

## Leveraging the Potential of Home Visiting Programs to Serve Immigrant and Dual Language Learner Families

By Maki Park and Caitlin Katsiaficas

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### Executive Summary

Home visiting, a two-generation program model that serves young children alongside their caretakers as well as expecting mothers in their homes, has proven to be an effective tool in supporting children's school readiness, health, and socioemotional development. Though such programs have been around for decades, home visiting has gained increased prominence in recent years. Children in immigrant families and households where a language other than English is spoken (known as Dual Language Learners, or DLLs) are important target groups for such early childhood interventions as they are disproportionately likely to face risk factors, such as poverty and low parental education levels, that can negatively affect their wellbeing and long-term outcomes. Yet even as children of immigrants and DLLs make up growing shares of young children in the United States—reaching one in four and nearly one in three, respectively, in 2013–17—research shows that they are underserved by home visiting programs.

Home visiting programs are particularly well placed to promote improved outcomes for children of immigrants and DLLs for several reasons. Due to their mode of delivery (and because they are provided at no cost to families), they can be especially effective in reaching isolated and otherwise hard-to-reach families through regular, planned home visits by trained staff that offer education, resources, and support related to their young children's healthy development. For DLL families specifically, they can encourage parents who speak languages other than English to support their children's home-language development, harnessing their critical role as their children's first teachers to help them reap the benefits of bilingualism. They can also help to address access barriers that immigrant and Limited English Proficient (LEP) parents might otherwise face as they try to understand and navigate the social service programs and options available to them, and thus empower them to advocate on behalf of their children. And because home visiting programs take a two-generation approach to serve families' needs holistically, they can offer socioemotional and mental health supports that benefit various members of immigrant families who have experienced trauma and other stressors.

However, several barriers can impede immigrant and DLL families' participation in these programs. These can include language barriers as well as a lack of cultural competence among program staff. A scarcity of data related to families' LEP status or country of origin, moreover, means that programs are often unable to target or track immigrant and DLL families' participation and outcomes. As a result, states have no way of determining whether these families are being equitably served by home visiting initiatives, limiting efforts to improve programs' relevance and quality for these populations.

States and counties could take a number of steps to more equitably serve young children of immigrants and DLLs through home visiting programs:

- include immigrant- and DLL-relevant indicators in the statewide needs assessment updates that the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program—the largest federal home visiting program—requires by October 2020;
- collect data on the home languages of participating families to inform program improvement efforts;
- increase the availability of home visiting programs within immigrant- and refugee-serving agencies and promote partnerships with community-based organizations that can assist in the provision of services to harder-to-reach communities;
- strengthen requirements and support for the recruitment and hiring of diverse staff, and provide professional development opportunities for all staff on cultural responsiveness and the importance of home-language development;
- leverage home visiting program models that explicitly incorporate principles of trauma-informed care to mitigate the effects of trauma and stressors that refugee and other immigrant families may experience; and
- promote home visiting program models that have been shown to work effectively with immigrant and DLL families but are not yet MIECHV approved.

Home visiting services, as one of the few public services in the country that support parents and their young children during a developmentally critical period, have enormous potential

to improve child outcomes and support the integration goals of entire immigrant families. For policymakers and program administrators, building understanding of this population’s needs and experiences is a critical first step toward designing and implementing high-quality, culturally appropriate programs capable of making good on this promise.

## I. Introduction

Family-focused social service programs that involve visiting expectant mothers as well as caretakers alongside their young children at home—an approach known as home visiting—seek to build a strong foundation for children’s future wellbeing and success. Amid growing awareness of the importance of investing in infants and toddlers, such programs are poised to expand, given their potential to improve the socioemotional, health, academic, and economic outcomes of children and their caretakers. At the same time, the young child population in the United States continues to grow more diverse, with children ages 5 and under at the leading edge of the racial, linguistic, and cultural demographic changes occurring across the country. With more than one in four young children now living in immigrant families, and an even larger proportion in households where a language other than English is spoken (known as Dual Language Learners, or DLLs),<sup>1</sup> programs that seek to effectively serve young children must be aware of and responsive to the needs of these groups in order to succeed. Yet, research has shown that home visiting programs are underserving DLL families, in spite of their numbers and the many potential benefits for this specific population.

This policy brief highlights characteristics of the large and growing population of immigrant families with young children that make them a key target for home visiting interventions. It also discusses barriers and challenges related to equitably serving these families—and opportunities to address them.

## II. Home Visiting Programs and Their Benefits for All Young Children

Government-funded home visiting programs have gained traction in recent years. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, the major federal home visiting initiative, was established in 2010. Its funding levels have risen over time, and the program was reauthorized in February 2018 for five years at a level of \$400 million per year.<sup>2</sup> As federal support for home visiting has grown, many states and counties have concurrently expanded investments in local home visiting initiatives, using various federal, state, and private funding sources, including Temporary Assistance for Needy Families (TANF), Medicaid, lottery funding, and tobacco taxes and settlements. During this period of growth, several new program models have emerged.

