Environmental Scan of Refugee-Responsive Home Visiting



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THE CENTER FOR QUALITY FAMILY SUPPORT
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Acknowledgements

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INTRODUCTION

Home visiting is positioned to provide direct support, as well as links to the many services available in communities where refugee families are settled. Additionally, many home visiting programs are designed to provide trauma informed care, appropriate to the experiences of families fleeing their home countries and seeking refuge in the United States. However, the needs of refugee communities are unique, diverse, and often unfamiliar to home visiting programs.

The Center for Quality Family Support is a leader in the home visiting system in Michigan and is committed to ensuring home visiting is available to families facing the most adversity, including refugee families who are pregnant or with young children. The Center for Quality Family Support received funding from Michigan's Department of Labor and Economic Development to identify needs, build capacity, and foster connections between the home visiting system and refugee services at the state and local levels to increase awareness, access, and responsiveness to refugee families. The environmental scan was the first task of the project designed to identify factors that facilitate and stand in the way of linking refugee families to home visiting services and sustaining engagement.

The Refugee Systems of Care project was created to lead the process of assessment and planning to support the home visiting system in Michigan to better meet the needs of diverse refugee populations in the state. Consistent with a public health approach, the Refugee Systems of Care team began its work by completing an assessment that involved identifying needs and strengths through gathering multiple types of data. This approach has the greatest impact when it is grounded in principles that guide decision-making. Mobilizing for Action through Planning and Partnerships[1] is a long-standing public health framework for Community Health Assessment and Health Improvement Planning. It highlights several foundational principles that will be echoed in this assessment including:

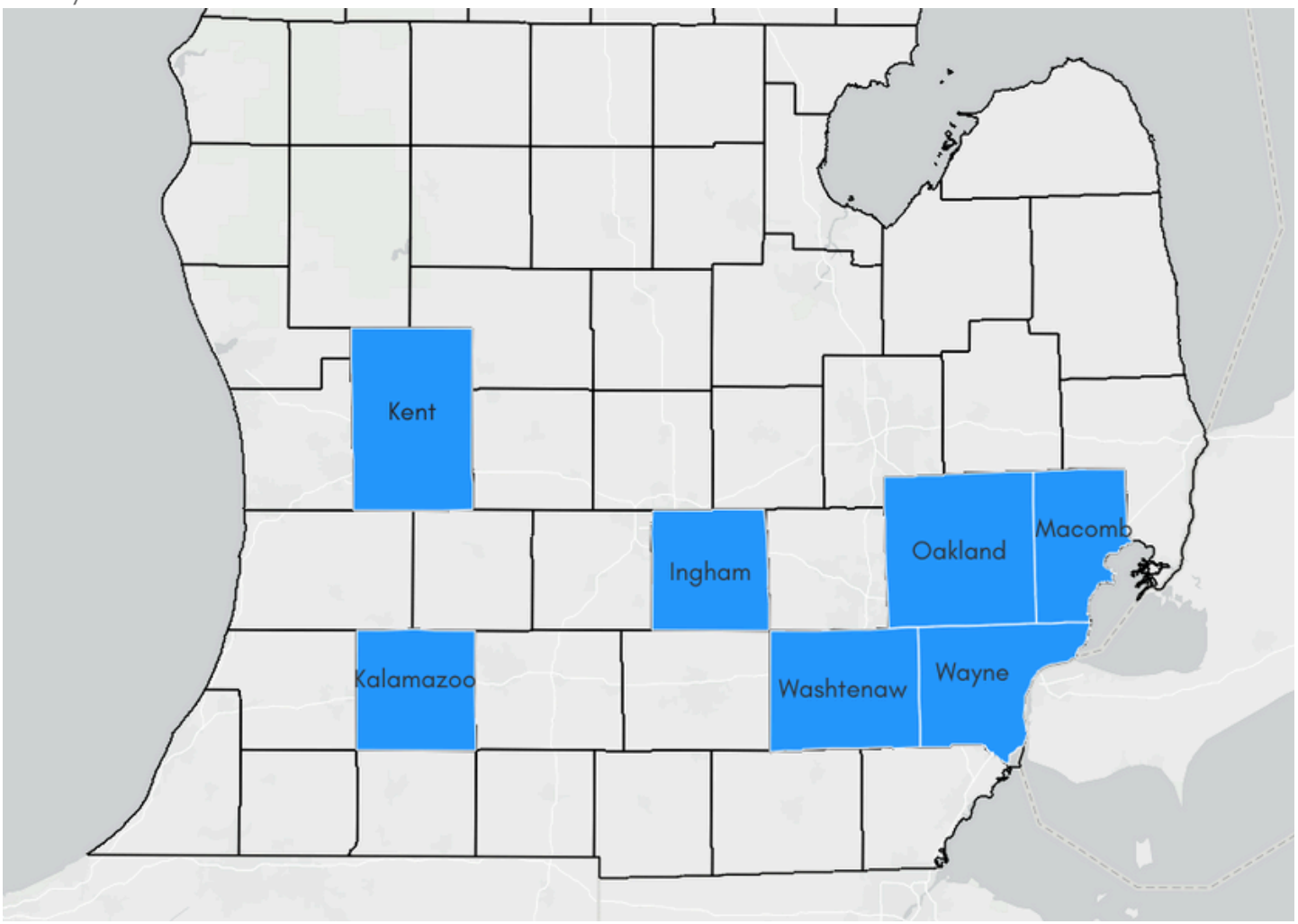
- Equity: Exploration of social injustices, including white supremacy, structural racism, class oppression, and gender oppression, which create and maintain inequities.
- Flexible: Meets the real-time, evolving, and unique needs of diverse communities.
- Trusted Relationships: Builds connection and trust by honoring the knowledge, expertise, and voice of community members and stakeholders.
- Full Spectrum Actions: Encourages community improvement through approaches ranging from provision of direct services to policy, systems, and environmental change and community power-building for supportive communities that enable health and well-being for all.

With the above principles in mind, the Refugee Systems of Care team designed this environmental scan to identify refugee-responsive practices that are being implemented at the state and local level, both within and outside of Michigan, to engage refugee families in home visiting.

