

# CHALLENGES IN ACCESSING EARLY CHILDHOOD EDUCATION AND CARE FOR CHILDREN IN REFUGEE FAMILIES IN MASSACHUSETTS



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# **Challenges in Accessing Early Childhood Education and Care for Children in Refugee Families in Massachusetts**

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March 2016

# Acknowledgments

This report was prepared for a research symposium on young children in refugee families held at the Migration Policy Institute (MPI) on February 25, 2015, with support from the Foundation for Child Development (FCD). This series explores the well-being and development of children from birth to age 10 in refugee families, across a range of disciplines, including child development, psychology, sociology, health, education, and public policy.

The research presented in this report derives from the first phase of a project undertaken by the Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition, in partnership with the Massachusetts Office for Refugees and Immigrants (ORI) and supported by the Clowes Fund, to improve the access of children in refugee families in Massachusetts to high-quality early childhood education and care (ECEC) services.

The authors thank the dedicated and hard-working refugee-serving professionals and other social service providers interviewed for this report, who demonstrated a commitment to their work and the interests of their clients even as they often struggled with the complexity and funding limitations of the system in which they operate. This study would not have been possible without their insights and experience. Any errors or oversights in the findings or recommendations presented here are the responsibility of the authors alone. Research assistance was provided by Telahun Gebrehiwot, MSW.

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Cover Design and Layout: Liz Heimann, MPI  
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Suggested citation: Gross, Jeff and Christine Ntagengwa. 2016. *Challenges in Accessing Early Childhood Education and Care for Children in Refugee Families in Massachusetts*. Washington, DC: Migration Policy Institute.



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## Executive Summary

This report examines how refugee families in Massachusetts access early childhood education and care (ECEC) services for their children through the refugee resettlement system. Between 2,000 and 2,400 refugees are resettled annually in Massachusetts; in recent years, most have come from Iraq, Bhutan, Somalia, Burma, Haiti, Uganda, the Democratic Republic of the Congo, Eritrea, and the countries of the former Soviet Union. Most refugees in Massachusetts are resettled in Boston and other large cities, though a significant number are resettled in smaller communities where ECEC and other service providers have less capacity.

Massachusetts has been an innovator in ECEC policy: the Massachusetts Department of Early Education and Care (MDEEC), created in 2005, was the first state agency dedicated to coordinating the myriad parts of the ECEC system to enhance the quality, consistency, and oversight of service delivery across the licensed child-care system. At the same time, state funding for early childhood education in Massachusetts fell 20 percent between 2001 and 2016, after accounting for inflation.

Based on a detailed review of the literature and of stakeholder interviews with refugee-serving organizations, state social services agencies, ECEC service providers, and others, the report explores two topics. First, it examines how working parents in refugee families navigate and make use of ECEC services. Second, it looks at the institutional and systemic challenges that refugee families face in accessing stable, high-quality ECEC options. These include both a complex, multiagency process with unclear lines of institutional responsibility as well as limited mechanisms for collaboration and information sharing across agencies. Refugee resettlement agency staffers, for instance, lack sufficient training to navigate the state's ECEC system on their own, while staff at ECEC and other social service agencies often lack knowledge of refugees and cannot track them across their systems. Furthermore, the state's refugee case-management manual does not contain a single reference to helping families navigate the ECEC system or explore child-care options. The report also finds a lack of systemwide data at state and national levels that would be useful in tracking refugees' child-care outcomes and addressing the access barriers they may face.

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*Refugee parents have a much shorter timeframe for arranging child care than most other parents navigating the mainstream ECEC system*

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On a broader policy level, the refugee resettlement process operates within tight time constraints that create further barriers to accessing high-quality ECEC services: refugees are required to enter employment training programs within one to two months of arrival, with the goal of placing them in a job within four months. Thus, refugee parents have a much shorter timeframe for arranging child care than most other parents navigating the mainstream ECEC system. Licensed family child-care providers generally take six to eight weeks to arrange care. And openings at center-based programs—often quite limited—are usually posted nearly a year in advance.

Looking at recent federal initiatives and state-level models, including efforts already underway in Massachusetts, the report offers a set of policy and program recommendations at state and local levels that can help address such challenges and improve access to quality ECEC options for the children of refugee families. The recommendations include (1) improved training and resource development for refugee resettlement service providers, (2) stronger program partnerships between refugee networks and ECEC agencies and providers at state and local levels, (3) improved systemwide data collection and information sharing on refugee ECEC access, and (4) the development of federal and state child-care subsidy policies supporting high-quality, continuous care for children in refugee and other low-income families. While this study is focused on the experience of one state, the findings and recommendations should be broadly applicable



in other states, given the significant similarities in state refugee resettlement and ECEC programs. Fiscal constraints—likely to be ongoing—make it even more important for the diverse range of state, nonprofit, and private entities serving refugee families to collaborate with ECEC stakeholders to implement policy changes that stand to benefit all children in low-income families, refugee and nonrefugee alike.

## I. Introduction

For refugee households, stable child-care arrangements are a key underpinning of working parents' employment success and family self-sufficiency, and thus an important goal of refugee case management.<sup>1</sup> Given the well-documented impact of early learning services on children's school readiness and long-term cognitive, socioemotional, and educational outcomes,<sup>2</sup> access to high-quality, consistent early childhood education and care (ECEC) is critical for those from minority and low-income families (including immigrant and refugee families), who are often at greatest risk of falling behind.<sup>3</sup> Despite these established benefits, studies suggest that young children of immigrants or refugees are much less likely than children of U.S.-born parents to access center- and family-based ECEC services.<sup>4</sup>

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This report begins with an overview of ECEC service provision in the United States. It then describes refugee populations in Massachusetts and how refugee families access child-care services, including the process of obtaining child-care vouchers and connecting with ECEC providers.<sup>5</sup> It reviews the challenges to ECEC access faced by refugee families and then explores the strengths and weaknesses of the existing ECEC system, including the frameworks of case management, public benefits, and provider referrals that shape access to ECEC services. Next, the report examines national, state, and local initiatives that seek to improve how refugees access ECEC services, and how stakeholders can work together more effectively to strengthen this process. Finally, it offers a set of Massachusetts-specific policy and program recommendations for resettlement agencies, the Massachusetts Office for Refugees and Immigrants (ORI), the Massachusetts Department of Early Education and Care (MDEEC), and other state agencies to help address system barriers in this area and provide refugee families access to the widest possible range of ECEC options.

This report is based on a detailed literature review and interviews with stakeholders working in refugee resettlement agencies, refugee employment services (RES), ORI, MDEEC, the Massachusetts Department

- 1 Jennifer Mezey, *Child Care Programs Help Parents Find and Keep Jobs: Funding Shortfalls Leave Many Families without Assistance* (Washington, DC: Center for Law and Social Policy, 2004), <http://files.eric.ed.gov/fulltext/ED484646.pdf>.
- 2 For a recent review of empirical studies from researchers at the Center for the Developing Brain at Harvard, see Jack P. Shonkoff and Philip A. Fisher, "Rethinking Evidence-based Practice and Two-generation Programs to Create the Future of Early Childhood Policy," *Development and Psychopathology* 25 (2013): 1635–53. For a refugee perspective on this issue, see Bridging Refugee Youth and Children's Services (BRYCS), *Giving Young Refugee Children a Head Start* (Washington, DC: BRYCS, 2011), [www.brycs.org/documents/upload/brycs\\_brief\\_fall2011.pdf](http://www.brycs.org/documents/upload/brycs_brief_fall2011.pdf).
- 3 Hannah Matthews and Danielle Ewen, *Reaching All Children? Understanding Early Care and Education Participation among Immigrant Families* (Washington, DC: Center for Law and Social Policy, 2006), <http://files.eric.ed.gov/fulltext/ED489574.pdf>.
- 4 Matthews and Ewen, *Reaching All Children?*; Randy Capps, Michael Fix, Jason Ost, Jane Reardon-Anderson, and Jeffrey Passel, *The Health and Well-being of Young Children of Immigrants* (Washington, DC: Urban Institute, 2005), [www.urban.org/sites/default/files/alfresco/publication-pdfs/311139-The-Health-and-Well-Being-of-Young-Children-of-Immigrants.PDF](http://www.urban.org/sites/default/files/alfresco/publication-pdfs/311139-The-Health-and-Well-Being-of-Young-Children-of-Immigrants.PDF).
- 5 Massachusetts state government uses the term "early education and care" (EEC), which is synonymous with early childhood education and care (ECEC) in this report.



of Transitional Assistance (DTA), and Child Care Resource and Referral (CCR&R) agencies in the state.<sup>6</sup> The perspectives of refugee parents with young children were obtained in a focus group conducted as part of an earlier study of immigrant and refugee parent engagement in ECEC programs.<sup>7</sup>

## II. Accessing Early Childhood Education and Care Services in the United States

The Obama administration has put expanding access to early education services high on the nation's education and social welfare agenda.<sup>8</sup> Two initiatives—Preschool for All and the U.S. Department of Education's Race to the Top Early Learning Challenge (RTTT-ELC) grant—have heightened focus on the needs of Dual Language Learner (DLL) children and the challenges of engaging immigrant parents. Massachusetts, for example, received a four-year, \$50 million RTTT-ELC award in 2012.<sup>9</sup> Among other efforts, the grant has supported a formal interagency partnership between ORI and MDEEC to increase access to early education for children in low-income immigrant and refugee families. MDEEC, the first agency of its kind in the nation, was created in 2005 to develop a more effective and coordinated ECEC system, merging the state's Office of Child Care (OCC) Services with the Early Learning Services division of the Department of Education.<sup>10</sup> Reflecting this mission, the ORI-MDEEC interagency partnership aims to improve long-term educational outcomes and provide training and resources to help child-care providers better address the needs of immigrant and refugee families.<sup>11</sup> Nationally, the Administration on Children, Youth, and Families (ACYF) has recently advanced proposals to improve coordination between the Office of Refugee Resettlement (ORR) and the Child Care Development Fund (CCDF), both in the U.S. Department of Health and Human Services (HHS), to increase refugee families' access to high-quality child care.<sup>12</sup>

The bulk of state child-care assistance for low- and moderate-income families is funded through CCDF or the main federal cash welfare program, Temporary Assistance for Needy Families (TANF)—known as Transitional Aid to Families with Dependent Children (TAFDC) in Massachusetts. States provide additional funding for ECEC services, though at varying levels: in Massachusetts, for example, the state's contribution is around 20 percent.<sup>13</sup> Under CCDF, states also have considerable flexibility in regulating and licensing ECEC programs and in setting educational standards for child-care educators and providers.<sup>14</sup> In

6 See Appendix for a sample questionnaire used for interviews with resettlement agency staff.

7 Maki Park and Margie McHugh, *Immigrant Parents and Early Childhood Programs: Addressing Barriers of Literacy, Culture, and Systems Knowledge* (Washington, DC: Migration Policy Institute, 2014), [www.migrationpolicy.org/research/immigrant-parents-early-childhood-programs-barriers](http://www.migrationpolicy.org/research/immigrant-parents-early-childhood-programs-barriers).

8 Megan Slack, "What You Need to Know About President Obama's Plan to Provide High-quality Early Education for All Children," White House blog, February 14, 2013, [www.whitehouse.gov/blog/2013/02/14/high-quality-early-education-all-children](http://www.whitehouse.gov/blog/2013/02/14/high-quality-early-education-all-children); U.S. Department of Education, "Programs: Race to the Top—Early Learning Challenge," accessed May 1, 2015, [www2.ed.gov/programs/racetothetop-earlylearningchallenge/index.html](http://www2.ed.gov/programs/racetothetop-earlylearningchallenge/index.html).