MIECHV program eligibility rules are broad compared with those of most other public programs and include all young children and their parents or primary caregivers as well as pregnant women. Of particular note for immigrant populations, MIECHV eligibility is unaffected by immigration status, meaning that all, including unauthorized immigrants, could potentially qualify. As part of the federal grant process, all states conduct their own needs assessments to identify target communities that they intend to serve using MIECHV funds. State- and county-level home visiting initiatives, meanwhile, typically have their own priority populations depending on the initiatives' objectives.

Generally speaking, home visiting programs aim to improve family wellbeing and outcomes by providing information, training, screenings, and connections and referrals to services for parents expecting or caring for young children. The overarching aim is to support their healthy physical, socioemotional, and cognitive development. That said, there is a wide array of home visiting programs, and they use diverse models and focus on different groups (see Box 1).

Protective, nurturing environments are critical for young children, especially infants and toddlers, who are undergoing a period of exceptionally rapid brain development.<sup>3</sup> The quality of caregiver-child relationships greatly influences the socioemotional development of young children, and caregivers can play a key role in promoting early literacy skills.<sup>4</sup> Home visits during this critical period of development thus stand to promote young children's healthy development by reaching and supporting both young children and their parents simultaneously.

Home visiting services are flexible in comparison with other program models and can be tailored to meet the particular needs of individual families. Because of their mode of delivery, they also support parents who need or prefer to care for children at home rather than enrolling them in a child-care center—a choice that is more common among immigrant families than families with U.S.-born parents.<sup>5</sup> Overall, research has found that home visits benefit young children by strengthening their linguistic and cognitive development and their school readiness.<sup>6</sup> Participation in home visiting programs has also been associated with improved parent outcomes, including higher income and employment rates and school enrollment,<sup>7</sup> all of which contribute to family and child wellbeing.

### Box I. Differences among Home Visiting Models

Home visiting models have a wide range of targeted outcomes and modes of service delivery. Their characteristics diverge in a variety of ways:

**Goals and outcomes.** Some programs focus largely on improving children’s health or welfare while others are centered on promoting school readiness. Programs may also aim to strengthen parents’ knowledge, parenting skills, and/or wellbeing. Many models take a two-generation approach that tracks child and parent outcomes simultaneously.

**Target population.** Some programs are universal and have no specific eligibility criteria, while others target particular groups who face certain risk factors such as low incomes, low levels of parental education, and housing insecurity.

**Service structures.** Home visiting services may be offered via a stand-alone program or in conjunction with other early childhood services (such as preschool) and can differ in their duration and frequency of visits.

**Staff qualifications.** Service providers may be early childhood professionals, nurses, or social workers. The qualifications recommended or required of staff vary, ranging from a high school diploma to a graduate degree.

Sources: National Home Visiting Resource Center, *2018 Home Visiting Yearbook* (Arlington, VA: James Bell Associates and the Urban Institute, 2018), [www.nhvrc.org/yearbook/2018-home-visiting-yearbook/](http://www.nhvrc.org/yearbook/2018-home-visiting-yearbook/); Deanna S. Gomby, “Home Visitation in 2005: Outcomes for Children and Parents” (working paper no. 7, Committee for Economic Development, Invest in Kids Working Group, Arlington, VA, July 18, 2005), [https://docs.legis.wisconsin.gov/misc/lc/study/2008/special\\_committee\\_on\\_strengthening\\_wisconsin\\_families/050\\_november\\_14\\_2008\\_meeting/3gombyhvoutcomes2005](https://docs.legis.wisconsin.gov/misc/lc/study/2008/special_committee_on_strengthening_wisconsin_families/050_november_14_2008_meeting/3gombyhvoutcomes2005).

### III. Immigrant Parents and Their Young Children: Important Targets for Home Visiting Services

Young children of immigrants, who make up an increasingly large proportion of the U.S. young child population, stand to benefit greatly from home visiting services, which have the potential to mitigate risk factors that they and their families may face. As of 2013–17, one out of every four children ages 5 and under in the United States had at least one immigrant parent.<sup>8</sup> An even larger share—nearly one-third—were DLLs.<sup>9</sup> Children of immigrants are a significant

share of young children across almost all states, and they made up at least 20 percent of young children in 20 states and the District of Columbia in 2013–17.<sup>10</sup>

Many young children of immigrants, and all DLLs, have the benefit of living in multilingual and multicultural households, putting them in good stead to develop valuable skills in multiple languages, given the necessary support. Many also live with parents who place a high value on education and prioritize their children’s academic success and outcomes.<sup>11</sup>

However, children of immigrants are also disproportionately likely to encounter risk factors that can negatively affect their wellbeing, develop-

ment, and long-term outcomes. For example, they are significantly more likely than children of U.S.-born parents to live in low-income households (see Table 1). They are also significantly more likely to have parents with relatively low levels of education (see Table 2), which research has shown to be highly correlated with their own future educational outcomes.<sup>12</sup> Children of immigrants are also more likely to live with

Limited English Proficient (LEP) parents and/or in linguistically isolated households,<sup>13</sup> both of which can act as a barrier to children accessing early learning and other beneficial services. Indeed, DLLs and children of immigrants are less likely to be enrolled in pre-K than their peers, despite research showing that they stand to benefit disproportionately from high-quality early childhood services.<sup>14</sup>