[1] https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

Activities within Michigan are geographically limited to 7 Michigan counties: Ingham, Kalamazoo, Kent, Macomb, Oakland, Washtenaw, and Wayne counties. These counties represent the focus area of this project. Between fiscal year 2020 and fiscal year 2023, the Office of Global Michigan reports 4,864 refugee arrivals[2] in this focus area. These seven counties host 82% of refugee children zero to five receiving state-contracted services from 2015 to 2024.[3]

County and Focus Area

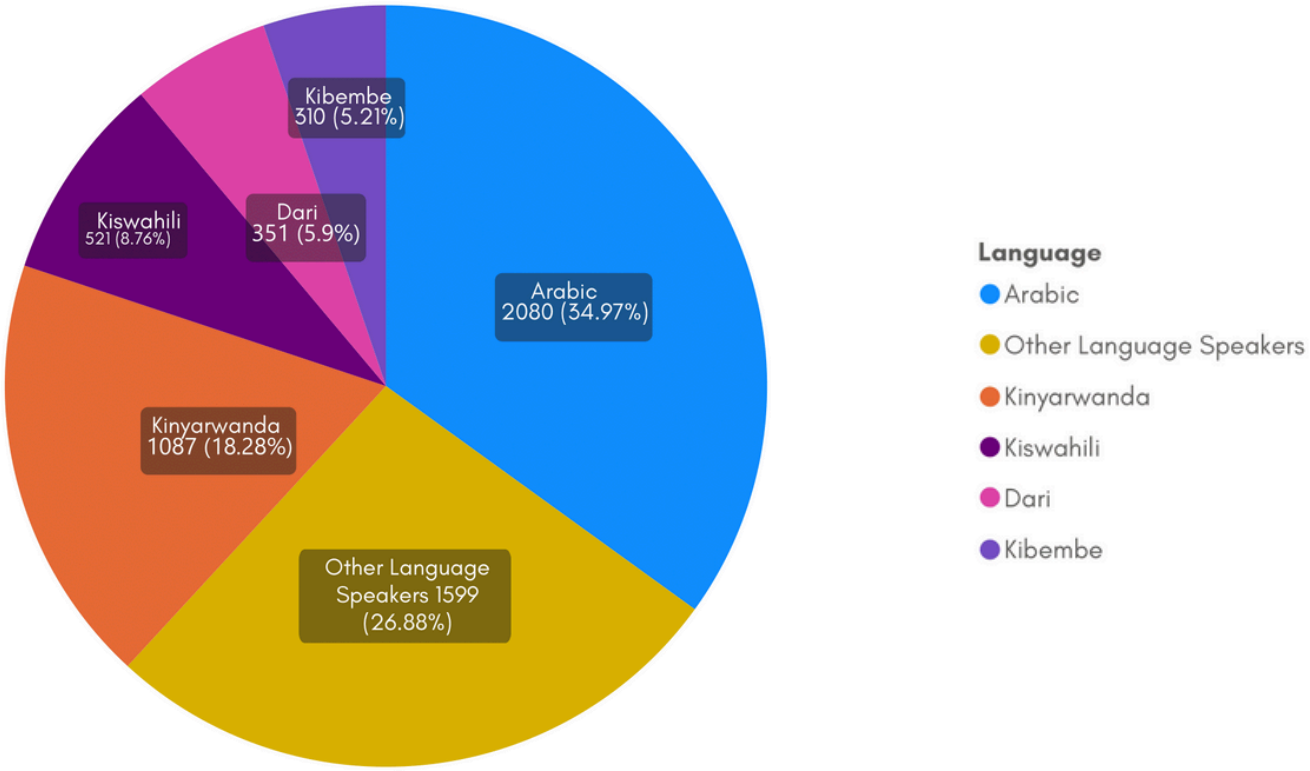


[2] The figure includes individuals of all ages with Refugee, Special Immigrant Visa (SIV), and Amerasian statuses. The counties in which arrivals are designated relate to the location of the resettlement agency that received them.

[3] Data includes arrivals from 01/01/2015 - 06/13/2024. This percentage is based on a summary of refugee children aged 0-5 from the Data Management System (DMS), which includes individuals who are served by contracted providers of the Office of Global Michigan and/or have a public benefits case indicating an immigration status eligible for benefits and services of the federal Office of Refugee Resettlement. For more information on ORR benefits and services, visit https://acf.gov/orr/programs/refugees.

Data collected by contracted providers of the Office of Global Michigan gives some context for understanding refugee families and their demographics. This group speaks 105 unique languages, with the top 10 most prevalent languages spoken being Arabic, Kinyarwanda, Kiswahili, Dari, Kibembe, Kinyamulenge, Pashto, Spanish, Kinyabwisha, and Chaldean.