9 Massachusetts Department of Early Education and Care (MDEEC), *Annual Legislative Report FY2013* (Boston: MDEEC, 2013), [www.mass.gov/edu/docs/eec/2013/fy13eec.pdf](http://www.mass.gov/edu/docs/eec/2013/fy13eec.pdf).

10 For more information on Massachusetts ECEC licensing standards for educators and providers as well as state goals for expanding system capacity, quality, and interagency coordination, see Massachusetts Executive Office of Education, "Early Education and Care," accessed May 1, 2015, [www.mass.gov/edu/birth-grade-12/early-education-and-care](http://www.mass.gov/edu/birth-grade-12/early-education-and-care).

11 Massachusetts Executive Office of Health and Human Services, "Race to the Top—Early Learning Challenge (Interagency Partnership with Dept. of Early Education & Care)," accessed May 1, 2015, [www.mass.gov/eohhs/gov/departments/ori/race-to-the-top.html](http://www.mass.gov/eohhs/gov/departments/ori/race-to-the-top.html).

12 U.S. Office of Child Care, "Refugee Resettlement and Child Care Partnerships: Partnering to Increase Refugee Families' Access to High-quality Child Care," accessed May 1, 2015, [www.acf.hhs.gov/programs/occ/resource/im-refugee-resettlement](http://www.acf.hhs.gov/programs/occ/resource/im-refugee-resettlement).

13 Jeff Bernstein, *Declines in Spending on Early Education & Care in Massachusetts* (Boston: Massachusetts Budget and Policy Center, 2013), [www.massbudget.org/report\\_window.php?loc=early\\_ed\\_care.html](http://www.massbudget.org/report_window.php?loc=early_ed_care.html).

14 In November 2014 Congress reauthorized the Child Care Development Block Grant (CCDBG), with strong bipartisan support, for the first time since 1996. The new law defines health and safety requirements for child-care providers and outlines family-friendly eligibility policies such as parents being given transparent information on their child-care choices. It also requires states to maintain consistent, high-quality program standards, including ensuring equal access to services and working to improve their supply and quality in underserved areas. See U.S. Office of Child Care, "Child Care and Development Block Grant Act (CCDBG) of 2014: Plain Language Summary of Statutory Changes," accessed September 18, 2015, [www.acf.hhs.gov/programs/occ/resource/ccdbg-of-2014-plain-language-summary-of-statutory-changes](http://www.acf.hhs.gov/programs/occ/resource/ccdbg-of-2014-plain-language-summary-of-statutory-changes).



general, the most common forms of child care available to refugee families and other low-income families are (1) licensed family child-care providers (which offer services in the providers' own homes), (2) child-care centers (including Head Start and Early Head Start programs), (3) preschool or preK programs (which are usually school based and run only during the school year), (4) unlicensed or "informal" family child-care providers, (5) informal "kith-and-kin" care provided by relatives, and (6) informal care provided by nonrelatives such as neighbors.<sup>15</sup>

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*Immigrant parents with limited formal education and English skills are often unaware of subsidized child-care options.*

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Though the benefits of quality center- and family-based ECEC services have been well established,<sup>16</sup> studies show that children in low-income immigrant families—and indeed immigrant families in general—are among the least likely to access such services. According to a national study, young children of immigrants are significantly less likely to participate in every type of nonparental care than are children of U.S.-born parents: 47 percent versus 65 percent. The use of center-based care is lowest among immigrant parents with less than an 8th grade education (11 percent versus 18 percent for similarly educated U.S.-born parents).<sup>17</sup> Even when both parents work at least part time, children in immigrant families are more likely to remain in a parent's care or without regular child-care arrangements. Children of Limited English Proficient (LEP) immigrant parents are half as likely as those of native-born parents to receive financial assistance for child care.<sup>18</sup> Children of immigrants are also less likely to attend preschool and Head Start programs.<sup>19</sup>

Research points to numerous factors associated with immigrant families' low participation in center-based ECEC programs. Immigrant parents with limited formal education and English skills are often unaware of subsidized child-care options, or have difficulty understanding how the complex child-care subsidy and application processes operate. Family-based child care is also more likely to offer the extended or weekend hours required by low-income immigrants working multiple jobs or with irregular work schedules.<sup>20</sup> Other factors include low rates of maternal employment, distance from services and/or lack of transportation, cultural views about child care, and fear of accessing services among mixed-status families in which some members are unauthorized and vulnerable to deportation.<sup>21</sup>

Some of these issues, particularly regarding child-care subsidies, are part of a larger story about immigrants' relatively low use of public benefits overall.<sup>22</sup> But institutional factors are at work here, too, including recent declines in child-care funding. Federal funding, the largest source of support for ECEC

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15 Gina Fidazzo, Laura Schmidt, and Alisia Bergsman, *Enhancing Childcare for Refugee Self-sufficiency: A Training Resource and Toolkit* (Washington, DC: BRYCS, 2006), [www.brycs.org/documents/upload/EnhancingChildCare.pdf](http://www.brycs.org/documents/upload/EnhancingChildCare.pdf).

16 Matthews and Ewen, *Reaching All Children?*; Capps, Fix, Ost, Reardon-Anderson, and Passel, *The Health and Well-being of Young Children of Immigrants*.

17 Capps, Fix, Ost, Reardon-Anderson, and Passel, *The Health and Well-being of Young Children of Immigrants*.

18 Emily Firgens and Hannah Matthews, *State Child Care Policies for Limited English Proficient Families* (Washington, DC: Center for Law and Social Policy, 2012), [www.clasp.org/resources-and-publications/files/CCDBG-LEP-Policies.pdf](http://www.clasp.org/resources-and-publications/files/CCDBG-LEP-Policies.pdf).

19 Matthews and Ewen, *Reaching all Children?*

20 Liz Ben-Ishai, Hannah Matthews, and Jodie Levin-Epstein, *Scrambling for Stability: The Challenges of Job Schedule Volatility and Child Care* (Washington, DC: Center for Law and Social Policy, 2014), [www.clasp.org/resources-and-publications/publication-1/2014-03-27-Scrambling-for-Stability-The-Challenges-of-Job-Schedule-Volat.pdf](http://www.clasp.org/resources-and-publications/publication-1/2014-03-27-Scrambling-for-Stability-The-Challenges-of-Job-Schedule-Volat.pdf).

21 Ibid. An earlier study of child-care choices by low-income families came to similar conclusions. See Melanie Brown-Lyons, Anne Robertson, and Jean Layzer, *Kith and Kin—Informal Child Care: Highlights from Recent Research* (New York: The National Center for Children in Poverty, Columbia University, 2001), <http://academiccommons.columbia.edu/catalog/ac%3A127578>.

22 Capps, Fix, Ost, Reardon-Anderson, and Passel, *The Health and Well-being of Young Children of Immigrants*; Krista M. Pereira et al., *Barriers to Immigrants' Access to Health and Human Services Programs* (Washington, DC: U.S. Department of Health and Human Services, 2012), <http://aspe.hhs.gov/basic-report/barriers-immigrants-access-health-and-human-services-programs>.





programs in Massachusetts, declined by 13 percent between 2001 and 2012, after inflation.<sup>23</sup> State ECEC funding dropped 25 percent between 2001 and 2012, then rebounded 7 percent between 2012 and 2016—for a total drop of 20 percent when compared with 2001.<sup>24</sup> These funding cuts shrank the number of subsidized child-care slots even as the number of young children in need of services grew. Reductions in funding also put the quality of center-based programs at risk by limiting their ability to hire well-trained staff and constraining the availability of key state-funded services, such as providers' professional development, translation and interpretation support, and family engagement programming.<sup>25</sup> In 2014, there was a waiting list of approximately 28,000 income-eligible child-care placements in Massachusetts.<sup>26</sup> Head Start and Early Head Start programs—specifically designed to provide multicultural and multilingual services to low-income communities and engage parents as well as children—face challenges in meeting program goals and are burdened by long waiting lists, despite the fact that the program's budget has nearly doubled nationally since 1995.<sup>27</sup>

Low-income and LEP refugee parents face many of the same socioeconomic challenges that other immigrant families do, and have a similarly low level of participation in center-based child care. Unlike other immigrants, however, newly arriving refugee families benefit from an array of federally funded resettlement services. These include case management through resettlement agencies and RES providers, as well as assistance with referrals to other services and benefits such as child-care vouchers. Balanced against such added supports, however, are the particular burdens that refugees bring with them and encounter after they arrive. Refugees have generally experienced hardship, trauma, and social and psychological displacement, including in many cases long residence in refugee camps. Once they arrive in the United States, refugee families may continue to struggle. Stressors include a lack of social networks, limited support for the minority languages that many refugees speak, significant cultural barriers, and in many cases low levels of formal education and native-language literacy.<sup>28</sup>

Cultural barriers are profound when it comes to the expectations refugees possess about child care. A 2006 study by Bridging Refugee Youth and Children's Services (BRYCS) indicates that many refugees

23 Bernstein, *Declines in Spending*.

24 Between 2006 and 2013, the number of children served monthly in Massachusetts through CCDBG declined by 13 percent, from 32,100 to 28,000. This decline follows a similar trend in most other states. See Massachusetts Budget and Policy Center, "Budget Browser for Early Education and Care," accessed March 8, 2016, <http://massbudget.org/browser/subcat.php?c1=1&c2=16&id=Early+Education+%26+Care&inflation=cpi&budgets=117b16b15b14b13b12b11b10b9b8b7b6b5b4b3b2b1#comparisons>; Hannah Matthews and Stephanie Schmit, *Child Care and Development Block Grant (CCDBG) Participation Continues to Fall* (Washington, DC: Center for Law and Social Policy, 2014), [www.clasp.org/resources-and-publications/publication-1/CCDBG-Participation-2013-Factsheet-1.pdf](http://www.clasp.org/resources-and-publications/publication-1/CCDBG-Participation-2013-Factsheet-1.pdf).

25 The Child Care Development Fund (CCDF) requires all state grantees to submit plans every two years describing how they will help low-income families access child care, including families that are Limited English Proficient (LEP). Massachusetts, like many other states, provides information and applications in the most common non-English home languages, as well as training and technical assistance for non-English-speaking providers. The state's early learning standards also include English language development for Dual Language Learners (DLLs). In addition, through its Coordinated Family and Community Engagement (CFCE) Programs grants, Massachusetts supports community-based institutions that provide outreach, education, and family engagement programming for both parents and providers in ways that align with local demographics. See MDEEC, "Child Care and Development Fund (CCDF) Plan for Massachusetts FY2012-2013," accessed May 1, 2015, [www.mass.gov/edu/docs/eec/research-planning/state-planning/20110826-ccdf-plan.pdf](http://www.mass.gov/edu/docs/eec/research-planning/state-planning/20110826-ccdf-plan.pdf). Regardless of funding, however, such services are less likely to reach minority-language-speaking refugee families than other immigrant groups.

26 Bernstein, *Declines in Spending*. Also see Valora Washington, *The Massachusetts Childcare Voucher Study: Progress and Possibilities* (Boston: Bessie Tartt Wilson Initiative for Children, 2009), [www.btwic.org/wp-content/uploads/2013/11/Progress-and-Possibilities.pdf](http://www.btwic.org/wp-content/uploads/2013/11/Progress-and-Possibilities.pdf). Children in refugee families that qualify for Transitional Aid to Families with Dependent Children (TAFDC) benefits through the Massachusetts Department of Transitional Assistance (DTA) are eligible for vouchers that cover the cost of child care at licensed providers, and along with children of other TAFDC recipients, have immediate access to services; vouchers are also available in the 12-month period after TAFDC benefits cease. In Massachusetts, low-income parents who are not eligible for TAFDC may qualify for subsidized "income-eligible" child care but face waiting periods of one to two years. In fiscal year (FY) 2014, DTA child care served 15,900 children; income-eligible child care served 30,600, with a waiting list of 28,000. Head Start and Early Head Start programs served 14,000 children (0-5 years, eligibility based on the federal poverty guidelines), and public school preK programs served 28,200 children (2.9-5 years). See MDEEC, *State of Early Education in Massachusetts: Presentation to the Board of Early Education and Care* (Boston: ECEC, 2014).

