Supporting Refugee Children in Pennsylvania Public Schools

by

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This study documented the lived experiences of professionals with significant background working with child refugees, in an attempt to understand how practitioners view the information, resources, and other supports required to assure child refugees' successful physical, cognitive, social, and emotional development. An extensive review of the published research on child refugees in the United States described specific international treaties, federal statutes, and state codes, addressed developmental disruptions as refugee children experience them, and explored the school experience of specific refugee cultural groups, yet revealed few reports of practitioners' perspectives.

Accordingly, this investigation sought the views of ten school and community professionals who engage with child refugees in a medium-sized, suburban school district to determine 1) What advice would they offer to those who will serve refugee children in public schools? 2) How useful do they find background information on legal mandates and the refugee child's experience prior to resettlement, and when is this information most beneficial? 3) How do they experience a child refugee's developmental disruptions, and how do they prioritize work on these disruptions?

A one hour semi-structured interview addressed knowledge, skills, and practices that professionals found to be successful when working with a refugee population, along with barriers that they encountered. A three-part, twenty-six item follow-up survey asked participants to provide background information on their experiences, rate their knowledge of federal and state

legal mandates and refugee cultural experiences (e.g., home country context, refugee camp conditions), and identify any developmental disruptions a refugee child presented in their setting.

Participants reported successes and barriers that were largely role specific. Several themes, however, arose across all interviews. These themes included: 1) addressing students' language needs, 2) engaging community resources, 3) addressing school needs related to cultural context education, 4) building relational trust, 5) identifying and addressing bullying, and 6) collaborating in pursuit of common professional goals. In addition, interviewees identified motivation and transformation as personal experiences in their work with child refugees.

Findings lead to three implications, including development of comprehensive and specific state policy, recommendations for professional standards of practice, and revision to pre-service teacher and school leader curricula.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

PREFACE

The result of a dissertation study is the combined effort and support of many people. My sincere thanks and admiration are extended to the following individuals who provided light to my path as I progressed in both my understanding of my topic and of myself:

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And finally, my Nana, to whom this dissertation is dedicated.

1.0   INTRODUCING THE REFUGEE EXPERIENCE

American K-12 public schools are becoming increasingly diverse (Clayton, 2011), serving children with an array of cultural backgrounds, learning needs, and economic situations. Contributing to the diversity of American public schools is the influx of refugee children - children who have been forced to flee their country due to persecution, war, or natural disaster (Fuhlhage, 2006). Of the nearly two million refugees who have come to the United States since 1980, nearly half have been children. Eventually, a refugee child will enroll in the public school system (Bridging Refugee Youth and Children's Services [BRYCS], 2010); however, the transition from adverse conditions in one country to the point of school enrollment in the United States is far from simple.

The path to the schoolhouse door for a refugee child has several stops. It is a complicated journey consisting of three main stages with multiple agencies involved (United Nations High Commissioner for Refugees [UNHCR], 2012). After a refugee child leaves his or her home country, international organizations (e.g., the United Nations) identify host countries that can provide a temporary safe haven for refugees. Then, a resettlement agency relocates the refugee child from a host country to a resettlement country where he or she will live until the persecution, war, or natural disaster in the home country ends or the refugee becomes a citizen of the resettlement country. Following resettlement, the resettlement agency enrolls a refugee child in the local public school and supports these children and families for a specific amount of time,

often ninety days (BRYCS, 2010; International Rescue Committee [IRC], 2013). Because this is a relatively short period, medical, emotional, and learning needs that a refugee child presents may not yet be identified. American public schools often struggle to identify and meet the needs that resettlement agencies do not discover.

Further complicating the problem, refugees may arrive in schools that have not spent time preparing for the needs or refugee children (BRYCS, 2010). School personnel may enroll refugee children absent the knowledge of their traumatic experiences, thereby overlooking supports needed for their success (Reakes, 2007; Whiteman, 2005). Therefore, understanding what the literature reveals about child refugees may equip educators and school leaders with the background they need to increase a refugee child's success. This review of the literature seeks to explore the intersection of refugee student needs and public school responses.

There are three areas of the literature specific to this intersection of needs and responses that will be reviewed, including a review of the legal framework, child development, and school responses as they relate to refugee children. First, the legal framework for the process of enrolling refugee students in American public schools will be examined. Specific international agreements, United States federal law and statutes, and Pennsylvania statutes and public school code each contribute to the process by which refugee children enroll in American public schools. Following this review of legal framework, literature relating to a refugee child's development will be discussed, not only uncovering the manner in which refugee health and mental health needs are identified, but also highlighting the specific developmental needs of refugee children within American public schools systems. Finally, the author will describe how school leaders and teachers are responding to the needs of refugee children. By exploring what the literature says is happening in schools and within classrooms and understanding what needs remain

unaddressed, the author hopes to provide a full picture of the current strengths and weaknesses in supports and services for refugee children in schools.

In general, this inquiry aims to represent thoroughly what literature reveals about a child refugee's school experience. To support this inquiry, three questions will be addressed:

1. What international agreements and federal and state laws result in refugee children enrolling in American public schools?

2. How are health and mental health needs identified in refugee children, and what needs impact American public schools?

3. How are American public schools responding to the needs of refugee children?

However, prior to addressing these central questions, the reader must first be familiar with the definitions of common terminology used in the child refugee literature. Additionally, the author will deliver international, United States, and Pennsylvania prevalence data about the child refugee population in order to further familiarize the reader with the topic at hand. These topics will be discussed in the following two sections.

1.1 GLOSSARY OF KEY TERMS

As previously mentioned, the reader must first be familiar with the terminology used in the literature that addresses refugee children. Table 1 outlines these key terms.

Table 1. *Child Refugee Terminology*

Term	Definition
Asylum seekers	An individual who claims he or she is a refugee, but whose claim has not yet been definitively evaluated (UNHCR, 2011a)
Home country	The country a refugee flees; ultimately returning to one's home country is known as *repatriation* (Human Rights Education Associates, 2011)
Host country	The country that is generally closest and safest to a refugee's home country; a refugee often seeks asylum here before he or she moves to a resettlement country (Catholic Charities of Tennessee, 2012)
Immigrant	A person who elects to migrate to another country typically for permanent residence (United States Citizenship and Immigration Services, 2012)
Integration	Mixing individuals or groups who were previously separated or segregated; movement toward peaceful social relations versus coerced assimilation (United Nations Department of Economic and Social Affairs, 2005)
Juridical Status	Relating to the administration of [refugee status] laws (MW, 2012)
Refugee	Refers to an individual who is forced to flee his or her country as a result of persecution, war, or natural disaster (Fuhlhage, 2006)
Refugee status	The formal standing that refugees may seek as a result of experiencing persecution in their home country (UNHCR, 1992)
Resettlement agency	An organization (often private or religious) that collaborates with the government to deliver services for newly resettled refugees. (Catholic Charities of Tennessee, 2012)
Resettlement country	The country that provides a refugee with legal and physical care including access to civil, political, economic, social, and cultural rights (Catholic Charities of Tennessee, 2012)
Stateless person	A person with no registered citizenship or nationality (UNHCR, 2012d)
Unaccompanied minor	A child refugee who is resettled without a parent or legal guardian (Catholic Charities of Tennessee, 2012)

1.2   REFUGEE PREVALENCE DATA

By examining refugee prevalence, one can begin to understand how widespread the refugee experience is throughout the world; however, this task becomes complicated due to a lack of reliable prevalence data. Unsurprisingly, the unpredictable nature of the refugee experience translates into a host of difficulties associated with collecting data on this unique population. For example, many countries do not have a system in place to account for refugees. Without a formal way to track refugees, some countries can only rely on estimation when tabulating refugee prevalence (UNHCR, 2009). For those countries with formal tracking systems in place, the oversight of the collection and calculation of prevalence data differs. In some countries, individual governments maintain a database of the refugee population, while in other countries, the United Nations High Commissioner for Refugees (UNHCR) facilitates the process (UNHCR, 2007). Additionally, the variability of individuals in refugee camps is significant (UNHCR, 2007). These numbers fluctuate on a regular basis as refugees relocate from home to host to resettlement country. It is important to consider that once an individual or family is resettled, refugee status is revoked, a factor that further adds to the consistent variation that may confound prevalence rates. Because resettlement occurs regularly, the international prevalence of refugees is continuously fluctuating (UNHCR, 2011b).

The current estimate of individuals with refugee status is nearly 44 million, with children accounting for nearly 50% of this population (SOS Children's Villages, 2011). A variety of agencies track the number of refugees worldwide, with the UNHCR and the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) representing two of the larger, more prominent agencies. These two organizations also advocate for approximately 10.4 million and 4.7 million of the world's total refugee population respectively (UNHCR, 2011b).

Given that refugees flee home countries from all over the world, it is important to consider the significant diversity that refugees represent in both geographical location and circumstance. An estimated 50% of all refugees are Asian; another 20% of refugees come from Africa (UNHCR, 2011b), and each refugee has their own, individual plight prior to fleeing their home country. Refugees leave their home countries for a variety of reasons depending on the country's context at the time of departure. For example, when inter-tribal violence broke out in Sudan in 2012, more than 15,000 refugees were relocated to Ethiopia, while nearly 67,000 others made their way to Italy and Malta – locations geographically and culturally diverse from the refugee's home country (UNHCR, 2012b; UNHCRc, 2012).

With such diversity in each individual refugee's journey, the United Nations compiles an *operations profile* as a way of understanding people's rationale for seeking refugee status (UNHCR, 2011c). This profile outlines the context and needs for each country it serves (UNHCR, 2011c). Table 2 illustrates some of the contexts that are presented in operations profiles for refugees fleeing Afghanistan, Somalia, Congo, Sudan, Colombia, and Iraq. These six countries regularly account for the highest percentage of displaced individuals (Yacoub, 2009; SOS Children's Villages, 2011).

Table 2. *Profiles of Countries with High Displacement Rates*

Country Name	Number of Refugees	Context
Afghanistan	3,054,709	• Civilian protection an issue • Political and security issues persist • Refugees are beginning to return, but the country is at its limits
Somalia	770,154	• Rebel violence and terrorism
Democratic Republic of the Congo	476,693	• Recurrent violence • Chronic sexual and gender-based violence
Sudan	387,288	• Inter-tribal tensions • Government and rebel violence • Chronic poverty and underdevelopment • Shifts in violence to target women and children
Colombia	395,577	• Government and guerilla group violence • Organized crime and illegal armed groups • Forced recruitment • Gender-based violence
Iraq	1,683,579	• Violence • Lack of basic services • High unemployment

Note: Information derived from United Nations High Commissioner for Refugees (UNHCR, 2011c).

With Table 2 providing context to the international refugee experience, we now turn to prevalence data for refugees who have the United States as their host country. Since 1980, approximately 1.8 million refugees have been resettled in the United States (BRYCS, 2010). Over thirty years later, in 2011, data indicate that the United States is home to 264,574 refugees and was the country with the highest number of refugee applicants seeking asylum (UNHCR, 2011b; UNHCR, 2012a). Specifically, the countries in 2011 that represented the highest percentage of refugees resettled in the United States were Burma, Bhutan, Iraq, and Somalia (Martin & Yankay, 2011).

With a general understanding of the prevalence in the United States at large, we now turn our attention to the refugee population within the state of Pennsylvania specifically. Refugee resettlement has occurred in Pennsylvania since October 1, 1991 (Pennsylvania Refugee Resettlement Program [PARRP], 2010d). Since then, individuals from thirty different countries around the world have sought refuge in Pennsylvania. Pennsylvania ranked fourth in the number of refugees it resettled in 2011 (2,972 people), following Texas (5,627), California (4,987), and New York (3,529) (Martin & Yankay, 2011). The number of refugees who are resettled in counties across Pennsylvania has *steadily increased* over time. For example, from October 2010 to September 2011 there were 3,026 refugees resettled in Pennsylvania compared to the 2,701 individuals resettled between October 2009 and September 2010, just a year earlier (PARRP, 2011).

With the steady increase in Pennsylvania's refugee population, there has also been an increase in the number of refugee students in Pennsylvania public schools. In the early 1990s, school leaders may have welcomed few refugees, if any, to their schools each year; however, now, some Pennsylvania counties have become home to dozens of newly resettled refugee children each year. Between 2010 and 2011, for instance, several Pennsylvania counties became home to hundreds of refugees: Erie, 790; Philadelphia, 687; Lancaster, 552; Allegheny, 434; Dauphin, 226; Lackawanna, 191 (PARRP, 2011).

With a solid understanding of the terminology and prevalence data, we can begin discussing the specifics of the refugee experience. Chapter 2 will outline the laws and regulations, developmental needs, and school supports for refugee students.

2.0   REVIEW OF THE LITERATURE

Prevalence data trends seem to indicate that refugee resettlement will continue. Readers may wonder about, therefore, the legal path by which refugee children enroll in American public schools. Before analyzing refugee student needs and how these needs are addressed in schools, the legal framework that results in a refugee's enrollment in school is reviewed.

2.1   WHAT INTERNATIONAL TREATIES AND FEDERAL & STATE LAWS RESULT IN REFUGEE CHILDREN ENROLLING IN AMERICAN PUBLIC SCHOOLS?

The provision of basic human rights is at the core of the need for refugee resettlement. In agreeing to the Declaration of Human Rights (United Nations, 1948), the United States acquiesced to a variety of international responsibilities related to refugee children and their education. International treaty laws as well as federal and state laws are often aligned with the Declaration of Human Rights in order to provide more formal guidance to countries that serve as hosts for refugees. This section of the literature review explains the international treaty, federal, and state laws that guide the process of refugee children enrolling in American public schools. Each treaty, law, and statute has been reviewed while considering its implication for schools.

Figure 1 displays the succession of international, federal, and state laws that lead to the enrollment of refugee children in public schools.
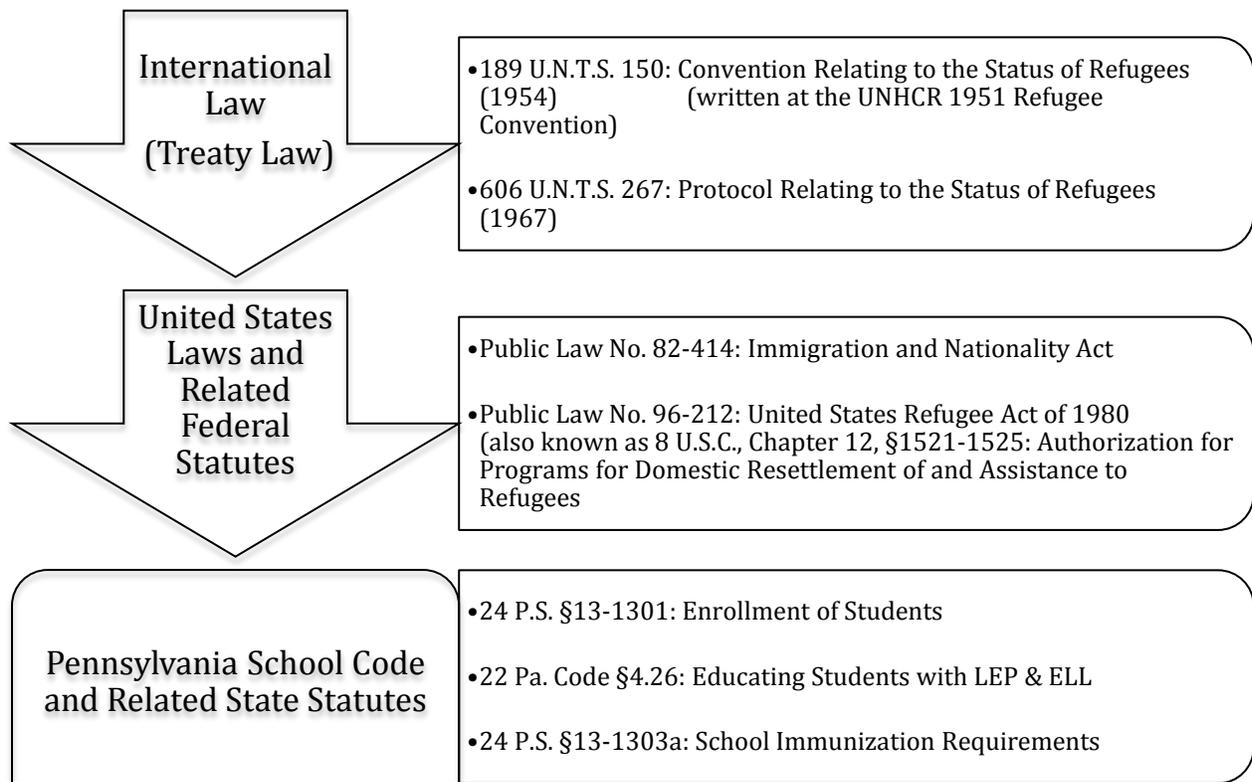
Figure 1. International Treaty Laws, Federal Statutes, & State Codes that result in refugee children enrolling in American Public School

2.1.1 Universal Declaration of Human Rights and International Treaty Law

Before considering the content of international treaty laws, the origins of such laws must first be explored. International treaty law related to refugees is, at its core, an agreement among countries to maintain the human rights of refugees (UN, 1997). According to policy writers at the United Nations Department of Public Information (1997), human rights are protected freedoms that a country's government is obligated to ensure. A document supporting these

basic rights, *The Universal Declaration of Human Rights* (United Nations, 1948), includes rights such as "life, liberty, and security of person" (Article III), "the right to a standard of living adequate for the health and well-being of himself an of his family" (Article XXV), and "the right to own property" (Article XVII). Specific to this review of the literature, however, are the provisions within the Universal Declaration of Human Rights that apply to refugees and refugee children, which can be found in Articles XIV and XXVI. Article XIV states the following:

> (1) Everyone has the right to seek and to enjoy, in other countries, asylum from persecution. (2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations. (United Nations, 1948)

Related, Article XXVI directs that refugees also have a right to education in the country where they seek asylum (United Nations, 1948).

Countries call upon the Universal Declaration of Human Rights during situations requiring the development of treaties to support the rights and welfare of their citizens and the international community (UN, 1997). Therefore, we might say that, typically, universal human rights map onto treaties. Treaties are then ratified into international treaty laws. These laws are written to support the treaty and provide content for how the treaty is followed and enforced around the world (Treaty Law Project, n.d.). Figure 2 exhibits a visual depiction of movement from human rights to treaty law.
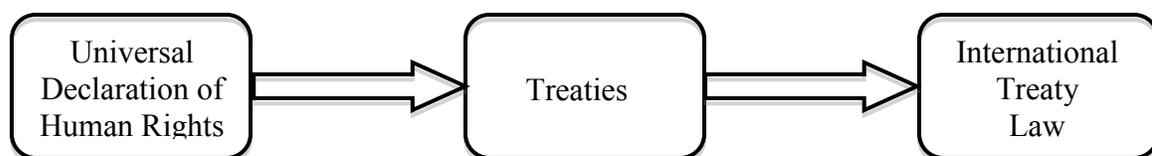
Figure 2. The Origination of International Treaty Law.

Now that the underpinnings of international treaty law have been uncovered, the content of two major international treaty laws related to refugees and refugee children will be explored: the *1951 Convention Relating to the Status of Refugees* and the *1967 Protocol Relating to the Status of Refugees*. Each international treaty law will be reviewed based on its origin, purpose, and implications for refugee children in public schools.

2.1.1.1 The 1951 Convention Relating to the Status of Refugees

Prior to 1951, a variety of piecemealed refugee protections existed; however, around the end of World War II, members of the United Nations believed that unifying European refugees' international safeguards into a single international treaty law would guarantee a more comprehensive and thorough set of protections (UNHCR, 2010). Using Article XIV of the Universal Declaration of Human Rights (United Nations, 1948) as a cornerstone of its work, the UNHCR created a document that established the basis for how the international community defines a refugee and set the purpose for protection and services supplied to refugees and their families (UNHCR, 2010). The formal document written during this convention was adopted in 1954 as the Convention Relating to the Status of Refugees (UNHCR, 2010).

The Convention Relating to the Status of Refugees contains seven chapters (as outlined in Table 3). Chapter IV is of particular import to this literature review, as it organizes a refugee child's enrollment in school. Chapter IV, Article 22 deals specifically with implications for the education of child refugees in resettlement countries, and states, "the Contracting States shall accord to refugees the same treatment as is accorded to nationals with respect to elementary education" (UNHCR, 1951 as cited in UNHCR, 2010, p. 24). While each country interprets this international treaty law through a different lens, Article 22 leaves little room for interpretation, as

it maintains that refugees are entitled to receive the same education as citizens of the resettlement country.

Table 3. *Core Content of the Convention Relating to the Status of Refugees*

Chapter	Core Content
Chapter 1: General Provisions	• Definition of a refugee • Refugee obligations in resettlement country • Non-discrimination • Religion • Additional provisions (connected to aliens, refugee seamen, etc.)
Chapter 2: Juridical Status	• Personal status • Property • Right of association • Access to courts
Chapter 3: Gainful Employment	• Wage-earning employment • Self-employment
Chapter 4: Welfare	• Rationing • Housing • Public education • Public relief • Social security
Chapter 5: Administrative Measures	• Assistance with documents & certifications • Freedom of movement • Identity papers • Travel documents • Fiscal charges • Transfer of assets • Expulsion from country of refuge • Naturalization
Chapter 6: Executory & Transitory Provisions	• Cooperation of national authorities with the United Nations • Information on national legislation • Relation to previous conventions
Chapter 7: Final Clauses	• Statement of disputes • Application to territories • Application to federal or non-unitary states • Revision power

Note. Table 3 outlines the 1951 agreement as presented in UNHCR (2010).

Hence, all school-aged child refugees in the United States are guaranteed an education in a public school based on the 1951 Refugee Convention. The implications of the United States' resettlement of refugee children have a direct effect on enrollment in American public schools. Because members of the United States government accede to the UNHCR's international treaty law for refugees, so too do they accede to enrolling refugee children in public schools.

2.1.1.2 The 1967 Protocol Relating to the Status of Refugees

The UNHCR convened the General Assembly in the mid-1960s to discuss how changes to the scope of the 1951 Refugee Convention might further protect the rights of refugees (UN General Assembly, 1967). Because the 1951 Convention included only provisions for European refugees, policy-makers decided that an update should include a larger scope and include asylum seekers from any country (Goodwin-Gill, 2008). By default, this geographic change also broadened the United Nation's acceptable reasons for why individuals seek refuge. Under the 1951 Convention, post-World War II Europeans were supported when seeking refuge from the hostilities of war (UNHCR, 2010). The 1967 Protocol applies to twenty-first century international flight reasons that include not only escaping wartime conditions, but also fleeing gender-based crimes and genocide (Goodwin-Gill, 2008).

Because this Protocol stands alone, countries may choose whether to accede to the 1967 Protocol or remain under the 1951 treaty. While public schools in the United States are most fundamentally influenced by the United Nation's 1951 work, the United States complies with the 1967 Protocol Relating to the Status of Refugees (UN, 1967). However, the extent to which countries, including the United States, further define and explain the protections for refugees and refugee children beyond international treaty law varies. The next section of this literature review

considers the United States laws and related federal statutes that address the rights of refugees. The impact these laws and statues have on American public schools will also be revealed.

2.1.2   United States Law and Related Federal Statutes

As previously mentioned, members of the United Nations convened and drafted international treaty law on behalf of refugees in 1951 (UNHCR, 2010). A year later, United States lawmakers created the first iteration of the Immigration and Nationality Act (1952). This United States Public Law will be reviewed briefly in light of the impact it has on refugee resettlement and more specifically how American public schools are influenced. Then, the United States Refugee Act of 1980 will be explored. The United States Refugee Act of 1980 is not only a standalone United States Public Law, but is also a part of the larger Immigration and Nationality Act of 1952 and is contained in the United States Code (U.S.C.). As we shift from international treaty law to the laws and federal statutes of the United States, the responsibilities and reporting mechanisms of government and private agencies become more specific.

2.1.2.1 Public Law No. 82-414: Immigration and Nationality Act

United States lawmakers ratified the Immigration and Nationality Act. Initially, United States President Harry Truman vetoed the bill for being un-American and discriminatory; however, Congress overturned his veto and put the Act into place (Center for Migration Studies, 2011). The Immigration and Nationality Act (1952), amended many times since its original authorization, is divided into four main sections, referred to as *titles*. *Title I* outlines definitions related to immigration as well as the chain of command in terms of handling issues of immigration, while *Title II* contains immigration-specific content, such as selection for

15

immigration, qualifications to immigrate, inspection upon arrival, removal from the United States, and penalties for lawbreaking. *Title III* holds the United States laws that govern application for naturalization and the conditions under which one might lose his or her citizenship. Finally, *Title IV* (entitled "*Miscellaneous*") contains two chapters. While Chapter 1 contains information regarding authorization of immigration appropriations and savings, Chapter 2 is of primary interest to this review. Chapter 2, *Refugee Assistance,* is where the United States federal government attends to the issue of refugee resettlement.

The four acts contained in Chapter 2 of the Immigration and Nationality Act (Acts 411-414) were used to create the United States Refugee Act of 1980. For this reason, these four acts will be explained in more detail in the following section that relates to Refugee Act of 1980.

2.1.2.2 Public Law No. 96-212: United States Refugee Act of 1980

The Immigration and Nationality Act (1952) is more general and outlines the specific rights of both immigrants and refugees. As we further explicate the Immigration and Nationality Act, more detailed protocols are revealed relating to refugee resettlement. Public Law No. 96-212 is called the *Refugee Act of 1980*. The contents of this law are cross-listed and are also found in the United States Code under Chapter 12. In this Chapter of the United States Code, the contents are renamed the *Authorization for Programs for Domestic Resettlement of and Assistance To Refugees*. For the purposes of this section, and to maintain parallelism with the preceding section, we will refer to this content as Public Law No. 96-212.

The United States Refugee Act of 1980 established the Federal Refugee Resettlement Program under the United States Department of Health and Human Services. The Act has four component sections (referred to as acts 411-414 as part of the Immigration and Nationality Act above). The first section establishes the Office of Refugee Resettlement and provides it with a

director appointed by the Secretary of Health and Human Services, and the second section delineates a variety of programs and assistance for refugees. Specifically, section 2 outlines the following programs and supports:

- Economic self-sufficiency,

- English language training,

- Monetary support of employment acquisition and English language training,

- Consultation with state and private agencies,

- Availability of resources (e.g., education, health care, and mental health),

- Federal care and legal responsibility for unaccompanied minors, and

- Health care and medical screening (United States Refugee Act, 1980).

Section three of the Refugee Act deals with reporting. The United States Congress requires a report listing the geographic location of US refugees, unaccompanied minors, and relevant spending by the Office of Refugee Resettlement. Finally, section four grants the Director (Coordinator of Refugee Affairs) the ability to budget his or her federal funds to carry out the obligations of the Office (United States Refugee Act, 1980).

A further look at section 2 reveals the impact that the Refugee Act of 1980 has on children and, in turn, American public schools. Essentially, the content of this section addresses two overarching goals for adults: promoting refugees' economic self-sufficiency through employment and acquiring English language skills to maintain employment (US Refugee Act, 1980). Monetary provisions for both of Section 2's core goals (i.e., employment and language acquisition) are also considered as part of the 1980 Act (United States Refugee Act, 1980).

While considering the programs and supports that aid an adult refugee's success in the United States, Section 2 of the Refugee Act (1980) also gives the Director of Refugee Affairs

approval rights to assist refugee children. The Director may provide grants, contracts, and other monetary provisions for special education services and English as a Second Language (ESL) services in American public schools (United States Refugee Act, 1980). For example, when a need is demonstrated in a public school and the Office of Refugee Resettlement is properly petitioned, funds are available for special education and ESL services.

The administration of the Office of Refugee Resettlement is also authorized to provide funding for medical assistance for thirty-six months following a child's resettlement in the United States (United States Refugee Act, 1980). While resettlement agencies often provide more short-term care and support for resettled minors (often a ninety-day window), the federal government has funds available through the Office of Refugee Resettlement to continue medical care for refugee children for a longer period. The Refugee Act (1980) is clear that services not be duplicative and that refugee children receive support from only one source at a time (i.e., either through a private agency *or* the federal government). In this way, the federal government attempts to ensure that funding is not misused if two entities happen to support a refugee's access to the same services at the same time.

The impact of these provisions for public schools is significant. English language acquisition continues to be a major barrier to a refugee child's successful participation in American public schools (McBrien, 2011; Rah, Choi, & Nguyen, 2009; Roxas, 2011; Szente, Hoot, & Taylor, 2006). Additionally, schools also often cite lack of knowledge regarding a refugee child's medical and health background, as a refugee child's medical records do not consistently follow him or her (Whiteman, 2005). The United States federal government recognized the need for ESL services and continued medical care and has made provisions for these supports in the 1980 Refugee Act.

The United States Congress relied upon international treaty law to frame its public laws regarding refugees, with language and medical care emerging as major features of federal refugee support. However, the question now turns to how each state, Pennsylvania specifically, responds to the edicts that the United States Office of Refugee Resettlement deems appropriate and necessary. The subsequent section will explore both how Pennsylvania School Code and related state statutes align with international treaty law and United States Public Law, and how the Pennsylvania Refugee Resettlement Program supports the legal implications of all three levels of support, international, federal, and state.

2.1.3 Pennsylvania School Code and Statutes

Although the United States addresses the needs of refugee children as part of federal public laws and Supreme Court decisions, each state must interpret these laws and apply them to their own state codes and regulations. Pennsylvania is a state that has seen constant increases in refugee resettlement. Since 2002, there has been a 36% increase each year in the number of resettled refugees in Pennsylvania (Pennsylvania Department of Education [PDE], 2012). With this consistent increase, it becomes critical to ensure that Pennsylvania School Code and statutes meet the needs of the families and remain in compliance with federal mandates. According to the Pennsylvania Department of Education (PDE, 2012), three codes and statutes, while relatively broad in scope, apply directly to the needs of refugee children. The first relates to the enrollment process for all children in Pennsylvania's public school system, highlighting the parts of the statute that would apply directly to meeting the needs of refugee children. The second is related to the way that refugee students will be provided with English language instruction. A third and final code considers the health of refugee children, specifically the immunization

requirements for school enrollment. This legislation will be reviewed in turn within the next three sections

2.1.3.1 24 P.S. §13-1301: Enrollment of Students

When any child enrolls in a public or charter school in Pennsylvania a variety of documents are collected. Examples of these items include proof of a child's age, immunization records required by law, proof of residency, parent registration statement regarding discipline related to drugs, alcohol, or weapons (see Appendix A), and a home language survey (see Appendix B) (Enrollment of Students, 2009). An additional series of documents may be requested, but is not required.

