



Bridging Refugee Youth & Children's Services

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ENHANCING CHILD CARE FOR REFUGEE SELF-SUFFICIENCY: A Training Resource and Toolkit

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For:
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Acronyms and Abbreviations

BRYCS	Bridging Refugee Youth and Children Services
CCDBG	Child Care and Development Block Grant
CCDF	Child Care Development Fund
CCR&R	Child Care Resource and Referral
CLASP	Center for Law and Social Policy
ESL	English as a Second Language
IRS	Internal Revenue Service
MAA	Mutual Assistance Association
NCCIC	National Child Care Information Center
NGO	Non-governmental Organization
ORR	Office of Refugee Resettlement
TANF	Temporary Assistance to Needy Families
USCRI	U.S. Committee for Refugees and Immigrants
Volag	Voluntary agency

Executive Summary

In December 2005, Bridging Refugee Youth and Children's Services (BRYCS) in collaboration with RefugeeWorks (Office of Refugee Resettlement technical assistance provider for refugee self-sufficiency and employment) began to examine child care access among refugee parents, guardians and care givers. We found that regardless of region, refugee resettlement workers identify child care as a significant issue impacting employment and ultimately self-sufficiency. We also found that in many regions there is little contact between refugee serving agencies and mainstream child care services. In response to these findings, BRYCS compiled this resource and curriculum to aid refugee resettlement workers in minimizing child care issues as an employment and self-sufficiency barrier.

This resource contains information, reference materials, and sample training modules for employment specialists and case managers. It is designed to help agencies increase their capacity to serve refugee clients and provide them with a spectrum of child care options. Information is also relevant to program directors to assess if adequate internal processes are operating to sufficiently address child care issues.

Goals

The goals of this resource and curriculum are to:

- Provide an overview of the child care system and background on issues refugee populations face in securing care.
- Clarify the relationship between stable child care arrangements and employment success.
- Assist resettlement agencies and child care networks in building partnerships between key stakeholders, including Child Care Resource and Referral Networks (CCR&R), child care subsidy agencies, child care licensing agencies and refugee resettlement agencies
- Enable resettlement staff and key partners to better identify child care options and funding strategies for refugee clients.
- Provide a template for agencies to train staff on child care issues, incorporating methods consistent with adult learning theory and a "train the trainer" model.

Findings

Key issues that refugees face in securing child care are:

1. Refugees, especially newcomer groups, are in need of increased outreach so that they can make an informed decision in choosing a child care provider.
2. There is a need to build upon the relationship between mainstream models of child care coordination and refugee communities.
3. Refugee Resettlement staff are in need of improved communication and collaboration models to regularly access the mainstream provider's resource and referral system.

4. There is a desire to expand the infrastructure in meeting child care needs of refugee communities.
5. Training programs designed specifically for refugees to become licensed child care providers and to improve informal child care, or kith and kin care, are desired by the community.

Recommendations

1. Conduct aggressive outreach to educate refugee parents about their choices.
2. Enhance collaboration between resettlement agencies and mainstream child care providers.
3. Streamline the child care subsidy process.
4. Increase community capacity to access close and flexible child care.
5. Build capacity within refugee communities to offer quality child care.

Chapter One: Child Care Use among Refugees

As confirmed by BRYCS' outreach, many refugees have little or no familiarity with a formal, regulated child care system. The concept of planning and organizing child care arrangements is often new to individuals who previously could rely on a larger network of informal community support. United States' laws regulating child supervision requirements can be drastically different from common practice in many refugees' countries of origin. Refugees and the resettlement staff who assist them may likewise be unaware of financial assistance programs available to help them subsidize the costs of child care.

Prior to entering the United States, refugees receive basic information about child care through overseas cultural orientation programs. One example is the child care module published by the U.S. Committee for Refugees and Immigrants' in their *Journey of Hope* curriculum. This module helps parents determine whether or not they need child care; the advantages and disadvantages of different types of care for both the parent and child, and how to manage the process of enrolling children into child care services and preparing emotionally for this transition. **Due to the overwhelming amount of material and information that refugees receive prior to entering the United States, as well as an adjustment to a new culture, it is likely that refugee clients will need to revisit these concepts after their arrival.**

One consideration in discussing child care usage with refugee clients is the cultural appropriateness of the concept. As with non-refugees, they may have biases and misinformation about child care in the U.S. Many people working with refugees note that families do not want to use mainstream services and would prefer that a parent stay at home and provide care. However, this may not be economically realistic for many refugees. It is important to ensure that refugee clients are given accurate information about the safety and quality of all child care options. Given the skepticism that some clients may have towards mainstream child care, receiving this information from multiple sources can help lend credibility to what they are learning.

In addition, refugees may need assistance in broadening the concept of child care to include programs and services for school age children, such as after-school programs and youth development programs. Refugees may need specific guidance regarding applicable laws about child supervision, particularly any statutes that designate the minimum age that children can be home without adult supervision. To learn the specific guidelines for your state, contact your local police department or child protective services agency.

Patterns in Accessing Care

A variety of child care options exist for refugees. One major distinction between the types of care available is whether or not it is regulated and licensed, or whether the care is provided informally.

The most common forms of child care are:

- licensed family child care providers who provide child care within their own homes
- child care centers, including programs like Head Start
- informal kith and kin care provided by relatives

- informal care provided by non-relatives or neighbors
- preschool.

Each type of care has its own advantages and disadvantages for both the parent and child. **Service providers working with refugees should assess the level of knowledge their clients possess about the range of options available to them.**

There is little research specifically focused on trends in refugees' use of child care services. However, there are resources that examine child care usage among immigrants as a whole. Broadly, this research indicates that children of immigrants are less likely than children of non-immigrants to use center-based care, though the reasons for this difference are not entirely understood. Researchers note that a low rate of participation in center based care options may impact future school readiness for some children. Additional research highlights are summarized below.

According to a 2006 study carried out by the Center for Law and Social Policy (CLASP)¹:

- Young children of immigrants are less likely to participate in every type of non-parental care arrangement than children of U.S.-born citizens and are more likely to be in the care of a parent. Even when both parents work at least part time, young children of immigrants are more likely to remain in parental care or without a regular child care arrangement. When immigrant families use non-parental care, infants and toddlers are more likely to be in relative care and 3-to-5-year-olds are more likely to be in center-based care, as are children of U.S.-born citizens. Children of immigrants are less likely to attend preschool compared to children of U.S.-born citizens.
- Factors that contribute to the lower participation of immigrant families in early education include:
 - Poverty
 - Low rates of maternal employment
 - Nature of immigrant employment
 - Less formal education of parents
 - Limited English proficiency of parents
 - Comfort level in accessing services among mixed-status families.
- High quality, early education is critical to prepare children to succeed in kindergarten and beyond. Research shows that high-quality early education programs can particularly benefit low-income children and those most at risk of school failure by supporting their healthy development across a range of measures.

According to a 2005 study conducted by The Urban Institute²:

- Young children of immigrants are significantly less likely to be in child care than young children of natives--especially center-based care--even when controlling for age, parental work, and income.

¹ Matthews, H., Ewen D. (2006). *Reaching All Children: Understanding Early Care and Education Participation Among Immigrant Families*; CLASP.

² Capps, R., Fix, M., Ost, J., Reardon-Anderson, J., & Passel, J. (2005). *The Health and Well-Being of Young Children of Immigrants*; The Urban Institute.

- Center-based care is lowest in immigrant families with less than the equivalent of an eighth grade education.
- There are advantages to choosing center-based care:
 - There is evidence that high-quality child care centers enhance school readiness, especially among children age's three to four (NICHD Early Child Care Research Network, 2000). However, high-quality care may be achievable in other settings such as the homes of immigrants or other families.
 - Beyond providing child care, many centers could deliver other public benefits and social services (referrals for housing, health care, job training, etc.).

Factors in Choosing Child Care

Feedback from those in the field reveals that **refugees choose informal child care most often. Yet we cannot assume that this is the ideal preference for all refugees.** Other factors may influence refugees' opting for one type of care over another. Possibilities include:

- Cultural views and beliefs about child care
- Availability of relatives willing and able to provide child care
- Cost of care
- Familiarity with specific types of care in home country
- Location of child care
- Availability of transportation to child care
- Hours of care available and match with work schedule
- Comfort level and cultural fit with child care provider
- Ability to communicate with child care provider
- Cohesiveness and unity of ethnic group
- Capacity of ethnic communities, including residential proximity between community members and size of community.

A 2001 study examining the use of kith and kin care among the general population by the National Center for Children in Poverty³, notes that the use of informal care is related to factors such as the educational level of parents, household income, employment status, work schedule, receipt of public assistance, household composition, and ethnicity. **The study also reports that the reasons families cite for choosing informal care include: parental values, parent's view of quality, child age, special needs of children, constraints of parental choice** (availability in area, work schedule, transportation), **and cost of care** (i.e. families who receive subsidies may be more likely to use regulated care).

As advocates for refugees, we must ensure that refugees are familiar with all types of care available. This includes highlighting educational advantages of certain types of care over others and the availability of financial assistance to obtain all types of desired care, including kith and kin care.

³ Brown-Lyons, M., Robertson, A., Layzer, J. (2001). *Kith and Kin—Informal Child Care: Highlights from Recent Research*; National Center for Children in Poverty.