27 Park and McHugh, *Immigrant Parents and Early Childhood Programs*.

28 Randy Capps, Kathleen Newland, Susan Fratzke, Susanna Groves, Michael Fix, Margie McHugh, and Gregory Auclair, *The Integration Outcomes of U.S. Refugees: Successes and Challenges* (Washington, DC: Migration Policy Institute, 2015), [www.migrationpolicy.org/research/integration-outcomes-us-refugees-successes-and-challenges](http://www.migrationpolicy.org/research/integration-outcomes-us-refugees-successes-and-challenges).



arrive with little awareness—and little prior instruction—regarding the formal regulated child-care system in the United States. They also bring with them cultural biases that tend to favor family and informal care arrangements over licensed center- and family-based programs.<sup>29</sup> When they do find their way to formal licensed programs, refugee parents encounter programs that lack specific staff training, experience, and resources necessary to work with refugee children and families.

Other challenges, however, arise from the structure of the U.S. refugee resettlement system. With a mandated goal of early employment, refugee resettlement services focus on child care primarily as a means to free refugee parents to access English language instruction, job training, and eventually employment. By making care for young children a “barrier to employment” that case managers are expected to overcome, the resettlement system is not designed to help refugee parents understand or access the best ECEC options for their children.<sup>30</sup>

In most states, including Massachusetts, refugee families can qualify on financial grounds for federally funded child-care subsidies that cover all or most of the cost of child care. Refugee-serving groups work with CCR&R agencies—a network of state-funded organizations that track information on licensed providers and issue child-care vouchers—to help parents understand and sort through available child-care options. However, the central focus of the federal cash assistance programs reflects reforms to the federal welfare legislation in the mid-1990s. This legislation converted the Aid to Families with Dependent Children (AFDC) entitlement to the TANF block grant for limited cash assistance, coupled with work requirements. This change shifted the main focus of cash assistance away from supporting parents caring for their children at home to supporting work-related activities—including the provision of child care outside the home. Work requirements and time limits on benefits also raised the importance of ECEC services and other program supports that let parents enter or stay in the workforce.<sup>31</sup>

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*Cultural barriers are profound when it comes to the expectations refugees possess about child care.*

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These challenges facing resettlement agencies have been heightened by fiscal, economic, and political trends over the past decade or more. While Congress has increased ORR’s budget in recent years, new funds have largely gone to serve targeted groups such as unaccompanied children apprehended on the U.S.-Mexico border.<sup>32</sup> Overall, the agency’s budget has not kept pace with the increasingly complex needs of the populations it serves, or with the increasing cost of living and inflation.<sup>33</sup> A recent report card on the health of the U.S. refugee resettlement system makes clear that local resettlement agencies have struggled financially due to the per-capita basis on which they are funded: when refugee arrivals fall short of federal estimates or fluctuate, as they have in recent years, agencies are forced to cut spending or raise private funds to cover the costs of running the programs. This was a particular challenge during the recent economic downturn.<sup>34</sup> Direct services to refugees inevitably suffer amid reduced staff, higher caseloads, and greater staff turnover, particularly among case managers and RES providers. These declines in federal and state support place further pressure on all parts of the system, from the level of administrative support at public service agencies to the number of child-care slots available in licensed programs to the range of choices among different kinds of programs.

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29 Fidazzo, Schmidt, and Bergsman, *Enhancing Childcare*.

30 Ibid.

31 Bernstein, *Declines in Spending*.

32 The overall budget of the Office of Refugee Resettlement (ORR) increased dramatically from just over \$700 million in FY 2010 to more than \$1.5 billion in FY 2015, but almost all of this increase was due to the program for unaccompanied children. Funding for refugee resettlement programs remained flat at just under \$600 million during this period. See Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*.

33 Melanie Nezer, *Resettlement at Risk: Meeting Emerging Challenges to Refugee Resettlement in Local Communities* (New York: Hebrew Immigrant Aid Society, 2014), [www.hias.org/sites/default/files/resettlement\\_at\\_risk\\_1.pdf](http://www.hias.org/sites/default/files/resettlement_at_risk_1.pdf).

34 Ibid.



It is not surprising, therefore, that staff at refugee resettlement agencies are unprepared to guide refugee families toward the most stable and highest-quality ECEC options. Oversight of this process is further complicated by the fact that much of the administrative and financial responsibility for child-care provision lies not with the resettlement agency itself but with state welfare agencies (DTA in Massachusetts), RES providers, CCR&R agencies, and child-care providers. As a result, much of the burden for navigating this process is placed either on refugee parents themselves—who are ill-equipped to make their way through such a complex and opaque system—or the agencies’ staff, who are already overburdened and in many cases unfamiliar with the circumstances of the refugee families they serve. As described below, the lack of shared information and cross-agency coordination around the unique needs of refugee clients affects CCR&R agencies, DTA offices, and child-care providers, as well as resettlement agency staff.

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*Challenges facing resettlement agencies have been heightened by fiscal, economic, and political trends over the past decade or more.*

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Finally, because of the tight time constraints of the resettlement process—which require refugees to enter employment training programs within one to two months of arrival, with the goal of achieving “early employment” within four months—refugee parents have a much shorter timeframe for arranging child care than most other parents. Licensed family child-care providers generally take six to eight weeks to arrange care. And openings at center-based programs—often quite limited—are usually posted nearly a year in advance.<sup>35</sup>

### III. Refugee Resettlement and Access to Child Care in Massachusetts

#### A. Refugee Arrival Trends in the United States and Massachusetts

For the past few years, the United States has resettled up to 70,000 refugees annually, more than one-third of them typically under the age of 18.<sup>36</sup> In 2013, 24 percent of refugees who resettled in the United States were of school age (5 to 18 years), and 9 percent were age 5 or below.<sup>37</sup> The share of young children in refugee families increases, however, if we look at postarrival figures that include U.S.-born children. In 2012, 34 percent of refugee households in the United States had at least one member under the age of 6. For those families relying on federal resettlement assistance, the share was even higher: 38 percent.<sup>38</sup>

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35 Fidazzo, Schmidt, and Bergsman, *Enhancing Childcare*.

36 The cap for refugees is set by the president each year in consultation with Congress, though it remained at 70,000 for FY 2013, 2014, and 2015. See Andorra Bruno, *Refugee Admissions and Resettlement Policy* (Washington, DC: Congressional Research Service, 2015), <http://fas.org/sgp/crs/misc/RL31269.pdf>. On September 20, 2015, Secretary of State John Kerry announced plans to increase the cap to 85,000 in FY 2016, and “at least” 100,000 in FY 2017. See U.S. Department of State, “Joint Press Availability with German Foreign Minister Frank-Walter Steinmeier,” (press release, September 20, 2015), [www.state.gov/secretary/remarks/2015/09/247077.htm](http://www.state.gov/secretary/remarks/2015/09/247077.htm). In FY 2013, the cap was 70,000, including 15,950 for Africa, 16,600 for East Asia, 650 for Europe, 4,400 for Latin America and the Caribbean, and 32,400 for Near East Asia and South Asia. See ORR, *Annual Report to Congress FY 2013* (Washington, DC: ORR, 2014), [www.acf.hhs.gov/sites/default/files/orr/arc\\_2013\\_508.pdf](http://www.acf.hhs.gov/sites/default/files/orr/arc_2013_508.pdf).

37 Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*.

38 ORR, *Annual Report to Congress FY 2013*.



Between 2,000 and 2,400 refugees were resettled annually across Massachusetts from 2009 through 2013.<sup>39</sup> The most widely represented sending countries were Iraq, Bhutan, Somalia, Burma, Haiti, Uganda, the Democratic Republic of the Congo, Eritrea, and the countries of the former Soviet Union. Most of these refugees were resettled in Boston, towns and cities in the Boston metro area, and gateway cities in western, central, and northeast Massachusetts. Nine to 10 percent of these refugees in any given year were children under the age of 6.<sup>40</sup>

A range of factors determine where refugees are resettled, including the presence of resettlement service providers and regional resettlement quotas. The dominant consideration is the availability of low-cost housing.<sup>41</sup> What is not taken into consideration is the availability of high-quality center-based ECEC programs—or other resources that would be beneficial to refugee integration, such as accessible public transportation, diverse employment options, or a wide range of adult English as a Second Language (ESOL) programs.<sup>42</sup> Refugees who are resettled in smaller cities and towns frequently lack access to social services and community-based organizations (CBOs) that serve immigrants or refugees, not to mention the support of nearby members of their own ethnic-origin communities. Moreover, the large share of refugees who speak minority languages—and in many cases lack literacy in these languages—face far greater language-access challenges in connecting with services (including child care) than do immigrants as a whole, even in cities with relatively large concentrations of particular refugee populations.

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As in other parts of the country, refugees in Massachusetts arrive with a wide range of historical experiences, languages, cultural perspectives, educational and occupational backgrounds, and economic circumstances. Most have incomes below the poverty level when they first arrive, particularly during the period before they are employed and even for months or years after, when they work in low-wage jobs. The diverse national and linguistic origins of refugees, which often change substantially from year to year, pose logistical and service delivery challenges for refugee-serving organizations in Massachusetts and elsewhere, especially in an era of constrained budgets. These issues also affect other state and local public and nonprofit agencies that work with refugees, including housing agencies, hospitals, public schools, and child-care providers. A recent report from the U.S. Government Accountability Office (GAO) noted that the lack of close coordination among state resettlement agencies, regional resettlement providers, local government bodies, and social service providers has become an added source of stress in the reception of refugee populations in towns and cities in many states, Massachusetts included.<sup>43</sup>

## **B. The Massachusetts Refugee Resettlement System and Child-Care Placements**

Refugee resettlement in Massachusetts is overseen and primarily funded by ORI, a division of the Executive Office of Health and Human Services. ORI is one of 13 state-level Wilson-Fish programs, a model created in 1984 as an alternative to traditional state-administered resettlement programs. Building on

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39 Massachusetts Department of Public Health, Division of Global Populations and Infectious Disease Prevention, “Refugee Arrivals in Massachusetts by Country of Origin 2006-2010,” last updated August 2011, [www.mass.gov/eohhs/docs/dph/cdc/refugee/arrivals-2006-2010.pdf](http://www.mass.gov/eohhs/docs/dph/cdc/refugee/arrivals-2006-2010.pdf); Massachusetts Department of Public Health, Division of Global Populations and Infectious Disease Prevention, “Refugee Arrivals in Massachusetts by Country of Origin, 2011-2015,” last updated September 2015, [www.mass.gov/eohhs/docs/dph/cdc/refugee/arrivals-2011-2015.pdf](http://www.mass.gov/eohhs/docs/dph/cdc/refugee/arrivals-2011-2015.pdf).

40 Massachusetts Office for Refugees and Immigrants (ORI). Arrival years here correspond to the federal fiscal year, from October 1 to September 30.

