Serving Refugee Families Through Home Visiting

Literature Review, August 2024



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Abstract

This literature review examines the strengths and needs of refugee families with young children. Furthermore, this review analyzes strategies and challenges for home visiting programs to effectively respond to the needs of refugee families.

Refugee families bring valuable strengths to their communities, including economic contributions, resilience, and cultural diversity. However, refugee families encounter barriers that can pose a challenge for effective service provision, such as language access, economic constraints, trauma, and mistrust of public services. Culturally responsive and trauma-informed practices are vital for providing effective support to these families.

Recommendations of refugee-responsive home visiting practices include prioritizing refugee families in program eligibility criteria and outreach; incorporating feedback from refugee families in program design, implementation, and evaluation; and developing community partnerships with refugee and immigrant serving organizations. The literature suggests that implementing these practices can support the development of responsiveness to community needs, culturally sensitive services, and accessibility of services for refugee families.

The review emphasizes the importance of linguistically and culturally responsive practices in program implementation, such as adapting materials, hiring culturally diverse staff, and providing language access. Comprehensive training and support for home visitors, particularly in trauma-informed care and cultural sensitivity, are also recommended.

Lastly, the review emphasizes the importance of data collection and evaluation to accurately assess the participation and impact of home visiting services for refugee families. Standardized methods for documenting the participation and outcomes for refugee families are needed to address disparities in access and participation.



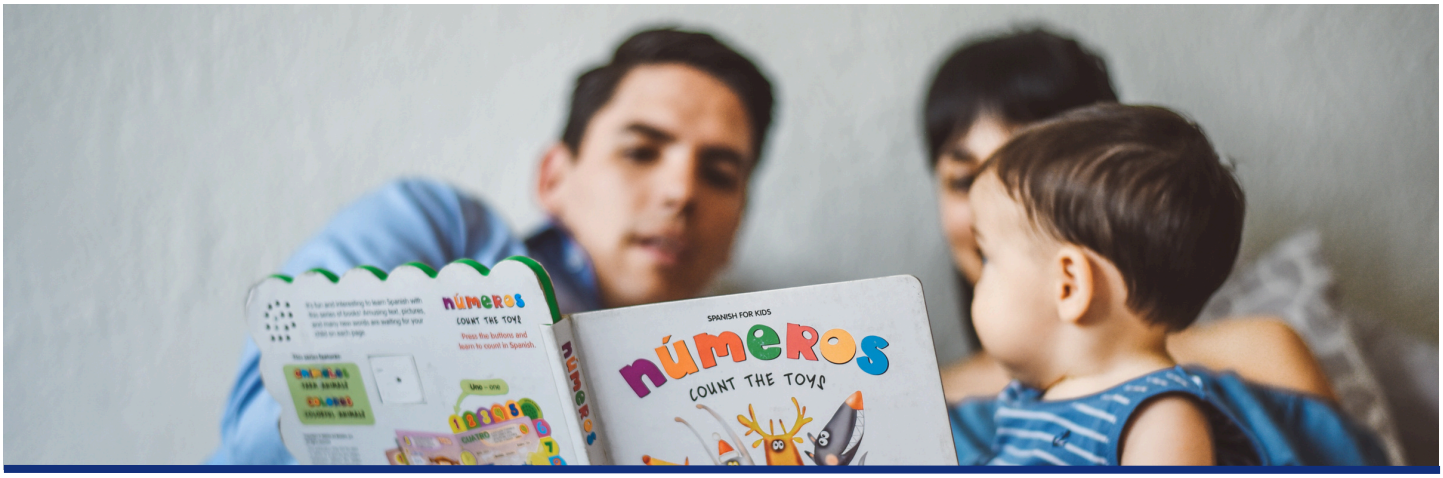
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Introduction

Home visiting is a free and voluntary service for parents during pregnancy and early childhood to ensure families are supported to create a safe and nurturing environment for their children. In Michigan, the home visiting system implements eight evidence-based models with proven outcomes in the areas of maternal and child health, child development and school readiness, and reduction in child maltreatment for families with children prenatal through age five. 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 (CQFS) 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. CQFS is beginning its work by conducting an environmental scan to identify factors that facilitate and stand in the way of linking refugee families to home visiting services and sustaining engagement.

One of the initial steps in the environmental scan was to conduct a review of scholarly literature to identify refugee-responsive practices within and outside of Michigan that are being implemented at the state and local level to serve refugee families in home visiting.

Furthermore, 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 following questions helped guide the literature review process:

1. Who are refugee families with young children?
2. To what extent do home visiting programs connect with and serve refugee families with young children?
3. What are refugee-responsive home visiting practices for serving families during pregnancy and with young children?