**Table 1. Key Characteristics of Young Children (ages 0–5), by Parental Nativity, 2013–17**

	Children of Immigrant Parents		Children of U.S.-Born Parents	
	Number	Share (%)	Number	Share (%)
<b>Total young child population</b>	<b>5,960,000</b>	<b>100.0</b>	<b>17,720,000</b>	<b>100.0</b>
<b>Age Group</b>				
0–2	2,849,000	47.8	8,719,000	49.2
3–4	2,082,000	34.9	6,050,000	34.1
5	1,030,000	17.3	2,951,000	16.7
<b>Race/Ethnicity</b>				
American Indian	11,000	0.2	280,000	1.6
Asian	1,190,000	20.0	377,000	2.1
Black	582,000	9.8	3,249,000	18.3
Hispanic	3,169,000	53.2	2,910,000	16.4
White/other	1,008,000	16.9	10,904,000	61.5
<b>Dual Language Learners</b>				
Dual Language Learner	5,304,000	89.0	2,317,000	13.1
<b>Linguistic Isolation</b>				
Resided in linguistically isolated households	1,559,000	26.2	N/A	N/A
<b>Household Income and Poverty</b>				
Under 100 percent of FPL	1,584,000	26.6	3,968,000	22.4
100–199 percent of FPL	1,603,000	26.9	3,739,000	21.1
At or above 200 percent of FPL	2,773,000	46.5	10,013,000	56.5
<b>Health Insurance Coverage</b>				
Private health insurance*	2,647,000	44.4	10,358,000	58.5
Public health insurance only	2,955,000	49.6	6,648,000	37.5
No insurance	359,000	6.0	713,000	4.0

\* This category includes children with private insurance only as well as those with a mix of private and public insurance coverage.

*Notes:* The federal poverty level (FPL) refers to the poverty thresholds used by the U.S. Census Bureau to measure the share of the population living in poverty. Linguistically isolated households are those in which no one over the age of 14 speaks English very well.

*Source:* Migration Policy Institute (MPI) analysis of U.S. Census Bureau pooled 2013–17 ACS data.

**Table 2. Key Characteristics of Parents of Young Children (ages 0–5), by Nativity, 2013–17**

	Immigrant Parents		U.S.-Born Parents	
	Number	Share (%)	Number	Share (%)
<b>English Proficiency</b>				
Total parent population	6,486,000	100.0	22,003,000	100.0
LEP (Speaks English less than “very well”)	3,249,000	50.1	356,000	1.6
<b>Educational Attainment</b>				
Parent population ages 25 and older	6,170,000	100.0	19,623,000	100.0
Less than a high school degree	1,684,000	27.3	1,271,000	6.5
At least a high school degree but less than a bachelor’s degree	2,472,000	40.1	10,835,000	55.2
Bachelor’s degree or higher	2,013,000	32.6	7,517,000	38.3

*Note:* English proficiency is self-reported in the American Community Survey (ACS), and Limited English Proficient (LEP) refers to survey respondents who indicated that they speak English less than “very well.”  
*Source:* MPI analysis of U.S. Census Bureau pooled 2013–17 ACS data.

The circumstances under which a parent or family immigrated, as well as postsettlement experiences including exposure to racism, discrimination, and economic stressors, can also play a role in child wellbeing. Children of immigrants and refugees are more likely than other U.S. children to be exposed to trauma and other stressors in their early years, which can have significant negative impacts on their healthy socioemotional and cognitive development.<sup>15</sup>

Given these experiences and family characteristics, immigrant and DLL families are important targets for home visiting services that could help to mitigate many of these identified risks and break intergenerational cycles of poverty.

#### IV. The Potential of Home Visiting to Support Immigrant and DLL Families

Research indicates the benefits of offering early childhood education and care services in a child’s first two years, especially among DLLs.<sup>16</sup> In addition to the general benefits that home visits can offer all families, high-quality, culturally relevant programs can offer support that is tailored to the needs of immigrant, refugee, and

DLL children and families. Key elements of such services may include:

- **Encouraging parents to foster their children’s home-language development.** Research has shown the cognitive, social, and emotional benefits of being fully bilingual—and the first years of a child’s life, especially ages 0 to 3, are particularly important for the development of their home and English language skills.<sup>17</sup> As their children’s first teachers, parents play a primary role in fostering home-language development. Where early childhood service staff do not speak the home languages of the children they serve, as is often the case in linguistically diverse communities, the role of parents is even more pronounced. By reaching families with infants and toddlers, home visitors are well placed to encourage home-language development during these critical years and to counter any misinformation that parents may receive regarding the negative impacts of home-language use on their children’s English language development—a common misconception that has been disproven.<sup>18</sup>