In terms of this statute's impact on the enrollment of refugee children, three major components should be highlighted. First, the statute states, "a child's right to be admitted to school may not be conditioned on the child's immigration status" (Enrollment of Students, 2009, "Prohibited Requests," para. 2). In the case of *Plyler v. Doe* (1982), the Supreme Court held that that it is unconstitutional to deny public education to a child even if he or she is not formally a United States citizen. Refugee children fall into this category.

Next, the statute dictates that school districts must provide families with translation services during the process of enrollment. The text and support of this section of the statute reads:

> Children and families with limited English proficiency must be provided translation and interpretation services to the extent needed to help the family understand the enrollment process and enroll the student in school promptly per the Civil Rights Act of 1964, Title VI, 42 U.S.C. § 2000d et seq. and the Equal Education Opportunity Act, 20 U.S.C. § 1703. (Enrollment of Students, 2009, "Other Issues Related to Enrollment," para. 4)

While resettlement agencies often provide support to refugee families as children are enrolled in public school, Pennsylvania statutes ultimately require the school to provide this service.

Finally, the third major component of the statute requires that children be permitted to begin school on the day following enrollment. Depending on the number of services needed by arriving refugee children, public school leaders may find this regulation difficult to manage. As previously discussed, refugee children regularly arrive with limited English proficiency, and they may also have other health or mental health needs. With only a day to plan, there is a potential to stress the public school system under this set of conditions.

2.1.3.2 22 Pa. Code §4.26: Educating Students with Limited English Proficiency and English Language Learners

Refugee children arrive regularly in the United States with limited English proficiency (LEP) and as English Language Learners (ELL). The Pennsylvania School Code maintains the following for any student, refugee or not, who is acquiring English as a second language:

> Every school district shall provide a program for each student whose dominant language is not English for the purpose of facilitating the student's achievement of English proficiency and the academic standards under §4.12 (relating to academic standards). Programs under this section shall include appropriate bilingual-bicultural or English as a second language (ESL) instruction. (ESOL, 2011)

In order to meet this standard, school officials must first determine the child's familiarity with the English language. School officials complete this task by requesting that the child's parents complete a home language survey to determine if a newly enrolled child is a non-English speaker (see Appendix B). If the child is a non-English speaker, school personnel begin a process for

providing access to educational programs via ESL support. Provisions of the school code for ELLs include the following:

- A baseline assessment of the child's English proficiency;

- A predetermined number of hours of support each day;

- Time spent in regular content area classes with native English speakers;

- Continued monitoring using approved assessments;

- Planning for ELL students who also have a learning or behavioral disability; and

- Follow-up for students who have exited from an ESL program (ESOL, 2011).

Both the United States federal government and the Pennsylvania Department of Education align in their thinking that supporting English language acquisition is a key component of a refugee child's education. The outcome of these laws and codes is the requirement that school districts provide appropriate ESL services and teachers for refugee children.

2.1.3.3 24 P.S. §13-1303a: School Immunization Requirements

Pennsylvania School Code requires that all children be up to date on immunizations before enrolling in school (School Immunization Requirements, 2007). For many refugees, access to basic medical care, let alone immunizations, was not available prior to resettlement (Zwi et al., 2006). With immunizations being a requirement for enrollment, a child refugee may be living in the United States for almost a year before he or she had the proper timing of vaccinations required for enrollment.

In order to address this problem, PDE issued a statement and update to the school code in 2007. The new code indicated that children now have up to eight months following their initial

immunizations and school enrollment to bring medical records up to date (School Immunization Requirements, 2007). Such a provision allows newly resettled child refugees to receive medical examinations and immunizations upon arrival without requiring that families wait to enroll their children until all immunizations in a series have been completed.

Largely, the Pennsylvania School Code and related statutes address both language acquisition and the medical care of refugee children. In the same way that federal laws and statutes address these needs in general, Pennsylvania aligns, supports, and details specific protocols for public schools to consider when refugee children enroll. Readers may wonder, however, how the state assures that children receive these supports and services, who oversees legal compliance, and which service providers are involved. The Pennsylvania legislature has designated the Pennsylvania Refugee Resettlement Program [PARRP] as the mechanism for refugee advocacy, assistance, and services. As school leaders consider the aforementioned legal framework that supports a refugee's enrollment in school, we shift our focus to the workings of the PARRP as a way of capturing the support for refugee children.

2.1.4 Pennsylvania Program Supporting Laws, Statutes, and PA School Code

Putting the array of complicated international treaty laws, federal public laws and statutes, and Pennsylvania school code into action requires a clear and coherent plan. In Pennsylvania, the PARRP takes action on behalf of refugees and refugee families in order to ensure that services and supports are being provided (PARRP 2010a). Accordingly, PARRP uses federal funds to carry out laws, statutes, and state codes as they pertain to refugees (PARRP, 2010a). Under this program, refugees in Pennsylvania receive medical care, employment support, and translation services as mandated by public laws such as the Immigration and Nationality Act and the

Pennsylvania School Code (PARRP, 2010a). It is the role of the PARRP to ensure that the state follows these laws so that the needs of refugees are being met.

To better outline their purpose in assisting refugees, the PARRP has five goals that guide their work:

1. Assist refugees in attaining self-sufficiency as soon as possible after arrival;

2. Provide culturally and linguistically appropriate employment and support services;

3. Coordinate cash and medical assistance with employment and support services to promote early employment and economic self-sufficiency;

4. Assure effective use of available public and private resources; and,

5. Assist refugee community-based organizations to develop greater organizational capacity so that they are able to assume a larger role in the resettlement and adjustment of refugees, also to promote economic development efforts in refugee communities, where possible. (PARRP, 2010b, p. 2)

Given these goals, PARRP's workers commit to building refugees' self-sufficiency and economic stability in the most efficient timeframe possible. Often, adult refugees build self-sufficiency when they gain employment and acquire language skills. If a refugee has children, securing childcare or school placement is also paramount. PARRP's goal of assuring effective public resources provides the structure by which refugee children may access public schools.

School leaders may wonder, however, about the state policy surrounding refugee children who are unaccompanied minors or about the financial burden placed upon a school as a result of refugee resettlement. In Pennsylvania, state policy and Unaccompanied State Minors' Program (USMP) is very clear that if an unaccompanied refugee minor resettles in Pennsylvania, that child will be placed immediately in the foster care system (PARRP, 2010c). Additionally, the

special circumstances that unaccompanied refugee minors bring to Pennsylvania are handled by a single agency in a single county. Specifically, all unaccompanied minors are resettled in Montgomery County and provided services by the Lutheran Children and Family Service (PARRP, 2010c). The Lutheran Children and Family Service enrolls unaccompanied minors in schools in the same way it would enroll any child under its care.

The PARRP exists to carry out the legal implications of refugee resettlement, with the work of individuals from this organization leading directly to the enrollment of a refugee child in an American public school. Once a refugee child is enrolled, the school is presented with the challenge of meeting the wide variety of needs that refugee children may have. We turn next to the literature that uncovers the developmental needs of refugee children, the process of identifying these needs, and the impact these needs might have on a child refugee's school experience.

2.2 HOW ARE HEALTH AND MENTAL HEALTH NEEDS IDENTIFIED IN

REFUGEE CHILDREN AND WHAT NEEDS IMPACT AMERICAN PUBLIC

SCHOOLS?

Refugee Health and Mental Health

United States Federal

What?

Refugee Act of 1980
Comprehensive Health Assessment
      (1) Overseas Screening
      (2) Domestic Screening
      (3) Adjusting of Status Screen

Who?

Department of Health & Human Services
Office of Refugee Resettlement
      Refugee Preventative Health Program
      Medical Screening Protocol for
      Newly Arriving Refugees

Pennsylvania

What?

Refugee Act of 1980
Comprehensive Health Assessment
      (2) Domestic Screening
      (3) Adjusting of Status Screening

Who?

PA Department of Health
PA Refugee Health Program
      PA Refugee Resettlement Program
      Refugee Voluntary Agency

Figure 3. Refugee Health and Mental Health Assessments and Providers

In the previous section, the legal path by which refugee children enroll in public schools was explored. One major feature of enrollment procedures at both the federal and state level consists of medical screenings and health assessments. The literature suggests that the health and mental health needs of refugee children are considerably complex (Hart, 2009; Derluyn, Broekaert, & Schuyten, 2008). For this reason, a rather intricate process of health assessment occurs for refugee children at both the federal and state level (see *Figure 3*).

In order to better understand how health and mental health needs of refugee children are identified and how these needs present themselves in schools, this section of the literature review will explore two major areas. First, the author will discuss specific medical screenings and assessments for refugee children, including information on the parties responsible for conducting these services. Second, an overview of the outcomes of these screenings will be provided in order to crystallize what interruptions to typical development refugee children exhibit and how these developmental interruptions have an impact on public schools.

2.2.1 Federal Health and Mental Health Assessments

After a refugee is admitted to resettle in the United States, but before he or she leaves a refugee camp or host country, an *overseas medical screening* is administered (Refugee Health Technical Assistance Center [RHTAC], 2011). This medical examination is performed in accordance with the Immigration and Nationality Act (1952), Refugee Act (1980), and regulations set forth by the United States Department of Health and Human Services. Panel physicians, contracted by the United States Consul or by the International Organization of Migration (IOM), provide overseas medical screenings (RHTAC, 2011). The Centers for Disease Control and Prevention (CDC, 2012) identifies three goals for this and all other medical screenings: (1) to promote and improve

the health of the refugee; (2) to prevent disease; and (3) to familiarize refugees with the U.S. health-care system.

The overseas medical screening uses guidelines developed by the CDC (CDC, 2012). The overseas screening is seemingly cursory and simple in nature, classifying whether refugees have "Class A" or "Class B" diseases or conditions (see Table 4). Generally speaking, "Class A" diseases and conditions preclude a refugee from resettling in the United States because of the severity of the condition. He or she may resettle in the United States only after the condition is treated and no longer poses a threat (RHTAC, 2011). "Class B" diseases and conditions are both noted on Department of State paperwork that the refugee brings with him or her to the United States, and also treated upon the refugee's arrival in the United States (RHTAC, 2011).

Table 4. *Class A versus Class B Diseases and Conditions per the Center for Disease Control (2012)*

"Class A" Diseases and Conditions	"Class B" Diseases and Conditions
Tuberculosis (TB)	Inactive or noninfectious tuberculosis
Syphilis	Treated sexually transmitted infections
Other sexually transmitted infections	Pregnancy
Hansen's Disease (leprosy)	Treated Hansen's Disease
Drug addiction	Sustained and full remission from substance abuse
Mental disorders that include harmful behaviors	Other significant physical disease, defect, or disability

Because refugees are required to bring overseas medical screening documents with them to the United States, this tool may provide schools with a first glimpse of any developmental needs a child refugee may present (RHTAC, 2011). While the overseas screening is largely the same regardless of a refugee's age, the domestic screening that occurs upon resettlement is more age-specific, hence responding directly to needs that children express. These may include, but

are not limited to the following: nutrition and growth monitoring and provision for supplements; age-appropriate immunizations and vaccines; mental health screening; and lead poisoning screening (CDC, 2012).

In order to uncover how domestic medical screenings in the United States support refugee children and inform public schools on a child's needs, we next consider how state health and mental health assessments are conducted once refugee children are resettled. The bottom portion of Figure 3 (see above) frames what state screening tools are used and who is responsible for the continued health care of refugee children and families.

2.2.2   State Health and Mental Health Assessments

A medical screening, known as the *domestic screening,* takes place soon after the resettlement of refugees and refugee children in the United States. Once again, the provisions guiding the care of refugees and the implementation of this screening at the state resulted from the Immigration and Nationality Act (1952), Refugee Act (1980), and regulations set forth by the United States Department of Health and Human Services. The United States Department of Health and Human Services' *Refugee Preventative Health Program* allots grants to states in order to administer domestic health screenings for newly resettled refugees (Pennsylvania Department of Health, 2012). While the goals for the preventative health programs align across states, in Pennsylvania, the state's Department of Health oversees this domestic screening. The purposes of state-level domestic health screenings are five-fold:

1. Ensuring follow-up of refugees with conditions identified during the overseas medical exam;

2. Evaluating current health status and identifying health problems not found during or

developed subsequent to, the overseas exam;

3. Ensuring refugees are referred for follow-up to specialty and primary care;

4. Initiating appropriate immunizations to facilitate school enrollment and adjustment of status from refugee to lawful permanent resident; and

5. Providing orientation to the U.S. health care system. (Ohio Refugee Health Screening Program, 2012, p. 2)

While an array of protocols are carried out during the three-visit domestic medical screening in Pennsylvania (see Appendix C), there are a few key components of the screening that ultimately influence a child's interaction with his or her public school (Centers for Disease Control [CDC], 2011; Misikir, 2011). Table 5 considers each of these components and suggests how its findings may affect public schools.

Table 5. *Domestic Screening Component and Its Value to Public Schools*

Domestic Screening	Value to Public Schools
Nutrition, growth, and development monitoring; provision for supplements	Children in need of regulated diet based on malnutrition may be appropriately served by the public school.
Age-appropriate immunizations and vaccines	Enrollment in public schools in PA is contingent upon a first dosage of immunizations and vaccinations.
Mental health screening	Appropriate strategies for managing student behavior and background into the antecedents to a child's behavioral disorders facilitate a school's appropriate responses.
Childhood lead poisoning screening	Special diets and medication are necessary for refugees with childhood lead poisoning and a school must manage these needs on behalf of the child.

Note. Information in Table 5 is from the Pennsylvania Department of Health as represented in Misikir (2011).

A final phase of Pennsylvania's domestic medical screening is making referrals and using translators to explain all results to refugee families (Misikir, 2011). Following the third medical visit, refugee families work with their resettlement agencies to follow-up on recommendations by the domestic medical screening physicians. At this point, refugee families also begin the process of enrolling their children in school.

While Pennsylvania only requires that refugee children enrolling in public schools present immunization records (Enrollment of Students, 2009), supplying the public school with the complete domestic medical screening may benefit the child in multiple ways. For example, the parents would not need to rely on their English skills to translate and explain developmental needs of their children, as the screening tool would provide this information to the school's registered nurse or licensed practicing nurse. Additionally, schools would have the background in order to make provisions for the refugee child school experience upon enrollment.

The health and mental health needs that refugee children bring to the public school arena can be divided into four major developmental domains: physical, cognitive, and social/emotional. The next section of the review identifies (1) what health and mental health conditions are commonly observed in refugee children during domestic medical screenings based on the three aforementioned developmental domains, and (2) the impact the literature indicates these conditions may have on children in public schools.

2.2.3 Developmental Overview

Child development is a multifaceted progression that includes three domains: physical, cognitive, and social/emotional development. Typically developing children reach growth and development benchmarks in a relatively predictable way (Feeney, Moravcik, & Christiansen,

2006). However, environmental factors that a refugee child experiences such as war and resettlement have the potential to interrupt typical development (Anderson, 2010; NSW Refugee Health Service, 2009). These often external, seemingly uncontrollable factors play a large part in diminishing the chances for typical development (Mehraby, 2002; NSW Refugee Health Service, 2009; UNHCR, 1994). Both the overseas and domestic health screenings evaluated and document these developmental interruptions (Misikir, 2011). Ideally, the information obtained in these screenings is communicated to school officials at the public schools where a refugee child will enroll.

Equipped with the developmental background of a refugee child, school personnel are then prepared to support the child more effectively. Schools officials benefit when they know not only how a child's experiences impacted his or her development, but also common developmental interruptions that occur for refugee children. The literature indicates that a refugee child's physical, cognitive, and socio-emotional development all are affected by their experiences (Anderson, 2010).

The following sections details the specific ways that each developmental domain is affected by a child refugee's experiences and provides some insight into how these developmental interruptions may influence American public school experiences. Also embedded are *evidence-based practices* that support the development of child refugees. For the purposes of this review of the literature, Horner and Kratochwill's (2012) definition of evidence-based practice is called upon. Horner and Kratochwill suggest "A practice is considered evidence-based when there is repeated and convincing documentation of a functional, or causal, relation between introduction of the practice and change in value outcome" (2012, p. 269). Some researchers are skeptical of evidence-based practice as a construct, as they suggest is may create

an inadequate research base and reduce the effectiveness of service delivery by professionals (Hunsley, 2007). Over time, these claims have proven to be without merit, however, and the current focus of evidence-based practice now lies in the area of how to effectively *use* research to inform these best practices (Hunsley, 2007). It is in this spirit that evidence-based practices are introduced throughout the subsequent sections.

2.2.3.1 Physical Development

Refugee children experience a host of negative effects on their physical development and often do not reach many distinctive physical growth benchmarks (Davidson et al., 2004; Zwi et al., 2006). For some refugee children, mere survival is an issue. The child mortality rate in countries that child refugees flee, for instance, is substantial (Mehraby, 2002). Table 6 displays United Nations Children's Fund (UNICEF) statistics of mortality rates of children under five from countries with the highest prevalence of refugees.

The literature suggests that if children do in fact survive their early years, there are four major interruptions to a refugee child's physical development (Ajdukovic & Ajdukovic, 1998; Davidson et al., 2004; Harris & Zwar, 2005; Schumacher, Pawson, & Kretchmer, 1987). These four interruptions (injury, basic need deprivation and malnutrition, contact with infectious diseases, and sexual trauma) each affect physical development. The consequences of each interruption may also present themselves in the school setting.

Table 6. *Child Mortality Rate of Countries with High Displacement*

Country	Mortality Rate (per 1000)
Afghanistan	199
Somalia	180
Democratic Republic of the Congo	199
Sudan	108
Colombia	19
Iraq	44

Note. Information derived from use of UNICEF online statistics calculator: http://www.unicef.org/statistics/index_step1.php

Injury. The ill effects of hostile wartime violence may leave refugee children physically impaired for life (Ajdukovic & Ajdukovic, 1998). For example, refugee children may have sustained injuries after shootings or explosions from bombings or land mines in their home country (Ajdukovic & Ajdukovic, 1998). Pediatric assessments have indicated that refugee children not only suffer *visible* physical injuries as a result of living in areas of war or other hostility, but they may also suffer sensory damage (Davidson et al., 2004). Often, a refugee child will suffer from injuries such as hearing loss as a result of nearby explosions (Davidson et al., 2004).

Deprivation of basic needs. In addition to injuries, the deprivation of basic needs takes a heavy toll on a child refugee's physical development. In refugee children, many of the basic fine and gross motor skills that regularly develop in school-aged children are thwarted due to malnutrition (Schumacher, et al., 1987; Harris & Zwar, 2005; NSW Refugee Health Service, 2009). Accordingly, child refugees exhibit developmental delays that are unlike same-age peers who were not under the same environmental deprivations. In fact, during medical screenings in resettlement countries, refugee children are often between the 5th and 25th percentile in both height and weight (Schumacher et al., 1987). Compared to 100 same-age peers, refugee children

are shorter and weigh less than between 75-95% of the other children (Schumacher et al., 1987). The lack of food and nutrients slows refugee children's growth (Davidson et al., 2004; Schumacher et al., 1987), further contributing to the growth problems that refugee children may encounter.

Infectious diseases. Along with stunted growth due to a lack of nutrition, the physical development of refugee children is stressed by a variety of *infectious diseases* (Harris & Zwar, 2005). The literature suggests several infectious disease screenings that refugee children may receive, such as HIV 1 and 2, tuberculosis, hepatitis B and C, syphilis, malaria, schistosomiasis, strongyloides, and gastrointestinal parasites (Davidson et al., 2004; Zwi et al., 2006). Beyond the obvious physical symptomology and functional impairment associated, there is a substantial psychological detriment associated with infectious disease, presenting yet another challenge for some refugee children (Moroz, 2005). The impact of screening for these diseases ensures that diseases are not spread and that the child's development is not further impaired.

Sexual trauma. Finally, the literature indicates that *sexual trauma* affects refugee child development, particularly in girls. With many refugee girls experience puberty at a significantly younger age than in other populations (Davidson et al., 2004), the sexual violence that is prevalent in refugee camps often results in young girls bearing children as a result of rape (Zwi et al., 2006). Genital mutilation is another form of sexual trauma seen in refugee camps. Female genital mutilation is recognized as abusive and impacts the physical development of more than 90% of young women in African refugee camps (Davidson et al., 2004).

School impact. Given these four major interruptions to a child refugee's physical development, school leaders should consider their role in addressing the physical needs refugee children may exhibit. These leaders might first consider continued engagement with the health

care system upon a child refugee's enrollment; however, the literature suggests that continued health care for refugee children may be complex (Davidson et al., 2004). Because refugee children are often orphaned, children and siblings become their own primary caregivers and advocates for health care (Davidson et al., 2004). It is regularly expected that refugee children, rather than their parents, discuss their own physical health needs with medical professionals. Additionally, school-aged refugee children may not have the language or skill of interacting with professional adults (e.g., doctors, nurses, or school personnel). Refugee children often lack language skills or carry a cultural fear of authority; hence, the ability to express medical needs is minimal (Davidson et al., 2004). With this interaction limited in terms of language or by a reticence to disclose personal information, early medical screenings may do no more than ensure that major infectious diseases are addressed before resettlement (Zwi et al., 2006). Many times, if children do not self-advocate for their needs, appropriate physical treatment may not occur and potentially developmentally delaying conditions may go untreated.

While there are indicators that refugee children can "catch up" in many ways in terms of physical development, these gains are all contingent upon continued proper care upon arrival in a resettlement country (Anderson, 2010; Schumacher et al., 1987). For this reason, public schools may be a valuable point of continued connection between a refugee child and the healthcare system.

2.2.3.2 Cognitive Development

A second component of development relates to cognitive development, or the development of neural networks, thinking patterns, and the ability to learn. Literature indicates that a refugee child's cognitive development is significantly interrupted (Ajdukovic & Ajdukovic, 1998; Peltonen & Punamäki, 2010). The trauma that refugee children experience hinders several key

cognitive processes, such as memory, concentration, attention, and problem solving (Peltonen & Punamäki, 2010). In fact, one study found that child refugees showed cognitive competence that was in the lowest performance quartile among same-age peers (Dybdahl, 2001).

The impact of the inability to focus and learn is significant not only for refugee children, but also for school personnel — if, that is, refugee children enroll in school at all. A study of Croatian refugee students found that fewer than 50% of refugee children enrolled in school following resettlement (Ajdukovic & Ajdukovic, 1998). Refugee families suggest that they do not enroll their children in American public schools because of their own psychological trauma and because they hope that conditions in their home country will improve and they will be able to return home (Ajdukovic & Ajdukovic, 1998). In addition to the detriments to cognitive development in refugee children already discussed, the lack of mental stimulation via a school experience has the potential to compound cognitive difficulties for refugee children further.

If refugee children do enroll in school, cognitive development may also be delayed when students find the language barrier in school too great (Hyman, Vu, & Beiser, 2000). Hyman et al. (2000) noted that refugee children experience pressure in school as a result of attempting to close gaps in language proficiency. This academic frustration, along with a refugee child's very real need to spend many additional hours studying to receive commensurate marks to American peers, creates a circumstance that results in thwarted cognitive development. In Hyman et al.'s (2000) study, a former high school student recounts that

> Other people, they would take only half an hour to study for a test. You had to study for 2 or 3 hours… Many times, it's like you couldn't do as well as others, so you got discouraged and you cried (285).

School impact. Interruptions to cognitive development can be detrimental for multiple reasons. First, the work of learning and progressing in school is slowed or halted. Refugee children are unable to make important academic progress. Second, and equally important, relates to the *feelings* refugee children are processing. Refugee children already struggle with post-traumatic stress disorder (PTSD), anxiety, and depression (Davidson, et al., 2004). Impaired cognitive functioning, as discussed above, is cited as a contributor to increased symptoms of these emotional disorders (Peltonen & Punamäki, 2010). The components of development are tightly linked, exhibiting a direct effect on one other (Peltonen & Punamäki, 2010). The next section will review what the literature says about interruptions to a refugee child's emotional development.

2.2.3.3 Emotional Development

Much like their physical and cognitive development, the emotional development of refugees is also prone to significant impairment. These impairments are evidenced by the high prevalence rate of emotional and behavioral disorders in the refugee population. Fazel, Wheeler, & Danesh (2005) conducted a meta-analysis that found that "one in ten adult refugees in western countries has post-traumatic stress disorder, about one in 20 has major depression, and about one in 25 has a generalized anxiety disorder, with the probability that these disorders overlap in many people" (p. 1312). The World Health Organization (2011) states that of the over 44 million refugees worldwide, approximately five million have mental health disorders. To add to these statistics, several other studies have found that the presence of symptoms of clinically behavioral disorders in *refugee children* is 37-47% (Derluyn & Broekaert, 2007; Hart, 2009; Xu, 2007). While the World Health Organization (2011) maintains that we *not* generalize that *all* refugees present mental health disorders, the issue of a child refugee's mental health is significant.

Given the prevalence of mental health and emotional disorders in refugee children, schools are presented with a vast array of challenges related to these issues. The most common emotional disorders that school-aged refugee children exhibit are hallucinations, psychosis, disruptive behavior, agitation, aggression, depression, and post-traumatic stress disorder (Messer & Rasmussen, 1986; Papadopoulos, 2007). Symptoms of some of the aforementioned disorders are not always visibly observed; clinically, these disorders are considered *internalizing disorders* (APA, 2000). Therefore, schools need to recognize emotional needs presented in ways other than a child acting out. For example, refugee children may complain of physical ailments and symptoms, such as a stomachache or headache. Although they present as physical ailments, these complaints may be psychosomatic symptomology attributable to internalizing emotional conditions (Papadopoulos, 2007). Because these internalizing disorders go unnoticed longer than other externalizing emotional disorders, refugee children are at risk for long-term mental health-related issues (Hodes & Tolmac, 2005).

Literature shows that the emotional health of refugee children varies in severity as a result of two factors: conditions of the child's home country and engagement between the school and child. Because the conditions that refugee children leave behind vary significantly and a child's exposure to adverse conditions is on a wide spectrum, the interruption to emotional development has a wide range. Generally speaking, however, the violence, displacement, malnutrition, and other traumatic stressors all contribute to interruptions in emotional development (National Traumatic Stress Network, 2005).

While the child's relationship to his or her home country can impact development, the reciprocal relationship of engagement between the child and school can also serve as a powerful moderator on emotional health (Papadopoulos, 2007). Refugee children who have encountered

school personnel who support emotional development exhibit more emotional resiliency and are often open and receptive to care (based on cultural norms) (Miller, 1996). Refugee children with higher resiliency have learned, with support and over time, to incorporate the stressors and fears they experience into daily life (Miller, 1996). Conversely, the environment that refugee children receive upon resettlement has also been found to be a contributor to continued *delays* in emotional development (National Traumatic Stress Network, 2005). There are three issues that refugee children face in schools that affect emotional development. These issues are language, discrimination, and identity formation. See Table 7 for details on each of these emotional development concerns for refugee children.

Table 7. *Environmental Factors in Schools that Influence Refugee Children's Emotional Development*

Factor	Influence
Language barriers	English language acquisition for refugee children is difficult, contributes to feelings of isolation, and hinders academic progress (Mels, Derluyn, & Broekaert, 2008).
Discrimination	Refugee children regularly feel a strong sense of exclusion, racism, and/or discrimination in schools (Closs, Stead, Arshad, & Norris, 2001; Hart, 2009; Mels, Derluyn, & Broekaert, 2008).
Identify formation	Refugee children often lack a cultural framework for US schools and may experience psychological and emotional distress as they work to integrate their native culture and that of US children (Closs, Stead, Arshad, & Norris, 2001; Phinney, 1990).

In summary, we know the following: (1) the process by which refugee children enroll in American public schools is based on the legal framework of international treaties, federal laws, and the Pennsylvania School Code; and (2) refugee children experience interruptions to normal child development, physically, cognitively, socially, and emotionally, and many of these interruptions have the potential to affect individuals in the school setting. For this reason, the

final component of the literature review explores the ways in which American public schools have responded to the needs of refugee children in the late 20th and early 21st century.

2.3   HOW ARE AMERICAN PUBLIC SCHOOLS RESPONDING TO THE NEEDS OF REFUGEE CHILDREN?

The literature suggests that many refugee children experience highly interrupted development (Anderson, 2010; Misikir, 2011). Coupled with interrupted development, refugee families often only receive formal services from resettlement agencies for a limited amount of time. The public school regularly becomes the place that takes the responsibility for cultivating positive and healthy development in refugee children; however, Whiteman (2005) discovered that more than 50% of schools where refugee children are resettled have no prior experience working with refugees. This lack of experience may have a significant effect on the way a school responds to refugee children's needs.

This section of the review will explore four major ways American public schools are responding to a refugee child's needs as indicated within prominent scholarly literature. For the purposes of this literature review, the author has labeled these resources and supports as either 'direct' or 'indirect.' Direct support includes provisions for social integration, English language acquisition, and district resource allocation. Indirect support attends to the needs that the teachers of refugee children express. Figure 4 outlines the areas in which American public

schools are responding to refugee student needs. At the hub of these provisions are international

and federal declarations and laws that ensure needs are supported.
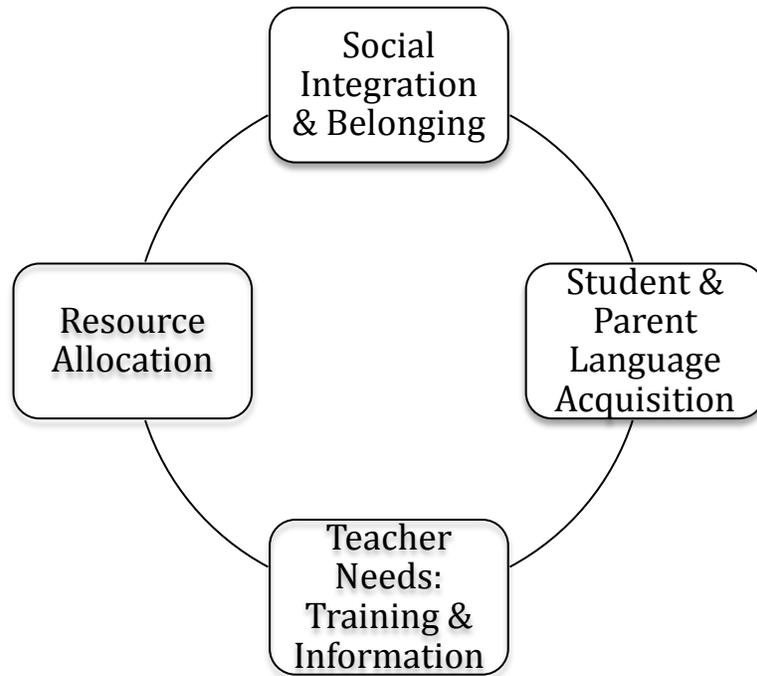
Figure 4. American Public Schools' Response to Refugee Students.