Chapter Two: Understanding the Child Care System

The child care system can be intimidating to those not familiar with it. As with any system, it has its own lingo, structures, and policies. Becoming familiar with this system is necessary for those providing services to refugees. Becoming more comfortable with the system will enable service providers to act as guides for refugee clients. **Fortunately, there are key agencies in every community that can help refugee serving agencies to understand and take advantage of the child care system.** These agencies are potentially key partners with whom refugee serving agencies can form collaborative relationships.

Finding Care

Each state has a **Child Care Resource and Referral (CCR&R) contact**. These organizations provide referrals for local, licensed providers. They also educate families about their child care choices and available financial help. In addition, CCR&Rs provide training and technical assistance to child care providers. To find your CCR&R, you can:

- Contact [Child Care Aware](#) at 1-800-424-2246
- Visit *The Administration for Children and Families (ACF) Web site*. Contact information is listed under “State Profiles” on the [National Child Care Information Center’s \(NCCIC\) Web site](#). Scroll down to the map and click on your state. Then click on Contacts at the top of the page. You will find a “Child Care Resource and Referral” header listing your state agency.

Connecting with your CCR&R can be useful in many ways. Using their resource and referral network can help locate safe, qualified child care in your community, including:

- Child care for younger children
- After school programs
- Youth development activities for older children

CCR&R staffs are also available to:

- Assist refugee parents in applying for financial assistance for child care including state child care subsidies and local monies that may be available
- Collaborate with refugee serving agencies to organize trainings for refugees providing child care, such as trainings to help refugees gain employment as licensed child care providers, or trainings on health and safety information to help informal providers increase their quality of child care.

It is important to note that local CCR&Rs may not have experience working with refugees. They may not have staff capacity to meet the language needs of refugee clients, or they may be unfamiliar with refugees’ documentation and their entitlement to benefits. However, CCR&Rs are charged with the task of responding to all parents. Reaching out to these agencies to explore cross-service training opportunities and ways to link services can help refugee serving agencies to meet the child care needs of their clients.

CCR&Rs do not provide referrals to unlicensed providers. Connecting with unregulated providers requires a grassroots approach, utilizing networks that may be established through

ethnic communities, churches, community associations and other groups. Refugee service providers can assist refugees by: linking them with other users of informal child care; contacting religious organizations to use bulletin boards or service bulletins to advertise needs; posting requests on bulletin boards at Mutual Assistance Associations, libraries, and recreation centers/community centers; and contacting local colleges' department of student affairs to post child care requests. Students who are taking child care courses and looking for work experience can make ideal child care providers.

Most refugees are expected to set up child care quickly and to be able to adjust that care to accommodate work schedules. By contrast, most information distributed to the mainstream audience is geared towards a much longer planning process. Listed below are the times typically necessary for parents to arrange child care:

- **Family child care providers:** Parents typically need six to eight weeks to arrange this.
- **Child care centers:** These facilities generally have contracts with families and begin to know how many openings they may have about nine months in advance. Full time openings for infants and toddlers can be limited, and part time openings can be even harder to find in most areas. Many centers do keep waiting lists to fill unexpected openings. Pre-employment staff and case managers can act as important resources by maintaining relationships with CCR&R and child care providers and by being aware of child care options in their community.
- **Preschool or nursery school programs:** This type of care applies to 3- to 5-year-olds. Programs usually enroll children during the winter or early spring for the following fall. In most areas, these programs run only during the school year, for a few hours each day, two to five days per week.
- **In-home care:** Such care generally takes about eight to twelve weeks to set up. A parent can recruit individually or through an agency.

Paradoxically, refugee families are often expected to make child care arrangements in a shorter timeframe than what is expected of mainstream U.S. families. In order to meet the child care needs of refugees, employment counselors and case managers should explore child care options and potential waiting lists in their area, in order to inform refugee clients and encourage local child care providers to expand services, where needed.

Encourage refugee clients to research child care options and to develop contingency plans in the event that there are changes in the parents' schedule, illness, or some other unforeseen change in child care arrangements. One study documented that nearly 40 percent of children under the age of five with working mothers have more than one regular child care arrangement each week.⁴ There are numerous circumstances that necessitate a back up child care plan. For example, most out-of-home providers will not provide care to sick children, in-home providers might take a day off or quit, work schedules may shift, etc. It is important to work with refugee clients to anticipate these circumstances and to develop a short-term child care plan. Child care arrangements made during the initial resettlement process might need to be adjusted as needs change. As refugee families become economically self-sufficient, a wider range of child care options may be available to them.

⁴ Capizzano, J., Adams, G. (2000). *The Number of Child Care Arrangements Used by Children under Five*; Urban Institute.

State Child Care Subsidies

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) established the existing structure of funding streams for child care assistance programs.

Overview of Funding Streams

The federal program addressing child-care assistance for low and moderate-income families is called The Child Care and Development Fund (CCDF). This program channels block grants (Child Care and Development Block Grant, CCDBG) to each state to subsidize child care.

These funds are intended to subsidize care of the parent's choice (family child care, relative care, child care centers, etc.). Furthermore, states receive dedicated funds for child care through the Temporary Assistance to Needy Families (TANF) block grant. States have the ability to transfer non-child care specific TANF funds to the CCDBG fund. Due to different funding sources, most states have one program for families receiving TANF and a separate voucher program for working families not receiving TANF. Since 2002, federal funding for child care has not increased despite the continued rise in the cost of child care.⁵ As a result, many states have restricted access (by instituting waiting lists or by freezing intakes) and limited eligibility (by lowering the income level needed to qualify).

Who to Contact

To access benefits, contact your state child care subsidy agency. Typically, this is the Department of Health and Human Services in your state. To find out who to contact, go to "State Profiles" on the [National Child Care Information Center's \(NCCIC\) Web site](#). Scroll down to the map and click on your state. Then click on Contacts at the top of the page. You will find a "Child Care Subsidy Agency" header listing your local agency. This agency will provide you with information about eligibility and how to apply for assistance. You can also call your local Child Care Resource and Referral (CCR&R) contact for help in determining eligibility and the application process. They may also be able to direct you to local funds and scholarships available.

Amount of Subsidy

Each state sets its own rate of payment. The guideline is for states to reimburse child care providers at or above the 75th percentile of market rates (based on a current market rate survey). However, not all states follow this rate of reimbursement. Some states require the family to contribute a co-payment.

The amount of the subsidy is dependent on the family's income, number of and ages of children, and what type of provider the family chooses (whether it is a center/group, licensed family provider, self-certified family provider, approved relative, etc.). Typically, only working families are assigned a co-payment, while families receiving the subsidy through TANF are not usually given a co-payment.

Length of Process

The application and approval process varies from state to state, taking an average of 30 days to complete. If applying through a program for working families, parents are frequently given a list of providers that accept vouchers. Typically, these slots are limited and it is common to be put

⁵ Matthews, H., Ewen, D. (2004). [Child Care Assistance in 2004: States Have Fewer Funds for Child Care](#); Center for Law and Social Policy (CLASP).

on a waiting list. Locating slots for infants can be difficult. As a family starts to earn more money, their subsidy is decreased. Numerous states report the dilemma that some families are not eligible to apply for the subsidy until employed, but neither can they find a job until child care is arranged. Also, depending on demand, there may be a waiting list in some states to even apply for the subsidy program. If a family is applying through TANF's welfare to work program, typically there is a faster turn around time in locating child care and greater flexibility in funds available as compared to other programs.

On a national level, case managers and employment counselors report that the application process is too involved for refugees to undertake alone. Furthermore, some refugees report that the amount of the subsidy does not justify the effort required to get it. This is especially true for lower reimbursement rates for kith and kin providers. For example, according to Action for Children, the Illinois Child Care Assistance program in 2004 reimbursed \$9.48 per day for a full-day of Family, Friend or Neighbor Home Care for a 4-year old.⁶ In 2003, North Dakota Department of Human Services reimbursed approved relatives providing 25 or more hours of care per week at a rate of \$70 per week for an infant up to 2 years and \$65 per week for children ages 2 to 13.⁷ As a result of these low rates, kith and kin providers may choose to operate outside of the subsidy system. Additionally, if these individuals are providing care for a number of children, they may be required to be licensed through the state.

Opportunities for Collaboration

Reaching out and making connections with local child care subsidy agencies can help to streamline the application process. To better assist refugee clients, invite a representative from the local child care subsidy agency to train staff members about the subsidy process. States such as Arizona and New York exemplify good practice by designating a specific contact person at their child care subsidy agency to handle refugee applications for assistance.

Refugee resettlement and child care providers can work to encourage more ethnic providers to work in the system, thus providing more linguistically appropriate child care options. Refugee child care providers can benefit from trainings offered by CCR&Rs whether or not they are licensed. Kith and Kin providers could benefit from training offered by CCR&R, which can include training such as child safety, child proofing a home, parenting, and child development classes. Through partnerships between refugee resettlement agencies and the CCR&R, potential refugee candidates can be identified who would be interested in learning about opportunities to become child care professionals in their community.

⁶ Illinois Action for Children. *Child Care in the Homes of Family, Friends or Neighbors* (2004)

⁷ North Dakota Department of Human Services (2003). [Child Care Sliding Fee Schedule](#). Retrieved August 2005.

Chapter Three: Child Care and Employment

In researching this topic, refugee service providers across the country identified a strong link between reliable and affordable child care and refugee economic self-sufficiency. **Employment specialists noted that when parents have reliable child care, they experience less disruption to their working routine.** Refugees are able to go to work as scheduled and work without being concerned about the welfare of their children. In order to achieve this, it is likely that refugees will need assistance in setting up the arrangements and funding them.