In our review of scholarly literature, several different demographic labels were used to describe families who moved away from their countries of origin to the United States. Due to the lack of scholarly literature that specifically references refugee families, we have included information on certain demographic descriptors other than specific references to refugees, including "immigrant", "limited English proficiency", and "dual language learner". While all refugees resettling in the United States are immigrants, not all immigrants in the United States are refugees. Most refugees who have recently resettled in the United States have limited English proficiency. Young children of refugee parents with limited English proficiency are considered dual language learners. The literature review will include the terminology used in the referenced articles, whether they mention "immigrant," "refugee," or both. These are our operational definitions for these key terms:

POPULATION / GROUP	DEFINITION
Refugee	A person who moves outside of their country of origin due to feared persecution, conflict, generalized violence, or other circumstances that have disturbed public order and who requires international protection.[1]
Immigrant	A person living in a new country other than their birth country and intends to remain there permanently.[1]
Dual Language Learner (DLL)	A young child with at least one parent who speaks a language other than English at home and who is learning two or more languages at the same time.[1]
Limited English Proficiency (LEP)	Individuals who do not speak English as their primary language and have a limited ability to read, speak, write, or understand English.[2]

Understanding Refugee Families With Young Children

According to the Migration Policy Institute, since 1980, the U.S. Resettlement Program has resettled approximately 73,300 refugees annually. Additionally, resettlement rates have increased now that the impacts of the COVID-19 pandemic have diminished. In 2021, approximately 11,400 refugees were resettled, 25,500 in 2022, and 31,800 from January-August of 2023.[3] In Michigan, as of 2018, seven percent of Michigan's residents are immigrants, while another seven percent of residents are native-born U.S. citizens with at least one immigrant parent.[4]

Strengths

Immigrant and refugee families bring many strengths and cultural assets to their new communities. From an economic perspective, because immigrants comprise more than one third of the workforce in agriculture and food processing, immigrant families contribute significantly to the U.S. economy.[5] Additionally, immigrant and refugee families are incredibly resilient despite the many known challenges they face. Known as the 'immigrant paradox', first and second-generation immigrants generally are better off in areas of physical health, psychological health, and education when compared to United States born

individuals.[6] This paradox has been theorized to occur for two main reasons: (1) immigrant families are often highly motivated and value work and education; and (2) children of immigrants tend to be very connected to their family members and have an obligation to them to achieve success.

Immigrant and refugee families with young children bring a diverse range of languages and cultures, which has many benefits to communities and schools. When children and adolescents regularly connect and engage in culturally diverse environments, they develop intercultural competence.[7] Intercultural competence includes skills, such as understanding different worldviews and lifestyles, ensuring that the human rights of individuals from all cultural backgrounds are acknowledged and respected, and behavioral flexibility to accommodate different perspectives and worldviews.[8] Similarly, children experience cognitive and social benefits when exposed to multilingual environments.

Another way of understanding the strength and resilience of immigrant and refugee families is through the concept of Community Cultural Wealth.[9] Yosso's framework of Community Cultural Wealth portrays the many skills, knowledge, and connections that children within communities of color bring to educational environments. Yosso described the six different types of capital that communities of color bring into classrooms including:

- *Aspirational Capital:* "the ability to maintain hopes and dreams for the future, even in the face of real and perceived barriers. This resiliency is evidenced in those who allow themselves and their children to dream of possibilities beyond their present circumstances, often without the objective means to attain those goals" (pp. 77-78).[9]
- *Linguistic Capital:* "the intellectual and social skills attained through communication experiences in more than one language and/or style… Linguistic capital reflects the idea that Students of Color arrive at school with multiple language and communication skills. In addition, these children most often have been engaged participants in a storytelling tradition, that may include listening to and recounting oral histories, parables, stories and proverbs" (pp. 78-79).[9]
- *Familial Capital:* "those cultural knowledges nurtured among families that carry a sense of community history, memory, and cultural intuition…This form of cultural wealth engages a commitment to community well-being and expands the concept of family to include a broader understanding of kinship. From these kinship ties, we learn the importance of maintaining a healthy connection to our community and its resources" (p. 79).[9]
- *Social Capital:* "networks of people and community resources. These peer and other social contacts can provide both instrumental and emotional support to navigate through society's institutions" (pp. 79-80).[9]
- *Navigational Capital:* "skills of maneuvering through social institutions. Historically, this implies the ability to maneuver through institutions not created with Communities of Color in mind" (p. 80).[9]
- *Resistant Capital:* "Knowledge and skills fostered through oppositional behavior that challenges inequality" (p.80).[9]

This framework for understanding the strengths and skills that communities of color bring has provided a foundation for research with children in early childhood education systems. Ersoy Erdemir built upon this framework in a study with 36 Syrian refugee children who resettled in Turkey. In this study, Erdemir

explored the aspects of cultural wealth among Syrian refugee children through their subjective perspectives about their experiences in attending a preschool intervention program using an age-appropriate method with a focus on visuals.[10] Findings from interviews with these children portrayed the assets and skills they brought to their new schools within the six different forms of capital. These findings are important to build upon in future research and should inform programmatic supports for early childhood systems working with refugee children.

