EVIDENCE SUMMARY
April 2024

What Works to Increase Refugee and Immigrant Families' Access to Early Childhood Services?

Strong evidence demonstrates that state and program policies can increase enrollment in child care and early education.

- Three impact evaluations and one systematic review demonstrate that policies designed to provide free child care and early education have been successful in increasing enrollment among immigrant and refugee populations by as much as 20% (Chan, 2019). Other policies, such as randomized admission among eligible children, could also support participation in child care and early education among immigrant populations.

Based on largely suggestive evidence, a variety of strategies are associated with building awareness of early childhood programs, increasing trust, and reducing barriers to access.

- Informational campaigns and outreach via social and existing service networks are effective in increasing parents' awareness of the early childhood programs they are eligible for.
- Culturally responsive programs—for example, that implement culture-informed trainings for their staff and adapt program practices—are associated with increased parent trust, comfort, and participation.
- Hiring culturally and linguistically matched staff or professional interpreters reduces the impact of language barriers on program access.
- Colocation of multiple services and resources, especially when pairing adult- and child-focused services, may promote access.
- Delivering early childhood–focused services in contexts where families are most comfortable, such as in the family's home or preferred community spaces, is likely to lead to greater trust and participation.
- Providing concrete supports, such as transportation, may reduce barriers to access.

Several limitations exist in the evidence base.

- Limited evidence is available on strategies to increase access to home visiting or early interventions among refugee and immigrant populations.
- Limited developmental screening tools have been validated for use in multiple populations with different linguistic and cultural backgrounds, which limits how easily some refugee children can be developmentally screened and evaluated for referral to early interventions.

Purpose of This Summary

This document summarizes the state of available evidence regarding the practices, policies, approaches, and interventions that increase access to and participation in early childhood programs among refugee and immigrant families with young children.

What Is Meant by "Early Childhood"?

Early childhood refers to the period of development between birth and age 5[1] during which children experience rapid physical, social-emotional, and cognitive development.

What Is Meant by "Early Childhood Programs"?

In this evidence summary, early childhood programs are defined as any program funded in part or full with public dollars that serves children from birth through age 5 and their families. Refugees are widely eligible for these programs, and immigrants are eligible for some of these programs. **Examples of early childhood programs in this summary include the following:**

- **Child care programs** that provide care for children in home-based or center-based settings, which may be subsidized for children in families with low incomes.[2]
- **Head Start/Early Head Start and preschool programs** that provide early education and child development services for children to promote school readiness and, in some cases, connections to comprehensive services for families.[3]
- **Home-visiting programs** that provide child development and health-focused psychoeducational services in the child's home alongside connections to comprehensive services for families.[4]
- **Early-intervention services** that include evaluation and developmental screenings and services (speech, physical, and occupational therapies) for children between birth and age 5 and connect families to comprehensive services. Depending on the location, these services are identified by other names, such as early childhood development services, 619, Part C, Part B, or location-specific names such as "Bold Beginnings, "Start Early," and so on.[5]

[1] Some consider early childhood to include a range of ages from birth through age 8; this summary focuses on programs available for children before compulsory school age.
[2] "Family Child Care Homes," Childcare.gov, accessed April 25, 2024, https://childcare.gov/consumer-education/family-child-care-homes; "Child Care Centers," Childcare.gov, accessed April 25, 2024, https://childcare.gov/consumer-education/child-care-centers; "Child Care Financial Assistance Options," Childcare.gov, accessed April 25, 2024, https://childcare.gov/consumer-education/get-help-paying-for-child-care.
[3] "OCC Fact Sheet," Office of Child Care, February 15, 2024, https://www.acf.hhs.gov/occ/fact-sheet; "Prekindergarten Programs," Childcare.gov, accessed April 25, 2024, https://childcare.gov/consumer-education/prekindergarten-programs.
[4] "What Is Home Visiting?," National Home Visiting Resource Center, accessed April 25, 2024, https://nhvrc.org/what-is-home-visiting/.
[5] "What is "Early Intervention"?," CDC.gov, accessed April 25, 2024. https://www.cdc.gov/ncbddd/actearly/parents/states.html; "Understand the Individuals with Disabilities Education Act (IDEA)," ChildCare.gov, accessed April 26, 2024, https://childcare.gov/consumer-education/services-for-children-with-disabilities.

