

PROVIDING A HEAD START: IMPROVING ACCESS TO EARLY CHILDHOOD EDUCATION FOR REFUGEES



*LYN MORLAND, NICOLE IVES,
CLEA MCNEELY, AND CHENOA ALLEN*



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By Lyn Morland, Nicole Ives, Clea McNeely, and Chenoa Allen

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Executive Summary

The mixed-methods research project described in this report explored collaboration between Head Start and refugee resettlement services as a strategy to increase the enrollment of newly arrived refugees' children in Early Head Start and Head Start (EHS/HS) programs. Both the federal Office of Refugee Resettlement (ORR) and the Office of Head Start (OHS) emphasize self-sufficiency as a primary goal, but their services are not typically coordinated. Head Start, which serves children ages 0 to 5 from low-income families, has the goal of improving school readiness through early education and access to comprehensive services that support family stability and self-sufficiency. This “dual-generation” approach can be particularly beneficial to refugees, who arrive in the United States with few resources and often limited English proficiency, literacy, and formal education. These constraints may in turn jeopardize refugees' chances of early self-sufficiency and the success of their children in school. This study reveals the challenges and successes of collaboration between refugee resettlement services and Head Start, and demonstrates that increasing the Head Start enrollment of young children in refugee families is possible through intersectoral collaboration.

The authors conducted quantitative and qualitative research in two sites where refugee resettlement and Head Start programs were working together: Syracuse in Onondaga County, NY, and Phoenix in Maricopa County, AZ. Based on OHS county-level data, refugee enrollment in EHS/HS increased by 500 percent in Onondaga County and by 200 percent in Maricopa County over a six-year period (2008–13). Refugee EHS/HS enrollment increased more than would be expected based on refugee arrivals, which declined in both counties between 2009 and 2013. Total Head Start–funded enrollment remained relatively stable in both counties over the six years.

This study reveals the challenges and successes of collaboration between refugee resettlement services and Head Start.

In order to understand the processes of collaboration between EHS/HS and refugee resettlement, the authors conducted 33 in-depth interviews and two focus groups with resettlement staff, EHS/HS staff, and refugee parents. The fieldwork revealed challenges experienced by refugee families in accessing Head Start services, barriers to and benefits of collaboration between these service systems, and practical solutions generated and implemented as a result of the collaboration process. There were a number of factors that facilitated or impeded collaboration between Head Start and refugee agencies—some under the agencies' control, others not. Facilitating factors included having a unified mandate; knowledge of the needs of refugee families, Head Start teachers, and Head Start administrators; open communication; sufficient resource allocation; and collaborative infrastructure. When these factors were in place, service providers were better able to serve the complex needs of refugee families. Together, the qualitative and quantitative results demonstrate that increased refugee participation in Head Start is possible through collaboration between EHS/HS programs and refugee resettlement agencies.

Building a national early childhood education and care (ECEC) infrastructure is currently a federal policy priority, and coordinating refugee resettlement activities with growing state-level ECEC infrastructure and the range of agencies serving young low-income children is a related priority. Despite the increasing federal support of ECEC, however, public funding will likely remain insufficient for early childhood services to adequately respond to the cultural and linguistic needs of students and their families. This is particularly true for the broad range of languages and backgrounds represented by refugee families. This study demonstrates that supporting collaboration between EHS/HS and refugee resettlement services can be an effective strategy for leveraging existing resources to ensure greater access to ECEC for refugee families.



I. Introduction

The current research on the benefits of high-quality early childhood education and care (ECEC) leaves little doubt that early interventions have both short- and long-term advantages. Quality ECEC can have substantial positive impacts on young children’s social and emotional, cognitive, and language development, with long-term effects on educational achievement, occupational success, and health.¹ These advantages are particularly critical for children with certain risk factors, such as those living in low-income families and having parents with limited English proficiency (LEP) and/or low educational attainment.

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resettlement programs to help ease the transition
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Refugees often have these characteristics. Forced to flee their homelands, frequently in the midst of violence, many refugees have spent years in refugee camps under extremely harsh conditions, with little opportunity for education or occupational development. Very few have the opportunity to resettle in the United States and, when they do, refugees typically arrive with few resources. They are separated from most family and community members and must start all over again, in an unfamiliar new land. The largest groups of new arrivals—particularly those originally from Bhutan, Burma, and Somalia—are the most likely to arrive with low rates of formal education and high rates of LEP, and tend to be among the lowest-income groups of U.S. residents.² At the same time, after an initial adjustment period, most refugees eventually do well, drawing on cultural strengths such as family and community connections. Refugees often also support their children’s educational achievement.³ For those groups at highest risk, however, access to ECEC programs can be particularly critical to their children’s successful adjustment and future opportunities.

Given the emphasis on economic self-sufficiency and the brief timeframe for access to refugee resettlement services, Head Start is well positioned to work with resettlement programs to help ease the transition of refugee families into their new communities, provide centralized access to key comprehensive services, and improve children’s school readiness. Moreover, Head Start emphasizes the importance of responding to local community cultures and languages, and refugee resettlement agencies—with their expertise in the cultures and languages of refugee families—can support these efforts. But aside from intermittent local efforts, there has been little systematic and sustained collaboration between the resettlement and EHS/HS service sectors. Intersectoral collaboration—that is, collaborating across service systems to better meet client needs—can benefit vulnerable populations by increasing the efficiency and effectiveness of services for shared target populations.⁴

Research on the participation of immigrants in ECEC programs, and its benefits, is growing but still limit-

1 Lynn A. Karoly, M. Rebecca Kilburn, and Jill S. Cannon, *Early Childhood Interventions: Proven Results, Future Promise* (Los Angeles: RAND Corporation, 2005), www.rand.org/pubs/monographs/MG341.html.

2 Randy Capps, Kathleen Newland, Susan Fratzke, Susanna Groves, Michael Fix, Margie McHugh, and Gregory Auclair, *The Integration Outcomes of U.S. Refugees: Successes and Challenges* (Washington, DC: Migration Policy Institute, 2015), www.migrationpolicy.org/research/integration-outcomes-us-refugees-successes-and-challenges.

3 For a discussion of drawing on cultural strengths in the classroom, see Lyn Morland, Dina Birman, Burna Dunn, Myrna Adkins, and Laura Gardner, “Immigrant Students,” in *Supporting and Educating Traumatized Students*, eds. Eric Rossen and Robert Hull (New York: Oxford University Press, 2013), 51–72.

4 Yvonne Darlington and Judith A. Feeney, “Collaboration between Mental Health and Child Protection Services: Professionals’ Perceptions of Best Practice,” *Children and Youth Services Review* 30, no. 2 (2008): 187–98.



ed.⁵ Much of the literature demonstrates that immigrant families with young children have less access to ECEC than their U.S.-born peers, but the participation of refugees in Head Start programs has not yet been studied. Neither OHS nor ORR collect data on refugee enrollment in Head Start, and no research has been conducted to date on intersectoral collaboration between these two service systems.

The authors' mixed-methods study addressed these gaps in the literature by studying intersectoral collaboration between refugee resettlement and Head Start programs as a strategy for increasing refugee enrollment in EHS/HS services in two sites: Phoenix in Maricopa County, AZ, and Syracuse in Onondaga County, NY. The report begins by briefly reviewing the research on current refugee populations resettled in the United States and on immigrant participation in ECEC. Next, it describes the characteristics and impacts of EHS/HS programs, as well as the literature on intersectoral collaboration as it relates to coordination between the refugee resettlement and Head Start service systems. The next three sections are devoted to the research project: its methodology, analysis of EHS/HS refugee enrollment data for the two study sites, and themes drawn from the fieldwork. Finally, the report provides conclusions and recommendations for improving refugee families' access to EHS/HS.

A. Refugee Resettlement

According to the U.S. Department of State, refugees resettled in the United States between 2004 and 2013 spoke more than 228 different languages. The most common languages spoken were Arabic, Nepali, Somali, Spanish, Burmese S'gaw Karen, Russian, Farsi, Hmong, Chaldean (Iraq), and Burmese.⁶ There was also tremendous language diversity among refugees of the same national origin: for example, refugees originally from Burma spoke 61 different languages, and those from Somalia spoke 31.

Literacy levels were lowest among the largest groups of new arrivals during this period: just 25 percent of Somalis, 38 percent of Nepali speakers from Bhutan, and about one-half of Burmese S'gaw Karen were literate in their native language.⁷ Literacy was higher among Iraqi refugees: 75 percent. In addition, limited English proficiency (LEP) was high among refugees: nearly two-thirds (62 percent) of refugee adults spoke little or no English, compared with 52 percent of nonrefugee immigrant adults. While 16 percent of Liberian refugee adults reported LEP status, 86 percent of Burmese refugee adults did so.⁸ Overall, although about one-third of the refugees arriving between 2008 and 2013 spoke some English, only 7 percent spoke it well.⁹ The majority of refugees from Bhutan, Burma, and Somalia arrived from refugee camps, where many had spent years or even decades, and where there was typically little opportunity for education or employment. Some of the largest refugee populations (again those from Bhutan, Burma, and Somalia) also had the lowest educational attainment.¹⁰ Low educational attainment among refugee women is particularly significant, because the mother's level of education predicts children's educational

5 Gina Adams and Marla McDaniel, *Untapped Potential: Partnering with Community-Based Organizations to Support Participation of Lower-Incidence Immigrant Communities in the Illinois Preschool for All Initiative* (Washington, DC: Urban Institute, 2012), www.urban.org/research/publication/untapped-potential-partnering-community-based-organizations-support; Peter D. Brandon, "The Child Care Arrangements of Preschool-age Children in Immigrant Families in the United States," *International Migration* 42, no.1 (2004): 65–87; Robert Crosnoe, *Preparing the Children of Immigrants for Early Academic Success* (Washington, DC: Migration Policy Institute, 2013), www.migrationpolicy.org/research/preparing-children-immigrants-early-academic-success; Julia Gelatt, Gina Adams, and Sandra Huerta, *Supporting Immigrant Families' Access to Prekindergarten* (Washington, DC: Urban Institute, 2014), www.urban.org/publications/413026.html; Donald J. Hernandez, Nancy A. Denton, and Suzanne Macartney, "Early Childhood Education Programs," in *The Next Generation: Immigrant Youth in Comparative Perspective*, eds. Richard D. Alba and Mary C. Waters (New York: New York University Press, 2011); Maki Park and Margie McHugh, *Immigrant Parents and Early Childhood Programs: Addressing Barriers of Literacy, Culture, and Systems Knowledge* (Washington, DC: Migration Policy Institute, 2014), www.migrationpolicy.org/research/immigrant-parents-early-childhood-programs-barriers.

6 Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*, 9.

7 Ibid., 15.

8 Ibid., 19.

9 Ibid., 11.

10 Ibid., 20.



achievement in the United States.¹¹ Refugee women were less likely to have completed high school than refugee men, and half or fewer of refugee women from Somalia, Bhutan, and Burma had graduated from high school.¹²

Between 2009 and 2011 refugees were more likely to live in low-income households than other immigrants, a group whose income already falls below families with U.S.-born parents. This is particularly true for refugees who arrived within the past five years—even though refugee households had more members in the workforce.¹³ The four largest recent refugee populations also had the highest proportions of low-income households: Somali (79 percent), Iraqi (73 percent), Burmese (71 percent), and Bhutanese (65 percent).¹⁴ Given the high rates of LEP and poverty among recently arrived refugees, many require interpretation and translation to access needed services. Title VI of the *Civil Rights Act of 1964*, as defined and strengthened by policy guidance memos and court decisions, forbids discrimination based on national origin, including language. Therefore any agency receiving federal funds, such as those providing EHS/HS services, is legally obligated to provide meaningful access to services for people with limited English proficiency.¹⁵ At the same time, this requirement does not come with federal funding, and so local agencies may struggle to provide interpretation and translation services for the major languages in their areas—especially given the growing diversity of refugee languages. It is particularly hard to find interpretation and translation services for languages that are relatively uncommon in the United States, such as Nepali, Burmese, and Somali languages.¹⁶

Most research indicates that children of immigrants are less likely than those with U.S.-born parents to participate in ECEC programs.

