



Bridging Refugee Youth & Children's Services

Case Study of Child Welfare Interventions in Refugee Families in Texas

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This paper is a case study inquiry regarding the interaction of refugee and immigrant populations with public child welfare services in Texas. In a previous pilot study it was found that in Texas, there may be a statistically significant correlation between counties with large refugee populations and those with high prevalence rates for child removals. Other important trends indicate that counties in Texas with higher than state average populations of the foreign born and/or refugees also have higher than state average prevalence rate for child abuse and neglect reports¹. The pilot study data could not ascertain if refugee families and children were more likely to be involved with child welfare or whether they simply lived in areas where there were high rates of child welfare activity.

This report will take an “on the ground” look in three regions, Houston, Dallas-Ft. Worth and Austin (encompassing Bexar, Dallas, Harris, Potter, Tarrant and Travis counties) to try and answer the following questions:

- Are refugee families and children interacting with public child welfare services? And if so, why and to what degree?
- Are there specific factors in these counties that may place refugee families and children at risk of interacting with public child welfare services?
- What happens when refugee families and children become involved with public child welfare; are there mechanisms for collaboration between refugee services provider and public child welfare?
- What do refugee services providers in these counties identify as their primary concerns in working with refugee families and children either involved with or at-risk of being involved with public child welfare?
- What recommendations do refugee services providers offer to promote collaboration between public child welfare and refugee services and refugee communities?

State Overview

Texas is the second most populous state in the nation with a total population of almost 21 million people and a growth rate that is double that of the United States.² Texas is comprised of 254 counties, of which 196 are rural while two-thirds of the population lives in urban areas. One third of the population of Texas identifies as Hispanic. Texas also has one of the youngest populations in the country with 28.2 % under the age of 18 years compared with the US total of 25%.³ Texas incomes, however are below average, with 15% of all Texans living under the poverty line, compared with 12% of the US total;⁴ 17.6% of the foreign-born population in the U.S. lives below the poverty line, compared with 24% of the foreign-born population in Texas.⁵

Services to Refugees

The Texas Department of Human Services' Office of Immigration and Refugee Affairs channels all funding and provides oversight of all refugee-related services in Texas. Under the Refugee

¹ These counties are: Bexar, Collin, Dallas, Harris, Jefferson, Potter, Tarrant and Travis; foreign-born population data reflects US Census 2000; child welfare data is from the Texas Department of Family and Protective Services, Annual Report 2003

² US Census 2000 Summary File 3 (SF3) P1 Total Population

³ US Census 2000 Summary File 3 (SF3) P1 Total Population

⁴ US Census 2000 Summary File 3 (SF3) Sample Data

⁵ US Census 2000 Summary File 1 (SF1) Total Population

Resettlement Program, funded by the Office of Refugee Resettlement of the Administration for Children and Families of the Department of Health and Human Services, temporary cash assistance and medical assistance is provided for refugees who have been in the United States for less than eight months and social services are provided to eligible refugees who have lived in the US for five years or less.

Texas receives approximately 4,000 refugees per year; actual resettlement is conducted by local Voluntary Resettlement Agencies (VolAgs). The state provides post-settlement services that include vocational training, ESL classes, citizenship and outreach services through local contractors in areas of the state with the highest numbers of refugee arrivals. Medical and health services are provided to eligible refugees through an interagency contract with the Texas Department of Health⁶.

Resettlement by County and by Status October 2003-September 2004

County	Asylee	Parolee	Refugee	Victim of Trafficking	Total
Harris	80	431	1470	2	1983
Dallas	30	55	1011	0	1096
Tarrant	70	13	355	5	443
Travis	19	55	295	0	369
Bexar	6	20	285	0	311
Potter	0	0	272	0	272
Taylor	1	0	91	0	92
noncontr	18	23	88	1	130
Total	224	597	3867	8*	4696

Data courtesy of Sam Householder, DSHS-RHSP (March 2005)