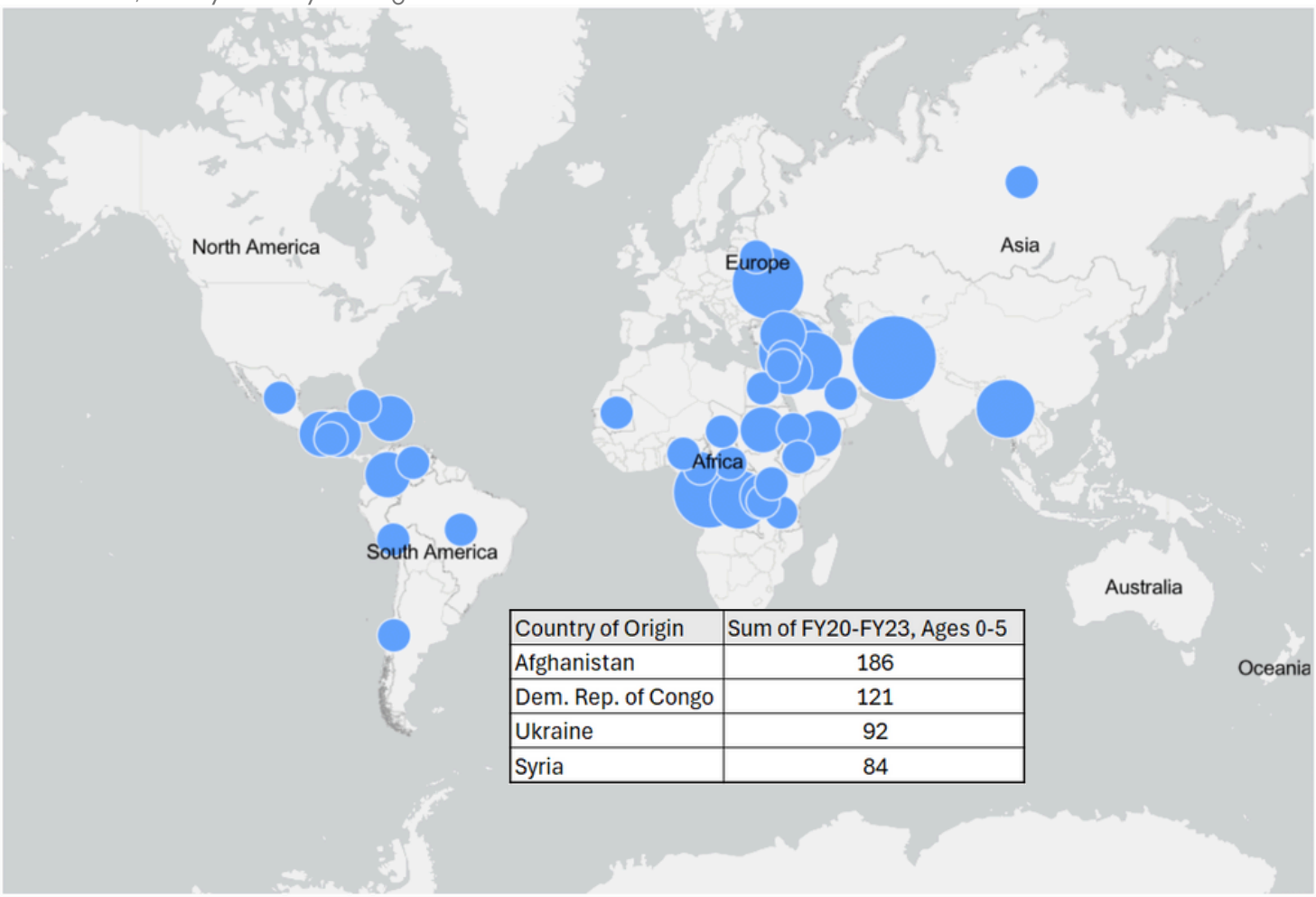
FY19-FY23, Total Arrivals by Language Speakers





Among newcomers in the focus area between fiscal year 2020 and fiscal year 2023, 926 were children aged 0 to 5 years old.[4] This group includes 40 unique countries of origin, with the top 4 countries represented being Afghanistan, the Democratic Republic of the Congo, Ukraine, and Syria.

FY20-FY23, 0-5 by Country of Origin



Country of Origin	Sum of FY20-FY23, Ages 0-5
Afghanistan	186
Dem. Rep. of Congo	121
Ukraine	92
Syria	84

To ensure that the findings of this environmental scan are responsive to the Michigan home visiting system and refugee communities in Michigan, the scope of this assessment is limited to evidence-based home visiting models being implemented there, namely Early Head Start-Home Based (EHS), Healthy Families America (HFA), Infant Mental Health (IMH), Maternal Infant Health Program (MIHP), Nurse-Family Partnership (NFP), Play and Learning Strategies (PALS), and Parents as Teachers (PAT).[5]

[4] This group includes children aged 0-5 with ORR-eligible statuses, including Refugees, Special Immigrant Visa holders (SIVs), Amerasians, Afghan Humanitarian Parolees, Cuban-Haitian Entrants, Ukrainian Humanitarian Parolees, and Unaccompanied Refugee Minors who received services through contracted partners of the Office of Global Michigan and those who received public benefits through the State of Michigan.

[5]This list excludes Family Spirit, an evidence-based home visiting model implemented in Michigan. Family Spirit programs serve American Indian communities in Michigan and thus does not include refugee families.

The environmental scan is the first part of the assessment process. The findings of this environmental scan will be used to inform the design of a needs assessment in the geographic focus area. The environmental scan and needs assessment will complete the assessment process and inform strategic priorities for this work.

In this report, the following key terms and acronyms will be used:

KEY TERM	DEFINITION
Home Visiting Program (HVP)	Home visiting program or HVP refers to an evidence-based home visiting program providing home-based services to families during pregnancy and with children aged 0-5.
Maternal, Infant, Early Childhood Home Visiting (MIECHV)	Maternal, Infant, Early Childhood Home Visiting or MIECHV is a federal program of the Health Resources and Services Administration to improve the health and well-being of pregnant women, parents of young children, and their families. MIECHV is a primary funding source for home visiting programs in Michigan.
Refugee Medical Screening (RMS)	Refugee medical screening or RMS providers are healthcare providers that provide domestic medical exams for refugees and other eligible newcomers in accordance with the Center for Disease Control and Prevention guidance.
Refugee Support Organization (RSO)	Refugee support organizations or RSOs refer to the network of non-profits, community-based organizations, and service providers who partner to ensure the successful resettlement and integration of refugee and immigrant community members.
Refugee Systems of Care (RSoC)	Refugee Systems of Care is the project at MPHI's Center for Quality Family Support funded by the Michigan Office of Global Michigan responsible for assessment and planning related to the integration of evidence-based home visiting and refugee services to better meet the needs of refugee families who are pregnant or with children aged 0-5 in Michigan.
Regional Community Collaborative (RCC)	Regional community collaboratives or RCCs are local non-profits in Michigan who receive state funds to develop community capacity and to support local efforts to address the needs of refugee and newcomer populations.
Resettlement Agency (RA)	Resettlement agency or RA refers to an organization provides Reception and Placement services to refugees and other eligible newcomers.