B. Immigrant Children and Early Childhood Education and Care

Recent research indicates that quality early education can provide critical benefits to children of immigrants, including those born to refugees.¹⁷ Successful early education interventions such as Head Start provide comprehensive education, health, mental health, and family support services. Early education can

- 11 Michaella Sektan, Megan M. McClelland, Alan Acock, and Frederick J. Morrison, “Relations between Early Family Risk, Children’s Behavioral Regulation, and Academic Achievement,” *Early Childhood Research Quarterly* 25, no. 4 (2010): 464–79; Marie-Anne Suizzo, “Parents’ Goals and Values for Children: Dimensions of Independence and Interdependence across Four U.S. Ethnic Groups,” *Journal of Cross-Cultural Psychology* 38, no. 4 (2007): 506–30.
- 12 Migration Policy Institute (MPI) analysis of 2009-11 American Community Survey (ACS) data from the U.S. Census Bureau found 56 percent of Bhutanese women, 58 percent of Burmese women, and 48 percent of Somali women had no high school degree. See Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*, 20.
- 13 MPI analysis of 2009-11 ACS data found that refugees’ median household income was about \$3,500 lower than other immigrants’ and \$8,000 less than the U.S.-born population (\$49,600); Somali, Iraqi, and Bhutanese refugees had the lowest household incomes (\$20,000 or less); and median income for refugees in the United States five years or less was only 42 percent of the median income for the U.S. born. See Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*, 21.
- 14 *Ibid.*, 23.
- 15 Eric Holder, Memorandum from the Attorney General to Heads of Federal Agencies, General Counsels, and Civil Rights Heads, “Federal Government’s Renewed Commitment to Language Access Obligations under Executive Order 13166, February 17, 2011,” www.lep.gov/13166/AG_021711_EO_13166_Memo_to_Agencies_with_Supplement.pdf.
- 16 U.S. Department of State, Bureau of Population, Refugees, and Migration, personal communication with authors, December 1, 2014.
- 17 Crosnoe, *Preparing the Children of Immigrants*; Olivia Golden and Karina Fortuny, *Young Children of Immigrants and the Path to Educational Success: Key Themes from an Urban Institute Roundtable* (Washington, DC: Urban Institute, 2010), www.urban.org/UploadedPDF/412330-young-children.pdf; Lynn A. Karoly and Gabriella C. Gonzalez, “Early Care and Education for Children in Immigrant Families,” *Future of Children* 21, no. 1 (2011): 71–101, www.rand.org/pubs/external_publications/EP201100164.html; Katherine Magnuson, Claudia Lahaie, and Jane Waldfogel, “Preschool and School Readiness of Children of Immigrants,” *Social Science Quarterly* 87 (2006): 1241–62.



improve children’s English language proficiency, as well as their reading and math skills. With these skills, the academic performance of Dual Language Learners (DLLs) improves when they first enter school.¹⁸ Thus, participation in early education appears to increase immigrant children’s likelihood of success in school. In addition, comprehensive services for the entire family not only help children in the short term but can also support the family’s long-term stability, self-sufficiency, and integration into American society.¹⁹

Despite these clear benefits, most research indicates that children of immigrants are less likely than those with U.S.-born parents to participate in ECEC programs. Primary barriers to families’ participation include low socioeconomic status; a lack of awareness and knowledge of early childhood systems, basic literacy, and proficiency in English; cultural differences in the care of young children; and not feeling welcomed by or comfortable with ECEC providers.²⁰ Immigrant parents with relatively low economic status may not be able to afford ECEC programs, and may also lack affordable transportation. Those with limited formal education may not realize the importance of ECEC for their children’s educational success. When parents are new to this country, they are less likely to understand ECEC programs and how to access them, and their beliefs regarding child rearing and education may differ from those in the U.S. mainstream.²¹ These barriers to ECEC participation are compounded when immigrant parents have limited English proficiency and low educational attainment and literacy—characteristics that are common among refugees resettled to the United States, given their increasingly diverse cultural and linguistic backgrounds.²²

C. Early Head Start/Head Start

The federal Head Start Bureau was created under President Lyndon B. Johnson, as part of his administration’s “War on Poverty.” The program has served children from families with low incomes, ages 3 to 5, since 1965, with the goal of literally giving them a “head start” in school by providing access to early and comprehensive services, including in education, health, and nutrition. Early Head Start, established in 1995, serves pregnant women and children up to 3 years of age, thus ensuring that the children of all families eligible to participate benefit during their critical developmental years.

EHS/HS programs—which serve the combined age group 0 to 5—are focused on the most at-risk children, based on family income and other characteristics. Children in families with incomes at or below the federal poverty level (FPL), families receiving or potentially eligible for public assistance, and children in

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- 18 Ibid; Russell W. Rumberger and Loan Tran, *Preschool Participation and the Cognitive and Social Development of Language-Minority Students*, CSE Technical Report 674/UC LMRI Technical Report (Los Angeles and Santa Barbara: University of California, Los Angeles and University of California, Santa Barbara, 2006), <http://files.eric.ed.gov/fulltext/ED492888.pdf>.
- 19 Robert Crosnoe and Ruth N. Lopez Turley, “K-12 Educational Outcomes of Immigrant Youth,” *Future of Children* 21 (2011): 129–52; Hannah Matthews and Danielle Ewen, “Early Education Programs and Children of Immigrants: Learning Each Other’s Language” (paper prepared for the Urban Institute’s Roundtable on Young Children of Immigrants and the Path to Educational Success, Urban Institute, Washington, DC, 2010), www.urban.org/UploadedPDF/412205-early-education.pdf; Irene Pourselami, Laura Nimmon, Kelly Ng, Sarah Cho, Susan Foster, and Clyde Hertzman, “Bridging Immigrants and Refugees with Early Childhood Development Services: Partnership Research in the Development of an Effective Service Model,” *Early Child Development and Care* 183, no. 2 (2013): 1924–42, www.tandfonline.com/doi/abs/10.1080/03004430.2013.763252#.VMaDTf54ofg.
- 20 Gelatt, Adams, and Huerta, *Supporting Immigrant Families’ Access to Prekindergarten*; Hernandez, Denton, and Macartney, “Early Childhood Education Programs;” Karoly and Gonzalez, “Early Care and Education for Children in Immigrant Families;” Park and McHugh, *Immigrant Parents and Early Childhood Programs*; Matthew Neidell and Jane Waldfogel, “Program Participation of Immigrant Children: Evidence from the Local Availability of Head Start,” *Economics of Education Review* 28, no. 6 (2009): 704–15.
- 21 Tina M. Durand, “Latina Mothers’ Cultural Beliefs about their Children, Parental Roles, and Education: Implications for Effective and Empowering Home-school Partnerships,” *The Urban Review* 43, no. 2 (2011): 255–78; Marie-Anne Suizzo, Erin Pahlke, Lisa Yarnell, Kuan-Yi Chen, and Sylvia Romero, “Home-Based Parental Involvement in Young Children’s Learning Across U.S. Ethnic Groups Cultural Models of Academic Socialization,” *Journal of Family Issues* 35, no. 2 (2014): 254–87.
- 22 Hannah Matthews and Danielle Ewen, *Reaching All Children? Understanding Early Care and Education Participation among Immigrant Families* (Washington, DC: Center for Law and Social Policy, 2006), www.clasp.org/resources-and-publications/reaching-all-children-understanding-early-care-and-education-participation-among-immigrant-families; Vanessa Wight, Michelle M. Chau, and Kalyani Thampi, “Poor Children by Parents’ Nativity: What Do We Know?” (brief, National Center for Children in Poverty, New York, April 2011), www.nccp.org/publications/pdf/text_1006.pdf.



homeless families are automatically eligible. Children who meet these qualifications and have a disability are considered to be higher priority for enrollment than other low-income children. Children in the foster-care system are eligible regardless of family income. In addition, children in families with incomes at or below 130 percent of FPL may be eligible, based on family and community needs, but may not exceed 35 percent of program participants. Up to 10 percent of participants who do not meet the previous requirements may be deemed eligible by EHS/HS programs, based on the documented needs in their service areas.²³ Each EHS/HS program uses its own point system to weight these criteria. Once a child is deemed eligible, the number of points assigned can determine whether the child enters the program or is placed on a waiting list, and his or her position on the waiting list.

To ensure that EHS/HS programs are reaching the most vulnerable children in their service areas, a community assessment (CA) is conducted every three years and updated in between.²⁴ The assessment process enables EHS/HS programs to identify specific community needs and can result in identifying additional eligibility criteria or weighting the number of points assigned to them differently. Although programs are allowed leeway to determine their own point systems, any changes to the eligibility criteria must be approved by the EHS/HS program's policy council or committee.²⁵ Based on family needs, EHS/HS programs can also develop a range of options such as home-based care, an extended day, or the provision of transportation.²⁶

All Head Start programs are encouraged to recruit more children than they can fund in order to maintain full enrollment. In particular, programs that are underenrolled are encouraged to reach out to "emerging populations" in their communities, such as refugee families, to ensure they reach full enrollment.²⁷ Waiting lists are flexible, meaning that if a family enrolls a child in an EHS/HS program with a waiting list, that child may move up the list based on the number of eligibility points assigned to him or her. The flexibility built into OHS regulations regarding community engagement, eligibility criteria, program options, and enrollment strategies are intended to support programs' responsiveness to communities and their changing populations.

EHS/HS strongly encourages family and community engagement.²⁸ Families are expected to volunteer in the classroom, be involved in decisions regarding their children's education, and participate in program governance by serving on EHS/HS committees, such as the program's Policy Council or Health Services Advisory Council. Head Start programs are mandated to respond to the cultures and languages in their local communities, and the Head Start Multicultural Principles offer guidelines for working with families from diverse backgrounds. The program also requires bilingual staff when a majority of children in the program's service area speak a language other than English. Between 2013 and 2014, nearly 30 percent of children enrolled in Head Start spoke a language other than English at home.²⁹ The majority spoke Spanish but a wide variety of other languages from around the world were represented as well.

23 *Head Start Act of 2007*, Sec. 645, <http://eclkc.ohs.acf.hhs.gov/hslc/standards/law/headstartact.html#645>.

24 *Ibid.*, 23. Office of Head Start (OHS), "1304.51 Management Systems and Procedures," accessed March 4, 2016, <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspss/1304/1304.51%20Management%20systems%20and%20procedures.htm>; OHS, "45 CFR 1305," accessed March 4, 2016, <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspss/1305>.

25 *Ibid.*, 23; OHS, "1304.50 Program Governance," accessed March 4, 2016, <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspss/1304/1304.50%20program%20governance.htm>. The Program Council or Program Committee is a required program governance structure whose membership is composed of at least 51 percent parents of enrolled children, with the remaining members comprised of community representatives.

26 OHS, "45 CFR 1306," accessed March 4, 2016, <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspss/1306>.

27 OHS, "Achieving and Maintaining Full Enrollment ACYF-HS-PI-04-03," accessed March 4, 2016, http://eclkc.ohs.acf.hhs.gov/hslc/standards/pi/2004/resour_pri_00006_060805.html.

28 OHS, "Head Start Program Performance Standards and Other Regulations, 45 CFR 1304, 1304.41 Community Partnerships," accessed March 4, 2016, <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspss/1304/1304.41%20Community%20partnerships.htm>.

29 OHS, "Office of Head Start—Head Start Services Snapshot, National, 2013-2014," accessed March 4, 2016, https://eclkc.ohs.acf.hhs.gov/hslc/data/psr/2014/NATIONAL_SNAPSHOT_HS.PDF.



The most recent National Head Start Impact Study³⁰ and other studies³¹ have documented multiple and long-term benefits for children who participate in Head Start. After one year of Head Start participation, children experienced significant early gains in vocabulary, letter/word recognition, and mathematics skills, and had greater socioemotional development than a control group not attending Head Start. Parents used more appropriate discipline, and children spent more time engaging in literacy-building activities with parents. After graduating from Head Start, children in kindergarten through high school were less likely to have special education needs or repeat grades and more likely to graduate from high school and go on to college. Finally, as adults, Head Start graduates were more likely to be in good health, less likely to be arrested, and less likely to live in poverty. Despite some evidence of a “fadeout” of gains after third grade, overall Head Start appears to confer long-term benefits on participants.³² Importantly, at the end of kindergarten, DLLs saw greater benefits in terms of language and school performance than native English speakers.³³

D. *Intersectoral Collaboration*

Collaboration among multiple service providers is essential to effectively serve the range of needs that refugees and immigrants experience.³⁴ Intersectoral collaboration can be defined as conceptualizing and addressing client issues holistically across service systems rather than viewing issues as separate and unrelated, to be addressed by different systems.³⁵ A recent study of intersectoral collaboration between housing and refugee settlement organizations in Canada found several key factors that facilitate collaboration.³⁶ Some of these fall within the agencies’ control: internal resource allocation, knowledge sharing, common goals among agencies, collaborative infrastructure, and collaborative intent. Other factors are beyond agencies’ control, such as those related to overarching policies, funding streams, structures, and systems. Impeding factors, meanwhile, include a lack of assigned responsibility for problem solving,

*Collaboration among multiple service providers
is essential to effectively serve the range of needs
that refugees and immigrants experience.*

- 30 U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Planning, Research, and Evaluation, *Head Start Impact Study: Final Report* (Washington, DC: HHS, ACF, 2010), www.acf.hhs.gov/sites/default/files/opre/hs_impact_study_final.pdf.
- 31 David Deming, “Early Childhood Intervention and Life-Cycle Skill Development: Evidence from Head Start,” *American Economic Journal: Applied Economics* 1, no. 3 (2009): 111–34; Fuhua Zhai, Jeanne Brooks-Gunn, and Jane Waldfogel, “Head Start and Urban Children’s School Readiness: A Birth Cohort Study in 18 Cities,” *Developmental Psychology* 47, no. 1 (2011): 134–52.
- 32 Steve Barnett and Megan E. Carolan, “Facts about Fadeout: The Research Base on Long-Term Impacts of High Quality Pre-K” (Center on Enhancing Early Learning Outcomes (CEELO) FastFact, August 2014, New Brunswick, NJ, 2014), http://ceelo.org/wp-content/uploads/2014/08/ceelo_fast_fact_fadeout.pdf.
- 33 HHS, ACF, Office of Planning, Research, and Evaluation, *Head Start Impact Study*.
- 34 Laura R. Bronstein, “A Model for Interdisciplinary Collaboration,” *Social Work* 48, no. 3 (2003): 297–306; Linda Ogilvie et al., “Matching Policies to Needs in Early Childhood Development Programs in Newcomer Populations,” in *Immigrant and Refugee Students in Canada*, eds. Courtney Anne Brewer and Michael McCabe (Edmonton: Brush Education, 2014), 65–88.
- 35 Diane R. Bridges, Richard A. Davidson, Peggy Soule Odegard, Ian V. Maki, and John Tomkowiak, “Interprofessional Collaboration: Three Best Practice Models of Interprofessional Education,” *Medical Education Online* 16 (2011), www.ncbi.nlm.nih.gov/pmc/articles/PMC3081249/; Colin Sindall, “Intersectoral Collaboration: The Best of Times, The Worst of Times,” *Health Promotion International* 12, no. 1 (1997), <http://heapro.oxfordjournals.org/content/12/1/5.full.pdf>.
- 36 Nicole Ives, Jill Hanley, Sonia Ben-Soltane, Christine A. Walsh, David Este, and Erin Pearce, *Exploring Collaboration Processes across Sectors: Bridging Services for Newcomer Women with Experiences across the Homelessness Spectrum* (Ottawa: Department of Human Resources and Skills Development Canada, 2014).



policy coordination (including oversight and decision-making powers), and funding.³⁷ Multiple actors with diverse mandates are involved in resource-intensive work with new arrivals to the United States; those working in one sector are often unaware of other domains of practice and policy.³⁸

Although both OHS and ORR fall under the Administration on Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS), there seems to be little if any systematic or sustained coordination between these two offices at federal, state, or local levels. Researchers find evidence of occasional local-level coordination, but many of the projects involved are no longer operating.³⁹ It is not unusual for the actions of federal agencies to be separated by “silo.” In fact, in recent years there have been a number of federal initiatives to increase coordination between agencies in order to improve and streamline services—such as child welfare and juvenile justice,⁴⁰ child welfare and child care,⁴¹ and, most recently, Early Head Start and Child Care partnerships—at the state and local levels.⁴² Thus, there seems to be ample precedent for OHS and ORR to increase coordination of their services for young refugee children.