- **Sharing information about child development and the benefits of early childhood services.** Parents may be unfamiliar or uncomfortable with formal child-care programs in the United States, making home visitors an important source of information.<sup>19</sup> Home visitors can also promote parents' engagement in their children's development and longer-term academic trajectory.<sup>20</sup>
- **Reaching families who might otherwise be isolated from supportive services.** Families may face obstacles to learning about or participating in services due to language and other barriers, as well as concerns related to their immigration status. Home visiting programs' relational approach, which promotes the development of a personal, trusting relationship with a point person, is a particularly effective strategy for reaching families who may feel alienated by or wary of traditional institutions and services.<sup>21</sup>
- **Providing linguistically and culturally appropriate early screenings for DLLs.** Because of a lack of understanding of DLLs' bilingual development, early childhood and school staff may inappropriately identify (or fail to identify) such children as having developmental delays, leading to under- or over-referrals to early interventions.<sup>22</sup> Based on careful observation and close partnerships with parents, home visitors can offer referrals to specialized support services as appropriate.
- **Incorporating principles of trauma-informed care to foster children's and parents' resilience.** In adopting a trauma-informed approach, including referrals for specialized services as necessary, home visitors can help families

cope with trauma and stressors related to their migration and settlement experiences. Trauma—both direct and indirect (that is, trauma experienced by parents or other family members)—can have a profound and long-term impact on young children. It can also impair parents' and children's abilities to form healthy bonds and attachments if left unaddressed. Meanwhile, strong relationships with caregivers can help protect children from the detrimental effects of trauma.<sup>23</sup>

- **Connecting parents with other services that can support their children's wellbeing and development.** Understanding and connecting with the available range of health, nutrition, education, and other social services can be challenging for any parent, and even more so for one with limited English proficiency or concerns related to immigration status. Home visitors can assist parents in navigating these systems and understanding which services they qualify for that can support their children's healthy development.

Home visiting programs—if designed thoughtfully—provide an important opportunity to promote the wellbeing, inclusion, and future success of immigrant and DLL families. However, the quality and relevance of services are essential to their success. Currently, only a few such programs are specifically focused on serving immigrant, refugee, or DLL families. These include the ParentChild+ program (formerly known as the Parent Child Home Program), which serves immigrant and refugee families and those facing literacy or language barriers; Home Instruction for Parents of Preschool Youngsters (HIPPI), which includes a focus on immigrant families facing challenges due to limited English proficiency; and the Maternal Infant Health Outreach Worker Program, which targets families facing language barriers, among others.<sup>24</sup>

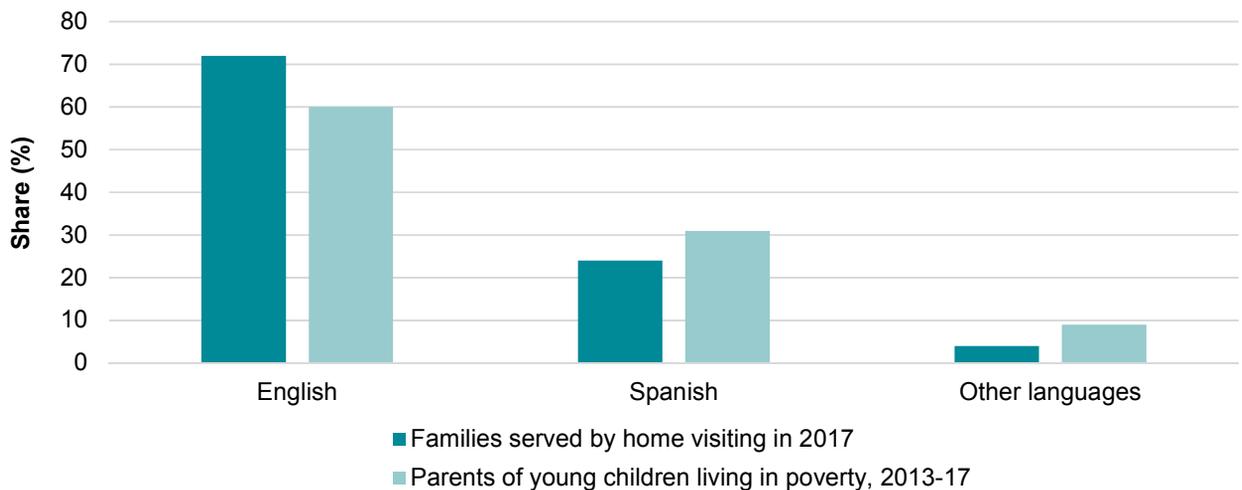
## V. Barriers to Participation

Research indicates that DLL and immigrant families participate in home visiting programs at lower rates than other families. The National Academies of Sciences, Engineering, and Medicine found in a 2017 study on DLLs that Hispanics, non-English speakers, and DLLs are underserved by MIECHV funding.<sup>25</sup> Under current MIECHV policy, immigrant or LEP families, racial or ethnic minorities, or families who speak a language other than English at home are not explicitly listed as priority service populations. Characteristics that are currently prioritized include premature birth, low-birth-weight infants, infant mortality, poverty, crime, domestic violence, high school dropouts, substance abuse, unemployment, and child maltreatment. Although states are given the option to include additional indicators of risk related to prenatal, maternal, newborn, or child health, most states—with the exception of Massachusetts—

did not include immigrant or refugee status or parental English proficiency in their 2010 state needs assessments.<sup>26</sup>

Looking beyond MIECHV-funded programs, the National Home Visiting Resource Center’s *2018 Home Visiting Yearbook* (the most comprehensive compilation of information on such programs in the United States) finds that nearly three-quarters of families served nationally by evidence-based home visiting services<sup>27</sup> in 2017 spoke English as their primary language.<sup>28</sup> However, among families living in poverty in the United States—a key target population of many home visiting programs—the share who speak English was 60 percent in the 2013–17 period, while 31 percent were speakers of Spanish and 9 percent spoke another non-English language.<sup>29</sup> These data suggest that immigrant, refugee, and DLL families are underserved by home visiting programs relative to their prevalence among families living in poverty (see Figure 1).