41 Government Accountability Office (GAO), *Refugee Resettlement: Greater Consultation with Community Stakeholders Could Strengthen Program*, GAO-12-729 (Washington, DC: GAO, 2012), [www.gao.gov/assets/600/592975.pdf](http://www.gao.gov/assets/600/592975.pdf).

42 Pereira et al., *Barriers to Immigrants’ Access*; GAO, *Refugee Resettlement*.

43 GAO, *Refugee Resettlement*.



nationwide resettlement goals of early employment and economic self-sufficiency, Wilson-Fish programs work to foster innovative strategies for the provision of cash assistance, intensive case management, and greater coordination between resettlement agencies and service providers.<sup>44</sup>

The process for refugees to obtain child care and other benefits in Massachusetts is complex. The key regional partners in the resettlement process are the refugee resettlement agencies, many of them so-called voluntary agencies.<sup>45</sup> These are typically nonprofit, faith-based, and part of a national network. They provide sponsorship and resettlement services for refugees and maintain cooperative and consultative relationships with the other main players in the refugee resettlement process, including federal, state, and local governments; ethnic community groups known as mutual assistance associations; and other agencies, such as RES providers.

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### *The process for refugees to obtain child care and other benefits in Massachusetts is complex.*

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Case managers at resettlement agencies work with refugees to meet short- and long-term employment and self-sufficiency goals, one of which is finding adequate child care to ensure parental employment and family stability.<sup>46</sup> The “Family Employment Plan” that case managers oversee and develop with all refugee clients typically includes child-care arrangements that permit one or both refugee parents of preschool-age children to access English classes, pre-employment training, and employment placement and retention services.

Case managers help income-eligible refugees register with DTA for TANF/TAFDC, Supplemental Security Income, and other public benefits. TAFDC-eligible refugee clients with children under age 6 also receive referrals for federally funded child-care vouchers through DTA.<sup>47</sup> A parent who is no longer receiving TAFDC but who is working may continue to be eligible for subsidized child care for up to 12 additional months.<sup>48</sup> Single refugees or couples without children are also eligible for up to eight months for Refugee Cash Assistance (RCA) and employment services.<sup>49</sup> Low-income, non-TAFDC-eligible families can qualify for subsidies that cover part or even all of child care, depending on their income level.<sup>50</sup>

Usually an RES provider—a nonprofit agency under contract with the state resettlement office—is responsible for making referrals to DTA for subsidized child-care services and vouchers, based on the refugee’s employment or participation in any approved pre-employment training program.

Once DTA approves the client’s eligibility on this basis, the parent must then locate a licensed provider (in this complex, multiagency process) that (1) meets his or her needs (i.e., covers the right hours and in the right location), and (2) has a slot available. To help all parents in the state explore and select potential child-care providers, CCR&R agencies maintain detailed online listings of providers that can be searched by parameters such as the type of care, location, hours of operation, and so on. Once that bridge

44 See ORR, “About Wilson/Fish,” accessed May 1, 2015, [www.acf.hhs.gov/programs/orr/programs/wilson-fish/about](http://www.acf.hhs.gov/programs/orr/programs/wilson-fish/about).

45 Voluntary agencies (known as “volags”) in Massachusetts providing primary resettlement and case management services include Catholic Charities of Boston, Catholic Charities of Worcester, International Institute of Boston, International Institute of Lowell, Refugee and Immigrant Assistance Center, Refugee Information Ministries, Jewish Family and Children’s Services, Jewish Family Services of Western Massachusetts Refugee and Immigrant Assistance Center, and Ascentria Care Alliance (formerly Lutheran Social Services).

46 Mezey, *Child Care Programs Help Parents Find and Keep Jobs*.

47 TAFDC clients who receive vouchers have priority for available slots in licensed family- or center-based programs.

48 Massachusetts DTA, “TAFDC Child Care Services,” October 2012, [www.mass.gov/eohhs/docs/dta/dta-tafdc-childcare-servs-flyer-eng.doc](http://www.mass.gov/eohhs/docs/dta/dta-tafdc-childcare-servs-flyer-eng.doc).

49 Refugee cash assistance (RCA) is provided to refugees who do not qualify for Temporary Assistance for Needy Families (TANF) or other public benefits, but meet income-eligibility guidelines during their first eight months after U.S. resettlement. See Massachusetts ORI, *Massachusetts Refugee Resettlement Program (MRRP) / Wilson/Fish Alternative Project (WFAP) Case Management Manual* (Boston: ORI, 2014), [www.mass.gov/eohhs/docs/ori/p-rcm-manual.doc](http://www.mass.gov/eohhs/docs/ori/p-rcm-manual.doc).

50 As discussed, states receive federal child-care assistance for low- and moderate-income families through CCDF, which directs CCDBG to states to subsidize child care of the parent’s choice. States receive additional dedicated funds through the TANF block grant, and can transfer non-child-care funds to the CCDBG fund.



is crossed, the parent meets with the regional CCR&R, which confirms the available slot and issues the voucher directly to the child-care provider.<sup>51</sup> Nevertheless, most parents (particularly LEP refugee parents) find it challenging to navigate the complex (English-only) online search interface, visit and confer with providers, and keep track of eligibility for child-care vouchers.

Given that RES providers have a contractual obligation to reduce barriers to early employment—and strong institutional and staff commitment to the refugees they serve—these agencies have a significant stake in ensuring that clients obtain child care as quickly as possible. The RES staff interviewed for this study said they often play a hands-on role in this process. They regularly counsel parents about their child-care options, help them navigate provider choices that are consistent with their cultural values and scheduling constraints, accompany them to meetings with providers and CCR&R staff, and help them track the terms and time limits of the vouchers issued by DTA. Refugee employment specialists at these agencies also typically communicate with DTA case workers regarding client eligibility for vouchers both initially and over time, and coordinate with the CCR&R agencies that issue the vouchers.

Clients may continue receiving pre-employment services through RES providers until they find employment, and may continue participating in postemployment services while seeking job upgrades until the end of a 36-month eligibility period or until the household income reaches “durable self-sufficiency” (defined as 450 percent of the federal poverty level, FPL), whichever comes first. Refugee case management services may continue up to 60 months after arrival or until the household income reaches 450 percent of FPL.

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*It might be surprising that refugee families do not take greater advantage of the wide range of fully subsidized, licensed child-care options available.*

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With all these institutional resources and supports available, it might be surprising that refugee families do not take greater advantage of the wide range of fully subsidized, licensed child-care options available to them. The 2006 study cited above indicates that refugees most often choose informal family-based providers or “kith-and-kin” child care.<sup>52</sup> According to a 2008 national HHS survey of refugee service providers, only one-third to half of refugee families placed their children in child care, with wide variations in child-care placement and use of government subsidies across the locations surveyed.<sup>53</sup> While pragmatic considerations of accessibility and flexibility play an important role in these parents’ choice of providers, their preferences are also driven by an interest in shared cultural values, opportunities for parent engagement, and a desire for home-language support. These are all factors that characterize the best-practice center-based models (and federal Head Start standards) but are difficult to find among available providers, including most center-based programs.

The barriers to ECEC access that refugees face go far beyond parental preferences and scheduling constraints, however. A more fundamental issue concerns the system’s focus on child care as a means of

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51 For more information, see MDEEC, “Resource and Referral Services,” accessed May 1, 2015, [www.eec.state.ma.us/ChildCareSearch/ResourceandReferral.aspx](http://www.eec.state.ma.us/ChildCareSearch/ResourceandReferral.aspx).

52 Fidazzo, Schmidt, and Bergsman, *Enhancing Childcare*. Official administrative data on the use of child care and child-care vouchers by refugee families are limited.

53 “Among those refugees with young children (under the age of 13), about half the refugees in Sacramento (N=306) had placed their children in child care, compared with 32 percent in Houston (N=316) and 37 percent in Miami (N=335). Among those who used child care, 83 percent of the refugees received government-subsidized child care in Sacramento, compared with just 14 percent in Houston and 28 percent in Miami. Among those who used child care in Houston and Miami, most paid for it themselves, and 18 percent in Houston and 23 percent in Miami relied on child care provided free by a friend or family member.” See Peggy Halpern, *Refugee Economic Self-sufficiency: An Exploratory Study of Approaches Used in Office of Refugee Resettlement Programs* (Washington, DC: U.S. Department of Health and Human Services, 2008), 15, <http://aspe.hhs.gov/sites/default/files/pdf/75561/report.pdf>.



overcoming parents' employment barriers rather than as a tool for children's long-term socioemotional and educational outcomes. In this respect, it is telling that the 120-page case management manual issued by the Massachusetts ORI—which lays out in exacting detail the milestones refugee case managers must track—does not contain a single reference to helping families navigate the ECEC system or choose among child-care options.<sup>54</sup> ORR's annual report to Congress does not track refugees' use of federally subsidized child-care vouchers, even though the report analyzes in great detail the cost of many other public benefits used by refugees.<sup>55</sup> ORR annual reports also track a wide range of economic self-sufficiency indicators, including wages and work experience, participation in education and job training, homeownership, and English-language proficiency. RES providers are not required to report on their clients' child-care choices or use of child-care subsidies, even though these agencies have direct responsibility for connecting clients with licensed child-care providers and helping them obtain and renew vouchers. Finally, neither DTA nor the CCR&R agencies track the issuance of vouchers with reference to a family's refugee status or (in the case of DTA, at least) the type of child care a family chooses. These gaps in tracking how refugee families access and use child care create additional barriers to providing and improving access to high-quality ECEC services.

## IV. State Stakeholders and System Challenges

As mentioned above, refugee families in Massachusetts depend on case managers at resettlement agencies as the primary points of access to resettlement benefits as well as other public benefits and social services. But to access ECEC services, refugees must also engage with refugee employment specialists at RES agencies, case workers at DTA, the staff at CCR&R agencies, and child-care providers. Additionally, refugee case managers currently operate in an environment where resettlement funding is frequently unstable, caseloads are high, and staff turnover is rapid.<sup>56</sup> Understanding the roles and the experience of these stakeholders, both individually and as they work together, can help unpack the systemwide obstacles to refugee child-care access, and may point to practical tools and strategies for helping both stakeholders and refugee parents address these barriers.

### A. Methodology and Data Sources

Due to administrative data limitations, this report relies primarily on qualitative information collected from fieldwork. Programmatic or administrative data relevant to refugee child-care provision are either not collected or not reported in a routine and readily accessible fashion across the ECEC system, at either the state or national level.<sup>57</sup> The authors conducted structured interviews and focus groups with refugee case managers and senior staff at three refugee resettlement agencies and at two organizations providing RES. Interviews with senior staff at ORI, DTA, and a Greater Boston CCR&R agency further illuminated the

54 See ORI, *Case Management Manual*.

55 See ORR, *Annual Report to Congress FY 2013*.

56 While the federal government provides the largest share of funding for refugee resettlement services, resettlement agencies typically raise additional resources through faith-based affiliates, private donors, and foundations. Based on data from author interviews, resettlement case managers often have a tenure of only one to two years. Nonprofit-based RES specialists, by comparison, appear to stay in their jobs longer, from three to five years, while unionized case workers at large DTA offices often remain in their positions until retirement. Because of the way DTA offices balance workloads, however, refugee clients may switch between DTA case workers over time, adding to the challenges of communication and continuity of service with refugee case managers and RES specialists.