Models of intersectoral collaboration offer important lessons for coordination across service silos in a range of fields. For example, cross-service training among child welfare and refugee resettlement agencies was found to increase their knowledge of one another and to improve coordination on cases involving refugee children and families.⁴³ In Canada the National Interprofessional Competency Framework provides an integrative approach to interprofessional collaboration.⁴⁴ The framework outlines six competencies deemed essential to successful interprofessional collaborative practice: (1) interprofessional communication, (2) care that centers on client families and communities, (3) clearly delineated roles, (4) functioning teams, (5) collaborative leadership, and (6) interprofessional conflict resolution.

There seems to be ample precedent for OHS and ORR to increase coordination of their services for young refugee children.

II. Methodology

This exploratory study used a mixed-methods design to better understand intersectoral collaboration and its potential influence on refugee enrollment in EHS/HS programs. Qualitative data were collected

- 37 Miriam J. Stewart, Anne Neufeld, Margaret J. Harrison, Denise Spitzer, Karen Hughes, and E. Makwarimba, “Immigrant Women Family Caregivers in Canada: Implications for Policies and Programs for Health and Social Sectors,” *Health and Social Care in the Community* 14, no. 4 (2006): 329–40.
- 38 Christine Walsh, Jill Hanley, Nicole Ives, and Shawn-Renée Hordyk, “Exploring the experiences of newcomer women with insecure housing in Montréal, Canada,” *Journal of International Migration and Integration* (2015).
- 39 There were eight local-level collaborations between Early Head Start and Head Start (EHS/HS) and resettlement programs documented in this national clearinghouse; five were in operation. See Bridging Refugee Youth and Children’s Services (BRYCS), “Promising Practices,” accessed September 30, 2013, www.brycs.org/promisingPractices/index.cfm; BRYCS, “Early Childhood,” accessed November 5, 2014, www.brycs.org/promisingpractices/programs.cfm?tkeyword=Early+childhood&submit=GO.
- 40 Janet K. Wiig and John A. Tuell with Jessica K. Heldman, *Guidebook for Juvenile Justice & Child Welfare System Coordination and Integration: A Framework for Improved Outcomes*, 3rd edition (Boston: Robert F. Kennedy Children’s Action Corps, 2013), www.modelsforchange.net/publications/514.
- 41 Kate Stepleton, Jean McIntosh, and Beth Corrington, *Allied for Better Outcomes: Child Welfare and Early Childhood* (Washington, DC: Center for the Study of Social Policy, 2010), 6, www.cssp.org/publications/strengthening-families/allied-for-better-outcomes-child-welfare-and-early-childhood-august-20101.pdf.
- 42 HHS, ACF, “101: Early Head Start-Child Care Partnerships,” 2014, www.acf.hhs.gov/sites/default/files/eecd/ehs_ccp_101_final_hhsacf_logo_2014.pdf.
- 43 Lyn Morland, Julianne Duncan, Joyce Hoebing, Juanita Kirschke, and Laura Schmidt, “Bridging Refugee Youth and Children’s Services: Lessons Learned from a National Technical Assistance Effort,” *The Journal of Child Welfare* 84, no. 5 (2005): 791–812.
- 44 Canadian Interprofessional Health Collaborative, “A National Interprofessional Competency Framework,” February 2010, www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf.



through in-depth interviews, focus groups, and researcher notes. The fieldwork focused on obstacles to increasing the engagement and enrollment of refugee families in EHS/HS—as reported by refugee resettlement and EHS/HS partners—and these partners’ strategies and recommendations for accomplishing this goal. Quantitative data were drawn from the OHS Program Information Report (PIR) and refugee resettlement data from the U.S. Department of State’s Bureau of Population, Refugee, and Migration (PRM). The PIR quantitative data measured, to the extent possible, the enrollment of refugees in EHS/HS between 2008 and 2013, and also examined these trends within the larger context of refugee resettlement patterns.

A. Study Sites

This study used purposive sampling to choose two research sites: the city of Phoenix in Maricopa County, AZ, and the city of Syracuse in Onondaga County, NY. These sites were chosen based on several criteria. First, given the study’s short timeframe (one year for each site), it was necessary to choose sites that were already engaged in improving collaboration. In one site (Phoenix) the collaboration was led by a refugee resettlement agency, and in the other it was initiated by Head Start. Both sites are home to refugees from the major populations resettled in the United States in 2011–12: primarily Burmese Karen and Chin, Bhutanese, Somali, and Iraqi. Further, these sites represent different geographic and regional contexts, a fact that helps further understanding of the larger contextual factors affecting collaboration efforts. Finally, the agencies in the study sites consented to participate.

Both sites followed the same general process: collaboration started with telephone conversations and office visits, and continued with a series of meetings between refugee resettlement and EHS/HS staff, who shared information about the services they offered, developed goals and strategic plans to improve access to services, and sought to build long-term relationships. Maricopa County’s Phoenix-based collaboration was initiated by the state refugee coordinator and managing staff, who recognized the benefits of ECEC for refugees. The state coordinator’s approach involved relatively structured and formal meetings of program directors, with a clear agenda to brainstorm challenges, identify solutions, and find creative implementation strategies. The state office brought in ethnic community-based organizations (ECBOs) as key players in this process. ECBOs such as mutual assistance agencies (MAAs) are generally led and staffed by individuals with refugee and other immigrant origins, and are important service providers for refugee populations. Collaborators at the Phoenix site also developed a video in which a Somali mother speaks eloquently about the benefits of Head Start for her children and her family. After identifying joint challenges, meeting participants developed cross-cutting solutions such as (1) providing resettlement and EHS/HS agency staff with orientation and cross-service training, (2) encouraging EHS/HS hiring of refugee community members as cultural liaisons and interpreters/translators, (3) resettling refugees in neighborhoods with easy access to EHS/HS programs and encouraging newly arrived refugees to enroll right away or get on waiting lists, (4) revising each EHS/HS program’s eligibility criteria point system (adding 30–50 points for refugee status), (5) encouraging EHS/HS to hire parents as classroom aides, and (6) tracking the refugees served by revising the EHS/HS intake form for all of Phoenix’s EHS/HS programs to include a checkbox for refugees.

The Syracuse-based collaboration in Onondaga County was initiated when an OHS representative noted that the community assessment of the largest EHS/HS service provider in Syracuse had documented growing populations of Burmese, Bhutanese, and Somali refugees that were not reflected in the agency’s client statistics. The site’s EHS/HS Eligibility, Recruitment, Selection, Enrollment, Attendance (ERSEA) manager became the champion for refugee access to EHS/HS services there. She reached out to resettlement agencies, building relationships with them, initiating meetings and problem-solving sessions, and engaging staff of EHS/HS, resettlement agencies, and ECBOs at all levels. The ERSEA manager also worked with resettlement and EHS/HS staff to implement a series of cross-training sessions: refugee-services staff learned more about EHS/HS, while EHS/HS staff received information on refugee backgrounds and the resettlement system. The EHS/HS program hired a case manager who was a former refugee from Somalia, held intake and enrollment sessions at resettlement agencies and jointly organized health fairs, contracted with an interpretation service, and hired refugee community members as interpreters. The



ERSEA manager, meanwhile, facilitated the development of family recruitment videos in two refugee languages and an online case management database to be shared with refugee resettlement agencies in order to better coordinate services for refugee families.

Despite the differences noted between the two sites, the fieldwork revealed that, in practice, their collaboration processes and resulting interventions were quite similar.

B. Quantitative Methods

OHS PIR data from six federal fiscal years (FY 2008-13) were analyzed for all EHS/HS centers in Onondaga County (two sites) and Maricopa County (16 sites) and, for the sake of comparison, for all sites nationwide.⁴⁵ Because PIR does not track refugee status, the language spoken was used as a proxy for refugee status. EHS/HS staff reported that until they developed internal tracking systems, they could only identify children who might be refugees based on the language spoken at home, as categorized and recorded on the PIR forms. It was determined that three of the language categories on the PIR form—East Asian, Middle Eastern/South Asian, and African languages—covered the vast majority of refugees and were therefore counted as “refugee languages.” These language groups were selected to represent the refugee service population, after learning how the EHS/HS staff interviewed in Onondaga and Maricopa counties recorded refugee families in EHS/HS enrollment data, and then comparing these data against state-level refugee admissions data.⁴⁶ In this way, the majority of refugees in these two sites were determined to be Burmese (Karen or Chin, corresponding to “East Asian languages” in PIR data); Bhutanese or Iraqi (corresponding to “Middle Eastern/South Asian” languages); or Somali, Ethiopian, Congolese, Burundian, or Ugandan (corresponding to “African” languages). Spanish-speaking refugees (primarily Cuban) made up smaller percentages of refugees resettled in the two sites over the six-year period (1.2 percent of enrollees in Onondaga County and 3.5 percent in Maricopa County spoke Spanish). Since these refugees could not be distinguished from the much larger population of Spanish-speaking immigrant families from Mexico and Central America, EHS/HS enrollees speaking Spanish at home were not included in the analysis. Data on the resettlement arrivals in Maricopa and Onondaga counties (by primary language) in 2008-13 were obtained from PRM.⁴⁷

Annual totals of enrolled children who spoke each group of refugee languages were generated for both counties. Refugee language enrollment was graphed for each county over time, from 2008 to 2013. Both raw totals and percentages of total enrollment are shown in Figures 4 and 5. In order to compare the enrollment trends seen in Maricopa and Onondaga counties with national trends, the process was repeated for enrollment totals at all EHS/HS sites nationwide over the same period.

C. Qualitative Methods

Researchers conducted 33 in-depth interviews with representatives from Early Head Start, Head Start, refugee resettlement agencies, and ECBOs in Maricopa and Onondaga counties over a one-year period (2011–12). Semi-structured, open-ended questions were designed to gather information from participants about their experiences working across the ECEC and resettlement service sectors. Participants were asked to describe their experiences collaborating between organizations that specialize in serving refugees and those tasked with addressing the early learning needs of children; to identify strengths and challenges in such collaborations; and to provide service and policy recommendations for increasing access to early learning programs for refugee children. Most believed their efforts were increasing refugee enrollment, and the quantitative data appear to support their conclusions.

Two focus groups were also conducted with refugee parents whose children were enrolled in EHS/HS.

45 OHS, “Program Information Report,” 2013, <http://eclkc.ohs.acf.hhs.gov/hslc/mr/pir>.

46 U.S. Department of State, Bureau of Population, Refugees, and Migration, “Refugee Admissions Statistics,” various years, www.state.gov/j/prm/releases/statistics/index.htm.

47 U.S. Department of State, Bureau of Population, Refugees, and Migration, personal communication, December 1, 2014.



Interviews were audio recorded and transcribed verbatim, while researcher notes were used for the focus groups. All qualitative data were analyzed using thematic content analysis via the constant comparative method,⁴⁸ organized by NVivo software, a qualitative data management tool.

D. Limitations

Several publications, including ACF reports to Congress, have detailed the limitations of the data available through the PIR, while acknowledging that it is the only database that provides a window to the universe of Head Start services.⁴⁹ The main limitations cited are (1) the aggregation of data at the grantee level, and (2) the lack of consistency in how grantees interpret and respond to PIR data categories.

Because OHS does not collect information about refugee status, this study relied on language spoken at home as recorded in the PIR as a proxy for refugee status. Refugee resettlement and EHS/HS staff at the sites as well as refugee-arrival data helped identify which language groups would most likely include refugees. Some children in these language groups may be immigrants rather than refugees, although the EHS/HS low-income requirement screens out immigrants with higher incomes. This method also excludes some refugees (e.g., Spanish-speaking Cuban and Central/South American refugees or Eastern European refugees). These limitations demonstrate the difficulty of tracking refugee children in EHS/HS and of tracking refugee integration in general.⁵⁰ To address this issue, the authors asked EHS/HS grantees at the two sites how they tracked refugee families through the PIR, which informed the decision to use the three language categories on the PIR to identify refugees. The authors also examined site resettlement data, which overall reflected these language categories.

Due to the study's exploratory nature and its case-study design, it is not possible to causally link increased enrollment to collaboration.

