Early Care and Education for Children in Immigrant Families

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Immigrant Children Are An Important Segment of Our Youngest Population

• Nearly 6 million children age five and under are immigrant children
  – They were born abroad (6 percent)
  – One or both parents were born abroad (94 percent)

• Comprise 24 percent of population age five and under
  – Immigrant share reaches 50 percent in California

• Represent a diverse group but many face disadvantages that place them at risk of poor school performance
  – Linguistically isolated households
  – Parents with low education
  – Family income below poverty
Growing Evidence of Benefits of High Quality Early Care and Education (ECE)

- Child development and brain research points to critical period in early years

- Evidence from rigorous evaluations of model programs and larger-scale programs of benefits from high quality ECE programs
  - Shorter-term benefits in school readiness
  - Longer-term benefits in education and economic outcomes

- Research has spurred public sector investments in ECE as part of education reform agenda
What is the Promise of ECE for Immigrant Children?

Questions

• To what extent do immigrant children participate in ECE and what is the quality of those experiences?

• What are the potential benefits to ECE participation?

• What barriers preclude children who could benefit from participation?

• What are the policy implications?
Approach

- Define immigrant children as those born abroad or U.S.-born with one or both nonnative parents
- Scope includes early learning programs in home- and center-based settings serving children from birth to kindergarten entry
- Draw on most recent data available
- Evaluate literature on ECE more generally and specific to immigrant populations
**What is the Promise of ECE for Immigrant Children?**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
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<tbody>
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<td>• To what extent do immigrant children participate in ECE and what is the quality of those experiences?</td>
<td>• They are less likely to use ECE and quality shortfalls exist; lower use can be explained by a few factors</td>
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</tbody>
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Immigrant Children Are Less Likely to Be in Any Nonparental Care Before K Entry

Percentage in any nonparental care

- Immigrant children
- Native children

0 to 2-year-olds: 38% vs. 55%
3-year-olds: 61% vs. 71%
4-year-olds: 72% vs. 84%

SOURCE: Karoly and Gonzalez (2011), Table 1, based on 2005 NHES.
They Are Also Less Likely to Be in Any Center-Based Care Before K Entry

SOURCE: Karoly and Gonzalez (2011), Table 1, based on 2005 NHES.
Among Care Users, Immigrant–Native Differences In Care Use Patterns Are Smaller

Percentage in any center-based care

- Immigrant children
- Native children

0 to 2-year-olds: 35%, 42%
3-year-olds: 73%, 71%
4-year-olds: 92%, 90%

SOURCE: Karoly and Gonzalez (2011), Table 2, based on 2005 NHES.
**Immigrant Children Concentrated in Groups With Lower Usage of Nonparental Care**

<table>
<thead>
<tr>
<th></th>
<th>Immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income below poverty</td>
<td>69%</td>
</tr>
<tr>
<td>Income above poverty</td>
<td>73%</td>
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*Source: Karoly and Gonzalez (2011), Table 3, based on 2005 NHES.*
### Immigrant Children Concentrated in Groups With Lower Usage of Nonparental Care

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Income below poverty</td>
<td>69%</td>
</tr>
<tr>
<td>Income above poverty</td>
<td>73%</td>
</tr>
<tr>
<td>Parental education below HSG</td>
<td>66%</td>
</tr>
<tr>
<td>Parental education HSG or higher</td>
<td>74%</td>
</tr>
<tr>
<td>Two parent family</td>
<td>27%</td>
</tr>
<tr>
<td>One parent family</td>
<td>67%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>70%</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>74%</td>
</tr>
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SOURCE: Karoly and Gonzalez (2011), Table 3, based on 2005 NHES.
But Care Usage By Immigrant Children Is Also Lower Than Natives For Most Subgroups

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<thead>
<tr>
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<tr>
<td>Income below poverty</td>
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<td>74%</td>
<td>85%</td>
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SOURCE: Karoly and Gonzalez (2011), Table 3, based on 2005 NHES.
Recall Gaps in Immigrant-Native Use of Any Nonparental Care: 17, 10, 12 Percentage Points

SOURCE: Karoly and Gonzalez (2011), Table 1, based on 2005 NHES.
Much of the Participation Gap In Use of Any Nonparental Care Is Explain by Four Factors

![Bar chart showing percentage point differential (absolute value) for different age groups.