Upon examining the success of other groups who are attempting to achieve economic self-sufficiency, namely families leaving welfare in order to work, a direct link exists between child care assistance and employment success. In 2004, CLASP reviewed research demonstrating this effect.⁸ The report highlighted the following findings:

- Single mothers with children who receive child care assistance are 40 percent more likely to still be employed after two years than those who do not receive such assistance.⁹ The same analysis found that former welfare recipients who receive child care assistance are 82 percent more likely to be employed after two years than those who do not receive such assistance.¹⁰
- A study of current and former welfare recipients in Michigan found that receipt of a child care subsidy led to more months of work and higher earnings.¹¹
- A study of changes in Rhode Island's child care program found that policies that expanded access to child care subsidies significantly increased the probability that parents would leave welfare for employment and work more than 20 hours per week.¹²
- A national study found that 28 percent of welfare leavers who did not receive child care assistance returned to welfare within three months after leaving, compared to only 19.5 percent of welfare leavers who did receive child care assistance.¹³

One key way that service providers can help refugees achieve self-sufficiency is by linking families to financial child care supports.

Child care issues impact multiple employees and programs in refugee serving agencies. Feedback from the field suggests that most agencies view case managers as primarily responsible for working with clients on child care issues. On the other hand, some agencies acknowledge that, because child care is intrinsically tied to securing employment, the task of

⁸ Mezey, J. (2004). *Child Care Programs Help Parents Find and Keep Jobs: Funding Shortfalls Leave Many Families Without Assistance*; CLASP.

⁹ Boushey, H. (2002). *Staying Employed After Welfare: Work Supports and Job Quality Vital to Employment Tenure and Wage Growth*; Economic Policy Institute.

¹⁰ Schulman, Karen (2003). *Key Facts: Essential Information about Child Care Policy, Early Education, and School-Age Care*; Children's Defense Fund.

¹¹ Danziger, S., Oltmans Ananat, E., & Browning, K. (2003). *Childcare Subsidies and the Transition from Welfare to Work*; National Poverty Center, Working Paper Series, #03-11.

¹² Dryden Witte, A., & Queralt, M. (2003). *Impacts of Eligibility Expansions and Provider Reimbursement Rate Increases on Child Care Subsidy Take-Up Rates, Welfare Use, and Work*; National Bureau of Economic Research.

¹³ Loprest, P.J. (2003). *Use of Government Benefits Increases among Families Leaving Welfare*; Urban Institute.

arranging it falls to employment specialists. **Regardless of agency structure, it is clear that child care issues must be incorporated into refugee clients' employment plans.** Clarifying organizational roles is integral to maximizing the effectiveness of all team members. There must be communication between case managers and employment specialists regarding child care arrangements. Furthermore, employment specialists must consider child care factors in locating employment opportunities, including:

- **Goal setting:** Clients often cannot begin working until child care is established. This delay includes the time needed to locate care and obtain financial assistance, if applicable. Refugees also have an immediate need for child care while they attend employment training and job interviews.
- **Scheduling:** Job schedules must coincide with available hours of child care, including transportation time. Clients may also need to focus on securing employment with a consistent schedule, rather than working swing shifts, to arrange consistent care.
- **Job mobility and flexibility:** Employers may offer a job to a refugee and expect him or her to start immediately. When child care cannot be arranged quickly enough, the refugee risks losing the employment opportunity. Additionally, clients may be less flexible in changing jobs, possibly to higher paying opportunities, if those positions are not located near child care resources.
- **Contingency planning:** In order to minimize work disruption, clients will need to have a back up plan if regular child care is not available, or if childcare arrangements are dependent upon the health and availability of one person. It is recommended that clients have at least three alternative options.
- **Housing:** If a client is planning on using informal child care, it is important to find housing near family members or other members of their ethnic community. If a client is interested in more formal resources (child care centers, schools, family child care providers, etc.), it is helpful to survey availability within communities.
- **Transportation:** Employment opportunities will need to be located near major transportation routes and/or near child care resources. Work schedules must be flexible enough to accommodate travel time to work and child care.
- **Budget and salary needs:** In considering minimum salary requirements, clients must factor in the cost of child care. If a job schedule involves second or third shift work, clients must consider that child care options are more limited and, when it is available, often costs more. If a client is receiving financial assistance for child care, they must consider how that rate will be affected by income earned (i.e. as they earn more the assistance decreases). Clients will most likely need information about child care subsidy options available as well as assistance in applying.
- **Identifying community partners:** When considering employer collaborations, employment specialists should work to identify partners with family friendly practices, such as on-site child care, dependent care flexible spending accounts, discounts at child care centers, etc.

By taking the time to adjust employment goals and strategies to include child care needs, employment specialists will be more effective in securing successful employment placements. This helps to boost job retention rates within the employment program, eases the transition that refugee clients face as they take their first steps toward self-sufficiency, and ensures that children are well cared for.

Chapter Four: Feedback from the Field

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

Methodology

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

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

Site Visit

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

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

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

Telephone Interviews

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

Child Care and Access to Employment

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

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

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

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

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

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

Community Resources in Accessing Child Care for Refugees

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

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

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

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

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

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

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

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

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

Off-site strategies include:

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

Ideas for Future Developments

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

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

Overcoming the Challenges

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

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

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

Mainstream Child Care Providers

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

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

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

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

Key Considerations to Improve Child Care Options for Refugee Clients

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Chapter Five: Recommendations

While accessing child care resources can be challenging, there are many opportunities to increase capacity in meeting this need. Refugee service agencies have a range of options to effect change, ranging from advocating with mainstream providers, to helping refugee communities organize their own resources or adding child care programs to their services. Below are some recommendations in developing responses.

1. Conduct aggressive outreach to educate refugee parents about their choices.

Several states demonstrated that more deliberate outreach can be effective in engaging refugee communities on child care issues. For example, the New York Consortium of Child Care Providers uses several non-traditional outreach methods to increase knowledge about their services. Their methods include van trips into immigrant communities with peer educators, advertising in ethnic newspapers and radio stations, and enlisting the help of community hairdressers to distribute brochures. Refugee service agencies can work with CCR&Rs to make information about child care available to their clients. Employment specialists can ensure that child care issues are included in the employment planning process.

2. Enhance collaboration between resettlement agencies and mainstream child care providers.

To ensure successful long term collaborations between mainstream agencies and refugee service providers, we recommend the following steps: (1) establish regular meetings between resettlement staff and mainstream child care agencies; (2) host cross-service trainings between resettlement staff and mainstream child care agencies to address topics such as who is a refugee, the effects of trauma, childrearing practices in refugee-sending countries, cultural competence, the child care subsidy process, etc. (Review BRYCS publication [Building Bridges: A Cross-Service Training Guide](#)) and (3) widen the network used by the referral agencies to include unregulated providers within refugee communities. Resettlement staff, acting as cultural brokers, can encourage local child care agencies to use ethnic community members and resettlement staff as resources in improving their programs to serve ethnically diverse clients. By advocating and linking with a local CCR&R, resettlement agencies can improve service delivery to their clients.

3. Streamline the child care subsidy process.

Connecting refugees with financial assistance for child care is paramount in securing child care. Refugee service workers should assist refugees in applying for state child care subsidies by building this step into case management and allowing time for the process. Clients may need help with filling out paperwork, transportation to appointments, finding an approved provider, etc. Service providers can avail themselves of the expertise within their local CCR&R. Additionally, developing a relationship with a designated person at the local child care subsidy agency can help to ease the process.

4. Increase community capacity to access close and flexible child care.

In response to a limited amount of existing infrastructure, partners can take many steps to create viable solutions by leveraging existing mainstream services and adding to them. Listed below are strategies other states have used:

- Seek discretionary funds from government sources such as ORR and private grants to underwrite on-site child care.
- Network with community groups, such as Girl Scouts of America and local colleges, to build a volunteer base to offer on-site child care.

- Negotiate with child care drop-off centers to donate slots for refugee clients.
- Build strong relationships with providers within the neighborhoods where refugees live. This can help to increase successful placements (providing technical assistance with filling out forms and payment methods), the availability of placements (such as informing each other when spots are opening or refugee children will be arriving), and lessen transportation issues.
- Collaborate with CCR&Rs to offer trainings to mainstream providers. CCR&Rs are responsible for training and providing technical assistance to their network of providers. Assist CCR&R staff in developing and delivering refugee specific training to this network to increase cultural accommodation of mainstream providers. Review BRYCS publication [Building Bridges: A Cross-Service Training Guide](#).

5. Build capacity within refugee communities to offer quality child care.

- Assist refugees in becoming licensed child care providers. Local CCR&Rs can guide refugees through this process. Some states offer grants to help with start-up costs. There is also a special food reimbursement program for family child care providers through the U.S. Department of Agriculture, administered through various state and local agencies. Network with community groups and faith organizations to see if they are willing to offer space to a child care center. Review is the resource, *Home-Based Child Care: Assessing the Self-Sufficiency Potential (With special reference to refugees)*, published through the Refugee Welfare and Immigration Reform Project of the Institute for Social and Economic Development.¹⁴
- Work with your CCR&R to create strong kith and kin networks. Goals could include increasing the safety and quality of informal care and connecting informal refugee child care providers with supports. Review is the resource, *In Our Own Backyards: Local and State Strategies to Improve the Quality of Family Child Care*, published by The Institute for Women's Policy.¹⁵
- Work with refugees to coordinate a babysitting co-op. Refugee service workers can connect parents who will take turns watching each other's children. Parents can advertise this co-op at the refugee service agency, local MAAs, grocery stores, etc. NOTE: Depending on how many children each parent will be watching at one time, licensing issues may apply. Refer to your state guidelines or your local service agency to determine at what age it is appropriate to leave older children home alone supervising younger children.
- Support refugees in cutting down transportation costs and schedule constraints by linking parents who can car pool or take turns accompanying children on public transportation. Advocate with schools for buses to drop students off at child care programs, not just at their homes.
- To mitigate child care stressors, link refugee families to community supports, such as after school and summer programs.

