

Chapter Four: Feedback from the Field

In order to learn more about what people in the field are experiencing in relation to child care issues among refugees, BRYCS and RefugeeWorks conducted a visit to a state where innovative methods were being experimented with to reduce child care as a barrier to successful refugee employment. RefugeeWorks is the Office of Refugee Resettlements technical assistance provider for refugee self-sufficiency. BRYCS staff then coordinated a series of telephone interviews with refugee-serving agencies across the United States. This chapter is based on observations from the site visit and responses from the telephone interviews. The intent is to provide a glimpse at similar experiences faced by refugee resettlement staff and mainstream child care providers, rather than offering an exhaustive analysis of the situation in all regions.

Methodology

BRYCS staff implemented a qualitative methodology in order to highlight the experiences of refugee serving agencies and mainstream child care providers. Specifically, the aim of the study was to determine if child care barriers impede refugees' ability to successfully find, secure and maintain employment. The study was conducted on a national level, targeting refugee service providers and mainstream child care providers such as childcare resource and referral networks (CCR&Rs).

Participants were selected to represent a selection of agencies across the country, with 12 refugee agencies and 12 CCR&Rs/mainstream child care providers from 17 states participating in the study. Participants were interviewed by telephone using a series of open ended questions, with most interviews lasting an average of 30 minutes. This allowed participants to expand on or raise issues of particular importance to them. This chapter presents the findings and responses of these interviews without identifying the respondent.

Site Visit

In December 2005, BRYCS and RefugeeWorks conducted a joint site visit. In this State visit the Refugee Coordinator contracts with a mainstream child care agency to coordinate child care referrals for the children of eligible refugee families, and to provide child care subsidy payments to child care providers. This includes tracking spending, authorizing payments, and producing paperwork to effect payments to child care providers. The mainstream child care agency also provides information to refugee clients about various types of child care that are available, and assists the families with information about selecting appropriate child care. In order to verify eligibility for the program, the mainstream child care agency subcontracts with another agency to complete the initial intake, determine eligibility and the refugee client's need for a child care subsidy. The initial referrals to the program are mainly generated by local Voluntary Agencies (Volags) that resettle refugees in the community.

The goals of the site visit were to more fully understand the issue of child care access among refugees and its implications for refugee employment, and to assess the viability of this collaborative model in coordinating child care for refugees. To this end, conversations involved a range of participants. BRYCS and RefugeeWorks staff visited with the contracted mainstream child care agency, Volag representatives, staff at a mainstream child care center, and an individual refugee who successfully completed a mainstream training program for in-home daycare.

This innovative example of transitioning a portion of refugee related services to a mainstream service provider is a promising practice model. However, it also requires support from the voluntary agencies and mainstream agencies involved. The resettlement agency continues to provide cultural expertise as well as their general expertise in working with refugee clients. At the same time, the mainstream agency provides a service with an intact infrastructure and community linkages already in place. While this model presents unique challenges, the potential exists for all parties to benefit from its implementation.

Telephone Interviews

To collect further information, BRYCS staff conducted a series of telephone interviews with refugee serving agencies, and one mutual assistance association (MAA). BRYCS also completed a series of calls to Child Care Resource and Referral (CCR&R) agencies that coordinate child care services on both the state and local level. We contacted seven states with high numbers of refugees resettling in the community: Florida (including responses from 4 local providers), Texas, Minnesota, North Dakota, New York (including responses from 4 local providers), Nebraska and New Jersey.

Child Care and Access to Employment

Agencies report that their refugee clients experience multiple barriers in accessing child care during their employment search. **All twelve refugee serving agencies note cost as a significant barrier to child care services, especially for single parents.**

In response to financial barriers, eight agencies report that their clients use state subsidies to pay for child care services. One agency reports that clients are not aware of subsidies at all and three note that families do not know subsidies can be used to fund child care provided by family members. Of the eight agencies who report their clients use subsidies, six note that their clients experience difficulty with the process. While the process varies from state to state, common barriers in accessing subsidies include:

- The application and approval process is too lengthy, often taking up to two months to receive approval. The process may be stalled further by the delay in receiving the necessary documentation to even begin the application process.
- In some states, parents are unable to begin applying for subsidies until they secure employment. Paradoxically, they are unable to seek employment because they lack child care during the employment search. This “Catch 22” is a key reason why some agencies report that their clients do not use state subsidies.
- Child care funds are sometimes depleted and unavailable. If a client does receive the subsidy, sometimes the amount granted is insufficient to cover the full cost of the parent’s choice of provider.
- Space at child care sites accepting payment through subsidies is limited. Parents are frequently placed on waiting lists, particularly for children under the age of two. Child care center staff members are also unfamiliar with the types of documentation that refugees have, which can slow down the registration process.
- In cases where there is adequate funding, “paperwork hurdles” can overwhelm both refugee clients and their case workers.
- Once families reach a salary threshold, it is difficult to afford the co-payment required.
- In areas with low numbers of refugees being resettled, there can be confusion about processing refugee applications for child care.

Many of the programs report significant challenges in using subsidies. While this is the case, it is important to remember that child care subsidy funds are used to fund child care for all low-income families, not just refugees. States that are experiencing a high demand on the welfare system are less able to meet the specific needs of refugee families. As improvements in the system are made for low-income families, there is the opportunity to advocate for refugee clients and improvement in their access to child care.

Another factor identified as a barrier to employment is the logistics of coordinating child care. One agency notes that if families are housed far apart from each other, they cannot rely on family members to assist with child care. Transporting children to and from child care is also a challenge, especially if the client relies on public transportation. Coordinating a work schedule with differing school and child care drop-off and pick-up times presents another barrier. Schedule difficulties can result in clients arriving late to work or being unable to return to the child care center on time after their shift. One site reported working with a mother of six children in four different schools who had great difficulty finding employment hours that coincided with her availability. Rural programs note that families often drive 30 minutes or more to access formal child care settings and that reliable public transportation options do not exist.

Beyond the actual cost and logistics of child care, programs noted a need to devote additional time to planning that addresses the cultural needs of their refugee and immigrant clients in addition to mainstream clients. Child care services are not a “one size fits all” option, and child care programs may need to make adaptations to their programming in order to meet the needs of more diverse client populations. A number of programs noted that refugee parents do not feel comfortable utilizing mainstream services. Since the Office of Refugee Resettlement partially measures an agency’s success based on employment outcomes – the number of able-bodied clients that successfully find employment – traditional values such as stay-at-home parenting can be disregarded by refugee agencies and their funders who expect all adults to seek employment. Such expectations do not allow for families who prefer to have their children cared for by a parent remaining at home.

Community Resources in Accessing Child Care for Refugees

All programs identified the most common form of refugee child care as informal care by family members, friends, or neighbors – also referred to as kith and kin care. Many programs report that two parent households frequently coordinate to work alternate shifts so that one parent can remain home with the children. This arrangement is challenging for parents who work in the evenings but have to be available to children during the day. Furthermore, parents are rarely able to spend time together as a family. Other common strategies include enlisting the help of grandparents and other relatives, looking for a first shift job if children are school age, and using neighbors and members of the same ethnic community. One program noted that this last strategy is more likely to occur if the ethnic community is cohesive and organized. Families with older children will sometimes have them supervise younger siblings, though case managers and employment counselors should make families aware of their state guidelines on child supervision. Only two programs reported that refugees are aware of and use state subsidies to pay for kith and kin care.

Three programs reported that refugees are using more formal child care services. **Previous experience with these types of child care within the refugee’s home country appears to increase the likelihood that this type of care will be used.** Types of formal care used included community centers, Head Start, summer camps, preschools, and child care centers. Only one program reported the use of a home child care provider outside of the ethnic

community. If formal child care is used, refugees are more likely to apply for state subsidies. These programs report that overall there have not been any major issues with clients receiving mainstream care. One program notes that due to the presence of a large Latino community in the area, Cuban refugees have little trouble finding programs that can meet their language and cultural needs. However, this is not the case with other refugee groups.

Programs reported that cultural differences and previous experience in the home country with similar types of child care affect what type of care a family chooses. One program noted that some families choose daycare centers because it gives their children structure and exposure to U.S. culture. However, many families would prefer that one parent stay home so that they can watch their own children. If this is not an option, the second choice would be informal care by relatives. In finding child care for refugee clients it may be necessary to think innovatively about employment options. One site noted that some clients would prefer to bring their children to work with them than to leave them in more formal child care settings.