What Is Meant by "Access"?

Access to early childhood programs refers to enrollment and participation in early childhood programs. To enroll in programs, families must be eligible to participate.

This summary references programs for which refugees are eligible because they have low incomes. Many children in immigrant households with low incomes are also eligible for the programs described in this summary, regardless of the documentation status of adults in the household.[6]

What Does the Evidence Show?

Strong evidence shows that state and program policies, such as free child care, increase enrollment in child care and early education settings.

- A systematic research synthesis of 19 articles on strategies to increase access to early childhood education among disadvantaged and immigrant communities found that **supply-side funding (e.g., public funding that makes child care free) is more successful than demand-side funding (e.g., giving funds directly to parents navigating a private market) to promote access** (Archambault et al., 2020). The authors show that interventions aimed at reducing attendance costs—for example, by providing free meals—lead to higher enrollment. Moreover, the authors highlight the importance of policies that **elevate social criteria in enrollment decisions (e.g., prioritizing slots for refugees or immigrants) and offer flexibility in accepted documentation to establish program eligibility**, such as a library card or a letter from a landlord.

- Consistent with the above findings, a natural experiment in Norway demonstrated that **access to community-wide free child care could increase enrollment and test scores at school entry** (Drange & Telle, 2015). Families in five city districts in Oslo with high populations of immigrant families were offered 20 hours of free child care per week. The program also included an active recruitment approach toward families with eligible children (relayed through social services, civil servants, and health care centers), a curriculum tailored to the needs of children in immigrant families, and optional language classes during child care hours to encourage parent engagement. The effects of the policy on enrollment were compared between immigrant families in the intervention districts and those outside, and between immigrant and all-Norway-born families. **The participation of immigrant families in the child care program increased by 15% and resulted in improved test scores at school-age entry in comparison with children in districts without the intervention**. In contrast, no increase in enrollment rates was found between Norway-born children in the districts with free child care and those in districts without.

- Admission policies and language policies also impact enrollment. A study examining the impacts of **randomized admission on Head Start enrollment found that dual-language-learner Spanish-speaking children were more likely to enroll than English-speaking monolingual children** (Greenfader & Miller, 2014). This study used a nationally representative sample of 84 Head Start grantee and delegate agencies and close to 5,000 eligible 3- and 4-year-old children during the implementation of the nationally representative Head Start impact study. This analysis also

[6] Matthews, H. "Immigrant Eligibility for Federal Child Care and Early Education Programs," Center for Law and Social Policy, April 2017, https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/Immigrant-Eligibility-for-ECE-Programs.pdf; M. Park and C. Katsiaficas, "Leveraging the Potential of Home Visiting Programs to Serve Immigrant and Dual Language Learner Families," Migration Policy Institute, August 2019, https://www.migrationpolicy.org/sites/default/files/publications/NCIIP-HomeVisiting-Final.pdf.

controlled for a wide range of child- and family-level factors relevant for participation in Head Start and child outcomes, such as sex, disability status, caregiver age, caregiver depression, family structure, and maternal education. Following randomized lottery-based assignment, Spanish-speaking dual language learner (DLL) children were more likely to participate in Head Start than monolingual, English-speaking children and also more likely to enroll in high-quality care than monolingual, English-speaking children when they were assigned to the control group.

- A policy in Illinois mandating the implementation of **bilingual classrooms embedded within universal preschool programs increased enrollment among English-language-learner children** (Chan, 2019). The author used a difference-in-differences analysis with representative data and propensity score matching to analyze the impact of a policy change in Illinois in 2009 that established the first statewide bilingual preschool requirement. Although Illinois had a universal preschool requirement starting in 2007, the state enacted a bilingual preschool requirement due to growing immigrant populations and persisting inequities in educational outcomes for bilingual populations. **Under the policy, all "children of limited English-speaking ability" were included in public schools beginning at age 3.** The state agency subsequently implemented additional regulations requiring public districts to identify children with limited English literacy through data collection on home language and a language-proficiency screening process. All publicly funded preschool programs (585 programs) with 20+ English language learners of the same language were required to implement bilingual classrooms by fall 2010. The policy also required that all **teachers in bilingual classrooms be certified in bilingual education or English as a second language and early childhood education. An analysis of data from 2008–13 showed that this policy change resulted in an 18 to 20% increase in preschool enrollment among English-language-learner children**.