2.3.1   Social Integration and Belonging

The first way that American public school officials and teachers have supported the needs of

refugee children is through social integration. O'Brien (2005) defined integration as the extent

to which children are included in the dominant culture while maintaining elements of their own

cultural identity. Expectedly, successful integration is a great predictor of a child's ability to

participate in American culture (Trickett & Birman, 2005). When refugee children feel as

though they are part of a country's dominant culture and can navigate it with some level of

confidence, their experiences in school are markedly different from peers without such an

opportunity (Trickett & Birman, 2005). Many refugee children, however, have an experience in school that does not promote participation and inclusion (Taylor, 2008; Whiteman, 2005).

Constructs that regularly emerge in studies of refugee children's school experiences are *integration* and the related notion of *belonging* (O'Brien, 2005). Integration provides refugee children with skills and competence in the school setting (McKenna, 2003); yet, the value of integration for refugees is contested. The literature considers both the benefits and disadvantages of developing a sense of belonging and integrating for refugee children.

Before addressing either side of the debate, two concepts will help to explain further the integration debate: resettlement timing and home country context. First, the timing of enrollment in American public schools affects a child's sense of belonging (Wilkinson, 2002). In terms of timing, the younger a refugee is when he or she becomes part of the public school system, the more likely he or she is to attain a sense of belonging and ultimately have stable and successful adult employment (Wilkinson, 2002).

Second, home country context plays a major role in a refugee child's sense of belonging. The more closely the home country's norms and values align with the resettlement country, higher is the chance that a refugee child will develop a sense of belonging (Tadesse, Hoot, & Watson-Thompson, 2009). A study in Canada, for instance, found that Yugoslavian refugees who had experiences with Western educational systems had an easier time integrating and developing a sense of belonging than peers whose educational background was less like that of their resettlement country (Wilkinson, 2002). In cases where the educational background of a refugee child is vastly different from a Western experience, school personnel face more challenges in addressing the child's needs and developing a sense of belonging (Tadesse, Hoot, & Watson-Thompson, 2009). This literature suggests that when children are resettled in

countries that have fewer differences to navigate, belongingness and school success are more likely.

Given that both timing and home country are variables that influence a refugee child's integration and sense of belonging in American public schools, we now return to what the literature says about the consequences of integration. Some researchers contend that a solid sense of belonging in the *dominant culture* of the school contributes positively to a child's school experience (Rumbaut, 1994). On the other hand, other research indicates that *maintaining one's native system* of norms and values while adapting to American culture may enhance a school experience (Eisenbruch, 1988; Nguyen, Messe, & Stollak, 1999). Because this tension exists, both ideologies are considered.

2.3.1.1 Integration to School Culture

Schools are a place where children build relationships and learn the norms of society. For child refugees, schools are settings that provide social learning opportunities in a space that is both physically safe and ripe with cultural information (McKenna, 2003). If a refugee child had a school experience at all in his or her home country, it was likely much different from how American public school teachers do their work due to cultural differences (Whiteman, 2005). By enrolling in an American public school, refugee children experience and become familiar with the cultural norms and societal values deemed important by Western society. Additionally, refugee children begin to learn the social nuances of Western culture by attending to the norms of a conversation among peers or see a teacher model how to walk on the right side of the hall. Each of these cultural lessons contributes to a child feeling more comfortable and successful outside the school walls (McKenna, 2003).

This integration and sense of school belonging have implications that extend far beyond years in a public school. In fact, Correa-Valez, Gifford, and Barnett (2010) suggested that refugee children have positive integration experiences at school are more likely to engage in the civic and social life of their community by contributing successfully to the workforce and feel part of the mainstream culture.

2.3.1.2 Preserving Home Culture Identity

To counter the notion that refugee children should integrate and feel secure belonging within the dominant culture, some suggest that maintaining a strong sense of one's own cultural identity, despite current residency, may also contribute to positive school experiences and confidence for refugee children. In a sense, these homogenous associations, engaging with culturally similar peers, may work to remove feelings of isolation and solitude (Correa-Velez et al., 2010).

According to Correa-Valez et al. (2010), maintaining fidelity to the home culture can resort in resource attainment, relationships, and academic success. Cultural groups regularly share resources and help one another to navigate the resettlement country, generating a sense of shared identity, community, and support (Correa-Velez et al., 2010). For example, when a refugee child is able to negotiate his school setting from bus stop to schoolyard alongside someone from his or her own cultural group, feelings of confidence may rise. Maintaining one's own cultural identity may also enhance social development. In Riggs and Due's 2010 study, focus groups discussed how new arrival programs facilitate a refugee child's integration, indicating that refugee children often preferred associating with same-culture peers. More specifically, refugee children enjoyed playing with children who had similar life experiences and exhibited more empathy around their shared past (Riggs & Due, 2010). In addition, Trickett &

Birman (2005) found that preserving cultural identity enhanced academic performance. While these findings are not clearly understood or widely supported across the literature, perhaps the result of feeling secure in one's own cultural identity may also increase a refugee's belief in his or her academic competence.

This body of literature does not clearly define whether a refugee child should use his or her school experience to fully integrate to an American culture or to work to maintain his or her own cultural identify. The literature suggests benefits to both ways of approaching integration. Correa-Valez et al. (2010) suggested that perhaps the answer to what type of integration benefits refugee children most is neither extreme, but rather a combination of the two. In so doing, refugee children may connect regularly to members of their own cultural group while also accessing the wider community including members of the dominant culture (Correa-Valez et al., 2010). The value of a school's work to provide this balance on behalf of a refugee child may help children to reap the maximum benefit from their school experience.

2.3.2 Language Needs

English language skill is closely linked to a refugee child's ability to socially integrate into a public school setting; hence, when refugees do not acquire English language skills, there are barriers in their school experience (Miller, 2009; Roxas, 2011; Szente et al., 2006). We know that resources are limited in American public schools, and the availability of sufficient ESL instruction is limited. Some literature contends, however, that the downside of English-only instruction may be significant (McBrien, 2011). McBrien (2011) asserts that immersion in a classroom where teachers and students speak an unknown language may lead a non-English-speaking refugee child to feel depressed, isolated, and panicked. In addition to the Pennsylvania

School Code requiring the provision of ESL services, these findings prompt school personnel to respond to language needs. In the following sections, the author will discuss how school experiences for refugee children are often enhanced via native language retention and how language supports for parents ultimately benefits children.

2.3.2.1 Supporting Native Language Retention

Some researchers have indicated that when students retain their native language, they increase ethnic supports and academic achievement (Bankston & Zhou, 1997). Initially, some refugee children may even see English acquisition as a way of oppressing them (Riggs & Due, 2010). If students become defensive about learning English, maintaining their mother tongue may support relationship building with other students or other refugees who share the same cultural background (Riggs & Due, 2010; Trickett & Birman, 2005). These relationships may lead to an increased sense of belonging and, in turn, school success may occur if a school facilitates native language retention.

Other researchers have found that native English speakers view the acquisition of the English language as a sign of patriotism (McBrien, 2005). Consequently, it is possible that refugee children may become marginalized in the community if native English speakers perceive that they are not actively seeking acquisition of the English language. Moving refugee children to English proficiency is a way that American public schools integrate a refugee child. Researchers continue to contest the notion of bilingual education versus language immersion because we know that a child feels comfortable learning in his native language, but his neighbors and teachers may have ideologies that work against supporting native language retention.

2.3.2.2 Responding to Parents' Language Needs

When considering how language affects a refugee child's schools experience, researchers also discuss the importance of supporting refugee parents acquiring English language skills (Szente et al., 2006). In most cases, refugee children learn English alongside their families; however, children often acquire language skills more quickly than adults (Szente et al., 2006). Additionally, students have the benefit of daily immersion in the language and explicit language instruction at school. Parents, on the other hand, do not regularly benefit from such support. Because children make progress and parents remain less competent in English, school personnel may consider refugee parents as being uninvolved and uninterested in their children's education (McBrien, 2011). Although language does play a role in this perceived disregard, it may not be the sole factor contributing to the lack of relationship between refugee parents and their children's school. Some researchers explain that individuals from other countries often have a deep respect for teachers, or parent involvement in school is not typical, promoting a 'hands off' approach to the refugee parent's involvement in day-to-day schooling of their children (McBrien, 2003).

While some refugee parents adopt a culturally influenced hands-off approach, other refugee parents desire to help their children but feel incapable as their child's English proficiency surpasses their own (McBrien, 2005). In one study of South Asian parents following a move to America, parents' inability to speak English was a major barrier to school involvement (McBrien, 2005). In an interview with a parent of a refugee child, the parent relays:

I don't know how to help my child with homework. I don't understand English as well as

he does and I don't understand math the way they are learning it." (Szente, et al., 2006, p.

19)

The sense of frustration refugee parents feel regarding this language barrier becomes

evident to their children and, in turn, may influence school success. Along with the importance

of supporting refugee children, assisting parents with English language acquisition may be a

crucial response by schools (Rah et al., 2009).   When schools support refugee parents in their

acquisition of language, a child refugee's needs may be met in indirect, albeit important, ways.

2.3.3   Resource Allocation

Researchers suggest that along with language support, *resources* are an additional critical

response that schools offer to refugee children and families (Roxas, 2011; Sidhu & Christie,

2004).   Schools operate under strict yearly budgets, and the financial needs of children and

families who are refugees may either arise without much warning or cost more than what a

district is able to fund. Thus, resource management is another way that American public schools

are responding to the needs of refugee children.

Providing support for the needs of refugee children requires a variety of resources and

because these children present such diverse needs, they require support from an array of

providers (Roxas, 2011. Sidhu and Christie (2004) suggested that when refugee children have

language support, trauma counseling, and assistance with relationships in the community, their

experiences in public schools is more successful. Other case studies indicated that the benefit of

realizing these provisions is more far reaching than influencing only school experiences (Reakes,

2007). When school personnel manage resources successfully and accurately, refugee children

may become more engaged participants in the "social, political, and cultural affairs" of their resettlement country (Reakes, 2007). This management requires a concentrated effort by a team of advocates, along with significant *human and capital resource allotment*, on behalf of refugee children. The literature emphasizes three particular types of resources that impact a refugee child's school experience: resources for learning, human resources, and resources outside the school.

2.3.3.1 Resources for Learning

Resources for learning are resources that refugee children receive which aim to affect learning directly. Several models exist that work to facilitate refugee children accessing their new school with greater ease and providing a space for learning. For example, one school district in Australia developed an intensive ESL Center (Sidhu & Taylor, 2009). There, newly arrived refugee students spent time adapting to the language, instructional styles, and overall system of education (Sidhu & Taylor, 2009). Resource limitations, however, dictated that children spend only six months at this specialty center (Sidhu & Taylor, 2009). While this resource for learning is a major contributor to child refugee success, if refugee children's time in this environment as determined by their individual needs increased, success may follow.

Native language retention and English language acquisition continue to appear in the literature, now as critical resources for *learning*. In their study of Vietnamese adolescents in United States public schools, Trickett and Birman (2005) suggested that native language retention is related to academic achievement. When a child is connected to ethnic support systems maintained by native language retention, his literacy and academic achievement are enhanced (Trickett & Birman, 2005). This resource for learning may manifest within cultural

connections in the school, translation services, or a variety of other techniques for facilitating native language retention.

English language instructors also contribute to a refugee child's school experience. Specifically, English as a Second Language (ESL) teachers are both an important resource for a refugee child's language learning (Sidhu & Taylor, 2009). These instructors are valuable resources for learning because many school personnel find it difficult to communicate with refugee families and children once refugee children are part of the public school setting (Whiteman, 2005). Translation services are either very expensive or of poor quality, increasing the importance of a child acquiring English language skills (Whiteman, 2005). In some cases, children who are language learners themselves must translate for parents or other newly resettled students because ESL resources for learning are scarce (Whiteman, 2005). ESL teachers, therefore, become the access point for a child refugee's learning experience to develop.

While the literature contends that ESL teachers serve an important role in refugee learning, there are downsides to this student- teacher relationship. ESL teachers regularly feel responsible for, to meet developmental needs beyond language acquisition that a refugee child presents in school; however, these instructors often feel but ill equipped to do so (Sidhu & Taylor, 2009). Some refugee children's lack of school success may be related to their ESL teacher's lack of training or confidence in meeting needs beyond language learning. We next consider how a public school might use *human resources* in an effort to support refugee children.

2.3.3.2 Human Resources

Schools regularly provide important *human resources* to support refugee children during the early months of resettlement. ESL teachers are excellent human resources that assist refugee children in acquiring language skills. Because refugee children have often never been to school

before, ESL teachers begin to provide missed years of academic content while also assisting with language and cultural development (Sidhu & Taylor, 2009; Taylor, 2008).

The literature suggests, however, that schools are under-resourced in human resources, both in manpower and training for faculty that work directly with refugee children; schools are rarely, if ever, consulted regarding the timing of refugee resettlement or the number of refugees who are resettled (Pinson & Arnot, 2010; Reakes, 2007). Hence, provisions within school budgets may be insufficient and programs may begin but not be *sustained* because of the unpredictable nature of refugee resettlement. A consequence of this lack of human resources, therefore, is a debate as to the best way to use what human resources do exist to benefit refugee children.

On one hand, Taylor (2008) asserted that *intentional and supported social inclusion* is valuable to a refugee child's school experience. In adhering to this viewpoint, a school might choose to respond to a refugee child's needs by providing resources and professional development funds to equip *general education teachers* with the background to support refugee children in the regular classroom. In this scenario, both an ESL teacher and a classroom teacher would support a refugee child in the same classroom, at the same time. Yet, funds are often so limited that social inclusion is almost impossible (Reakes, 2007; Taylor, 2008). In these cases, refugee children may be marginalized, put in special classrooms, and never fully brought into the fold of the school community.

On the other hand, a lack of money in some schools dictates *unsupported mainstream inclusion* of refugee children as the only option (Whiteman, 2005). Consequently, resources for special pullout classrooms where ESL teachers can work intensively with children are an impossible expense (Whiteman, 2005). In some schools, ESL teachers already have a burdened

caseload, and adding more students just is not a reality (Taylor, 2008l; Zehr, 2008). Therefore, refugee students are placed in general education classrooms with no in-class support from ESL teachers or training for general education teachers (Roxas, 2011).

The culture of the school and the way that a faculty engages students may also influence the school experience of refugee children. Many schools where refugee children feel most welcome are those schools that have a significantly diverse student population or school personnel who have had experiences with refugee children in the past (Taylor, 2008). Over time, these faculties have already acquired important habits and dispositions, and skills for engaging learners from a variety of backgrounds are part of the school culture (Taylor, 2008).

2.3.3.3 Community Resources

While resources for learning and human resources are both important *in school* factors that must be considered when addressing the needs of refugee children, the literature also cites the importance of resources found *outside the school*. Given what we know about the varied ways that resources for learning and human resources are deployed on behalf of refugees, and the regular shortage of necessary resources, we next consider what role the community plays in supporting a refugee child's school experience.

The literature relays that traditionally community groups have supported refugee students in many ways: after-school homework centers, English and recreational programs, one-to-one case management, and childcare for teenage parents (Taylor, 2008). Many of these community resources (e.g., homework help) appear to influence a refugee child's school experience directly; therefore, community resources may be considered a valuable way that these children's needs are met at school. In one study, teachers indicated that the information that best supports their work

with refugee students comes not from the school, but rather from community groups (Taylor, 2008).

Some schools are bringing community resources into the school in order to meet refugee student needs. A school in Wales, for instance, relies on a multi-agency approach to discussing and supporting refugee children (Reakes, 2007). This school has found that working together with individuals from a variety of backgrounds, not just educators, was extremely important in addressing the needs of refugee children in school (Reakes, 2007). Readers may note, however, that the specific school in this study was not a United States public school; this community-based practice, however, occurs around the world.

However, Zehr (2010) revealed that school officials may not rely wholly or actively engage community resources to meet student needs. School personnel often have a hopeful expectation that once refugee children graduate, or are near graduation from high school, that community based adult literacy classes, for example, will support continued education (Zehr, 2010). Declining funds and resources for such community programs confound this assumption (Zehr, 2010).

Debates regarding the funding of such community programs also exist. Departments of education and local school districts both fund community programs for child refugees (PDE, 2012). While a school is responsible for the experience and learning that occurs within the school day, if a child cannot access the curriculum without additional supports beyond the school day, or graduates without appropriate skills to move on, how does a school respond, and who funds additional supports? Correa-Valez et al. (2010) stressed that a refugee child may require more support than is offered during the school day to be successful, but is unclear about how

community resources should be engaged. As a result, refugees, who often believe self-advocacy calls undue attention, may be left without support (Sidhu & Christie, 2004).

2.3.4   Teacher Needs

A final, albeit less direct, response to a refugee child's needs involves addressing the needs of his teacher (Reakes, 2007; Whiteman, 2005). Inextricably linked to a refugee child's school experience is the experience of his teacher. While the school is formally one of the first public institutions that a refugee family and its resettlement organization encounter, on an interpersonal level a teacher is the first formal authority that a refugee child meets as he begins his school experience. As previously discussed, the school and teacher are frequently not provided with much notice prior to a refugee's enrollment at the school (Reakes, 2007). Given a refugee child's significant developmental needs, his or her arrival may produce strong teacher reactions. The literature suggests that in fact meeting *teacher needs* is an important way that American public schools are responding to a refugee child's needs.

2.3.4.1 General Training

One way school administrators support refugee children is through teacher training. Ensuring that teachers have sufficient training while working with refugee children may significantly improve a refugee child's school experience. When teachers are not provided with training, however, they may feel ill equipped to meet the needs of the refugee children (Reakes, 2007).

In a qualitative study of 53 schools on how teachers perceive refugee student integration, 15 cite that no training or in-service work was provided before a refugee group was resettled

(Whiteman, 2005). A solution as simple as a day of in-service may give a teacher the resources to move forward with some confidence and knowledge in his instruction of a refugee child.

The importance of this training may be significant for two reasons. The first reason deals with assessment of refugee students. Past studies have found that ethnic background greatly influences teachers' perception of the child when they diagnose and identify learning disabilities (Rousseau, Drapeau, & Corin, 1996). Given the bias that cultural bias that Rousseau, Drapeau, and Corin (1996) assert, when schools respond to refugee children's learning needs with an understanding of what behaviors are indicative of the developmental needs that may be specific to this population of children, there is increased assurance that diagnoses are more accurate. Ensuring that teachers have substantive background and training on the experiences of their refugee children may be crucial to ensuring accurate diagnoses are made.

The other reason teacher training may be critical relates to day-to-day instruction. American public school teachers administer a curriculum and provide standardized curriculum-based assessments as part of typical practice. Yet, many programs and assessments are created and normalized with a European test group and lack a culturally relevant lens. The specific cultural needs refugee children exhibit may not interface with the instructional programs and assessment tools used in American public schools (Tadesse et al., 2009). Consequently, a refugee child may appear more delayed when he or she completes an assessment screening (Tadesse et al., 2009). Unless teachers have sufficient training and information about how individuals represent their understanding of content and what typical cognitive development looks like in a culture or region, decisions may be made about a refugee child that do not address the reality of his or her needs.

2.3.4.2 Specific Information

A second way that school personnel support refugee children is providing sufficient information to refugee children's teachers (Whiteman, 2005). This transfer of information begins to demystify the needs of the refugee child and equip the teacher with a sense of control and competence. Teachers often express that they feel unprepared to meet the demands of teaching refugee children (Tadesse et al., 2009; Whiteman, 2005). This lack of preparation comes not only from minimal teacher training, but also from a lack of specific information about the child. For example, when Whiteman (2005) surveyed a group of teachers, she found several major areas where gaps existed in a teacher's knowledge of his or her newly enrolled refugee student, including:

- Language needs,

- Additional special education needs,

- Medical history,

- Current health problems,

- Current family situation,

- Immigration status,

- Background information on country of origin, and

- Previous schooling, if applicable.

Many of these items are datum that school office managers regularly collect on all children. Consequently, teachers are in the habit of having and reviewing this type of information before a school year begins. When refugee children enroll, arrive in a teacher's classroom, and little or no information is available, teachers may experience a sense of frustration.

As a way of reducing their stress brought on by a lack of knowledge about a refugee child, teachers may begin to disconnect from refugee children (Roxas, 2011). Roxas (2011) found that some teachers began to avoid and ignore refugee children over time. If students did not disrupt the teaching and learning, then teachers were content with these children failing their class and being moved along (Roxas, 2011). Furthermore, Roxas (2011) revealed that in just a short time the *interview researcher* had provided more background information to a teacher about her Somali Bantu student than the school had in the more than three months the child had been in her class. Faculty want information about their students, but often there is a great divide between what the school offers, what information actually exists, and how the teachers take up their work of addressing an individual's needs.

Whiteman (2005) proposed a solution to this information gap, positing the use of formal training sessions and workshops, like the ones described in the previous section, to disseminate information. Teachers in a school where such sessions occurred expressed satisfaction with training that supported their work with refugee children (Whiteman, 2005).

The literature contends that refugee children face challenges in school. Accordingly, disseminating information about the child to teachers and training school personnel may *both* be critical responses. Along with training and information dissemination, teachers may also benefit from knowing that they are not alone in feelings of frustration or lack of knowledge (Sidhu & Taylor, 2009). Frustration often comes from not having enough time to fully process and act on refugee children's specific needs (Roxas, 2011). Sidhu and Taylor (2009) suggested that when teachers' requests are heard for more training, information, and support in order to instruct refugee children, feelings of frustration may be mitigated. Because teachers and refugee children

work alongside each other for significant amounts of time, responding to teacher needs may benefit a refugee child's school experience.

2.4   CONCLUSION

After an extensive review of the literature, we know several key components that contribute to how a school responds to the needs of refugee children. First, the concept of *mandates* is prevalent throughout the literature. International treaty laws, federal laws and statutes, and state statutes and school codes all include mandates that American public schools must comply with in their work with refugee students. Next, we know that while evidence-based practices to support specific developmental *needs* that refugee children exhibit exist, many may be challenging for schools to address because of the degree of complexity they carry. Finally, the literature is clear that schools are making substantial efforts to comply with *mandates* and address *needs* within economic and social contexts that may not be easily navigated by refugee children and those who serve them. Schools continue their efforts, however, in order to promote positive development and resiliency in child refugees (Roehlkepartain, Benson, & Sesma, 2003).

Given these mandates and evidence-based practices, coupled with what school personnel strive to promote in child refugees, a complex situation arises. On one hand, the literature is clear that mandates must be complied with and specific evidence-based practices exist. On the other hand, however, the literature lacks specificity regarding the nature these practices in the school setting and who carries and shares with others the knowledge related to bridging theory with positive outcomes for students.

Considering this gap in the literature, this inquiry proposes to explore *the space between* mandates and evidence-based practice, and student outcomes. Specifically, the study will examine the extent to which those in the field make meaning of how we might actualize child refugee potential, while simultaneously attending to legal mandates and evidence-based practices. Chapter 3 presents the research methodology that will be called upon in order to explore this gap.

3.0   RESEARCH METHODOLOGY

3.1   STATEMENT OF THE PROBLEM

The literature indicates that child refugees in American public schools are supported by a system of international, federal, and state mandates (PDE, 2012; UNHCR, 2010; United States Refugee Act, 1980). The literature also contends that the experience of child refugees may be enhanced by a variety of evidence-based practices that support positive youth development (McKenna, 2003; O'Brien, 2005; Trickett & Birman, 2005; Whiteman, 2005). These practices not only support a child's physical, cognitive, and emotional development, but also enhance his or her school experience (Whiteman, 2005).

There is little in the research, however, that points to what is happening *in practice* in small to medium sized school districts with a resettled refugee population. We have little information about the knowledge, practice, and skills that characterize those individuals working in the space between best practices and the child outcomes. Figure 5 illustrates this problem space in the current literature.

| Identified in the literature:

Legal mandates and developmental disruptions for child refugees | Gap in the literature:

Characteristics of those in practice in small and medium districts | Outcomes:

Research-based best practices that lead to positive youth development |
|---|---|---|
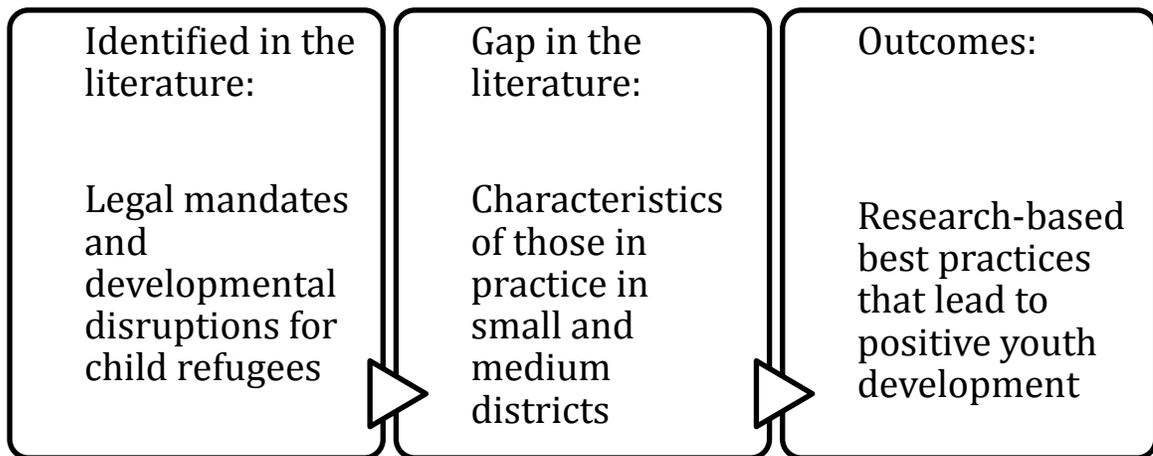
Figure 5. Problem space in the current literature.

The purpose of this study, therefore, was to document the experience of those who have experience working with child refugees. Specifically, this study proposed to document the experience of individuals from a variety of groups that interface with child refugees. This study ventured to understand how we might build upon what current literature suggests is best for child refugees to the supports that encourage successful outcomes. Given the steadily increasing population of child refugees in Pennsylvania schools (PARRP, 2011), this information is essential; therefore, the proposed study focused on a Pennsylvania community. The following research questions framed this inquiry.

3.2   RESEARCH QUESTIONS

1) How will individuals advise those who will soon serve refugee children in public schools?

   a. With what knowledge, skills, and practices were these individuals equipped prior to the resettlement of child refugees that eased the transition?

   b. How do individuals describe the barriers of working with child refugees in public schools?

2) How useful do individuals who interact with and support child refugees find background information on legal mandates and the refugee child's experience prior to resettlement, and when is this information most beneficial?

3) How do individuals experience a child refugee's developmental disruptions, and how do they prioritize addressing these disruptions?

Given these lines of inquiry, this research had two central purposes. First, the research considered practitioners' self-reports of what went well and what they wish they had known prior to refugee resettlement as a means of informing future practice and policy writing. Next, the researcher ascertained how these individuals prioritize their own acquisition of knowledge and skills, and how developmental disruptions are experienced in their setting. The subsequent sections of this chapter outline assumptions of the study as well as the methodological approaches that guide this line of inquiry. This chapter also sets forth participant selection protocols, the specifics of the research instrument, and, finally, data collection and analysis procedures.

3.3   ASSUMPTIONS OF THE STUDY

The epistemology that underpinned this research was constructivism. Crotty (1998) suggests that constructivism assumes that knowledge is the product of meaning making by a variety of individuals and the way we know the world is a result of our experiences in it. In this case, according to Crotty's constructivism viewpoint, those who support child refugees (namely school personnel and community stakeholders) create meaning and come to understand their work on behalf of this population of children in the context of their own unique realities (1998). Guba and Lincoln (2005) further note that meaning is not only co-created, but is also highly influenced by time and setting. The way in which school personnel and community representatives point to truth not only creates the culture in which they operate, but also informs the understanding of this researcher. Therefore, an assumption that reality is a product of culture, is co-created by those involved in the study, and is dependent on time and context, informs this research (Crotty, 1998; Guba & Lincoln, 2005).

A qualitative study was assumed to provide the most salient picture of the problem because the value of how individuals make sense of their experiences working with child refugees is of uppermost interest, and a constructivism epistemological paradigm is being employed. Data collected through personal contact illuminates rich detail concerning the problem (Mertens, 2010). Toward that end, semi-structured, in-depth interviews served as the mechanism by which the participants and researcher made meaning of the research questions (Mertens, 2010).

While further explanation of the specific methodological approach will be explored in the next section, Figure 6 provides a visual representation of the logic flow of the assumptions of this research.
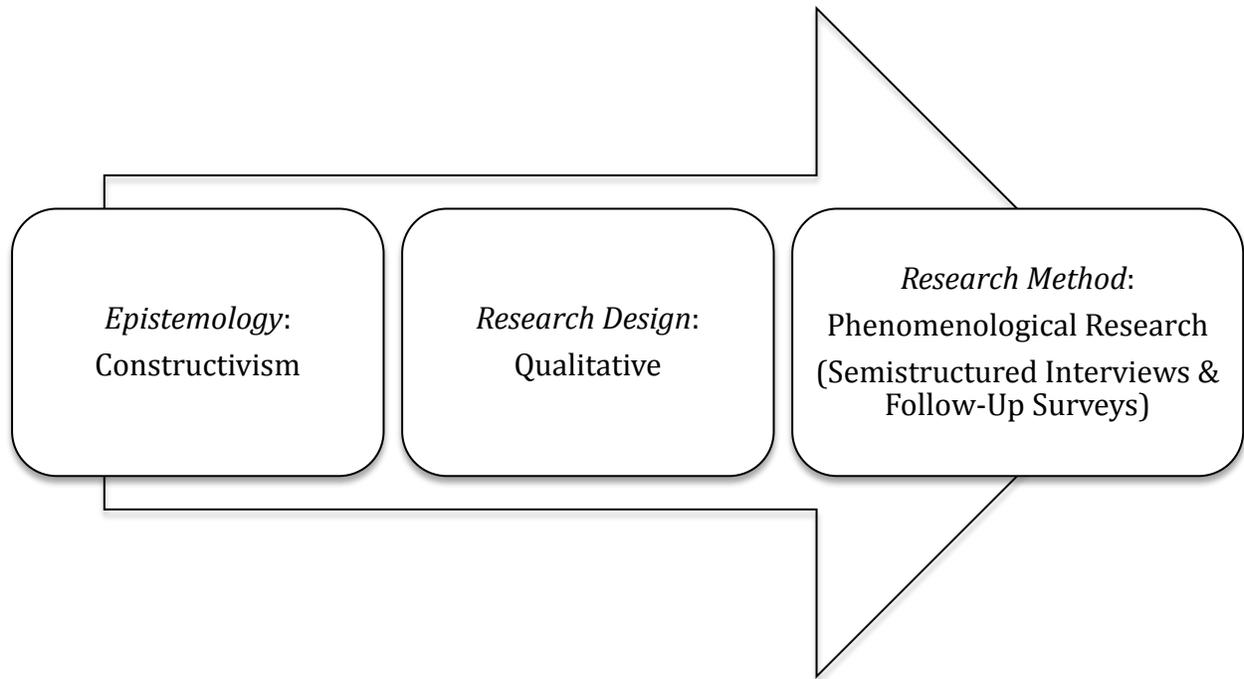
Figure 6. Assumptions of the Study Logic Flow

3.4   METHODOLOGY APPROACH

The previous section identified constructivism as the epistemology that framed this study. Because the research design and methodology must match the epistemological position of the researcher, qualitative, phenomenological research using semi-structured interviews was selected as the framework for this study (Mertens, 2010). The rationale for this decision appears next.