**Figure 1. Primary Language of Families Served by Home Visiting Programs\* in 2017, Compared with Those of Parents with Young Children Living in Poverty, 2013–17**



\* Home visiting data reflect information from evidence-based home visiting models and state, territory, and tribal MIECHV awardees. “Evidence-based” models are those that meet the U.S. Department of Health and Human Services’ criteria for evidence of effectiveness under the Home Visiting Evidence of Effectiveness (HomVEE) initiative.

Sources: National Home Visiting Resource Center, *2018 Home Visiting Yearbook* (Arlington, VA: James Bell Associates and the Urban Institute, 2018), [www.nhvrc.org/yearbook/2018-home-visiting-yearbook/](http://www.nhvrc.org/yearbook/2018-home-visiting-yearbook/); MPI tabulation of the U.S. Census Bureau’s pooled 2013–17 ACS data.

While home visiting programs, by reaching families directly in their homes and providing services free of charge, can alleviate barriers to participation such as transportation and cost, some immigrant and DLL families face other obstacles. Studies have shown, for instance, that limited English proficiency can make it more difficult for immigrant families to access early childhood services, contributing to lower rates of participation.<sup>30</sup> Moreover, as fear of immigration enforcement has increased in many immigrant communities, families may be more hesitant to access social services, including those related to early childhood education, health, or nutrition.<sup>31</sup> Additionally, news of impending changes to the federal “public-charge” regulation had reportedly begun to make some immigrants hesitant to access such public benefits even before the final rule was issued in August 2019, due to fear of possible immigration consequences (e.g., that doing so could prevent them from obtaining lawful permanent residence or renewing a temporary visa)—even services for which they or their children are and would remain eligible, such as MIECHV.<sup>32</sup>

Beyond enrollment, immigrant and DLL families may also face barriers to engagement and consistent involvement, both of which are necessary for reaping the benefits of home visiting programs. Because home visits require families to take the intimate and vulnerable step of opening up their private and personal spaces to others, it is particularly critical that home visitors interact with families in culturally and linguistically sensitive ways to avoid alienating them. And because culture has a considerable influence on child rearing and parent-child interactions,<sup>33</sup> home visitors are better able to serve diverse families if they have an understanding of their backgrounds. Indeed, research has found that families often remain in services longer if their visitor shares a common culture or background,<sup>34</sup> though this does not necessarily mean the home visitor will not have biases that could affect how they serve families.<sup>35</sup> A lack of home visiting program staff who reflect the backgrounds of the families served—as well as insufficient training for home visitors of all

backgrounds on cultural competency and second language development—thus poses significant challenges to serving immigrant and DLL families well.

Home visitors have also reported that LEP families often find it difficult to regularly engage with home visiting services.<sup>36</sup> This points to the importance of clear communication in determining the success of programs working with these families. Some studies have shown that racial and ethnic minority families who do enroll in home visiting programs participate for shorter periods and often receive fewer visits than other families, which is concerning given the importance of extended engagement.<sup>37</sup>

At the systems level, the scarcity of data collected by home visiting programs on immigrant- or refugee-specific indicators makes it challenging to identify the degree to which these services are being provided equitably. For instance, because most states did not (and were not required to) list any related indicators, such as home language or LEP status, in their MIECHV needs assessments, policymakers have no way to determine the extent to which immigrant families are being served by MIECHV funds. The U.S. Department of Health and Human Services’ Home Visiting Evidence of Effectiveness (HomVEE) initiative, which is used to determine which programs are designated as evidence based for MIECHV funding,<sup>38</sup> relies on studies that do not specifically address program models’ efficacy for DLL or immigrant families (or other minority populations). Thus, the extent to which these models are successfully reaching or supporting these populations is unclear.<sup>39</sup> Indeed, many of the approaches and values that feature in evidence-based home visiting models are likely to be culturally normative and therefore less relevant for minority populations, though many programs adapt standard practices to meet local community needs.

Outside of the HomVEE initiative, few studies to date have focused on the efficacy of various program models for immigrant, refugee, or DLL populations,<sup>40</sup> making it difficult to identify or

scale up promising practices to meet the needs of these groups. At the program level, many home visiting initiatives also do not collect information on characteristics such as LEP status, home language, or country of origin; doing so would contribute to a better understanding of whether and how immigrant families are being served.

## VI. Opportunities to Expand High-Quality Home Visiting Services for Immigrant and DLL Families

As states, counties, and other localities look to home visiting programs as promising tools to lift up families with young children, they can take steps to make them inclusive by considering the needs of immigrant and DLL families, who stand to benefit greatly from these services. This section highlights important opportunities to expand high-quality services for these families.

