

Migrant Hispanic Families of Young Children: An Analysis of Parent Needs and Family Support

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Abstract

The population served by early interventionists has changed to include more migrant families. Although there has been much research concerning Caucasian families, less is known about culturally and linguistically diverse families. Forming partnerships with families can be aided by understanding how to identify families' needs and support networks. The purpose of this study was to assess the group differences between Hispanic migrant families of young children with and without disabilities (ages birth - 5) regarding their perceptions of needs and use of support systems. The findings indicate that there is little difference between migrant families of young children with and without disabilities. Implications of the findings and suggestions for further research are discussed.

Assessing family strengths and needs is an integral part of P.L. 99-457 (Education of Handicapped Act Amendments of 1986). Today's early intervention personnel are being challenged to develop Individualized Family Service Plans (IFSP) that require an understanding of how families are functioning and what their needs are in regards to caring for their young children with disabilities. Mahoney, O'Sullivan & Robinson (1992) noted that much of the research on families of children with disabilities has been designed to identify the parent and family characteristics that are different from families of children without disabilities. Two areas of differentiation that have been associated with raising children with disabilities were greater caregiving demands (Erickson & Upshur, 1989; Harris & McHale, 1989) and stress (Beckman, 1983). Much of the research on families who have children with disabilities has focused primarily on assessment of Caucasian family functioning, however less is known about culturally diverse families (Hanline & Daley, 1992).

The demographics of the population served by early interventionists has changed to include more Hispanic and migrant families (Lynch & Hanson, 1992). Trotter (1992) estimated that there are 800,000 migrant children in the United States. However, she noted that there is a lack of information about the actual number of migrant workers. Estimates of migrant workers in the U.S. range from 1.7 million to 6 million workers. Trotter also reported that approximately 90% of migrant farm workers are Hispanic.

The formulation of collaborative relationships with Hispanic migrant families can be aided by early childhood interventionists who understand how to assist families. Involving families from culturally and linguistically diverse backgrounds in early intervention can be a significant challenge to service providers. Building collaborative relationships with migrant families is further complicated by the numerous movements that migrant families make in and out of school and service districts. Some families move as many as ten times in one school year (Trotter, 1992). However, understanding the strengths and needs of culturally, linguistically diverse, and migrant families can enhance partnerships with early interventionists. This is especially relevant in light of Siantz's (1990) findings that Mexican American migrant mothers' access to a selection of social support was associated with maternal acceptance or rejection of their preschool children.

Many migrant mothers are isolated in their new society. Basch and Lerner (1986) offered several reasons why migrant women tend to remain more isolated than migrant men. Migrant women are often reluctant to go out into the new society because they fear interacting with communities that may be threatening and racist towards migrants. Because migrant women are less fluent in the host language than migrant men and they tend to work only with others who speak their own language, migrant women may feel more isolated than migrant men. Migrant women tend to be less active in a public life, withdraw into themselves, and may feel more vulnerable. Therefore, in order to facilitate their integration into new societies, migrant women are in need of moral and technical support from others. This may be particularly important since Mexican American migrant mothers of young children reported that their husbands were their primary source of support. Their children, parents, siblings, and other relatives or friends were also reported as supportive (Siantz, 1990). If service providers are to form collaborative partnerships with migrant families, they need to understand the dynamics of the migrant family system and how these families access support. There has been little research focused on assessing the needs and support systems of migrant families raising young children. This study will add to the knowledge base of research on migrant families. The results will also assist early interventionists and other

service providers in understanding the needs that migrant families of young children with disabilities are likely to encounter.

The purpose of this study was to compare the needs and use of support systems of migrant families' of young children (ages birth to 5 years) with and without disabilities. The study included the distribution of two questionnaires to migrant families of young children with and without disabilities. The objectives were to determine the extent of group differences between migrant families of young children with and without disabilities. Differences were assessed by the families' mean responses to items in which they were asked to rate the extent of their family needs and availability of support systems.

Methods

Subjects. The subjects consisted of a purposive sample of 36 migrant families. Twenty families were characterized as having young children with disabilities. Sixteen families were classified as having typically developing young children. Each family was at risk due to poverty as well as cultural and linguistic differences. All of the young children with disabilities were receiving services in accord with the provisions of parts B and H of the Individuals with Disabilities Educational Act (1990). As shown in Table 1, the primary diagnoses of the children with disabilities were

varied. Four of the children were diagnosed with Down's Syndrome and three were identified as having speech and language impairments. Eight of the respondents were unable to identify the child's known disability. The remainder of the sample were individuals diagnosed with cystic fibrosis, hearing impairment, hydrocephalus, nephritis, or spina bifida.