*Undereported

In the wake of September 11, the Office of Immigration and Refugee Affairs under the direction of Caitriona Lyons, Program Coordinator, was quick to seize an opportunity for self-assessment. In 2002 Lyons organized a series of focus group discussions with state funded providers, educators and recently arrived refugees to discuss what were the best ways to respond to refugee needs, what programs should be expanded and what services in the community were not accessible to refugees. The final report, according to Lyons, highlighted several central themes, among these were:

- The need for greater public awareness of refugees – who they are, why they came and what contributions they make to the community;
- Ongoing education and training of refugee services providers;
- Development of systems to facilitate greater collaboration and coordination of refugee services and community systems.⁷

The Texas Consortium of Refugee Providers, T-CORPS, emerged as a direct result of this self-assessment. T-CORPS is comprised of voluntary agencies contracted to provide resettlement and assistance to refugees, the Texas Department of Health, mutual assistance associations

⁶ Office of Immigration and Refugee Affairs, "New Americans in Texas", November, 2002

⁷ Refugee Assets, Vol.1, No. 3, "Agency in the Spotlight: The Texas State Refugee Office"

and other community services providers who meet on a quarterly basis to discuss ongoing issues related to refugee resettlement. These meetings represent a direct way for groups to share concerns, address issues and discuss their programs, services and information with each other.

Public Child Welfare in Texas

In June, 2002 the Texas Department of Protective and Regulatory Services, the state child welfare agency, completed the mandated Child and Family Services Review (CFSR) to assess state performance with respect to child welfare outcomes as required by the Administration for Children and Families, Department of Health and Human Services. While the report did document a number of strengths in the Texas child welfare system, including the statewide implementation of computerized data, significant areas of concern were also raised.

Despite leading the nation with the largest population of children, Texas ranks 48th in child welfare spending per capita⁸. The federal review found that child protective services in Texas⁹:

- Was not diligent in keeping children safely in their own homes;
- Did not make sufficient efforts to reduce the risk of harm;
- Failed to provide stable placements for children in foster care;
- Did not keep siblings together in foster care;
- Failed to take adequate steps in preserving children's connections to family, faith, community and culture.

Soon after the release of this report several high profile child homicides occurred in 2003; in each case the families had been known to public child welfare workers and in several cases had been investigated by them with no action taken¹⁰. The results were tragic and the public was outraged. In the summer of 2003 Governor Rick Perry ordered an investigation into child protective services in Texas; a preliminary report found that too many caseworkers are too inexperienced, lack sufficient training, carry caseloads that are three times the national average (up to 50-60 cases per worker) and consequently often leave children in abusive situations¹¹. To bring caseloads down to Child Welfare League of America recommended standards of 15 cases per worker, child welfare advocates estimate that the number of caseworkers would have to be increased by 3,500 and supervisory positions by 55 at a cost of \$90 million a year. Governor Perry and other lawmakers indicated raising taxes was not a feasible option.¹²

Subsequently, even more disturbing data emerged indicating that in 2004 the child fatality rate in Texas increased 11% - 3.3 for every 100,000 Texas children which is 65% higher than the national average of 1.98 per 100,000 children.¹³

Responding to the growing crisis in January of 2005 Texas lawmakers introduced legislation to reform public child welfare services in Texas that, according to one state official, mostly focused on how to bring law enforcement into child protective investigations and better screen

⁸ San Antonio Express News, September 6, 2004

⁹ Child and Family Service Review, Summary of Findings, Texas, June 2002, DHHS-ACF

¹⁰ National Public Radio, All Things Considered, December 10, 2004

¹¹ Ibid

¹² San Antonio Express, September 6, 2004

¹³ Associated Press Online, February 9, 2005

caseworkers. Ultimately, he said, the real goal of the legislature is to privatize child welfare services which would not address the biggest problem; the need to hire more staff (personal communication).

Refugees, Immigrants and Child Welfare in Texas

No existing data, reports or media investigations were found to indicate the numbers of refugees or immigrants in Texas who experience interactions with public child welfare services. Texas, like all other states in the U.S., does not currently routinely request information about the immigration status of parents or children in the course of a child protective investigation.