- **0 to 2-year-olds**:
  - Unadjusted: 17
  - Adjusted: 10

- **3-year-olds**:
  - Unadjusted: 10
  - Adjusted: 3

- **4-year-olds**:
  - Unadjusted: 12
  - Adjusted: 3

NOTE: Adjusted gap controls for poverty status, parental education, number of parents, and Hispanic ethnicity.

SOURCE: Karoly and Gonzalez (2011), Figure 1, based on 2005 NHES.
Same Factors Explain Much of the Gap In Use of Any Center-Based Care

Percentage point differential (absolute value)

0 to 2-year-olds | 3-year-olds | 4-year-olds

- 10 | 6 | 10
- 3 | 0 | 2

NOTE: Adjusted gap controls for poverty status, parental education, number of parents, and Hispanic ethnicity.

SOURCE: Karoly and Gonzalez (2011), Figure 1, based on 2005 NHES.
Both Immigrant and Native Children Experience Quality Shortfalls

Mean scale score

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<thead>
<tr>
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<th>Immigrant children</th>
<th>Native children</th>
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<tbody>
<tr>
<td>ECERS-R</td>
<td>4.0</td>
<td>4.2</td>
</tr>
<tr>
<td>CLASS - ES</td>
<td>5.4</td>
<td>5.5</td>
</tr>
<tr>
<td>CLASS - CO</td>
<td>4.7</td>
<td>5.0</td>
</tr>
<tr>
<td>CLASS - IS</td>
<td>2.5</td>
<td>2.8</td>
</tr>
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NOTE: ECERS-R based on 2 subscales. ES = emotional support; CO = classroom organization; IS = instructional support.

SOURCE: Karoly and Gonzalez (2011), Table 4, based on 2007 CA Preschool Study.
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Broad Research Base Shows Benefits of ECE, Especially for High-Risk Children

- Best evidence from evaluations using experimental or quasi-experimental designs
- Recent evaluations of larger-scale public programs
  - Early Head Start and Head Start
  - Preschool programs in AR, CA, MI, NJ, NM, SC, and WV
  - Oklahoma’s universal preschool program
- Long-term evaluations of smaller- and larger-scale high quality programs
  - Preschools: Perry Preschool and Chicago Child-Parent Centers
  - Early intervention: Abecedarian and Infant Health and Development Program
Benefits Evident In Multiple Domains and Through Time

• Multiple studies show benefits at school entry
  – Cognitive gains that are large relative to other interventions
  – Smaller socio-emotional and behavioral gains

• Those studies with longer-term follow-up show continued benefits
  – Improved educational outcomes
  – Better economic outcomes
  – Reduced crime, delinquency and other antisocial behaviors
Research on Immigrant Children Also Shows Benefits from High Quality ECE

- More limited evidence base regarding benefits of ECE for immigrant children or English learners

- Some studies have considered these populations and shown short-term benefits consistent with other studies
  - OK universal preschool program
  - Observational studies using ECLS-K

- Longer-term benefits have yet to be documented

- May be benefits for immigrant parents from ECE participation such as gains in social capital or increased parental educational involvement
What is the Promise of ECE for Immigrant Children?

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• What are the potential benefits to ECE participation?

• What barriers preclude children who could benefit from participation?

Answers

• They are less likely to use ECE and quality shortfalls exist; lower use can be explained by a few factors

• Evidence of at least short-term benefits and likely long-term benefits too

• Structural, informational, cultural, bureaucratic, and other factors likely reduce participation
Literature Suggests Four Types of Barriers to ECE Participation by Immigrant Families

- Structural
- Informational and bureaucratic
- Cultural
- (Mis)perceptions
Structural Barriers Can Be Significant

• Affordability
  – Lower incomes for immigrant families means cost may preclude use of more formal programs
  – Children may be eligible for subsidies but parents do not have needed documentation
  – Subsidies do not cover all eligible children

• Availability
  – Care options in immigrant communities are often more limited
  – Limits on nonstandard care options (e.g., care during nontraditional hours)

• Access
  – Transportation barriers preclude use
Informational and Bureaucratic Barriers Can Be Especially Problematic for Immigrants