The race and ethnicity of their children, the primary female caregivers, and the primary male caregivers are shown in Table 2. Fifteen of the families identified their children as Hispanic. Families identified eight of their children as Mexican and five as Mexican-American. Four of the families did not provide information about the race and ethnicity of their children. The rest of the families identified their children as Puerto Rican, American, or Hispanic-American. Of the primary male caregivers, ten were identified by families as either Hispanic or Mexican. Thirteen of the families did not provide information about the race and ethnicity of the primary male caregiver. The families identified the remaining primary male caregivers as Puerto Rican or Mexican-American. The families identified ten of their primary female caregivers as Hispanic and nine as Mexican. Eleven of the families did not provide information about the race and ethnicity of the primary female caregiver. The families identified the remaining primary female caregivers as White, Puerto Rican, Mexican-American, American, or Salvadorian. The families' reluctance to

Table 1

Diagnosis of Children with Disabilities by Frequency

Diagnosis	Frequency of families of young children with disabilities
Down's syndrome	4
Speech & language impairment	3
Unable to identify child's known disability	8
Other ^a	5

^a = denotes that children were diagnosed with one of the following conditions: cystic fibrosis, hearing impairment, hydrocephalus, nephritis, or spina bifida.

Table 2

Race of the Children and Primary Caregivers by Frequency and Mean Age of the Children and Parent/Guardians in the Migrant Families of Young Children with Disabilities (Disabled) and Migrant Families of Typically Developing Young Children (Nondisabled).

Race	Child	Primary Male caregiver	Primary Female caregiver
Hispanic	15	10	10
Mexican	8	10	9
Mexican-American	5	0	0
No response	4	13	11
Other	4 ^a	3 ^b	6 ^c

	Child Disabled (n=20)	Child Nondisabled (n=16)	Parent/Guardian Disabled (n=20)	Parent/Guardian Nondisabled (n=16)
Age	2.74	3.74	28.39	24.88

a = denotes that race was either Puerto Rican, American, or Hispanic American.

b = denotes that race was either Puerto Rican or Mexican-American.

c = denotes that race was either White, Puerto Rican, Mexican-American, American, or Salvadorian.

provide the information about the male and female caregivers' race and ethnicity may have reflected the desire or need to protect their immigration status. In the same connection, parents were probably more willing to report the race and ethnicity of their children since they were born in the U.S. Children with disabilities tended to be younger than typically developing young children (See Table 2). The mean age of young children with disabilities was 2.74 years and the mean age of typically developing young children was 3.21 years. On the average, parents and guardians of young children with disabilities were older than parents and guardians of typically developing young children. The mean age of parent/guardian's of young children with disabilities was 28.39 years and the mean age of parent/guardian's of typically developing young children was 24.88 years.

Overall, migrant families of young children with disabilities and families with typically developing young children reported that they spoke English in their homes (See Table 3). Twelve of the families of young children with

disabilities reported that they spoke English, while six indicated that they spoke English and Spanish in their homes and two of the families did not provide a response. Eleven of the families with typically developing young children reported that they spoke English and five indicated that they spoke both English and Spanish in their homes. As shown in Table 3, migrant families of young children with disabilities tended to be significantly larger than families of young children of typically developing young children. Migrant families of young children with disabilities reported a mean family size of six and migrant families of typically developing young children reported a mean family size of four.

All of the respondents reported that their mean annual family income was in the range of \$25,000 or less (See Table 3). Fifteen of the migrant families of young children with disabilities indicated that their mean annual income was \$15,000 or less, three indicated that their annual family income was in the range of \$15,000-\$25,000. The remaining respondents did not provide this information. Ten migrant

Table 3

Language Spoken in the Home, Family Size, and Annual Family Income of the Migrant Families of Young Children with Disabilities (Disabled) and Migrant Families of Typically Developing Young Children (Nondisabled).