Strong evidence shows that refugee and immigrant families learn about early childhood programs through their social networks.

- Two systematic reviews, supported by four suggestive studies, all identify the role of social networks in information sharing and outreach. A systematic research synthesis identified the importance of **informational campaigns and outreach through a family's existing networks as key ways to build parent awareness** (Archambault et al., 2020). Informational campaigns can publicize important aspects of early childhood education available to families and procedures for accessing the programs. The authors also review how social networks are used by parents to find early care and education options that align with their values and resources to support the registration process. Existing service providers in trusted positions, such as health and social service providers, can also share information on programs including early care and education with families. Thus, outreach efforts may be especially effective when facilitated by the family's social and organizational networks.

- A scoping literature review of newcomer families' experiences accessing early childhood programs highlighted the **importance of the family's formal and informal connections to navigate needed services and supports** (Brown et al., 2020). The authors reviewed how newly arriving families experience psychosocial stressors, mistrust, diminished or disrupted support systems, discrimination, and feelings of social isolation, which may contribute to avoiding interaction with early childhood service providers. Thus, supporting families' access to informal social connections such as family, community, and peer-to-peer support networks can operate as a method to both build new social supports for families and share information and resources. **Relationships with formal community-based supports, such as navigators and various trusted professionals that engage in intersectoral collaborations, can be another important social system** through which families build trusted connections to a wider range of community supports.

- A photovoice study in Canada revealed **how newcomer families rely on a variety of social**

connections to learn about and access available early childhood programs (Fakhari et al., 2023). Families with young children and early childhood educators in resettlement agencies described the factors that supported their utilization of early childhood programs, especially in light of language barriers. **Parents described relying on in-person interactions with service providers and flyers they received to learn about available programs.** Parents also received assistance from service providers with the registration process, which they viewed as a barrier to accessing programs. Early childhood educators described that newcomer families turned to **trustworthy relationships, especially their community and friends, to receive information about services.** This option was seen as most helpful by families because information was shared in the family's native language. However, families also became increasingly open to learning about information and resources from providers once trust was established.

- In a qualitative study, **African and Latina immigrant mothers in the United States described using social and organizational connections to find early childhood care and education arrangements, as well as resources for effectively enrolling in those programs** (Vesely et al., 2013)**.** Among the 40 mothers in the study, most reported relying on social networks (73% of mothers), especially among Latina mothers, and often based on the mother's cultural connections to friends or acquaintances. Some mothers (27%), especially African mothers in the sample, also reported relying on organizational connections. They learned about their early care and education options by connecting with staff in other child- and family- focused programs, such as social workers and pediatricians. In the context of existing services and providers, parents learned about early care and education options both through personal interactions and outreach materials, such as flyers, posted in various locations.

- In a qualitative study in Texas, 30 Latina mothers reported that they **relied on their social networks (e.g., family and friends), neighborhood institutions, and their own personal experiences to obtain information about the state-funded preschool center their children were enrolled in** (Ansari et al., 2020). Parents also described receiving respectful and frequent communication from the preschool program, which contributed to their comfort. The communication included text messages, phone calls, weekly summaries and classroom newsletters, emails, and Facebook groups. Parents were also invited to participate in center activities.

- In a qualitative study of parents and early childhood professionals in Australia, **free and supported playgroups and parent groups were noted as a source of social support and a strategy to promote affordable early intervention** (Woolfenden et al., 2014). The study explored how families from various cultural and linguistic backgrounds accessed developmental screenings and early intervention in Sydney, Australia. Parents in the study frequently experienced social isolation, which led to limited awareness of early-intervention supports, including playgroups. However, mothers who participated in the playgroups referred to them as "life savers," and examples were shared of how multicultural playgroup coordinators modeled, informed, and advocated to promote child development. Although parents and some professionals did not know how to identify children with developmental disabilities, they described **comparison with other children in the community as a way they gained awareness of a developmental concern**. In some instances, familial social networks also helped parents access early-intervention services. **Providers described the importance of taking time to build trusting relationships with families in which developmental concerns could be discussed, especially because of possible parental denial of delays or parental feelings of guilt or self-blame**. On the other hand, parents also described that professionals had misattributed their children's language delays to bilingualism. Professionals also described limitations in their training around detecting developmental concerns in bilingual families or where to refer children. As a result, children were being missed for early intervention before school entry. Other issues related to screening included inappropriately flagging children for delays in the absence of standardized tools.