3.4.1   Phenomenological Research

Phenomenological research considers the personal experience of its participants (Mertens, 2010). In this case, while many interviewees have had a *shared* experience as they worked on behalf of child refugees in their community, it is possible that individuals made meaning of their experience in different ways. In particular, individuals' understandings not only of mandates but also evidence-based best practices may influence how they have viewed their role in promoting particular outcomes in child refugees. Because phenomenological research honors the unique experiences of each participant, this research method fit the nature of this study most appropriately (Mertens, 2010).

Further, the individuals who comprised this study worked on behalf of refugees, a group of individuals whose life experiences have been highly influenced by both their culture and context (UNHCR, 2011b). Patton (2002, p. 104) succinctly framed a guiding question that supports the use of phenomenological research in light of providing support for child refugees: *"What is the meaning, structure, and essence of the lived experience of this phenomenon for this person or group of people?"* The *phenomenon*, in this case, encompassed work on behalf of a group that has needs that require support beyond what communities may typically have to offer (Correa-Valez et al., 2010; Whiteman, 2005).

In summary, this study employed a qualitative method that prized an individual's unique way of understanding a situation — in this case, the situation of supporting the needs of child refugees. Moving further into the methodological approach, this work made use of semi-structured interviews and follow-up interviews to maximize understanding of the research questions and left appropriate space for participants to make meaning of their own experience as the researcher probed with open-ended queries.

3.4.2   Interviews and Surveys

Henry Glassie writes broadly of ethnography (and, specific to this study) of semi-structured interviews and follow-up surveys. He suggests that these research methods require:

> *"...interaction and collaboration. What it demands is not hypothesis, which may unnaturally close study down, obscuring the integrity of the other, but the ability to converse intimately"* (Sunstein & Chiseri-Strater, 2007).

This study, free from a preconceived notion of the nature of how individuals experience their support of child refugees and the outcomes that these children display, aimed to uncover how classroom teachers, building and district level personnel, and community group representatives understand legal mandates and evidence-based practices, and move child refugees toward positive outcomes. Semi-structured interviews proposed to provide interviewees with sufficient space to share their experiences and maintain that no single answer exists to a particular set of interview questions (Sunstein & Chiseri-Strater, 2007; Wolcott, 2008). Additionally, semi-structured interviews provided an opportunity to acquire a more complete understanding of an individual's experience than other research methodology might supply (Mertens, 2010). This work attempted to allow participants to tell *their* stories based on their own, unique context. In so doing, it was the goal of this researcher to allow these shared stories to provide a window into the larger issues related to actualizing positive developmental outcomes in child refugees that this study proposes to investigate (Walford, 2008). Follow-up surveys focused participants with specific legal mandates, refugee background, and developmental disruptions. When paired with participants' interviews, these surveys added dimension to the interview data.

The manner in which participants were selected, in order to provide the most salient picture of how child refugees are experiencing one Pennsylvania public school district, is considered in the subsequent section.

3.5 SELECTION OF PARTICIPANTS

This section outlines the rationale and process by which participants for the study were identified. Specifically included are: (1) a brief overview of the population and sample for this study, (2) a review of the sampling method, and (3) a description of the criteria by which participants were chosen.

3.5.1 Population and Sample of This Study

The *population* under consideration was individuals, from small and medium sized Pennsylvania school districts, who educate and support child refugees. The *sample* under study, however, was comprised of a series of individuals within this population: central office administrators, building level personnel, classroom teachers, and community group representatives. While many schools and communities across the Commonwealth of Pennsylvania are home to child refugees, one district in particular (heretofore referred to as *Resettlement School District*) was selected as a specific case as a result of its (1) available representatives of individuals with significant experience with refugee children, and (2) key demographic elements including district size (medium-sized Pennsylvania district) and, (3) geographic location (suburban). The ten

individuals, who are or have been affiliated with Resettlement School District in support of child refugees, were selected using purposeful sampling.

3.5.2   Why Purposeful Sampling?

Purposeful sampling is a method that is understood to fit with qualitative, constructivist frameworks, and pursues data that is "information-rich" (Mertens, 2010, p. 320). A specific type of purposeful sampling is *intensity sampling*. Intensity sampling ventures to identify individuals in a setting who represent the phenomenon under investigation (Mertens, 2010). For the purposes of this study, the phenomenon under investigation was the experience of professionals who have supported child refugees in their community. These individuals were identified based on the researchers knowledge of the setting and conversations with other key participants (Mertens, 2010).

The next section outlines the criteria the researcher used in order to identify participants. These criteria ensured that participants were able to respond to the research questions in ways that advanced the current body of literature.

3.5.3   Criteria for the Study's Sample

The subjects of this research study represented variety in terms of where and how they work. The ten participants fell into the following categories:

1. Former School Principal / Current Director of Programs
2. Current School Principal
3. English as a Second Language (ESL) Teacher
4. Social Worker
5. School Nurse
6. General Education (Classroom) Teacher

7. Public Librarian
8. Community Group Refugee Advocate

The following criteria determined whether participants were included in the sample:

1. Individuals had at one time (or presently) worked for Resettlement School District, or had been somehow affiliated with the district as an advocate for child refugees;
2. Individuals had *significant* experience interacting with child refugees. *Significant* experience is operationally defined, for the purposes of this research, as three or more years;
3. Individuals had been informed of, and consented to, the goals and methods utilized in this study.

Given this sampling method and accompanying criteria, next we consider the research instrument. In particular, the interview protocol and follow-up survey, in light of the evidence-based practices, legal mandates, and student outcomes, is examined.

3.6   RESEARCH INSTRUMENTS

The literature was clear that child refugees present significant needs in American public schools and that school and community group partnerships enhance the school experience of refugee children (Derluyn, Broekaert, & Schuyten, 2008; Hart, 2009; Reakes, 2007; Sidhu & Christie, 2004; Taylor, 2008). Therefore, the sample of this study included teachers, building level administrators, district level administrators, and community group representatives.

The goal of the interview and survey instruments was to invite participants to consider both their experience engaging with child refugees, as well as how current evidence-based

practices, legal mandates, and developmental disruptions are noticed and addressed in their setting.

3.6.1 Interview

The interview that was used as part of this study can be found in Appendix E. The interview, which was estimated to take between 40 and 60 minutes, was divided into three major sections. First, interviewees provided background information about themselves and their work. Examples of these background-building questions included:

What is your current job?

About what year did you begin working with refugee children?

Did you hold this or a different position when you were most actively working with child refugees?

After a participant felt comfortable with the goals of the study, and provided background information, each was invited to explore what he or she believed went well as refugee children were resettled and entered his or her setting. Considering both personal and system-wide successes, each participant was asked to share their answers to the following open-ended probes:

1. What district procedures were already established that facilitated a smooth resettlement for child refugees?

2. What did *you* decide to do to support child refugees that had positive results?

3. What would you advise another professional in your role, in a similar setting, to replicate?

4. Why do you think any of the things you mentioned worked well?

Finally, the interview focused on what barriers existed for the participant in his or her specific settings. Specifically, the interviewer asked, "what did you wish you had known before you became involved working with child refugees?" Following this interrogative, interviewees were asked the following:

1.   Please share some additional barriers that you encountered.

2.   What did you decide to do about these barriers?

3.   What would you tell a colleague in another district, in the same role you hold, related to the barriers you encountered?

4.   What factors do you believe led to these barriers?

3.6.2 Follow-Up Survey

Appendix F contains a follow-up survey that took participants approximately ten minutes to complete. The goal of this survey was to encourage participants to consider specific legal mandates, refugee camp background conditions, and developmental disruptions. In terms of legal mandates and refugee camp background conditions, participants reflected on their own knowledge and the timing for acquiring this information that would be most helpful to their role. Next, participants indicated the presence or absence of a series of developmental disruptions that the literature suggested child refugees experience. Participants were also asked to decide how these disruptions ought to be prioritized in terms of *when* they are addressed. The survey *followed* the interview in order that participants were able to share their experiences during the interview without specific legal mandates, refugee background, and developmental disruptions guiding their thinking.

With this research protocol as background, data collection procedures and data analysis protocols are explored next.

3.7   DATA COLLECTION PROCEDURES

Semi-structured, open-ended interviews were administered to participants in a private, face-to-face setting. Participants were interviewed individually in order to maximize each participant's freedom to speak candidly in response to the questions posed. Follow-up surveys were administered using the SurveyMonkey® website and were completed individually by each participant.

Once contact information was obtained, participants received a letter by first-class mail and/or an e-mail to request their participation in the study. The letter included: (1) information about the research questions under investigation, (2) the proposed research methodology, (3) notice of confidentiality, and (4) information about how to participate. Interviewees were able to select interview appointments from a range of dates and times, and were also invited to select an interview location that was most comfortable for them. Following the interview, participants received an e-mail with a link that gave them access to the follow-up survey. Following completion of the survey, data was recorded and stored on the password protected SurveyMonkey® website.

After several pilot interviews, the duration of the session was estimated to be forty to sixty minutes. This time frame allowed for the exploration of each of two major open-ended inquiries, along with time built in to record background information, review the purpose of the

study, and explain confidentiality safeguards. The researcher did not deter participants from sharing for longer than forty to sixty minutes if the participant desired to continue.

Interview data were collected in a single session, and each interview was audio-recorded. Additionally, the researcher took field notes throughout the interview in order to capture themes, ideas, expressions, and body language that provided a more complete understanding of interviewees' experiences. A professional transcriptionist transcribed the interview data at a later date.

As an additional measure, participants were each offered with a copy of interview transcript excerpts that were used in the study. This step was taken in order that participants could see how the interview was represented and could contact the researcher if there was data that they felt was portrayed unclearly.

3.8   DATA ANALYSIS

Finding somewhere to stand in a text that is supposed to be at one and the same time an intimate view and a cool assessment is almost as much of a challenge as gaining the view and making the assessment in the first place (Clifford Geertz, 1988, p. 10).

This section discusses the analysis methods for the study that made meaning of the interview and survey data. As Geertz's (1988) quote above indicates, finding a place to situate oneself amid the great mass of data was challenging. For this reason, Hesse-Biber & Leavy's (2006) three-phase content analysis protocol was used as a way of crystallizing the themes that exist in the data. Krippendorff (2004) suggests that the process of content analysis seeks recurring themes in

74

the paired interview transcripts and survey data in order to point to that which is most significant. As a way of moving toward "that which is most significant," each of Hesse-Biber & Leavy's (2006) three steps is explained below, along with the specific relationship each step carried in terms of this study.

3.8.1   Preparing the Data for Analysis

It is during this initial step of the protocol that data are gathered, organized, and analyzed for the first time (Hesse-Biber & Leavy, 2006). In terms of this data set, the researcher completed two sub-steps. First, each interview was transcribed (as detailed in the *data collection* section). During this initial listening and transcribing process, important impressions about the interview data were made; as Hesse-Biber & Leavy write (2006, p. 347), "deep listening, analysis, and interpretation" all occur during transcription.

A second sub-step in data preparation included *annotating* the transcribed data with field notes and considering survey responses in light of interview transcripts. Changes in interviewees' body language, emotional reactions, and other observed behaviors that are not part of the interview transcript were marked in the transcript. These notes were valuable as the researcher considered the reaction that a particular question gleaned from interviews and surveys, and began to make hypotheses.

3.8.2 Data Exploration Phase

It was during the data exploration phase that the interview transcripts' content was formally analyzed in order to determine appropriate codes for the data (Hesse-Biber & Leavy, 2006; Krippendorff, 2004).   Web-based Dedoose^{TM} software was used to combine and analyze interview transcripts and survey data using codes.   While a variety of evidence-based practices, legal mandates, developmental disruptions, and research-based outcomes framed the interview and survey, and comprised the initial codebook, additional specific codes emerged as the data exploration phase began.

As part of this exploration phase, data were analyzed and coded in order to find more general themes. This type of coding is known as *initial coding* (Mertens, 2010). Key phrases, words, and experiences that began to appear across multiple interview transcripts during data exploration served as the initial codes by which interview data were thoroughly analyzed.   In addition, the researcher and an assistant both coded the interview data. This co-coding allowed for greater reliability.   As Johnson (2006) writes, "qualitative data is more defensible when multiple coders are used" (p. 4).

3.8.3 Data Reduction Phase

Step three, the data reduction phase, ventured to finalize codes based on themes that emerged and could be grouped across interviews and surveys (Hesse-Biber & Leavy, 2006). Because the entire data set was thoroughly explored, larger portions of data could be coded based on recurring content themes. The assigned code was based on analysis across interview and survey

pairs. This "chunking and coding" began to reduce data into a manageable collection of information and provided the ability to discuss findings.

As part of the data reduction phase, the researcher mapped the coded data back onto the research questions. This process facilitated an understanding of how each participant understood his or her experience.

3.9   METHODOLOGY SUMMARY

The primary purpose of this study was to learn how professionals who have significant experience working with child refugees would advise others who are expecting a refugee resettlement. Specifically, this study bridged what the research says is important for child refugees and the outcomes that we all hope children achieve. A secondary, pragmatic goal of the study related to uncovering in what ways positive student outcomes might be derived, or not, from what current research indicates is important for child refugees. As a way of uncovering this data, semi-structured interviews and follow-up surveys were conducted. Using purposeful sampling, ten individuals, who had been identified as "bearers of important knowledge and experience," were interviewed. The researcher conducted face-to-face interviews at the date, time, and location of the interviewees choosing (from a list of available options) and provided participants with an opportunity to complete a short-follow-up interview. Following collection, data were organized, explored, and reduced through coding, content analysis, and thematic interpretation.

4.0   FINDINGS

The primary purpose of this study was to learn how professionals who have significant experience working with child refugees might advise others who are expecting a resettlement. Specifically, the theoretical frames that guided the inquiry are related to professional practice, legal implications of the issue, and developmental domains. The findings are organized by research question. The findings for research question one are the results of individual semi-structured interviews, while research questions two and three address findings from the follow-up interview that participant were invited to complete. The intent of the research was to look for patterns and themes within data that a single interviewee provided (that is, across an interview and a survey), and then to uncover the relationships that emerged across all interviews and surveys. This chapter reports the findings for each participant of the study based on their responses to the following research questions:

1) How will individuals advise those who will soon serve refugee children in public schools?

   a. With what knowledge, skills, and practices were these individuals equipped prior to the resettlement of child refugees that eased the transition? (interview)

   b. How do individuals describe the barriers of working with child refugees in public schools? (interview)

2)   How useful do individuals who interact with and support child refugees find background information on legal mandates and the refugee child's experience prior to resettlement, and when is this information most beneficial? (survey)

3)   How do individuals experience a child refugee's developmental disruptions, and how do they prioritize addressing these disruptions? (survey)

Before presenting the data collected as part of this qualitative research study, a brief profile of the participants is included as a means of contextualizing the findings.

4.1   PROFILE OF THE PARTICIPANTS

Eight semi-structured interviews were conducted as part of this research study.   Eight interviewees were contacted using purposeful sampling. Seven of the eight potential participants responded positively. One individual who was contacted, representing a refugee resettlement agency, did not respond. As a result, someone in a similar position, with similar background, was contacted and agreed to participate in the study.

Each participant in the study interacted with refugee children and families in the same school district, *Resettlement School District,* in its kindergarten through fifth grade school site. This district began to have *major* waves of refugee resettlement beginning in the early 2000's, and has continued to welcome refugee families since that time.

Two of the eight interviews included interviewing two participants at the same time. While participants did not discuss this format with the interviewer in advance of the meeting,

each interviewee requested that an additional participant join her upon the researcher's arrival. Therefore, while eight interview sessions were held, there were a total of ten individuals who participated in the study. The input of the additional two participants provided greater insight. It is recognized, however, that the presence of a third person in two of the eight interview sessions (interviewee 1, interviewee 2, interviewer) had three potential consequences: (1) enhanced data based on one interviewee stimulating new ideas for her colleague; (2) biased data based on one interviewee precluding the emergence of new ideas as a result of a variety of background factors; (3) value neutral data that was neither enhanced by nor detracted from the presence of an additional interviewee. While the data will be presented from the perspective of ten individuals, addressing that two interviews had a different context is important.

The table below outlines the pseudonyms, current roles, and professional experience of each individual who was interviewed.

Table 8. *Profile of the Participants*

Interviewee Name & Interview Number	Current Role	Experience with child refugees
Cathy Interview #1	Central Office Administrator / Director of Programs	6 years as school principal (at K-5 building) 1 year in current role
Sarah Interview #2	School Principal at K-5 building	6 years as assistant principal 1 year in current role
Jackie Interview #3	Classroom Teacher at K-5 building	6 years in current role
Alice Interview #4	School Nurse at K-5 building	23 years in current role
Rachel Interview #5	School Social Worker at K-5 building	3 years as high school social worker 3 years in current role
Nancy Interview #6A	Public Library Director	3 years in current role
Debbie Interview #6B	Children & Youth Services Public Librarian	3 years in current role
Becky Interview #7	Former Resettlement Agent; Current Education Director for local organization	5 years as adult ESL teacher ~1 year with Ethiopian Community Development Council ~1 year with youth support agency ~1 year as director of refugee resettlement 2 years in current role
Katherine Interview #8A	Service Coordinator	5 years in current role
Beth Interview #8B	Family Development Specialist	3 years as case manager for refugee families 1 year in current role

4.2   ADVISING PROFESSIONALS WHO ARE EXPECTING A RESETTLEMENT BY ROLE

The first research question under investigation attempted to uncover the specific knowledge, skills, and practices that professionals called upon when they first began work with child refugees. Specially, participants were invited to share two facets of their practice. First, participants shared what went well for them in their initial work with child refugees. Next, each interviewee explored the unexpected barriers that required attention before progress and effective support could continue.

Researchers have grappled with the notion of *what is happening in schools* on behalf of child refugees (McKenna, 2003; O'Brien, 2005; Roxas, 2011; Sidhu & Christie, 2004; Trickett & Birman, 2005). Few, however, addressed the issue through the lens of multiple professionals with varying roles, all who work primarily with the same population of children and families. It is the convergence of these experiences that may begin to reveal a more complete picture of how to support child refugees in American public schools. In terms of research question one, the experience of each professional will be shared in light of (1) knowledge, skills, and practices that positively support their work, and (2) barriers to their work.

The major categorical themes that are considered for each professional arose as a result of qualitative data coding. The codebook that informed the analysis was developed using the three theoretical frameworks outlined in chapter 2, the review of the literature. Therefore, codes fit into one of three categories related to (1) legal and procedural mandates, (2) domains of development (physical, cognitive, social, and emotional), and (3) applied practices in schools related to collaboration, resource allocation, social integration and belonging, and other school needs.

The categories that are addressed in each interview's analysis represent codes that occurred most frequently throughout each interview. A categorical theme was considered to occur frequently if it represented ≥10% of the coded excerpts from an interview. Table 9 provides an overview of categorical themes that were coded with greatest frequency in each of the eight interviews.

Table 9. *Overview of categorical themes that were coded frequently in interviews.*

	Knowledge, skills, and practices that positively support the work	**Barriers in the work**
Central Office Administrator Interview #1	1. Meeting Basic Needs 2. Supporting Language Needs 3. Addressing School Needs	1. Addressing Mental Health Needs 2. Administering Accountability Measure
School Principal Interview #2	1. Supporting Cultural Context Education 2. Engaging Community Resources	1. Supporting Language Needs
General Educator/ Classroom Teacher Interview #3	1. Supporting Communication / Language 2. Collaborating 3. Addressing School Needs	1. Supporting Cultural Context Education
School Nurse Interview #4	1. Engaging Community Resources	1. Supporting Language Needs 2. Meeting Basic Needs 3. Integrating to School Culture
School Social Worker Interview #5	1. Engaging Community Resources 2. Meeting Basic Needs	1. Engaging Community Resources 2. Supporting Cultural Context Education
Public Librarians Interview #6A & 6B	1. Utilizing Resources for Learning 2. Collaborating	1. Supporting Cultural Context Education
Former Resettlement Agency Staff Interview #7	1. Addressing School Needs	1. Integrating to School Culture & Belonging

Ministry Outreach Social Worker/ Developmental Specialist Interview #8A & 8B	1. Supporting Language Needs	1. Supporting Cultural Context Education
		    In the school
		    In the community

The next section addresses each interviewee's response to the first research question: *how will individuals advise those who will soon serve refugee children in public schools?* Specifically, the data collected from each interviewee will be represented by knowledge, skills, and practices that positively supported her work, or barriers in the work. We begin with a central office administrator who works in Resettlement School District.

4.2.1   Central Office Administrator

The central office administrator, Cathy, joined the district from an urban school setting seven years ago, and mentioned, *"...it was really eye opening to experience the need from the children and families."* Cathy reports that mechanisms in place that positively supported the work of Resettlement School District were most closely related to three categories: meeting basic needs, supporting language needs, and addressing school needs. These three categories emerged frequently as Cathy shared her experiences as both a former school principal and current central office director of programs in Resettlement School District.

4.2.1.1 Knowledge, skills, and practices that positively support the work

Meeting Basic Needs. Cathy shared that *"...unless you address their **basic needs** first, there is no point in thinking about education."* It is an awareness of addressing basic needs first that informed much of what Cathy understood to be important in her practice. Cathy reported that meeting basic needs in her role falls into two distinct categories: food and clothing.

Food. Cathy notices that many students will hoard or steal food from the cafeteria. She has found that in the process of meeting the children's basic needs, *"...we always kept a very*

*watchful eye of children **taking food** from the cafeteria. Then it was a clue to me, like do they*

have enough food in their home?" Cathy continues,

> *"Then I would send the social worker off for a home visit just to make sure. You just had to be careful that it wasn't just naturally just hoarding kinds of things because they didn't have anything before and now they're taking because that's just the nature of it. But you wanted to make sure that everything was in order in the home to make sure that the child was **getting enough food** and the family was providing the foods."*

In addition, Cathy recognizes it is important to ensure that there are appropriate *types* of

food available for students to eat. She relays,

> *"They're not used to the **United States' food** and there are issues that we always needed to make sure that they were abiding by their culture. So, for example, no pork; making sure that there were alternates because they would get very upset, visibly upset if they didn't know what was in the meat. So you had to make sure that they felt comfortable to eat."*

For this reason, Cathy reports that she regularly collaborates with food service personnel to

ensure that appropriate food is available each day based on the dietary needs of refugee children.

There are instances, however, when Cathy observed that children began to resist the food that is

culturally appropriate for them, and began to desire a diet that is more Americanized. In this

case, Cathy shares,

> *"Sometimes the children get used to the pizzas and the fast foods and the hamburgers and the hot dogs and that's what they want because they're trying to fit in and they're trying to assimilate. But when they go home their families are **not eating those kinds of foods**. It's the traditional foods and we've had some issues with that, where the kids really are assimilating and the parents are not and **so there is this clash here**."*

As she demonstrates, Cathy also has to navigate family dynamics as she works to meet the basic

needs of her students. Clashes between refugee parents and their children is cited extensively in

the literature, and often occurs as a result of a child's rapid acquisition of the English language

along with increased cultural knowledge of his or her resettlement country (Szente et al., 2006).

In this case, Cathy notices this discord in the area of food.

In addition to ensuring refugee children are fed properly, Cathy also attends to the refugee children's clothing.

Clothing. While there are both cultural and economic reasons that children do not come to school appropriately dressed, Cathy reports:

> *"I stood in the lobby all the time to see how the kids came in… That was very helpful to me because you would see right away. This kid's not **dressed [appropriately].** We've got to get him changed. Let's get him in appropriate wear for the day."*

Cathy recalls that often, *"Parents didn't know that they needed **to supply their kids** with those kinds of things, so we would have those kinds of things stored in the social worker's office so that they felt like they belonged."* In terms of providing for this need, Cathy reports, *"We always had a **supply of clothing,** shoes donated,"* which positively facilitated the children's maintenance of meeting basic needs.

Cathy reflects that *"There could be three inches of snow and they're wearing flip-flops or no coats or very light outerwear or **clothing that just was not acceptable** for the times of the year."*

Thanks to donations from the community and Cathy's successful practices, children who were inappropriately dressed could be provided with what they needed for the day. Cathy also shared about the positive practices that were in place in the area of supporting child refugees' language needs.

Supporting Language Needs. Cathy reports the capacity of refugee children for rapid acquisition of English language skills. She states, *"What I have found over the years is that I think children are **very resilient,** that they adapt to environments way more quickly than their parents and that's just the nature of it."* However, research supports the engagement of parents in both the

acquisition of English language skills and involvement in the school community (McBrien, 2005; Szente et al., 2006).

Support of parent language skills in Resettlement School District appears to come from inter-agency collaboration. For instance, Cathy reports that in Resettlement School District, *"We have a partnership with the county. The literacy center is there. So in this complex of apartments there are rooms that the parents come daily for language. So **they teach them the language**."* This community based support and inter-agency collaboration is reflected in the literature as a mechanism for successfully supporting child refugees (Taylor, 2008).

In addition to families learning English, however, there are times when translation and interpretation are crucial. This is particularly important when a message must be relayed quickly, or precisely. For this reason, Cathy notes:

> *"You need to make sure that your district is strong in reaching out **through interpreters and translators**. We keep an active list of a whole cadre of people that are our interpreters in this district and we revise it probably every eight weeks or so. And so you have to be able to make those phone calls when you need to and **have somebody speak the language**. It's about reaching out to them about different things and making sure that paperwork that is going home is translated as often as possible."*

Furthermore, Cathy reports that during parent open houses bridging the language barrier is particularly critical. For instance*, "...if there's some procedures and things that we wanted told to the parents on a particular night, we would have them **congregate in one area with an interpreter."***

When translators or interpreters of a specific language are unavailable, this does not prevent making progress on behalf of the child. Cathy shares:

> *"We have a system here in addition to translators and interpreters called Deaf Talk... So if you have to have a parent meeting, all you would have to do – it's a two-way phone. You pick up. You tell the person on the other line what language you're trying to reach and they **connect you anywhere in the world to somebody who speaks that language**. We've used it for IEP meetings for two hours at a time."*

Not only does supporting language needs of refugee families require Cathy's attention, but also supporting the other members of the school community. A final major theme that emerged in Cathy's interview related to how the needs that school personnel present are successfully addressed in Resettlement School District.

Addressing School Needs. While the refugee children and family arrive with significant need, the existing school community also requires support as part of the transition. As evidenced in her interview, Cathy's work enabled her to support refugees in positive ways, while at the same time addressing the existing school community's needs in relationship to this population.

As a way of ensuring that staff members were equipped with relevant knowledge, Cathy delivered *"a **huge presentation** to all of the buildings… I did the piece on ESL because teachers need to be aware."* While ESL teachers themselves are often equipped with this background, Cathy shares, *"So it's now **giving professional development** to regular educators. How do you differentiate instruction? How do you meet the needs of an ESL learner?"* In addition, Cathy delivers training that not only addresses *how* to meet needs, but also underscores the gravity of this work:

> *"…it's their responsibility to make those accommodations. As overwhelming as it can be, it is their responsibility, but **what do those accommodations look like?** You have to give **professional development** to the staff on all of those kinds of issues. I know the teachers are so conflicted sometimes that they know that a student is not passing… So they feel like they have to juggle their time to do the Reading and Language and also keep them afloat in the content areas."*

Regular education classroom teachers are supported by ESL teachers in terms of collaborating on what these accommodations might look like. And, ESL teachers regularly remove refugee children in order to provide academic interventions. This is achieved, Cathy reports, when

*"...we determine their proficiency levels and whether they are in need of **extensive ESL services**... Once that's determined then we determine how many hours that they should be in ESL classrooms."*

It appears that these practices all work together to support the needs of all professionals in the school. After training and collaboration, Cathy reports, *"...now it's up to the regular education teacher to **make accommodations and modifications** for the learning in Math, Science, Social Studies, the whole gamut. So it is a juggling act."* But, this responsibility is continually supported. As an administrator, Cathy recognizes that *"there has to be time for the **regular education teacher to have opportunity to sit and work with the ESL teachers** so that there's time to share strategies, things that maybe are pertinent to their families, their culture."*

Two final supports that Cathy recognized aided in the success of the school and its support of child refugees are no longer practiced. These included an ESL coordinator and a welcome center, run by the school social worker.

Cathy reported that all of this work was carried out when the district employed an ESL coordinator. She mentions, *"... her specific role was to find grants and to **help coordinate all of the efforts academically** with our ESL populations, K-12. So that was a help as well and her position here was based on, at that time, the growing need of how many refugees we had."*

Cathy also highlights the goals of the welcome center. While not academic in nature, the value that the supports it provided added to both children and staff appear incalculable. Cathy reflects,

> *"...we opened up a welcome center at the elementary school, and the welcome center was run by our social worker and it was not academic at all. It was **all about social needs, the social skills.** It was a place where they learned about what you need to be to be a successful person, the basic living kinds of skills."*

The welcome center allowed for intense interventions with the ESL teachers, social worker, and nurse. This might provide the classroom teacher with sufficient time to ready him or herself, and the class, for the arrival of a new classmate.

Upon the resettlement of refugees, Cathy's knowledge of the importance of ensuring basic needs are met, language barriers are removed, and the needs of members of the entire school community are considered, provided significant positive outcomes. She also acknowledged that barriers existed as she began this work, particularly as they relate to mental health needs and state and federal academic accountability measures.