	Disabled (n=20)	Nondisabled (n=16)
Languages spoken in the home ^a		
English	12	11
Spanish	0	0
English and Spanish	6	5
No response	2	0
Family Size ^b	5.79	4.14
Annual Family Income ^c		
\$5,000 or less	0	5
\$10,000-\$14,999	15	10
\$15,000 - \$24,999	3	1
No response	2	0

a = reported by frequency

b = reported by the mean

c = reported by frequency

families of typically developing young children reported their mean annual family income was \$15,000 or less, while five indicated that their annual family income was less than \$5,000. One family reported that their annual family income was in the range of \$15,000-\$25,000. Overall, the demographic data of the migrant families of young children with and without disabilities suggests that both groups of families were comparable.

Instrumentation. A packet consisting of two questionnaires, the Parent Needs Survey (Seligman & Darling; 1989) and the Family Support Scale (Dunst, Trivette & Deal, 1988) was distributed to the sample. English and Spanish versions of the packet were distributed to each family. Of the 36 families that responded to the questionnaires, 58% (N= 21) completed the Spanish version while 42% (N=15) completed

the English version. The questionnaires were completed by either the primary female or male caregiver.

Parent Needs Survey. The Parent Needs Survey was developed to indicate families' needs within 6 major areas including: (a) information, (b) treatment, (c) family support, (d) informal support, (e) material support, and (f) competing needs. Seligman and Darling (1989) stated that the Parent Needs Survey "seems to have validity" (p. 248) and although reliability "has not been measured directly" it is suggested by the data (p. 251). Parents and guardians were asked to respond to a listing of specific needs/desires and select one of the following Likert-type categories for the Parents Needs Survey: [1] = I really need some help in this area, [2] = I would like some help, but my need is not that great, or [3] = I don't need any help in this area.

Table 4

Mean Differences between Migrant Families of Young Children with Disabilities (Disabled) and Migrant Families of Typically Developing Young Children (Nondisabled) on the Parent Needs Survey Items.

Item	Disabled (n=20)	Nondisabled (n=16)
* 1. More information about my child's diagnosis.	1.53	2.25
2. Someone who can help me feel better about myself.	2.06	2.13
3. Help with childcare.	1.94	2.27
4. More money/financial help.	2.06	1.81
5. Someone who can babysit for a day or evening so I can get away.	1.89	2.07
6. Better medical care for my child.	2.24	2.19
* 7. More information about child development.	1.50	2.19
8. More information about behavior problems.	1.85	2.00
9. More information about programs that can help my child.	1.50	1.87
10. Counseling to help me deal with my concerns.	1.90	2.07
11. Better/more frequent teaching or therapy services for my child.	2.00	2.23
12. Day care so I can get a job.	2.21	2.21
13. A bigger or better house or apartment.	1.83	1.63
14. More information about how I can help my child.	1.67	2.06
15. More information about nutrition or feeding.	2.28	1.94
16. Learning how to handle issues my other children may have with their brother or sister.	2.16	2.06
17. Issues with in-laws or other relatives.	2.56	2.25
18. Issues with friends or neighbors.	2.84	2.47
19. Special equipment to meet my child's needs.	2.21	2.73
20. More friends who have a child like mine.	2.21	2.33
21. Someone to talk to about my concerns.	2.16	2.13
22. Issues or concerns with my partner.	2.53	2.13
* 23. A car or other form of transportation.	2.16	2.73
24. Medical care for myself.	2.53	2.06
25. More time for myself.	1.84	1.81
26. More time to be with my child.	2.00	2.06
27. Issues or concerns with professional helpers.	2.16	2.40
28. Issues or concerns with professional agencies.	2.16	2.43

* = $p < .05$

Notes: [1] = I really need some help in this area, [2] I would like some help, but my need is not that great, [3] = I don't need any help in this area.

Research on Family Support Scale. The Family Support Scale measured 18 areas of support that have been helpful to parents in caring for young children. Sources of support included individuals and groups (Dunst, Trivette & Deal, 1988). The Family Support Scale asked parents/guardians to indicate how helpful particular family members or other resource/support personnel were to their family. Helpfulness was rated on six point scale: [1] = not available; [2] = not at all helpful; [3] = sometimes helpful; [4] = generally helpfully; [5] = very helpful; and [6] = extremely helpful. As reported by Dunst et al., the Cronbach's alpha coefficient for the 18 subscales was .77. The test-retest reliability for the total scores taken one month apart was .91.

Data Analysis

T-tests for independent samples were conducted to determine mean differences for the families of young children with disabilities and families of typically developing young children in their ratings of the items in the Parent Needs Survey and the Family Support Scale.