However, the question of how to define a refugee remained. Issues raised included the length of U.S. residence as well as mixed-refugee status among members of coethnic communities and even families, who may have fled similar circumstances while entering the United States in different ways. At the local level, it can be difficult to distinguish a refugee from an immigrant. Agencies may focus instead on characteristics most relevant to a client's needs, such as income, education level, primary language, literacy, level of English proficiency, and eligibility for services. These characteristics may also serve as indicators for child and family risk and protective factors.

Due to the study's exploratory nature and its case-study design, it is not possible to causally link increased enrollment to collaboration. Purposive sampling limits the transferability of findings. However, this study's main purpose was to explore the process and results of intersectoral collaboration in two sites where resettlement and Head Start programs were working together. In addition, the study informants believed their efforts were increasing refugee enrollment, and the quantitative data appear to support their conclusions.

48 Jane F. Dye, Irene M. Schatz, Brian A. Rosenberg, and Susanne T. Coleman, "Constant Comparison Method: A Kaleidoscope of Data," *The Qualitative Report* 4, no. ½ (2000): 1–9.

49 HHS, ACF, *Report to Congress On Dual Language Learners In Head Start and Early Head Start Programs* (Washington, DC: HHS, ACF, 2013), www.acf.hhs.gov/sites/default/files/opre/report_to_congress.pdf.

50 David Lumbert, Brandon DeBot, Roanna Wang, Nina Brekelmans, and Eric Yang, *Methodologies for Tracking Refugees Longitudinally: Nationwide Analysis and Policy Options* (Hanover, NH: The Nelson A. Rockefeller Center at Dartmouth College, 2012), <https://rockefeller.dartmouth.edu/report/methodologies-tracking-refugees-longitudinally>.



III. Results

A. Data on Refugee Enrollment in the Pilot Sites

I. Refugee Resettlement: Arrivals in Maricopa and Onondaga Counties, 2008–13

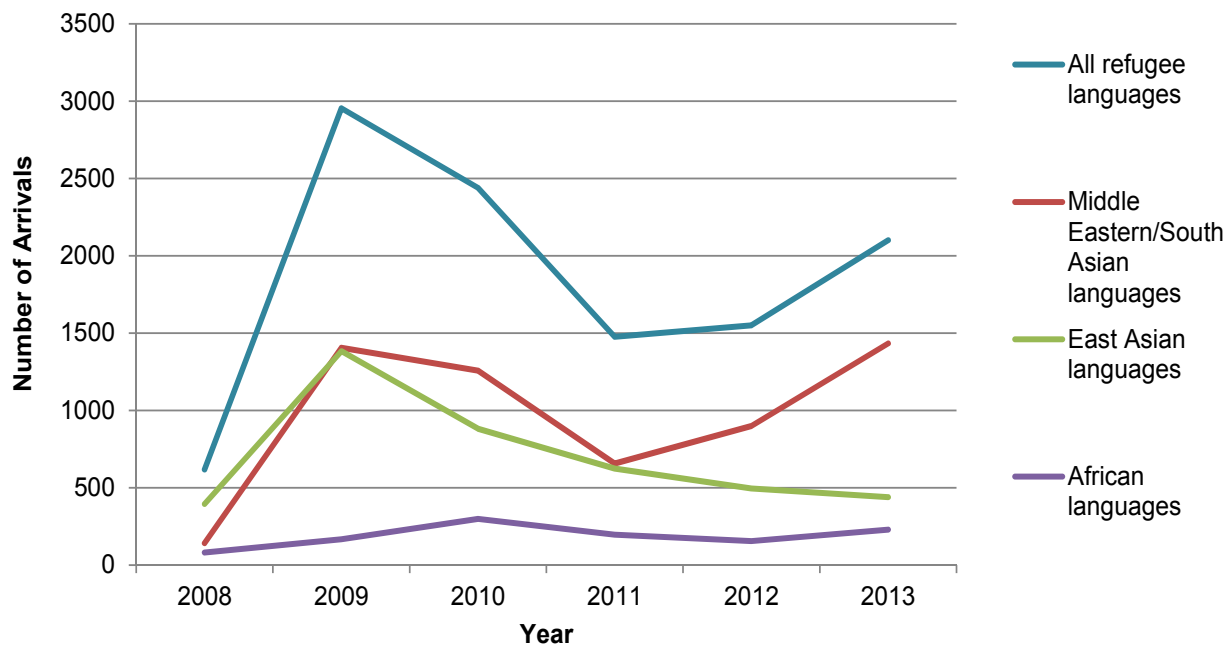
PRM data were used to compare trends in refugee arrivals to the EHS/HS enrollment of refugee-language families over the collaboration period. Was the increased enrollment of refugee children in EHS/HS programs in Maricopa and Onondaga counties simply due to an increase in refugee resettlement flows to these areas, or had the collaborative efforts played a role? The report first presents the trends in arrival data for each of the counties and then presents the national EHS/HS enrollment rates of refugees, before comparing these two trends to the enrollment trends observed in the two study sites.

a) Refugee Arrivals to Maricopa County

Between 2008 and 2013, more than 20,000 refugees were resettled in Arizona, about three-fourths of them—just over 15,000—in Maricopa County. One hundred and eight languages were represented among the refugee arrivals. The largest group, 3,435, spoke a Burmese language, primarily S’gaw Karen. The next largest groups were 1,463 Nepali speakers (all Bhutanese), 1,245 Somali speakers, and 1,232 Arabic (primarily Iraqi) speakers. More than half of the new refugee arrivals to Maricopa County were women and children.⁵¹

Figure 1 illustrates the number of Maricopa County refugee arrivals from 2008 to 2013. Refugee arrivals increased from 2008 to 2009 and peaked in 2009, when Maricopa County resettled 2,955 refugees. Arrivals decreased from 2009 to 2011, then increased again through 2013; however, resettlement levels have since remained well below 2009 levels (ranging from 50 percent to 90 percent of the 2009 highs).

Figure 1. Refugee Resettlement in Maricopa County, 2008–13



Source: Data provided to authors by U.S. Department of State, Bureau of Population, Refugees, and Migration (PRM) in December 1, 2014 email.

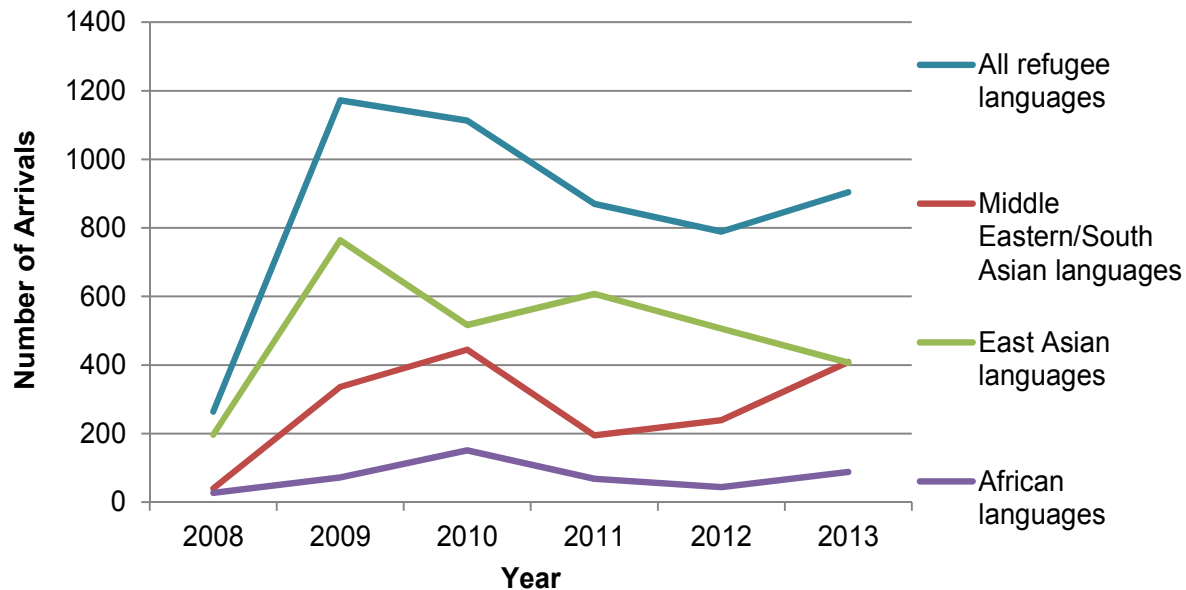
⁵¹ Data provided to authors by U.S. Department of State, Bureau of Population, Refugees, and Migration, in a December 1, 2014 email.



b) Refugee Arrivals to Onondaga County

The state of New York became home to 26,600 newly resettled refugees between 2007 and 2013. Of this number, 5,934 refugees speaking 80 different languages were resettled in Onondaga County. Refugees who spoke a Burmese language, mostly S'gaw Karen, made up the largest population (1,850), followed by Nepali speakers (1,608), Somali speakers (748), and Arabic speakers (191), most of whom were Iraqi. Over the study period, total refugee arrivals in Onondaga County increased through 2010, decreased over 2011–12, then increased again in 2013 (see Figure 2).

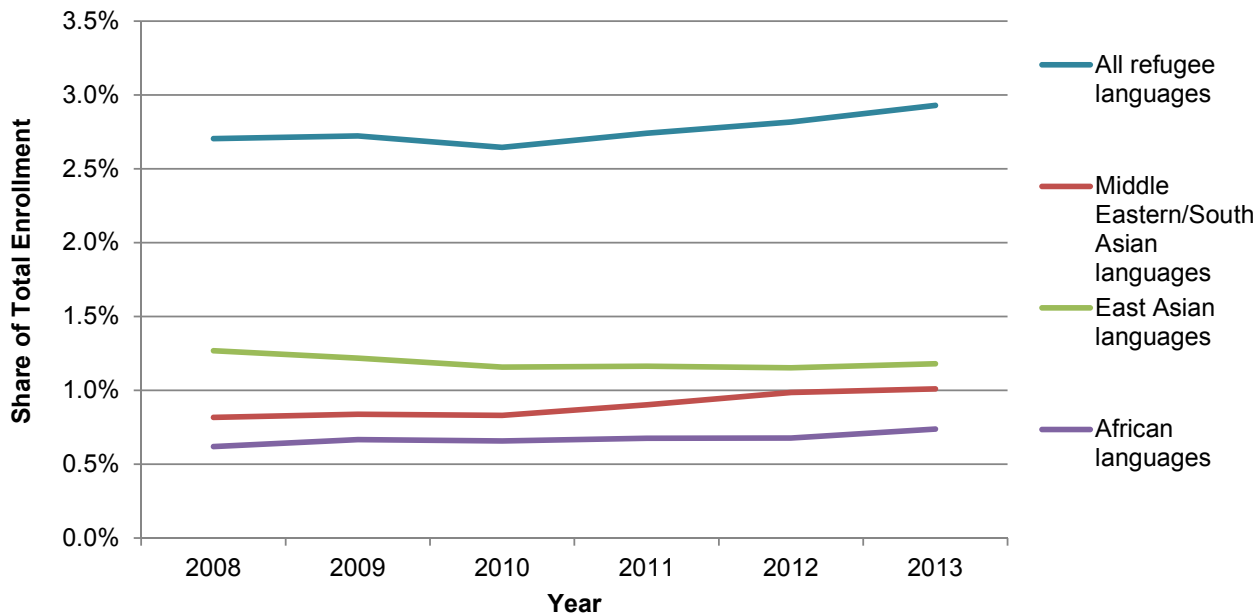
Figure 2. Refugee Resettlement in Onondaga County, 2008–13



Source: Data provided to authors by U.S. State Department PRM in December 1, 2014 email.

2. National EHS/HS Refugee Enrollment

Nationally, the total number of refugee children enrolled in EHS/HS programs increased 15 percent during the study period, from 24,347 in 2008 to 28,128 in 2013; this increase was accompanied by a 6 percent rise in total EHS/HS enrollment (from 901,000 to more than 960,000). Refugee children made up approximately 3 percent of EHS/HS enrollment throughout the 2008–13 period (ranging from 2.6 percent in 2010 to 2.9 percent in 2013), and there was no appreciable increase in refugee enrollment as a percentage of total enrollment (see Figure 3).

Figure 3. National EHS and HS Refugee Enrollment, 2008–13

Note: The total number of children is shown above or beside each line in the chart.

Source: U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Head Start (OHS), “Program Information Report, Access to PIR Data,” <http://eclkc.ohs.acf.hhs.gov/hslc/mr/pir>. Access to data provided for federal fiscal years (FY) 2008–13 at authors’ request, November 2013.