4.2.1.2 Barriers in the work

Addressing Mental Health Needs. Over the course of her time working with child refugees, Cathy has encountered several cases that were beyond the scope of her background. She reflects, *"And it was sometimes **very overwhelming to try to address all of the needs all at one time.** It was definitely a learning process...this was something that we both were unprepared for, to the magnitude of the need."*

Furthermore, she posits*, "...what happens when you have a child who comes to your doors with **mental-health issues**?"* The district staff recognizes that a lack of English language proficiency should not be used a rationale for diagnosing a learning disability or other mental health need, but some refugee students presented behaviors that are so severe. Cathy recalls:

> *"It's very difficult. I know for one particular young man who came into our district there were so many agencies that we were working with because it was such **a significant issue in this child's life** that the mother was impacted as well. **She had her own issues with mental health.** So many agencies got involved and I remember having conversations*

with these agencies around the county like, 'Wow. What do we do?' And then agency involvement – you know, their hands are tied too."

While a resettlement agency serves a family for ninety days, by the time mental health needs are presented, it is likely that school personnel who must initiate the system of support for the child and family. While Cathy does not see this as an insurmountable barrier, as she has worked collaboratively with agencies in the past to support children and families, she noted that *"...there should be another support system for these families and the schools to help deal."*

Administering Accountability Measures. The state of Pennsylvania provides accountability measures that English language learners must take as part of their public school education. One is developed specifically for ELL students, who are acquiring English language skills, and is called the WIDA ACCESS test. In Resettlement School District, Cathy reports, *"I think **WIDA ACCESS is a very good tool,** a very fair tool that you're measured with AMOs – annual measurable objectives – through the WIDA ACCESS through the state. And for the last couple years we've met all three of the annual measurable objectives through that."*

The barrier that exists, however, relates to the Pennsylvania System of School Assessment (PSSA) accountability measures that *all* students in a public school must take. Cathy reports, *"Unfortunately, they still have to take the PSSAs and so we [the district] **are measured by their successes or not successes on the PSSA tool,** which is to me very disheartening because I think our ESL population can show growth in other ways."*

While deficit skills may be uncovered on the PSSA, which can help with instructional planning, Resettlement School District is rated and ranked according to students' PSSA performance, and not on their WIDA ACCESS scores. To Cathy, this is a discouraging barrier that she faces in her role: *"So how do you make the gains for one tool over another?"*

Cathy's perspective represents both a former building level administrator and Central Office administrator; we next consider the insights of an individual who has interfaced with refugee children and families only on the building level, as an assistant principal and now school principal.

4.2.2   School Principal

Sarah has been a school principal in Resettlement School District for one year, and was the assistant at the same school for six years before. Content coding of Sarah's interview indicated the value placed on supporting cultural context education, supporting language needs, and engaging community resources of behalf of child refugees.

4.2.2.1 Knowledge, skills, and practices that positively support the work

Supporting Cultural Context Education. Sarah shared her own desire to understand the context from which refugee students flee along with their perception of Americans as she shares, *"It's just really interesting to have to try to **learn** all of that."* She pointedly states, *"I would say that you absolutely need to be **informed about the culture** of your families and what is appropriate and what is not appropriate."* One day while engaging with a group of students in their cultural practice of Henna art, Sarah reflected,

> *"I just love talking with them **to get their perspective of Americans.** I sat with three or four Nepali girls one day. They were doing henna on my hand. They had been begging me to do henna. I'm like, 'All right.'… I thought that they were going to just draw this little thing. They covered this part of my hand, this part of my hand, and it was so dark and so thick that it was on there for months. The superintendent's like, 'What is on your hand?' I'm like, 'Henna.' He's like, 'Okay.'"*

92

Sarah remembers, *"When I initially started, we had an ESL coordinator, and she was very* **knowledgeable when it came to cultural backgrounds** *and was very connected with the different resettlement agencies that essentially brought our kids here…"* Now, absent an ESL coordinator, and evidenced by Sarah's aforementioned quotation, she has taken upon herself to engage students in educating her about their experiences and cultural background.

In part, this passion for cultural context education is motivated by Sarah's personal value system; at one point she mentioned, *"[when]* **they're not being viewed the same,** *and any time I see that, my blood starts to boil."* It appears that some progress the school has made in this area is related to Sarah's personal stake, evidenced through the passion she exudes, in understanding the experience and needs of refugee families.

Deepening a staff's understanding of cultural context also assists Sarah with her staff's behavioral interventions. She recounts,

> *"We did have to, again,* ***provide them [staff] with the cultural backgrounds of students*** *or any type of family information that we had. For example, we had a little boy who witnessed his parents being killed and now he's living with grandma. I mean those are important things that teachers need to know so they could be sensitive to it and know why this child is throwing the garbage can in your room."*

Given the child's background, and the high prevalence of behavioral disorders in refugee children (Derluyn & Broekaert, 2007; Hart, 2009; Xu, 2007), the behaviors and consequences for this child might be handled differently from those applied to other students.

Sarah also comes to understand a child's cultural context by making home visits; here she is able to invite refugee families tell their stories. She reports of one afternoon tea at the home of a refugee family,

> *"So we were there for an hour talking about just everything that they could possibly share with us.* ***Then they invited us back for a holiday dinner*** *and they were going to have a goat and we're like, 'Oh.' They took our phone numbers. They wanted us to come back for this goat dinner, that it's the best tradition…It was very neat for me to be*

able to go to these houses, just number one, to see how they live, see where they live, their parents, and how they interact with each other and in most cases, it is a mixed family."

Bridging the cultural gap in the family's home has allowed Sarah to garner much needed support later when, for instance, an issue with the child arises. She shared of her relationship with families, *"It's just **so important that they know** [that I care]."*

And, in so doing, Sarah learns about a variety of cultural norms. For example, many refugee parents believe the school staff ought to handle everything – that parental involvement is a sign of disrespect. Sarah reports that professional development for staff in the area of cultural competence is now based on her own, firsthand knowledge of the family's culture and interpersonal dynamics.

Engaging Community Resources. Because resettlement agencies support refugee families for a maximum of ninety days, the support of variety of community resources is important for newly arrived refugees. Sarah noted that a lack of resources, *"[Resettlement Agencies] were always, always bringing families in and they **didn't have enough manpower** to really help the families that desperately needed it and that's where we ran into a lot of the issues."*

As a response to the lack of support from resettlement agencies, the former district ESL coordinator established an agency consortium; this consortium is no longer intact. Sarah reported that, *"we attended monthly meetings and all of the surrounding agencies that had an interest in our refugee children attended and it was more or less like **a brainstorming session where people put themselves out there to be available** if we needed them in the schools."*

This shared effort had positive results. Related to one social service organization's work, Sarah indicated,

*"...that **has significantly improved our population** because they provide parenting classes and that's over at [apartment complex] and what they've done is they've actually rented four apartments and they've implemented a preschool. They have the parenting classes. They have English classes for parents and just some basic educational things that the parents can participate in and then they can bring their younger children there and they get childcare too."*

As the literature suggests, such work on behalf of refugee children ensures that services are neither duplicated nor overlooked (Reakes, 2007). Engaging the community in problem solving and supporting the refugee population, and the refugees' positive response to services, may begin to bring about a sense of community and inclusion of families.

In her reflection of positive structures, related to culture and community collaboration, Sarah identified communication and language needs as the single greatest barrier to her work of supporting refugee children and families. She offered, however, a variety of practical ways that she worked to overcome this barrier.

4.2.2.2 Barriers in the work

Supporting Language Needs. In terms of barriers, Sarah shared that *"**communication is absolutely our biggest barrier**, trying to reach parents."* Much of the conflict around communication that Sarah reports is related to translator issues. For instance, Sarah recalls,

*"I'll say, "Okay, translator, could you please let the parents know, 'Hi, welcome to [our school]? Okay, and we're waiting for the translator to say blah, blah, blah. They talk for 15 minutes. It's like, "'You cannot tell me in 15 minutes you just told them, 'Welcome to [our school].' You didn't. **What else are you saying? That's what was so aggravating because I just wanted to say, 'Stop. What are you saying to them?** I need to know... so I know things don't always get communicated in the best way, but it's the best way that we know how to do it."*

Struggling with language and communication was not limited to refugee families, however. Language barriers that arose for school personnel, that Sarah worked to reconcile, were related to

curriculum matters and healthcare. General education teachers and ESL teachers worked hard to communicate with refugee families, but were often unsuccessful. As Sarah recounts, however, *"Once you can **communicate with a parent, they're always** – I shouldn't say always – 99 percent **willing to work with you** and try to fix things. They just need to know about it."*

As a way of overcoming the language barriers that exist, Sarah reports, *"We have very important **documents translated** as best as we can. Unfortunately, there are some languages here that don't have a written language, just a spoken language, which is trying and I truly believe that things do get lost in translation."*

Since the time of these breakdowns in communication, Sarah reports developing (1) training for teachers on how to effectively use translators, (2) handouts for refugee families in a variety of languages, and (3) strips of paper that are written in many languages that read, "This is an important paper. Please get help translating it." Teachers can simply staple this onto an important document so that parents are alerted its content is vital to know.

In addition, Sarah reports traveling with other professionals from the school such as the nurse and contracted translators, to the apartment complex, for more formal events. Of particular value to Sarah, was the way that these formal on-site meetings helped to meet refugee children's health needs at school. She reports:

> *"...we kind of just went over procedural things from my standpoint and then the nurse was able to **have all of her forms explained to them** that they could sign if their child has a headache, if they want them to have Motrin.*
>
> *We've never, ever had those forms back before and we know these kids, because they tell a friend they have a headache or a stomachache and we don't have permission to give them Motrin or Tums that we know would make them feel better and they could go to class, so we were able to get all of those papers complete, which was awesome. We were able to inform the parents of what immunizations were not up to date. We were able to sign parents up to have their child seen by the school dentist or the school doctor, which we've never done before, and we had over 60 families attend, which was huge."*

This barrier, while unexpected, was overcome with resolve, as evidenced by Sarah's demonstrative excerpt. The work of breaking down language barriers for parents is motivated by Sarah's desire to serve the children well. As cited above, when Sarah provides translators, or has documents in multiple languages for families, she takes steps to ensure that adults at home are able to remain in charge.

Next we consider the experience a classroom teacher who regularly has refugee children in her first grade classroom, and how who she has shaped her classroom environment.

4.2.3   General Educator / Classroom Teacher

Jackie has worked with refugee children in her classroom for nearly six years. She and her husband live in the community, and Jackie reports having strong relational ties to the students and their families. In fact, Jackie shared her own mother's involvement in supporting refugee children:

> *"I know my mom works at the one store that they go to a lot and I kind of try and help her because she works in customer service. So I kind of try and give her some pointers because she works with customers all the time that don't speak English. So I kind of try and help her with ways that she can communicate with them better because I know sometimes they don't have the support to really help them with those daily tasks."*

In addition to her background in elementary education, Jackie has enhanced her own professional understanding of this population of children by attaining ESL certification. Jackie highlights the skills of collaboration and communication as paramount; she has found that in her role as classroom teacher she is able to positively attend to the needs that students present in school with the help of solid collaboration and communication. Jackie found language needs and a lack of

intercultural awareness to be some of the greatest barriers that she has overcome in her work. As Jackie's story is shared, each of these domains will be explored in depth.

4.2.3.1 Knowledge, skills, and practices that positively support the work

Supporting Communication and Collaboration. Jackie's interview demonstrates her service to refugee children and families by acting as both an advocate and resource within the school, and outside of the school. First, however, Jackie notes that she has never been afraid to ask for support. She reports, *"don't be afraid to **ask for support**. Don't think that you have to know it all. I know I just went through all of my specialist classes and all I have left is my practicum, and there's still things that I think I need support in that I'm not aware of yet, I haven't experienced yet."*

She also suggests utilizing a variety of professional perspectives when considering how to support a child refugee: *"So just kind of having maybe **that plan set up with the ESL teacher or with the social worker** or somebody that could give you that support. And then if you try those certain things and things and they're not working then maybe you can go forward to find more help."* It seems that a multi-disciplinary team approaches informs the way that Jackie communicates and collaborates on behalf of children.

Families are also an important part of a child's network of advocates. Consequently, understanding that from a cultural standpoint it is often taboo for families to reach out to the school (the *authority figure*), Jackie creates space by initiating communication herself with refugee families when she acknowledges, *"...they also feel like it's not their place sometimes to*

communicate with the teacher, *like the teacher is the one that's in charge, and they're a little bit timid when it comes to opening up to a teacher and contacting a teacher."*

Jackie reports that she was intentional in supporting communication with families, as she recalls, *"I wanted to meet with all of my ESL parents [even though] I didn't need to. Most of them were doing very well with me, but I just wanted to have the opportunity to have a translator there and to get to talk to them because a lot of times you don't have **an open option to communicate with them**."* This practice of opening the lines of communication has been successful for Jackie as she continues to share about one student's parent:

> *"…her mom must be going through English-language classes and she sent me an e-mail a few weeks ago just thanking me for the year and saying I was a great teacher. So it was nice to see that she was **opening up that communication** to see how her daughter was doing and thanking me for what I do for her."*

Jackie is also very up-front with American children and families about the integration of refugee children into their class. She reports,

> *"I think also **talking to your kids** and preparing your students for what's going to happen and letting them know that these students are joining us and letting them know maybe their English abilities…"*

In addition, she teaches her American students:

> *"…that fine line between helping and bossing because I know sometimes **the kids want to help them so much** that they're telling them what to do in not such a nice way…But I know my students have been some of the biggest supporters and the biggest helpers in the room with these kids that are coming."*

Engaging in a shared process, with colleagues, students, families, and outside service providers, allows Jackie to have positive communication and collaboration — and, facilitates how she is able to meet students' needs in school. We next turn to how Jackie engages her first grade refugee children and meets their specific learning and behavioral needs.

99

Addressing School Needs. Through the course of the interview, Jackie shared the things that have gone well for her in terms of meeting the school needs of her students. While collaboration and communication significantly underpin how Jackie addresses refugee children's school needs, she also provided specific tactics that have worked well in terms of academic progress.

First, Jackie shares, *"I think it's just all about the documentation and all about writing down, keeping **a log of what you're helping them with**. And then when you pass them on to the next year, going to that teacher and saying, 'Hey. These are the difficulties we were having last year. This is what I did to help them along.'"* Because the process of identifying a child with a learning disability or a speech interruption takes time, as Cathy noted, the documentation that Jackie generates may support a process that occurs years later.

Next, Jackie allows students to create an identity in her classroom. For instance, she shared the story of a refugee student who came to her classroom mid-year with a poor reputation:

> *"I think just keeping an open mind and understanding that just because someone who has had experiences with this child has seen certain behaviors in them doesn't necessarily mean that you will. We had a situation last year where there was a student coming in from Thailand and he had been in the city schools starting in April and he was coming to us. And he **was presented as being a behavior problem**, possibly a runner and had all of these things behind him. And I volunteered to take him in my room and the very first day that he came I just saw him walking down the hallway, introduced myself, said, 'Hey, I know who you are and you're in my room.'"*

She continues,

> ***"We just kind of started with a brand-new slate and then introduced him to our room***, *and it did take him some time to get adjusted. There were some very rough days the first few days that he was with us, just kind of trying. He was seeing where his boundaries were and we were doing different things to see what worked. And then after he had those few days he settled in and his behaviors stopped. He was working on following directions and then he felt at ease and he felt comfortable in the room. You could definitely see the first day that he came he looked a little anxious and then once he was used to us and used to our schedule and our kids he started to relax."*

Jackie shared stories of triumph about children she has supported over the years, along with the close collaboration that she and her colleagues have forged in the name of this work. In terms of barriers, Jackie has found that it is most often the "outside community," and parents of American children, who have created the greatest difficulties.

4.2.3.2 Barriers in the work

Supporting Cultural Context Education. Jackie mentioned that one of her greatest barriers was being receptive and open to other's points of view, while not letting other people's attitudes affect what happens in *her* classroom each day. For Jackie this begins with personal research:

> *"I also think it's **important to research** a little bit about where they're coming from so that you kind of know some of the cultural aspects, too, that go along with it because there's certain things that happen. I mean, I know some of the Nepali students would come in with the powder on their face after they would bathe. So they would have this on their faces because they just took a bath and that's what they do. So just kind of knowing and being prepared that some of these things might happen because that's what they do at home and that's how they live so that you know that those things might come about."*

She states that she does not want to *"strip them away of something that's **part of what they do**. It's like that whole cultural assimilation, trying to find that balance."* This balance, however, is not easily achieved, as indicated by the following vignette:

> *"One of my first years that I was teaching, it was my first contracted year. So I had been a permanent sub and now I had my contract and one of the parents, who is very forceful – he's someone that's well known – he, in the middle of the open house, was like, 'Well, how many of those ESL kids did you get? I didn't know if they would try and slam the new teacher with all those kids.' And I kind of took a deep breath and said, 'Well**, I do have a few ESL learners in my classroom and they're actually doing very well and they're adjusting and they're working nicely with the class**.'*
>
> *And I kind of kept it short and sweet but let him know that they're not the problem that people think that they are and tried not to put him in his place too much. But at the same time I wanted everyone in the room to be aware of the situation and that they're kids that*

are here to learn, just like their kids are. And just because they come from a different country and they dress differently and their parents don't speak English, they're no different than their own kids and that's how they should be treated."

In an attempt to bring refugee children into the American cultural fold, Jackie helped to organize a trip. She reports, *"The ESL students got to go on **a field trip to the museum**, and I actually know the* [local newspaper] *editor and I contacted him and I said, 'Hey, this is a great story and there were all these kids, and parents got to go.'"*

The outcome of the trip was positive, though Jackie reports some community members said, *"Well, **that's not fair that they get to go** on that field trip and all these other kids don't...."* Jackie again reports advocating for her students: *"'Well, the band kids get to go and the gifted kids get to go,' and I named all these other groups. And then that person was kind of like, 'Well, yeah. I guess you're right.' It's not just regular ed kids and ESL. There are different, smaller **groups that get to go places and do things**."*

Her sense of empathy was captured as she mentioned, *"...**I know it's frustrating for them [the refugees]**, too. There's a lot of bad attitudes and perceptions attached to them, too, when you get out into the public."* Jackie reports experiencing these attitudes and perceptions firsthand, and overcoming the barriers they present.

Closely linked to the daily classroom work is the role of a school nurse. Resettlement School District has employed the same school nurse at this K-5 site for twenty-three years. Though a veteran of the district, long before refugees were first resettled, Alice reflects with enthusiasm about the positive impact she and her colleagues have on this population of children. In addition, while barriers have existed for Alice, her years of experience have helped her to see avenues for overcoming these barriers in creative ways.

102

4.2.4 School Nurse

The historical background that Alice possesses provides her with a set of knowledge and skills that is important to Resettlement School District, and in particular this school site. While Alice was guided to discuss successes and barriers in her role as a nurse, she began her interview by sharing about the many ways that together the district and community support refugee children. She recounts, *"**I can talk about it across the board.** The library's been huge too. I mean I want to say social workers… because they're educating these parents…"*

Alice's background on the successes and barriers in not only her own work, but in the work of other service providers distinguished her as an interviewee. Over the course of the conversation, Alice noted the ways that her work has been supported by engaging community resources, and how barriers have existed in (1) supporting language needs, (2) meeting basic needs, and (3) integrating child refugees into the school culture.

4.2.4.1 Knowledge, skills, and practices that positively support the work

Engaging Community Resources. Alice displayed a keen perception of the importance of her own relationship with agencies in the community, but also the value of outside agencies collaborating with each other, with the school as a hub. For instance, Alice shares, *"The other thing that is a **big help is the physician of these children**. Right now, we have a doctor who tends be one of the doctors that [helps] ...he has a great rapport with these families..."*

It appears that with professionals like this at the ready, issues such as immunizations or physicals, which are mandated by the state, are less cumbersome to complete. Furthermore, she reports that a coordination of services is now occurring, as *"**A mental health center** has now*

come in too and they've got a van, I think, that will set right up in the apartment complex one or two days a week. That's definitely helping too. So, we want communication between the doctors." The communication that Alice reports may support coordinated effort of care, via community resources, on behalf of refugee children in the community.

An interesting idea that Alice presented relates to medical needs that she attends to in her role as a school nurse:

> *"**Not one of the refugees has an allergy or asthma or medical problem** except for my little girl with the seizure disorders…But it was very interesting over the years when I realized not one of them had asthma or allergies versus those that are second generations that have been here now in this country. We're seeing an increased number of the asthmas and an occasional allergy, but the increase is in asthma, so what does that tell you about introducing the food?"*

Not having to address any specific medical issues has provided Alice the time to work closely with families on other issues such as meeting basic needs, discussed in the section on *barriers*.

Alice has also collaborated with the local preschool programs and adult learning centers, and found this to be a widely successful practice in carrying out the specifics of her work. She reports,

> *"...our kindergarten kids now are doing the preschool over at the apartment complex, so we have also **coordinated**, and that has improved over the five years of talking to the **preschool teachers** and the teachers over at apartment complex that are teaching the language to the parents about getting those forms to us, like a lot earlier…we're presenting them to them, like two or three months before kindergarten registration and they're making sure – they're helping us out by getting those to the doctors."*

The seamless transition from preschool to kindergarten may support refugee children in their earliest days of public education.

Alice concluded with a successful practice related to boundary setting and ensuring that important documents and forms are returned to school. She shared, "*I think that some of it is with the resettlement agency and the fact that they are so busy with such a large volume of*

clients that they're not able to do what they need to do." The resettlement agency is the first

contact with American professionals that refugees encounter. Alice continues,

> *"When they're [refugees] starting, we have to keep track of when their next visit is supposed to be to the doctor and before they had cars or before they had anybody they knew of, these **resettlement agencies were responsible for getting them here**. If we called them, they didn't always call us back. Then if we told them to set up appointments, it would take them another couple of weeks to set up the appointments and then they didn't get the information back to us."*

Alice appears to be a caretaker by her nature, but as she cited, agencies did not always provide

required information. In these instances, Alice shared *"...something that I learned too, was I*

*wanted to **give them every benefit of the doubt**."*

Along with all that Alice has found successful from her earliest days working with child

refugees, she is quite reflective about the barriers that exist, and how she has worked to

overcome these obstacles.

4.2.4.2 Barriers in the work

Supporting Language Needs. The language barrier that exists between families and school is the

greatest challenge Alice reports encountering. She recounted the story of a child in the health

office, *"when we've got a [non-English speaking] child that's come in and just crying their eyes*

*out... but if you **don't know what the need is**, it could be something medically that you have to*

take care of right away... Is it that they didn't eat? Is that they really have a headache? Is it

*that they miss home and they're scared? **You don't know what the need is**."*

A further barrier to this situation was revealed when Alice shared, *"By right, we're not*

supposed to get another child from that language to come down to pacify them or to find out for

*us what is wrong, so **we're not supposed to use another child as a translator,** but yet that could*

help immediate need." It is moments such as these that Alice appeared to demonstrate frustration, evidence that she is sharing the greatest barrier she encounters.

Language barriers also preclude *parents* from effectively communicating, as well. As Alice notes, *"...it was interesting too because some of them had older siblings that showed up to help the parents along the way, so it was **interesting to see who was taking over.**"* In response to this language barrier, it is cited that, *"we'll make forms for those parents, and even that night that I was over there at the orientation, I brought those forms and **explained to the parents**..."*

In addition to the language barrier that refugee families present, which the research notes Alice has worked diligently to overcome, addressing students' basic needs is an ongoing barrier that Alice reports encountering.

Meeting Basic Needs. Many of the barriers related to meeting a refugee child's basic needs relate directly back to language barriers. Alice shared, *"I also explained my **basic needs** about the kids having to eat breakfast, our breakfast program that's free and a lot of parents didn't realize that they were getting free lunch, that the kids could be fed in the morning, because they weren't being fed at home, so we talked about nutrition."*

Another basic need that children require, and Alice provides for, is sleep. She reports,

> *"Sleep is another issue too. I mean as you can see, **we're talking about basic needs here**, because a lot of these kids don't go to sleep, and even though there's only supposed to be so many in those apartments over there, again, depending on what culture they come from, families are huge and you may have 13 or 14 people staying over in an apartment, okay? You've got people of all ages and these little ones are sleeping in a corner, even though they're supposed to have a bed, okay? And so a lot of them aren't going to bed on time. I mean they're up all hours of the night and then they come to school real tired and real cranky, so we have to provide places for them to sleep."*

Educating parents about these basic needs is important, but as Alice recognizes, *"I really didn't understand how much of this needed to be translated."* Finally, in addition to providing support for food and sleep, Alice has learned a great deal about providing appropriate clothing.

Alice reports working to help children know about appropriate dress. *"...so if they come, we're going to be **starting to the basics again**, where the kids aren't going to be coming to school with shoes on, even though they're told. They're not going to wear socks. The clothes they're probably going to wear – you're going to see the same thing on them all month long."*

It appears, through Alice's reports, that barriers associated with providing basic needs are also related to barriers refugee children face as they work to understand the framework of American public schools. Alice is on the frontlines of a significant amount of this integration work.

Integrating to School Culture. Food, hygiene, parent discipline practices, and health are four areas that Alice has noticed require the most amount of her attention as she works to integrate refugee children into the American school setting.

> *"So **if they see food around**, what do they do? Up the sleeves they go, so these kids will steal without realizing that they're stealing – they're taking that food to save for later. They're not taking it to be mean, so they take things from other kids and that's another whole cultural thing that we have to deal with..."*

Just as Cathy reports having to determine if food is scarce, or if the behavior is learned over time, it appears that Alice must ascertain what is motivating the stealing behavior – true hunger, cultural habits, or a child's attempt to acculturate.

Over the years, Alice has found student hygiene to be a major barrier to school integration. From what the researcher sees as a culturally sensitive perspective, Alice shares,

*"…because a lot of them that come from different countries, water was scarce. You don't use water, so needless to say, **the kids aren't clean and then their clothes smell** and their underwear is horrific, so we can teach the kids that, but if the parents don't have quarters to put into the laundry machines, or they don't understand that their child is going to be made fun of and that they have to, like that's one of our standards of school, that they have to wash their clothes and they have to come clean."*

Her words clearly highlight the attention she pays to the impact the children's cultural background has on their ability to make friends, and have successful social relationships. In her role as school nurse, Alice shares that, *"we still have some **odor problems** and the teachers will send them to me."*

The final two interrelated barriers relate to child rearing practices. These two issues require parent education more than anything. First, refugee parents are often upset because they cannot discipline their child in a way they feel is appropriate. Alice reports,

*"The mother said in the discussion, through her own language, 'Time out doesn't work with him, and **when I beat him like we're supposed to in our country**, those people come up to my front door and they're going to tell me they're going to take my child away, so what am I supposed to do?' I mean that's a **huge cultural thing."***

Next, Alice also suggests the cultural barrier that exists around when students should or should not come to school. She states,

*"Some of them that are really treasuring this education think of it as a huge privilege. They don't want their kids missing any education whatsoever, **so if their child is sick, they still feel that they have an obligation to send them to school**… So on my end, I do see kids coming to school really sick…"*

Part of a related complication, however, occurs when the parents themselves do not understand their child's health needs. Alice will often,

*"explain to the family that their child has a fever. I can explain and know that if **they need to stay home, if they need to go to the doctor, and some of the other needs**. I can also tell them that they need to be picked up, which transportation was a huge issue before and if they say they don't have transportation, I can try to at least advise them right then online with somebody that – how they can get transportation back and forth."*

While Alice appears to have a system in place for supporting parents through the areas of discipline and health, the work of regularly handling these matters creates a barrier in Alice's work. Much like her close colleague and friend, the school social worker, however, Alice's words demonstrate her readiness to meet families where they are, both physically and emotionally, in order to support the health and medical needs of the children.

To further enhance the work of supporting child refugee and families, Resettlement School District at one time employed two school social workers at this K-5 elementary site. One individual handled refugee needs, while the other attended to the needs of the remaining children. Several years ago staff was reduced, and one social worker position was eliminated. The current social worker, Rachel, initially worked exclusively with refugee children, but now provides services for the entire school population.

4.2.5   School Social Worker

The perspective of this school social worker was unique, as Rachel spent the first part of her career at the Resettlement High School. When a position at the K-5 building opened, to work exclusively with refugee children, she took the opportunity. Since that time her role and responsibilities have shifted somewhat, as now she serves as the only social worker in the building, and has additional demands on her time outside of her work with refugees.

During Rachel's interview, the major categorical themes that emerged related to basic needs, community resource allocation, and cultural context education. Specifically, Rachel shared successes around addressing basic needs, and the challenges faced in the area of the child's cultural context. Interestingly, engaging community resources was both a success and a barrier for Rachel, as she wove stories into her interview.

4.2.5.1 Knowledge, skills, and practices that positively support the work

Engaging Community Resources. Rachel shared that when considering refugee needs and community engagement, *"...look at the system involved, because truly as a system that makes things...**what** they are connected with and **who** they're connected with is an important thing."* Rachel clearly had a high level of energy, and sense of urgency in her voice, when she spoke about engaging community resources on behalf of child refugees. She reflected on the collaborative inter-agency group that used to meet in Resettlement School District:

> *"We met quarterly, but then we had subcommittees that met monthly and basically it was the community embracing the population and helping the resettlement so that it would become... self-sustaining. That was the basic goal. So **it was really comprehensive** as far as literacy. We would basically gather information here, try to figure out what's working, what's not working, and then go back to our subcommittees, work on things, projects, and then kind of report back. I thought it was a fantastic model."*

Initially, specific to her role, Rachel used her work as a school social worker to support refugee children in community-based service learning projects. She reports of her responsibility to:

> *"...integrate refugees with American students through service learning, so we would write service learning grants and then we would bring in students that were interested in volunteers and being involved with service learning and then we would have the refugee population of students who were trying to learn their culture. We'd have them **working together on projects** and working with the student body, and so we found a lot of success."*

A related project that was intended to connect community groups centered on cultural festival celebrations. Rachel indicated that on one hand, at the high school level, such events were well received. For instance, she recounts,

> *"We truly had a global experience **for families in the community and also the students** facilitated it, which was really neat, so they had to work together and also learn about community resources and things like that, so it was really – there was an education and social, emotional element of the whole program, so that's a really good thing I would suggest for schools that they were bringing in to look at service learning money to have students involved and they have ownership, especially with the refugees coming in."*

Rachel is passionate about this work, and furthermore, she contends,

> *"Then they start to **have ownership of communities**, especially if they've lived their whole life in exile and they lived in camps their whole life. They haven't had a chance to sometimes attach to things or attach to a community because they, for one, they're not welcome there, or two, they're in survival mode and that's not possible."*

As she shares, Rachel demonstrates her belief that this opportunity to attach, and contribute, is invaluable.