### A. Make Immigrant and DLL Families Visible in Needs Assessments

Adding immigrant- and DLL-relevant indicators into MIECHV statewide needs assessment updates would be an important first step for states to promote and improve equitable participation in services. These assessments play an important role in directing MIECHV funding, and all states<sup>41</sup> are required to undertake and submit a needs assessment update by October 1, 2020.<sup>42</sup> States use these assessments to determine which communities will be prioritized for services through MIECHV funding by identifying those experiencing particular risk factors. The assessments also allow program administrators to understand the current reach of home visits as well as gaps in services.

However, states are not required to collect information on immigrant- and DLL-specific indicators, and the majority did not do so when they completed their initial needs assessments in 2010–11 upon the launch of the MIECHV program. Incorporating indicators such as home language or limited English proficiency into needs assessment updates would enable states to identify the extent to which immigrant and DLL families are being reached, and inform efforts to increase programs' relevance to this population. Massachusetts, for instance, added "Vulnerable Populations" to its needs assessment, including several subindicators relevant to immigrant and refugee families, such as (1) the percentage of students whose first language is not English; (2) individuals with limited English proficiency; (3) foreign-born mothers; and (4) refugees and asylees. These data points were then factored into the Community Risk Ranking used to identify at-risk communities that should be prioritized for service.<sup>43</sup>

### B. Improve Program Data Collection to Inform Improvement Efforts

Home visiting programs should collect data on the home languages of participating families and the English proficiency of parents to inform program improvement efforts. Gathering this information at the program level would help staff gain a more complete understanding of the families they are serving and how they are faring. It would also allow researchers and policymakers to disaggregate performance data, providing critical information about the specific experiences and outcomes of various subgroups within larger ethnic and racial groupings. Understanding the linguistic backgrounds of families, moreover, would be an important step for programs seeking to tailor their outreach strategies, hire staff with relevant language skills, and improve their approaches to working with immigrant, refugee, and DLL communities.

## C. Build Understanding of What Models and Strategies Work for Diverse Families

Policymakers and researchers can expand the evidence base for home visiting models with additional research focused on their efficacy in engaging and serving immigrant, refugee, and DLL families. As the National Academies of Sciences, Engineering, and Medicine noted in a 2017 report, the effectiveness of MIECHV-approved home visiting models has not been evaluated specifically for DLLs (or for many other minority populations).<sup>44</sup> Although there is a widespread paucity of research on these populations across the home visiting field, it is of particular concern with regards to MIECHV-approved models, as states are required to spend at least 75 percent of their MIECHV funding on these models. Ensuring that minority populations are represented in the research that informs such decisions is necessary in order to determine and improve the effectiveness of program models for these groups at scale.

In the meantime, states and other localities can expand their support for home visiting models shown to be promising for working with immigrant and DLL families. States can use up to 25 percent of their MIECHV funding to implement and evaluate promising approaches, providing some flexibility to explore models they deem to be the best fit for their communities. Outside the MIECHV program, home visiting efforts can freely choose to use the models they find work well when serving immigrant, refugee, and DLL families. Though not yet integrated into the HomVEE evidence base, several studies suggest the success of certain home visiting models in working specifically with immigrant and DLL families, such as ParentChild+<sup>45</sup> and BabyTALK.<sup>46</sup>

## D. Leverage Partnerships to Reach Immigrant Families

States and localities can help make home visiting programs more accessible to hard-to-reach communities by supporting their availability within

immigrant- and refugee-serving agencies and promoting partnerships with community-based organizations (CBOs). Ethnically and culturally specific CBOs that already work closely with immigrant and refugee communities have valuable knowledge, skills, and relationships that can be leveraged to alleviate access and service challenges for families that are otherwise hard for mainstream service providers to reach. Staff at these organizations are likely to share a linguistic or cultural background that can assist with family recruitment, engagement, and retention.

Flexible funding opportunities that can support small CBOs skilled in working with immigrant communities are likely to bring in a more diverse pool of participants. ParentChild+ in King County, Washington State, for example, partners with 17 CBOs, many of which are small, ethnically specific organizations; these partnerships mean that the majority of their home visiting staff speak another language in addition to English. Co-locating home visiting services with refugee resettlement services is another strategy that has, for example, helped RefugeeOne in Illinois work effectively with refugee families through its BabyTALK program.

## E. Prioritize Staff Diversity and Professional Development

Home visiting programs should intentionally seek to hire staff who represent the communities they serve, as doing so will lead to a better linguistic and cultural match between home visitors and their clients. State agencies should therefore incentivize and support these efforts. In addition, these programs and state agencies should provide professional development on cultural responsiveness and implicit bias for all staff to promote cultural competence. Informing home visiting staff about the importance of home-language development for DLLs is particularly important, given the large share of young children who are DLLs nationwide. Home visitors have an opportunity to counter misinformation that parents may receive about

the negative effects of learning both the home language and English, which have been disproven, as well as to support parents in helping their children develop home-language skills. Thus, home visiting programs can help young DLLs to reap the cognitive, social, and emotional benefits of multilingualism.