3. EHS/HS Refugee Enrollment in Onondaga County and Maricopa County

The PIR recorded a total of 1,781 children from 2008 to 2013 who spoke languages common to refugees enrolled in EHS/HS in Onondaga and Maricopa counties. The PIR data demonstrated that the enrollment of families who spoke refugee languages increased over the six-year period in the two counties, particularly when compared with national enrollment; for most groups, EHS/HS enrollment increased faster than county refugee resettlement numbers. The pilot sites were a subset of EHS/HS programs in the two counties.

a) Maricopa County

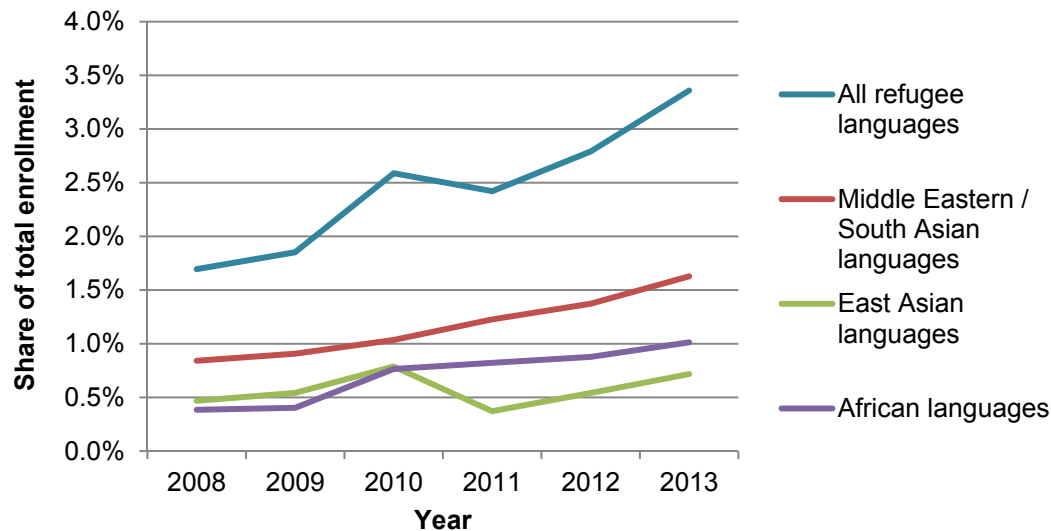
In 2008 Maricopa County EHS/HS centers enrolled significantly fewer refugee children (as a proportion of all children enrolled) than the national average; by 2013, however, Maricopa County enrolled refugee children at near the national rate of 3 percent (see Figure 4). Children who spoke refugee languages comprised 1.7 percent of enrolled children in 2008; by 2013 they comprised 3.4 percent. The majority were speakers of Middle Eastern/South Asian languages, a group that grew steadily, alongside that of African-language speakers. The enrollment of East Asian–language speakers fluctuated and did not increase overall. Refugee enrollment leveled off between 2010 and 2011, apparently due to a drop in the enrollment of East Asian children in 2011 (the number of Karen and Chin speakers resettled in Maricopa dropped over the same period).

Because PIR data are reported at the program, rather than the case, level, it is not possible to determine when individual children entered and left, as children usually remain in EHS/HS for more than one year. From 2008 to 2013 all Maricopa County sites combined enrolled an additional 40 refugee children on average each year. The increased enrollment could have been due in part to increased arrivals of refugee children in the area from 2011 to 2013 (though the number of arrivals remained below the 2009 highs). However, refugee EHS/HS enrollment in Maricopa County increased at a higher rate than the number



of refugees resettled there. Because the pilot sites were a subset of all EHS/HS programs in Maricopa County, the estimated percent increase in enrollment for the county as a whole most likely underestimates the percent increases in enrollment for the pilot sites themselves. However, because we do not know where in the county the refugees settled, it is not meaningful to compare county arrivals data with site-level enrollment data.

Figure 4. EHS and HS Refugee Enrollment in Maricopa County, 2008–13

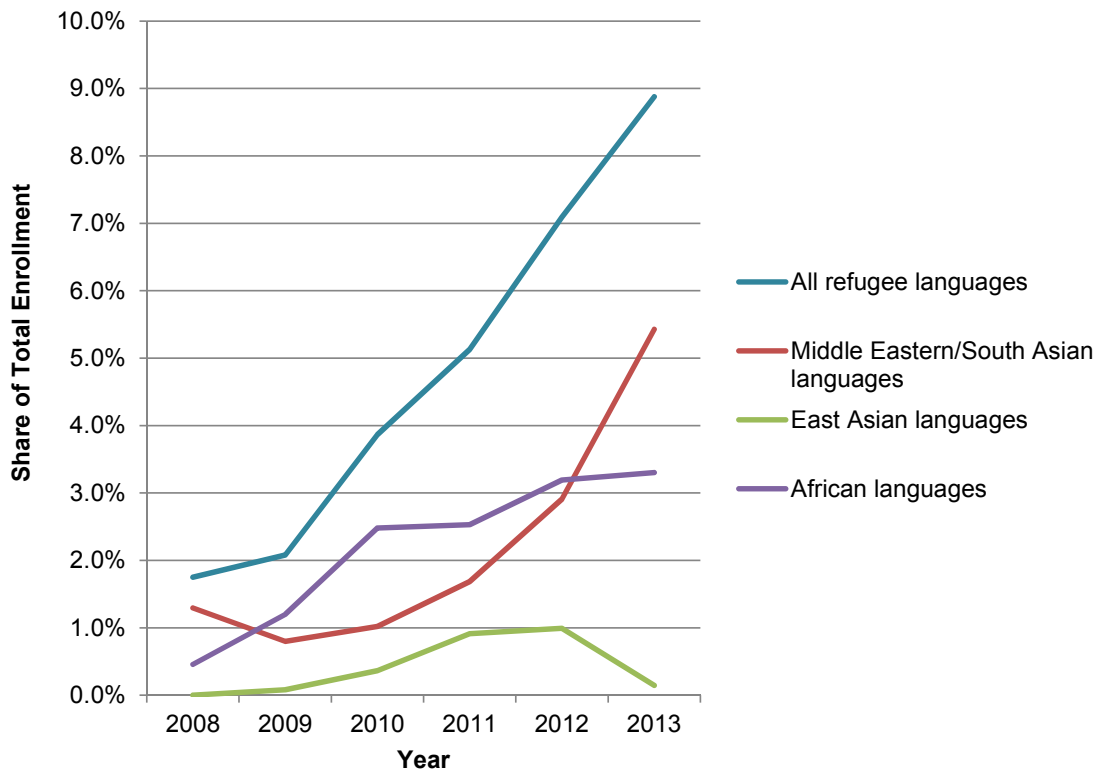


Note: The total number of children is shown above or beside each line in the chart.

Source: OHS, “Program Information Report, Access to PIR Data;” access to data provided for FY 2008–13 at authors’ request, November 2013.

b) Onondaga County, New York

The two EHS/HS programs in Onondaga County enrolled rapidly growing numbers of refugee children over the entire 2008–13 period (see Figure 5). In 2008 these programs enrolled slightly fewer refugee children than the national average; by 2013 Onondaga County programs were enrolling refugee children at almost three times the national rate of 3 percent. In 2008 the programs had 23 refugee children enrolled (1.8 percent of the total); by 2013 they had 121 refugee children enrolled (8.9 percent of total). Over the period 2008–13, Onondaga County enrolled, on average, 19 new refugee children each year. Most new enrollees during the study period spoke Middle Eastern or South Asian languages. East Asian-language speakers were the only refugees whose enrollment did not increase significantly; it increased slightly through 2012 (from 0 to 1 percent), then decreased in 2013 (to 0.15 percent). In Onondaga County it is unlikely that the rising enrollment of refugee families can be explained entirely by increases in refugee arrivals, which peaked in 2009 and declined in 2010, 2011, and 2012. Again, the percent increases in EHS/HS enrollment of families that speak refugee languages for Onondaga County as a whole probably underestimate the percent increases in enrollment of refugee families in the pilot sites.

Figure 5. EHS and HS Refugee Enrollment in Onondaga County, 2008–13

Note: The total number of children is shown above or beside each line in the chart.

Source: OHS, “Program Information Report, Access to PIR Data;” access to data provided for FY 2008–13 at authors’ request, November 2013.

B. Fieldwork Findings

Study participants in the two sites identified multiple factors that served to facilitate (or impede) collaboration between Head Start and refugee agencies and organizations. Some factors were in the control of the collaborating agencies, while others were outside their control. When factors that facilitate the collaborative process are in place, service providers are better situated to serve the complex needs of refugee families, particularly children.

I. Factors Under the Control of Collaborating Agencies

A number of agency policies and practices facilitated collaboration. These included having a unified mandate, shared knowledge and goals across EHS/HS and refugee resettlement programs, open communication, collaborative infrastructure, and institutionalized points of connection.

a) Unified Mandates

A unified mandate refers to all partners understanding and agreeing to the goals of their collaboration. Some partners put this agreement in writing, although in both sites the shared goals of the day-to-day work were often unwritten. Participants from both sites reported reaching a consensus on the nature, goals, and outcomes of the collaboration. As one participant put it, ultimately, “We want to make sure that our refugee children and families get access to these very important services.”

Developing a unified mandate—that encompassed shared goals, agendas and vision, along with dedicated resources—helped resettlement and EHS/HS programs to direct and sustain the collaborative process



once it had been initiated. Agreeing to common goals motivated participants to work together, learn about one another, and rise above differing organizational priorities, cultures, and professional jargon. Personal relationships were the building blocks that made this possible. Participants were able to build on relationships already present and capitalize on existing trust, as one refugee resettlement participant in Maricopa County described:

Another thing, build on relationships that already exist. We knew [Head Start A] because they had reached out to us but because we didn't know [Head Start B] in Maricopa, we told [Head Start A], "Hey, you go invite [Head Start B] to the table!" So when they were invited they came because they know [Head Start A]. That way we were able to work together with them to build a stronger operation . . . So investing in that collaboration process is very important for everyone, and then building on strong professional relationships.

b) Shared Knowledge and Goals

Having a firm understanding of refugee families' needs, program eligibility, and agency intersections was a critical facilitator of collaboration, as was a solid understanding of the needs of EHS/HS teachers and staff. Understanding the different mandated roles that participants played in the collaboration helped fill gaps and reduce overlapping services, as described by one participant in Onondaga County:

For me, too, knowing what is out there, what is available to these families, knowing what they need from us so that we're not working toward different ends . . . we're all working for the same goal and not overlapping . . . Making sure that needs are met. We understand what each is doing.

Self-sufficiency is the main policy goal of both Head Start and ORR, and agencies in both sectors are required to develop self-sufficient plans for their clients. As one EHS/HS service provider said, "The goal of self-sufficiency continues to be shared among us, the refugee resettlement entities and the Head Start providers."

Most study participants reported, however, that they were not aware of these common goals at the start of their collaborative efforts. Maricopa County participants reported that resettlement agencies viewed EHS/HS agencies as "child care" but assumed they could not access them due to waiting lists and cultural and language barriers, and so they did not even try. The resettlement agencies' view of EHS/HS as child care rather than education reflected the resettlement system's emphasis on economic self-sufficiency, with a primary focus on adult employment and related support services; in this view, Head Start functioned primarily to support parents' employment. On the other hand, Head Start study participants described having a limited understanding of the differences between refugees and immigrants. Head Start staff also had little understanding of the refugee resettlement system, particularly the ways in which resettlement agencies support refugee families and for how long. Participants in both service systems strongly desired more knowledge of the other system in order to better serve refugee children and families. For example, one Head Start administrator described the necessity of understanding families' cultural contexts for herself and her staff:

[Also] understanding and learning about those families . . . I'm really ignorant [of] their cultures, I really am. That's something I need to take upon myself: to get more information on how to work with these families so I [can] teach my staff or I can work with my staff and say, "This is what's going on in this culture, or this is how they respond or what the expectations are for learning" . . . What I also want to learn about is, how are refugee caseworkers working with these families? What are they providing? What can we do to supplement or support them? That's what I want to know.

In order to help prepare their communities for receiving refugees, refugee resettlement agencies often provide orientation on the backgrounds of arriving populations to community resources such as health-care providers and school systems. However, EHS/HS agencies are not typically on the list of agencies



receiving such training. This orientation, often referred to as “Refugee 101,” is a general presentation about the refugee resettlement process and service system. It highlights current refugee populations, their backgrounds, cultures, and languages, and the services provided by local refugee resettlement and other organizations. One Head Start study participant in Maricopa County found this type of information essential, noting the lack of awareness of mutual goals among Head Start and refugee resettlement agencies there:

I think that Refugee 101 is going to be imperative. We have to really make sure we have that information, particularly focusing on our Tempe and Guadalupe area, where our refugee population is, [to help] them understand some of the cultural nuances. We [Head Start and the resettlement agency] haven't been talking to each other for how many years? It's ridiculous! So, from the federal level down, I think it would be beneficial to really be working on that education and disseminating that information.

Another participant from the Head Start sector highlighted the importance of learning about refugee families' contexts, both at the individual and institutional levels:

I want to know more about these families. We need to learn more, because we're serving them . . . there's more than one culture coming in, and we need to be able to understand them so we serve them better and so that we don't have misunderstandings that are based on culture, because that can happen.

c) Open Communication

Open communication implies that resources and contact information are shared both within and between agencies. This enables agencywide collaborative processes that go beyond the initiative of individual staff. Several Head Start staff in Maricopa County stated that their participation in this project created new communication channels at their agencies. For example, one staff member learned about Karen culture through home visits and then shared what she learned with Head Start teachers and new home visitors.⁵²

Open communication between agencies also supported the creation of a resource network that participants could tap once relationships were established. One Head Start staff member reported learning where to find resources for refugees and how important this knowledge is for all her colleagues:

So the more we have a well-rounded education as to what everybody does and how they do it and we have the faces so that when [a parent] comes in and says, “Well, I just got here.” [I think to myself] Okay . . . are you a refugee? Or are you an immigrant? How do I connect you to where you need to be, and who do I call? Do I call [name of someone in the state refugee resettlement office]? Do I call [name of a consultant to the state refugee resettlement office]? Do I call [name of resettlement staff in the state refugee resettlement office]? How do I connect them to where they need to be?

Providing time and space for informal communication between agencies is also essential, as described by this Head Start staff member in Maricopa County:

Everybody's busy . . . but it's so important for us to be talking and sharing information—you know, supporting families together. The more support systems [a] family has, the better off they'll be in the long run.