On the other hand, however, Rachel noticed less success at the elementary site with a similar event. She shared, "*We did a **multicultural festival** here. It wasn't as – to be honest, it wasn't as well received. A lot of times it's very difficult for some staff and even peers to understand that all Asians aren't Chinese.*"

The researcher hypothesizes that two factors may diminish returns in this age group. First, children are not organizing and implementing the event themselves, so they have less ownership. Second, young American children perceive less difference than adolescents; events such as this, in fact, might call undue attention to differences. Rachel concurs, when she notices, "*What I'm trying to say **is students don't even notice there's a difference** between them and the other students, you know what I mean? So it's wonderful. It's beautiful, because it's like they automatically just accept them and they're friends.*"

Consequently, Rachel turned to other avenues of involving community groups on behalf of children that were successful, many of which had to do with supporting parents' use of resources. Specifically, Rachel notes that "*We would help out, but we're **also linking the services**, so grants really provide resources, like literacy programs and food banks and things like that. They just add basic needs sometimes too. I guess acculturation…*" In addition, one specific outreach agency provides:

> *"…**programming and intervention and case specialists and case workers** for families. It's a preventative program from prenatal to age four. We also have a daycare and a preschool program. That's where the literacy programs are based out of there and they do all sorts of programming, psycho education groups, mom groups, support groups."*

It is possible that through these services, families derive purpose, social access, and confidence thanks to the skills they build through community-based resources. In addition to encouraging positive use of community resources, Rachel has found a way to attend to refugee children's basic needs in culturally responsive and developmentally appropriate ways.

Meeting Basic Needs. It is one thing to attend to the basic needs of a refugee child. It is quite another to find a way for the refugee population to feel empowered by accessing these needs. Rachel describes the situation of child refugees in the following way:

> *"Okay, so where are they? They're on the bottom rung. **It's basic needs.** Food, clothing, shelter, so when you're looking at this kid and they're not getting things done, many times, they're trying to meet those needs for their family. They're not able to see developing relationships or attachment and things like that because they're trying to meet those basic needs."*

In terms of provisions for clothing, Rachel reports organizing and carrying out a clothing swap. All students, refugee and American alike, however, were involved in this clothing drive. Of the experience, Rachel shares,

> *"...we did the **clothing exchanges**. We didn't want the kids to feel or the families to feel like, oh, my god you need this. We're going to give it to you, kind of like that whole superior and you're not, so we're going to help you so we feel good, kind of feeling/model. We did a clothing exchange, so families could bring clothes. We had clothing donations and then they would do an exchange. Families could come in, all different families come in and exchange clothing and that was a neat thing, so kids got to help facilitate that. They took clothes home. **Everybody was just exchanging clothes**, rather than it being like 'you need this' kind of concept, you know?"*

In addition to her success around clothing distribution, Rachel is also very involved in the way that the families handle food, both outside and within the school. In one instance,

*"...the family was **hoarding food** and the kids were coming to school, starving and stealing food from school, because the parents were like, 'We could save the food. When a war breaks out, we need to have a supply of food.' Well, that's based on their experience, so there's an agency in the community that comes in that we're involved with that says, 'Okay, here's what's going on with so-and-so. Can you go in and do some education on what's going on?'"*

Along with attending to food issues outside the home, that ultimately impact the child and his or her school day, Rachel suggested her intimate involvement extended to the children's meals that occur during school hours. On one hand, Rachel ensures that parents have the school lunch menu, and *"parents know and marked [the menu] and are the school system [cafeteria computers] so that if a kid comes up to hand them their card and they have a hamburger on their plate and they're not supposed to eat beef because they're Hindu, it's a religious thing, then oh, yes, **we'll just eat something else**, that kind of thing."*

Or, on the other hand, if students do not buy a school lunch, Rachel notices the added value this practice may have for their peers: *"They'll **bring in a lunch** and it'll be something very different than typical, and so it's like you just notice an educational experience for kids in the class, but also other kids to try American food and things like that."*

As she makes provisions for community engagement and meeting refugee children's basic needs, Rachel also finds barriers in the community and school, related to access to resources and the cultural differences between American students and refugee youth.

4.2.5.2 Barriers in the work

Engaging Community Resources. As Rachel continued her work to develop meaningful programs in the community and establish relationships with advocacy groups, over time she began to meet with resistance. Rachel reacted to resistance by speaking of the refugee children and families: *"They're not purposely trying to use our system."*

113

A subset of the community, Rachel reports, felt. *"...if we don't make it [the school] attractive, they won't settle them here. The community was feeling a lot. I think the **school was feeling pressures in the community** and you know what I mean? Like, oh, you have all these great programs. Of course they're going to resettle them here."* Rachel rebutted this hypothesis, indicating, *"...it truly is because they have affordable housing, access to bus lines, school settings..."* Though Rachel called this vibe the *"**climate of the school**,"* she quickly added that, *"our grant paid for all those resources. So it wasn't a huge tax burden in that way."*

A considerable amount of work also occurred in socializing school personnel on the cultural context from which refugees lived and fled. Next, we explore how Rachel shared the barriers she experienced while supporting the faculty in acquiring an understanding of the experiences the children endured.

Supporting Cultural Context Education. In analyzing Rachel's interview, it appears to the researcher as though she made a personal journey, moving from merely *accepting* the cultural practices of refugee families to truly *understanding* families. At one point she mentioned, *"**I didn't know anyone that was [a refugee]**, so I guess once I started to know these students and what they had been through and then backtracking, like what steps did they take? What was it like when things were okay or were they always living in conflict...?"*

A second anecdote relates Rachel's personal epiphany in the area of cultural context, acceptance, and understanding:

> *"I would be like, oh, my God. I can't believe he has two wives and he's treating them so terribly. But it's cultural to have two wives and **it's cultural** to put them in their place, even though I don't think it's okay. I have to understand that that's where he is or she is, so I guess when **I go back to empathy**, that was really big for me, to be empathetic...because I'm accepting, but really understanding where they're coming*

from…accepting and understanding are so different… How we treat our wives and children is sometimes so culturally different…"

At the same time she grew in her understanding, as evidenced above, Rachel worked to bring the staff and community with her. As a means of addressing staff in cultural competence, Rachel developed a comprehensive guidebook that she shared with the researcher during the interview. He noticed that the guide was a source of information related to all refugee cultures represented in the school. Rachel shared with him, after the formal interview, that teachers had access to this guide, and could use it to acquire their own background on where the child lived before arriving in Resettlement School District.

Rachel also trains teachers on how to make space for refugee children to tell their stories.

*"**Have kids speak, have them share stories.** From a therapeutic standpoint, we ask that teachers never ask kids to tell their story unless they want to because of the trauma that many of them have endured. But I can speak personally from – I know two students at the high school level who never, ever once told their story until – and then in front of the class, they stood up and just told it and it was extremely powerful for them. It really inspires the therapy standpoint, but also for the students to hear from a student what they had to experience, because that's the next step. Once you get staff to understand, then it's like getting the student body to be able to embrace and welcome and integrate those students into their school population."*

Further, Rachel noticed,*"…then it kind of trickles down and then a lot of teachers have…**really embraced it**…"*

A final way of bringing about cultural competence with school staff, a major barrier that Rachel faces in her role, relates to training she provides. Unfortunately, Rachel mentions, cultural context education is not always well received. To illustrate, she reports, *"So, we would hold – before any population would come into our building, we would hold **cultural sessions** in the morning before school, but they weren't really well received at times because I think it was just a lot of information and it was just being told to you."*

One particularly powerful training session Rachel facilitated, however, attended to two areas that are personal to staff members: their own generational roots, and the things that staff sees as non-negotiable for survival. First, Rachel begins by asking faculty to call to mind Resettlement School District and the surrounding area *"being a very immigrant based community and having strong roots in that. It wasn't many generations ago. In [this town], I would very much focus on having people look at **their generational roots**, because then people understand the plight of Slovaks and Irish and whatever, Polish, whatever their heritage is."*

After the recording of the interview, Rachel shared the specifics of the second aspect of the training. She creates an experience whereby staff consider what it would be like to give up all but one or two elements of self (basic needs, ideologies, etc.). She spends time with staff, she recounted, debriefing and reflecting on the trauma refugee families have endured, the resilience the students demonstrate, and the potential for meaningful caretaking that the staff might offer. Rachel has demonstrated power in working a staff through the barriers that are created in culturally responsive support of refugee children.

As mentioned, Rachel is the liaison between the school and outside agencies. We next consider the qualitative data provided by several community partners: public librarians, a former resettlement agency staff member, and ministry outreach social workers.

4.2.6   Public Librarians

The public librarians that were interviewed as part of this study provided a unique perspective. While neither Nancy nor Debbie is directly affiliated with the school district, much of their work supports the goals and vision of Resettlement School District. Both librarians have attained their

116

certification as literacy and ESL tutors, so the framework in which they operate is informed by sound educational practices.

At the outset, the interview was scheduled with Nancy, library director. Nancy requested that Debbie, the children's librarian, also be included in the interview. Both women shared their experiences working with refugee families; over time both have championed the same projects. Analysis of the data indicates that each shared similar feelings regarding the knowledge, skills, and practices that garnered positive outcomes, and the barriers that exist in their work. As such, both perspectives are integrated into a single analysis.

4.2.6.1 Knowledge, skills, and practices that positively support the work

Utilizing Resources. To many Americans, a library seems like a logical spot in a community to acquire resources. Both public librarians shared, however, *"I think the most important thing is* ***never assume that someone knows the service*** *that you want to offer.*

As they suggest, in order to not make assumptions about what refugees understood, Nancy and Debbie undertook a major project in order ensure library resources were utilized well. As a first step, they shared,

> *"...[we] got...**literacy tutoring certificates** to be ESL tutors. And we were over there [at the apartment complex] and it was like, '...these are ethnic Nepali, Bhutanese refugees and they're from a completely other cultural background – utterly Third World, agrarian, low literacy, low native literacy if any. So they don't get it.' So **we started from total scratch**, like what is a library. And we made little lesson plans."*

Through their interaction as ESL tutors, as cited above, Nancy and Debbie began to add to their work with the refugees in the apartment complex. Next, they report introducing the concept of the library's physical space to the families:

*"…**they don't know the library is free** and, 'Will I have enough money if I go there?' That's another thing, and we did. We had everything from puppets to puzzles to DVDs, saying, 'You could take this home for your family.'"*

Once the refugee community understood the construct of a library, and had relationships with Nancy and Debbie, the librarians began to introduce the idea of the refugee families *visiting* the public library. As the librarians reflect, *"The library started to **provide bus transportation** here, but that has sort of ebbed and flowed in terms of how successful it has and hasn't been. And then a couple years ago [we] kind of breathed new life into it through our involvement as literacy tutors."*

They continue by reporting on how they felt during their time as literacy tutors, before the first evening bus to the library was initiated:

*"I mean, I remember after **doing these classes**, hoping, 'Gosh. Maybe we'll have 25 or 30 people on the bus,' and here **we had 90** and we were so underprepared. I mean, it's not a very big library, as you can see, and when 90 refugees walk in the door, we just got slaughtered. So then we had to go back to the drawing board and figure out how to help retrofit our library to suit their needs as best we can for when they do come visit…"*

Thanks to careful planning, and attention to *"thinking of the library through their [refugee families'] eyes,"* Nancy and Debbie had pride in their voices as they shared about the evening.

Each monthly visit to the library by the bus includes plans conceived by Nancy and Debbie. *"Just from the minute they walk through the door, they're going to be there for an hour and a half. Things planned, activities planned, people there, **volunteers to assist them**…Plenty of volunteer support and **community buy-in…**"*

Beyond a support for refugee children and families, there have been other benefits that have been derived from the program. Nancy and Debbie shared, *"we've been able to get these **grant awards** and to get ourselves as a library some very **positive notoriety** because of the services we've been able to do."*

The library staff also works to be proactive in the way they use their budget. Given refugees' limited ability with English, Nancy and Debbie always ensure that some programming at the library transcends language. Of an upcoming program, they report, *"They're going to enjoy a magician and it's something for the whole family…We try to have either a music-based program. We've have jugglers, magicians, **things that don't require English**; animals…"*

Along with these programs, however, Nancy and Debbie are quick to point out the ways that they support English language acquisition, as well:

> *"Something we've done for the young children is we got a grant two years ago…to create these **family literacy kits** where we took nice big bags and filled them with materials to hopefully engage parents and caregivers to work with their children on literacy-based activities. And that's an outreach project that totally circulates out of the ESL classrooms over at the [local] Literacy Council."*

Nancy and Debbie are also mindful of both home culture and American culture, as it pertains to resources. They directed the researcher's attention to a game board in their office. Next they shared, *"That's a Hindi game that some older adult males actually requested. That was a real success, too, is that now people are comfortable enough. They saw that we had games at the library. **They approached me about this game**, which I had never heard of."* Perhaps the early relationships built with children and families enhance the refugees' access of library resources.

Many of the successful practices that the public librarians utilize are made possible by inter-agency collaboration. This was a second categorical theme revealed by the data, and was crucial to the success of the library's programs.

Collaborating. Both Nancy and Debbie echoed each other as they shared a successful practice in support of refugee families. *"And one of the greatest resources that a librarian can have is the*

community partners, *because as you do this outreach you form these partnerships and they help you promote [your programs]. They help you expand on ideas."*

Evidence of the need for collaboration occurred as the librarians shared, *"I know we have planned things and found out after the fact that this organization was doing something on the same day and that's why nobody was coming, that kind of stuff."* In turn Nancy reports,

> *"**Open communication is really, really important** and, again, just to know your audience. That is the biggest key of all to Debbie and myself. I keep thinking of that term 'embedded reporter,' where you're over there and you are in among those people and you're not just the lady that's in the library when they walk in."*

At the heart of all collaboration is a need to communicate well in order that services are not duplicated or overlooked.

The librarians shared about several inter-agency collaborations of which they are particularly proud, and believe highlight practices that have been highly successful for this population. First, underscoring effective collaborative efforts, they report,

> *"[One] grant we won related to ESL. It was for adults and that was an English conversation practice. It was a three-month program. It just ended last week, Saturday morning, so we had about 15 to 25 students. These were more advanced students that definitely have a real chance of getting a job other than the most menial housekeeping or dishwashing or something like that; students that really have ideals to pursue to be efficient in the workforce. So that was really gratifying. That was a Dollar General grant – American Library Association grant…We **contracted two of the ESL teachers from the Literacy Council**. Actually, they're AmeriCorps staff, but it was on their own time. We hired them as a contract service."*

Next, Resettlement School District has recently partnered with the public library on the *Saving Stories* initiative.

> *"We're working on a project called Saving Stories and it's a **partnership with Resettlement School District**. What we're hoping is that we can have families – because most of the families that we serve use oral storytelling to tell their stories. There are no libraries in Nepal except for government. We thought it would be nice to save their stories, preserve them both in their native language and in English… what we're **hearing from the ESL teachers** is that the very young children either never had or have lost their native literacy and they said that children that have that strong native literacy generally have an easier time learning English. One supports the other."*

And, just as Nancy and Debbie share that native language retention and English language acquisition *support one another,* these are vivid examples of how the librarians have reached out to support other organizations, and specifically, refugee children and families.

4.2.6.2 Barriers in the work

In terms of barriers, the librarians shared that most of their troubled moments have centered on *logistics*, such as too many patrons arriving on the bus, or a few more literacy kits being needed. By and large, the researcher noticed that many more successes were reported, perhaps in part thanks to advanced planning and the staff's empathetic nature.

Supporting Cultural Context Education. Both librarians did point to a barrier that exists outside the realm of their role. Debbie relayed:

> *"I work in this community and I love this community and **there's a lot of prejudices in the community.** I don't think that's ever going to go away, but I think what the library program has done with the… outreach that it's made some people a little more tolerant and a little more understanding of who's in the community. There was an article written in our local [newspaper] last year that was just awful, just so many stereotypes. But there were people that I know come into the library, and I've seen these folks, that were able to defend the population and the community that is here. So I think it's been positive. **I think you always will, no matter what community, have those prejudices**."*

While this is a difficult barrier to address, Nancy and Debbie have taken steps to overcome the prejudices. For instance, one day the librarians report a **borough council member** said to them,

> *"'The library's worked so much with the refugees. I wonder if we could get the refugees to maybe volunteer to work with us in cleaning up [for Earth Day].' Well, they had 45 people show up. So they're [the refugees] **learning a wonderful civics lesson**. They did a story in the local paper. The public at large sees the refugees wanting to keep their neighborhood clean. That's an example of taking this good thing [library programs] and having it spread out."*

121

In summary, with a bit of crosstalk, the public librarians quite succinctly summed up their shared

outlook on their service of supporting refugee families:

> *"Yeah, and even though I guess the endgame is, 'Okay. These folks are refugees. They'll need to assimilate to our country, learn our culture, learn our customs,' I don't think it's fair to them to have that expectation happen overnight. In other words, I think it's your job as a public servant to make your library accommodating to them through the process."*

They continue,

> *"We turn this library on its ear for 90 minutes a month to make sure that they have a positive experience here rather than just like, 'Well, you're here. Here's your card. Go use your library.' And to keep in mind they're the people that I think need our resources the most. I really do. I think people that are learning to speak English and are trying to get jobs and raise their families – they don't have the computers at home. They don't have a lot of things that we have to offer. So I do think that staff need to realize that this is something they really need. They're not just here for the James Patterson book."*

The public librarians work within the neighborhood where the refugee families live, and just like

school personnel, interact with and serve all community members, refugees and Americans alike.

A different perspective altogether comes from Becky, a former resettlement agency

worker who now works as an outside, itinerant coordinator of education programs in school

districts. Becky's perspective is unique as she has consistently been in a professional position to

advocate solely for the needs of refugee families.

4.2.7   Former Resettlement Agency Worker

Becky has a long and varied career working with English language learners, refugee students,

and American students on the national and international level. Her interview provided two clear

points: resettlement agents and advocates for refugee children can positively support school

needs in several discrete ways, and social integration and a sense of belonging are tremendous

barriers to refugee children's school experiences. We begin with practices that Becky recognizes as yielding significant benefit.

4.2.7.1 Knowledge, skills, and practices that positively support the work

Addressing School Needs. In her former role as a resettlement agency worker, Becky believed,

> *"As a resettlement agency,* **the resettlement agency I believe has the responsibility to work more closely with the school district** *because the school district has no control over how many kids are coming its way from how many different countries with what levels of English, with what medical disabilities because the, the local refugee resettlement agencies they are told by their national VOLAGs* [Volunteer Agency] *on a rolling basis every week, they are told 'You're going to receive this family.'"*

Furthermore, she recognizes that after a school is informed new students will arrive,

> *"...they don't if family X is going to bring in six kids or two kids or what the ages or with disabilities or language ranges or what their educational background was prior to coming here.* **There are so many factors that play.***"*

Given the need to budget and make provisions for a child's enrollment, Becky's notion of the role of resettlement agency staff to communicate as early as possible aligns with school personnel's need to prepare. She reports, *"I think one helpful thing would be for the resettlement agencies to if they have any prior notice, even if it's a couple days or a week, to* **let the school district or the school know that they're bringing a family in** *and that they're going to need interpretation services."*

It appears that the path a resettlement agency worker takes, from alerting the schools, and makes recommendations about services, next leads to offering cost efficient programs that might help to socialize the family to the school and community. Becky turns to the school district, rather than the resettlement agency, when discussing this practice:

*"So the school does need to hold **workshops for the parents** even as young as the pre-K and K kids. They need to hold workshops saying 'Okay, your kids starting in kindergarten. What happens next? Why is pre-K important? Why is it important for your student to stay in school? Why is it important for your child not to be absent a lot? You know and just, you know, why is homework important? Why is, why are extracurricular activities important?'"*

Along with training parents, Becky points to the successful practice of engaging staff in professional development around the refugee experience. While she claims, *"I think that the teachers of this particular [school district] have not even been put through any **training or workshops** that the refugee population even exists."* Whether training is occurring or not (it is happening, based on Cathy and Rachel's reports), the idea of providing professional development for teachers is a practice supported by the literature (Whiteman, 2005).

Becky was quick to note the support of school district personnel when *positive* attention is brought to the refugee population. Specifically, she shares the story of one of the students she has worked with over the past few years.

*"[A major communication company's] headquarters in Texas called me up a couple days later and said, 'Hey, you have this great initiative in [the city] where you took a group of refugee kids to [the city] for a job a shadow day. We want to highlight one of your refugee youth at this nationally televised broadcast and we'll have him or her interview the CEO who's a Cuban refugee. Could you just pick one of your refugee kids?' And I was like, 'Oh my gosh.' So I called up Resettlement School District and I said, 'I have this kid I want him to go to Dallas, Texas.' So I had to – **the principal actually was very gracious and he facilitated the whole meeting** between me and the father and the child…"*

She concludes through personal reflection, indicating that school practices are most successful when personnel *"…**allow access…and offer opportunities to the refugee students** knowing that they can succeed… they just need somebody to believe in them, that they can do it and just offering them unique opportunities to different careers and different job paths."*

4.2.7.2 Barriers in the work

Integrating to School Culture and Belonging. One of the most clearly defined barriers Becky reports in her work, which precludes a successful school experience for child refugees, is the lack of integration that occurs in the school system. Given her unique perspective, as she is not formally employed by Resettlement School District, Becky recounts that:

> "…children have come to me and have said that they **feel completely isolated.** Isolated because they are physically removed from the American students in this one high school, they're sort of put in a corner or a cluster of lockers and classrooms and so the kids are physically feeling isolated and the teachers and administrators are not really making an effort to get these kids to mix."

Becky recognizes that a lot of important social interaction that students enjoy occurs after school, during extracurricular clubs and sports. She continues,

> "**It's more normal for them not to be involved in American sports** because extra curricular activities are hard to get them involved in. And I think that's another job of the school, school needs to explain to them at that there's all this extra stuff that they can be doing if they want. It doesn't have to just be academic. They can get involved and show their skills and their talents in a multitude of ways, not just academic."

In addition, given her work at the state level, Becky knows of several schools that do have a specific space, much like a "welcome center," much like what professionals report used to exist in Resettlement School District. Becky recounts, in describing ways to avoid social isolation,

> "There's some, there are some awesome programs out there that just different ways that schools handle things. Sometimes...there is kind of like a six-month isolation from students arrive. And a lot of times it's more urban settings where they have a special school for refugee kids **bringing them up to speed on lots of things** so that when they arrive a door handle makes sense and lining up in the cafeteria makes sense. So there's less of that – and then they are integrated into the school."

She reports that she is not aware of anything like this in the region of the state where Resettlement School District is located.

125

The notion of mainstreaming refugee students, after they are equipped with some background, is also interesting to Becky from a behavioral standpoint. She states,

> *"The **behavior issues have grown tremendously**. Students at this particular school district have told me '**That's because the kids are isolated**. If the kids were mixed more they would behave better.' The students themselves and the teachers themselves have actually told me that when the kids are mixed they do behave better 'cause they're nervous 'cause they're around Americans so they're going to calm down. And the Americans are nervous so they're going to calm down so mixing the kids actually works to, to increase, you know, better behavior, decrease the craziness."*

As mentioned, Becky has worked in a variety of settings during her career. A final vignette, which portrays a barrier related to social integration, occurred during an interaction between Becky and a refugee *high school* student who previously attended the K-5 elementary school that is highlighted in this study. Becky reports:

> *"...American students from a very wealthy high school in [town] were at this job shadow event with the Bhutanese refugees from the other school. And they weren't talking to each other so during lunch I said to the American students, 'Why don't you ask the Bhutanese about like their experiences, how they got to America, what their biggest challenges are in America? Why don't you guys talk to each other?'*
>
> *So the American students sat with the Bhutanese students. And this particular girl that I asked to speak at the [Business] Club for our board meeting, she said to this student from the wealthy school, 'My biggest challenge in coming to America is that I can't make any American friends. The Americans don't want to talk to us.'*
>
> *And that was so humble, humbling and so honest and so insightful that just that one statement she said that I wanted to bring her to the board meeting and I wanted her to tell her story to the board members because it matters. It matters that these, that the children feel welcome here and that they know that they are a part of the American fabric and they should not feel like they're just on the fringes, which is what they're feeling like in this high school right now."*

Becky was one of two interviewees who addressed the ideas of social integration, bullying, and cultural group marginalization. The second mention of these phenomena occurred in the final interview; this interview took place in an office at the apartment complex where many refugee families in Resettlement School District live. During this meeting a social worker and a

developmental specialist for a local interfaith ministry outreach organization shared their thoughts about success and barriers in their work with refugee families.

4.2.8   Interfaith Ministry Outreach Social Worker and Developmental Specialist

Katherine and Beth are both employed by the same local interfaith ministry organization. These women have office and work space in the apartment complex where the refugee families live in Resettlement School District. Katherine serves as a social worker and program coordinator, while Beth is involved in developmental programs for children and families. Both work with the same population of individuals, and their professional activities regularly intersect. It was deduced through the analysis of their interview data that similar knowledge, skills, practices, and barriers existed in both of their roles. For this reason, the data from Katherine and Beth's interview are taken as a single source.

Throughout the course of the interaction, Katherine and Beth shared a series of practices they have found to be useful, many of which relate to the support of language acquisition, and families understanding and being understood. A theme that emerged was related to trust; families were willing to take risks when they felt a trusting relationship had been established. Evidence of this claim came from Beth, as she recounted, "***…it's so much about interpersonal relationships. If they trust you*** *– I mean, I could probably have somebody — any family I work with — sign their life savings to me by saying, 'Okay, sign this paper right here,' you know, because they trust me, and they believe – you know, so **it's really important to gain the trust of the family**."* The barriers that Katherine and Beth spoke about were almost exclusively related to cultural concerns in both the school setting, and within the community where the refugee families live.

4.2.8.1 Knowledge, skills, and practices that positively support the work

Supporting Language Needs. Katherine and Beth first speak about communication, and their use of a translator in meetings with refugee families. Specifically, Katherine reports:

> *"...somebody [a refugee] is really quiet in a meeting – like they might not have known that the translator was coming, but I've had it happen where they don't really say anything at all, and then that translator will leave, and they'll try to communicate to me like, '**We would not talk because of her. She was not saying what we were saying**.' So I think just really clarifying that – that the translator is appropriate – like before and after, because they might not know before they go in."*

Katherine and Beth report, as cited above, that clarifying that an appropriate translator's services have been retained is a first step in successfully support refugee children and families.

Katherine and Beth also report their mindfulness about the language they use when speaking with refugee families.

> *"...now I understand the cultures much better than I did when I started, you know. **I don't really understand the language, but I can break my English down** – I mean, which words to use and which words not to. I can go to a doctor's appointment and repeat all the words that the doctor says, and someone will understand me, whereas they [refugees] wouldn't – they'd tried it before and didn't understand the doctor. Sometimes **it's as simple as the language you're using**."*

As reported by other interviewees, paperwork from the school is regularly translated for families. When it is not, Katherine and Beth report, *"we **help a lot with that paperwork and handling all that paperwork** and things like that and have a great relationship with the school and with [the school social worker] has been a big help with that."* They continue by discussing how language barriers are overcome when professionals, such as Rachel, the social worker, communicate with individual families: *"...they also have more ability to **take time to talk** to individual parents."*

Specifically related to student's language learning needs, Katherine and Beth run a program several days a week for three and four year olds. This practice is reported to be a successful support for child refugees:

> *"I think another big thing here, we have the early childhood program, and so kids that are three and four. The three-year-olds get two days a week. It's 9:00 a.m. to 11:30 a.m. two days a week. And then the four-year-olds get three days a week, the same times. But I think that's been huge just to transition to having some structure in that room and to* ***start being exposed to English rather than just starting off in kindergarten right away.***

The women also recognize school events that are held near their offices at the apartment complex. They cite, *"...we've even had in the past a back-to-school night out here where the social worker and the principal and vice principal came here**… here at a location where they feel comfortable**...."* Related to language barriers, Katherine and Beth report the refugees' nervousness when they are *"uncertain whether or not there'll be **translators** and things. But to show up here was a lot more comfortable for many people."*

As Beth shared from her experience, *"they're [parents] very **intimidated to do something** like that on their own."* For this reason, back to school meetings at the apartment complex, as other interviewees mentioned, are advantageous – from a language perspective, as other members of the cultural group are present to support an understanding of the information presented, and from a trust and safety perspective, as refugee families are in a familiar environment.

Though supporting language needs through a trusting relationship is an area of great success for Katherine and Beth, they both noticed that culture serves as a major barrier for the families they serve. Specifically, cultural context at both the school and in the apartment complex and community serve as distinct and unique barriers for children and families.

4.2.8.2 Barriers in the work

Supporting Cultural Context Education.

In the school. There are a series of after-school curricular programs in place to support refugee children, but Katherine and Beth mention, *"...**I think transportation is a huge issue** because there's no transportation for any of the after-school things… So I know kids who definitely would go to that, but can't because of that."*

A local community outreach group, however, does provide transportation to their after-school tutoring, *"They're able to ride the bus right to the **after-school program**, and then they get home about 6:30 p.m. So I think that that helps with that component, too, in addition to the education."*

The researcher notices, however, that only refugee children are at the community outreach group's tutoring service – American children are present at the service the school provides. Because refugee children cannot attend the school's programming, they are not mixed with American children for this time after school. Katherine and Beth support this finding, as they discuss barriers to participation in other extracurricular activities, such as sports. They suggest,

> *"I don't know if they're [refugee children] really **overlooked** or they're **not really recruited** because they don't take the initiative. But all these kids, they go and play soccer by themselves, and if they could get into that at school that'd be a lot more discipline learning than they're doing just playing by themselves."*

Another barrier to supporting refugee families, as they integrate to the school community, relates to immunizations.

130

"And I know I've worked with families before where school nurses will call me and say, 'This child doesn't have his immunizations.' And we've told the parents that, but I don't know if it's that they don't understand – like they don't translate that... I mean, I can go to their house and then say, 'Let me help you make an appointment,' and they'll make an appointment and go to an appointment where – I don't know why the school couldn't do that. Whether it's the relationship that they didn't really have or that they didn't understand or that they didn't translate or explain – I'm not sure."