#### F. Adopt a Trauma-Informed Approach to Service Provision

By leveraging its relational, two-generation approach and incorporating principles of trauma-informed care, home visiting programs can be an important vehicle for mitigating the effects of trauma on immigrant families with young children. Home visitors who are trained to understand how to identify and respond to signs of trauma, to be aware of migration-related trauma and other adversities that families may be facing, and who are knowledgeable about other services in the community to which families can be referred, can bolster resilience and significantly improve the socioemotional health of both young children and their caretakers.<sup>47</sup> The Visiting Moms program run by the Jewish Family and Children's Service in Massachusetts, for example, provides regular, peer-led professional development centering on trauma-informed approaches. This training is provided to supervisors, who can then bring what they learn back to their teams. Staff have found that although many of the families they work with may not

initially wish to consider formal therapy, these same families may become more open to accessing such services after home visits that foster a trusting relationship.<sup>48</sup>

## VII. Conclusion

Children's experiences in their very first years of life have an outsized impact on their development and outcomes over the rest of their lives. Home visiting programs, as one of the few public services in the United States that offer support to parents and their young children during this critical period, have an important opportunity to support the cognitive, socioemotional, and language development of Dual Language Learners and young children in immigrant families. Yet many of these children and their families are not benefitting from these programs, often because their design and implementation does not align with these families' needs and lived experiences.

Developing a clearer picture of how home visiting programs are—or are not—reaching immigrant, DLL, and other diverse families and promoting their access and participation are essential for ensuring that home visiting programs achieve their objectives. When this happens, relevant, high-quality programming can significantly contribute to these young children's future success as well as their parents' integration goals.

## Endnotes

- 1 Dual Language Learners (DLLs) are young children who have at least one parent who speaks a language other than English in the home. In this brief, “DLLs” and “young children” refer to children ages 0 to 5.
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- 4 NASEM, *Promoting the Educational Success of Children and Youth Learning English*, 169.
- 5 Heather Sandstrom and Julia Gelatt, *Child Care Choices of Low-Income, Immigrant Families with Young Children* (Washington, DC: Urban Institute, 2017), [www.urban.org/sites/default/files/publication/94546/child-care-choices-of-low-income-immigrant-families-with-young-children.pdf](http://www.urban.org/sites/default/files/publication/94546/child-care-choices-of-low-income-immigrant-families-with-young-children.pdf).
- 6 National Home Visiting Resource Center, *2018 Home Visiting Yearbook* (Arlington, VA: James Bell Associates and the Urban Institute, 2018), 3, [www.nhvrc.org/yearbook/2018-home-visiting-yearbook/](http://www.nhvrc.org/yearbook/2018-home-visiting-yearbook/); NASEM, *Promoting the Educational Success of Children and Youth Learning English*, 177.
- 7 NASEM, *Promoting the Educational Success of Children and Youth Learning English*, 177; National Home Visiting Resource Center, *2018 Home Visiting Yearbook*, 3.
- 8 The term “children of immigrants” (or children in immigrant families) refers to children between ages 0 and 5 with at least one immigrant parent or immigrant householder if no parent is present. Migration Policy Institute (MPI) analysis of U.S. Census Bureau pooled 2013–17 American Community Survey (ACS) data.
- 9 MPI analysis of pooled 2013–17 ACS data.
- 10 MPI analysis of 2017 ACS data.
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- 12 Organization for Economic Cooperation and Development (OECD), *Equity and Quality in Education: Supporting Disadvantaged Students and Schools* (Paris: OECD Publishing, 2012), 16, <http://dx.doi.org/10.1787/9789264130852-en>.
- 13 Linguistically isolated households are those where no one over the age of 14 speaks English very well.
- 14 Hirokazu Yoshikawa, Christina Weiland, and Jeanne Brooks-Gunn, “When Does Preschool Matter?” *The Future of Children* 26, no. 2 (2016): 21–35.
- 15 Maki Park and Caitlin Katsiaficas, *Mitigating the Effects of Trauma among Young Children of Immigrants and Refugees: The Role of Early Childhood Programs* (Washington, DC: MPI, 2019), [www.migrationpolicy.org/research/mitigating-effects-trauma-young-children-immigrants-refugees](http://www.migrationpolicy.org/research/mitigating-effects-trauma-young-children-immigrants-refugees).
- 16 NASEM, *Promoting the Educational Success of Children and Youth Learning English*, 167.
- 17 NASEM, *Promoting the Educational Success of Children and Youth Learning English*, 23–24.
- 18 Caitlin Katsiaficas and Maki Park, *Minnesota’s Superdiverse and Growing Dual Language Learner Child Population* (Washington, DC: MPI, 2018), 28, [www.migrationpolicy.org/research/minnesota-superdiverse-dual-language-learners](http://www.migrationpolicy.org/research/minnesota-superdiverse-dual-language-learners); NASEM, *Promoting the Educational Success of Children and Youth Learning English*.

