additional training in the following areas:



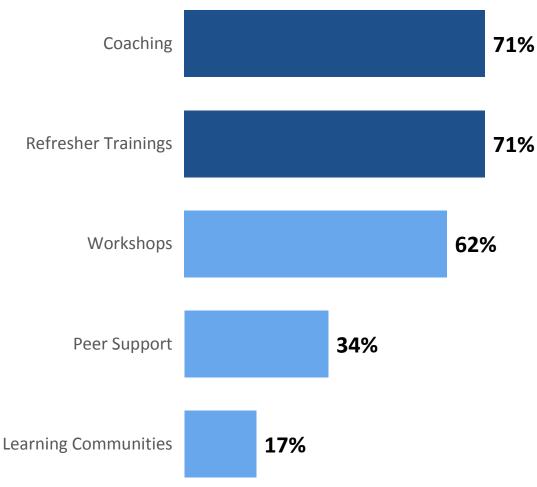


of MSHS teachers have a mentor or coach who provides feedback, guidance, and training.

37%

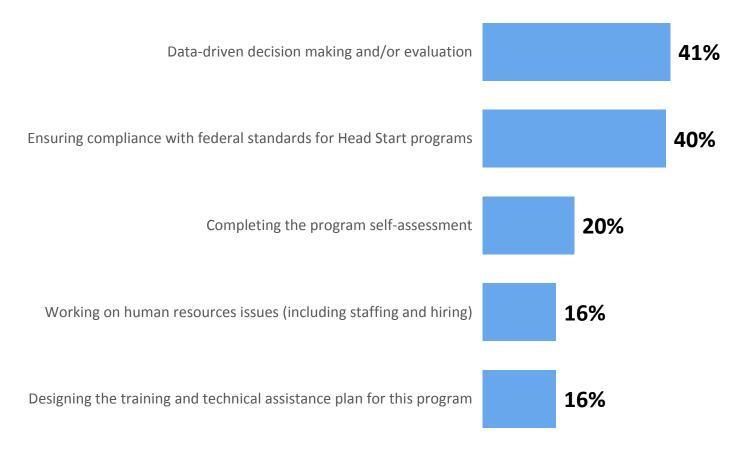
of mentors or coaches come to the classroom at least once a week

## Most MSHS teachers receive coaching and participate in refresher trainings to help them use curriculum.



Source: Teacher Survey, Table E.11.

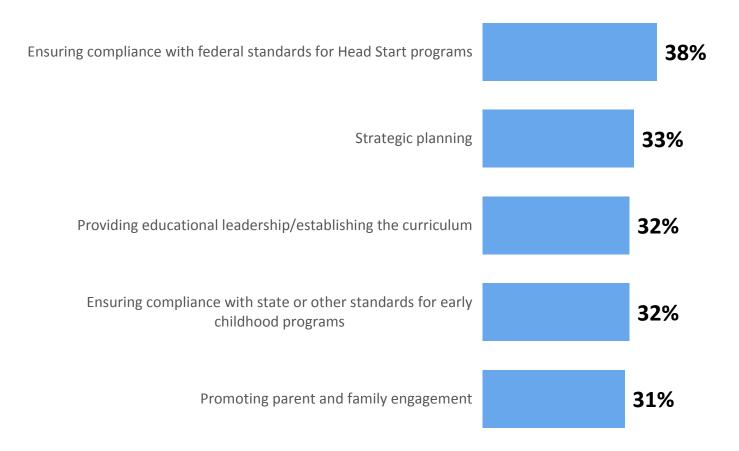
### These are the top five areas where MSHS program directors indicate that they would like additional T/TA support.



Source: MSHS Program Director Survey, Table C.10.

Note: The MSHS Study attempted to survey all eligible MSHS program directors. Data collected from program directors are not weighted.

### These are the top five areas where MSHS <u>center directors</u> indicate that they would like additional T/TA support.



Source: MSHS Center Director Survey, Table D.9.

These slides were prepared by Allison Walker, a Contract Research Assistant to the Office of Planning, Research, and Evaluation (OPRE) with Business Strategy Consultants.

This brief relies on data collected and analyzed as part of the 2017 MSHS Study conducted by Abt Associates Associates in partnership with Catholic University of America and Westat. The ACF Project Officer is Wendy DeCourcey.

For additional information visit: <a href="https://www.acf.hhs.gov/opre/research/project/migrant-and-seasonal-head-start-study">https://www.acf.hhs.gov/opre/research/project/migrant-and-seasonal-head-start-study</a>.

Find the Data Tables here: MSHS Study 2017: Data Tables

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