Challenges and Barriers

Families leave their home countries for a wide variety of reasons, which can include poverty, oppression, and violence. The process of resettling in a new country places these families in unpredictable circumstances with limited access to services. Particularly for children of immigrant and refugee families, early exposure to immigration trauma can impact brain function and development over the lifespan, which can contribute to delayed social-emotional development, difficulties navigating educational environments, and mental health challenges. Immigrant and refugee families moving to the United States face economic challenges and reduced social support, including separation from their extended family and community. Adapting to a new culture can disrupt a family's sense of normalcy due to the change in cultural framework from their country of origin.[11]

Immigrant and refugee families with young children face challenges and barriers when it comes to accessing early childhood services. Even though programs intend to target these families due to their increased vulnerability, the families are often not able to take advantage of the supports for a variety of reasons. The barriers they experience that contribute to a lack of access to early childhood education services include threat of deportation, concern about privacy and confidentiality of services, and public, anti-immigrant sentiment that contribute to the lack of trust in public services among refugee and immigrant families.[5]

When the characteristics of children of refugee and immigrant parents are examined, the barriers to accessing early childhood services becomes clear. Dual language learners (DLLs) are less likely than their peers to enroll in early childhood programs, even though they are more likely to benefit from these services. DLLs are especially vulnerable because they are more likely than their peers to live in low-income households, to have parents with lower education levels and to have limited access to the internet and digital technology.[12]

Home visiting programs are best positioned to serve refugee and immigrant families when they provide adequate training on trauma-informed approaches, ensure access to interpretation and translation services for LEP families, and demonstrate sensitivity to the lived experience, strengths, and challenges faced by refugee and immigrant families resettling in the United States.



Refugee-Responsive Home Visiting Practices

Across the country, families with young children are arriving in the United States through the refugee resettlement process. These families are well-positioned to benefit from the services provided by evidence-based home visiting programs. Unfortunately, the potential impact is decreased by language barriers, lack of data, and lack of prioritization of refugee families. Scholarly literature provides insights into refugee-responsive home visiting practices that will address these barriers and allow refugee families to reap the full benefits of evidence-based home visiting. These practices include prioritizing refugee families, incorporating feedback from the community, adapting program materials, implementing services that meet the cultural and linguistic needs of families, and collecting data on refugee participation and impact.

Prioritize Refugee Families

A recommendation that lays the foundation of refugee-responsive home visiting practices is to prioritize refugee families alongside other vulnerable families. Several states and counties have taken steps to meet this goal by including linguistic and cultural barriers in their definition of "at-risk" families. Programs are able to prioritize refugee families by requiring programs to include the parents' literacy and English language proficiency in the screening process to determine eligibility for services[13], by including refugees as a population of interest in the Maternal, Infant, Early Childhood Home Visiting (MIECHV) Needs Assessment,[14] and by targeting underserved "at-risk" communities for service expansion.[15] Programs should explicitly recruit refugee families and implement models that can effectively address the trauma and intergenerational mental health needs of refugee families.[16] Prioritizing refugee families acknowledges their unique circumstances, fosters cultural sensitivity, and promotes their successful adaptation to new communities.



Incorporate Feedback From Refugee Families

Adapting services to the unique needs of refugee families involves their active input in all facets of the program, from its initial implementation to its evaluation. A comprehensive approach to the use of parent voice and leadership includes a continuum of participation from collecting parent voice through surveys, focus groups and interviews to having parents collaborate as partners and decision-makers by serving on advisory boards or Continuous Quality Improvement teams.[17] In some communities, a way to promote culturally competent services is to work through community elders. Engaging elders or other respected figures as trusted informants can also facilitate the dissemination of program-related information.[14]

Families may suggest changes to materials, content, and ways of working together that can enhance their connection to the home visiting services. Daniel

Ferguson and colleagues at the National Center for Children in Poverty conducted research to identify key strategies for promoting well-being in families of diverse backgrounds receiving home visiting services. This study emphasizes the importance of family involvement in both the development and appraisal of these programmatic adjustments.[18] It is crucial for home visiting providers to recognize that families sharing similar backgrounds or traits may still exhibit distinct cultural identities. Home visiting providers are encouraged to "refrain from making assumptions about a family's culture based on characteristics such as national origin" (p.7).[14] Instead, this study encourages home visitors "to speak with families, hear their stories and adopt approaches to family issues that consider their cultural context" (p. 7).[14] For instance, after hearing from East African community members, Best Start for Kids in King County, Washington, accommodated their social interaction needs by conducting some visits at communal locations beyond their homes.[12]

Both home visiting programs and refugee families benefit when families are involved in the development, implementation, and evaluation of the programs. This ensures that the services provided include cultural insights and are customized to meet their specific needs.