6. Partner with family-friendly employers.

¹⁴ Hein, M., Allen, R., Else, R. (1999). [Home-Based Child Care: Assessing the Self-Sufficiency Potential \(With special reference to refugees\)](#); Refugee Welfare and Immigration Reform Project of the Institute for Social and Economic Development.

¹⁵ Hamm, K., Gault, B., Jones-DeWeever, A. (2005). [In Our Own Backyards: Local and State Strategies to Improve the Quality of Family Child Care](#); The Institute for Women's Policy Research.

- Partner with employers that offer flexible spending accounts. These plans allow employees to deduct the costs of childcare (as much as \$5,000 a year per household) from pre-tax income, thus reducing what employees pay in taxes. NOTE: Once funds are designated they must be used to pay for childcare or be forfeited; the child care provider must be licensed and registered.
- Provide refugees with information about the Childcare Tax Credit, through which workers are eligible for a childcare credit of 20 to 35% (depending on income) on qualifying expenses. In 2005, for one qualifying child, the credit was from \$600 to \$1,050. For two or more qualifying children, the credit was from \$1,200 to \$2,100¹⁶. Visit the [Internal Revenue Service \(IRS\) Web site](#) for more information. NOTE: Those enrolled in a flexible spending plan are ineligible for the childcare credit.

7. Systems advocacy.

- Advocate for employment standards to account for child care constraints. For example, what is the reasonable timeframe that someone should start employment if they also need to arrange childcare?
- Advocate for faster and more streamlined access to child care funds. For example, could the State Refugee Coordinator act as the pass through for childcare monies?

Summary

While there was slight variation across states regarding the availability of community resources, most respondents identified similar trends. Arranging child care can be an expensive process that may impede a quick turn-around on finding employment. Limited access to child care resources can result in refugees spending a longer time unemployed, missing out on job interviews, or losing employment because they are unable to secure child care. Furthermore, available child care options are commonly viewed as inadequate, not reflecting parental preferences, and culturally inappropriate. Refugee serving agencies do not feel influential in creating large scale changes in their community to improve child care access. However, many refugee serving agencies have experienced success in carrying out grassroots activities to create child care opportunities for refugee families. Through outreach efforts and collaboration between the local CCR&R and the Volags, this barrier can be diminished.

In many states there appear to be missed opportunities for refugee serving agencies and Child Care Resource and Referral networks to work together. CCR&Rs endeavor to meet the needs of all parents; these agencies are likely to be responsive to information about the needs of refugee families. In areas with large numbers of immigrants and refugees, local CCR&R agencies appear to identify these groups as a service priority.

In conclusion, BRYCS and RefugeeWorks commend initiatives by refugee serving agencies to reach out to mainstream providers and improve child care linkages for refugee families. The structure of such programs served to increase access to child care resources and expand capacity within the refugee community to meet its own child care needs. At the same time, we found that it is crucial to develop greater flexibility and cultural competency, and an efficient, streamlined process in this system to meet the needs of refugees and their children.

¹⁶ Internal Revenue Service (2005). *Publication 503: Child and Dependent Care Expenses*. Retrieved August 2005.

Chapter Six: Promising Practices for Building Refugee Community Capacity

This chapter identifies examples of promising practices and “lessons learned” in the field.

Common Elements of Promising Practices

Common elements of promising practices include:

- On-site child care is provided during programs.
- Program recruitment and training takes place within the community (through home visits, or centrally located offices, such as in subsidized housing complexes).
- Programs collaborate with advocacy organizations already operating in the community.
- Programs use non-traditional outreach methods.
- Programs are not formally aligned with the state child care licensing body, which minimizes client fear of receiving services.
- Licensing materials and state-approved licensing exams are provided in multiple languages.
- Volunteers are utilized to provide services such as mentorship and child care.
- Provision of ongoing support through the licensing process, such as trainings (on child care and running a business), materials (on safety devices, signs, etc.), mentorship, and clarity about potential difficulties during the licensing process.
- Securing dedicated funds for project activities.

Promising Practices

6.1	Program	The Family Childcare Toolkit Box Licensing Project
	Administering Organization	<p>Name: All Our Kin Web site: http://www.allourkin.org Location: New Haven, CT Contact: Jessica Sager, Executive Director, 203-772-2294, Jessica@allourkin.org</p>
	Program Description	<p>Purpose: The purpose of this initiative is to assist low-income individuals who already provide home-based care, mainly women, to become licensed.</p> <p>Design: To increase success in becoming licensed, the program offers a series of boxes that guide individuals through the state licensing process. The boxes contain the paperwork for each step in the process, as well as home supplies needed to become licensed. Use the above link to find out more information about this resource.</p> <p>Resource Materials: The primary resources used in this project are health and safety supplies such as a smoke detector, cabinet locks, and a fire extinguisher; educational supplies such as quality children’s books, blocks, and art materials; and vouchers for trainings such as CPR and first aid.</p> <p>Evaluation: Assessment is based on the number of individuals that become licensed, and join the organization’s Child Care Provider</p>

		<p>Network for additional professional development opportunities. To date, over 1/3 the total number of licensed providers in the New Haven community have become licensed through this program. 90% of participants continue on and join the Child Care Provider Network.</p> <p>Length and Size of Operation: Operating since 2003; 45 participants have become licensed.</p>
	<p>Resource Requirements</p>	<p>Budget/Funding: Major funders include the New Haven School Readiness Council, Annie E. Casey Foundation, and the New Haven United Way Community Fund for Women and Girls.</p> <p>Staffing: One full time Project Coordinator.</p> <p>Collaborations: The project grew out of the support of the Home Care Committee of the New Haven School Readiness Council; Creating Kids/Connecticut Children’s Museum.</p>

<p>6.2</p>	<p>Program</p>	<p>Intensive Child Development Training & Family Support Program</p>
	<p>Administering Organization</p>	<p>Name: All Our Kin Web site: http://www.allourkin.org Location: New Haven, CT Contact: Jessica Sager, Executive Director, 203-772-2294, Jessica@allourkin.org</p>
	<p>Program Description</p>	<p>Purpose: This intensive program to certify Child Development Associates provides TANF welfare-participants with job opportunities in the child care field.</p> <p>Design: Each year, six families participate in a nine-month training program to obtain a Child Development Associate (CDA) degree. Participants attend with their children, spending three hours of the day in an interactive, participatory classroom setting, where they learn to be childcare providers. The remaining three hours are spent working hands-on in an on-site lab school, providing childcare to their own and other students’ children. Upon successful completion of the program, participants will be certified as a CDA, including certification in Child Care First Aid and Infant/Child CPR. The curriculum addresses the competency standards for national CDA certification: 1) to establish and maintain a safe, healthy learning environment; 2) to advance physical and intellectual competence; 3) to support social and emotional development and to provide positive guidance; 4) to establish positive and productive relationships with families; 5) to ensure a well-run, purposeful program responsive to participant needs; and 6) to maintain a commitment to professionalism.</p> <p>Resource Materials: This agency has designed its own curriculum, based on: <i>Family Education and Training: Preparing for Successful Employment in Early Care and Education--Integrated Curriculum</i> and the <i>Essentials Curriculum</i>.</p>

		<p>Evaluation: Success rate over the 1st five years is 90%, based on the number of participants that secure jobs and maintain employment.</p> <p>Length and Size of Operation: As this is an intensive program, it is geared towards a small number of participants. Each year, six families are accepted into the training program.</p>
	Resource Requirements	<p>Budget/Funding: Lyman Public Interest Fund; New Haven Housing Authority; local foundations.</p> <p>Staffing: 1 full time Master Teacher, 1 full time Program Developer, 1 full time summer fellow; 2-4 part time student volunteers.</p> <p>Collaborations: Dwight Hall Center for Social Justice-Yale University; local child care centers committed to helping graduates of this program.</p>

6.3	Program	Good Beginnings Never End (GBNE)
	Administering Organization	<p>Name: Long Beach City College Web site: N/A Location: Long Beach, CA Contact: Kathy Black (562-938-3149, kblack@lbcc.edu) or Lisa Quarm (562-938-3243, lquarm@lbcc.edu)</p>
	Program Description	<p>Purpose: This program, for children ages 0-5, enhances child care and early learning opportunities by visiting family child care providers in their home to guide them in improving the quality of the home environment.</p> <p>Design: GBNE focuses on working with non-English speaking child care providers in more isolated communities. Through targeted marketing, including television advertisements with translations, incentives, and attending community events, GBNE has developed a successful practice of recruiting and conducting site visits to family child care homes in Cambodian, Hmong, and Lao refugee communities. Site visits provide child safety training in a culturally appropriate manner. Trainings, in the provider’s primary language, take place in the provider’s home, and cover topics such as literacy, preschool work, and child development. Additional assistance helps providers to become licensed, register with the CCR&R, and develop tools to effectively market their service.</p> <p>Resource Materials: The program has designed its own curriculum, as well as using Themasaurus and Kaplan materials.</p> <p>Evaluation: The program uses pre- and post- training questionnaires.</p> <p>Length and Size of Operation: Since 2002, GBNE helps approximately 15 participants complete training each year.</p>
	Resource Requirements	<p>Budget/Funding: John S. & James L. Knight Foundation, First Book, other private foundations.</p>