A review of newspaper accounts in Texas over the last two years does indicate that child welfare interactions between immigrants and public child welfare have occurred and that there is some awareness of how the factor of being an immigrant may impact the dynamics of child abuse and neglect. In a case in Houston in 2003, a two year old child was beaten to death at the hands of her abusive father; her mother, a Romanian national who met the father on the internet and subsequently married him had lived in the United States for less than one year and was herself a victim of domestic violence. According to the police detective who investigated the case, the mother had no idea that she could report her husband's abusive behavior to the authorities.¹⁴

A recent study on the needs of refugee and asylee families conducted by the Center for Social Work Research at the University of Texas found that while refugee and asylee families have many strengths and are often quite resilient in coping with the barriers presented by the resettlement process, there are stressors on refugee families which are significant and need closer attention by those who work with and provide services to this population because of potential long term risks to family functioning. These stressors include the loss and separation from family members, shifting power structures within the family, changes in gender role expectations, family roles and responsibilities around the issues of parenting and the loss of status¹⁵. These can be compounded by the difficulties of sustaining self-sufficiency, largely because of language and skill deficits, and the social isolation that is often a part of the resettlement process. As child welfare experts observe, some of the known risk factors associated with child abuse and neglect include social isolation, poverty, domestic violence, mental illness, a parent's inability to cope with stress, a lack of parenting skills and lack of knowledge about child development.¹⁶ It is not a stretch to conclude that refugee families and children may be a population at risk of involvement with public child welfare services. Among the recommendations from the study were that relevant systems with whom families interact, such as child welfare, be sensitized to the needs of refugee families and that refugee services providers also focus greater attention on addressing parent/child dynamics and intergenerational conflicts experienced by refugee families¹⁷.

Key informants interviewed as part of this case study include refugee services providers, state officials and university-based researchers whose work has focused on immigrant and refugee communities. Based on their unique perspectives and expertise, they each provide valuable

¹⁴ The Houston Chronicle, "In stories of lives cut short, crisis revealed: Recent child abuse cases add urgency to drumbeat for awareness and prevention", August 18, 2003

¹⁵ Busch, N.B., Fong, R., Heffron, L.C. and McClendon, A. (2004). "Assessing the needs of refugee and asylee families", University of Texas, Austin.

¹⁶ The Houston Chronicle, August 18, 2003

¹⁷ Busch et al, 2004.

insight into the dynamics of refugee resettlement; identify social, political and economic factors that affect refugee communities and discuss specific cultural issues that could place refugee and immigrant families and children at risk of interacting with public child welfare services. Some of these informants also shared their knowledge and personal stories of refugee families that had been involved with child welfare services; these are stories that have not been documented elsewhere. Together, these individuals voice concrete concerns about the needs of refugee families and children in the process of resettlement, make specific recommendations that they feel would help mitigate the risk of refugee families and children becoming involved with child welfare. They also suggest ways that might facilitate collaboration and coordination between refugee services providers and public child welfare to address the needs of refugee families and children.

Methodolgy

Between March 8 and March 11, 2005 a tour was organized by Caitriona Lyons, Program Coordinator for the Office of Immigration and Refugee Affairs (OIRA) to visit Houston, Austin and Dallas-Ft. Worth and sit in on a scheduled quarterly meeting of T-CORPS. These cities are central in the regional areas where refugees are presently being resettled in Texas. The Houston region includes Harris County; Austin includes San Antonio, Bexar and Travis Counties; Dallas-Ft. Worth includes Dallas, Tarrant, Potter and Taylor Counties. Of these counties, in the previous study, Bexar, Dallas, Harris, Tarrant and Travis were identified as counties of interest for interactions between refugee populations and public child welfare services.

Focus-group-type interviews were held with participants from the T-CORPS meetings; participation in the study was voluntary and those who volunteered to participate were asked to sign an informed consent. All names and information regarding participants is confidential unless a participant agreed in writing to allow their name to be used. The questions posed to the groups were intentionally broad and open-ended to facilitate as much discussion as possible.