Culturally responsive programs increase access.

- Two robust studies, corroborated by multiple suggestive studies, demonstrate that efforts to increase the cultural responsiveness of early childhood programs, such as by hiring culturally and linguistically matched staff and culturally adapting practices, can promote access. Archambault and colleagues' (2020) systematic research synthesis highlighted that **culturally responsive practices can strengthen relationships between early care and education staff and parents**. The review highlighted the importance of language practices to ensure programs are approachable for parents, such as **communicating with parents in multiple languages, training staff on cultural responsiveness and language awareness, and hiring culturally matched child care employees who can provide further insight into the cultural norms of the community served.** This review also found that **programs can increase parent comfort by including parents in decision making and showing flexibility**, such as by allowing parents to attend programming and adapting service hours.

- In Brown and colleagues' (2020) scoping review, **culturally responsive services were noted as vital.** Service providers play a crucial role in providing knowledgeable, friendly, sensitive, and strengths-based interactions with families. In this way, providers can support parents in identifying and addressing concerns or needs, including about their child's development. The review describes the **importance of awareness and acknowledgment of the multiple levels of influence, such as the political, cultural, and social premigration contexts families experienced and their impact on parents' comfort with a particular program.** Thus, training providers on a range of topics, including culturally responsive practices, the migration experience, and the range of services available to newcomer families, can better equip providers to connect families to those services. The review described how language and cultural barriers are often intertwined, raising the incidence of uncomfortable or discriminatory experiences and misunderstandings. Thus, **intensive language support, including cultural brokers and interpreters, can facilitate families' ability to understand and navigate needed services**.

- In an exploratory study of immigrant experiences in Maternal, Infant, Early Childhood Home Visiting (MIECHV) programs in Florida, **bilingual home visitors were equipped to discuss and identify health concerns with immigrant families and navigate the challenges they experience associated with health insurance and accessing services** (Jean-Baptiste et al., 2017). The authors hosted 32 focus groups at 11 home-visiting sites to explore home visitor efforts to link immigrant families to needed health care services following their enrollment in home visiting. Bilingual home visitors were described as helping alleviate the social isolation faced by many immigrant families by traveling to families in remote locations, acting as advocates, making phone calls to other service providers on behalf of families, and in some cases, driving families to other appointments.

- In Australia, Wickramasinghe and colleagues (2020) implemented a **culturally adapted outreach-focused nurse home-visiting program with evidence of strong enrollment and engagement**. The authors documented how 91% of referred children and pregnant women (refugee, asylum seeking, and children of women at risk) that enrolled in the publicly funded early childhood nurse program had high uptake of follow-up appointments, more than half of whom were referred to follow-up services for additional needs. The adapted program included **cultural competence training and service delivery through experienced nurse home visitors with professional health care interpreters.** The interpreters accompanied home visitors into the community, enabled culturally appropriate services, promoted effective communication, and enhanced the nurse-family relationship. These adaptations were associated with high rates of enrollment and follow-up. Nurses perceived that the program was successful in supporting early identification and intervention for child and maternal health needs.

- Woolfenden and colleagues (2014) found that **some parents would travel long distances to obtain health services from linguistically and culturally matched providers**. Community members helped facilitate access to screening and early intervention through their understanding of families' cultural beliefs and backgrounds. However, the authors noted the importance of respect and that professionals did not necessarily need to share the same cultural background as families. **Professionals noted access to an interpreter as helpful,** but some parents described negative experiences with interpreters. Information sharing, culturally appropriate practice, and trusted relationships were essential components of community engagement for promotion of early childhood development, developmental screening, and early intervention.