⁵² EHS/HS programs offer home-based services as one of the options for delivering comprehensive Head Start services. Home visitors offer support, guidance, information, and child development services to families who may have special needs or may be unable to participate in a more structured program due to their work/school schedules or distance from a center.



d) Collaborative Infrastructure

Collaborative infrastructure facilitates the collaborative process. Examples include working groups, information-sharing systems, coordination bodies, and dedicated resource allocation. Study participants emphasized the importance of working within existing structures as much as possible. For example, state and local resettlement agencies typically hold regular meetings with other service providers in their area to inform them of refugee resettlement trends and to improve service coordination. One study participant pointed out that EHS/HS could be included in such meetings.

According to project participants in both EHS/HS and resettlement agencies, the organizational allocation of financial resources—as well as staff and time—to increased communication and coordination across agencies is not only critical to launching collaborations but is also important to sustaining them:

[If] it's something that we're going to continue, you have to bring [funding] to the table . . . It has to be a decision from the program directors . . . "This is something I'm going to invest in because it's valuable and it's reflective of what my community needs and what my community assessment data is showing."

e) Institutionalized Points of Connection

Engaging several staff in the collaborative process is critical to ensure that the responsibility for collaboration does not fall on one person's shoulders. A collaborative effort, especially at the local level, may be the result of a passionate and hard-working staff member or two. For example, in Onondaga County, a single Head Start staff member led the collaboration effort. One refugee resettlement participant laughingly described her perseverance:

It was [name of the HS staff member] who came all the way. She is never tired. She calls me, I don't answer it, she calls me again . . . But I like it because you are pushing forward so that these parents and these children who are at home get benefit[s] at the right time, because if they get the education they need when they are three years, four years [old] . . . then by kindergarten they already know how to write their names, 123s, ABCDs—they have mastered everything. But if we keep them at home until they are in kindergarten, that's not going to work.

Meanwhile, in Maricopa County, the energy fueling the collaboration came primarily from two refugee resettlement state agency staff. In the words of one of the Head Start participants there:

So far it has been a great, great opportunity for our grantees to work with the resettlement agencies . . . I can say on behalf of our Head Start program they have been just wonderful, wonderful to work with. And I think that [they] support what we need.

Each site had champions, and these champions were naturally located in the sector leading the collaboration. Yet, several study participants noted that having champions on staff is not enough to sustain a collaborative effort. Instead, collaboration must be supported within and across the Head Start and resettlement agencies at the community, county, state, and federal levels.

2. Structural Factors beyond the Control of Collaborating Agencies

Key structural factors outside the control of EHS/HS and refugee agencies include federal policies and funding constraints.

a) Federal Policies

Federal, state, and local legislation and regulations shape how the Head Start and refugee resettlement



service sectors interact. Policies that govern one program and seem reasonable within that context can, at the same time, actively impede the ability of the other program to serve the same clients. For example, a representative from a refugee resettlement state office noted how complex and challenging it can be for people born in this country to access child care, particularly when policies are not aligned among various state programs. It is all the more difficult for refugees, then, who arrive in the United States and do not understand the service system, speak limited to no English, and often lack affordable transportation.⁵³

The [state economic and social services office] will provide parents with child care if they have proved that person is working. And to go to work you need to have . . . child care. It can be so hard for these people. They don't drive, they don't speak English. [It is hard for them] to go around and ask for assistance [from] mainstream community services.

For many participants, the issue of language was paramount. A lack of English proficiency not only affects parents' and children's engagement in Head Start, but it also directly affects refugee families' access to these programs. As one Head Start staff member recounted, not being able to communicate effectively with parents creates barriers from the beginning, as early as the intake process:

Because one of [the] problems with intake is that we sit there and we try to gather as much information as we possibly can. We use resettlement [staff] because they should have the resources to have the interpreters . . . Because on our end, it's getting very costly . . . but then we have one interpreter for six intake interviews . . . and we're missing the information. What we were hearing yesterday was that the level of education is not coming across. . . . We're probably just taking any answer we can get . . . or they're not answering it because they don't understand what we're asking.

Resettlement agencies were also stressed financially due to the requirements of interpretation in the multiple languages spoken by refugee families. Many EHS/HS participants were not informed about refugee parents' rights, particularly with regard to the Title VI requirement regarding language access. Before working with Head Start and other organizations not historically aware of refugee language needs, one resettlement agency in Maricopa County found it necessary to provide "101" training on Title VI of the *Civil Rights Act of 1964*, which "provide[s] that no person shall be subjected to discrimination on the basis of race, color, or national origin under any program or activity that receives federal financial assistance."⁵⁴ As a federally funded program, Head Start falls under Title VI regulations that "require that recipients take reasonable steps to ensure meaningful access to the information, programs, and services they provide."⁵⁵ "Reasonable steps" are interpreted based on the following factors: (1) the number and proportion of eligible LEP constituents; (2) the frequency of LEP individuals' contact with the program; (3) the nature and importance of the program; and (4) the resources available, including costs.⁵⁶

Several Head Start participants from both sites described various ways they attempted to provide interpretation, whether during the intake process, home visits, or policy meetings. Strategies included relying on other refugees—even children—who could communicate in the client's language of origin. There were also reports of using a Burmese interpreter when a family spoke a Karen or Chin language. When there are so many different languages spoken in a single country, such as Burma or Somalia, mistakes like this are not uncommon. Moreover, using informal rather than trained interpreters can lead to breaches of confidentiality, inaccurate interpretation, and other undesirable consequences. Access to adequate interpretation and translation, particularly for diverse refugee languages, remains a challenge for federally funded programs.

To address these issues, the EHS/HS agencies in both Maricopa and Onondaga counties used telephone

53 For more on challenges that refugees face in accessing state-subsidized early care programs, see Jeff Gross and Christine Ntagengwa, *Challenges in Accessing Early Childhood Education and Care for Children in Refugee Families in Massachusetts* (Washington, DC: Migration Policy Institute, forthcoming).

54 National Archives and Records Administration, *Title VI, Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 2004, www.archives.gov/eo/laws/title-vi.html.

55 Ibid.

56 Ibid.



interpretation services; they also hired and prepared members of local refugee communities as interpreters and translators. In addition, these community members assisted with cultural interpretation, acted as liaisons with communities, and helped recruit eligible families for EHS/HS programs. If an interpreter for a specific language was difficult to find, refugee-serving agencies could often help EHS/HS locate an appropriate interpreter due to their knowledge of the local languages and communities. As noted, resettlement agencies also provided training on the responsibility of federally funded services, such as EHS/HS, to provide interpretation for LEP clients.

b) *Head Start Funding*

Another area of concern is the coverage of Head Start services. Regardless of how many refugees need Head Start services, the budget is finite and many eligible children cannot be served. This can be particularly discouraging to families who have learned about the services, made the effort to apply, but are then placed on a waiting list. In the words of a refugee agency participant:

It is not a guarantee that you call or you fill out paperwork and once that paperwork is done, they're automatically enrolled. And that's not really a challenge only with the refugee community. It's a challenge in general.

One Head Start interviewee stressed the need to increase Head Start funding, and linked the collaboration to the increased enrollment of refugee families:

I wish that we could obviously have more funding so that we could provide more spots. . . . Not just for refugee families but for families in general. But I definitely feel like, as a result of our collaboration, that the numbers of families who have called in, who have gone through the application process within our own program, [have] increased a lot.

Collaboration among staff takes time and effort, to build and maintain relationships, work out referral and service-coordination mechanisms, and engage in ongoing communication; there is typically no budget for these activities. Study participants also cited other expenses related to increased refugee enrollment: translation and interpretation, hiring refugee community members as family liaisons or classroom aides, and photocopying materials for staff training.

IV. Discussion

Together, the enrollment data and fieldwork in Maricopa and Onondaga counties indicate that collaboration between the refugee resettlement and EHS/HS service systems can be an effective strategy for increasing refugee participation in EHS/HS. Enrollment of refugee children in Maricopa County and Onondaga County EHS/HS centers increased faster than either overall national EHS/HS refugee enrollment or refugee resettlement in these counties. This was particularly true in Onondaga County, where refugee enrollment increased by 500 percent over the six-year period despite declining refugee arrivals. Although the rate of increase of refugee enrollment in Maricopa County was lower at 200 percent, it was still higher than the rate of refugee arrivals.

The fieldwork revealed the obstacles that limit refugee families' access to Head Start services. It also revealed the benefits of and barriers to collaboration between service systems, and specific mechanisms that facilitated collaboration and possibly increased the enrollment of refugees in EHS/HS programs. These mechanisms included a unified mandate, clear lines of communication, knowledge of refugee families and their needs, collaborative infrastructure, and institutionalized points of connection between partner agencies. Structural factors outside agencies' control such as resource allocation and policy interconnections also affected collaboration.



The study also reveals areas for further research. For example, despite the similarity in approaches to collaboration and solutions implemented by both sites, the rate of refugee enrollment was much higher in Onondaga County. It is also not clear why a disproportionately large number of refugees who speak African languages were enrolled in EHS/HS in both sites, while a disproportionately low number of refugees speaking East Asian languages were enrolled. Also, the initial decrease in the enrollment of speakers of East Asian languages in Maricopa County coincides with a decline in Burmese resettlement there in 2009–10; however, enrollment rates for these refugees increased again in 2011, despite a steady decline in resettlement numbers.

Given the backgrounds and cultural and linguistic diversity of the refugee populations resettled in the United States today, it is clear that many of their children will start school at a distinct disadvantage. Research on early brain development and epigenetics (the study of changes to gene expression that are not caused by the underlying DNA sequence) along with research on the positive impacts of preschool make it clear that quality ECEC can confer distinct advantages to all children during this critical period of development.⁵⁷ This can be particularly true for DLLs and children whose families will benefit from improved access to comprehensive services and an early exposure to the U.S. education system.⁵⁸ Just as refugees will benefit from ECEC programs such as Head Start, these programs will also benefit from refugees' diversity of languages and cultural backgrounds, helping prepare all children for an increasingly global world.

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Interviewees at both study sites mentioned a number of strategies for increasing collaboration as a way to improve refugee enrollment in Head Start:

- **Outreach.** EHS/HS helped identify refugee families with young children in EHS/HS communities by including refugee resettlement agencies and ECBOs in the Head Start community assessment process. The Maricopa County programs developed and broadly disseminated a video that described the benefits of collaboration between refugee resettlement and EHS/HS agencies aimed at encouraging these programs' collaboration. The Onondaga County programs developed family recruitment videos in refugee languages (Somali and Karen) to provide information about EHS/HS to the resettlement and ethnic community based organization (ECBO) networks. It was expected that these agencies would then share these videos with their refugee clients.
- **Eligibility.** Several EHS/HS programs in Phoenix changed their eligibility criteria to give refugees priority. Phoenix EHS/HS intake forms were standardized citywide, and a checkbox was added for refugee status. The Syracuse EHS/HS programs also increased the priority afforded to refugees.
- **Recruitment and enrollment.** The Syracuse sites held recruitment and enrollment meetings at refugee resettlement agencies and ECBOs, and at jointly organized health fairs, where refugee families felt comfortable, and interpreters were available to explain the EHS/HS program and

57 Chris Murgatroyd and Dietmar Spengler, "Epigenetics of Early Child Development," *Frontiers in Psychiatry* 2, no. 16 (2011): 1-15.

58 Hirokazu Yoshikawa et al., *Investing in our Future: The Evidence Base on Preschool Education* (New York and Ann Arbor, MI: Foundation for Child Development and Society for Research in Child Development, 2013), <http://fcd-us.org/sites/default/files/Evidence%20Base%20on%20Preschool%20Education%20FINAL.pdf>.



help them fill out paperwork. In Phoenix, ECBOs assisted in enrolling refugee families.

- **Community engagement.** The Syracuse EHS/HS programs discovered that their enrollment of Somali children increased dramatically when they hired a Somali staff person. The EHS/HS staff found that, by having a cultural liaison and interpreter on staff, families learned about services and felt more comfortable participating. They noted that word of mouth within the community was the most effective communication strategy for reaching refugee families. The Arizona state refugee office worked together with ECBOs to engage families in early education programs, and Phoenix EHS/HS programs hired refugees as interpreters and liaisons who were also effective at engaging refugee families.
- **Cross-training.** Refugee resettlement and EHS/HS agencies in both Phoenix and Syracuse conducted cross-training sessions to improve their knowledge of one another. A particularly strong need was identified: training EHS/HS staff in the needs of refugee populations.
- **Partnering to overcome logistical barriers.** Both the Phoenix and Syracuse sites creatively addressed such logistical challenges as transportation. The state resettlement agency in Phoenix began to prioritize the placement of newly arriving refugees in neighborhoods with easy access to EHS/HS programs. Where EHS/HS programs were only half-day, Phoenix agencies worked together to colocate child-care services with the EHS/HS programs, enabling parents to enroll even when their work schedules prevented them from picking up their children in the middle of the day.
- **Comprehensive services.** In addition to the usual services offered to parents, EHS/HS programs in both sites expanded their services for refugee families by contracting with community agencies to provide English language training, vocational-skills development, and employment services that are sensitive to refugee backgrounds. Moreover, the Onondaga County EHS/HS program—with the participation of refugee resettlement partners—developed an online case-management database that tracked services to refugee families. This database improved coordination and addressed gaps in services to refugee families across these two sectors.

V. Recommendations

A collaborative approach has the capacity to help introduce refugees to a coordinated network of community services that can support their children’s successful transition to kindergarten and contribute to their long-term positive integration. Study findings suggest specific recommendations for Head Start and refugee resettlement systems as well as collaborative initiatives at the federal, state, and local levels that can help support refugee children’s school readiness.