The focus-group meetings lasted approximately two and one half to three hours and each group was asked the following questions:

- Do you have any direct experience or knowledge of refugee families who have been involved with child welfare; if yes, can you please describe what happened in as much detail as possible? (Question 1)
- Do you have any specific concerns about refugee families and public child welfare? (Question 2)
- What recommendations would you make regarding refugee families and public child welfare services in Texas? (Question 3)

Responses from the focus group participants were recorded in the form of written notes and subsequently categorized to identify major themes from all three groups.

Houston

Harris County is in southeastern Texas. Houston, the county seat of Harris County, is the largest city in Texas with a population of 1.6 million. Houston is home to the Texas Medical Center, the largest medical complex in the world, NASA and, infamously, Enron.¹⁸

Harris County is the most populous county in Texas, with 14% of the state's total population and home to over a quarter (26%) of the state's total foreign-born residents; 14% of the county population lives below the poverty level; 21% of the foreign-born residents of Harris County live below the poverty line.¹⁹

Harris County alone receives the largest number of refugees for resettlement: a total number of 1,983 (or 42% of the total refugees settled in Texas) during the period 2003-2004; the greatest numbers arrive from Cuba (30%), Somalia (25%) and more recently, Liberia (10%), the Congo (7%) and Afghanistan (5%).²⁰ **(These figures are approximations - IE)**

The T-CORPS quarterly meeting in Houston took place on March 8, 2005 in a local YMCA International Services Building. Twenty-three representatives from refugee serving agencies attended.

Question 1

Do you have any direct experience or knowledge of refugee families who have been involved with child welfare?

One respondent recounted an incident that occurred approximately a year ago involving a high school age girl from a refugee family from Somalia who was home taking care of six younger siblings. A three year old sibling 'escaped' from the apartment complex and was found wandering in the neighborhood. Child protective services were called and all of the children in the family were removed and placed in foster care. With vigorous advocacy on the part of the refugee services provider the family was not 'prosecuted' and the children were eventually returned to the family. The provider who recounted this incident described it as one where cultural issues, and misunderstandings, appeared to be predominant – the refugee family was engaging in child care arrangements that were familiar and traditional; child protective services responded to a situation that they defined as 'neglect' without recognizing the family's ethnic background and cultural experiences. The respondent who recounted this incident did not indicate what, if any, follow-up was made by child welfare services with this family, i.e., whether a referral for a preventive program or family and children's services was initiated. This type of referral could effectively prevent future interactions with child protective services as well as better connect the family to available community resources, including child care.

Question 2

Do you have any specific concerns about refugee families and public child welfare?

Respondents in Houston identified the following concerns:

- Refugee parents and the school system (schools were cited because of their role as mandated reporters to child welfare regarding concerns about children)
 - Each interaction between a parent and the school is an educational experience for both the parents and the school

¹⁸ Pindus, N.M., Capps, R., Gallagher, L.J., Giannarelli, L. and Saunders, M. (1998). Income Support and Social Services for Low-Income People in Texas; Urban Institute.

¹⁹ U.S. Census 2000, P1; P21; P87; PCT51

²⁰ Texas DSHS-RHSP 2005

- Parental involvement with schools – how to encourage parents
- Level of awareness on the part of school personnel about refugee families and their experiences – this would minimize the risk of cultural misunderstanding and misinterpretation
- Help parents understand and encourage their children to apply for college and financial aid
- Child welfare system is disconnected from refugee services providers
 - Who is the ‘right’ person to call when you have a problem?
 - High turnover in child welfare personnel – there is no development of a ‘cultural lens’ based on experience of the caseworkers
 - Language issues – lack of translators
 - Families don’t know about child welfare; rules regarding appropriate forms of discipline and what constitutes neglect
- Refugee families are at risk
 - Socio-economic status issues – many families live in poverty
 - Some refugee families have large numbers of children
 - Dynamics of resettlement process; families go through a transition phase that is stressful and not all groups assimilate at the same rate
 - Cultural orientation; families need more training and education about child welfare issues
 - Families live in “two worlds” – cultural issues between parents and children can lead to tensions about family roles and expectations

Question 3

What recommendations would you make regarding refugee families and public child welfare services in Texas?