Leverage Community Partnerships

Another strategy to elicit feedback and surmount obstacles involves partnering with resettlement agencies and established immigrant service organizations. These entities serve as cultural liaisons that bridge the divide between immigrant communities and conventional institutions.[19] [20] For example, in Arizona, a Head Start program improved its outreach and services for refugee families by partnering with the state refugee resettlement program and identifying key barriers to their access, which resulted in increased enrollment and participation.[15]

Linguistic and Cultural Adaptation

When feedback from refugee families and connected agencies is gathered and incorporated, linguistically and culturally responsive home visiting strategies become necessary to adequately serve refugee families. Literature supports the four strategies outlined below.

Implement Successful Models

In a policy brief on utilizing home visiting programs to serve DLL families, Park and Katsiaficas highlight two home visiting models that are not included in the Home Visiting Evidence of Effectiveness (HomVEE) evidence base. "Several studies suggest the success of certain home visiting models in working with immigrant and DLL families, such as ParentChild+ and BabyTALK" (p. 11).[16] The ParentChild+ one-on-one model is described as "Early learning specialists, from the community who share a language and cultural background with the family, work with parents…to ensure their children's school readiness by supporting healthy development and building social-emotional, cognitive, and early literacy skills through reading,

conversation, and play".[21] While not recognized by HomVEE, it is a model approved by the California Evidence-Based Clearinghouse for Child Welfare.* Research cited on the ParentChild+ website shows significant outcomes for children and families in terms of language skills, enrollment of DLLs in early childhood education programs, kindergarten readiness, positive parenting behaviors, and effective replication in a wide variety of communities with mostly Latino populations.[22] Literature also describes the implementation of ParentChild+ with families from Afghanistan, Bangladesh, Burma, and the Democratic Republic of the Congo.[1]

The BabyTALK (Teaching Activities for Learning and Knowledge) model was "founded in 1986, as a community family engagement model which provides the framework to guide home visitors...in nurturing school readiness and optimal child development in their community by providing opportunities for infants, toddlers and their caregivers".[23] A randomized controlled trial (RCT) showed statistically significant impacts in social-emotional and language development in the child and positive parenting skills. Positive gains were also shown in parental stress, trauma symptoms, linkages and referrals, and economic self-sufficiency. Unique features of the RCT that supported implementation with refugee families include housing the program in a refugee resettlement agency and utilizing home visitors who were former refugees.[24]

Adapt Program Implementation

Currently ParentChild+ and BabyTALK are not listed as eligible for federal MIECHV funds in the HomVEE database.[25] MIECHV grants are a major source of funding for home visiting programs in Michigan including Early Head Start, Healthy Families America, and Nurse-Family Partnership.[26] States and local programs that are implementing evidence-based models funded by MIECHV should consider adaptations to materials and content that retain program fidelity while increasing cultural responsiveness for different groups of families. Families that experience content and activities aligned with their traditions, values, and priorities may stay in programs longer and engage more fully with the program's supports.[16] "A minimal approach is to check the cultural relevance of the content by having members of the targeted population review materials. More in-depth adaptations can be made by embedding the intervention into the cultural concepts and communities" (p. 3).[27]

Adapting model content to align with cultural nuances significantly enhances its relevance and impact. Daniel Fergeson and colleagues at the National Center for Children in Poverty note two examples of this. Oklahoma's SafeCare program † adaptation went beyond mere translation into Spanish; it incorporated colloquial expressions and addressed culturally defined illnesses, which encouraged the families' participation in identifying potential remedies.[18] Furthermore, the adaptation of

* Visit https://www.cebc4cw.org for more information on California Evidence-Based Clearinghouse for Child Welfare
† SafeCare is an evidence-based pilot program aimed at preventing child abuse and neglect by serving families who may be at high-risk. In coordination with the Latino Community Development Agency, Oklahoma adapted SafeCare materials to better serve the Latinx community.

Mothers and Babies ‡ into the Lakota and Dakota languages captured additional cultural nuances by embedding cultural values and incorporating culturally relevant colors and designs into materials. Adapting model content in this way "helps families understand stressors that can affect the mother-baby relationship in the context of [their own cultural] worldview" (p.12).[18] National models, state level home visiting systems, and local home visiting programs each play a crucial role in ensuring that services are tailored to meet the needs of refugees and other minority populations. By taking a collaborative approach, those with a vested interest in home visiting would be more likely to achieve equitable outcomes for all community members.