Refugee families' from rural backgrounds, such as Somali Bantu or Sudanese communities, may initially prefer informal childcare options for a number of reasons. Such families may not have had prior experience with formalized child care in their country of origin. Formally arranged child care can be a new concept, requiring further education and awareness to foster an understanding of complete child care options. Additionally, for many families, the advantages of kith and kin care include a sense of security, as families are more comfortable leaving their children with relatives, friends, and/or members of the same ethnic group who have similar language and cultural norms.

Increasing Availability of Child Care Services to Refugees: How the Community Responds

Almost all programs reported that case managers are the primary staff person addressing child care issues with clients. Two programs are so small that one person does everything. **Only one program reported that child care is viewed as the first step toward employment and is therefore considered the responsibility of the employment counselor rather than the case manager.**

Programs report a wide range of strategies to create successful child care arrangements, including both on-site and off-site initiatives. On-site strategies include the following:

- One program utilizes a stand-alone child care program administered by the organization. The program designates space for a certified child care provider to provide short-term care for refugee clients. This is mainly used for clients to attend appointments. The program also uses funds from a discretionary grant to support older children who are being placed in a caregiver role with younger siblings.
- One program is able to offer child care services to clients during orientation and English as a Second Language (ESL) classes through the use of grant monies. They also host a week long summer camp offered by the Girl Scouts of America.
- One program organizes carpools for families to assist in transportation to child care programs.
- One program is piloting a job training program for refugee women to become licensed child care providers. Another program is in the exploration phase with Social Services to learn more about the child care provider licensing process to determine if a similar program is feasible in their community.

Off-site strategies include:

- One program reports developing a strong, informal relationship with a child care provider located near where refugees are settling. **As a result of this relationship, the refugee resettlement staff and child care provider communicate about expected arrivals and attempt to hold slots when possible.** Refugee resettlement staff members also provide consultation when needed on issues like paperwork and making appropriate cultural accommodations. This provider also applies for programs that benefit refugee parents, such as assistance with transportation.
- One program collaborates with Temporary Assistance to Needy Families (TANF) to operate a thrift store job training program at their site for immigrant mothers. Women who participate in this program are assisted with child care issues by TANF.
- One program conducted outreach to child care providers and negotiated a number of free slots and scholarships. In exchange for the slots, the program provides technical assistance with translation and cultural accommodation issues.

Ideas for Future Developments

Programs responded with a range of creative ideas such as the following:

- Create a reasonable process to assist refugees in becoming licensed as child care providers.
- Streamline the subsidy application process.
- Adjust employability standards by ORR to allow for parents to remain home to provide child care.
- Adjust the timeframe required by ORR to gain employment if child care issues are present.
- Have Volags receive and administer funds directly for child care rather than applying through social service providers.
- Identify separate funding streams to pay for flexible, short-term child care to be used while attending classes and looking for a job.
- Create a centralized location to serve refugees with an on-site, culturally-sensitive child care center.
- Increase the budget for child care subsidy programs to meet greater numbers and to provide a higher amount.
- Increase the number of available slots in subsidized centers.
- Have employers offer on-site child care and/or subsidize the cost of child care.
- Have employers provide consistent work schedules so that parents can make regular child care arrangements.
- Provide assistance with transportation.
- Access additional funding for ESL classes and other community programs to provide child care.
- Increase availability of funding streams for ethnic communities that are attempting to open their own community center with licensed child care.

Overcoming the Challenges

Only one program identified itself, in collaboration with community leaders, as a significant agent to create change in their community regarding child care. **Agency leadership feels that it is the responsibility of community organizations to advocate for change with state leaders.** Most programs reported that it is hard to motivate change in their communities

because the number of refugees is small compared to other groups. One program suggested broadening refugee child care issues to include the similar struggles of other low income groups. Programs noted the following individuals and agencies as able to influence change:

- Local government to increase funding opportunities.
- State Refugee Coordinator to interface with other government agencies and to serve as a link to private employment sector on child care issues.
- State government to streamline the subsidy process.
- ORR to revise employability standards and deadlines.
- Governor and President to increase funding.