A. Federal Interagency Coordination

Federal leadership that promotes coordination between agencies is essential, given the alignment of OHS and ORR goals and the populations served under ACF. Although service delivery currently is separated by silo, the recent ORR and OHS child-care partnership initiatives offer an opportunity for interagency coordination. In FY 2011 ORR initiated a new Microenterprise Development–Home-Based Childcare Program, with the goal of training and mentoring refugee women to become home-based child-care providers under agreements or contracts with state and county governments. In FY 2014, OHS launched a new program supporting partnerships between OHS Early Head Start and the Office of Child Care (EHS-CCP), which funds Early Head Start grantees to partner with regulated center-based or family child-care providers. Initial EHS-CCP grantees were announced in December 2014 and included EHS agencies in Phoenix



and Syracuse as well as other cities with significant refugee resettlement programs.⁵⁹ If ORR and OHS coordinated efforts on these programs, the ORR microenterprise program could help prepare refugee home-based care providers to become EHS home-based providers, increasing the availability of culturally and linguistically responsive high-quality EHS and child care, while also providing refugees with increased skills and opportunities for economic self-sufficiency.

Federal policy action to improve coordination can take many forms, from workgroups that examine policy alignment to a push for collaboration among grantees in Requests for Applications and other funding mechanisms. OHS and ORR have partnered with a number of other federal agencies on just such joint initiatives and these efforts could serve as models for increased coordination.

B. Refugee Resettlement and EHS/HS Program Management

1. Refugee Resettlement

Information about the importance of ECEC programs such as Head Start should be integrated throughout the refugee resettlement system. Information on ECEC and child care in the United States should be included in the Department of State–funded overseas cultural orientation for refugees bound for the United States and in their cultural orientation upon arrival. Refugee resettlement agencies should connect pregnant women and families with young children to Early Head Start, Head Start, or other ECEC programs. These connections could be monitored through current mechanisms, such as the Resettlement Plan or core service-delivery tracking system. ORR-funded programs in the United States, including employment (such as the Matching Grant Program) and English language training programs, should provide information about Head Start and ECEC programs, particularly since parents often need child care in order to go to work. Requirements for coordination can be integrated into funding, monitoring, and training mechanisms for national resettlement agencies, state refugee offices, and local resettlement affiliates.

2. Early Head Start/Head Start

At the same time, information about refugee populations and the refugee resettlement system should continue to be disseminated throughout Head Start. The OHS National Center on Cultural and Linguistic Responsiveness (NCCLR) has developed strategies to help ensure that the EHS/HS community assessment process identifies refugees as emerging populations in Head Start communities, and that EHS/HS programs build capacity to effectively serve children from diverse cultural and linguistic backgrounds. For example, a recent NCCLR resource provides methods for partnering with refugee resettlement and other immigrant-serving agencies to ensure refugee and immigrant inclusion throughout the EHS/HS Eligibility, Recruitment, Selection, Enrollment, Attendance (ERSEA) process.⁶⁰ Other resources include information on key refugee populations, educational materials for refugee parents, and tools such as “talking points” to help staff engage with refugee families.⁶¹ Going forward, relevant information can be integrated into EHS/HS staff professional training materials, monitoring protocols, reporting requirements, national technical assistance guidelines, and program evaluation at national, regional, and local levels. By using existing OHS performance standards and other regulations, such as required community partnerships and community assessments, programs can work to ensure that eligible refugee families have the opportunity to enroll their children in EHS/HS.

3. Future Sustainability

Building a national ECEC infrastructure is a federal policy priority, and coordinating refugee resettlement

59 HHS, ACF, “Preliminary Early Head Start-Child Care Partnership and Early Head Start Expansion Awards,” accessed November 5, 2014, www.acf.hhs.gov/programs/ecd/early-learning/ehs-cc-partnerships/grant-awardees.

60 OHS, National Centers on Cultural and Linguistic Responsiveness and Program Management and Fiscal Operations, *Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA) in Early Head Start and Head Start: Reaching Emerging Refugee and Immigrant Populations* (Washington, DC: HHS, ACF, OHS, 2015), <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/fcp/docs/ncclr-pmfo-ersea.pdf>.

61 OHS, “Early Childhood Learning and Knowledge Center, NCCLR, Refugee Families,” accessed October 2014, <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/refugee-families/main-refugee-families.html>.



activities with growing state-level ECEC infrastructures and the range of agencies serving young low-income children is a related priority. As states and other entities develop and implement ECEC models similar to Head Start (such as Arizona’s First Things First and New York’s Universal Prekindergarten), there are opportunities for these programs to work together more closely to provide access to ECEC for refugee families with young children. Despite increasing federal and state support for ECEC, however, public funding will likely remain insufficient to meet the needs of eligible children, particularly for the broad range of languages and backgrounds represented by those from refugee families. The collaboration models outlined in this report could be adapted and implemented by the growing non-Head Start ECEC infrastructure to improve access for refugee and other immigrant populations.

C. National Data Collection: OHS Program Information Report

Minor modifications to the OHS Program Information Report would support collaboration with refugee resettlement by enabling the tracking of children in refugee and immigrant families. Additional data categories might include country of origin, parent’s year of arrival, specific languages spoken at home, parent’s education level, and the English proficiency level of both the child and parent.

To address the limitations of aggregate data, OHS could provide a way to link PIR cumulative grantee data to case-level data (for example, through case management systems that compile and report aggregate data, while also enabling access to case-level data, as needed).⁶² The authors realize the challenges inherent in this recommendation, given the diversity of local-level EHS/HS programs that are often embedded within larger agencies and other concerns inherent in sharing client data across service systems, such as confidentiality. However, this has been accomplished in similar service sectors. ACF recently implemented an Interoperability Initiative to address such concerns.⁶³

D. Assess Costs and Benefits

It is important to note that these recommendations are made in an environment of limited federal resources, particularly for ORR and OHS. However, some of the recommendations presented here, such as those for improving program management, draw on existing federal regulations and are already being implemented informally by EHS/HS and refugee resettlement programs in some areas. OHS technical assistance currently disseminates resources on “cultural and linguistic responsiveness” using a model that promotes partnerships between immigrant-serving organizations and Head Start. Existing research suggests that these ECEC services provide a broad range of long-term benefits for parents and children, as well as long-term financial savings to society, including in the education, health-care, social welfare, and criminal justice systems.⁶⁴ Future research can help to identify strategies that promote the healthy development of children and their families in the long term, and that are potentially more cost-effective in the short term. Those serving families and implementing programs on the ground—often in an environment of scarce resources—experience the daily reality of serving families through these programs, and can be a tremendous source of knowledge regarding effective solutions. The online case management database developed by the Onondaga County EHS/HS program is one such example of a local innovation. This strategy has the potential to improve refugee access to a broad range of temporary support services, while increasing the efficiency and effectiveness of these services through coordination, contributing to the positive integration of refugee children and families within their communities.

62 All Head Start grantees collect information on enrollees at an individual or case level, and then report this information to OHS as cumulative totals once a year through the electronic Program Information Report (PIR) system. These data are cumulative, or aggregated, according to predetermined categories on the PIR. Therefore the data collected are at the grantee level (some grantees comprise a number of agencies) and cannot provide more detailed information, limiting the type and the depth of information available on children and families enrolled in Head Start. Databases today have the capacity to manage case-level data as well as cumulative data for reporting, while protecting the confidentiality of client information, and many agencies are upgrading their data collection systems.

63 HHS, “Confidentiality Toolkit: A Resource Tool from the ACF Interoperability Initiative,” accessed July 7, 2015, www.acf.hhs.gov/sites/default/files/assets/acf_confidentiality_toolkit_final_08_12_2014.pdf.

64 See, for example, Karoly, Kilburn, and Cannon, *Early Childhood Interventions*.



Works Cited

- Adams, Gina and Marla McDaniel. 2012. *Untapped Potential: Partnering with Community-Based Organizations to Support Participation of Lower-Incidence Immigrant Communities in the Illinois Preschool for All Initiative*. Washington, DC: Urban Institute.
- Barnett, Steve and Megan E. Carolan. 2014. *Facts about Fadeout: The Research Base on Long-term Impacts of High Quality pre-K (CEELO FastFact)*. New Brunswick, NJ: Center on Enhancing Early Learning Outcomes. http://ceelo.org/wp-content/uploads/2014/08/ceelo_fast_fact_fadeout.pdf.
- Brandon, Peter D. 2004. The Child Care Arrangements of Preschool-age Children in Immigrant Families in the United States. *International Migration* 42 (1): 65–87.
- Bridges, Diane R., Richard A. Davidson, Peggy Soule Odegard, Ian V. Maki, and John Tomkowiak. 2011. Interprofessional Collaboration: Three Best Practice Models of Interprofessional Education. *Medical Education Online* 16. www.ncbi.nlm.nih.gov/pmc/articles/PMC3081249/.
- Bridging Refugee Youth and Children's Services (BRYCS). N.d. Promising Practices. Accessed September 30, 2013. www.brycs.org/promisingPractices/index.cfm.
- . N.d. Early Childhood. Accessed November 5, 2014. www.brycs.org/promisingpractices/programs.cfm?tkeyword=Early+childhood&submit=GO.
- Bronstein, Laura R. 2003. A Model for Interdisciplinary Collaboration. *Social Work* 48 (3): 297–306.
- Canadian Interprofessional Health Collaborative. 2010. *A National Interprofessional Competency Framework*. Vancouver, BC: University of British Columbia. www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf.
- Capps, Randy, Kathleen Newland, Susan Fratzke, Susanna Groves, Michael Fix, Margie McHugh, and Gregory Auclair. 2015. *The Integration Outcomes of U.S. Refugees: Successes and Challenges*. Washington, DC: Migration Policy Institute. www.migrationpolicy.org/research/integration-outcomes-us-refugees-successes-and-challenges.
- Crosnoe, Robert. 2013. *Preparing the Children of Immigrants for Early Academic Success*. Washington, DC: Migration Policy Institute. www.migrationpolicy.org/research/preparing-children-immigrants-early-academic-success.
- Crosnoe, Robert and Ruth N. Lopez Turley. 2011. The K-12 Educational Outcomes of Immigrant Youth. *Future of Children* 21: 129–52.
- Darlington, Yvonne and Judith A. Feeney. 2008. Collaboration between Mental Health and Child Protection Services: Professionals Perceptions of Best Practice. *Children and Youth Services Review* 30 (2): 187–98.
- Deming, David. 2009. Early Childhood Intervention and Life-Cycle Skill Development: Evidence from Head Start. *American Economic Journal: Applied Economics* 1 (3): 111–34.
- Durand, Tina M. 2011. Latina Mothers' Cultural Beliefs about their Children, Parental Roles, and Education: Implications for Effective and Empowering Home-school Partnerships. *The Urban Review* 43 (2): 255–78.
- Dye, Jane F, Irene M. Schatz, Brian A. Rosenberg, and Susanne T. Coleman. 2000. Constant Comparison Method: A Kaleidoscope of Data. *The Qualitative Report* 4 (1/2): 1–9.
- Gelatt, Julia, Gina Adams, and Sandra Huerta. 2014. *Supporting Immigrant Families' Access to Prekindergarten*. Washington, DC: Urban Institute. www.urban.org/publications/413026.html.



- Golden, Olivia and Karina Fortuny. 2010. *Young Children of Immigrants and the Path to Educational Success: Key Themes from an Urban Institute Roundtable*. Washington, DC: Urban Institute. www.urban.org/UploadedPDF/412330-young-children.pdf.
- Gross, Jeff and Christine Ntagengwa. Forthcoming. *Challenges in Accessing Early Childhood Education and Care for Children in Refugee Families in Massachusetts*. Washington, DC: Migration Policy Institute.
- Hernandez, Donald J., Nancy A. Denton, and Suzanne Macartney. 2011. Early Childhood Education Programs: Accounting for Low Enrollment in Immigrant and Minority Families. In *The Next Generation: Immigrant Youth in Comparative Perspective*, eds. Richard D. Alba and Mary C. Waters. New York: New York University Press.
- Holder, Eric. 2011. Memorandum from the Attorney General to Heads of Federal Agencies, General Counsels, and Civil Rights Heads. Federal Government's Renewed Commitment to Language Access Obligations under Executive Order 13166, February 17, 2011. www.lep.gov/13166/AG_021711_EO_13166_Memo_to_Agencies_with_Supplement.pdf.
- Ives, Nicole, Jill Hanley, Sonia Ben-Soltane, Christine A. Walsh, David Este and Erin Pearce. 2014. *Exploring Collaboration Processes across Sectors: Bridging Services for Newcomer Women with Experiences across the Homelessness Spectrum*. A report prepared for the Department of Human Resources and Skills Development Canada. Ottawa: Department of Human Resources and Skills Development Canada.
- Karoly, Lynn A. and Gabriella C. Gonzalez. 2011. Early Care and Education for Children in Immigrant Families. *Future of Children* 21 (1): 71–101. www.rand.org/pubs/external_publications/EP201100164.html.
- Karoly, Lynn A., M. Rebecca Kilburn, and Jill S. Cannon. 2005. *Early Childhood Interventions: Proven Results, Future Promise*. Los Angeles: RAND Corporation. www.rand.org/pubs/monographs/MG341.html.
- Lumbert, David, Brandon DeBot, Roanna Wang, Nina Brekelmans, and Eric Yang. 2012. *Methodologies for Tracking Refugees Longitudinally: Nationwide Analysis and Policy Options*. Hanover, NH: The Nelson A. Rockefeller Center at Dartmouth College. <https://rockefeller.dartmouth.edu/report/methodologies-tracking-refugees-longitudinally>.
- Magnuson, Katherine, Claudia Lahaie, and Jane Waldfogel. 2006. Preschool and School Readiness of Children of Immigrants. *Social Science Quarterly* 87 (5): 1241–62.
- Matthews, Hannah and Danielle Ewen. 2006. *Reaching All Children? Understanding Early Care and Education Participation among Immigrant Families*. Washington, DC: Center for Law and Social Policy. www.clasp.org/resources-and-publications/reaching-all-children-understanding-early-care-and-education-participation-among-immigrant-families.
- . 2010. Early Education Programs and Children of Immigrants: Learning Each other's Language. Paper prepared for the Urban Institute's Roundtable on Young Children of Immigrants and the Path to Educational Success, Urban Institute, Washington, DC. www.urban.org/UploadedPDF/412205-early-education.pdf.
- Morland, Lyn, Dina Birman, Burna Dunn, Myrna Adkins, and Laura Gardner. 2013. Immigrant Students. In *Supporting and Educating Traumatized Students*, eds. Eric Rossen and Robert Hull, 51–72. New York: Oxford University Press.
- Morland, Lyn, Julianne Duncan, Joyce Hoebing, Juanita Kirschke, and Laura Schmidt. 2005. Bridging Refugee Youth & Children's Services: Lessons Learned from a National Technical Assistance Effort. *The Journal of Child Welfare* 84 (5): 791–812.
- Murgatroyd, Chris and Dietmar Spengler. 2011. Epigenetics of Early Child Development, *Frontiers in Psychiatry* 2 (16): 1-15.