Diverse Staff Representation

Building on the learnings described above, literature highlights the effectiveness of home visiting programs that employ staff with similar linguistic and cultural backgrounds as the refugee families they serve. These home visitors, often from the same communities and sometimes former refugees or program participants themselves, can communicate in multiple languages and possess an intrinsic understanding of the families' experiences. This insight fosters trust, encourages program enrollment, and supports retention. In this way, staff who represent families' diversity can help navigate cultural norms and gender roles within family dynamics. The programs' success is attributed to the culturally sensitive services provided, which are essential for addressing family mental health and child development. This approach has proven to be a significant draw for families, contributing to high completion rates despite the challenges faced by many home visiting programs.[1 5 12]



Address Language Barriers

Refugee participants in home visiting programs often have LEP and low educational attainment.18 The federal government requires that language barriers should not prevent an individual from accessing services that are supported with federal funds. Meeting these requirements in home visiting is usually accomplished through hiring bilingual staff or using trained interpreters.[20] To address the diverse linguistic and cultural needs of communities, it is essential to provide curriculum materials in formats that are accessible and relevant to families. This includes translating resources into multiple languages and adapting content to be culturally sensitive. Recognizing and accounting for regional dialects is also important.[12 28] One creative strategy to address this need is by developing community hubs to centralize language supports that are relevant to certain regions but that may be beyond the capacity of individual service providers.[29] By integrating language service requirements into program designs with clear accountability, services can become more responsive to the needs of LEP and DLL families.

‡ Mothers and Babies is an evidence-based intervention for pregnant people and new parents to help manage stress and prevent postpartum depression.

Provide Training and Support to Home Visitors

Home visitors working with refugee caregivers face significant challenges, particularly in temporary accommodations where the focus is often on immediate needs and children's well-being, potentially neglecting the caregiver's mental health. Home visitors working with refugee families need support and training to navigate these unique and complex circumstances.[30]

The role of home visitors is crucial yet challenging as they navigate the complexities of families' lives while managing their own stress and well-being. Home visitors face many stressors, such as worrying about families' conditions and dealing with difficult interactions and safety concerns, which can lead to burnout and emotional exhaustion.[31] An exploratory study published in the Journal of Advanced Medicine found that health visitors§ working with refugee women prioritized basic needs and focused on the needs of children before those of their mothers. Health visitors considered themselves ill-prepared to deal with the complexities of working with women in these situations.However, supportive relationships with colleagues, ongoing training, and reflective supervision can mitigate these effects, enhancing job satisfaction and retention. These measures not only support the health visitors themselves, but also ensure consistent and quality care for the families they serve.[31] The MIECHV-funded models in Michigan** mandate reflective supervision to support home visitors' professional development and address the impact of their work on their well-being.

> "Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor's ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on their own, without interruption from the supervisor (p.16)."[32]

Key elements of successful reflective supervision include the supervisory relationship (trust, safety, collaboration, and respect), structure and mode of delivery (frequency, regularity), content of the session (relationships - parent/child, home visitor/parent, supervisor/home visitor; challenges, self-care and coping, cultural issues), following a reflective process, and supervisor techniques (behaviors to build and sustain the supervisor/home visitor relationship). Reflective supervision is an important support for home visitors to deal with the challenges of providing services to families.

The literature emphasizes the importance of professional development for home visitors, focusing on understanding the migration experiences of refugees, the cultural practices of families in their program, and effective communication with interpreters.[18] [21] [33] [34] Training in promoting early language and literacy for DLLs and LEP parents is also highlighted, with an emphasis on viewing multilingualism as a beneficial asset.[25] [35] Additionally, there is a call for training on conducting

§ Health visitor is a term used in the United Kingdom to describe state funded, public health nurses providing a health promoting and illness prevention service to all women with newborn babies and children under 5. Health visitors provide services to families in their own homes, in community clinics, and in other community settings.
** The most prominent MIECHV-funded models in Michigan are Early Head Start, Healthy Families America, and Nurse-Family Partnership.

culturally and linguistically appropriate early screenings for DLLs to prevent the misidentification of developmental delays due to a lack of understanding of bilingual development.[15]

Effective home visiting programs are enhanced by providing professional development and support for home visitors, ensuring they are equipped to offer trauma-informed care. This can include co-locating home visiting in mental health agencies which facilitates access to mental health providers. Training home visitors on mental health concepts, trauma-informed practices, and referral processes prior to serving families provides them with the necessary skills to support families effectively.[1 12 15]

The home visitor-parent relationship is critical because it offers emotional support and promotes resilience and attachment.[36] A trauma-informed approach also involves being sensitive to the family's experiences of trauma, discrimination, and cultural beliefs, which can affect access to mental health services.[14] Trust-building with immigrant families is vital. To do this, home visitors must acknowledge power dynamics, historical government mistrust, the importance of confidentiality, and respect for family dignity and rights.[20] This comprehensive approach addresses the diverse linguistic, cultural, and psychological needs of families within home visiting programs.