- Hurley and colleagues (2014) conducted a qualitative study in the U.S. with teachers in early care and education settings, finding that **teachers used methods outside of developmental screening tools to establish eligibility for early-intervention supports**. The authors investigated how early educators assessed and attempted to qualify children for early childhood special education services. Given a lack of standardized measures in the child's native language**, teachers described finding alternate methods, including observing child play and motor development**. However, when delays were not easily identifiable, such as speech delays, they **relied on interpreters to discuss the child's development directly with parents**. Interpreters supported teachers in discussing a child's native language development with parents and having the parents compare the child's speech development with that of their siblings.

- In Fakhari and colleagues' (2023) photovoice study, parents described a **greater willingness to participate in programs that demonstrated an understanding of their resettlement challenges and respect for their cultural backgrounds.** Early childhood educators similarly described how families' help-seeking behaviors and trust can be shaped by various factors, including a family's cultural and religious practices, traditions, beliefs, and values. In this context, information-seeking and use of programs may be influenced by how safe the family feels with the system and their level of trust with service providers. Early childhood educators shared that trust facilitated families' access to services and information, and they **reflected on how parents initially felt most safe when their young children had immigrant teachers.** They also supported families by implementing a trauma-informed approach in the program**.**

Strong evidence supports community-embedded, home-based, and integrated outreach and partnership approaches to increase family access to early childhood programs.

- In Archambault and colleagues' (2020) systematic research synthesis, the authors described **the potential of embedded community and intersectoral partnerships to integrate support for families and young children on-site**. Integration of supports could include the colocation of resources, adult employment, or adult language courses at early care and education program sites. The review further discussed **geographically targeting the development of early childhood and education supply to specific neighborhoods with fewer options and using home-based service delivery to promote access.**

- Brown and colleagues (2020) identified in their scoping literature review that **the colocation of multiple services at single sites could resolve a significant and commonly identified barrier around transportation for newcomer families with young children** attempting to provide various supports and services for their children. The authors also recommended efforts to **make service provision family-centered and flexible, such as through home-based service delivery.** Interprofessional and intersectoral collaboration can bolster support for newcomer families and remove barriers to access.

- In an exploratory study of MIECHV programming with immigrant families in Florida (Jean-Baptise et al., 2017), home visitors described **meeting with women in the community at specific locations (e.g., fast food restaurants) where they felt comfortable.** Because of mistrust of formal systems or fear of being reported to authorities, immigrant women may be hesitant to engage with home visitors. Home visitors described the flexibility of their service delivery as a way that they built trusting relationships with mothers.

- Wickramsinghe et al. (2020) described how the Refugee Health Services Early Childhood Nurse Program in New South Wales (NSW) **addressed low attendance rates in clinic-based referrals to early childhood services in part by providing the program in home-based settings**. The outreach-focused program took place in the comfort of families' homes, which also provided an opportunistic way to address other observed health needs (e.g., maternal health). The approach resulted in a 91% program participation rate following referral.

Evidence suggests that concrete support, such as connecting families to transportation services, could help immigrant families overcome barriers to access.

- In the exploratory study of MIECHV programming with immigrant families in Florida (Jean-Baptise et al., 2017), home visitors described **supporting mothers in concrete ways, such as by driving them to the store or hospital to reduce barriers to health care and other resources.** Staff members shared that their care and support for families led to increased retention and participation rates of immigrant families, whom they described as very loyal.

- Ansari and colleagues' (2020) qualitative study of a state-funded preschool in Texas described how the program **developed a bus route to transport children from the preschool to local schools, where some parents had their other children enrolled**. This facilitated parents' access to the program, as they could drop off and pick up children at the same time and location. The authors shared that such arrangements align with parents' working schedules and are responsive to families who do not have personal transportation.

What Are the Implications for Practice and Research?