- Increase collaboration and coordination between community services systems and refugee services providers
- Identify an individual in child welfare who can be called when a refugee family is in trouble – that person should be aware of all the issues about refugee families
- Increase training for child welfare personnel on refugee issues – trauma, mental health, ethnicity and culture
- Promote school-based parent education on child welfare issues
- Include child welfare as a topic in reception/resettlement training
- Train the courts and legal system about refugees and their experiences
- Raise public awareness about refugees, their contributions and their experiences

Austin

Austin, located in the picturesque south-central hill country, is the state capital of Texas; it has a total population of approximately 1.4 million people. Austin has seen explosive economic growth in the last decade, largely because of the information technology industry. Computer-maker Dell, Inc. is based in Austin; the city is also widely known and appreciated for its music

and cultural venues. The population of Austin is more highly educated than in the rest of Texas, 83% hold a high school diploma versus 77% statewide; 36% have a bachelor's degree (versus 24%). Twenty-eight percent of the population is Hispanic²¹ and 16% are foreign-born.²²

Refugees are primarily resettled in the Austin municipal county of Travis; although the T-CORPS regional area includes the counties of San Antonio and Bexar. Together this region received 14% of the total refugee populations resettled in Texas during 2003-2004.²³

The T-CORPS quarterly regional meeting took place on March 10 in the Office of Family Services which also house the Office of Immigration and Refugee Affairs. Twenty-one representatives attended the meeting.

Question 1

Do you have any direct experience or knowledge of refugee families who have been involved with child welfare?

Several incidents were described:

- A single refugee father was jailed; children were placed in the custody of child welfare services
- Domestic violence occurred in a refugee family with young children; child welfare was called in
- Several refugee parents were the subjects of child protective investigations based on reports from the school of excessive corporal punishment
- A refugee mother left her baby in a stroller on the street unattended as she carried grocery bags up several flights of stairs to her apartment; child welfare was notified
- Several young refugee children were observed routinely rummaging through an apartment complex dumpster; the manager called child welfare services
- A young refugee child was diagnosed with a disease that in this country is routinely identified as a sexually transmitted disease; child welfare was notified and removed the child from the home on the assumption that the child had been sexually abused. It was later proved that the mother, who had not received prenatal care in her country of origin where she gave birth; had transmitted the disease to the child during birth; this is common occurrence in her country of origin
- Two refugee youth were caught shoplifting CDs from a Wal-Mart store; Wal-Mart requested \$150.00 in restitution with a letter of apology as an alternative to incarceration; neither youth could write; even with this information Wal-Mart would not make an accommodation to their request

Question 2

Do you have any specific concerns about refugee families and public child welfare?

Respondents were animated and voiced many concerns:

- Lack of connection between refugee services providers and local child welfare offices

²¹ Austin City Chamber of Commerce, 2005 [on-line]

²² US Census, 2000, P21

²³ Texas DSHS-RHSP 2005

- Child welfare caseworkers lack cultural knowledge and experience in working with refugee families; “they don’t know what they are looking at”
- There is no training for child welfare workers on the conditions of the refugee camps or an understanding of the experiences of refugee families
- There are no interpreters to work with families preventing any meaningful communication between child welfare workers and the families
- Refugee families have unique special needs
 - Refugee families have a lot to deal with in the official resettlement process which lasts only 90 days
 - Refugee families bring different cultural norms with them regarding family roles and child discipline
 - Refugee families experience child welfare as a “looming threat” once they become aware of its existence
 - Refugee children learn about child welfare in school; this can undermine parental authority in the home because the parents do not have access to the same information

Question 3

What recommendations would you make regarding refugee families and public child welfare services in Texas?