Home visitors require broad support to effectively address the diverse needs of families. This includes reflective supervision to address work stresses, specialized training to understand cultural nuances and support DLLs, and the implementation of trauma-informed care practices to sensitively handle individuals with adverse experiences.

Collect Data on Participation and Impact

Refugee families often face disparities in service access due to underrepresentation in data collection.[20] Integrating diverse family data into home visiting program design is crucial to promoting equitable funding and to reducing access disparities.[37] Several limitations exist at the state and national level within the home visiting system that pose challenges to understanding the extent to which home visiting services are reaching immigrant and refugee families. One way to understand if this population is being served by home visiting programs is to identify how many of the families served by home visiting programs have limited English proficiency (LEP).

All federally funded initiatives are required to provide access to services for LEP parents and children. For example, Park and associates state that regulations governing the MIECHV program do not contain specific language access requirements. This leads to inconsistencies in how MIECHV is implemented in different states, which makes it more difficult to identify whether language access is being provided for LEP families.[18] In other words, when states are unable to ensure adequate data collection for LEP families, it is difficult to assess whether language access requirements are being implemented. Without data on whether these services are being offered to LEP families, we cannot know the reach that home visiting programs have within immigrant and refugee communities. Under MIECHV policy, immigrant, LEP, racial and/or ethnic minorities, or families who speak a language other than English at home are often not explicitly listed as priority service populations. States are given the option to include additional priority populations, but most states did not include immigrant, refugee or LEP families as a priority service population in their needs assessments.[17]

Three examples of enhanced data collection were cited in the literature. First, states collect detailed information on home language and other related characteristics to support the development of language services and program supports.[38] Second, Massachusetts highlights foreign-born and immigrant/refugee residents as a special population of consideration by including them in its MIECHV Needs Assessment.[39] Third, there are systemic issues in using census data to describe individuals of Arab descent as White/Caucasian. This oversight hinders equitable policy development and resource allocation for Arab Americans. Proposals to rectify this include introducing a new racial category for people from the Middle East and North Africa (MENA) region.[21]

Currently, there is no standard expectation or method in Michigan for the collection of data related to refugee families to describe their involvement in home visiting services or its effectiveness. Enhanced data collection across early childhood systems is a well-documented method to address disparities in access and participation.

Conclusion

Refugee families with young children bring important strengths to communities where they settle, including family connectedness and cultural capital. Refugee families also experience unique vulnerabilities, including forced migration and cultural barriers to integration, such as language differences and diverse child rearing practices. Currently, the home visiting system at the local, state, and national level is not sufficiently meeting the needs of these families.

Data that would identify refugee families on home visiting program caseloads is not universally collected therefore it is difficult to determine the extent to which refugee families are currently being served by home visiting. Programs that collect data on family language and country of origin can prioritize outreach, adapt implementation, and evaluate outcomes to address the unique needs of refugee families. Language supports are essential and play an important role in ensuring the full participation of refugee families in home visiting services. The literature emphasizes the employment of staff with similar cultural and linguistic backgrounds as the refugee families they serve as a supplement to the use of in-person interpretation for home visits with families who speak less common languages. High-quality linguistic supports are proven to be a significant draw for families, contributing to elevated program completion rates. Collaborative approaches are encouraged, such as creating centralized community language hubs. Lastly, home visiting staff need specialized training and reflective supervision to effectively address the complexity of program requirements, cultural diversity, and unique needs of refugee families. Without targeted support, both families and home visitors struggle to achieve the desired outcomes of the home visiting program.

Current literature provides clear recommendations for improving home visiting services provided to refugee families with young children. The literature also encourages national models and early childhood researchers to investigate the impact of home visiting programs on refugee families to implement changes that are needed and effective.



References

[1] Sandstrom, H., Bose, S., Brennan, K., Casas, M., & Atukpawu-Tipton, G. (2023, May 23). Home Visiting Services for refugee, immigrant, migrant, and dual language learner families. National Home Visiting Resource Center. https://nhvrc.org/brief/home-visiting-services-for-refugee-immigrant-migrant-and-dual-language-learner-families/

[2] LEP.gov. (n.d.). Regarding limited English proficient (LEP) individuals. Commonly Asked Questions and Answers Regarding Limited English Proficient (LEP) Individuals. https://www.lep.gov/sites/lep/files/media/document/2020-03/042511_QA_LEP_General_0.pdf

[3] Ward, N., &Batalova, J. (2023, June 15). Refugees and Asylees in the United States. Migration Policy Institute. https://www.migrationpolicy.org/sites/default/files/publications/SPT-Refugees2023-PRINT-final.pdf