• Immigrant families are often unaware of ECE programs or subsidies they qualify for
  – Reliance on word of mouth instead of traditional sources of information

• Application and enrollment process are often complex and harder for immigrant families to navigate
  – Language barriers
  – Lack of documentation
  – Inability to access needed vaccinations
Cultural Barriers May Exist But Likely Less Important Than Other Factors

• Familistic culture often cited as reason for lower use of formal care arrangements
  – But several studies show structural factors play larger role than cultural ones

• Lack of cultural sensitivity or inability to communicate in parents’ language may limit parent interest or involvement
Barriers Created by (Mis)Perceptions May Also Play a Role

• Distrust of government may limit participation in publicly subsidized programs
  – Misunderstandings regarding limits on eligibility based on citizenship status
  – Fear of a “public charge” determination
  – Wariness about disclosing personal information

• Concerns about stigma associated with using public subsidies

• Knowledge of ECE benefits may be limited, especially for immigrants from origin countries with low ECE use
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<td>Combine policies targeted to disadvantaged children generally and those that address unique immigrant needs</td>
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RAND
Policy Options for Disadvantaged Children More Generally

- Immigrant children are likely to benefit from federal, state, and local efforts to increase access to and raise quality of ECE
  - Increased funding for subsidized programs
  - Program consolidation for improved ease of use and greater efficiency
  - Quality improvement initiatives (e.g., rating systems, workforce development)
  - Alignment of preK and early elementary education
  - Linked and enhanced data systems

- Advantages to both universal and targeted approaches

- Need to evaluate effects of these reforms on immigrant children
Policy Options Specific to Immigrant Children

• Structure of ECE programs can be modified to address unique immigrant needs
  – Greater outreach using language-accessible communication strategies to raise awareness, dispel myths, support access, and promote engagement
  – Streamline bureaucratic processes
  – Emphasize cultural competency in workforce development

• Providers can adjust to accommodate immigrant children and families
  – Improve cultural competency of staff
  – Implement proven methods for English learners

• Again, evaluations can determine if these strategies are effective
## Questions

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## Answers

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- Structural, informational, cultural, bureaucratic, and other factors likely reduce participation.
- Combine policies targeted to disadvantaged children generally and those that address unique immigrant needs.

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RAND
Study Available in 2011 FOC Volume


url: futureofchildren.org
High-Quality Preschool Programs Can Raise Pre-Literacy and Pre-Math Skills

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<tbody>
<tr>
<td>Perry Preschool</td>
<td>1.02</td>
</tr>
<tr>
<td>Chicago CPC</td>
<td></td>
</tr>
<tr>
<td>Head Start</td>
<td></td>
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<tr>
<td>Arkansas</td>
<td>0.36</td>
</tr>
<tr>
<td>California</td>
<td>0.30 – 0.47</td>
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<td>Michigan</td>
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<td>New Jersey</td>
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<td>Oklahoma (Tulsa)</td>
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<td>Oklahoma</td>
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<td>South Carolina</td>
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<td>West Virginia</td>
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PPVT=Peabody Picture Vocabulary Test.

**High-Quality Preschool Programs Can Raise Pre-Literacy and Pre-Math Skills**

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<th>Pre-reading (WJ)</th>
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<th>Pre-math (WJ)</th>
<th>Cognitive readiness</th>
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<td>Head Start</td>
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<td>West Virginia</td>
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<td>0.52</td>
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PPVT=Peabody Picture Vocabulary Test; WJ=Woodcock-Johnson.

Two Programs with Longer Follow-Up Show Favorable Effects on Educational Outcomes

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<tr>
<th>Outcome</th>
<th>Perry Preschool</th>
<th>Chicago CPC</th>
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<tbody>
<tr>
<td>Reading achievement</td>
<td>0.34</td>
<td>0.24</td>
</tr>
<tr>
<td>Math achievement</td>
<td>0.33</td>
<td>0.23</td>
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<tr>
<td>Grade retention</td>
<td>0.34</td>
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<tr>
<td>Special education use</td>
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<tr>
<td>High school completion</td>
<td>0.43</td>
<td>0.16</td>
</tr>
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NOTE: Perry achievement measures are for grade 6; Chicago CPC are for grade 8.