		<p>Staffing: 1 full time program manager, 2 teachers, approximately 4 student interns each year.</p> <p>Collaborations: Cambodian Association of America, Centro Hispanic Association, local libraries, St Mary’s Hospital, Head Start.</p>
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6.4	Program	New York City Child Care Resource and Referral Consortium
	<p>Administering Organization(s)</p>	<p>Name: Child Care, Inc.; Child Development Support Corporation; Chinese-American Planning Council’s Asian Child Care Referral Program; Committee for Hispanic Children and Families (CHCF); Day Care Council</p> <p>Web sites: http://www.childcareinc.org; http://www.cdscnyc.org; http://www.cpc-nyc.org; http://www.chcfinc.org; http://www.dccnyinc.org</p> <p>Location: New York City, NY</p> <p>Contact: 1-888-469-5999 (Consortium hotline)</p>
	<p>Program Description</p>	<p>Purpose: 5 CCR&Rs who regularly work together in a consortium, two of which are ethnically focused. Due to the diversity of NYC, immigrant children’s needs are a priority. By collaborating, they accomplish much more together since the state does not provide monies for things like translating materials. They have translated materials into Cantonese, Creole, Spanish, and Russian.</p> <p>Design:</p> <ul style="list-style-type: none"> ▪ CHCF: Uses a three-pronged focus to strengthen families to avoid involvement with child welfare: (1) Family Health Education (HIV awareness and prevention, domestic violence awareness and prevention, and support post 9/11), (2) Youth Development Programs (currently operating three drop-out prevention programs, three after-school programs, and a high school teen pregnancy prevention program) and (3) Childcare Services. CHCF has policy and advocacy initiatives operating on the local, state, national, and international level and are recognized as an NGO. ▪ Organizes a “Hit the Streets” campaign during which they distribute health and safety kits. The issue is safety and quality among informal providers. The agencies regularly talk about the issue of serving foreign born children. They note the need for increased engagement with immigrant communities in the conversation about childcare. CCR&Rs would like more linkage with these groups. ▪ Trains phone counselors about the issues facing immigrant families (fear of reaching out for services, cultural issues). ▪ Uses non-traditional outreach methods, such as: reaching out to African hairdressers to develop childcare alternatives for children who stayed at beauty shops with their mothers; hairdressers were later enlisted as translators. Also worked with an Islamic Social Services Agency to train CCR&R registered providers on cultural-sensitivity and childrearing practices. ▪ CHCF organizes an information “Van campaign” from April through October, taking peer educators to neighborhoods with new

		<p>immigrants to distribute information about CHCF programs. Staff has developed relationships with four consulates (Mexico, Guatemala, Columbia, and Peru) and regularly distributes information through the consulates about CHCF programs.</p> <ul style="list-style-type: none"> ▪ The Chinese-American Planning Council, Inc. (CAPC) trains immigrants interested in becoming licensed child care providers. CAPC offers all the materials translated in Chinese and have bilingual staff to provide the training and offer technical assistance upon certification. ▪ Because they are an approved trainer through the state, participants can take the licensing test in Chinese. ▪ CHCF offers trainings in Spanish for immigrants interested in becoming licensed child care providers. They also assist in filling out the application for licensure (which is in English). Additionally, they offer Medications Administration training for licensed providers and have an Infant and Toddler Specialist who offers trainings on topics including positive discipline, shaken baby syndrome, etc. <p>Resource Materials: CHCF developed their own child care training curriculum. Training topics include health and safety; nutrition; dealing with stress in your childcare program; how to stimulate a child’s brain development; the affects of television on children; understanding children’s emotions, dealing with children who misbehave; how to manage your business; emergency planning; how to prepare your taxes as a provider; and how to deal with difficult parents.</p> <p>Evaluation: Not available.</p> <p>Length and Size of Operation: Varies by agency. For example, CHCF was founded in 1982 and has about 45 full time employees and about 105 part time staff and peer educators.</p>
	<p>Resource Requirements</p>	<p>Budget/Funding: Not available. Staffing: CHCF: 45 full time employees; 105 part time staff and peer educators. Collaborations: See above.</p>
	<p>Additional Information</p>	

Promising Pilot:

<p>6.5</p>	<p>Program</p>	<p>Job Training Program</p>
	<p>Administering Organization</p>	<p>Name: Vermont Refugee Resettlement Program (VRRP) Web site: N/A Location: Burlington, VT Contact: Judy Scott, 802-654-1700</p>
	<p>Program Description</p>	<p>Purpose: To provide a training and employment program geared toward refugee women of all backgrounds.</p>

		<p>Design: Participants will receive intensive training to prepare them for childcare licensure. The training will be for 12 hours per week with components including: financial literacy, vocational ESL, and childcare training/state licensing regulations. Volunteers will provide on-site childcare while participants are in training. Once licensed, participants will be eligible to receive child care subsidy payments from clients.</p> <p>Resource Materials: The financial literacy curriculum was largely developed through the VT Refugee Micro enterprise Program.</p> <p>Evaluation: Not yet available.</p> <p>Length and Size of Operation: This is a 17 month pilot program which is just beginning, with 75 participants expected.</p>
	<p>Resource Requirements</p>	<p>Budget/Funding: Funded through the Office of Refugee Resettlement under discretionary grant funds.</p> <p>Staffing: Not available.</p> <p>Collaborations: The community of Burlington, Vermont, has been very supportive of the program, including volunteer support and provision of facilities that are conveniently located and large enough to house the training and on-site childcare.</p>
	<p>Additional Information</p>	

Conclusion

Arranging safe, affordable and stable child care is of special concern to vulnerable populations and can be a barrier to long-term employment. **Although specific research has not been done with refugee employees, research with individuals going from welfare to work has demonstrated that vulnerable populations who have assistance in arranging child care show higher rates of successful employment outcomes and longer term employment.**

Refugee populations are unique within this group of vulnerable populations in that they are faced with many choices and new options that are unfamiliar to them. Experienced parents from other countries may find that their usual means of child care are unavailable (such as extended family care), unsafe (allowing children to play outside unsupervised) or even illegal (leaving younger children in the care of older siblings) in the U.S. By contrast, common forms of child care in the U.S. may seem expensive, culturally strange and overly formal. Traditional social service systems that work with refugee populations typically do not interact with networks addressing child care issues, leaving a potential service gap. As a result, child care resources available to refugee clients may be under-utilized.

This resource and curriculum were developed to:

1. Encourage linkages between child care and refugee resettlement networks and to provide promising practice examples of such relationships.
2. Provide resources for refugee resettlement staff to inform clients about child care options and eligibility for child care subsidies.
3. Provide training modules for resettlement agencies to train their staff on child care strategies that will assist refugee clients in locating the best child care solutions for their family.

This training toolkit complements the USCRI *Journey of Hope* curriculum which targets individual refugee families and helps them to choose child care options. This BRYCS curriculum and training modules targets staff members who explain those options to their clients and helps them gain a better understanding of the breadth and scope of resources available. Assisting refugee clients with the confusing process of negotiating the child care system can ultimately improve their successful integration into new employment in the United States and can give refugee parents confidence and peace of mind about their child care choices.

Training Modules

Training Modules: Introduction

Although refugees may receive basic training on child care as part of their cultural orientation, the reality of making child care choices may be especially difficult. **Therefore, refugee resettlement programs can play an important role in helping refugee families to make successful and educated choices that promote self sufficiency and long term employment.** Within resettlement agencies there may be varying staff structures in terms of who works with the refugee clients on child care issues. Regardless of which staff member is assigned this duty, it is beneficial to cross-reference employment needs along with planning for child care.

This curriculum is designed to help agencies and staff in planning for the employment and child care needs of their clients. Program administrators, pre-employment counselors, case managers and trainers at resettlement agencies can use this curriculum to become more informed about child care options in their area and train their staff to share this information with their clients. Specifically, this curriculum is designed to review options for types of care, provide resources and assist individuals working in the field of refugee resettlement in outlining child care options and discussing eligibility for subsidies with their clients. It will also provide resources at the state level that can provide more specific information.

The curriculum is designed using adult learning techniques so that trainees can be actively involved in the learning process. The modules can be used independently or together as a unit and should be delivered by someone who has basic familiarity with child care options in their region. Additionally, it can be used in conjunction with speakers from local Child Care Research and Referral Networks or without speakers. In order for activities to be as interactive as possible, the number of participants should not exceed 40 to 50 individuals. Participants should be divided into small groups of eight to ten individuals. If used in its entirety the activities can be completed in a full day workshop, generally best completed in an informal setting to facilitate group sharing.