57 Resettlement agencies keep data on refugee use of child care in individual client records; however, these data are not systematically collected and analyzed for required federal reports. While DTA client records track refugee status along with clients' eligibility for child-care vouchers, the DTA does not routinely analyze or report data on use of child-care vouchers by refugees or the assignment of refugees with vouchers to different child-care providers. Child-care resource and referral (CCR&R) agencies are responsible for issuing vouchers directly to providers after parents accept available slots. The CCR&R agencies, for their part, track which providers are issued vouchers for which clients, but do not track clients' refugee status.



interagency dimensions of obtaining child-care vouchers and exploring child-care options.<sup>58</sup> Focus groups with refugee parents, while limited in scope, revealed the expectations, challenges, and trade-offs these parents experience when choosing care for their young children.<sup>59</sup>

## B. Findings

While the results presented below are largely qualitative and based on a limited sample of informants, they illuminate a common set of themes across the ECEC system. They are also consistent with research from Massachusetts and elsewhere that maps out barriers to ECEC access for refugees, immigrants, and other low-income populations.

1. **Obtaining child-care vouchers and connecting refugee families with child-care providers is a complex and multilayered process.** Obtaining child-care vouchers and connecting with ECEC providers requires extensive engagement with a number of state and local entities, such as DTA, refugee resettlement agencies, RES providers, CCR&R agencies, and the child-care providers themselves. Staff at nonprofit agencies that are often underfunded must meet complex and sometimes contradictory goals that can significantly limit or delay refugee families' access to subsidized child-care services. Also, none of these entities have formal responsibility for overseeing and tracking this process.

Refugee case managers must wear many different hats in order to resolve the complex situations refugee families face, both upon arrival and in the subsequent months and years, and to help them adjust to their new lives. Refugees depend heavily on case managers for at least the first three months after their arrival. The case manager's primary mandate, however, is to set refugees on a pathway to employment and economic self-sufficiency as quickly as possible. This includes making referrals if needed to the DTA office (within five days after arrival) and to refugee employment specialists in English for Speakers of Other Languages (ESOL) and pre-employment training (within 15 days of arrival).<sup>60</sup>

The 30-day TAFDC application process for refugee families with dependent children only serves to determine the family's eligibility for TAFDC and the Supplemental Nutrition Assistance Program (SNAP, or food stamps), not for child-care vouchers. Refugees become eligible for child care only after they are approved for TAFDC and refugee employment specialists verify with DTA that refugee parents are receiving the employment services (including ESOL and pre-employment training) that qualify them for vouchers. However, refugee parents face a paradox: they might need child care *before* they can work or enter a training program or attend ESOL classes. In most cases, single parents obtain child care before couples, since in the case of a couple, one parent (usually the wife) is able to

58 Interviews with resettlement staff included a focus group of five case managers at the largest Boston-area resettlement agency, the former associate director of a smaller Boston-based resettlement program, and a program director and case manager at the resettlement agency serving northeastern Massachusetts. Interviews of RES providers included the director of refugee services and a refugee employment specialist at the primary Boston-area RES agency, and two employment specialists and five community case managers at the RES agency serving northeastern Massachusetts. The authors also interviewed two program staff at ORI, two DTA case worker supervisors at the regional DTA office for Greater Boston, and the director of the CCR&R that serves the Greater Boston region. A draft of this report was also reviewed by case management staff at ORI.

59 The authors were fortunate to be able to draw on the results of a 2013 focus group at an RES agency that served Iraqi, Burmese, and Bhutanese refugee communities in Massachusetts. That focus group was conducted as part of earlier Migration Policy Institute (MPI) research into immigrant and refugee parent engagement in ECEC settings, but the discussions contained additional information about child-care access. See Park and McHugh, *Immigrant Parents and Early Childhood Programs*.

60 ORI, *Case Management Manual*.





stay home to take care of the young children while the other is at work. A stay-at-home parent is also expected to enroll in RES once his or her spouse obtains employment.<sup>61</sup>

If a refugee parent receiving TAFDC is engaged in eligible work or training activities, approval for a child-care voucher referral is essentially automatic. In the past DTA case workers issued vouchers valid for up to a year but currently vouchers are only approved for three-month periods. This allows for tighter oversight but requires more frequent coordination among service agencies—and more work and anxiety for refugee parents seeking to retain their eligibility.

The DTA worker then makes an appointment for the applicant with the local CCR&R (the agency that actually issues the voucher to a particular provider) and provides the parent with basic information about ECEC options and the process followed by CCR&R. CCR&R agencies, as discussed earlier, maintain detailed regional information on licensed ECEC providers. Historically, CCR&R staff helped parents sort through and identify the best child-care options, but currently, reduced ECEC funding and increased demand for child care have limited the support they can provide. In practice CCR&R staffers meet with a refugee parent only when they are ready to issue a voucher to the provider that the parent has already chosen. As with DTA, CCR&R staffers are heavily booked, and applicants may wait weeks for an appointment.

Because of the heavy demands on DTA and CCR&R staff, RES providers end up filling gaps in child-care information and support. Employment specialists at RES providers report having close and effective working relationships with DTA and CCR&R staff, and providers such as center-based and Head Start programs. However, employment specialists cannot always smooth the process of arranging child care, as the steps are complex and RES providers are also understaffed. Both the RES providers included in this study rely heavily on part-time staff or volunteers. One provider had an AmeriCorps volunteer (who changes yearly) and community volunteers to help with time-intensive activities such as searching the CCR&R online database for ECEC options and accompanying families on visits to providers. Another RES provider delegates these tasks to part-time staff or “community case managers” who are themselves refugee community members.<sup>62</sup>

The final crucial variable in this process is the availability and accessibility of ECEC providers that meet refugee families’ needs. The RES agency in Lynn, MA—an economically struggling, postindustrial city north of Boston with large refugee and immigrant populations—faced particular challenges in this respect, despite guaranteed child-care subsidies for eligible refugee clients. Head Start, preschool, and high-quality center-based programs are in short supply in Lynn, compared with Boston. Moreover, the city has limited public transit options, and most ECEC programs there do not provide transportation. Tight schedules at center-based programs (and the issuing of financial penalties for late pick-ups) can create additional challenges for refugee parents who work or attend pre-employment training programs during irregular hours. Though refugee ECEC access challenges in Massachusetts have not been systematically studied, the evidence of such challenges is consistent with the literature reviewed for this study.

61 Another complication described by resettlement agency staff has to do with enrolling refugee families into the Matching Grant program, an alternative to standard refugee cash assistance or TAFDC. Matching grants provide refugees with cash assistance and in-kind support for an additional 90-150 days beyond the normal 30-day period. See ORI, *Case Management Manual*, 13. Matching grants can be particularly helpful for larger families, since incremental benefits for each dependent child are higher than under TAFDC. But because refugees with matching grants cannot obtain child-care vouchers, refugee case managers often prefer to have them apply for TAFDC. Thus, TAFDC offers subsidized child care but can mean lower cash benefits than the Matching Grant program. Nationally about one-third of refugee households enroll in the Matching Grant program, though there are no data on what share of households receiving matching grants include children under age 6. See ORR, *Annual Report to Congress FY 2013*.

62 MassHealth, the Massachusetts state Medicaid program, funds the community case manager position through its Community Support Program. This program primarily assists at-risk populations with diagnosed psychiatric or substance-use disorders. The community case manager provides a range of guidance, including in employment and housing. Child care is not a specified focus. See Massachusetts Behavioral Health Partnership, “Community Support Program (CSP),” accessed May 1, 2015, [www.masspartnership.com/pdf/CSPFINAJul2014.pdf](http://www.masspartnership.com/pdf/CSPFINAJul2014.pdf).



## **2. *Accountability, information sharing, and collaboration challenges increase ECEC access barriers.***

As described above, responsibility for refugees' ECEC access is shared among five different institutions: resettlement agencies, RES providers, DTA offices, CCR&R agencies, and ECEC providers. A lack of accountability, interagency training, and information-sharing mechanisms among these actors makes the process of obtaining child care unduly confusing and frustrating for refugee parents as well as for the staff of refugee-serving agencies.

The interviews conducted revealed conflicting views about timeframes for obtaining vouchers and voucher-use rates, as well as the challenges faced by staff and refugees in navigating the system. Case managers expressed considerable frustration with the length and opaqueness of the process for obtaining child-care vouchers, citing wait times of two to three months and up to a year in some cases. These reported delays are significant given that voucher referrals for TAFDC beneficiaries are supposed to be automatic and within 30 days. Case managers also reported difficulties in communicating with DTA case workers, especially when DTA did not offer the required interpretation services. As one program director stated, "I don't think our families [would] have that much success with the DTA if it were not through our support."

By contrast, employment specialists at RES providers generally reported good communication and supportive working relationships with DTA and CCR&R staff, as well as with child-care providers. They, however, were frustrated by the limited resources, the complexity of the referral system, and the coordination and communication problems among stakeholders. They also lamented the underlying structural barriers and integration challenges facing refugees in low-wage jobs, who often struggle to learn English and to access culturally and linguistically appropriate child-care options. However, they did not report the same sense of isolation from the child-care system as the refugee case managers experienced.

While the study's small sample makes it difficult to generalize, the perspectives of resettlement case managers and employment specialists differed based on their varying levels of knowledge of the child-care system. It is very likely, for example, that some refugee case managers conflate (1) the process and timelines for voucher approval by DTA with (2) the final issuance of a voucher by a CCR&R agency (once refugee parents have chosen an ECEC provider with an available slot). Resettlement agency staff also acknowledged that they lack sufficient training to navigate the state's ECEC system. Several respondents said that their resettlement agencies sometimes worked closely with CCR&R agencies and local ECEC providers; even so, most appeared unaware of the online resources available through CCR&R agencies. Resettlement agency staff also noted that they developed connections with CCR&R staff and providers on an individual basis, by developing personal rather than systemic relationships. In the absence of sufficient information about the quality of local providers, resettlement staff tend to refer refugees to a small but familiar pool of providers. System knowledge and stakeholder relationships, meanwhile, are weakened by high turnover rates among overworked and poorly paid case managers.

## **3. *Social and cultural factors may also affect child-care choices among refugee groups, and further limit options available through the subsidized ECEC system.***

Somewhat unexpectedly, a group of resettlement case managers reported that refugee families are more likely to use child-care vouchers early in their resettlement experience, when they typically have lower incomes and are less connected to family and social networks. These case managers reported that the use of informal family-based providers, "kith and kin," or neighbors for child care increases with the length of U.S. resettlement. The use of ECEC options, whether licensed or unlicensed, also varies based on other factors, including ethnicity. Some populations, such as Iraqi refugees (whose numbers have grown in Massachusetts in recent years), tend to rely much less on child-care services of any kind than do other refugee communities. Iraqi refugees have a strong preference for home child care, and relatively few married Iraqi women enter or remain in the workforce.

Compared with the Boston area, smaller gateway cities where the majority of refugees in Massachusetts are resettled tend to have fewer providers, especially when it comes to high-quality center-based



programs with a track record of working effectively with refugee families. A refugee case manager at an agency north of Boston reported that many of the families she serves struggle to place their children in center-based care. And while a substantial number of licensed family-based programs are available in this area, many are operated by Latino providers whose English proficiency is often limited, making communication with non-Spanish-speaking refugee families difficult. Employment specialists also reported that some refugee families are uncomfortable with the culturally different styles of child care they experience in some family-based programs, leading them to opt for informal “kith-and-kin” care even when those options are less than desirable from an educational or safety perspective (e.g., the care provider was an elderly, non-English-speaking relative). The number of licensed family-based providers in Massachusetts has in fact been shrinking in recent years as licensing requirements have become more rigorous, further limiting openings for refugee families that prefer this option.<sup>63</sup>

In sum, refugees may rely on subsidized center-based care for several reasons, such as lack of access to “kith-and-kin” care or licensed family child-care providers, or a preference for center-based care over family-based options. When seeking center-based care, refugee families may find themselves on ECEC program waiting lists for up to a year. During this waiting period, mothers and in some cases fathers, experience difficulties finding work and attending pre-employment and training programs.