[4] Immigrants in Michigan. American Immigration Council. (2020). https://www.americanimmigrationcouncil.org/sites/default/files/research/immigrants_in_michigan.pdf

[5] Estes, C., Deaton, D., & Jayashankar, A. (n.d.-a). Building Trust with immigrant and refugee families: Spreading and Adapting 2Gen Working Practice. Aspen Institute. https://www.aspeninstitute.org/wp-content/uploads/2022/04/CSG-Trust-Building-Brief-1.pdf

[6] Hernandez, D. J., Denton, N. A., Macartney, S., & Blanchard, V. L. (2012). Children in immigrant families: Demography, policy, and evidence for the immigrant paradox.

[7] Deardorff, D. K. (2004). The identification and assessment of intercultural competence as a student outcome of internationalization at institutions of higher education in the United States.), (Doctoral dissertation). Retrieved from the North Carolina State University Library. (http://www.lib.ncsu.edu/resolver/1840.16/5733) North Carolina State University, Raleigh, NC.

[8] Schwarzenthal, M., Schachner, M. K., Juang, L. P., & Van De Vijver, F. J. (2020). Reaping the benefits of cultural diversity: Classroom cultural diversity climate and students' intercultural competence. European Journal of Social Psychology, 50(2), 323-346.

[9] Tara J. Yosso (2005) Whose culture has capital? A critical race theory discussion of community cultural wealth, Race Ethnicity and Education, 8:1, 69-91, DOI: 10.1080/1361332052000341006

[10] Erdemir, E. (2022). Uncovering community cultural wealth through an early intervention program: Syrian refugee children speaking. Early Childhood Education Journal, 50(2), 259-278.

[11] Hilado, A., Leow, C., & Yinmei, Y. (2023). Understanding immigration trauma and the potential of home visiting among immigrant and refugee families. Zero to Three, 39(6), 44-53.

[12] Maki Park, A. O. (2018, February 22). Dual language learners: A national demographic and policy profile. migrationpolicy.org. https://www.migrationpolicy.org/research/dual-language-learners-national-demographic-and-policy-profile

[13] Katsiaficas, C. (2020, October 8). Supporting immigrant and refugee families through home visiting: Innovative State and local approaches. migrationpolicy.org. https://www.migrationpolicy.org/research/immigrant-refugee-families-home-visiting-state-local-approaches

[14] Goldberg, J., Fauth, R., Vargas, D., Moosman, J., Winestone, J. G., & Litovich, M. (2021, October). Massachusetts Maternal, Infant, and Early Childhood Home Visiting (MA MIECHV) 2020 Needs Assessment. Massachusetts State government. https://www.mass.gov/doc/2021-comprehensive-statewide-needs-assessment/download

[15] Estes, C., Deaton, D., & Jayashankar, A. (2022, April 22). Cultural competency secrets to success with immigrant and refugee families: Spreading and adapting 2Gen working practices. The Aspen Institute. https://www.aspeninstitute.org/publications/cultural-competency-secrets-to-success-with-immigrant-and-refugee-families-spreading-and-adapting-2gen-working-practices/

[16] Park, Maki, & Katsiaficas, C. (2019b, August). Leveraging the potential of home visiting programs to serve immigrant and dual language learner families. migrationpolicy.org. https://www.migrationpolicy.org/research/home-visiting-immigrant-dual-language-learner-families

[17] Stark, D. R. (2020). Stepping Up and Speaking Out: The Evolution of Parent Leadership in Michigan. Lansing, MI: Early Childhood Investment Corporation & Michigan Home Visiting Initiative.

[18] Ferguson, D., Smith, S., Granja, M., Nguyen, U. S., Burstein, J., Atkins, N., & Lasala, O. (2023, September). Promoting Infant-Early Childhood and Parent Mental Health in Home Visiting Programs: Serving Diverse Families: PROMISING STRATEGIES TO SUPPORT CHILD AND FAMILY WELL-BEING . National Center for Children in Poverty. https://www.nccp.org/wp-content/uploads/2023/09/NCCP-HV-Report_FINAL.pdf

[19] Park, M., Hofstetter, J., & Giang, I. T. N. (2023, March 14). Overlooked but essential: Language access in early childhood programs. migrationpolicy.org. https://www.migrationpolicy.org/research/language-access-early-childhood

[20] Park, M., McHugh, M., & Katsiaficas, C. (2017, January 2). Serving immigrant families through two-generation programs: Identifying family needs and responsive program approaches. migrationpolicy.org. https://www.migrationpolicy.org/research/serving-immigrant-families-through-two-generation-programs-identifying-family-needs-and

[21] One-on-one model. ParentChild+. (2022, November 9). https://parentchildplus.org/one-on-one-model/