- Improve coordination and collaboration between child welfare and refugee services providers
 - Initiate cross-training between agencies;
 - Provide parent education in the schools and in the resettlement process;
 - “who do we call when there is a problem?” – each system should have a ‘point’ person or liaison who can be called upon to address problems and concerns
- Raise the level of cultural awareness across systems in areas where refugees are resettled
 - Training for health care providers on medical conditions in refugee sending countries
 - Sensitize schools about refugee issues
 - Address the ‘anti-immigrant’ social climate through public education and awareness campaigns
 - Ensure continuity of cultural knowledge through ongoing staff training
- Address the special needs of refugee families
 - Refugee services providers need training on how the child welfare system works
 - Parenting education should be a part of resettlement services
 - Monitor stress, mental health and coping abilities of families
 - Pay attention to out-migration patterns – where the families go, are there services in place there, educate families about lack of refugee services if that is the case, assess if there will be prolonged separation between family members

Dallas-Ft.Worth

Dallas is a sprawling city of 1.2 million in east-central Texas; internationally immortalized in the 1980s television series “Dallas” with the fictional Ewing family of Southfork Ranch.²⁴ Thirty-six percent of the population of Dallas is Hispanic; 24% are foreign born. The economic base of the city remains the construction industry; Dallas is home to the corporate headquarters of Halliburton, a primary contractor with the United States military. Seventeen percent of the Dallas population lives below the poverty line.²⁵

The T-CORPS regional area includes the counties of Dallas, Tarrant and Potter. These counties together received 1,811 refugees for resettlement; 38% of the state total in 2003-2004.²⁶ The regional quarterly meeting took place on March 11, 2005; 30 representatives attended.

Question 1

Do you have any direct experience or knowledge of refugee families who have been involved with child welfare?

One respondent described a case she became involved with in 2004. A single refugee mother with four children developed a dependency on alcohol and drugs. The refugee serving agency called child welfare services because of their concern for the well-being of the children. There was no interpreter available to talk with the mother and according to the agency, child welfare closed the case without making an investigation. The agency repeatedly called child welfare services as the mother continued to abuse substances and neglect the children; according to this respondent the case has now been turned over to the third caseworker and still there has been no investigation. In a last desperate attempt, the agency found a church volunteer to offer to take responsibility for caring for the children; at last report the case has once again been reassigned to yet another child welfare case worker but still no investigation has been done.

Other examples given were:

- A Vietnamese child who was removed from his home and placed in care with an Anglo family; the child refused to eat;
- A 14 year old refugee child lived with his grandmother, the only living relative he had; she died and he was placed in care with a family outside of his ethnic group;
- A Somali family came to the attention of child welfare because of escalating conflict between the parents and the teenage children.

Question 2

Do you have any specific concerns about refugee families and public child welfare?

- Child welfare services are not culturally competent to serve refugee families
 - Language barriers prevent communication with families and make provision of appropriate services impossible
 - Parents lack culturally competent advocates when they become involved with child welfare services
 - Child welfare workers lack appropriate knowledge about refugee families and children

²⁴ Dallas City Chamber of Commerce, 2005, [on-line]

²⁵ US Census, 2000

²⁶ Texas DSHS-RHSP 2005

- High staff turnover makes it difficult to establish long term relationships with child welfare offices; people with cultural experience leave: “Who do you call”?
- Child welfare rarely considers kinship placement as an alternative to out of home care
- Community systems do not collaborate or coordinate services with refugee serving agencies
 - Schools do not pay enough attention to the needs of refugee students; bullying is becoming a problem with some ethnic groups
 - Schools do not outreach to refugee parents to involve them in their children’s education
 - Child welfare agencies do not reach out to refugee services providers – only when things have become a ‘crisis’ or when they don’t have an interpreter

Question 3

What recommendations would you make regarding refugee families and public child welfare services in Texas?

- In-service training for refugee services providers and child welfare services
 - Ensure continuity of knowledge for practice
 - Include police department in training on refugee issues
- Build coalitions across refugee services providers and other community services organizations
 - Identify liaison or ‘point’ people so that you know who to call when there is a problem
 - Share pool of translators and interpreters
- Refugee families need more extensive orientation
 - Update information, include section on parenting and child welfare in America
 - Encourage parents to reach out for help rather than react when there is a problem

Summary of Findings

While not often articulated, the goals of both refugee resettlement services providers and those of public child welfare agencies are clearly interrelated: one is responsible for settling and integrating refugees, including families and children, into the social fabric of life in the U.S. which includes acculturation to American expectations of family life; the other is charged with ensuring the safety and well-being of children in a community that includes providing services to families and children. Unfortunately, there is little understanding of how often, under what circumstances and what happens when refugee families and children come into contact with public child welfare services in any given community. The primary objective of this report was to gain a better understanding of this interaction by focusing on three regions in Texas. Knowledge gained from this study can be used to facilitate greater communication and collaboration between the agencies of refugee resettlement services and public child welfare.