4. ***Lack of systemwide data poses significant constraints to oversight and improvements in refugee ECEC access.*** The findings presented above point to major gaps in the data on refugees’ ECEC choices and experiences. In the absence of such data, local stakeholders and state and federal policymakers lack information to assess refugees’ ECEC access to child care, the quality of the care they use, and how effectively refugee resettlement providers help them access care. Thus, targeted program and policy solutions to improve refugees’ child-care access in Massachusetts and at the national level should emphasize the routine collection of relevant data in a consistent way across the system, in order to measure the success of such policies and inform ongoing program improvements.

## V. Information, Linkage, and Alignment: Policy and Program Recommendations

As described above, refugees and resettlement providers face many different challenges in accessing high-quality ECEC services. The literature review and stakeholder interviews conducted for this study have led to a number of recommendations for targeted and systemic ECEC-access improvements, which are supported by a variety of state and national program and policy initiatives already under way, including efforts in Massachusetts. Underlying these initiatives is the recognition that improved access to quality ECEC services can play a central role in the refugee program’s goal of economic self-sufficiency for refugee families, as well as in the long-term well-being of the communities where refugees live.

### A. Existing Program and Policy Models

#### I. Bridging Refugee Youth and Children’s Services (BRYCS)

The BRYCS initiative is a rich resource for resettlement agencies seeking to assist refugee families in navigating child-care options.<sup>64</sup> BRYCS is a partnership of Lutheran Immigration Services and the United States Conference of Catholic Bishops/Migration and Refugee Services. From 2001 through 2013, BRYCS

63 Commonwealth of Massachusetts Special Commission on Rural Access and Improving State-Sponsored Services in Massachusetts Rural Communities, *Report to the Great and General Court and Executive Office of the Governor* (Boston: Executive Office of Health and Human Services, 2013), [www.mass.gov/eohhs/docs/eohhs/rural-services-commission-report.pdf](http://www.mass.gov/eohhs/docs/eohhs/rural-services-commission-report.pdf).

64 BRYCS, “Welcome,” accessed May 1, 2015, [www.brycs.org](http://www.brycs.org).



served as ORR’s national technical assistance provider on refugee experiences with child services, including ECEC programs. In this role, BRYCS has championed the need for better coordination between child services and refugee-serving organizations in addressing the significant challenges that agencies face in identifying refugee families, locating appropriate resources, and providing culturally competent services. Through pilot programs, training, and resource development, BRYCS has also worked to increase collaboration and cross-service training between child services organizations and refugee service professionals, to enhance child services providers’ understanding of refugees’ cultural and political backgrounds, and to raise refugee resettlement providers’ awareness of the child services available in a particular community.<sup>65</sup>

The BRYCS website, with its online information clearinghouse, offers webinars and online training, a searchable database of promising practices, and extensive resource pages on child welfare, family support, ECEC services, and other topics. It also facilitates information sharing and collaboration among refugee-serving and mainstream agencies at the local, state, regional, and national levels.

## 2. Head Start Collaborations

Head Start and Early Head Start programs, with their focus on providing services for the most vulnerable children, multilingual and multicultural programming, and parent and community engagement are particularly well adapted to meeting the needs of young children in refugee families. In order to improve access to Head Start services for refugee families, BRYCS is partnering with the Office of Head Start’s National Center on Cultural and Linguistic Responsiveness (NCCLR) to develop a broad range of informational and training programs that (1) provide technical assistance to refugees, refugee service providers, and Head Start programs,<sup>66</sup> and (2) promote collaboration between local refugee resettlement agencies and Head Start programs.<sup>67</sup>

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*Head Start and Early Head Start programs ... are particularly well adapted to meeting the needs of young children in refugee families.*

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These efforts have led to a number of promising state and local initiatives that target the obstacles blocking access to Head Start services. While still mostly in pilot form, these initiatives underscore the ECEC-access issues faced in other states, as well as pragmatic solutions—for instance, fostering closer collaboration and resource-sharing among public and nonprofit ECEC and refugee service providers.

One of these pilots, the Arizona Refugee Resettlement Program’s Head Start Pilot Project, is a collaborative effort between local Head Start grantees and the state resettlement program to increase refugee families’ participation in Early Head Start and Head Start programs.<sup>68</sup> It initially identified a range of access barriers to Head Start, including transportation, class schedules, long waiting lists, limited enrollment windows, a lack of information available to refugee families, and Head Start staff’s lack of familiarity with refugee parenting expectations. With funding from BRYCS and a federal Head Start technical assistance program, the pilot project implemented a range of approaches through collaboration. These included resettling families in areas with better access to Early Head Start or Head Start programs; opening a site in a location near where refugees live; conducting community outreach and stakeholder training to share

65 BRYCS, *Giving Young Refugee Children a Head Start*.

66 These include a new illustrated parenting handbook and a “collaboration toolkit” with tools and resources to support resettlement and Head Start agencies working together. See BRYCS, “Raising Young Children in a New Country: Supporting Early Learning and Healthy Development,” accessed May 1, 2015, [www.brycs.org/documents/upload/handbook-supporting-early-learning-and-healthy-development.pdf](http://www.brycs.org/documents/upload/handbook-supporting-early-learning-and-healthy-development.pdf).

67 BRYCS, “Head Start Collaboration,” accessed May 1, 2015, [www.brycs.org/head-start-collaboration.cfm](http://www.brycs.org/head-start-collaboration.cfm).

68 BRYCS, “Promising Practices Program,” accessed May 1, 2015, [www.brycs.org/promisingpractices/promising-practices-program.cfm?docnum=0113](http://www.brycs.org/promisingpractices/promising-practices-program.cfm?docnum=0113).



information about Head Start program resources; encouraging parents to enroll children ages 3 and under in Early Head Start programs to guarantee priority placements in Head Start; and involving parents, volunteers, and community members as translators and interpreters to address language barriers. The pilot project's goal was to identify approaches to supporting refugee families consistent with refugee self-sufficiency plans required by ORR. To meet this goal, Head Start and refugee resettlement agencies collaborated by involving relevant stakeholders early on, ensuring that programs developed shared goals, and developing strategies to meet common interests and needs.<sup>69</sup>

Another BRYCS/Head Start collaboration is the partnership between the San Antonio Catholic Charities, the Family Services Association of San Antonio, and the City of San Antonio as a Head Start grantee. This collaboration developed a pilot program in 2009 to provide education and family and community support services to newly arrived refugee children. The pilot served 153 children from 2009 to 2011,<sup>70</sup> leveraging private funding from Catholic Charities and federal funding from ACYF through the Family Services Association. In addition to helping place children in quality center-based programs that allowed their parents to work, the partnership employed ten refugees as case workers and translators. Family Services Association also partnered with Catholic Charities to offer additional ECEC class time and casework support for young children and their families.

### 3. Refugee Home-Based Child-Care Programs

Through grants to state and local partners, ORR's Microenterprise Development Home-Based Child-Care Program mentors refugee women in how to set up home-based child-care businesses. Such businesses are valuable in markets where there are shortages of providers, especially providers with linguistic and cultural competencies. Through the ORR grant, mentors help refugee women establish agreements or contracts with state/county child-care offices to qualify as child-care providers. Once they qualify, these refugee women are eligible for state/county reimbursement and can become successful, independent entrepreneurs.<sup>71</sup> In 2012 (the most recent year for which data are available), the program made grants to 34 agencies in 17 states, helping 160 women to start home-based child-care programs, and creating 1,061 child-care slots.

While modest, ORR's microenterprise program is helping the agency meet its goals of supporting refugees' economic self-sufficiency while expanding child-care access and building partnerships between ECEC providers, state ECEC programs, and refugee communities in high-need resettlement areas. For example, Ascentria Care Alliance (formerly Lutheran Social Services) operates a microenterprise home-based child-care program for refugee women in Central and Western Massachusetts.<sup>72</sup> Some programs have leveraged funding from ORR's microenterprise initiative and other sources to address some of the more systemic barriers to child-care access. For instance, the NIÑO Child Care Project administered by the Idaho Office for Refugees supports refugees in choosing quality child-care options and resettlement agencies in the child-care subsidy application process.<sup>73</sup>

### 4. ECEC-ORI Interagency Partnership in Massachusetts

In Massachusetts, a partnership between ORI and MDEEC is working to improve refugee and immigrant access to child-care services. Created in 2012 under the state's RTTT-ELC grant, the partnership seeks to raise awareness statewide among the early education workforce and other stakeholders about the needs and strengths of refugee and immigrant communities through training on immigration law, DLL

69 A full evaluation of this pilot project, along with another pilot project in Onondaga County, NY, is provided in Lyn Morland, Nicole Ives, Clea McNeely, and Chenoa Allen, *Providing a Head Start: Improving Access to Early Childhood Education for Refugees* (Washington, DC: Migration Policy Institute, 2016), [www.migrationpolicy.org/research/providing-head-start-improving-access-early-childhood-education-refugees](http://www.migrationpolicy.org/research/providing-head-start-improving-access-early-childhood-education-refugees).

70 BRYCS, "Promising Practices Program."

71 ORR, "Microenterprise Development—Home-based Child Care," accessed May 1, 2015, [www.acf.hhs.gov/programs/orr/programs/microenterprise-development-home-based-child-care-3](http://www.acf.hhs.gov/programs/orr/programs/microenterprise-development-home-based-child-care-3).

72 Ascentria Care Alliance, "Micro-enterprise Development," accessed May 1, 2015, [www.ascentria.org/services-new-americans/micro-enterprise-development](http://www.ascentria.org/services-new-americans/micro-enterprise-development).

73 Idaho Office for Refugees, "Refugee Resource Strategic Community Plan," accessed May 1, 2015, [www.idahorefugees.org/Documents%20and%20Settings/31/Site%20Documents/Community%20Plan/Summer%202013%20updates/Education%20Early%20Childhood%202013.pdf](http://www.idahorefugees.org/Documents%20and%20Settings/31/Site%20Documents/Community%20Plan/Summer%202013%20updates/Education%20Early%20Childhood%202013.pdf).



development, family engagement, and cultural competency. The partnership also seeks to inform refugee and immigrant communities about ECEC services, connect licensed refugee and immigrant providers with workforce development opportunities, and empower informal immigrant and refugee caretakers to become licensed child-care providers. The statewide initiative supports ECEC language-access plans and research on best practices and strategies related to educating DLLs.<sup>74</sup> This partnership has also led to plans for more targeted regional collaborations, for example, in the central Massachusetts city of Worcester, where ORI is seeking to fund partnerships with refugee and immigrant service providers to assist them in ECEC outreach to refugee and immigrant populations.<sup>75</sup>

## 5. Administration on Children, Youth, and Families (ACYF) Interagency Partnerships

Building on the state- and local-level models described above, ACYF—the federal-level agency within the HHS that houses both OCC and ORR—on March 25, 2014 issued an information memorandum on “Refugee Resettlement and Child Care Partnerships: Partnering to Increase Refugee Families’ Access to High-Quality Child Care.”<sup>76</sup> The memorandum represents a joint effort to create programmatic linkages between state and local networks of CCDF lead agencies (such as MDEEC), and ORR-funded state and regional resettlement networks to “support the development of coordinated systems of services to promote healthy growth and development of young children” in refugee families. The memorandum includes broad recommendations on how states and local communities can facilitate coordination and alignment of early childhood and refugee programs:

- Prepare child-care, Early Head Start, Head Start, and preK programs to better understand and serve refugee children and families.
- Help refugee resettlement agencies and other refugee service providers better understand the importance of ongoing caregiver relationships and high-quality ECEC for the families they serve.
- Improve refugee networks and agency capacity to help refugee families find high-quality child care through partnerships with local CCR&R agencies.
- Provide concrete, ongoing support for refugees who have received ORR-funded grants as home-based child-care providers.