> "Newcomer families with young children face specific challenges and often require additional resources, programs, and services that are tailored to their assets, experiences, and needs to support the healthy development and wellbeing of their children."
>
> (Brown et al., 2020)

- **A number of U.S. and international studies have demonstrated the effectiveness of policies that provide subsidized and culturally responsive child care and preschool opportunities for refugee and immigrant children**. Several of these successful initiatives are characterized by the

provision of universal access to subsidized child care and early education, while ensuring that programming is culturally responsive. This signaling of social support for high-quality early care and education for all children meaningfully shifted participation rates among immigrant children. Among programs that are not universally available, the use of randomized admission systems among eligible children encouraged higher rates of participation among families with dual-language-learner children. Thus, promoting policies advancing universal access to child care and early education, especially in the context of culturally responsive programming, could be a successful avenue to increase enrollment.

- The studies collectively identified **the importance of leveraging existing and trusted relationships to increase parent awareness of available programs**. Caseworkers and other professionals who interact early on with families hold opportunities to build trust and leverage their trusted roles to connect families with a range of other needed supports, including early childhood services that families may have less premigration exposure to and awareness of. The use of warm handoffs is one effective way to support trusted connections.[7] Caseworkers and other professionals can also seek to create opportunities for refugee and immigrant families to build their informal social capital as a means of enhancing parental well-being and promoting organic information sharing.

- **Providers should consider how to acknowledge and adapt programs to be culturally responsive to the premigration and cultural backgrounds of families.** Adaptations are wide-ranging but include cultural orientation and migration-specific trainings for staff. Programs may adjust program policies to increase parent access to classrooms or coordinate program orientations and tours for specific communities. Providers may also consider departing from standard practices in some instances; for example, in the absence of validated tools to screen for language development delays in some dual-language-learner groups, providers may coordinate with their relevant state agency or statewide developmental screening and services system (called Child Find)[8] on recommended alternate screening methods. Providers could corroborate available screening tools with parents' developmental concerns before referring children for full evaluation.[9]

- **Programs should proactively attempt to reduce barriers to participation**, such as by utilizing interpretation services when culturally and linguistically matched staff are unavailable, providing services in community-embedded contexts, pairing adult and child supports, and providing transportation. Programs are likely to be most successful when they target multiple barriers in their efforts to increase access (Archambault et al., 2020).

Research is needed on strategies to increase access to home-visiting and early-intervention programs for refugee and immigrant families.

- The majority of reviewed studies focused on access to child care and early education, including Head Start and preschool. Very few studies assessed efforts to increase access to early intervention (n = 2) or home visiting (n = 2). Available studies on home visiting and early

[7] Matthews, H. "An Early Educators' Guide to Resources for Immigrant Families: A Note from NAEYC," National Association for the Education of Young Children (NAEYC), September 26, 20219, https://www.naeyc.org/resources/blog/early-educators-guide-resources-immigrant-families.
[8] Lee, A. M. I. "What Is Child Find?," Understood, accessed April 25, 2024, https://www.understood.org/en/articles/child-find-what-it-is-and-how-it-works.
[9] Schilder, D. "Training to Screen Young English Language Learners and Dual Language Learners for Disabilities," Center on Enhancing Early Learning Outcomes, July 2013, https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/ASSESSMENT%20Training-to-Screen-Young-ELLs-and-DLLs-for-Disabilities%5B1%5D.pdf.

intervention are suggestive (e.g., qualitative or correlational), and half of them have been studied in countries other than the U.S., with varied political, cultural, and social contexts**.** Thus, research is needed on strategies to increase access to home visiting and early intervention. Existing research suggests these services provide a strong foundation early in life, remediate early developmental delays, and connect families with other needed services and supports.[10]

- Additional research is needed on screening and evaluation tools for developmental delays, especially speech and language-development delays, that are validated for use with a wide range of linguistic groups resettling in the U.S. In the interim, more research is needed to guide best practices for early identification of speech and language delays among young children in refugee and immigrant households where English is not the primary language.

How Did We Identify Evidence for This Summary?

Included Studies

The Switchboard evidence database includes the following types of studies, categorized by the strength of their evidence:

Strong Evidence

Meta-analyses: systematic analyses of sets of existing evaluations of similar programs.

Systematic reviews: syntheses of the best available evidence on specific research questions that use narrative synthesis focused on evaluations of the impacts of at least one specific policy, program, or intervention.