The following lessons should be used as templates or guides for planning your training on child care. They can be used as is or adapted depending on your training needs. The activities will guide you, the trainer and your participants through contemplation of your views and beliefs on child care, child care use in refugee populations, a review of the advantages and disadvantages of different types of care, a review of how child care impacts employment success, agency roles in identifying child care, the importance of developing back-up child care plans, and resources to find child care in your area. **This curriculum will inform your staff so that they in turn can provide more complete information to your clients.**

Lesson 1: Opening the Training

Option A: Small Group Activity - Beliefs about Child Care

Objectives

- Participants will begin to talk with each other about child care
- Create an interactive environment for training
- Begin to explore biases and preferences staff members may have about child care

Set Up (5 minutes)

- Divide participants into small groups of 5-7 people. It is beneficial to have participants working with individuals that they may not interact with regularly. One method of randomly assigning the group is to create a stack of index cards where each card has a letter from the word CHILD. Distribute the cards so that some participants are given a C, H, I, etc. Have groups form based on which letter they received. This will result in a total of five groups being formed.

Activity (10 minutes)

- When the groups have formed, ask each group to elect a group note taker and someone to report back to the larger group about what is discussed.
- Have questions available that probe beliefs about and personal experiences with child care. Each question should be listed separately on a slip of paper. For example:
 - What type of child care most benefits refugees? What are the pros and cons of this type of care?
 - Are there benefits for refugee resettlement agencies to partnering with mainstream child care providers? If so, what are they? If not, why?
 - What type of child care is safest? Why?
 - Who watched you as you were growing up?
 - What type of child care would you want for your own children or children you know?
 - Whose job is it to arrange child care for refugees?
- Distribute one question to each group. Instruct them that they will have 10 minutes to discuss their response as well as introduce themselves, if appropriate.
- Allow the group to discuss their responses, making sure that someone is recording the comments to present back to the larger group.

Debriefing (10 minutes)

Reconvene the large group and have each group report back about their discussions. Correct any obvious misinformation about child care that may be presented, especially regarding safety issues. Additional teaching points include:

- Our personal experiences and beliefs may influence the type of information that we share with our clients.
 - Our role is to give information in a neutral way and to support clients in making their own decision.
-

Option B: Small Group Activity - Child Care Quiz

(See Handout 1)

Objectives

- Participants will begin to talk with each other about child care
- Create interactive environment for training
- Begin introducing common terms within the child care system

Set Up (2 minutes)

- Distribute a brief multiple-choice quiz that asks basic information about the child care system. Since the goal is exposure, questions should not be too difficult. A sample quiz is attached.
- Ask participants to turn to their neighbor and complete the quiz together. Instruct them that they will have five minutes to complete the task.

Activity (10 minutes)

Participants will work on quiz together and introduce themselves, if appropriate.

Debriefing (10 minutes)

Reconvene the larger group and review the correct answers by having a show of hands for each option. This can also give the facilitator a rough sense of how much participants already know about the child care system. Connect this activity to the goals of the training (i.e. that the group will be talking about resources available in the community to meet child care needs).

Handout 1: Child Care Quiz

Child Care 101

1. What is a CCR&R?
 - a. A type of child care license
 - b. A tribute band for Creedence Clearwater Revival
 - c. An agency that helps families locate child care
 - d. An agency that trains and provides assistance to child care providers
 - e. Both c and d

2. What is a Kith and Kin provider?
 - a. A yoga teacher
 - b. A friend or family member providing child care
 - c. A non-related provider, such as a nanny or au pair, that lives in the employer’s home

3. According to a 2000 study, what percentage of young children of working mothers have more than one regular child care arrangement each week?
 - a. 70%
 - b. 10%
 - c. 40%
 - d. 25%

4. In what type of child care are immigrant children less likely to participate in compared to their non-immigrant peers?
 - a. Family Child Care
 - b. Center-based Care
 - c. Relative Care

5. You have to be receiving Temporary Assistance for Needy Families (TANF) to be eligible for state child care subsidies.
 - a. True
 - b. False

6. I am aware of child care resources available in my community.

5	4 3 2 1	
Strongly Agree		Strongly Disagree

Correct Answers: 1. e 2. b 3. c 4. b 5. b

Lesson 2: Child Care Use among Refugees - Types of Child Care

(See Handout 2)

Option A: Large Group Brainstorm

Objectives

- Discuss child care options available to refugee families
- Explore advantages and disadvantages across types of child care for both the parent and child

Set Up (1 minute)

Ask the large group to brainstorm all the different types of child care available.

Activity (25-30 minutes)

5 minutes:

On a large easel or dry erase board, list the types of care the group identifies. Make sure that the list includes family child care providers, child care centers (including Head Start), kith and kin (relative care and/or members of own ethnic community), preschool, and non-relative in-home care (nannies, babysitters). List the types vertically down one side.

1 minute:

Continue the brainstorm by asking the group to consider the advantages and disadvantages of each type of care to both the parent and the child.

10-15 minutes:

On the easel or dry erase board, list responses from the group horizontally as corresponding with the type of care listed vertically. Encourage disagreement among the group and highlight that views of quality can be different.

Debriefing (5 minutes)

Distribute handout that summarizes possible advantages and disadvantages across types of child care and estimated cost. A sample handout is attached. Also refer participants to similar charts created by USCRI available in Chapter 3 of the [Journey of Hope curriculum](#).

Option B: Small Group Activity

Objectives

- Discuss child care options available to refugee families
- Explore advantages and disadvantages across types of child care for both the parent and child

Set Up (1 minute)

Ask the large group to brainstorm all the different types of child care available.

Activity (25 minutes)

5 minutes:

On a large easel or dry erase board, list the types of care the group identifies. Make sure that the list includes family child care providers, child care centers (including Head Start), kith and kin (relative care and/or members of own ethnic community), preschool, and non-relative in-home care (nannies, babysitters).

10 minutes:

Divide the large group into smaller groups of 5-7 people. Assign each small group one of the types of child care identified. Ask each group to consider the advantages and disadvantages for the type of child care they were assigned. Have the groups write their responses on easel paper. Have the easel paper marked so that the type of care is listed at the top, the first half is labeled advantages, and the bottom half is labeled disadvantages. As much as possible, have the space equal on all the easels so that they will line up next to each other. Reinforce to the group that not all members must agree on the same advantages and disadvantages.

10 minutes:

Reconvene the large group and ask each group to report back about their discussions. Have one representative come to the front of the room and tape his/her group's easel paper on the wall. Subsequent groups will tape their easel paper next to the other groups. Ultimately, a large chart will be created from each group's contributions.

Debriefing (5 minutes)

Distribute handout that summarizes possible advantages and disadvantages across types of child care and estimated cost. A sample handout is attached. Also refer participants to similar charts created by USCRI, available in Chapter 3 of the *Journey of Hope* curriculum.

Handout 2: Child Care Use among Refugees, Types of Child Care

Child Care Options

Type of Care	Average Cost for Full Time Care	Advantages	Disadvantages
Child Care Centers (Head Start Programs for low-income families have many of the same advantages and disadvantages)	\$250 to \$1250 a month (range includes both infant and toddler care)	<ul style="list-style-type: none"> • Reliable (do not have to factor in provider calling off sick or taking time off) • High degree of supervision • Children have chance to socialize with children of same and different ages • Staff are trained in early childhood education and offer enrichment activities that may increase school readiness • Refugee children have opportunity to interact with children outside their own ethnic community and practice English • Licensed and regulated 	<ul style="list-style-type: none"> • Expensive, especially for infants • Limited openings for infants, especially for part time care • Rigid pick-up and drop-off times including fees if parents are late • Teachers care for more than one child (recommended ratios are typically 1:3 for infants, 1:4 for toddlers, but requirements vary from state to state) • Closed during most holidays • Children get sick more often and centers will not provide care for sick children • Staff may not speak parent’s language
Family Child Care	\$700 a month (infants), \$500 a month (toddlers)	<ul style="list-style-type: none"> • Nurturing, homelike atmosphere • Smaller groups of children compared to centers • More affordable than other types of care • Children have chance to socialize with children of same and different ages • Refugee children have opportunity to interact with children outside their own ethnic community and practice language 	<ul style="list-style-type: none"> • No backup if provider is sick • Most providers do not have formal schooling in early childhood education. This may limit the quality of enrichment activities offered and limit benefits for school readiness • If provider is from own ethnic community and Limited English Proficient, refugee children may miss opportunities to develop English language skills • No caregiver supervision

		<ul style="list-style-type: none"> • Usually more flexible pickup and drop-off times compared to centers • Provider may be from refugee’s own ethnic community • May be able to find provider located closer to work or home 	<ul style="list-style-type: none"> • Less stringent licensing requirements
Non-Family In-Home Care (Nanny, Babysitter)	\$300 to \$700 a week	<ul style="list-style-type: none"> • More personalized attention • Convenient and flexible • Children stay in familiar surroundings • Provider may be from own ethnic community 	<ul style="list-style-type: none"> • Most expensive child care option • No caregiver supervision • Playtime with other children must be arranged • Extensive paperwork and taxes to make the arrangements legal • If caregiver is sick or quits there is no backup • Depending on how many children involved, provider may have to seek licensing • Provider may not have formal schooling in early childhood education. This may limit the quality of enrichment activities offered and limit benefits for school readiness • If provider is from own ethnic community and Limited English Proficient, refugee children may miss opportunities to develop English
Relative Care (Kith and Kin)	Varies	<ul style="list-style-type: none"> • More personalized care • Caregiver is personally invested in child(ren) • Shared cultural values • Inexpensive 	<ul style="list-style-type: none"> • May create stress on family relationships regarding expectations and obligations • Playtime with other children must be arranged • Older relatives may have hard time handling toddlers • If family member is Limited English Proficient, refugee children may miss opportunities to develop English • Family members most likely do not have training in early childhood education. This