ACYF encourages statewide and local networks of refugee-serving organizations to enter into formal memorandums of understanding (MOUs) with state and local early childhood agencies and CCR&R agencies. These MOUs are intended to help refugee families find and use high-quality ECEC services, and to help child-care providers better serve refugee families with culturally and linguistically responsive care. Other recommendations—building on existing policy frameworks—include fiscal policies that promote better continuity within the child-care subsidy system and are child focused, family friendly, and provider neutral. The memorandum also encourages CCDF and ORR to partner with each other’s state and local affiliates and networks in their initiatives, strategic planning efforts, boards and committees, public events, and outreach. Finally, ACYF requires ORR regional representatives and OCC regional program managers to work together to help facilitate introductory state and regional meetings with state refugee coordinators, resettlement agencies, CCDF agencies, and other relevant partners, to advance these efforts.

While it is too early to judge the long-term impact of this federal initiative at the state or local levels, the ACYF memorandum provides a promising framework for state and local ECEC and refugee-serving stakeholders to strengthen existing collaborations and develop new ones.

74 Massachusetts Executive Office of Health and Human Services, “Race to the Top.”

75 COMMBUYS Operational Services Division, “Notice of Intent: Refugee and Immigrant Service Provider Outreach for EEC Services (Worcester),” accessed May 1, 2015, [www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-15-1078-1078C-1078L-00000003626&external=true&parentUrl=bid](http://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-15-1078-1078C-1078L-00000003626&external=true&parentUrl=bid).

76 See HHS, “Information Memorandum, March 2014,” accessed May 1, 2015, [www.acf.hhs.gov/sites/default/files/occ/orr\\_occ\\_joint\\_im\\_signed\\_march\\_2014.pdf](http://www.acf.hhs.gov/sites/default/files/occ/orr_occ_joint_im_signed_march_2014.pdf).



## B. Program and Policy Recommendations

The initiatives and program models described above include a range of policy changes and programmatic efforts that ECEC and refugee system stakeholders can explore and implement. Federal leadership and the partnership between Massachusetts's ECEC and ORI agencies will help ensure that these recommendations are aligned with the agencies' existing strategic plans and their policy initiatives, and that they are advanced with stakeholder input and institutional commitment at all levels of the system.

The study's Massachusetts-specific recommendations are divided into three areas, building from small scale and near term to systemwide and long term.

### I. Training and Resource Development for Refugee Resettlement Agency Staff

Lack of training and information about the ECEC system is one of the key challenges facing resettlement case managers. Even given resource constraints, resettlement agencies could take a number of steps to improve their staff's knowledge of ECEC systems. These might include:

- Offering routine training for refugee resettlement staff at all levels—starting with case managers and refugee employment specialists—on procedures, requirements, and typical timelines for vouchers and child-care placements through DTA and CCR&R.
- Familiarizing agency staff with state and local ECEC systems, including (1) best-practice ECEC models to promote long-term child outcomes; (2) state ECEC quality frameworks for child-care providers, especially related to DLL children; and (3) local and regional networks of child-care providers, particularly center-based programs (including Head Start).
- Making user-friendly reference tools available to both case managers and refugee clients, which could include resources on child-care options and the process of obtaining vouchers and voucher-supported child-care slots. These tools could include easy-to-understand infographics and flow charts.

Such approaches to refugee resettlement staff training and resource development could be implemented at the state level by MDEEC or ORI, in collaboration with resettlement agencies. They could build on existing interagency frameworks and training resources, draw from the MDEEC-ORI partnership mentioned above, and potentially follow the model of BRYCS/Head Start collaborations in other states. Massachusetts, for example, used the state's RTTT-ELC grant to pilot a three-year (2012-15) statewide training program for ECEC providers and other system stakeholders that work with immigrant and refugee families. The grant also supported the creation of interagency liaison roles at MDEEC, ORI, the Massachusetts Department of Children and Families, and other state agencies that oversee services for young children to improve their resource sharing and coordination.

ORI's quarterly community consultations with resettlement agencies, RES providers, and other refugee service providers could serve as a setting to disseminate training materials and informational resources. These consultations could also feature new ideas and best-practice models from Massachusetts and elsewhere. Informal networks of resettlement agencies, CCR&R agencies, and ECEC providers offer another medium for more intentional, state-sponsored efforts to share resources and raise the visibility of issues related to refugees' child-care access, especially in the context of the nationwide ACYF effort to coordinate resettlement and child-care service providers. A wide range of training materials and informational resources targeting the child-care needs of refugee families is already available through the BRYCS program.

Finally, information about the refugee resettlement system and the challenges facing refugee families could be shared with ECEC providers and other system stakeholders using the extensive professional development resources of the Massachusetts ECEC system. These resources include the state's six regional Educator and Provider Support (EPS) partnerships (networks of agencies that assist ECEC pro-



viders in increasing core competencies and meeting professional development goals),<sup>77</sup> the ECEC department's database of accredited professional development training opportunities,<sup>78</sup> and ECEC orientation and training sessions for family child-care providers.<sup>79</sup>

## 2. Strengthening Collaboration among State and Local Networks of Resettlement, ECEC, and CCR&R Agencies

Improving cross-training and system knowledge can help staff at refugee-serving agencies better meet the ECEC needs of refugee families, and strengthen the ability of ECEC agencies and providers to support refugee families with young children. As described earlier, the 2014 ACYF Information Memorandum recommends formalizing these system improvements by developing MOUs between statewide and local refugee-serving networks and state and local ECEC agencies. Such MOUs would help institutionalize knowledge sharing; better align agencies' activities, procedures, and program goals; and support accountability and quality improvement across all parts of the system.

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*Improving cross-training and system knowledge can help staff at refugee-serving agencies better meet the ECEC needs of refugee families.*

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The BRYCS-sponsored partnerships between state and local Head Start programs and refugee resettlement agencies provide a model for the design and impact of such interagency and cross-network collaborations. As described earlier, Massachusetts's ORI similarly plans to support ECEC outreach to refugee and immigrant populations by building regional partnerships with CBOs. These outreach and partnership-building efforts could include the following:

- ***Developing more robust cross-agency/cross-network information systems among resettlement agencies, CCR&R agencies, and child-care providers to better track refugee families' ECEC choices.*** These information systems could be built on the integrated platform—already under development at ORI—for tracking RCA cases across ORI, refugee resettlement agencies, and DTA, and they could be used to inform program and policy improvements.
- ***Leveraging interagency collaborations under the Massachusetts RTTT-ELC grant.*** Collaboration between MDEEC and ORI and ECEC could initiate discussions and promote pilot partnerships between resettlement agencies, RES providers, and ECEC networks to improve the delivery of ECEC services to refugee families through information sharing, community outreach, and targeted services. Such discussions and partnerships could build on the model of existing collaboration among resettlement agencies, ECEC programs, and other service providers in Worcester (described above), or on the more informal local partnerships between resettlement agencies and large center-based ECEC programs in Boston and Springfield.
- ***Using the state ECEC office's "Brain Building in Progress" public education and resource-sharing initiative to disseminate ECEC system information to refugee service providers and refugee families.*** This information would include tools, best practices, and resources concerning the importance of health, safety, consumer education, early childhood learning and brain development, and high-quality child care.

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77 Massachusetts Executive Office of Education, "Educator and Provider Support (EPS) Grant," accessed May 1, 2015, [www.mass.gov/edu/birth-grade-12/early-education-and-care/workforce-and-professional-development/educator-and-provider-support-eps-grant.html](http://www.mass.gov/edu/birth-grade-12/early-education-and-care/workforce-and-professional-development/educator-and-provider-support-eps-grant.html).

78 MDEEC, "EEC Professional Development Calendar," accessed May 1, 2015, [www.eec.state.ma.us/ProfessionalDevelopment/WebFindTraining.aspx](http://www.eec.state.ma.us/ProfessionalDevelopment/WebFindTraining.aspx).

79 Massachusetts Executive Office of Education, "Family Child Care Trainings and Orientations," accessed May 1, 2015, [www.mass.gov/edu/birth-grade-12/early-education-and-care/family-child-care-trainings-and-orientations](http://www.mass.gov/edu/birth-grade-12/early-education-and-care/family-child-care-trainings-and-orientations).





- ***Partnering between state-level resettlement and ECEC leadership to develop strategies, share information, and sponsor cross-training opportunities.*** At the local level, these partnerships would include child-care centers, Early Head Start and Head Start programs, preK programs, and CCR&R agencies. MDEEC/ORI's statewide training program for ECEC providers working with children in immigrant and refugee families offers a foundation for these activities, which could include more intentional development of centralized information and training resources within MDEEC. Other stakeholders in this process include regional EPS partnerships and Coordinated Family and Community Engagement (CFCE) grantees that provide community outreach and family engagement programming for parents and ECEC providers.
- ***Leveraging networks of Head Start programs, EPS partnerships, academic institutions with ECEC degree programs, and other stakeholders to develop, translate, and share outreach, training, and technical assistance materials on ECEC best-practice models.*** ECEC stakeholders could partner with resettlement agencies to determine culturally and linguistically appropriate child-care information for refugee consumers and service providers within the state's child-care licensing and Quality Rating and Improvement System (QRIS).
- ***Building on the state's existing microenterprise home-based child-care program to explore opportunities for refugees to become child-care providers.*** This strategy could be targeted at areas of Central and Western Massachusetts where quality center-based and Head Start programs for refugees are in short supply.

### 3. Improved Systemwide Data Collection and Information Tracking

As noted above, lack of systemwide data creates challenges both for case managers attempting to obtain child care for refugees, and for policy analysts attempting to understand refugees' child-care choices and proposing improvements for their access to care. At the state level, ORI should work with DTA and the CCR&R network to ensure that refugees' status is routinely tracked in DTA case management systems, in order to facilitate state and regional data collection on refugee voucher referrals and usage. Tracking of refugees' child-care use could build on the ongoing collaboration between ORI and DTA to align ORI's refugee case management and RCA tracking systems with DTA's case management database. As part of federal efforts to better coordinate refugee resettlement and child-care services, ORR and OCC should fund pilot programs at the state level to improve systemwide tracking of refugees' child-care use, and provide incentives for state resettlement agencies to track refugee child-care outcomes as part of their routine reporting to ORR.

### 4. Changing Child-Care Subsidy Policies to Better Support High-Quality, Continuous ECEC for Refugee Children

In 2011, OCC released its own Information Memorandum on the CCDF continuity of care. This memorandum strongly encouraged state CCDF lead agencies such as MDEEC to develop and implement the following policies that promote continuity within the child-care subsidy system, and that are child focused, family friendly, and fair to providers.<sup>80</sup>

- Coordinate between agencies to increase stability of services, for instance, by aligning eligibility periods with other early education programs (e.g., Head Start) and sharing information about other benefit programs that may benefit refugee families.
- Review policies and strategies to identify vulnerable refugee children for placement in high-quality child care.
- Embed these strategies and others, as appropriate, in the state's QRIS.

80 U.S. Office of Child Care, "Policies and Practices that Promote Continuity of Child Care Services and Enhance Subsidy Systems," accessed May 1, 2015, [www.acf.hhs.gov/programs/occ/resource/im2011-06](http://www.acf.hhs.gov/programs/occ/resource/im2011-06).