Moderate Evidence

Published individual **impact evaluations** using randomized controlled trials (RCTs/C-RCTs), natural experiments, quasi-experimental techniques such as difference-in-differences (DID) analyses, instrumental variables (IV), regression discontinuity designs (RDD), and propensity score matching (PSM) or other forms of synthetic matching, as well as fixed-effects techniques with interaction terms.

Suggestive Evidence

Published studies using methods including nonsystematic literature reviews, uncontrolled before-and-after tests, post-test only, interrupted time series (ITS), cross-sectional regressions, longitudinal panels, cohort and case-controls, and purely qualitative techniques.

[10] Filene, J. H., Kaminski, J. W., Valle, L. A., Cachat, P. "Components Associated With Home Visiting Program Outcomes: A Meta- Analysis," *Pediatrics, 132*(2), S100–S109, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4503253/; Correll, L., West, A., Duggan, A. K., Gruss, K., Minkovitz, C. S. "Service Coordination in Early Childhood Home Visiting: a Multiple-Case Study," *Prevention Science, 24*(6), 1,225–1,238, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10423702/; "Why Act Early if You're Concerned about Development?," Centers for Disease Control and Prevention, last updated April 3, 2024, https://www.cdc.gov/ncbddd/actearly/whyActEarly.html.

Excluded Studies

The Switchboard evidence database excludes case studies, unpublished suggestive research, opinion papers, descriptive studies, and unpublished literature reviews.

Search Protocol

Studies included in the database focused on high-income or upper middle–income countries, including but not limited to the U.S. Studies included must have been published between 2013 and 2023. To identify evidence related to early childhood programs for refugees and immigrants, we searched the following websites and databases using the following population and program terms.

Websites and databases	Population terms	Methodology terms	Target outcome terms
AIR Child Trends Mathematica Migration Policy Institute PsycInfo PubMed SocIndex Urban Institute Web of Science	"refugee" OR "immigrant" OR "unaccompanied minor" OR "asylee" OR "temporary protected status" OR "victims of traffick*" OR "traffick* victims" OR "T-Visa" OR "U-Visa" OR "Cuban" OR "Haitian" OR "Amerasian"	"evaluation" OR "impact" OR "program" OR "intervention" OR "policy" OR "train" OR "training" OR "review" OR "meta-analysis" OR "synthesis"	"early childhood program" OR "early childhood services" OR "early childhood development" OR "early care" OR "early education" OR "child care" OR "early learning" OR "preschool" OR "Early Head Start" OR "Head Start" OR "home visit" OR "home visiting" OR "comprehensive services" OR "two-generation" OR "whole family" OR "family resource center" OR "early intervention"

For databases or websites that permitted only basic searches, free-text terms, related terms, and limited-term combinations were selected out of the lists above, and all resultant studies were reviewed for

relevance. Conversely, for databases or websites with advanced search capability, we used relevant available filters. All search terms were searched in the title and abstract fields only to exclude studies that made only passing mention of the topic under consideration.

After the initial screening, Switchboard evidence mapping was prioritized as follows: First, priority was given to meta-analyses and systematic reviews, followed by individual impact evaluations when no meta-analyses or systematic reviews were available. Evaluations rated as impact evidence were considered before those rated as suggestive, with the latter only being included for outcomes where no evidence was available from the former.

Studies Included

Database and website searching identified 1,709 studies—1,307 of which were unique. Of these, 1,199 were determined to be irrelevant to this search. One hundred and eight articles were further assessed for eligibility, and 99 full-text articles were excluded because they did not meet one or more of the inclusion criteria pertaining to resettlement country, population, methodology, or target problem. References were also reviewed to pull relevant papers. A total of 12 studies were eligible for inclusion. They are listed below, with hyperlinks to the abstracts or full text (when available).