Question 1

Are refugee families interacting with public child welfare services? And if so, why and to what degree?

Based on interviews with refugee resettlement services providers, state child welfare personnel and data gathered from local newspaper and media accounts refugee families and children do interact with public child welfare services. The primary reasons refugee families come to the attention of public child welfare services seem to be issues related to child care, techniques of discipline and domestic violence in families under stress. While, on account of data collection procedures, exact numbers are unavailable, however, when these interactions do occur they are complicated because of cultural and language barriers.

Findings from the focus group interviews conducted in Dallas, Houston and Austin identified the following:

- Refugee families and children do interact with the child welfare system – although the numbers of families and children involved is not clear;
- Conflict within families often erupts long after the official resettlement process has been completed and refugee services providers may no longer be involved with the family;
- Resettlement services overall do not pay enough attention to family and parenting issues that confront families in the process of resettling;
- Refugee parents need more supportive services and information around the issues of child development and parenting skills, especially about accepted norms in the U.S.

Question 2

Are there specific factors in these counties that may place refugee families and children at risk of interacting with child welfare services?

It was beyond the scope of this study to focus on and examine regional differences and make comparisons across the state of Texas in order to identify what factors might be placing refugee families at greater risk of involvement with child welfare. However, a number of participants in the focus groups identified what they thought overall might create risks specific for refugee families. These ranged from global assessments about the negative social climate towards immigrants as a whole to specific institutions that lacked sensitivity towards the special needs of this population, i.e., the schools:

- A negative social climate towards immigrants in America is affecting refugee resettlement; fostering suspicion and antagonism; public awareness about refugees needs to be raise;
- Refugee families may engage in cultural or traditional practices that may be misunderstood or misinterpreted by American culture
- Poverty and isolation places families and children at greater risk for breakdowns in family functioning
- School system is both a resource and liability for refugee parents
 - School personnel are mandated reporters – they often serve to initiate the contact between refugee families and child welfare
 - Parents interact with the school – it is expected and many are encouraged to attend programs and meet with teachers
 - Parents become comfortable in going to the school – as a social institution it is familiar to them
 - Children learn about American norms and expectations in school – information they do not necessarily share with their parents

- Parents can be increasingly undermined by the knowledge and information their children acquire
- Children learn about child welfare at school – parents do not
- School personnel are not always sensitive or culturally aware about issues in refugee families
- In some schools there is bullying and prejudice towards certain ethnic groups of refugees.

Question 3

What happens when refugee families and children become involved with public child welfare; are there mechanisms for collaboration between refugee services providers and public child welfare?

In all three regions there were refugee services providers who were knew of or were directly involved in working with families that had become involved with child welfare services. In each case they described the following as issues that came up in that interaction:

- Refugee families and children involved with child welfare do not always receive appropriate or sensitive services – this can have a negative impact on the future of the family's ability to function;
- When interactions do occur they are often complicated by language and cultural barriers;
- Child welfare appears as a threat in the lives of refugee parents – they have little knowledge of its existence and how it works – rumors and misconceptions abound in refugee community 'grapevines'
- Child welfare services seem to be unaware of refugee communities and the often close-knit relationships within those communities – this can be a resource to troubled families.

Question 4

What do refugee services providers in these counties identify as their primary concerns in working with refugee families and children wither involved with or at risk of being involved with public child welfare?