As evidenced by the participants' tone of voice, the researcher notes that both professionals see this shifting of responsibilities among support systems as a waste of time, though within the context of this barrier, they understand that families will seek out the support of those who they most trust. Furthermore, the suggest that perhaps, *"...it's helpful sometimes for the school to recognize that **we are not specifically the resettlement agency** and to clarify that we're here to – like we saw a need, and we're here to fill those gaps."*

The barrier is further complicated when Katherine and Beth attempt to problem solve school needs on behalf of the family, and other service providers will not share information. Beth continues, schools or medical facility personnel will say, *"'Well, we can't talk to you; we can only talk to them [the family].' And I understand privacy laws and everything, but it does make things a whole lot easier to be able to help someone do it when they don't understand the concept of something."*

Katherine and Beth also share concerns associated with advocating for a child who may have a speech or learning disability. Much like the classroom teacher shared in her interview, Katherine and Beth note:

*"I think there's an **extreme difficulty diagnosing disabilities** and serving kids or young adults with disabilities. I know I personally have seen a lot of school-age kids not go to school...who could be in school but aren't because they have a disability and nobody knows what to do with them. And the rate that it takes to figure out what to do with them – I know I don't have any background on that, but I feel like a school should maybe, or maybe the resettlement agency should... I'm thinking more mental health... I'm thinking cognitive, too..."*

In addition to a variety of barriers associated with culture that Katherine and Beth identify within the scope of the children's school experience, they also note that a variety of barriers are also present outside the school, in the community.

In the community. Closely linked to the school experience of the child refugees, Katherine and Beth identified ***"there's a lot of bullying in our communities.*** *I've gone to court several different times because some of the kids – middle school, high school, elementary school – were bullied and got into fights at school."*

Isolation, as cited by Beth, is the key factor they believe leads to the bullying between American and refugee children. For instance,

> *"...schools will have international days where they do sing songs or they – little kids make posters about their own countries and teach people about their own holidays, and I'm assuming that do some things like that in different classes. But I think a lot of it's done in ESL classrooms, which is great. But all the ESL kids know that their friends are all different and they have different customs than the American kids, and **I think a lot more could be done with the American students and the ESL kids**."*

In some cases, American children will act with hostility toward refugee children. *"I remember one instance where like a couple boys were being bullied."* Beth continues, *"They were Asian, and kids were telling them like, 'Go back to China. Go back to China.'"*

It is isolation and bullying between American and refugee children that Katherine and Beth believe leads to additional bullying in the community. Katherine continues *"...the same* [refugee] ***boys that were bullied at school were also fighting*** *with the African kids and the "Russian" kids, who are not Russian; they're Eastern European... as soon as they start receiving bullying, then they're right there to give it out to another group...."* Katherine provides evidence that from her perspective refugee children do not often act out against American children, but instead begin to act out against and marginalize other refugee cultural groups.

To combat some of the negative social interaction that Beth and Katherine report witnessing, they discuss a program that was recently put in place by their organization:

*"...a year ago we started **mentoring groups** here, and I think that that's been great. That's for the middle schoolers and high schoolers. And that's been great just because kids tend to stick to their own cultural group, but in those mentoring groups they're grouped by age, and they all hang out together. So a lot of positives come from that."*

Though, the researcher notes, the mentoring group does not target the K-5 elementary school highlighted in this study.

Given the array of findings from individuals who work in a variety of roles and contexts, we next turn to what similarities and common themes are represented across all eight interviews. Specifically, coded data was used to identify those categories that were (1) represented across all eight interviews, and (2) occurred with a frequency of ≥10% of all coded excerpts. Those categories include language needs, community resources, and school needs related to cultural context education.

4.2.9 Looking across interviews

Each of the eight interviews was analyzed in terms of the major themes that arose through coding. Initially interviews were examined according to individual participant. Because interviewees represented unique roles as they worked on behalf of child refugees, individuals' responses were not compared. The role of a public librarian, for example, does not call for knowledge of the Pennsylvania School Code related to immunizations. A nurse, however, may find this information as either important for success in her work, or perhaps a barrier to her support of refugees.

As each individual interviewee shared her story, however, there began to emerge several themes that regardless of role were present across all eight interviews. These three themes were: (1) *language needs* (133 excerpts), (2) *community resource engagement and allocation* (146 excerpts), (3) *school needs related to cultural context education* (140 excerpts). These three themes represented ≥10% of all coded excerpts from the total 1,364 excerpts across all interviews.

All eight participants addressed each of the three aforementioned themes to some extent, even if one was not considered a *major* theme for that individual. Table 10 indicates which participants, based on role, did not identify one of the three common themes as a *major* success or barrier in their work, but rather merely addressed it during the interview. To reiterate, each professional did reference each of the three categorical themes at some point in the interview; the number of coded excerpts *for that individual*, however, may not have represented ≥10% of her specific interview.

Table 10. *Themes identified, but not considered major categorical theme based on role*

Role	Themes identified, but not considered *major theme* based on role
Central Office Administrator	Supporting Cultural Context Education
School Social Worker	Supporting Language Needs
Public Librarians	Supporting Language Needs Addressing School Needs
Former Resettlement Agency Staff	Supporting Language Needs
Ministry Outreach Social Worker/ Developmental Specialist	Addressing School Needs

Specifically considering the five interviews referenced in Table 10, the researcher derived the following insights after reviewing interview transcripts.

134

First, while the central office administrator did not identify *cultural context education* as a major theme, she did cite the importance of integration to school culture. This is closely linked in the literature to the theme of cultural context education.

Next, several interviewees' roles make a particular theme less relevant. The school social worker deals less with language needs, and more basic needs and cultural context education. The public librarians provide resources for learning, but are less involved in supporting language or school needs. Similarly, the former resettlement agency staff member defined her role as involvement in ensuring social integration and a sense of belonging as a whole, rather than considering language needs specifically.

Finally, the ministry outreach social worker and developmental specialist shared the value they place on collaboration and cultural context education within the school, but that they are not directly involved in supporting school needs on a regular basis.

As previously mentioned, each of these individuals *did indeed* mention the three major themes that emerged across interviews (language needs, community resources, and school needs related to cultural context education), but largely because of role definition, the data indicate that these were not major themes in their specific interviews.

Before turning to the second and third research questions, which consider how individuals responded to a follow-up survey in the areas of legal mandates, background on the refugee experience, and developmental disruptions, a graphic representation summarizes the coded interview data. Figure 7 captures Dedoose[TM]'s categorical "code cloud," a graphic that uses font size to represents coded items that occurred most frequently in the data.

Figure 7. Categorical Code Cloud

4.3 BACKGROUND INFORMATION ON LEGAL MANDATES AND THE REFUGEE EXPERIENCE

Of the ten surveys that were distributed, seven were returned. Approximately one half of the follow-up survey related to *background information on legal mandates and the refugee experience.* Data were obtained from the following participants:

(1) Central Office Administrator / Director of Programs

(1) School Nurse

(2) Public Librarians

(2) Staff of a Refugee-Related Agency

(1) Former Resettlement Agency Staff

The responses that individuals provided are based on their professional role. Therefore, while garnering information about legal mandates, or a child's experience as a refugee, may be valuable in one setting, someone in another role may not feel this way. For this reason, findings are reported *by role,* rather than a combination of all seven participants' responses.

Table 11 reveals the responses, presented by professional role. Respondents were asked to rank *importance* of the information by selecting one of the following: 5 (extremely useful/essential), 4 (very useful), 3 (useful), 2 (somewhat useful), 1 (not useful at all), or 0 (no opinion/not important in my work). Additionally, when asked *when* this information would be most beneficial, respondents selected among the following options: NA: not important in my work; before the child arrives; within one month of my working with the child; within the first three months of my working with the child.

Table 11. *Survey data: background information on legal mandates and the refugee experience*

Importance/ When would this information be most beneficial (based on role)?	School Administrator	School Nurse	Librarian	Librarian	Staff of Refugee-Related Agency	Staff of Refugee-Related Agency	Former Resettlement Agency Staff
Laws that pertain to refugee resettlement generally	2 – somewhat useful Before the child arrives	4 – very useful Before the child arrives	5 – extremely useful / essential	0 – no opinion (not important in my work)	4 – very useful Before the child arrives	4 – very useful Before the child arrives	5 – extremely useful / essential Before the child arrives
Laws that pertain to refugee child enrollment in school	3 – useful Before the child arrives	4 – very useful Before the child arrives	5 – extremely useful / essential	0 – no opinion (not important in my work)	4 – very useful Within the first month	5 – extremely useful / essential Before the child arrives	5 – extremely useful / essential Before the child arrives
Country of origin (the country from which the child has fled) and its context	5 – extremely useful / essential Before the child arrives	5 – extremely useful / essential Before the child arrives	5 – extremely useful / essential	3 – useful Before the child arrives	3 -- useful Within the first month	5 – extremely useful / essential Before the child arrives	5 – extremely useful / essential Before the child arrives
Country where the refugee child was living just prior to the US (refugee camp) and its conditions	4 – very useful Before the child arrives	5 – extremely useful / essential Before the child arrives	5 – extremely useful / essential	4 – very useful Before the child arrives	3 -- useful Within the first month	5 – extremely useful / essential Before the child arrives	5 – extremely useful / essential Before the child arrives
Refugee child's medical or mental health history	5 – extremely useful / essential Before the child arrives	5 – extremely useful / essential Before the child arrives	1 – not useful at all	4 – very useful Within the first month	3 – useful Within the first month	5 – extremely useful / essential Within the first month	5 – extremely useful / essential Within the first month

4.4   DEVELOPMENTAL DISRUPTIONS AND THEIR PRIORITIZATION

Of the ten surveys that were distributed, seven were returned. The second half of the survey related to *developmental disruptions and their prioritization in school settings.* Again, data were obtained from the following participants:

> (1) Central Office Administrator / Director of Programs
>
> (1) School Nurse
>
> (2) Public Librarians
>
> (2) Staff of a Refugee-Related Agency
>
> (1) Former Resettlement Agency Staff

Table 12 displays which developmental disruptions a particular professional noticed in her setting. Response options were yes, no, or not sure. One respondent left this section blank. In addition, respondents were asked to prioritize when work on each developmental disruption should begin. Response options were: **NA** (not a priority in my work); within the first month of my working with the child (**almost immediately**); within the first **3 months** of my working with the child; within the first **6 months** of my working with the child; within the first **12 months** of my working with the child.

Table 12. *Survey data: developmental disruptions presented and their prioritization*

Role ------------------- **Developmental Disruption & Priority**	Central Office Administrator	School Nurse	Librarian 1	Librarian 2	Staff of Refugee Related Agency 1	Staff of Refugee-Related Agency 2	Former Resettlement Agency Staff
PHYSICAL - Physical impairment (e.g., hearing loss)	Not sure	Yes almost immediately	N/A	Not sure	Yes 3 months	Yes almost immediately	Not sure
PHYSICAL - Basic need deprivation & malnutrition	Yes almost immediately	Yes almost immediately	N/A	Not sure	Yes almost immediately	Yes almost immediately	Yes almost immediately
PHYSICAL - Contact with infectious diseases	Not sure	Yes almost immediately	N/A	Not sure	Not sure almost immediately	Yes almost immediately	Not sure
PHYSICAL - Sexual trauma	Not sure	Yes almost immediately	N/A	Not sure	Not sure 6 months	Not sure 3 months	Not sure
COGNITIVE - Memory issues	No	Yes almost immediately	N/A	Not sure	Not sure 12 months	Yes 3 months	Not sure
COGNITIVE - Difficulty concentrating	Yes 3 months	Yes almost immediately	N/A	Not sure	Yes 12 months	Yes 3 months	Yes almost immediately
COGNITIVE - Attention / focus problems	Yes 3 months	Yes almost immediately	N/A	Not sure	Not sure 12 months	Yes 3 months	Yes almost immediately
COGNITIVE - Problem-solving difficulties	Yes 3 months	Yes almost immediately	N/A	Not sure	Not sure 12 months	Yes 3 months	Yes 3 months
COGNITIVE - Language barriers	Yes almost immediately	Yes almost immediately	N/A	Not sure	Yes 3 months	Yes almost immediately	Yes almost immediately
SOCIAL / EMOTIONAL - Post-traumatic stress disorder	Yes almost immediately	Yes almost immediately	N/A	Not sure	Not sure 12 months	Yes 3 months	Yes almost immediately
SOCIAL / EMOTIONAL – Depression	Yes almost immediately	Yes almost immediately	N/A	Not sure	Yes 3 months	Yes 3 months	Yes almost immediately
SOCIAL / EMOTIONAL – Anxiety	Yes almost immediately	Yes almost immediately	N/A	Not sure	Yes 3 months	Yes 3 months	Yes almost immediately

Role -------------------- **Developmental Disruption & Priority**	Central Office Administrator	School Nurse	Librarian 1	Librarian 2	Staff of Refugee Related Agency 1	Staff of Refugee-Related Agency 2	Former Resettlement Agency Staff
SOCIAL / EMOTIONAL - Disruptive behavior	Yes almost immediately	Yes almost immediately	N/A	Not sure	Not sure 3 months	Yes 3 months	Yes almost immediately
SOCIAL / EMOTIONAL - Agitation / aggression	Yes almost immediately	Yes almost immediately	N/A	Not sure	Not sure 6 months	Yes 3 months	Yes almost immediately
SOCIAL / EMOTIONAL - Physical ailments / symptoms	Yes almost immediately	Yes almost immediately	N/A	Not sure	Not sure 3 months	Yes 3 months	Yes almost immediately
SOCIAL / EMOTIONAL - Victim of bullying	No	Yes almost immediately	N/A	Not sure	Yes almost immediately	Yes almost immediately	Yes almost immediately
SOCIAL / EMOTIONAL - Identity formation issues	No	Yes almost immediately	N/A	Not sure	Not sure 6 months	Yes 3 months	Yes almost immediately
SOCIAL / EMOTIONAL - Language barriers	Yes almost immediately	Yes almost immediately	N/A	Not sure	Yes 6 months	Yes almost immediately	Yes almost immediately

5.0   DISCUSSION OF FINDINGS

The experience of child refugees is complicated, and the ways that Pennsylvania public schools respond to the complex needs of this population was the framework for the current study. Chapters one and two mined the current literature in search of the following: what international, federal, and state mandates and laws support refugees in American public schools, how refugee children present developmental needs in a public school setting, and what practices are adopted in support of these children.

As the literature review revealed, little research elucidates what is happening *in practice* in small to medium sized school districts with a resettled refugee population. There is a paucity of information about the knowledge, practice, and skills that characterize professionals who work in the space between research-based best practices and positive child outcomes. Therefore, each of this study's three research questions worked to provide a different set of relevant data in pursuit of understanding the *practices* associated with the support of a refugee child's school experience.

These three research questions were:

1) How will individuals advise those who will soon serve refugee children in public schools?

   a. With what knowledge, skills, and practices were these individuals equipped prior to the resettlement of child refugees that eased the transition?

b. How do individuals describe the barriers of working with child refugees in public schools?

2) How useful do individuals who interact with and support child refugees find background information on legal mandates and the refugee child's experience prior to resettlement, and when is this information most beneficial?

3) How do individuals experience a child refugee's developmental disruptions, and how do they prioritize addressing these disruptions?

Given the methodology considered in chapter three, and the research findings outlined in chapter four, chapter five ventures to present a clear synthesis of the findings and a discussion of the meaning the author made of the data. Each research question will be taken individually, acknowledging that a complete story of the experiences of the professionals who participated in this study must consider all three research questions as a whole.

We begin with research question one. The discussion centers on how this study's findings point us back to the literature, while at the same time revealing *"how to"* elements absent in other studies.

5.1 HOW WILL INDIVIDUALS ADVISE THOSE WHO WILL SOON SERVE REFUGEE CHILDREN IN PUBLIC SCHOOLS?

After thorough analysis of the interview data of ten professionals who work closely with child refugees and their families, three major findings emerged. These findings were also all cited in

the literature as important elements for work with refugees. These components included providing support for language needs (specifically, how to assist families in comprehending and acquiring English language skills), activating and deploying community resources on behalf of families, and securing provisions in schools for cultural context education in the form of time, money, and curriculum. Each of these elements will be considered, in relation to the literature, and in terms of how the professionals who were part of this study *apply* the findings in their work.

Supporting Language Needs. The literature suggests the importance of ensuring refugee children and families are provided with language training and accommodations in order that they might fully participate in the public school experience (Rah et al., 2009; Szente et al., 2006). Similarly, each interviewee suggested how language support both created space for successful practice, but also posed barriers.

While many larger, urban areas are prepared with centers and resources to support English language acquisition (Sidhu & Taylor, 2009) that is not the case for Resettlement School District. While the data indicate that only one participant in the study had any formal training or university coursework in working with a population of English language learners, these professionals have a variety of successful practices in place. It is notable, and related, that many of these professionals have personally sought professional development experiences to support their work. These opportunities have often occurred outside their regular job requirements or hours. Several have attained an ESL credential, or literacy coach certification, and others have completed independent research on how to best meet the needs of individuals who are learning English. It is a *personal motivation factor* that seems to underpin a significant amount of what drives successful practice for those who engage with refugee families.

It is clear that many interviewees were nervous about their effectiveness in the area of supporting language acquisition, and communicating with non-English speakers. Interviewees' fear of using translation services, or not communicating a message accurately, for instance, highlights how a lack of background brings about trepidation for a highly conscientious group of professionals. It is a personal motivation to support families effectively, however, which seems to drive these professionals to study, learn, and consequently have effective verbal exchanges with this population.

Professionals who invest themselves in this work demonstrate significant drive for supporting language needs and communicating effectively with refugee families. This drive extends beyond their specific and isolated roles, however. Collaborative interaction with other professionals and development of community-based resources was a second major finding in the literature, as well as in this study.

Engaging Community Resources. Those who work outside the school appeared quite adept at accessing community resources, beyond those that their organization offers. Public librarians, social workers, developmental specialists, and former resettlement agency workers were all well versed in the variety of inter-agency collaboration opportunities that were available to support child refugees. As part of their daily work, they call upon each other and learn what services are available to support the refugee families in the community.

The data from this study point out that there are many successful programs offered across Resettlement School District. The frustration that school personnel sometime feel about having to support refugee children "all by themselves," the barrier outside agents feel when they attempt to interface with the school, and the stigma that resource allocation for this population might carry, might all be mitigated by instituting a practice of formalized inter-agency collaboration.

A positive outcome of this type of collaboration results when refugee families have a thorough understanding of how the American school and community systems function, and what services are available to them. As several interviewees mentioned, often the greatest barrier to children accessing services is that families are unaware of *exactly what* is being offered. While language needs may play a role in this, the development of a consistent message of *how, when,* and *why* to access community resources could be a shared endeavor. Data indicate that all who were interviewed as a part of this study are ready for this type of collaboration. Moving ahead, we next explore needs presented in the school, specifically related to cultural context education.

Addressing School Needs: Cultural Context Education. The literature recognizes the importance of educators and other professionals who work with children to have background on the refugee experience and context of refugee children's home country (Tadesse et al., 2009; Whiteman, 2005). Further, the literature contends that besides this information being important, teachers are asking for it (Whiteman, 2005). In Resettlement School District, proactive measures are taken to deploy available information to staff. School social workers and administrators hold professional development and provide an array of resources to faculty members in order to bring them up to speed on a newly resettled group of child refugees. A former resettlement agency worker shared that this information also regularly "trickles down" when resettlement agency staff take a proactive role in providing details to school personnel.

While these positive practices have supported the immediate enrollment needs and transition planning associated with having a new student, the data from this study continue to point to a barrier related to how the district is responding to the cultural needs of refugee children. While past studies, including this one, recognize refugee student *information* as a catalyst for success, participants in this study argue that this alone is not enough.

Nearly all of the interviewees in this study share a story of their *personal transformation*, from uninformed to informed, from ignorant to empathetic. While some interviewees shared about this shift in thinking from a pragmatic point of view (e.g., "We initially delivered services one way, now we use a different model"), others reflected on their own misinformed stereotypes related to culture and the refugee experience, and how over time these misconceptions shifted.

When refugee children are placed in classrooms with "teachers who understand," for example, the opportunity for cultural context education and enhanced cultural awareness for the rest of the faculty is shortchanged. Does a perpetuation of ignorance continue, because only those individuals who "get it" are offered continued exposure to this population? Conversely, as the data reveal, a shared, public space, such as the public library, is used to support American cultural context education for refugees and encourages increased interaction with American community members. When community members who happen to occupy the space at the same time later become *advocates* for refugee children, the notion of exposure as a first step in cultural context education is supported. The implication for practice is considerable.

Along with ways that data are linked to past research, several nuanced surprises were uncovered during the current study. The discussion of these findings is connected to: (1) building relational trust, (2) addressing bullying, and (3) collaborating with professionals who share a common purpose.

Building Relational Trust. Findings indicate that progress with child refugees may only be made once there is a level of trust among professionals, the refugee child, and his or her family. This finding is linked to the way that refugee families interface with authority figures and the culturally-based disrespect that reaching out to an authority figure carries (McBrien, 2011). Each participant in this study, however, took the initiative to engage children and

families rather than wait for a parent to ask them for guidance and support. Instead, interviewees broke down the cultural authority barrier, extended themselves and their services to the family, and created a warm and welcoming space for dialogue. The positive response on the part of refugee children and families to this gesture is an indicator that before offering a service, before introducing an intervention, and before acculturating a child, relational trust must exist.

More specifically, the author noticed that often the refugee parents, not the children, needed to have a positive experience with trusting professionals before progress could be made. This notion is supported by the work of VanderVen (2003), as she describes the oxygen principle. The oxygen principle suggests that before supporting their own children, parents must first feel nurtured and cared for themselves (VanderVen, 2003). School personnel and other professionals in this study who *first* attended to the needs of refugee parents, as the oxygen principle suggests, were eventually more able to support the children alongside the their parents. The trust that interviewees built with parents translated to a more nurturing environment for refugee children. Despite the high level of trust that exists between professionals and refugee families in a cohesive and collaborative relationship, this study uncovered interesting findings in the area of bullying.

Addressing Bullying. There was a clear distinction between how school personnel and non-school personnel discussed and reported peer harassment (bullying). On one hand, in both the interview and follow-up survey, the school nurse was the only school district employee who cited bullying as an issue with refugee children. On the other hand, in *every* interview with professionals outside the school, bullying was cited as a major issue for this population. Does bullying not occur as much in the school setting because behavioral expectations are constructed that make positive behavior easier? Is bullying something that occurs more often in unstructured

time, in the community, and is this why non-school personnel would witness instances of bullying more often? Or, does the high profile of bullying in schools throughout the past decade create a reticence on the part of school personnel to disclose that bullying is occurring?

A major finding of this study was the importance of cultural context education. Accordingly, as a way of making sense of the presence of bullying in the data, the lens of cultural context education is called upon. This finding will be linked to bullying by way of the work of Ronald Heifitz (1994). Heifitz (1994) delineates the difference between technical problems and adaptive challenges in addressing situations. Technical problems are often easy to identify and quick to solve, while adaptive challenges require problem solving and a change in beliefs, attitudes, and relationships (Heifitz, 1994). In this case, the presence of bullying and the importance of cultural context education represent an adaptive challenge. Based on Heifitz's work, it is vital to note that we must not attempt to address adaptive challenges, such as the work of effective cultural context education, with technical solutions (1994). Past research related to cultural context education has demonstrated that school professionals have called for purely technical solutions. Teachers have requested *information*, such as when the child resettled, or what the country was like where he or she was living prior to resettlement, as a means of "cultural competence education" (Whiteman, 2005). School leaders, along with refugee resettlement agencies, have complied and provided as much information as was available. Despite acquiring this information, professionals have not been able to support refugee children in the area of peer harassment.

The adaptive challenge is rooted in understanding how a refugee child's beliefs, values, and customs differ from one's own. Equally important is recognizing how these beliefs, values, and customs might be integrated into the community in a culturally sensitive way. When

149

professionals are not asking for *this* type of cultural context education, it is possible that a fundamental lack of sensitivity, and ultimately students' outward acts of bullying, are natural consequences that the system has tolerated. These consequences occur by way of addressing technical solutions, without recognizing the underlying adaptive challenge.

Collaborating. A final point of discussion relates to how interviewees, without knowing, provided advice for success and self-reported barriers that *interacted with* and *complemented* one another. The ten interviewees represent a microcosm of professionals within Resettlement School District and the surrounding community, and a representative sample of individuals who occupy similar roles in communities throughout the state of Pennsylvania and the United States.

What is notable given these data is how professionals defined their successes and difficulties. This single group of individuals, who all interact with the same refugee children and families, represent knowledge, skills, and practices that do in fact provide a comprehensive and complete system of support. For example, the school principal indicated that language needs are a major barrier in her work, while the ministry outreach workers saw their practices around language support as great successes. The central office administrator felt that her knowledge and skill around supporting refugee children's basic needs positively influenced her work in the district, while the school nurse saw meeting these needs as a personal barrier.

If a more formal mechanism for collaboration existed, these professionals would be able to easily recognize that *together* they might share practices and skills that would support each other's "blind spots" and barriers, and *together* combine to provide a comprehensive set of supports for the population of child refugees they serve. Absent this type of collaboration, however, it is nearly impossible for a group of well-intentioned professionals to integrate their areas of strength in the holistic way that addresses a broader range of needs.

What follows is a brief discussion of how the follow-up survey maps onto ideas addressed in interviews, as well as several conclusions that can be made based on the survey data.

5.2   HOW USEFUL DO INDIVIDUALS WHO INTERACT WITH AND SUPPORT CHILD REFUGEES FIND BACKGROUND INFORMATION ON LEGAL MANDATES AND THE REFUGEE CHILD'S EXPERIENCE PRIOR TO RESETTLEMENT?

It must first be addressed that only seven of the ten interview participants responded to the follow-up survey. Specifically, the three individuals who did not respond represent the school personnel perspective. As such, any discussion regarding the perception of individuals who work directly in schools is based on only two surveys, while non-school personnel who support refugees comprise five of the seven remitted surveys.

All seven professionals who completed a survey indicated that learning more about the refugee child's country of origin, the country where his or her refugee camp was located, and the child's medical or mental health history was either useful, very useful, or extremely useful/essential. These findings suggest that all professionals who participated in the survey are interested in the child's past, that is, his or her life prior to resettlement. This aligns with the call for cultural context education that interview data indicate. The survey, however, asks about the very fact-based information that interviews reveal is important, but does not move the system to a greater level of cultural competence. It is one thing to see the information as desirable, but the

interviews revealed that having this information alone is not supporting professionals or the community in developing practices or mindsets that are culturally sensitive. Factors such as personal motivation, empathy, and relational trust, as interview data suggest, are more important than the wartime conditions of a country from which refugees flee. This information, however, may serve as a first step toward cultural competence and sensitivity.

Interestingly, respondents who were not employees of Resettlement School District were very interested in learning more about the laws that pertain to a refugee resettlement and a child's school enrollment. None of the school personnel ranked the legal components of refugee work to be "extremely useful or essential" to their work. Perhaps individuals who work for the school district are already aware of laws related to school enrollment, or know whose role it is attend to the regulations.

5.3 HOW DO INDIVIDUALS EXPERIENCE A CHILD REFUGEE'S DEVELOPMENTAL DISRUPTIONS, AND HOW DO THEY PRIORITIZE SUPPORTING THESE DISRUPTIONS?

As previously mentioned, the discussion of the findings related to developmental disruptions is limited by the response rate for the follow-up survey. These findings reveal that there is a clear connection between role, professional experience, and how professionals encounter a refugee child's developmental disruptions. The school nurse, for example, is the participant with the greatest number of years of experience working with child refugees, and is in a role where the disclosure of developmental disruptions is most relevant. It is not surprising, therefore, that she has experienced every developmental disruption in her setting, and believes that any disruption a

child experiences should be addressed immediately. The librarians, who each have the least amount of experience working with refugees, and whose role does not directly relate to addressing developmental disruptions, each responded with "N/A" or "Not Sure" for each domain of development.

Also related to role, and unlike her colleagues, the central office administrator responded that disruptions related to cognitive development should be addressed sometime in the first three months, but not necessarily immediately. This aligns with her interview, during which she suggested that often the "learning troubles" that are noticed in child refugees correct themselves after the child has become accustomed to his or her new environment and that becoming accustomed to western public education may take substantial time.

The interfaith ministry social workers and former resettlement agency staff member all have witnessed nearly every one of the developmental disruptions. Interestingly, while these three individuals all replied that nearly *every* developmental disruption is present in their setting and in their work, they only cited "language barriers," "bullying," and "PTSD" by name during their interviews.

A hypothesis is offered in response to this finding. The question of *developmental disruptions* was not specifically asked about in the interview. The interview was intentionally open-ended. Therefore, participants were not primed to specifically address these issues. For this reason, we might now conclude that because "language barriers," "bullying," and "PTSD" were the only disruptions mentioned in both the interview and survey, these are areas of development that not only present, but also are *significant* disruptions in these individuals' work.

A final note related to this part of the follow-up survey relates to how professionals prioritize their work on the developmental disruptions. The central office administrator, school

nurse, and former resettlement agency staff member suggest that any developmental disruption ought to be addressed either immediately, or within the first three months. This timeline aligns with the timing of support that a resettlement agency offers to families. We know that ninety days is the maximum amount of time that a resettlement agency provides support (IRC, 2013). A question of who arranges for support arises after this three-month window. If prioritizing support for a developmental disruption after three months is suggested, in the case of one interfaith ministry social worker who indicated that cognitive needs should be addressed within the first 12 months after resettlement, then how are provisions for support arranged? Is it the social service agency or the school who advocates for this support? If a child's parent is not communicating or noticing a cognitive need, who is responsible for initiating the conversation? The notion of collaboration has been discussed in detail in this chapter and would be relevant in terms of addressing how developmental disruptions are addressed, and how support is initiated and delivered for a refugee child.

The data and the discussion that comprised chapters four and five reveal several implications of this study. Implications that arose can be categorized into the domains of *policy*, school-based and community-based *practice*, and pre-service teacher and school leader *training*. These will each be considered in the subsequent sections. In addition, each implication has the potential to comprise a larger, programmatic effort, underscoring the advice that the participants in this study have provided. Suggestions for programming efforts, as well as strands of future research, will also be discussed.

5.4   IMPLICATIONS AND FUTURE RESEARCH

This study offered an applied look at the practices, skills, and knowledge that inform work with child refugees. The professionals who participated in this study are pioneers in work with child refugees. Each professional's reported discoveries and lessons learned represent a significant level of understanding, dedication, and passion for refugee students and their families — understanding, dedication, and passion that often required work outside the defined role each person would typically carry out. In fact, in many ways, the advice and knowledge they shared represents something much larger than individual stories and isolated advice. When combined, the knowledge, skills, and practices represent the beginnings of a framework of support that *any* district might call upon when faced with challenges such as those that Resettlement School District encountered and navigated.