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- 24 National Home Visiting Resource Center, *2018 Home Visiting Yearbook*.
- 25 NASEM, *Promoting the Educational Success of Children and Youth Learning English*, 178.
- 26 Author review of all statewide needs assessments publicly available online.
- 27 Data reflect information from evidence-based home-visiting models and state, territory, and tribal MIECHV awardees. Models described here as “evidence based” are those that meet the U.S. Department of Health and Human Services’ criteria for evidence of effectiveness under the Home Visiting Evidence of Effectiveness (HomVEE) initiative. For more on the review process, see Emily Sama-Miller, Lauren Akers, Andrea Mraz-Esposito, Marykate Zukiewicz, Sarah Avellar, Diane Paulsell, and Patricia Del Grosso, *Home Visiting Evidence of Effectiveness Review: Executive Summary* (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, 2018), <https://homvee.acf.hhs.gov/About-Us/5/Executive-Summary/20/2>.
- 28 National Home Visiting Resource Center, *2018 Home Visiting Yearbook*, 13.
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- 30 OECD, *Starting Strong 2017: Key OECD Indicators on Early Childhood Education and Care* (Paris: OECD Publishing, 2017), [www.oecd.org/education/starting-strong-2017-9789264276116-en.htm](http://www.oecd.org/education/starting-strong-2017-9789264276116-en.htm).
- 31 Wendy Cervantes, Rebecca Ullrich, and Hannah Matthews, *Our Children’s Fear: Immigration Policy’s Effects on Young Children* (Washington, DC: Center for Law and Social Policy, 2018), [www.clasp.org/sites/default/files/publications/2018/03/2018\\_ourchildrensfears.pdf](http://www.clasp.org/sites/default/files/publications/2018/03/2018_ourchildrensfears.pdf).
- 32 The U.S. Department of Homeland Security (DHS) posted a proposed rule in October 2018 that would expand the types of benefits considered in public-charge determinations for noncitizens seeking to obtain lawful permanent residence or to renew a temporary visa. The final rule, which was issued in August 2019, will as of its October 15 implementation date enable immigration officials to reject applicants who have recently received these benefits or are considered likely to use them in the future. See Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman, *One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018* (Washington, DC: Urban Institute, 2019), [www.urban.org/research/publication/one-seven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018](http://www.urban.org/research/publication/one-seven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018). For the final rule, see DHS, U.S. Citizenship and Immigration Services, “Inadmissibility on Public Charge Grounds,” *Federal Register* 84, no. 157 (August 14, 2019), [www.federalregister.gov/documents/2019/08/14/2019-17142/inadmissibility-on-public-charge-grounds](http://www.federalregister.gov/documents/2019/08/14/2019-17142/inadmissibility-on-public-charge-grounds).
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- 34 Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center (MIECHV TACC), “MIECHV Issue Brief on Family Enrollment and Engagement” (brief, U.S. Department of Health and Human Services, Health Resources and Services Administration, Washington, DC, July 2015), 5, <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/tafiles/enrollmentandengagement.pdf>.
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- 36 MIECHV TACC, “MIECHV Issue Brief,” 4.

- 37 See, for example, MIECHV TACC, “MIECHV Issue Brief.”
- 38 This label is of note because at least 75 percent of MIECHV funds must be used on models that deemed to be evidence based, while up to 25 percent can be used on promising approaches. See U.S. Department of Health and Human Services, Health Resources and Services Administration, “Home Visiting.”
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- 42 Office of Management and Budget (OMB), *Maternal, Infant, and Early Childhood Home Visiting Program: Supplemental Information Request (SIR) for the Submission of the Statewide Needs Assessment Update* (Washington, DC: OMB, 2019), 1, <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChild-HealthInitiatives/HomeVisiting/miechv-needs-assessment-update-sir.pdf>.
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- 47 For more on this topic, see Park and Katsiaficas, *Mitigating the Effects of Trauma*.
- 48 Author interview with Vulnerable Families Team Supervisor, Jewish Family and Children’s Service in Massachusetts, September 2018.

## About the Authors



**Maki Park** is Senior Policy Analyst for Early Education and Care at the Migration Policy Institute (MPI) National Center on Immigrant Integration Policy, where her work focuses on early childhood policies affecting children of immigrants and Dual Language Learners (DLLs) from birth to age 8 in the United States and internationally.

Previously, Ms. Park worked as Director of Outreach and Program Manager at WorldTeach, based at Harvard's Center for International Development, where she oversaw recruiting and admissions operations and managed the organization's program in Guyana. She has also worked as an education consultant in Malawi and served as a Peace Corps Volunteer in Turkmenistan.

Ms. Park holds a master's in international education policy from Harvard University's Graduate School of Education, and earned her bachelor's degree with a double major in French and government with a concentration in international relations from Cornell University.



**Caitlin Katsiaficas** is an Associate Policy Analyst at MPI, where she works with the National Center on Immigrant Integration Policy. Her research focuses on policies and practices that support the successful integration of immigrant and refugee families.

Prior to joining MPI, she conducted research on European Union migration policy for Bridging Europe and worked at the International Rescue Committee and George Washington University's Institute for European, Russian, and Eurasian Studies. She also interned at the U.S. Department of Health and Human Services' Office of Refugee Resettlement, where she wrote a strategy paper on strengthening cooperation with other government agencies to assist resettled refugees and service providers, and provided case management support to refugees and asylum seekers in the Refugee Services Program in Portland, Maine.

Ms. Katsiaficas holds an MA and BA in international affairs from George Washington University's Elliott School of International Affairs, where she focused on conflict, migration, and development. She also studied in Belgium and Turkey.

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