- National Archives and Records Administration. 2004. *Title VI, Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons*. www.archives.gov/eeo/laws/title-vi.html.
- Neidell, Matthew and Jane Waldfogel. 2009. Program Participation of Immigrant Children: Evidence from the Local Availability of Head Start. *Economics of Education Review* 28 (6): 704–15.
- Ogilvie, Linda, Darcy Fleming, Anna Kirova, Lucenia Ortiz, Sandra Rastin, Catherine Caufield, Elizabeth Burgess-Pinto, and Mahdiah Dastjerdi. 2014. Matching Policies to Needs in Early Childhood Development Programs in Newcomer Populations. In *Immigrant and Refugee Students in Canada*, eds. Courtney Anne Brewer and Michael McCabe, 65–88. Edmonton: Brush Education.
- Park, Maki and Margie McHugh. 2014. *Immigrant Parents and Early Childhood Programs: Addressing Barriers of Literacy, Culture, and Systems Knowledge*. Washington, DC: Migration Policy Institute. www.migrationpolicy.org/research/immigrant-parents-early-childhood-programs-barriers.
- Poureslami, Irene, Laura Nimmon, Kelly Ng, Sarah Cho, Susan Foster, and Clyde Hertzman. 2013. Bridging Immigrants and Refugees with Early Childhood Development Services: Partnership Research in the Development of an Effective Service Model. *Early Childhood Development and Care* 183 (2): 1924–42. www.tandfonline.com/doi/abs/10.1080/03004430.2013.763252#VMaDTf54ofg.
- Rumberger, Russell W. and Loan Tran. 2006. *Preschool Participation and the Cognitive and Social Development of Language Minority Students*, CSE Technical Report 674/UC LMRI Technical Report. Los Angeles and Santa Barbara: University of California Los Angeles and University of California Santa Barbara. <http://files.eric.ed.gov/fulltext/ED492888.pdf>.
- Sektnan, Michaella, Megan M. McClelland, Alan Acock, and Frederick J. Morrison. 2010. Relations between Early Family Risk, Children’s Behavioral Regulation, and Academic Achievement. *Early Childhood Research Quarterly* 25 (4): 464–79.
- Sindall, Colin. 1997. Intersectoral Collaboration: The Best of Times, the Worst of Times. *Health Promotion International* 12 (1). <http://heapro.oxfordjournals.org/content/12/1/5.full.pdf>.
- Stepleton, Kate, Jean McIntosh, and Beth Corrington. 2010. *Allied for Better Outcomes: Child Welfare and Early Childhood*. Washington, DC: Center for the Study of Social Policy. www.cssp.org/publications/strengthening-families/allied-for-better-outcomes-child-welfare-and-early-childhood-august-20101.pdf.
- Stewart, Miriam J., Anne Neufeld, Margaret J. Harrison, Denise Spitzer, Karen Hughes, and E. Makwarimba. 2006. Immigrant Women Family Caregivers in Canada: Implications for Policies and Programs for Health and Social Sectors. *Health and Social Care in the Community* 14 (4): 329–40.
- Suizzo, Marie-Anne. 2007. Parents’ Goals and Values for Children: Dimensions of Independence and Interdependence across Four US Ethnic Groups. *Journal of Cross-Cultural Psychology* 38 (4): 506–30.
- Suizzo, Marie-Anne, Erin Pahlke, Lisa Yarnell, Kuan-Yi Chen, and Sylvia Romero. 2014. Home-Based Parental Involvement in Young Children’s Learning across U.S. Ethnic Groups: Cultural Models of Academic Socialization. *Journal of Family Issues* 35 (2): 254–87.
- U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF). 2013. *Report to Congress on Dual Language Learners in Head Start and Early Head Start Programs*. Washington, DC: HHS, ACF. www.acf.hhs.gov/sites/default/files/opre/report_to_congress.pdf.
- . 2014. 101: Early Head Start-Child Care Partnerships. www.acf.hhs.gov/sites/default/files/eecd/ehs_ccp_101_final_hhsacf_logo_2014.pdf.
- . N.d. Confidentiality Toolkit: A Resource Tool from the ACF Interoperability Initiative. Accessed July 7, 2015. www.acf.hhs.gov/sites/default/files/assets/acf_confidentiality_toolkit_final_08_12_2014.pdf.



- . N.d. About Us. Accessed October 1, 2014. <http://eclkc.ohs.acf.hhs.gov/hslc/About%20Head%20Start>.
- . N.d. National Center on Cultural and Linguistic Responsiveness. Refugee Families. Accessed October 1, 2014. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/refugee-families/main-refugee-families.html>.
- . N.d. Preliminary Early Head Start-Child Care Partnership and Early Head Start Expansion Awards. Accessed November 5, 2014. www.acf.hhs.gov/programs/ecl/early-learning/ehs-cc-partnerships/grant-awardees.
- HHS, ACF, Office of Head Start (OHS). N.d. 1304.51 Management Systems and Procedures. Accessed March 4, 2016. <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspss/1304/1304.51%20Management%20systems%20and%20procedures..htm>.
- . N.d. 1304.50 Program Governance. Accessed March 4, 2016. <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspss/1304/1304.50%20Program%20governance..htm>.
- . N.d. Achieving and Maintaining Full Enrollment ACYF-HS-PI-04-03. Accessed March 4, 2016. http://eclkc.ohs.acf.hhs.gov/hslc/standards/pi/2004/resour_pri_00006_060805.html.
- . N.d. Head Start Program Performance Standards and Other Regulations. 45 CFR 1304, 1304.41 Community Partnerships. Accessed March 4, 2016. <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspss/1304/1304.41%20Community%20partnerships..htm>.
- . N.d. Program Information Report, Access to PIR Data. Accessed July 7, 2015. <http://eclkc.ohs.acf.hhs.gov/hslc/mr/pir>.
- . Office of Head Start—Head Start Services Snapshot, National, 2013-2014. Accessed March 4, 2016. https://eclkc.ohs.acf.hhs.gov/hslc/data/psr/2014/NATIONAL_SNAPSHOT_HS.PDF.
- . N.d. OHS 45 CFR 1305. <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspss/1305>.
- . OHS 45 CFR 1306. <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspss/1306>.
- . N.d. Early Childhood Learning and Knowledge Center, NCCLR, Refugee Families. Accessed October 2014. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/refugee-families/main-refugee-families.html>.
- HHS, ACF, OHS National Centers on Cultural and Linguistic Responsiveness and Program Management and Fiscal Operations. Forthcoming. *Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA) in Early Head Start and Head Start: Reaching Emerging Refugee and Immigrant Populations*. Washington, DC: HHS/ACF/OHS.
- HHS, ACF, Office of Planning, Research, and Evaluation. 2010. *Head Start Impact Study, Final Report*. Washington, DC: HHS, ACF, Office of Planning, Research, and Evaluation. www.acf.hhs.gov/sites/default/files/opre/hs_impact_study_final.pdf.
- U.S. Department of State, Bureau of Population, Refugees, and Migration. 2014. Data to authors in December 1, 2014 email.
- . N.d. Refugee Admissions Statistics, various years. www.state.gov/j/prm/releases/statistics/index.htm.
- Walsh, Christine A., Jill Hanley, Nicole Ives, and Shawn-Renée Hordyk. 2015. Exploring the experiences of newcomer women with insecure housing in Montréal, Canada. *Journal of International Migration and Integration*.



- Wight, Vanessa, Michelle M. Chau, and Kalyani Thampi. 2011. Poor Children by Parents' Nativity: What Do We Know? Brief, National Center for Children in Poverty, New York, April 2011. www.nccp.org/publications/pdf/text_1006.pdf.
- Wiig, Janet K. and John A. Tuell with Jessica K. Heldman. 2013. *Guidebook for Juvenile Justice and Child Welfare System Coordination and Integration: A Framework for Improved Outcomes, 3rd Edition*. Boston: Robert F. Kennedy Children's Action Corps. www.modelsforchange.net/publications/514.
- Yoshikawa, Hirokazu, Christina Weiland, Jeanne Brooks-Gunn, Margaret R. Burchinal, Linda M. Espinosa, William T. Gormley, Jens Ludwig, Katherine A. Magnuson, Deborah Phillips, and Martha J. Zaslow. 2013. *Investing in our Future: The Evidence Base on Preschool Education*. New York and Ann Arbor, MI: Foundation for Child Development and Society for Research in Child Development. <http://fcd-us.org/sites/default/files/Evidence%20Base%20on%20Preschool%20Education%20FINAL.pdf>.
- Zhai, Fuhua, Jeanne Brooks-Gunn, and Jane Waldfogel. 2011. Head Start and Urban Children's School Readiness: A Birth Cohort Study in 18 Cities. *Developmental Psychology* 47 (1): 134–52.



About the Authors



Lyn Morland is a Medical Anthropologist and Social Worker who has worked in the fields of refugee resettlement and children's services for more than three decades. She is a Research Fellow with the Center for Cultural Responsiveness at Bank Street College of Education in New York.

Her international work includes developing early childhood education programs in the Philippines in the early 1980s, conducting National Science Foundation-funded research in Honduras in the early 1990s, and most recently consulting on policy and practice regarding integration of refugee children in Australia and in South Korea.

She has directed a network of local clinics for immigrants and multicultural children's services, including a Head Start initiative. Nationally, she directed two technical assistance initiatives funded by the federal Office of Refugee Resettlement: the National Alliance for Multicultural Mental Health (NAMMH) and Bridging Refugee Youth and Children's Services (BRYCS), most recently partnering with Bank Street College of Education's Office of Head Start National Center on Cultural and Linguistic Responsiveness (NCCLR) to develop a collaboration between Refugee Resettlement and Head Start.

She holds an MSW and MA/ABD in anthropology and medical behavioral sciences.



Nicole Ives is Associate Professor and BSW Program Director at McGill University, School of Social Work, in Montreal. A qualitative researcher with a focus on refugee and immigrant issues and issues of acculturation, Dr. Ives explores the lived experience of policies.

Her research has included examining outcomes for refugees who have been sponsored by religious congregations, the effects of U.S. immigration policy on Liberian refugee families, and Bosnian refugee resettlement in the United States and Denmark. Her current qualitative research projects include understanding collaboration

between refugee resettlement/ethnic organizations and mainstream, government-funded agencies; exploring cultural perceptions to health-care services for individuals with HIV and how they shape health outcomes; exploring Inuit conceptualizations of parent/family involvement in secondary school in Kuujuaq, Nunavik; examining experiences of newcomer women in Canada across the homelessness spectrum; and assessing the needs of children who have been involved in armed conflict in a resettlement context.

She earned her Ph.D. in social work from the University of Pennsylvania.



Clea McNeely has a joint appointment with the Center for the Study of Youth and Political Violence and the Department of Public Health at the University of Tennessee, Knoxville. She also serves as Vice President of Programming for the Society for Research on Adolescence.

Dr. McNeely researches positive youth development across social contexts, with a particular emphasis on schools. Her work with refugees and immigrants includes national cross-site evaluations of the Caring Across Communities program (funded by The Robert Wood Johnson Foundation and GWU Health and Health Care in the Schools) and the Bridging Refugee Youth and Children's Services (BRYCS) program.

Her current research focuses on how youth make successful transitions to adulthood in regions of political conflict around the globe and in areas of economic and social distress within the United States. As part of this research agenda, Dr. McNeely carries out evaluations of programs and policies to promote the health of young people.



Chenoa Allen is a PhD student in the Department of Public Health at the University of Tennessee, Knoxville. Her research interests include adolescent development, refugee and immigrant adaptation, and the role of social and cultural capital in perpetuating inequalities. She is using qualitative interview data from the evaluation of the Caring Across Communities programs to evaluate the dominant models of immigrant and refugee adaptation. She is also collaborating on a study of the effects of political conflict on Palestinians with the Center for the Study of Youth and Political Conflict at the University of Tennessee, Knoxville.

She completed her M.S. in health and medical sciences at the University of California, Berkeley, with a focus on maternal and child health and social epidemiology.



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1400 16th Street NW
Suite 300
Washington, DC 20036

Tel: 001 202-266-1940
Fax: 001 202-266-1900