

Expanding access to home visiting programs for immigrant and refugee families in Massachusetts

Home visiting programs are a widely used and increasingly popular approach to supporting families who, due to any of multiple risk factors, face challenges in ensuring their children’s healthy development. They provide home visits by a professional – a nurse, a social worker, or an early-childhood specialist – who provides crucial support and information to new and expectant parents and their children, including:



Photo by Luliia Bondarenko / Pixabay

- Resources and support for language development;
- Helping to lay a strong foundation for children’s school readiness and future achievement;
- Empowering parents as their children’s “first teachers” and lifelong advocates for their educational success;
- Help navigating through the system, as well as referrals to other critical services, including education, employment, legal, health and mental health; and
- For families that have experienced trauma, help to mitigate the impacts of trauma through a relational, family-focused approach.

Home visiting programs have been offered for many years all across the U.S. In Massachusetts, 48 local agencies provide federally funded programs,¹ including Early Head Start Home-Based Option, Healthy Families America, and Parents as Teachers. In 2018, they collectively provided 37,299 home visits to 3,239 families – **just under 1%** of the **estimated 341,800 pregnant women and families** with small children who could benefit. Nationwide, about 6% of the eligible population receives services.²

In Massachusetts, immigrant families are a key demographic for home visiting programs. Immigrants make up 16.9% of the total population, **32% of the Commonwealth’s young children** (ages 0–5) are in immigrant families.³ An even greater share – **38% of young children** in Massachusetts are **dual language learners** (DLLs) – that is, they have at least one parent who speaks a language other than English at home.

Young children in Massachusetts’ immigrant families are likely to face several risk factors that make them an important target for home visiting services:

Poverty	Limited English proficiency	Linguistic isolation	Low levels of formal education
18%	42%	25%	14%
live below the federal poverty line (<i>compared with 16% of children of U.S.-born parents</i>).	of immigrant parents are limited English proficient (LEP).	of children in immigrant families live in households where no one older than 14 speaks English very well	of immigrant parents have less than a high school diploma (<i>compared with 4% of U.S.-born parents</i>).

There is evidence that immigrant and dual-language-learner families are underserved by home visiting programs. Yet there are challenges in correcting the problem:

Data collection: Many programs and state and local systems do not collect information about home languages or language proficiency, making it difficult to target immigrant and DLL families or improve services for this group.

Relevant services: Training and resources to promote cultural and linguistic responsiveness are needed to improve program quality for this population.

Need for targeted research: Program evaluations rarely track outcomes specifically for immigrant and DLL families, leading to a lack of knowledge about how effective the programs are for these populations.

Key opportunities to strengthen home visiting services for immigrant and refugee families in Massachusetts

Based on an in-depth review⁵ of the needs of immigrant families and home visiting programs nationwide, the Migration Policy Institute recommends that policy-makers:

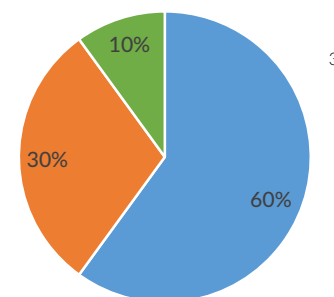
- **Continue to include indicators relevant to immigrants, refugees and dual language learners** to help identify at-risk communities in state MIECHV needs assessment updates⁶ and ensure these families are served equitably.
- **Expand support for promising home visiting models** shown to be successful in working with immigrant and refugee families, even if they are not yet approved for federal funding.
- **Undertake research on effective models and practices** for engaging and serving immigrant and refugee families.

For programs, the Migration Policy Institute recommends:

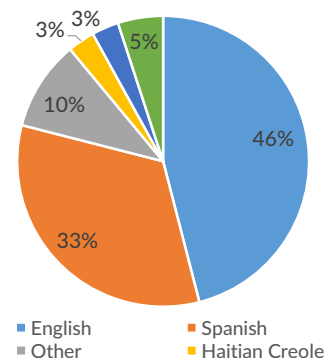
- **Partnering with culturally specific community-based organizations** to boost outreach and capacity to serve families effectively, including through bolstering cultural and linguistic competence.
- **Hiring diverse, multilingual staff** to boost the potential of programs to promote home language support.

This briefing note was written by Margalit Tepper at MIRA, with data support from the Migration Policy Institute. It was last updated on January 15, 2020. For more information on home visiting with immigrant and refugee families, please contact Margalit Tepper at mtepper@miracoalition.org.

Languages of Mass. families served by home visiting (2017)



Languages of Mass. families living in poverty (2017)



¹ Data are for programs under the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), which requires following specific “evidence-based” practices. See the state profile: https://nhvrc.org/state_profile/massachusetts-2019/.

² Sandstrom, H., 2019. Early childhood home visiting programs and health. *Health Affairs*, April 15. <http://dx.doi.org/10.1377/hpb20190321.382895>.

³ See Migration Policy Institute’s Massachusetts state profile: <https://www.migrationpolicy.org/data/state-profiles/state/demographics/MA>. Additional data provided by MPI for this analysis, based on U.S. Census Bureau’s pooled 2013–2017 American Community Survey (ACS) data.

⁴ Data reflect information from evidence-based home visiting models and state, territory, and tribal MIECHV awardees.

⁵ Park, M., and Katsiaficas, C., 2019. *Leveraging the Potential of Home Visiting Programs to Serve Immigrant and Dual Language Learner Families*. Migration Policy Institute policy brief. <https://www.migrationpolicy.org/research/home-visiting-immigrant-dual-language-learner-families>

⁶ MIECHV Program is requiring all awardees to update their statewide needs assessments by October 1, 2020. See Health Resources and Services Administration (HRSA), 2019, *Supplemental Information Request (SIR) for the Submission of the Statewide Needs Assessment Update*. <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/miechv-needs-assessment-update-sir.pdf>.