Meta-Analyses and Systematic Reviews

Archambault, J., Côté, D., & Raynault, M.-F. (2020). Early childhood education and care access for children from disadvantaged backgrounds: Using a framework to guide intervention. *Early Childhood Education Journal, 48*(3), 345–352. https://doi.org/10.1007/s10643-019-01002-x

Brown, A., McIsaac, J.-L. D., Reddington, S., Hill, T., Brigham, S., Spencer, R., & Mandrona, A. (2020). Newcomer families' experiences with programs and services to support early childhood development in Canada: A scoping review. *Journal of Childhood, Education & Society, 1*(2), Article 2. https://doi.org/10.37291/2717638X.20201249

Impact Evaluations

Chan, E. W. (2019). Preschool for all? Enrollment and maternal labour supply implications of a bilingual preschool policy. *Applied Economics, 52*(9), 970–986, https://doi.org/10.1080/00036846.2019.1646881

Drange, N., & Telle, K. (2015). Promoting integration of immigrants: Effects of free child care on child enrollment and parental employment. *Labour Economics, 34*, 26–38. https://doi.org/10.1016/j.labeco.2015.03.006

Greenfader, C. M., & Miller, E. B. (2014). The role of access to Head Start and quality ratings for Spanish-speaking dual language learners' (DLLs) participation in early childhood education. *Early Childhood Research Quarterly, 29*(3), 378–388. https://doi.org/10.1016/j.ecresq.2014.04.011

Suggestive Studies

Ansari, A., Pivnick, L. K., Gershoff, E. T., Crosnoe, R., & Orozco-Lapray, D. (2020). What do parents want from preschool? Perspectives of low-income Latino/a immigrant families. *Early Childhood Research Quarterly, 52*, 38–48. https://doi.org/10.1016/j.ecresq.2018.08.007

Fakhari, N., McIsaac, J.-L. D., Feicht, R., Reddington, S., Brigham, S., Mandrona, A., McLean, C., Harkins, M. J., & Stirling Cameron, E. (2023). Looking through the lens: A photovoice study examining access to

services for newcomer children. *International Journal of Qualitative Studies on Health and Well-Being, 18*(1), 2255176. https://doi.org/10.1080/17482631.2023.2255176

Hurley, J. J., Warren, R. A., Habalow, R. D., Weber, L. E., & Tousignant, S. R. (2014). Early childhood special education in a refugee resettlement community: Challenges and innovative practices. *Early Child Development and Care, 184*(1), 50–62. https://doi.org/10.1080/03004430.2013.769214

Jean-Baptiste, E., Alitz, P., Birriel, P. C., Davis, S., Ramakrishnan, R., Olson, L., & Marshall, J. (2017). Immigrant health through the lens of home visitors, supervisors, and administrators: The Florida Maternal, Infant, and Early Childhood Home Visiting program. *Public Health Nursing, 34*(6), 531–540, https://doi.org/10.1111/phn.12315

Vesely, C. K. (2013). Low-income African and Latina immigrant mothers' selection of early childhood care and education (ECCE): Considering the complexity of cultural and structural influences. *Early Childhood Research Quarterly, 28*(3), 470–486. https://doi.org/10.1016/j.ecresq.2013.02.001

Wickramasinghe, Y., Eagar, S., & Smith, M. (2020). Quality audit of an early childhood nurse program for resettled refugees. *COLLEGIAN, 27*(2), 185–190. https://doi.org/10.1016/j.colegn.2019.06.007

Woolfenden, S., Posada, N., Krchnakova, R., Crawford, J., Gilbert, J., Jursik, B., Sarkozy, V., Perkins, D., & Kemp, L. (2014). Equitable access to developmental surveillance and early intervention – understanding the barriers for children from culturally and linguistically diverse (CALD) backgrounds. *Health Expectations, 18*(6), 3,286–3,301. https://doi.org/10.1111/hex.12318

Supplemental Resources

The following studies did not meet the criteria to be included in the evidence summary but may provide additional context, guidance, or understanding of the topic.

Park, M., Katsiaficas, C., & McHugh, M. (2018). Responding to the ECEC Needs of Children of Refugees and Asylum Seekers in Europe and North America. Washington, DC: Migration Policy Institute. [PDF File] Retrieved from: https://www.migrationpolicy.org/sites/default/files/publications/ECECforRefugeeChildren_FINALWEB.pdf

Signorelli, R. G., Gluckman, N. S., Hassan, N., Coello, M., & Momartin, S. (2017). Relationship building, collaboration and flexible service delivery: The path to engagement of refugee families and communities in early childhood trauma recovery services. *Children Australia, 42*(3), 142–158. https://doi.org/10.1017/cha.2017.30