			<p>may limit the quality of enrichment activities offered and limit benefits for school readiness</p> <ul style="list-style-type: none"> • Family members may not have up to date health and safety training • No caregiver supervision
Stay-at-Home Parent	No extra cost but limits household income	<ul style="list-style-type: none"> • No one replaces mom or dad • Parents get to participate more in child’s life • Able to expose child to own culture and child rearing preferences • No transportation or scheduling issues • Child remains in a familiar setting • Increases parental bonding with child 	<ul style="list-style-type: none"> • Isolating, caregiver parent does not leave home • Physical and emotional stress • Loss of income • Unless parent has waiver, he/she may be mandated to work to continue receiving other benefits • Playtime with other children must be arranged
Preschool (licensed and regulated like child care centers but with an academic focus, 2 ½ to 5 is age range)	\$250 to \$850 per month (similar to toddler care in child care centers)	<ul style="list-style-type: none"> • Structured environment • Well-regulated • Reliable (do not have to factor in provider calling off sick or taking time off) • Developmentally appropriate academic curriculum • Teachers are trained in early childhood education • Children get a chance to socialize with others 	<ul style="list-style-type: none"> • Teachers care for more than one child; minimum ratio is 1:8 • Children get sick more often and school will not provide care for sick children • Closed during most holidays • Rigid pickup and drop-off times • Staff may not speak parent’s language

Adapted from <http://www.babycenter.com/general/toddler/toddlerfinance/5937.html>

Lesson 3: Child Care Use among Refugees, Patterns of Use

Option A: Large Group Brainstorm

Objectives

- Identify types of care refugees choose
- Discuss factors that influence the type of care refugees choose

Set Up

None needed

Activity (10 minutes)

- Ask the large group to call out what types of child care refugees use most often. List responses on easel paper. Facilitator should reference research that indicates a gap in immigrants accessing center-based care.
- Ask the large group to call out what factors influence the type of care refugees choose. List responses on easel paper. Facilitator should make sure that the list includes things like: availability of non-working family members, cost, familiarity with type of care in home country, location, transportation, hours of care, and comfort level with provider, ability to communicate with provider, cultural fit with provider, cohesiveness of ethnic community, etc.

Debriefing (2 minutes)

Distribute relevant research articles for participants to reference at a later time. Possible handouts are:

- Matthews, H., Ewen D. (2006) [*Reaching All Children: Understanding Early Care and Education Participation Among Immigrant Families*](#); CLASP.
- Capps, R., Fix, M., Ost, J., Reardon-Anderson, J., & Passel, J. (2005) [*The Health and Well-Being of Young Children of Immigrants*](#); The Urban Institute.

Option B: Small Group Activity

Objectives

- Identify types of care refugees choose
- Discuss factors that influence the type of care refugees choose

Set Up

None needed

Activity

Divide the large group into smaller groups of 5-7. Give each group a scenario of a refugee with child care needs or ask the group to think of a common scenario they experience. Ask the group to identify what factors influence the type of care the client chooses. Allow 10 minutes for the group to discuss their responses. Reconvene the large group and have each group present their responses. List common themes on easel paper.

Debriefing (2 minutes)

Distribute relevant research articles for participants to reference at a later time. Possible handouts are:

- Matthews, H., Ewen D. (2006) *Reaching All Children: Understanding Early Care and Education Participation Among Immigrant Families*; CLASP.
- Capps, R., Fix, M., Ost, J., Reardon-Anderson, J., & Passel, J. (2005) *The Health and Well-Being of Young Children of Immigrants*; The Urban Institute.

Lesson 4: Child Care and Employment

(See Handouts 3 and 4)

Small Group Activity

Objectives

- Establish relevance of considering child care in employment planning
- Identify key areas where there is cross over in arranging child care and making employment decisions

Set Up (5 minutes)

Have separate pieces of easel paper taped to the walls around the room. Ask the large group to brainstorm ways that child care impacts employment planning and goals. Write each of these factors separately on top of easel paper. Possibilities include:

- Clarifying organizational roles between case manager and employment specialist
- Schedule
- Transportation
- Job mobility
- Full time or part time work
- Achieving employment goals within 180 days
- Being able to search for and start jobs
- Factoring cost of child care into salary needs

Activity (20 minutes)

Have easel markers available for participants to use. Ask participants to stand up, grab a marker, and walk to the easel listing the area they feel most confident responding to. After participants have arranged themselves accordingly, give each group at least 10 minutes to summarize ways in which they've responded to the child care/employment need. Allow the group at least 10 minutes to share their responses. Reconvene the large group and report back on strategies.

Debriefing (10 minutes)

Discuss the importance of building in child care issues to the employment process. Supply participants with sample checklists they can use to track these issues. Sample handouts are attached.

Handout 3: Child Care and Employment

Child Care Steps in Employment

- If arranging child care is not your responsibility, discuss what child care arrangements are being made with your client's caseworker (location, pick up and drop off times, cost, schedule flexibility, back up plan, etc.).
- Discuss child care options available (center based care, family child care, relative care). What type of child care is your client planning to use?
- Discuss how much your client has budgeted to pay for child care. Discuss if costs will change once your client begins to work.
- Discuss child care subsidy options available. If your client is interested in applying:
 - Contact your local Child Care Resource and Referral contact for help in applying for subsidy or contact your State Childcare Subsidy Agency directly.
 - Ask if your client is eligible for any child care assistance programs.
 - Ask if your client will be required to pay a co-payment.
- Discuss a back up plan if regular child care is not available. Document at least three alternative options.
- Discuss how your client plans to get to and from work. Are these routes located near his/her child care?
- Discuss what time your client needs to pick up his/her children from child care and/or school. Does this line up with his/her work schedule (including travel time)?

Handout 4: Child Care and Employment**Back-Up Child Care Plan**

1. Name _____

Phone Number/Address _____

Schedule availability _____

2. Name _____

Phone Number/Address _____

Schedule availability _____

3. Name _____

Phone Number/Address _____

Schedule availability _____

Since your back-up person might not be used to watching your child regularly, make sure you leave him/her with information about caring for your child. Pass on things like:

- Child's height and weight
- Feeding schedule (what and when)
- Sleep routine (when to take naps, how to get ready to take naps)
- Diaper routine or potty training schedule
- What kind of games/activities does your child like? Any favorite toys?
- Any medication needed? Any health issues to monitor?
- How to contact you in case of an emergency and back up people to contact if you can-not be reached.
- Health insurance and pediatrician information.

Lesson 5: Understanding the Child Care System

(See Handouts 5 and 6)

This section is particularly challenging to present. The information can be very complicated and presenting the information in a large group may not be effective. To prepare for this section, the facilitator should contact their local CCR&R and child care subsidy agency to learn what specifically is available. When possible, include guest presenters and have relevant material available for participants to follow along (i.e. frequently asked questions, subsidy applications, etc.).

Option A: Large Group Discussion

Objectives

- Participants will learn key agencies that can assist them in locating and paying for child care
- Participants will become familiar with the child care subsidy process

Set Up

None needed

Activity (20-30 minutes)

In the large group, ask each of the following questions to the group. Summarize responses on easel paper. Have a handout summarizing frequently asked questions for participants to follow along with during the discussion.

- How do you locate child care?
- How do you pay for it?

Alternately, you can divide the group into smaller groups for them to brainstorm their responses.

Debriefing (2 minutes)

Participants should be given handouts that summarize frequently asked questions about the child care system. Sample handouts are attached.

Option B: Guest Speakers

Objectives

- Participants will learn key agencies and contact people that can assist them in locating and paying for child care
- Participants will become familiar with the child care subsidy process

Set Up

None needed.

Activity (30-45 minutes)

Facilitators can invite representatives from their local CCR&R and Child Care Subsidy Agency to present on their services and processes. Time should be allotted for the guest speakers to present and for participants to ask follow up questions.

Debriefing (5 minutes)

Participants should be given handouts that list contact information for their local CCR&R and Child Care Subsidy Agency. Participants should also be given handouts that summarize frequently asked questions about the child care system. Sample handouts are attached.

Handout 5: Understanding the Child Care System

Who Can Help Me Find Local Child Care Providers?

- Each state has a **Child Care Resource and Referral (CCR&R) contact**. These organizations **provide referrals for local, licensed providers**. They also educate families about their choices and available financial help. CCR&Rs also provide training and technical assistance to child care providers.
 - To find your CCR&R, contact [Child Care Aware](#). They are accessible by phone (1-800-424-2246).
 - You can also find this contact information under “State Profiles” on the [National Child Care Information Center’s \(NCCIC\) Web site](#). Scroll down to the map and click on your state. Then click on Contacts at the top of the page. You will find a “Child Care Resource and Referral” header listing your state agency.
 - **** NOTE: Your CCR&R may not have experience working with refugees. They may need assistance in understanding what types of benefits refugees are entitled to receive and the types of documentation they have (i.e. use of an I-94 as a birth certificate to enroll in programs).
- **Connecting with an unregulated provider** might require more effort.
 - Tell people that you are looking for child care and ask who they have used recently.
 - Contact religious organizations to see if they have a bulletin board or if you can post an ad in their service bulletin.
 - Check out bulletin boards at libraries and recreation centers/community centers.
 - Contact your local college’s department of student affairs to ask how to post a job notice.

Handout 6: Understanding the Child Care System

Who Can Help Pay for Child Care?

Who provides money for families needing help with child care?