- Develop eligibility policies that are family-friendly, for example, by establishing longer periods between eligibility redeterminations and prioritizing services for vulnerable populations such as refugee families.
- Allow for continued eligibility during changes in family circumstances, for instance, by providing services during job searches and establishing tiered income eligibility to allow for wage growth.

While funding for ECEC in Massachusetts has declined in the past 15 years, growing public and political support for expanding ECEC services, both in the state and nationally, holds promise for these proposals. MDEEC's five-year strategic plan, for example, supports many aspects of the CCDF and ACYF proposals by improving coordination of service delivery across ECEC programs, sharing information across public benefit programs, and strengthening the integration of all aspects of child-care service delivery as part of the state's QRIS.<sup>81</sup> Such developments stand to benefit all low-income families with young children in Massachusetts, whether they are refugees, other immigrants, or the U.S.-born population. The educational policy and system changes driven by Massachusetts' RTTT-ELC grant—including the partnership between MDEEC and ORI—have also reinforced the importance of strengthening support for children in immigrant and refugee families, who now represent 29 percent of all children under age 6 in the state. Efforts to improve the alignment and coordination of systems to deliver and track public benefits across DTA and ORI also create a promising environment for developing more flexible and family-friendly voucher eligibility policies that increase the quality, stability, and continuity of child care for refugee families.

At the federal level, the recently reauthorized Child Care and Development Block Grant (CCDBG) makes significant steps toward meeting these goals in a way that benefits both refugee families and other low-income families with young children.<sup>82</sup> Most notably, the reauthorized CCDBG establishes a minimum 12-month eligibility period for child-care assistance, regardless of changes in parental employment or family income. The reauthorized CCDBG also eliminates interim reporting requirements that are especially burdensome for workers whose schedules change frequently.

State ECEC systems will also benefit from the recent decision to extend the submission deadline for the CCDF State Plans for FY 2016-18 (for implementing the major CCDBG reauthorization policy changes) from July 2015 to March 2016. OCC's new submission deadline opens a window for state policymakers to review current policies and practices, analyze ECEC data, and engage with key stakeholders—including parents, providers, advocates, CBOs, and academic institutions—in developing a more inclusive and effective system for all residents. The deadline also provides an opportunity for stakeholders who work with refugee families to identify and address the ECEC barriers facing refugee children, as well as minority and low-income children more generally. As described above, developing engaged, wide-ranging program partnerships between refugee service providers and ECEC networks will allow refugee families a stronger voice in the process of developing the CCDF state plans.

The planning process mandated by the CCDBG reauthorization may pose major challenges and costs to states and ECEC providers, particularly with regard to provider safety and training requirements.<sup>83</sup> Without new state or federal funding, these new mandates could result in cuts to child-care assistance, thereby compromising the system improvements the new law seeks to achieve. President Obama's fiscal year (FY) 2017 budget rises to this challenge by requesting a significant expansion in child-care assistance for

81 MDEEC, *State of Early Education in Massachusetts*.

82 U.S. Office of Child Care, "Child Care and Development Block Grant Act (CCDBG) of 2014."

83 See Hannah Matthews, Karen Schulman, Julie Vogtman, Christine Johnson-Staub, and Helen Blank, *Expanding the Possibilities—Implementing the Child Care and Development Block Grant Reauthorization: A Guide for States* (Washington, DC: National Women's Law Center and Center for Law and Social Policy, 2015), [www.clasp.org/resources-and-publications/publication-1/ccdbg-guide-for-states-final.pdf](http://www.clasp.org/resources-and-publications/publication-1/ccdbg-guide-for-states-final.pdf).



low-income families through both mandatory and discretionary CCDBG funding.<sup>84</sup> The presidential election, however, may delay enactment of the budget until late in 2016, and Congress might not approve the President's proposed child-care funding expansions.

Although Massachusetts faced a \$750 million budget shortfall in FY 2015, the governor made reducing the long waiting list for income-eligible child care in the state a policy goal. While the governor's FY 2016 budget proposal for ECEC services was slightly lower than the FY 2015 budget (\$545 million versus \$550 million), his budget increased by 3 percent the Child Care Access line item—almost half the entire ECEC budget—that funds income-eligible child care and services for families transitioning from TAFDC. At the same time, the governor's FY 2016 budget provided no funding for the Birth through Preschool line item (funded at \$15 million in FY 2015) that phases in provision of universal ECEC access to all young children on waiting lists. Moreover, the governor's budget failed to preserve a substantial rate increase for early educator salaries and benefits of nearly \$7 million in FY 2015 (the first time this line item was funded since FY 2009). Both the Birth through Preschool program and the rate increase were restored in the FY 2016 state budget approved by the State Legislature (at \$12 million and \$5 million respectively) and signed into law by the governor.<sup>85</sup> The governor's budget for FY 2017 was released in late January 2016 and the implications for early education and care funding are still under review, though child care funding is one of many line items likely to be under pressure in the face of a \$635 million budget gap.<sup>86</sup>

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*Despite fiscal constraints, Massachusetts continues to experience growing bipartisan support for expanding preK programs.*

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Despite fiscal constraints, Massachusetts continues to experience growing bipartisan support for expanding preK programs—whether “universal” or “targeted”—and for efforts to strengthen ECEC services in high-needs areas,<sup>87</sup> efforts that have recently benefitted from new federal funding.<sup>88</sup> Fiscal constraints make it even more important for the diverse range of state, nonprofit, and private entities serving refugee families to collaborate with ECEC stakeholders to implement policy changes that stand to benefit all children in low-income families, refugees and nonrefugees alike.

84 President Obama's FY 2017 budget proposes \$82 billion in mandatory CCDF spending over the next ten years, a \$53 billion increase over the current level of \$2.9 billion annually (or \$29 billion over ten years). The president also requested \$3 billion in discretionary CCDBG funding for FY 2017, a \$160 million increase over FY 2016 funding and \$400 million above the level Congress authorized for the program in 2014. See Jay Nichols, “President Obama's FY 2017 Budget: Big Investments in Child Care and Early Education,” Child Care Aware of America, February 9, 2016, <http://usa.childcareaware.org/2016/02/president-obamas-fy-2017-budget-big-investments-in-child-care-and-early-education>.

85 See Massachusetts Budget and Policy Center, “Budget Browser for Early Education and Care,” accessed March 14, 2016, [www.massbudget.org/browser/subcat.php?id=Early+Education+%26+Care](http://www.massbudget.org/browser/subcat.php?id=Early+Education+%26+Care). For descriptions of individual line items, see MDEEC, “30004060—Child Care Access,” accessed September 18, 2015, [www.mass.gov/bb/gaa/fy2016/app\\_16/act\\_16/h30004060.htm](http://www.mass.gov/bb/gaa/fy2016/app_16/act_16/h30004060.htm); MDEEC, “30004040—Birth through Pre School,” accessed September 18, 2015, [www.mass.gov/bb/gaa/fy2016/app\\_16/act\\_16/h30004040.htm](http://www.mass.gov/bb/gaa/fy2016/app_16/act_16/h30004040.htm); Massachusetts Office of the Secretary for Administration and Finance, “15990042—OCCS Provider Rate Increase,” accessed September 18, 2015, [www.mass.gov/bb/gaa/fy2016/app\\_16/act\\_16/h15990042.htm](http://www.mass.gov/bb/gaa/fy2016/app_16/act_16/h15990042.htm).

86 Strategies for Children, “Fiscal Year 2017 State Budget,” February 2016, [www.strategiesforchildren.org/state\\_budget.html](http://www.strategiesforchildren.org/state_budget.html).

87 Shira Schoenberg, “Mass Lawmakers Push for State-funded Universal Pre-kindergarten,” *The Republican*, January 20, 2015, [www.masslive.com/politics/index.ssf/2015/01/state\\_lawmakers\\_push\\_for\\_state.html](http://www.masslive.com/politics/index.ssf/2015/01/state_lawmakers_push_for_state.html).

88 Massachusetts in 2014 was one of 13 grant award winners in the federal Preschool Development Grant: Expansion Grant competition, and will receive \$15 million funding to expand high-quality preschool programs in five high-needs communities across the state—Boston, Holyoke, Lawrence, Lowell, and Springfield—that have large refugee communities. See Massachusetts Executive Office of Education, “Governor Patrick Announces Massachusetts Awarded \$15 Million for Early Education Initiatives,” (news release, December 10, 2014), <http://archives.lib.state.ma.us/handle/2452/217910>. The federal grant also presents an opportunity for state policymakers to rethink the funding mechanisms through which Massachusetts channels ECEC investments, in ways that allow for the increased flexibility argued for here. The preK dollars in this grant come without many of the eligibility restrictions, such as family work status, that are attached to the CDBG dollars that fund child-care vouchers, and that pose a logistical and bureaucratic burden for refugee families and refugee-serving organizations alike.



## Appendix

### Interview Questionnaire for Refugee Resettlement Agency Staff

Following is the interview questionnaire used by MIRA:

*The Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition has begun a project, in partnership with the Massachusetts Office for Refugees and Immigrants and the Department of Early Education and Care, to explore ways to strengthen the access of children in refugee families to high-quality early education and care services. The initial phase of this effort includes a community needs assessment to help better understand how refugee families eligible for child-care vouchers access child care, and the challenges that both these families and the organizations they work with face in this process.*

*We are interested in your answers to the following questions. Participation is voluntary and all information is completely confidential. No identifiable personal or organizational details will be published or distributed in any form. Only the research team will have access to data collected.*

- 1. How many refugee families with children do you help each year to obtain vouchers and access early education and care services?*
- 2. What kinds of services (center based, licensed family based, unlicensed family based, etc.) do they choose, initially and over time?*
- 3. Can you describe the process these families go through in accessing subsidized child care (steps, agencies involved, time, etc.)?*
- 4. What specific role do resettlement case managers play in this process?*
- 5. What are the most significant structural factors that you and the families you work with face in accessing early education and care (e.g., work schedules, transportation, availability of child-care options)?*
- 6. What are some of the cultural or social factors that shape refugee families' child-care choices (e.g., parenting styles, language, traditional gender roles)?*
- 7. Overall, what would you characterize as the biggest systemic and institutional challenges that you and the families you work with face regarding access to and choice of early education and care options?*
- 8. What are some changes (e.g., in administrative procedures, informational resources, targeted staff training, better interagency communication, etc.) that could help address these challenges and improve early education and care options for the families you work with?*
- 9. How well informed are you or your organization about the state early education and care (EEC) system and EEC best practice models (e.g., cultural competency, home language support, and strong parent engagement in EEC settings)?*
- 10. How well informed are EEC providers and other system stakeholders about the distinct experience of refugees and children in refugee families?*



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At the New Americans Integration Institute, Dr. Gross's work focuses on workforce development policy; improving access to early childhood education and care services for immigrant and dual-language-learner children; immigrant access to higher education, especially for those youth eligible for Deferred Action for Childhood Arrivals (DACA); and the accreditation of foreign-trained professionals.

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From 2004 to 2014 she worked at the Refugee Immigration Ministry in Malden, Massachusetts, starting as a case manager and becoming Associate Director in 2013. She joined MIRA in 2014 as Coordinator of NAIP, an AmeriCorps program jointly led by MIRA and the Massachusetts Office for Refugees and Immigrants (ORI) that places

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The Migration Policy Institute is a nonprofit, nonpartisan think tank dedicated to the study of the movement of people worldwide. MPI provides analysis, development, and evaluation of migration and refugee policies at the local, national, and international levels. It aims to meet the rising demand for pragmatic and thoughtful responses to the challenges and opportunities that large-scale migration, whether voluntary or forced, presents to communities and institutions in an increasingly integrated world.

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