ENVIRONMENTAL SCAN PROCESS

The Refugee Systems of Care (RSoC) team conducted a comprehensive environmental scan to understand how home visiting programs are serving refugee families and the context in which these services are being provided. This process involved several interconnected activities: a literature review, website searches, key informant interviews, a site visit, and surveys. The literature review provided a foundation by examining existing research to establish refugee-responsive home visiting practices. The team conducted website searches to assess the current landscape of home visiting at the state and local level, both within and outside of Michigan, focusing on their engagement with refugee populations. Key informant interviews were held with refugee medical screening (RMS) providers in Michigan and home visiting programs (HVPs) nationwide to gather firsthand insights into service delivery and the challenges faced by providers serving refugee families. The RSoC team conducted a site visit with one of these HVPs to better understand their integration of refugee-responsive home visiting practices. Finally, the RSoC team distributed surveys to HVPs and refugee support organizations (RSOs) in Michigan to understand service delivery and collaboration across service sectors in the focus area. These activities collectively informed the RSoC team's understanding of refugee-responsive home visiting practices and identified factors that facilitate and stand in the way of linking refugee families to home visiting services and sustaining engagement.

Literature Review

Scholarly literature was reviewed to understand the experiences of refugee and immigrant families with young children, the challenges and barriers they face, and their unique strengths and resilience. The full literature review is available at: https://bit.ly/3ZMpq9F. An overview of key learnings is included in the Findings section of this report.

Website Searches

The RSoC team conducted a series of website searches to explore how HVPs at the state and local level, both within and outside of Michigan, address the needs of refugee families. The goal was to identify existing connections between home visiting services and refugee services and assess program and system-level awareness of the needs of refugee families.

National Home Visiting Models

The RSoC team assessed whether the national offices of home visiting models funded by Michigan's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program are aware of and prioritizing the needs of refugee families. This search involved analyzing the websites of various national home visiting models using keywords such as "refugee," "immigrant," and "non-English speaker" to identify any references or resources focused on refugee families.

The findings were limited to publicly available information, which may not capture all the efforts made by these models to serve refugee families. The scope was restricted to what is visible and accessible online, which does not include internal resources that may exist to provide targeted support for refugee families.



System-Level Support for Home Visiting Programs Serving Refugee Families

The RSoC team identified 5 of the top states with the highest numbers of refugees resettled: Texas, California, New York, Washington, and Arizona.[6] The team examined the integration of home visiting and refugee services within these key refugee-receiving states. The investigation focused on identifying references to refugee populations within state-level MIECHV systems and state-level refugee service administration systems. The goal was to determine whether there was precedence within these states for system-level support for HVPs serving refugee families.

Home Visiting Programs in Michigan

The RSoC team examined public facing websites to determine how evidence-based HVPs in Michigan address the needs of refugee families. The search sought to identify whether these programs explicitly target refugee families and how prepared they are to serve this population.

Findings were limited to publicly accessible information on program websites, which may not fully capture the programs' efforts.

Key Informant Interviews

The RSoC team conducted 13 key informant interviews to gain a deeper understanding of how refugee families interact with HVPs nationwide and RMS providers in Michigan. RMS providers were identified as a key informant due to their sustained contact with refugees and potential as a referral source for HVPs. Semi-structured interviews were conducted to explore the connection between service sectors and understand the challenges faced by providers in each service sector to meet the needs of refugee families.

Refugee Medical Screening Providers

The RSoC team conducted interviews with 4 out of 5 (80%) RMS providers in the focus counties. The interview questions were designed to better understand RMS providers' process in identifying and treating health issues in newly arrived refugees and their role as a referral partner for HVPs.

[6] https://www.migrationpolicy.org/article/refugees-and-asylees-united-states-2022

Nationwide Home Visiting Programs Serving Refugee Families

The RSoC team engaged with home visiting partners nationwide through introductions facilitated by regional support specialists for PAT, HFA, and NFP models. These regional specialists helped recruit and select partners with extensive experience serving refugee families through home visiting. The RSoC team conducted eight semi-structured interviews focused on program design, implementation strategies, and challenges in serving refugee families. This approach was crucial for contextualizing refugee-responsive home visiting practices, identifying challenges, and understanding opportunities to enhance support HVPs serving refugee families.

Several limitations affected data collection, including time constraints that limited the total number of interviews conducted and limited access to nationwide programs implementing the EHS, IMH, MIHP, and PALS models.

Site Visit

The RSoC team conducted a site visit to Community Action Project (CAP) Tulsa's Learning@Home program. CAP Tulsa was selected due to its diverse service population, including Hispanic, Burmese, and Afghan families, and its implementation of proactive and culturally sensitive approach to home visiting with refugee families. The site visit involved shadowing home visits and meeting with program leadership, direct service staff, and local community partners.

The RSoC team aimed to learn about CAP Tulsa's implementation of the EHS and PAT models, examine the linguistic and cultural adaptation of materials, and assess their community partnerships. This approach focused on identifying practices and strategies to overcome common challenges in delivering home visiting services to refugee families.



Surveys

The RSoC team distributed two surveys in the focus area. The first survey assessed the extent to which HVPs are currently serving refugee families, their interest in serving refugee families, and their desire to stay connected to the RSoC project. It provided an opportunity for participants to share additional comments on their experiences and needs related to serving refugee families within home visiting. The second survey assessed the extent to which RSOs are currently referring refugee families to HVPs, the services they provide to refugee families, and their desire to stay connected to the RSoC project. It provided an opportunity for participants to share additional comments on their experiences and needs related to serving families with young children.

Home Visiting Programs in Focus Area

The RSoC team engaged with state-level leaders from evidence-based home visiting models in Michigan, including EHS, HFA, IMH, MIHP, NFP, PAT, and PALS to identify HVPs in the focus area. The

team attended statewide meetings for each home visiting model, gave a presentation about the RSoC project, and asked HVPs that provide services in the focus area to complete the online survey. Additionally, state-level leaders sent the presentation and survey via email to those who could not attend.