With remarkable consistency across regions the refugee services providers who participated in the focus groups indicated a need for greater coordination and collaboration between their agencies and public child welfare services providers within their community. The regional meetings of the refugee services providers, which take place on a quarterly basis, provide a natural venue for all service providers within a community to participate - and in fact, in Houston, an assistant to a Texas state representative regularly attends. Suggestions were made that representatives from child welfare could also be invited to attend regularly because, as one of several refugee services provider put it, "All I really want to know is who I can call when I have a family in trouble, I just need the name of a person, a phone number, someone I can talk to."

- There is a disconnect between child welfare and refugee serving agencies
 - No clear evidence of collaboration and coordination exists
 - Lack of information about each others' processes and system of care is apparent
 - Lack of information on the part of child welfare regarding refugee issues – especially around culture, experiences and resettlement is problematic

- There is consensus among the refugee services providers of the need to know an individual within the child welfare system who could be contacted when needed – “who can I call”? was a universal question raised by providers
- Refugee parents do not have an advocate within the child welfare system
- Cross-services training is needed in both systems and with other community services providers

Recommendations

The refugee services providers who participated in this study represent three distinct and unique regional areas of Texas – Houston, Austin and Dallas-Ft.Worth that are now home to the majority of refugees being resettled in that state. Despite the regional differences, it was evident that the refugee services providers who participated in this case study all shared several characteristics: they were deeply committed to the populations they work with, they extend their individual services above and beyond the capacity and/or expectations of the programs they work for and as individuals, they are genuinely concerned about the well-being and future lives of their clients. They are, in a word, a special and inspirational group of people to meet and talk with.

A number of issues affecting the interaction between refugee services and public child welfare emerged as a result of this study. These include the overall lack of concrete data regarding the numbers of refugee families involved with child welfare, the need for closer collaboration and the role that each agency can play in that effort. I will address each issue here as well as provide a summary of recommendations that were developed from the focus groups.

- Child welfare systems data collection needs to be changed to better capture and reflect the characteristics of the families which become involved with this system; a glaring omission is information on immigrants. Recent recommendations made to the Children's Bureau from the United States Conference of Catholic Bishops include making both state and national child welfare data (AFCARS) more immigrant-appropriate by identifying such information as place of birth, date of entry or primary language spoken.
- Refugee serving agencies can be used as 'mediating institutions' by public child welfare services providers. This means that they can be tapped as a community resource for cultural consultations, interpreters, and other preventive services such as parenting skills education.

Lastly barriers that prevent closer collaboration between refugee services provider and public child welfare also need to be identified; this includes, but is not limited to, how funding streams for services are determined, the categorical nature of most service provision, and ideological considerations of what constitutes each agencies' "turf". Examples from other states point to the need to identify a 'lead' person or persons whose role is to facilitate coordination and collaboration between different groups of services providers.²⁷

Recommendations made by the focus groups were:

- Enhance cultural competency, language access and training of child welfare workers; especially about issues related to refugee families;

²⁷ New York City Administration for Children's Services; announcement of the creation of the position of Director of Immigrant Services; 1/2005

- Enhance training of refugee services providers about the child welfare system and how it works;
- Facilitate cross-training, collaboration and coordination of all services providers within a community to effectively meet the needs of refugee families settled in that community;
- Create refugee-knowledgeable liaisons within all service providers in a community where refugees are resettled – develop a shared resource guide
- Focus more attention on the family and parenting needs of refugee families during the resettlement process
- Raise public awareness and appreciation of refugees: their experiences, their strengths and contributions to the community

The primary recommendation offered by the refugee services providers is the development of a mechanism to facilitate greater collaboration and coordination of services to refugee families between systems of care with whom families interact: these would ideally include child welfare, mental health, refugee resettlement services, schools, hospitals and others. By sharing information, knowledge and practices these systems would better understand the unique needs of refugee families as these families struggle through the resettlement process; it would also facilitate a greater appreciation of the resilience and strength of these families as they negotiate the process of creating a new life in a new country. As another refugee services provider said, “I just want to know who I can call and talk to; I want that kind of relationship with others that work with the families that I work with because really, we are all working together, aren’t we?”. It was a sentiment echoed by others and can serve as the foundation in developing those mechanisms of communication across systems.

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