Results

Results are summarized by the families' perceptions of their needs (Parents Needs Survey) and the families' ratings of the helpfulness of support systems (Family Support Scale). The overall goal of the analysis was to determine if there were clear differences between the responses of migrant families of young children with and without disabilities.

Families' Perceptions of their Needs. Table 4 presents the results of the t-tests for independent samples for the families' responses to the Parent Needs Survey. Significant mean differences were observed for 3 of the 28 items. In contrast to the migrant families of typically developing young children, migrant families of young children with disabilities reported a greater need for more information about their child's diagnosis $t(29) = -2.43, p < .05$ as expected. The families of young children with disabilities also reported a greater need for more information about child development $t(34) = -2.47, p < .05$, and a need for a car or other form of transportation $t(32) = -2.14, p < .05$. No other significant mean differences were reported by families of young child with disabilities and families of typically developing young children regarding their needs.

Families' Ratings of the Helpfulness of Support Systems. Table 5 presents the results of the t-tests for independent samples for the families' responses to the Family Support Scale. A significant mean difference was observed for 1 of the 18 items. Migrant families of young children with disabilities reported that professional helpers including social workers, therapists, teachers, and others were very to

extremely helpful, $t(31) = 2.39, p < .05$. No other significant mean differences were reported by families of young children with disabilities and families of typically developing young children regarding the helpfulness of support systems.

The purpose of our study was to chart new ground in the area of within ethnic group research on Hispanic migrant families of young children with disabilities. Our endeavor was to determine if families of young children with disabilities differed markedly from families of typically developing young children in their perceptions of needs and helpfulness of support systems. We were looking to see if there were clear and realistic differences in the families' responses to the items. However, we suspect that with the means that emerged, if we had larger groups, then the observed differences would have been statistically significant. When analyzing multiple comparisons for similar groups on items, such as those in our surveys which had 28 and 18 items, we acknowledge that alpha levels require appropriate adjustment using, for example, the Dunn procedure. However, the fact that certain survey items did indeed demonstrate significance at the .05 level indicates that these items warrant particular attention and provide insights to guide further research. These results should serve as a pathway for further inquiry.

Discussion

The findings suggested that migrant families who have young children with disabilities did not differ markedly from migrant families of young children without disabilities in their perceptions of family needs and the availability of support systems. The results corroborate the work of other researchers that families of children with disabilities are similar to families of children without disabilities (Bailey & Simeonsson, 1992; Fewell & Vadasy, 1986; Mahoney, et al., 1992; Turnbull & Turnbull, 1990).

The results of the Parent Needs Survey indicated that migrant families of young children with disabilities reported having more needs on only three out of the 28 items. The three areas of need were related to information and material support. First, parents identified a need for more information about their children's disability. Our findings were consistent with findings which have been reported by other researchers. Bailey & Simeonsson (1992), Turnbull & Turnbull (1990), and Fewell & Vadasy (1986) have shown that families often report the need for information about the diagnosis and ways to help their children. Second, migrant families of young children with disabilities reported a need for more information about child development. Interestingly, forty percent of the migrant families of young children with known disabilities did not identify the child's diagnosis. These findings suggest that families of children with disabilities:

Table 5

Mean Differences between Migrant Families of Young Children with Disabilities (Disabled) and Migrant Families of Typically Developing Young Children (Nondisabled) on the Family Support Scale Items.

Item	Disabled (n=19)	Nondisabled (n=16)
1. My parents	2.50	3.44
2. My spouse or partners' parents	2.65	2.50
3. My relatives/kin	2.72	3.31
4. My spouse or partner's relatives/kin	2.44	2.79
5. Spouse or partner	4.26	4.40
6. My friends	2.74	3.07
7. My spouse or partner's friends	1.94	2.31
8. My own children	2.29	3.27
9. Other parents	1.75	1.93
10. Co-workers	1.75	2.25
11. Parent workers	1.75	1.88
12. Social groups/clubs	2.27	1.67
13. Church members/minister	2.19	2.19
14. My family or child's physician	3.44	2.69
15. Early childhood intervention program	3.08	2.79
16. School/day-care center	5.56	5.47
*17. Professional helpers (social workers, therapists, teachers, etc.)	4.65	3.06
18. Professional agencies (public health, social service, mental health, etc.)	4.46	3.68