The survey was distributed to 85 HVPs in the focus area and 45 programs (53%) responded. The response rate by home visiting model is as follows: 6 of 10 (60%) EHS programs, 4 of 4 (100%) HFA programs, 8 of 10 (80%) IMH programs, 16 of 35 (46%) MIHP programs, 4 of 7 (57%) NFP programs, 2 of 2 (100%) PALS programs, and 6 of 15 (40%) PAT programs.

Refugee Support Organizations in Focus Area

The RSoC team engaged with RSOs to introduce the RSoC project and gather feedback. Meetings were requested with leaders of all 9 resettlement agencies (RA) and all 4 regional community collaboratives (RCC) in the focus area. During these meetings, the RSoC team presented information on Michigan's home visiting system, highlighted the specific models implemented in their service areas, and received information on the resettlement and integration services that are provided across the focus area. In addition, the RSoC team attended and presented at 1 of the local RCC meetings and shared the survey with participants. The aim of these activities was to understand what services are provided to families, if these RSOs refer families to HVPs, and gauge their interest in referring families to HVPs.

The RSoC team was able to collect information from 8 out of 9 RAs (89%) and 4 out of 4 RCCs (100%) through meetings and surveys. All 7 counties in the focus area were represented. A total of 18 survey responses were received.



FINDINGS

The following section will outline key information on refugee-responsive home visiting practices identified in the Literature Review alongside supplementary findings from other research methods. It demonstrates the real-world application of strategies highlighted in scholarly literature, as corroborated by website searches, interviews, surveys, and site visits. These findings will be used to inform future activities of the RSoC project.

Prioritize Refugee Families

Literature Review

Identifying refugee families as an at-risk population along with other vulnerable families is a strategic approach to ensuring that refugee families have access to home visiting services. This involves acknowledging the impact of language and culturally differences, evaluating their need for language access, and considering their unique needs.

Website Searches

Website searches showed evidence that some state-level home visiting systems identified refugee families as a priority population. For example, the 2020 New York statewide MIECHV needs assessment included refugees as a priority population and described strategies to provide culturally and linguistically responsive services that could impact home visiting engagement with refugee populations. Other state-level and national stakeholders included mention of immigrants and non-English speakers without specific mention of refugee families.

Interviews

Through nationwide interviews with HVPs that were identified as having expertise in serving refugee families, RSoC staff discovered three ways that they were prioritizing refugee families alongside other vulnerable families.

1. Many programs stated that their focus on refugee families developed from recognizing refugee populations as an integral part of their communities. Key informants shared that their communities were sanctuary cities, received a large influx of Afghan families during Operation Allies Welcome, or that programs were connected to an RA.
2. Programs prioritized refugee families by hiring culturally and linguistically diverse staff that matched the populations in their communities. Bilingual staff were identified as speaking Arabic, Burmese, Dari, Farsi, Hmong, Kurdish, Nepali, Oromo, Pashto, Somali, Spanish, and Swahili, including staff who had lived experience of forced migration.
3. Programs provided translated materials and adaptation of approaches to accommodate the unique needs of refugee families.



Site Visit

CAP Tulsa served Hispanic families since its inception. However, as the community evolved, so did CAP Tulsa's responsiveness to the community. The organization prioritized support for a broader group of families, including those from Burma and Afghanistan.

Recognizing the unique needs of refugees and immigrants, CAP Tulsa took intentional steps to provide targeted support. They hired staff fluent in Spanish and Burmese, sought additional funding to translate materials for Afghan families, and connected with organizations like the Council on American-Islamic Relations and the YWCA for training on cultural sensitivity and how to work with interpreters. With grant funding, they were able to purchase books, puzzles, and other materials in the families' home languages, ensuring inclusivity and support for everyone. Rather than outsourcing or referring refugee families to other agencies, CAP Tulsa embraced the responsibility of serving refugee families as an integral part of the Tulsa community.

Surveys

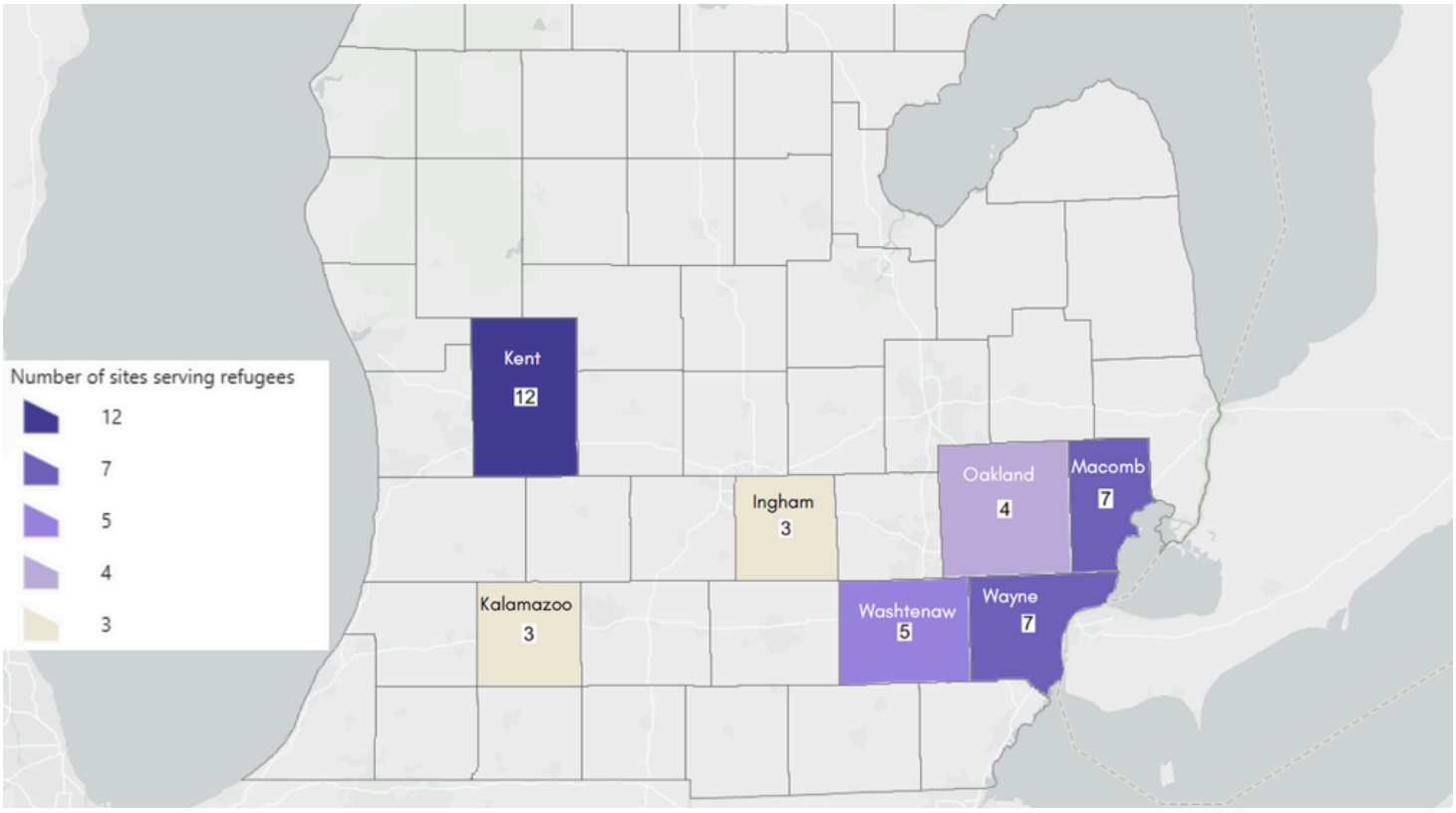
Survey responses from HVPs suggest that refugee families are being served in the Michigan home visiting system. Twenty-four (24) out of 45 survey respondents (53%) reported serving refugee families. Additionally, 11 out of 45 survey respondents (24%) reported they were unsure if they were serving refugee families. As a group, these 35 HVPs are considered the most likely to be serving refugee families among the 85 HVPs in the focus area.