- States receive funding for child care through two main sources:
 1. The federal Child Care and Development Fund (CCDF) channels money to each state through a **Child Care and Development Block Grant**. These funds are intended to subsidize care OF THE PARENT'S CHOICE (family child care, relative care, child care centers, etc.).
 2. States receive dedicated funds for child care through the **Temporary Assistance to Needy Families (TANF) block grant**. In addition, states have the option to transfer non-designated TANF funds toward funding child care for both TANF and non-TANF clients.
- **Due to different funding streams, most states have separate programs** for families receiving TANF and low-income families not receiving TANF.
- Your local Child Care Resource and Referral (CCR&R) contact can also direct you to local funds and scholarships available.

Who do I contact in my state to apply for child care subsidies?

- **Contact your State Child Care Subsidy Agency**. Usually this is the Department of Health and Human Services in your state.
- To find out who to contact, go to "State Profiles" on the [National Child Care Information Center's \(NCCIC\) Web site](#). Scroll down to the map and click on your state. Then click on "Contacts" at the top of the page. You will find a "Child Care Subsidy Agency" header listing your local agency. This agency will provide you with information about eligibility and how to apply for assistance.
- You can call your CCR&R contact for help in determining eligibility and the application process.

How much of child care costs does the child care subsidy cover?

- Each state sets its own rate of payment. The ideal guideline is for states to reimburse providers at or above theth75 percentile of market rates based on a current market rate survey. However, not every state does so.
- **Some states require the family to contribute a co-payment**. Co-payments are usually associated with programs for low-income families not receiving TANF. Families receiving the subsidy through TANF are not usually charged a co-payment.
- The amount of the subsidy will be dependent on the family's income, number of and ages of children, and what type of provider the family chooses (center/group, licensed family provider, self-certified family provider, approved relative, etc.).
- Payments are made directly to the provider in most cases. Families are responsible for completing the necessary paperwork to arrange payments.

How long does it take to apply for a child care subsidy?

- The application and approval process varies from state to state. On average, it takes at least 30 days.
- If applying through a program for low-income families:

- In most cases, the family is given a list of providers who accept vouchers or have contracts with the Child Care Subsidy Agency. It is the responsibility of the family to contact providers and arrange care.
- Typically, these subsidized slots are limited, and it is not uncommon to be put on a waiting list. Locating slots for infants can be especially difficult.
- As the family starts to earn more money, the subsidy will most likely be decreased.
- In some states you are not eligible to apply for the subsidy until employed.
- Depending on demand, there may be a waiting list in some states to even apply for the program.
- If the family is applying through TANF's welfare to work program, on average it appears that there is a quicker turn around time in locating child care and greater flexibility in funds available.

How Hard Is It to Apply?

- On a national level, case managers and employment counselors report that the application process is too involved for refugees to undertake alone.
- Some refugees report that the amount of the subsidy does not justify the effort required to get it. This is especially true for lower reimbursement rates for kith and kin providers (this can be as low as \$10 per day).
- If family members are watching large numbers of children, they might not want to call attention to themselves because they may be required to be licensed through the state.

Lesson 6: Recommendations

(See Handout 7)

Option A: Small Group General Discussion

Objectives

- Acknowledge importance of clarifying organizational roles in arranging child care
- Identify at least two strategies for addressing child care needs that participants are willing to explore

Set Up (5 minutes)

Divide participants into small groups of 5-7 people who work in similar environments. Ask group to elect a group note taker and someone who will report back on group findings.

Activity (20 minutes)

Ask group to discuss strategies their communities can implement to improve child care access among refugees. Allow the group at least 10 minutes to discuss. Reconvene the larger group and have each group share strategies. List strategies on easel paper.

Debriefing (2 minutes)

Distribute handout listing strategies employed by other states and best practices to consider. Sample handout is attached.

Option B: Case Examples

Objectives

- Acknowledge that refugee families possess both limitations and strengths in responding to child care needs
- Identify possible strategies for addressing child care needs

Set Up (5 minutes)

Divide the large group into small groups of 5-7 people. When possible, divide the participants into groups that share similar service environments (size of city, resource network in community, etc.).

Activity (25 minutes)

15 minutes:

Distribute a scenario to each group. Instruct the group to respond to the following questions:

- What barriers is the family facing in accessing child care?
- What strengths does the family have to respond?
- What are some possible strategies to use?

Allow the group at least 10 minutes to work together. Ideally, scenarios will consist of actual case examples of refugees who were able to successfully respond to child care issues. If these are not available, the facilitator should include a range of different scenarios. Several possibilities are listed below.

- Single mom with large family: You are working with Adar. She recently resettled from

Somalia. She is a mother with three young children (ages 2, 4, and 5). She does not have any family living in the community and is afraid to let others watch her children. She did not finish high school in Somalia and is worried that she cannot learn English quickly enough.

- Family with older teenagers and older children: You are working with Terrance. He recently came from Liberia with his 2 nephews. They are ages 7 and 11. He has a few friends in the area that he has met through church. Terrance is completing his job placement program and is about to start looking for a job.
- Family with extended relatives in area: You are working with Anna. She resettled from the Ukraine about 6 months ago. She has four children (ages 8, 10, 13, and 15). She has some extended family living in the area. Many of them are older relatives. She was just offered a job working in a hotel. She will most often be working the second shift, which is from 3:00 to 11:00 PM.
- Client with a professional job: Sara resettled from Ethiopia about one year ago. She was a lawyer in her home country. She has been hired as a legal secretary and is working towards getting certification as a paralegal. She has 2 children in the U.S. with her, ages 2 and 4.

10 minutes:

Reconvene the large group and have each small group report back about their responses.

Debriefing (2 minutes)

Distribute the handout listing strategies employed by other states and best practices to consider. Sample handout is attached.

Handout 7: Recommendations

Strategies for Improving Access to Child Care

- ✓ Partner with employers who offer flexible spending accounts.
 - These plans allow employees to deduct the costs of childcare (as much as \$5,000 a year per household) from pretax income. NOTE: Once funds are designated, they must be used to pay for child care and the provider must be licensed and registered. Unused funds are forfeited.
- ✓ Provide refugees with information about the Child and Dependent Care Tax Credit.
 - Workers are eligible for a child care credit of 20 to 35% (depending on income) on qualifying expenses. In 2005, for one qualifying child, the credit was from \$600 to \$1,050. For two or more qualifying children, the credit was from \$1,200 to \$2,100. Visit the [IRS Web site](#) for more information. NOTE: You are ineligible for the child care credit if you enroll in a flexible spending plan.
- ✓ Assist refugees in organizing a babysitting co-op.
 - Connect parents who will take turns watching each other's children. Advertise this co-op in your office, at local MAA's, grocery stores, community newspapers, etc. NOTE: Depending on how many children each parent will be watching at one time, licensing issues might apply.
- ✓ Support refugees in reducing transportation costs and schedule constraints.
 - Connect parents who can car pool or take turns accompanying children on public transportation. Advocate with schools so that school buses will drop children off at child care programs in addition to their homes.
- ✓ Help refugees apply for state child care subsidies: Build this step into case management and allow time for the process. Refer to your local Child Care Resource and Referral contact, but be aware that staff there may not have experience in working with refugees. Your client may need help with filling out paperwork, transportation to appointments, finding an approved provider, etc. Refugees may also need "permission" to apply for subsidies to pay family members.
- ✓ Help refugees become licensed child care providers.
 - Your local Child Care Resource and Referral contact can help you to get started. There are grants available in some states to help with start-up costs. There is also a special food reimbursement program for family child care providers through the U.S. Department of Agriculture, administered through various state and local agencies in each state. Review Hein, M., Allen, R., & Else, R. (1999) [Home-Based Child Care: Assessing the Self-Sufficiency Potential \(With special reference to refugees\)](#). Refugee Welfare and Immigration Reform Project of the Institute for Social and Economic Development.
- ✓ Build strong relationships with child care providers located within the neighborhoods where refugees live.

- ✓ Negotiate with child care drop-off centers to donate slots for refugee clients.
- ✓ Seek discretionary funds from ORR and/or private grants to underwrite onsite child care.
- ✓ Reach out to community groups who can help provide short-term child care for refugee clients. For example, contact Girl Scout troops who are getting certified as babysitters. Contact local colleges and universities who may have students needing course credit (education students, cultural psychology students).
- ✓ Partner with Child Care Resource and Referral contacts to strengthen Kith and Kin networks. Goals could include increasing the quality of care and connecting informal refugee child care providers with supports. Review [“In Our Own Backyards: Local and State Strategies to Improve the Quality of Family Child Care,”](#) (2205) The Institute for Women’s Policy Research.

Lesson 7: Wrap Up Activities

Small Group Activity: Taking the Next Step

Objectives

- Participants will identify future action steps to take
- Participants will identify individuals in the community to contact for networking and possible collaboration

Set Up (5 minutes)

Facilitator will have pictures of feet and phones available. These can be drawn and photocopied or reproduced from clip art.

Activity (10 minutes)

Distribute a picture of a phone and a picture of a foot to each participant. Ask participants to consider if they are in a place to take action in response to child care issues. If so, have them write on the back of the foot what action they are planning to take. If they are not ready to take an action step, have participants consider who they need to talk to in order to further explore how to respond (Who would you talk to at your agency? Outside your agency?) Have participants write those individuals on the back of the phone. Ask for volunteers to share what they wrote.

Debriefing (5 minutes)

Instruct people to hang up their symbols in their work space as a reminder.