[22] Knowledge center. ParentChild+. (2023, April 10). https://parentchildplus.org/knowledge-center/#research

[23] Baby TALK - About. Baby TALK. (2024a, February 22). https://babytalk.org/about/

[24] Hilado, A., Leow, C., & Yang, Y. (2018, January). RefugeeOne study: A randomized controlled trial examining home visiting services with refugees and immigrants. BabyTALK, Inc. https://babytalk.org/wp-content/uploads/2021/10/Refugee_One_RCT_Report-1.pdf

[25] Models eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding | Home Visiting Evidence of Effectiveness. (n.d.). https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees

[26] FY 2023 maternal, infant, and Early Childhood Home Visiting Awards. Maternal & Child Health Bureau at the Health Resources & Services Administration. (n.d.). https://mchb.hrsa.gov/programs-impact/programs/home-visiting/fy-2023-miechv-awards

[27] Whitaker, D. J., Self-Brown, S., Weeks, E. A., O'Connor, M. H., Lyons, M., Willging, C., Lee, N. H., Kumar, J. L., Joseph, H., Reidy, D. E., Rivers, D., & Rao, N. (2021, June 6). Adaptation and implementation of a parenting curriculum in a refugee/immigrant community using a task-shifting approach: A study protocol . BioMed Central. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11148-2

[28] Estes, C., Deaton, D., & Jayashankar, A. (n.d.-b). Growing Language Skills with Immigrant and Refugee Families: Spreading and Adapting 2Gen Working Practices . Aspen Institute Community Strategies Group. https://www.aspencsg.org/wp-content/uploads/2022/07/CSG-Language-Brief-1.pdf

[29] Park, Maki, & Giang, I. T. N. (2022, October 22). Michigan's Dual Langague Learners - Key Characteristics and Considerations for Early Childhood Programs (2022). Migration Policy Institute. https://www.migrationpolicy.org/research/dual-language-learner-characteristics

[30] Drennan, V. M., & Joseph, J. (2005). Health Visiting and refugee families: Issues in professional practice. Journal of Advanced Nursing, 49(2), 155-163. https://doi.org/10.1111/j.1365-2648.2004.03282.x

[31] Mental health and well-being among home visitors. National Home Visiting Resource Center. (2020, March). https://nhvrc.org/wp-content/uploads/NHVRC-Brief-031620-FINAL.pdf

[32] Office of Planning, Research and Evaluation. (2022, June). Reflective supervision: What we know and what we need to know to support and strengthen the home visiting workforce. www.acf.hhs.gov. https://www.acf.hhs.gov/sites/default/files/documents/opre/reflective-supervision-hv.pdf

[33] National Academies of Sciences. (2017, February 28). Promoting the educational success of children and youth learning English: Promising futures. Promising Futures | The National Academies Press. https://doi.org/10.17226/24677

[34] Park, Maki, O'Toole, A., & Katsiaficas, C. (2017, October). Dual Language Learners: A National Demographic and Policy Profile. Migration Policy Institute. https://www.migrationpolicy.org/sites/default/files/publications/DLL-FactSheet-US-FINAL.pdf

[35] Park, M., & McHugh, M. (2015, August 11). Immigrant parents and early childhood programs: Addressing barriers of literacy, culture, and systems knowledge. migrationpolicy.org. https://www.migrationpolicy.org/research/immigrant-parents-early-childhood-programs-barriers

[36] Paris, R., & Bronson, M. B. (2023, July 28). A home-based intervention for immigrant and refugee trauma survivors:Paraprofessionals Working With High-Risk Mothers and Infants. ZERO TO THREE. https://www.zerotothree.org/resource/a-home-based-intervention-for-immigrant-and-refugee-trauma-survivors/

[37] Park, Maki, & McHugh, M. (2023, March). Improving Federal ECEC Policies and Programs for Immigrant-Background Children and Their Families Recommendations for the Task Force on New American . Migration Policy Institute. https://www.migrationpolicy.org/sites/default/files/publications/mpi-Recommendations-for-the-Task-Force-on-New-Americans-2023_FINAL.pdf

[38] Park, Maki, & Giang, I. T. N. (2022, October 22). Michigan's Dual Langague Learners - Key Characteristics and Considerations for Early Childhood Programs (2022). Migration Policy Institute. https://www.migrationpolicy.org/research/dual-language-learner-characteristics

[39] Goldberg, J., Fauth, R., Vargas, D., Moosman, J., Winestone, J. G., & Litovich, M. (2021, October). Massachusetts Maternal, Infant, and Early Childhood Home Visiting (MA MIECHV) 2020 Needs Assessment. Massachusetts State government. https://www.mass.gov/doc/2021-comprehensive-statewide-needs-assessment/download