Among home visiting models included in this scan, MIHP accounted for the largest share of this group with 13 programs serving refugee families or unsure.

The breakdown of the remaining model groups, from largest share to least: 6 IMH programs, 5 EHS programs, 4 PAT programs, 3 NFP programs, 2 HFA programs, and 2 PALS programs.

Furthermore, survey responses provide insight into where home visiting services are most likely being provided to refugee families. Kent County accounted for the largest share with 12 programs. The breakdown of the remaining counties is: 7 programs in Macomb County and Wayne County, 5 programs in Washtenaw County, 4 programs in Oakland County, and 3 programs in Ingham County and Kalamazoo County.[7]

County and Number of Home Visiting Programs Serving Refugees



[7] Some of the programs are counted multiple times when the program service area encompasses multiple counties in the RSoC focus area.

Nearly half of the 45 HVPs provided additional comments in the survey, offering insights into their experiences and perspectives on serving refugee families through home visiting. The RSoC team organized these responses into two primary categories, with several key themes emerging under each.

Interest in System Level Collaboration

- Interest in connecting with the work of the RSoC project
- Interest in more information about cultural practices and the refugee experience
- Interest in collaborating with other agencies that serve refugees
- Questions about the definition of a refugee

Concerns about Providing Quality Services

- Cost of language support
- Lack of materials in languages other than English or Spanish
- Additional time required to address case management needs of refugee families
- Lack of knowledge of resources, such as immigrant legal support

Incorporate Feedback From Refugee Families

Literature Review

Active participation of refugee families is crucial in every stage of the program, from design to evaluation. This can be achieved through various forms of engagement, such as focus groups, community dialogues and inclusion on advisory boards, which help guide the program's structure and service delivery. Involving refugee families in the development and evaluation of HVPs ensures services are culturally relevant and tailored to their unique needs, benefiting both the programs and the families they serve.

Interviews

Several programs reported using family feedback from refugees to make changes in their implementation. Several programs emphasized the importance of cultural curiosity, asking open-ended questions and using parent responses to adapt model curriculum in a way that connects to refugee parent beliefs and traditions. Programs shared how they learned from families about cultural practices such as songs, stories, and holidays and used them when sharing activities for parent-child interaction. Elements of the home visiting model were adapted to meet parent needs such as offering play groups within walking distance of where many refugee families live, asking about parent's preferred learning style (written materials, verbal instruction, hands-on support) and having feedback surveys translated into relevant languages. There was also the mention of refugee parents being included in advisory groups for at least one program.

Site Visit

Play groups served a crucial role in helping refugee families feel welcomed and reducing isolation. These gatherings, which included communal meals, were designed to include caregivers and create a space where families from different backgrounds felt comfortable and supported. Learning@Home incorporated feedback from refugee families to ensure they were included by offering halal food options at all playgroups. Additionally, Learning@Home began offering playgroups at local sporting events based on feedback from Afghan fathers.

Leverage Community Partnerships

Literature Review

Collaboration with RAs and RSOs is crucial to support culturally and linguistically relevant services, facilitate understanding of families' needs, and coordinate care for refugee families across service sectors.

Website Searches

The RSoC team conducted a search for the mention of refugee populations on state-level MIECHV and other early childhood education home visiting systems websites. Additionally, the team searched for "home visiting" on the websites of state-level refugee service administrators. None of the state-level refugee service administrator websites mentioned home visiting as a support for newly arrived refugees.

Interviews

HVPs spoke of partnerships with RAs, RSOs, and other community partners such as churches, local universities, and ethnic community-based organizations that expanded their ability to support refugee families. These partnerships helped HVPs connect families to services that could meet their needs, such as medical/mental health care, housing/household supplies, and childcare/early childhood education. Through these partnerships, HVPs identified new ways to support families by leveraging bilingual employees and community health workers to assist with system navigation and cultural brokering.

Program-level needs were met for translation, interpretation, and training by these expanded connections. Additionally, HVPS shared that members of these partner organizations served on home visiting advisory boards.