* = $p < .05$

Notes: [1] = not available; [2] = not at all helpful; [3] = sometimes helpful; [4] = generally helpful; [5] = very helpful; [6] = extremely helpful

(a) have been alerted to issues related to child development but may not have been given enough information about their child's development; (b) may lack sufficient insight about the child's diagnosis and its relationship to child development; (c) may not have access to adequate health care providers who can help them understand their child's diagnosis and; (d) may experience difficulty in accessing information due to language barriers and high mobility associated with seasonal temporary work. Researchers have found that language or cultural barriers have been influential factors in the family's ability to obtain appropriate information about a child's disabling condition (Harry, 1992; Lynch & Hanson, 1992). Cultural and linguistic differences and lack of under-

standing by medical and other specialists may have accounted for the families reported need for more information. Trotter (1992) has suggested that the high rate of mobility among migrant families may limit their access to adequate health care and support services.

Third, families of young children with disabilities reported a need for a car or other forms of transportation. The transportation problem for the families of children with disabilities may be related to larger sized families and poverty. Further, lack of transportation often impedes the families' ability to access the services that are necessary for meeting the needs of young children with disabilities. For example, medical services are not always geographically convenient

to those families who need them most.

The needs reported by parents of young children with disabilities may be linked to the demands associated with caregiving responsibilities of having children with disabilities. These results support Erickson & Upshur's (1989) and Harris & McHale's (1989) findings that when families of children with disabilities were compared to families of typically developing young children, they reported greater caregiving demands.

The results of the Family Support Scale revealed that migrant families of young children with disabilities did not differ from migrant families of young children without disabilities in characterizing their families' support systems. The results of this study concurred with Mahoney et al. (1992) that the support and functioning of families of children with disabilities is similar to that of families in the general population.

Furthermore, only in one area of family support were significant differences found. Migrant families of children with disabilities reported that social workers, therapists, teachers, and other professional helpers were very to extremely helpful. This result suggested that these families had a greater need for these particular services. Interestingly, among the items cited as most helpful by *all* of the families were school/day care centers, professional agencies, and spouses or partners. Given the hardships related to being poor and ethnically diverse, it appeared that migrant families were dependent on the more formal support systems that might ease the challenges associated with raising young children. In contrast, the more informal extended family support systems were not rated as helpful. However, it must be acknowledged that these particular support systems may not have been available to these families. Basch & Lerner (1986) and Trotter (1992) reported that many migrant families are isolated from their kinship network and frequently move away from family and friends.

Implications for Future Research

The findings in this study are preliminary and based on a rather small sample size. Further replication with larger sample sizes would be needed in order to generalize findings to other migrant families. Furthermore, it is recognized that there is a lack of research that has examined within group comparisons of migrant populations. Similarly there have been no studies that have focused on migrant families of young children with disabilities. Research involving Hispanic families has traditionally been in the context of across ethnic group comparisons (Marín & Marín, 1991). Clearly, more research is needed in understanding families from culturally and linguistically diverse backgrounds.

Recommendations for further studies suggest that other migrant populations (e.g. Haitian, Puerto Rican, Dominican, Vietnamese) should be studied to determine if there are notable differences between families from different cultural backgrounds. We further suggest that research comparing migrant families who have "settled out" to permanent residences with migrant families who remain transient and mobile would provide important information to the field of early intervention. A longitudinal study that examines the needs and support systems of migrant families as their children get older might also provide important data for service providers.

Further, the fact that families of children with disabilities reported a need for more information would warrant an investigation of how interventionists can best meet those needs. In other words, researchers should investigate questions such as, what are the most effective approaches to providing migrant families with basic information on child development and disabilities? One suggestion would be to provide parent education classes to families with young children with disabilities. Learning activities might be centered around advocacy, child development, child's diagnosis, and effective parenting practices.

Lastly, the implication of this study suggests that professionals working with young children from culturally and linguistically diverse backgrounds must acquire an understanding of the families' cultural beliefs and values related to child rearing, the families' needs, and the ways in which the families use support systems. The methods by which professionals are receiving training in this area should be explored. For example, we recommend that inservice or preservice educators prepare service providers to have unbiased views about culturally diverse families, and have similar expectations of families of children with and without disabilities. As the results in this study demonstrated, migrant families of young children with disabilities were more alike than different from migrant families of typically developing young children.

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