Mainstream Child Care Providers

One of the key roles of state level CCR&R agencies is to provide advocacy around access to quality child care. Of the state level CCR&Rs interviewed by BRYCS staff, there was little familiarity with refugees as a group. Two agencies initially understood the term “refugee” as referring to Hurricane Katrina evacuees. **Almost all of the CCR&R respondents reported that they do not collect detailed information about parents requesting referrals.** As a result, the full extent of service provision to refugees is unlikely to be known. This lack of identification may decrease the likelihood that refugee families are connected to providers delivering highly effective, culturally appropriate services for refugee children. In general, there did not appear to be systems in place to link parents with providers from their language background if that was their preference. One agency reported that the only way to make that type of referral would be to scan the surnames in the provider directory. At the state level, it did not appear that any specific training is offered to mainstream child care providers about serving refugees. While some individual providers may offer specialized services to immigrant children, there was no evidence that promising practices with newcomer children are being disseminated on a state level to other providers.

Local CCR&R agencies connect parents to child care resources and provide training to child care providers. **Lack of familiarity with refugee family issues is not surprising since few refugees appear to be accessing formal child care services.** These agencies make referrals solely to licensed childcare centers and licensed in-home providers. Whether that is because refugee families are unable, uninformed or uninterested – it seems likely that little interaction occurs between mainstream child care coordinating agencies, refugee parents, and the systems serving refugees. However, in states where there are large numbers of immigrants and refugees, local CCR&Rs are attempting to adjust services appropriately.

In Florida, refugee clients are referred to their local CCR&R through the state Department of Children & Families refugee program. Refugees can begin receiving child care and referral services, provided that they have all the necessary documentation as soon as they are referred and an eligibility interview is completed. Currently, there are no child care waiting lists and refugee clients do not have a co-pay for services. CCR&Rs use census data to identify who is residing in the community and make programmatic adjustments. Respondents report that most of their referrals are refugees from Columbia, Haiti, and Cuba. Florida’s cultural diversity allows refugees to easily locate providers and caseworkers who speak their primary language. Respondents do report language barriers for refugees from African countries and Eastern European/Slavic nations. CCR&R staff work to hire multilingual staff and providers offer multi-cultural activities and curriculum. CCR&Rs also provide annual in-service cultural diversity workshops for their staff.

In New York City, the five operating local CCR&Rs, four of which participated in the survey, regularly work together in a consortium. In order to meet the diverse needs of their community, outreach and services to immigrant populations are a priority. Two of the CCR&Rs are ethnically focused, having their materials translated into Cantonese, Creole, Russian and Spanish. **As a consortium, they pool resources to accomplish activities that are not funded specifically by the state.** The consortium also uses non-traditional outreach methods to increase knowledge about their services, including van trips into immigrant communities with peer educators, advertising in ethnic newspapers and radio stations, and enlisting the help of community hairdressers to distribute brochures. Phone counselors who provide resource and referral services receive training about the issues facing immigrant families, including fear of reaching out for services and cultural issues. The consortium has also offered trainings about immigrant populations and childrearing practices in those cultures. Additionally, the consortium has had some success in assisting immigrants to become licensed as child-care providers. While specific state funds to accomplish this are not available, the consortium offers training classes in Cantonese and Spanish, provides assistance with completing necessary paperwork, and in some cases administers the licensing exam.

Key Considerations to Improve Child Care Options for Refugee Clients

1. Refugees, especially newcomer groups, are in need of increased outreach so that they can make an informed decision in choosing a child care provider.

Some refugees have little experience with formal, regulated child care systems. The concept of prearranging child care arrangements can be new to individuals who in the past could rely on a larger network of informal community support. Some refugees are unaware of financial assistance programs available to them to help subsidize the costs of child care. Refugees and those providing services to refugees remarked that they are unaware that state child care subsidies can be applied to the parent's choice of provider, including family and neighbor care.

2. Relationships between mainstream models of child care and refugee communities require strengthening.

Involving a mainstream provider in coordinating child care referrals is a major step toward increasing community capacity in serving refugee families. In order for this model to be successful, the mainstream provider should conduct outreach to the resettlement and voluntary agencies within their catchment area. According to refugee service providers at the resettlement centers, and a number of mainstream provider staff members, there was typically limited contact between mainstream child care agencies and resettlement networks. Because refugee children have specialized needs, the mainstream provider should offer additional training to their network of providers. In our conversations, we noted that local child care agency staffs do not self-identify the need to increase staff capacity or alter service delivery in any way to better serve refugees. Refugee serving agencies can take a significant role in this process by working with mainstream agencies to build their capacity to serve refugee clients and increase interaction between both systems.