Site Visit

CAP Tulsa provided additional support to families through partnerships with community providers. These relationships helped secure funding for interpretation, translation, and bilingual materials, further enhancing the home visiting program's ability to serve refugee families.

Through formal partnerships with local behavioral health organizations like Family and Children's Services, families received mental health and case management support for needs that were identified during home visits. CAP Tulsa partnered with local RSOs, such as the Salvation Army and YWCA, to ensure families had in-person interpreters and translated curriculum materials.

Surveys

Reponses to the RSO survey provide some evidence of collaboration between HVPs and RSOs in the focus area. Four (4) out of 8 (50%) RAs who responded to the survey reported referring refugee families to HVPs. All the RSOs reported interest in connecting refugee families to home visiting services.



Linguistic and Cultural Adaptation

Literature Review

Understanding and responding to the cultural and linguistic diversity of refugee families is critical to meet the needs of refugee families with young children.

1. Adapt program implementation to increase cultural and linguistic responsiveness.
While many programs are implementing models with evidence to support their impact with general populations, few models have specific evidence to back their effectiveness with refugee families. In this situation, programs should consider adaptations to materials and content that retain program fidelity while increasing cultural responsiveness for different groups of families.

2. Hire staff that represent the communities served culturally and/or linguistically.
HVPs that match staff with the linguistic and cultural backgrounds of refugee families they serve is important for effective service delivery. Home visitors with lived experience as refugees or home visitors who speak the language or dialect of refugee families are best positioned to provide meaningful services and are instrumental in developing strategies for service delivery that meet the needs of refugee families. Home visitors who share a common language or culture with families are important for building trust with families and supporting recruitment.

3. Address Language Barriers in home visits and program materials.
To effectively serve refugee participants in HVPs, it is crucial to overcome language barriers. This can be achieved by employing bilingual staff, utilizing trained interpreters, and providing curriculum materials in multiple languages with cultural adaptations.

Interviews

Programs used cultural curiosity and the practice of asking questions as methods to build cultural understanding. Programs intentionally included songs, stories and holidays that were relevant to the families on their caseload. Home visitors set priorities based on expressed caregiver desires such as focusing on basic needs, taking time to explain the purpose and methods involved in home visiting and locating play groups sites where families felt comfortable. Seven of the eight HVPs interviewed have bilingual staff matched to the communities that they serve.

Key Informants conveyed a variety of ways that programs addressed language barriers in home visits and program materials.

- Hiring bilingual staff was a primary strategy for addressing language barriers during home visiting. Programs reported that bilingual staff had a strong impact on engagement and retention of refugee families in home visiting services. In some cases, bilingual staff also had lived experiences as refugees themselves. In other cases, staff were native English speakers with fluency in another language. When bilingual staff were not available, programs strongly preferred in-person interpretation as the best alternative to bilingual staff.
- Using virtual or phone interpreters was often used for less common languages. The cost, quality, availability, and acceptability of interpreters were a challenge for most programs though some were able to access no-cost interpretation through the agency where they were housed and most aimed to utilize a consistent group of interpreters with whom they had developed a working relationship.
- Providing curriculum materials and handouts to families in other languages was emphasized, with Spanish being the most common language offered. Some programs developed translated materials and forms on their own through program funding or funding from local foundations.

Site Visit

CAP Tulsa prioritized language skills and lived experience alongside formal education when hiring home visitors, demonstrating their commitment to meeting the needs of diverse families. CAP Tulsa staff members who shared the culture and language of families played an important role in establishing trust, especially in sensitive situations like domestic violence. The lived experiences of staff enhanced their ability to be sensitive to the families' culture and fostered empathy and strong relationships.

For Afghan families, the use of consistent in-person interpretation was particularly effective. Unlike telephonic interpretation, in-person interpreters were able to assess body language, physical environment, and facial expressions to maximize their ability to communicate on behalf of staff members and families. By partnering with the YWCA for interpretation, Learning@Home was able to request the same interpreters to ensure continuity with families and streamline scheduling.

While shadowing home visits, the RSoC team observed home visitors balancing program requirements with case management tasks. They assisted families with practical needs, such as using public benefits, communicating with landlords for home repairs, and identifying local resources to meet the families' needs. Targeted support from home visitors, bilingual and multicultural staff, in-person interpretation, and training on refugee experiences contributed to high retention rates among Hispanic, Burmese, and Afghan families. Learning@Home reported Afghan family completion rates to support their funding requests for language services and multilingual materials. According to Learning@Home, Afghan families demonstrated higher completion rates than their program average. In the EHS program, the completion rate for Afghan families was 70% compared to a program average of 60%. In the PAT program, the completion rate for Afghan families was 76% compared to a program average of 71%.



Provide Training and Support to Home Visitors

Literature Review

Home visitors play a critical role in supporting vulnerable families, and their well-being is essential to sustain the quality of care they provide. Reflective supervision and ongoing professional development are vital to equip home visitors with the skills to manage the emotional demands of their work. Training that enhances understanding of cultural diversity and effective communication, including the use of interpreters, is fundamental.

Interviews

HVPs communicated specific ways to support home visitors who provide services to refugee families, including training, targeted staff support, and other innovative methods.

Training

Most programs did not have specific onboarding processes about how to work with refugee families but utilized agency-wide trainings or others available in the community, such as from local RSOs. Home visitors were engaged and often requested additional training to support their work with refugee families. Common training topics include:

- Cultural humility
- Refugee experiences
- Trauma-informed care
- Specific cultures served by the program

Targeted Staff Support

The unique needs of bilingual/bicultural staff are addressed by creating supportive environments, spending time in supervision converting story-based information collected during home visits into a format that can be entered into databases and providing support in completing paperwork. Program leaders noted the importance of responding to the unique needs of immigrant and refugee staff, such as recognizing the impact of vicarious trauma, emotional stressors, and challenges setting boundaries with clients when home visitors identify as a refugee or immigrant community member.

Other Support Methods

Creative support methods, such as group texts for sharing resources, referral liaisons, frequent check-ins, and the development of culture-specific handbooks have been used. Program leaders emphasized the importance of consistent reflective supervision to prevent burnout, build resiliency, and facilitate sensitive discussions.

Site Visit

The leadership team at Learning@Home fostered a supportive team environment for home visitors, including a communal area for staff and private office space for both EHS and PAT programs. Staff used the communal area for collaboration, including informal gatherings with puzzles and art and team meetings to allow for the exchange of ideas and problem-solving. With frequent interaction among staff, home visitors were empowered to share insights and learn from their peers. In this environment, home visitors were able to support one another, discuss cultural considerations, and identify solutions.

The organization's commitment to quality was evident in its leadership's focus on continuous improvement, employee empowerment, and customer service. The positive work culture, coupled with competitive wages, Paid Time Off, and benefits, contributed to low turnover among staff. Some staff members had been with the organization for decades, a testament to Learning@Home's commitment to a positive work culture and CAP Tulsa's commitment to recruiting and retaining bilingual and multicultural staff.

Learning@Home also benefited from resources shared with the preschool located in the same building, such as access to a health team and referrals to preschool services. Close-proximity and resource-sharing among CAP Tulsa programs improved coordination of services and provided additional support to both home visitors and the families they served.

Collect Data on Participation and Impact

Literature Review

The equitable distribution of funding and the effectiveness of HVPs hinge on the inclusion and accurate representation of diverse family data, including home languages and cultural characteristics. A standardized method for collecting data on refugee families' involvement in home visiting services and its effectiveness is needed to address disparities in access and participation.

Interviews

No consistent pattern of data collection was demonstrated by programs to show refugee family participation in home visiting. Many programs collected data related to language, such as primary language, home language, or language spoken. Some collected additional information such as country of origin, immigration status, or length of time in the U.S. but did not systematically document this data. HVPs reported challenges in assessing the impact of home visiting services on refugee families due to the absence of best practices for tracking engagement and outcomes. The lack of standardized collaboration between early childhood services and refugee support organizations further complicates efforts to collect meaningful data on participation and service effectiveness.





Limitations

There are few key points to consider that limit the comprehensiveness of these findings:

1. The findings rely on interview responses from a subset of home visiting programs and refugee support organizations within the focus area. Programs that did not respond may have different experiences that are not captured in this report.
2. The absence of a uniform data collection system in Michigan for refugee families within home visiting programs limits the ability to analyze statewide participation and outcomes. This scan relies primarily on self-reported data from practitioners rather than comprehensive quantitative measures.
3. Home visiting programs differ in how they track and engage refugee families. The lack of standardized documentation across programs makes it difficult to draw direct comparisons or assess overall effectiveness.

CONCLUSION

Home visiting is a critical support for refugee families with young children. This environmental scan provides a summary of strategies for home visiting programs to respond to the unique needs of refugee families, as supported by scholarly literature and experts in the field. Website searches, surveys, and a site visit to an exemplary home visiting program were completed to contextualize and deepen the understanding of these strategies.

There are a few gaps to hold in mind that were elevated through the scan:

- There are no defined best practices in early childhood services for home visiting programs or direct services providers to follow to ensure high-quality services and reliable outcomes for refugee families.
- There is no established precedence in the United States for statewide collaboration between early childhood and refugee service providers to prioritize the needs of refugee families.
- Data on the participation and impact of home visiting is limited for refugee families. This scan relies on proven outcomes from evidence-based home visiting programs for the general population and self-report data from expert practitioners.

Scholarly literature and expert testimony emphasize that 6 key strategies are essential for strengthening home visiting services for refugee and newcomer families:

1. Prioritizing refugee families in recruitment and retention efforts helps ensure equitable access to services for populations that may face additional barriers.
2. Incorporating feedback from refugee families into program design, implementation, and evaluation creates opportunities to center the voices of families and build trust between providers and the communities they serve.
3. Leveraging partnerships with refugee support organizations can expand outreach, provide wraparound services, and strengthen collaborative approaches to care.
4. Adapting program implementation to increase cultural and linguistic responsiveness ensures that services are both accessible and reflective of the diverse backgrounds of families in care.
5. Providing targeted training and support to home visitors equips them with the knowledge and skills to deliver culturally sensitive and trauma-informed care.
6. Collecting data on refugee family participation is critical to identify gaps, evaluate outcomes, and develop strategies for equitable family outcomes.

The successful integration of refugee families within the Michigan home visiting system requires a statewide commitment to advance equity for refugee families. Collaboration across agencies and sectors is essential to drive meaningful system change. Without systematic prioritization of refugee families, home visiting programs that serve refugee families are isolated and lack the resources and support to effectively meet the needs of diverse families. The Refugee Systems of Care project is committed to supporting home visiting programs and system partners in Michigan to promote an equitable and welcoming home visiting system that is inclusive of refugee families.

NEXT STEPS

The Refugee Systems of Care project is responsible for assessment and planning to successfully integrate newcomers into the Michigan home visiting system. With the above strategies in mind, the RSoC team will design a needs assessment to evaluate the current home visiting system's implementation of refugee-responsive home visiting practices and the system's gaps in serving these families. This assessment will include surveys, focus groups, and interviews with key stakeholders in the Michigan home visiting system, including home visiting professionals and refugee families who have received home visiting services. The goals of this assessment are to:

- Assess the current capacity of the Michigan home visiting system to provide high-quality services to refugee families.
- Identify barriers to increasing the number of refugee families served in the Michigan home visiting systems.
- Identify gaps in service provision, training, support, and resources.
- Inform strategic priorities for the Refugee Systems of Care project to increase the reach and effectiveness of home visiting services for refugee families.

The findings of the needs assessment will be presented to system-level administrators of home visiting and refugee services to provide feedback on the system serving pregnant and parenting refugee families and create a shared understanding of the system, its assets, and its gaps.

Refugee resettlement brings incredible skills, talents, perspectives, and vibrancy to Michigan. Home visiting programs in Michigan are well-positioned to assist refugee families as they navigate new systems and build their lives in a new community. The Refugee Systems of Care project is committed to partnering with home visiting and refugee support professionals to address barriers and promote a welcoming environment for refugee families in Michigan.