3. Refugee Resettlement staff are in need of improved communication and collaboration models to regularly access the mainstream providers' resource and referral system.

The model of using mainstream services for service provision to refugee clients is innovative and has tremendous potential, especially in specialized areas such as child care.

Traditionally, services for refugees have been coordinated through the resettlement system. In our site investigation, a State Refugee Coordinator explored the use of a mainstream agency in the provision of child care resource and referral services. As with any new program, portions of this model were successful and other areas require further coordination in order to realize goals that were initially expected.

Using a mainstream Child Care Resource and Referral site can be successful in providing training to refugees who wish to become licensed child care providers. Mainstream CCR&R sites can also provide training on preparing one's home to offer in-home child care; child development; parenting skills; and other topics.

In order for this collaboration to fully realize its potential, CCR&R networks and resettlement staff must work together on a variety of issues. First, they must examine the child care subsidy process for refugees and whether voluntary agencies can make the eligibility screening process more efficient and culturally appropriate. Resettlement staff reported that the subsidy process introduced an additional level of bureaucracy, further complicating the referral process and delaying the job search.

Second, they must examine the cultural appropriateness of mainstream child care for refugee children. Refugee serving agencies noted a lack of confidence in the cultural fit between refugee consumers and regulated child care providers who lack specialized training about the needs of refugee children and families. Child care providers strive to provide safe and competent services to their customers. However, our research indicated that additional planning and competency training may be necessary in serving refugee clients whose families are affected by language and cultural differences, the stress of coming to a new country and possible effects from exposure to trauma and conflict. The resettlement agency serves as an important resource to their community in this area and can work together with CCR&Rs to improve services for ethnically diverse clients.

A third issue for examination is that child care referrals do not include the type of care chosen by most refugees (i.e. informal providers from refugees' own ethnic communities). BRYCS site research indicated that CCR&R must complete additional outreach to refugee and ethnically diverse populations in their communities and assist ethnic communities in identifying individuals who may be interested in becoming licensed as in-home child care providers or in becoming certified to work in a child care center. This is an untapped resource and client base that could benefit from the joint work of the Child Care Resource and Referral Centers and Resettlement agencies.

Finally, the relationships between resettlement staff and agencies that are completing eligibility screenings for child care subsidies can be further explored and developed. In order to transfer a portion of refugee service provision to a mainstream provider who has the infrastructure, expertise, training capacity and community contacts in place, regular communication should occur between the CCR&R, the Resettlement Agency and the State Refugee Coordinator's office.

- 4. The child care infrastructure must be expanded to meet refugee community needs.** Employment specialists reported that transportation and limited hours of operation present major obstacles in securing child care and effective employment options. Refugees have trouble finding child care accessible to home and work. Often, the hours of care do not coincide with work schedules, and second and third shift care is more expensive, if available at all. A further complication arises when refugees need expedited child care, for example if

a refugee risks losing a job offer if they cannot begin work within a week. Refugees also have an immediate need for child care while they attend employment training and job interviews. There is a need for additional flexible and short-term child care arrangements.

5. Specially designed training programs are needed for refugees to become licensed child care providers and to improve informal child care (or kith and kin care).

The CCR&R that BRYCS visited during the site visit offers training to assist individuals in becoming licensed child care providers. Last year, 17 of the 5,000 individuals who participated in this program were refugees, of whom six became certified home child care providers. Although numbers appear to be small, this model could be further improved to increase the success of refugee participants. This contracted service provider also operates a Kith and Kin program designed to increase the safety and quality of informal care while linking formal child care referral networks with informal refugee child care providers. The general design of this program has already benefited refugee clients by providing an option that is both linguistically and culturally appropriate. The continued development of this program to address refugee specific needs will increase that success.

As this example suggests, child care resource and referral centers typically have training curricula to prepare individuals for licensure as in-home child care providers. Such trainings provide job preparation and independence for refugees, while also enhancing their capacity as parents and empowering them to be resources on parenting issues for their own ethnic communities.