For this reason, the implications of the study will be presented not from the intrapersonal or interpersonal level of interaction, but rather from the group level of a system. Interviewees in this study spoke in terms of their professional role supporting child refugees, and the interpersonal activities that framed their work. The researcher posits that when *combined*, however, the individual efforts of the sample represent advice that could be used in districts to coordinate the functioning of a group-as-a-whole. Of group-as-a-whole dynamics, Leroy Wells (1990) suggests the following:

> *"Using a group-level perspective, a group is conceptualized as being more and less than the sum total of the individual co-actors (members) and their intrapsychic dynamics. Group life exists above and below that of individual group members, and the group has a life of its own distinct from but related to the dynamics of the co-actors who compose the group membership"* (p. 55).

155

When considering how "group life" exists in concert with individual contributions, implications of this study will be considered in light of how a system might provide a *framework* (policy) and *capacity* (practice) for continued support of child refugees. To that end, several implications and future lines of inquiry arise in the areas of policy, practice, and pre-service teacher and school leader education programs. We begin, therefore, by outlining specific implications, calling upon Well's (1990) representation of group-as-a-whole analysis. Specifically, the researcher grapples with the questions, *how do we effectively move from the individual to a systematic, group level of implementation,* and *where specifically does this work go from here?*

5.4.1 Implications for policy

> *"I think in Special Education, my background, predominantly there are IEPs and there are procedures. And you just follow the rules and you just go along, and it's black and white and you just do what you're supposed to do and you get along just fine. With the ESLs it's not so black and white. We typically follow the recommendations from the BEC guidelines – the Basic Education Circular – but they're only suggestions. **There really isn't a predetermined way in which you do things.***"

The review of the literature outlined a variety of international, federal, and state mandates and laws that guide how child refugees are supported. These supports are offered from the time children take on the legal classification of *refugee* until their eventual American public school enrollment (Immigration and Nationality Act, 1952; PDE, 2012; United Nations, 1948; UN General Assembly, 1967; UNHCR, 2010). While each of these mandates and laws is well intentioned, many were created in a time when refugees were predominantly resettled *from western European countries* (RCUSA, 2013). Consequently, the federal support presupposes that refugees have background knowledge about the Western world and require minimal transition support. Evidence of this presupposition comes in the form of resettlement agencies'

mandate to provide only ninety days of services to newly resettled refugees, many of whom are coming from non-western European countries (IRC, 2013). Unfortunately, many children and their parents have spent their entire lives in refugee camps in non-Western countries. As a result, refugee children and adults alike often have limited understanding of both the physical constructs (running water, door knobs, etc.) and the social constructs (public education, libraries, etc.) of Western countries. The current federal statutes and mandates fail these child refugees. Implications for revisions to the Pennsylvania school code are discussed next.

Specific to Pennsylvania, there are three components outlined in the Pennsylvania School Code that attend to refugee needs: ESL services, immunization provisions, and enrollment protocols (PDE, 2012). As cited in the quotation that opened this section, the PA School Code does not provide a predetermined way to handle refugee children's needs. Furthermore, it provides little guidance and no real framework for school and community professionals to follow. In fact, the current policy framework is so ineffective that very few participants in this study made any mention of policy or protocols in their interviews. The current study, however, revealed three themes that would be important components of state policy. *Language supports, community resource activation, and cultural context education* are each critical components of support for the needs of child refugees.

Supporting Language Needs. Only ESL services (language supports) are explicitly addressed in the current PA School Code. ESL services outlined in the PA School Code apply to *any* child who will receive ESL services — refugees, immigrants, and any other child acquiring English as a second language (PDE, 2012). The Code lacks specific reference to refugee language needs. Both the literature and interviewee reports clearly recognize that language needs of child refugees are often complicated by family needs and mental health needs.

157

Participants also cite the critical nature of supporting refugee parents in their own acquisition of English language skills. To that end, policy that speaks directly to the language needs of refugee children and families, who have endured trauma, ought to be applicable and specific.

Engaging Community Resources. Grant funding is available at the state level for districts with a significant refugee population (the Refugee Impact Grant). This grant encourages inter-agency collaboration. If a district is not awarded the grant, however, no assurance around community-based collaboration exists. In fact, only four to five school districts in the state receive the Refugee Impact Grant, disbursed over a two-year period (PDE, 2012). Many more school districts educate child refugees. Consequently, there is no provision for encouraging community-based collaboration on behalf of many child refugees and their families.

The benefit of collaboration to a group of service providers *and* refugees is monumental (Taylor, 2008). Participants in this study report carrying out a variety of informal, interpersonal interactions whereby refugee needs are discussed and addressed. This collaborative practice is vital. Interactions are not grounded in a framework provided by policymakers or other professionals. Such a framework might provide school personnel with web or print resources outlining the types of collaboration that are important (e.g., medical professional collaboration soon after resettlement, school and social worker collaboration within the first three months, service learning collaboration within the first year, etc.). The lessons learned here point to the importance of community-based collaboration that is purposeful, guided, mandated, and fully funded.

Supporting Cultural Context Education. Cultural context education is important for the benefit of both the refugee children and those who are already living in the community. Pennsylvania state academic standards in social studies and world languages do address culture.

They lack specificity around how cultural content is handled, however (PDE, 2013b). The notion of cultural context education finds itself without a framework by which professionals can make decisions and efficiently support refugee needs.

Brake, Walker, & Walker (1992) suggest that cultural competence education is more than just the visible representations and overt way we typically classify culture. Instead, cultural competence is portrayed by a model whereby individuals develop (1) open attitudes, (2) awareness of self and others, (3) specific cultural knowledge, and (4) cross-cultural skills. This is an example of a multi-layered and systematic model, one of many in the area of cultural competence education. This model would provide the underpinnings for policy that takes appropriate steps to ensure current literature and interviewee advice are integrated and realized.

Finding common ground, as cultural competency education promotes, leads to more successful resettlements and sustained positive relationships. The presence of bullying, social exclusion, and misunderstood cultural backgrounds, as reported in interviews, exacerbates the tension around home culture and acculturation (Closs, Stead, Arshad, & Norris, 2001; Hart, 2009; Mels, Derluyn, & Broekaert, 2008). Implications for policy, therefore, call for a specific and purposeful curriculum for both professionals and children in the area of cultural context education.

While we know that each refugee experience and school context is different, the policy implications of this study call for significant work at the state and federal level. A statewide policy around the needs of refugee children must be comprehensive, consistent applied across districts, and appropriate for Pennsylvania's newly resettled refugees. More than anything, *specificity* around addressing these needs is critical. Professionals interviewed cited that early on much of their work with refugees was "trial and error." A policy that outlines a series of

protocols and practices would provide school personnel with both the framework and confidence that is currently absent in state and federal policy.

5.4.2   Implications for practice

"I'm just there to hear them, and that might be just my role with them, but somebody else will be able to take care of [something else] as long as the family's not just left, but I feel so many times in the profession… you feel like, 'Okay…I'm supposed to take care of all of this.' Well, sometimes we can't. **It's beyond our framework and our capacity…**"

Providing sufficient support to refugees seems overwhelming to professionals. Professionals experience a sense of frustration or defeat without specific, organized, and systematic guidelines for practice. This study recognizes the significant contributions of individuals and small groups. Their work is regularly at the interpersonal level, however, as dyads or small professional committees meet to address needs. *Professional standards* for those working with child refugees would coordinate individual efforts in a systematic way, and support overwhelmed professionals. Table 13 outlines three recommended professional standards for refugee support. In addition, information in the table provides alignment to the Pennsylvania Department of Education professional standards and evidence from the literature and this study.

Table 13. *Recommended Professional Standards for Refugee Support*

Recommended Professional Standards for Refugee Support	Pennsylvania Department of Education Professional Standards Alignment (PDE, 2013a)	Accompanying evidence from the literature and this study
Professional Standard for Refugee Support 1: Professionals acquire background knowledge on the international treaties, federal statutes, and school codes that guard the rights of child refugees, and explore the cultural context from which refugees flee; professionals engage in activities that support personal development of cultural competency.	**Category 1 (Planning & Preparation):** Through their knowledge of content and pedagogy skills in planning and preparation, teachers make plans and set goals based on the content to be learned, their knowledge of students and their instructional context.	Reakes, 2007 Rousseau, Drapeau, & Corin, 1996 Roxas, 2011 Sidhu & Taylor, 2009 Survey Data (table 11) Tadesse et al., 2009 Whiteman, 2005
Professional Standard for Refugee Support 2: Professionals utilize a physical space where 1) activities that support the acculturation of newly resettled refugee children and families occur, and 2) follow-up services are provided to individuals based on need.	**Category 2 (Classroom Environment):** Teachers establish and maintain a purposeful and equitable environment for learning, in which students feel safe, valued, and respected by instituting routines and by setting clear expectations for student behavior.	Interviews: Central Office Administrator Former Resettlement Agency Worker Mehraby, 2002. NSW Refugee Health Service, 2009 Sidhu & Taylor, 2009 Trickett & Birman, 2005 UNHCR, 1994
Professional Standard for Refugee Support 3: Professionals collaborate using a systematic and consistent structure with the goal of supporting the school and community, along with individual needs presented by child refugees.	**Category 4 (Professionalism):** Professionalism refers to those aspects of teaching that occur in and beyond the classroom/building.	Interviews: School Principal Classroom Teacher School Nurse School Social Worker Public Librarians Whiteman, 2005

A set of professional standards would guide planning, and create a framework for addressing needs. The relatively universal needs identified in Table 13 (planning and preparation, purposeful physical space utilization, and professional collaboration) form the basis of a systematic, practical approach to supporting child refugees in *any* school district. While specific activities would look different depending upon the number of agencies that are coordinating efforts and the magnitude of the resettlement, a set of professional standards would guide planning. District personnel should keep in mind that even in the presence of a small number of resettled refugees, formalizing procedures is valuable for the system and its children — particularly if a time comes when the flow of resettled refugees is greater than initially anticipated.

Each recommended standard reaches beyond the scope of an isolated practice. School personnel and agencies that subscribe to these professional standards on behalf of child refugee allow the powerful concepts of *prevention*, *social support network development*, and *empowerment* to take shape (Bryan and Henry, 2008; Monnickendam & Berman, 2007; Weissberg, Kumpfer, & Seligman, 2003). The current literature, along with reports of interviewees, suggests that each of these three concepts is critical and may be supported by the aforementioned professional standards. It is through a systemic alteration in current practices – perhaps informed by policy work – that programs might be developed in order to create a welcoming and more easily navigated path for refugee children.

5.4.3 Implications for pre-service teacher education and school Leadership programs

Only one participant had received any university or college coursework or background on refugee children, their development, and their experiences. (This individual was trained outside

of a school of education, and completed her degree in public and international affairs.) Consequently, it often took personal interest and motivation for these professionals to seek out the counsel, information, and support they needed to care for the refugee population.

Changes to teacher or school leader preparation programs are critical, given that the prevalence of child refugees in Pennsylvania continues to increase (PARRP, 2011). An entire semester-long course may not be necessary. Refugee curriculum might include understanding legal frameworks, addressing developmental disruptions, and meeting school needs. These three pillars are directly tied to the literature and reports of participants in this study, and provide professionals with necessary background.

There is significant overlap between components of courses in behavioral health and content related to child refugee development. Courses that address children's behavioral health are absent, however, in the majority of principal preparation curricula across the country (Caparelli, 2012). One appropriate access point for modification to preparation programs would be required coursework in behavioral health; content acquired in such a course is directly applicable to refugee children.

In addition, it is important to note that this study brought forth the perspectives of a *variety* of professionals who support child refugees. Half did not work directly for school districts. For this reason, modifications to professional training programs need not be limited to future teachers and school leaders in schools of education. Enhancing systems of support includes preparation for *all* youth-serving professionals, including but not limited to behavioral specialists, social workers, nurses, and public librarians. This may be a step in advancing the collaboration called for by the literature and participants; collaboration would be most powerful when all service providers have a similar understanding of the issue and share a common

language for their work. Fortified with the proper background vis-à-vis certification or pre-professional coursework, future practitioners may approach the resettlement of refugees differently, and potentially serve as the catalyst for cultural context understanding for an entire community.

5.4.4 Limitations and Recommendations for Future Research

This study relied solely upon self-reports of participants through interviews and follow-up surveys. This means that while sufficient space to share stories and advice was provided by the researcher, bias may exist. Self-reports are prone to participants responding in a way they perceive is desirable to the researcher; this study is limited by that potential (Donaldson & Grant-Vallone, 2002). The researcher had no preexisting relationship with any of the participants, aside from the school nurse, so there was no clear way to know to what extent the biases associated with self-reports existed.

Next, the nature of the methodology, and the recruitment of members of a single school district community make it difficult to generalize the findings of this study. While Flyvbjerg (2006) contends that a single case provides data that are as robust as any other research method, other researchers cite that generalizing from a single case is difficult and may not provide conclusive evidence of a phenomenon (Kennedy, 1979). For this reason, a potential limitation of this study centers on the ability to generalize these findings to other contexts.

Finally, the researcher used purposeful sampling, and found a group of participants who all met particular criteria. These criteria, however, may have introduced a bias. All participants had significant experience working with child refugees. At the same time, the principal, as part of her interview, noted that she regularly places refugee students with teachers she knows to be

successful with refugees. This indicates that a professional gains "significant experience" working with refugees only when a supervisor selects him or her. The individuals who comprised this study may represent, therefore, those who have demonstrated an open-mind, and a cheerful willingness to support child refugees over time. The perspective that was not included is that of professionals who either refused or have not had an opportunity to work with child refugees, perhaps because they were not asked to. The absence of their perspective is a potential limitation in this work and an area for future study.

While limitations exist, there are several specific areas of study that may provide grist for future research in the area of supporting refugee children in public schools. These include strengths based research, outcomes based research, and secondary traumatic stress.

Strengths Based Research. This study's research questions invited participants to discuss the knowledge, skills, and practices that were successful in their work with child refugees, in addition to the barriers they encountered in their work. Implicitly, these questions called for participants to consider their work from the perspective of difficulties, deficits, and challenges. Even when discussing successful practices, participants shared how each was related to addressing a challenging situation or challenging student behavior.

This study focused on practical advice in supporting refugee children, the various supports the population requires, and how others might learn from those at work in the field. Future research may pursue a line of inquiry, however, that addresses the concepts of strength and resilience. For example, what actions by schools acknowledge and further develop refugee children's strengths? Further, future semi-structured interviews might ask participants to share what strengths they observed a refugee child calling upon in their setting, and how these strengths supported the child's resettlement and acculturation.

Outcomes Based Research. A second line of inquiry for future consideration moves beyond the resettlement and acculturation process. Rather, an outcomes based study might incorporate a look at a child refugee and his or her experiences after sustained time in the public school setting. What positive developmental outcomes has he or she sustained or acquired, and how do professionals attribute these positive outcomes to knowledge, practices, or skills that they called upon during their work with the child? Further, how have refugee children demonstrated resiliency throughout the resettlement process, and how does understanding this construct promote positive developmental outcomes? It is possible that an existing organization, the Search Institute, may provide the frame for this continued work.

The Search Institute is an organization whose missions addresses the identification, research, and application of a set of developmental outcomes, or "assets" that promote positive youth development (Search Institute, 2013). Specifically, and related to this current work, the Search Institute has recently developed its World Vision International Asset-Building Collaboration (Search Institute, 2013). The Search Institute staff describes the collaboration in the following way:

> "This collaboration seeks to integrate a holistic, asset-based approach to child development into World Vision's work with vulnerable children, youth, and families around the world. A core strategy is to culturally adapt and translate the developmental assets profile as a primary measure of subjective child well-being that can be consistently used across nations and program areas" (2013)

Given this current work, there now exists a research-based measure that might address positive outcomes in international children. This tool may provide the groundwork for outcomes based studies related to refugee children in the future.

Secondary Traumatic Stress. It is important to note that as a whole, the interviews went longer than anticipated, and many interviewees wanted to speak after the tape recorder was turned off. One of the reasons to pursue the voices and stories of these individuals was to see the implications this work had in their professional and personal lives. In fact, several of the interviewees displayed considerable emotion in recalling their stories. As a result of this observation, a future line of research may relate to the influence of *secondary traumatic stress* on those whose work supports child refugees in schools. In pursuing this line of inquiry, it may be interesting to hold focus groups where professionals are with others who work in a similar role. For instance, interviewing several school nurses or several principals at one time might produce enlightening results in terms of how a group of same-role professionals makes sense of experiences with child refugees.

Research indicates that "few recognize that second-hand, or vicarious, experiences of someone else's trauma can result in traumatic stress as well. When a person experiences traumatic stress as a result of learning about someone else's trauma, they are facing secondary traumatic stress" (Scanlon, 2013, p. 3). It would be interesting to research the extent to which professionals who support child refugees exhibit characteristics of secondary traumatic stress. Furthermore, while studies have been done in the area of secondary traumatic stress in the context of social service professionals, none has directly explored its presence in schools (Rousseau & Foxen, 2010).

5.4.5 Conclusion

Just as the experience of refugees is complex, so too is the role of those who support them. Refugee children and families arrive in a new country disoriented and traumatized. Their lives have been significantly altered, and they experience difficulty and loss navigating a culture that is unfamiliar. Professionals who provide support for child refugees also experience disorientation and difficulty in their work. They are serving a population of individuals about whom they have little background, and who present needs not easily managed.

This study took first steps to create space for the voices of professionals who have cared for refugee children and families in the past. These voices provide authentic reflections on the joy of successes and the strain of barriers encountered while supporting refugees. This study is just the beginning of integrating personal stories with what has been set forth in past research. Significant work lies ahead in the areas of scholarship, policy, and practice on behalf of refugee children, families, and those who care for them.

Future reports must convey and value the voices of those who carry out this complex and emotional work. It is the first-hand experiences of these individuals that will continue to reveal how we can best support child refugees. It's this author's sincere hope that this study will serve as a source of knowledge as well as the impetus for continued research, enhancements to practice, policy, and — most importantly — ongoing support for child refugees and those who care for them.

APPENDIX A

[PARENTAL REGISTRATION STATEMENT]

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was_____ was not _____ previously suspended or expelled ,

or is _____ is not _____ presently suspended or expelled from any public or private school of this

Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for

the willful infliction of injury to another person or for any act of violence committed on school

property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A.

§4904, relating to unsworn falsification to authorities, and the facts contained herein are true and

correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

_____

Dates of suspension or expulsion:

_____

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

_____
(Signature of Parent or Guardian)

169   _____
(Date)

Any willful false statement made above shall be a misdemeanor of the third degree.
This form shall be maintained as part of the student's disciplinary record.

APPENDIX B

[HOME LANGUAGE SURVEY]
HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: **Date:**
School:

Student's Name: **Grade:**

1. **What is/was the student's first language?** _____

2. **Does the student speak a language(s) other than English?**
   (Do not include languages learned in school.)

         Yes   **No**

   If yes, specify the language(s): _____

3. **What language(s) is/are spoken in your home?** _____

4. **Has the student attended any United States school in any 3 years during his/her lifetime?**

         Yes   **No**

   If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian):

Parent/Guardian signature:

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

APPENDIX C

[PENNSYLVANIA INTIAL REFUGEE HEALTH ASSESSMENT FORM]

pennsylvania
DEPARTMENT OF HEALTH

PENNSYLVANIA INITIAL REFUGEE HEALTH ASSESSMENT FORM

PPA # ____

Name (last, first, middle): _____   **Arrival Status:** _____

Date of Birth (month, day, year):(___/___/____)   **Gender:** _____

Alien or Visa Registration #: _____   **Volag:** _____

U.S. Arrival Date: (month, day, year):___/___/_____   **Country of Origin:** _____

TB Class A or B Status: _____

Date of First Clinic Visit for Screening (month, day, year): _____/_____/_____

Immunization Record: Review overseas medical exam (OF-157) if available and document immunization dates. For measles, mumps, rubella, and varicella: indicate if there is lab evidence of immunity; if so, immunizations are not needed against that particular disease.

For all other immunizations: update series, or begin primary series if no immunization dates are found.   *Overseas immunizations done*

as screening

Alien or Visa Registration # _____

Intestinal Parasite Screening:

1. Was screening for parasites done? (check one)

Not screened for parasites; why not? _____

Screened, results pending

Screened, no parasites found

Screened, non-pathogenic parasites found

Screened, pathogenic parasite(s) found: (check all that apply)

Ascaris	Treated?	Yes	No		Paragonimus	Treated?	Yes	No
Clonorchis	Treated?	Yes	No		Schistosoma	Treated?	Yes	No
Entamoeba histolytica	Treated?	Yes	No		Strongyloides	Treated?	Yes	No
Giardia	Treated?	Yes	No		Trichuris	Treated?	Yes	No
Hookworm	Treated?	Yes	No		Other, (specify):	Treated?	Yes	No
					If not why _____			

2. CBC with differential done?	Yes	No,	If yes, was Eosinophilia present?	Yes	No	Results pending	
If yes, was Anemia present?	Yes	No,	If yes, further evaluation done?	Yes	No		
3. Urinalysis done?	Yes	No,	If yes, was Schistosoma detected?	Yes	No		
	Result pending		If yes, further evaluation done?	Yes	No		

Currently Pregnant: (check one)   Yes   No   No test done

Malaria Screening: (check one)

Not screened for malaria; (e.g., No symptoms and history not suspicious of malaria)   Screened, results pending

Screened, no malaria species found in blood smears

Screened, malaria species found (please specify): _____

If malaria species found: Treated?   Yes   No;   Referred for malaria treatment?   Yes   No

If referred for malaria treatment, specify physician/clinic: _____

Please fill in for all refugees:

HEMOGLOBIN	HEMATOCRIT	LEAD (only for <6 yrs old)
	%	

Referrals: (check all that apply)

Primary Care Provider	Dental	Vision
Mental Health	Hearing	Family Planning
WIC	Dermatology	Pediatrics
GI	OB/GYN	Urology
General Medicine	Endocrinology	Neurology
Ear, Nose & Throat (ENT)	Family Practice	State or Local Health Department
Hematology	Other Referral _____	

Interpreter needed: Yes, language(s) needed: _____   No

Note: Fill out the Pennsylvania Refugee Health Assessment Form indicating the results of the tests listed on this form and return to the local public health agency noted below within 30 days of receipt. For more information, contact the Refugee Health Program, Pennsylvania Department of Health at: (717) 787-3350 or (717)-265-8879.

Screening Clinic _____   Physician/PA/NP (Last)_____ (First)_____

Address _____ City _____ State _____ Zip _____

Phone ( )_____ Fax ( )_____

Name/title person completing form _____ Date screening completed ____/____/_____

FAX COMPLETED FORM TO THE PADOH AT (717) 772-6975 – ATTN: REFUGEE HEALTH COORDINATOR

Pennsylvania Department of Health Initial Communicable Disease Health Screening Tests Recommended for All Refugees/Immigrants

Disease or Condition	Screening Recommendations
Immunizations	Assess and update immunizations for each individual. For measles, mumps, rubella, and varicella: indicate if there is lab evidence of immunity; if so, immunizations are not needed against that particular disease. For all other immunizations: update series, or begin primary series if no immunization dates are found. If you need assistance translating immunization records or determining needed immunizations, call the PADOH at (717) 787-3350. Always update the personal immunization record card.
Tuberculosis (TB)	**Perform a tuberculin skin test (TST) or QuantiFERON TB (QFT) for all individuals regardless of BCG history**, unless documented previous positive test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. TST administered prior to 6 months of age may yield false negative results. - A chest x-ray should be performed for all individuals with a positive TST or QFT test. - A chest x-ray should also be performed <u>regardless of TST results</u> for: - those with a TB Class A or B designation from overseas exam, and - those who have symptoms compatible with TB disease.
Hepatitis B	**Administer a hepatitis B screening panel** including hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (anti-HBs), and hepatitis B core antibody (anti-HBc) to all adults and children. Vaccinate previously unvaccinated and susceptible children, 0-18 years of age. Refer all persons with chronic HBV infection for additional ongoing medical evaluation. Vaccinate susceptible adults at increased risk for HBV infection.
Intestinal Parasites	**Evaluate for eosinophilia by obtaining a CBC with differential and conduct stool examinations for ova** and parasites; two stool specimens should be obtained more than 24 hours apart. If parasites are identified, one stool specimen should be submitted 2-3 weeks after completion of therapy to determine response to treatment. Eosinophilia requires further evaluation for pathogenic parasites, even with two negative screening stool examinations.
Sexually Transmitted Infections	**Screen for syphilis by administering VDRL or RPR. Confirm positive VDRL or RPR by FTA-ABS/MHATP or other confirmatory test.** Repeat VDRL/FTA in 2 weeks if lesions typical of primary syphilis are noted and person is sero-negative on initial screening. *Use your clinical judgment to screen for chlamydia and gonorrhea using urine testing if possible.* Screen for HIV and other STDs if indicated by self-report or endemicity in homeland
Malaria	**Screen those refugees who present with symptoms suspicious of malaria.** For *asymptomatic refugees from highly endemic areas, i.e., sub-Saharan Africa*, screen or presumptively treat if no documented pre-departure therapy (note contraindications for pregnant or lactating women and children < 5 kg).
Lead	Venous blood lead level (BLL) screening is recommended for all refugee children under 6 years. An elevated blood lead test is a result >=10ug /dl of blood. Depending on blood lead level, follow-up testing and appropriate management may be needed.

Other Recommended Health Issues to Consider

Health Problems
Hematologic disorders (eosinophilia, anemia, microcytosis), dental caries, nutritional deficiencies, thyroid disease, otorhinologic and ophthalmologic problems, history of trauma, dermatologic abnormalities.

Screening
CBC, serum chemistry profiles, urinalysis, height, weight, vision and hearing evaluation and blood pressure. Assess mental health needs (e.g., headaches, nightmares, depression). Refer to other health resources as needed.

Victim of Human Trafficking
Human trafficking is a form of modern-day slavery and is a crime against humanity. Victims of human trafficking are young children, teenagers, men and women. Approximately 600,000 to 800,000 victims annually are trafficked across international borders world wide. Victims of human trafficking are subjected to force, fraud, or coercion, for the purpose of sexual exploitation or forced labor.

A victim of trafficking may look like many of the people you help every day. You can help trafficking victims get the assistance they need by looking beneath the surface for the following clues: Evidence of being controlled

- Evidence of an inability to move or leave job
- Bruises or other signs of battering
- Fear or depression
- Non-English speaking
- Recently brought to this country from Eastern Europe, Asia, Latin America, Canada, Africa or India
- Lack of passport, immigration or identification documentation

STATEMENT OF RIGHTS
Information on this form is collected for the Pennsylvania Department of Health (PADOH), by authority of Section 412(c)(3) of the Immigration and Nationality Act as amended by the Refugee Act of 1980. In order to provide services, it may be necessary to release information from the patient's record to individuals or agencies who are involved in the care of the individual. Such individuals and agencies usually include family physicians and/or dentists, medical and dental specialists, public health agencies, hospitals, schools, and day care centers. All public health agencies, health institutions, or providers to whom the refugee has appeared for treatment or services shall be entitled to the information included on this form.

pennsylvania
DEPARTMENT OF HEALTH

For more information contact:
The Refugee Health Program
Division of Infectious Disease Epidemiology
Pennsylvania Department of Health
625 Forster Street
Health and Welfare Building, Room 933
Harrisburg, PA 17120-0701
(717) 787-3350

Revised 07/09

APPENDIX D

[PENNSYLVANIA SCHOOL IMPACT GRANT RUBRIC]

Refugee School Impact Grant Rubric	Score
Application Preparation – 130 points **Funding Priorities** – 35 points	
Use of the Four Objectives in the Program Design – 60 points	
Provided Assurances – 100 points	

325 points total

Comments:

Name of Reviewer: _____

1

Application Preparation (130 points)

☐ **Title Page Form (3 points)**
Instructions and form are located in Appendix A.

☐ **Table of Contents (2 points)**
This is a listing of major items/sections in the prescribed order with page numbers.

☐ **Abstract (10 points)**

    ☐ Single-spaced and limited to one page in length

    ☐ Summarizes the application's project description

    ☐ Is clear and concise

    ☐ Includes:

        ☐ The needs to be addressed,

        ☐ The proposed services,

        ☐ The specific grade levels and

        ☐ The population group(s) to be served

    ☐ The following information is located at the top left corner of the one-page abstract:

        ☐ Project Title

        ☐ Applicant Name

        ☐ Address

        ☐ Contact Phone Numbers (Voice, Fax)

2

☐ Email Address

☐ Web Site Address, if applicable

☐ **Project Description (15 points)**
The project description provides the majority of information by which an application is evaluated and ranked in competition with other applications for available assistance. The project description should be concise and complete. It should

☐ Address the activity for which RSIG funds are being requested

☐ Provide supporting documentation

☐ Provide evaluation criteria

☐ Present clear and complete information

☐ **Program Narrative (90 points)**

☐ The narrative does not exceed fifteen typed pages, double-spaced, using a twelve-point font and a one inch side, top and bottom margins on each pages; pages must be numbered.

☐ It must address the entire two-year program period (November 1, 2010 – August 14, 2012).

☐ The Program Narrative follows the same order as the evaluation criteria listed in the Program Requirements section of this document and include the following sections: Organizational Profile, Geographic Location, Need for Assistance, Goals and Objectives, Program Design and Management, Results and Benefits and Budget.

☐ **Organizational Profile (5 points)**

☐ Demonstrates organizational capacity and the ability to effectively implement and manage the programmatic and financial aspects of the project.

☐ Provides documentation of the agency's mission, organizational chart and management plan to demonstrate it can support community collaboration.

3

☐   Describes the overall capacity of the coalition and its potential to provide assistance to refugee school children by providing them with appropriate education.

☐ **Geographic Location (5 points)**

☐   Describe the precise location of the project and boundaries of the area to be served by the proposed project.

☐   Maps or other graphic aids are attached.

☐ **Need for Assistance (10 points)**

☐   Clearly identifies the physical, economic, social, financial, institutional and/or other problem(s) requiring a solution.

☐   Demonstrates the nature and scope of the problem(s) and issues related to the education of refugee children.

☐   Provides relevant data based on planning studies or needs assessments.

☐   Incorporates demographic data and participant/beneficiary information, as needed.

☐ **Goals and Objectives (10 points)**

☐   The principal goal is clearly and concisely stated.

☐   Subordinate objectives are clearly and concisely stated.

☐   Supporting documentation, such as letters of support and testimonials from concerned interests other than the applicant, is included.

4

☐ **Program Design and Management (20 points)**

☐ Provides an outline of a plan of action that describes the scope and details of how the proposed work will be accomplished.

☐ All functions or activities are identified.

☐ Cite factors that might accelerate the work and state reasons for taking the proposed approach rather than others.

☐ Cite factors that might decelerate the work and state reasons for taking the proposed approach rather than others.

☐ Describe any unusual features of the project such as design or technological innovations, reductions in cost or time or extraordinary social and community involvement.

☐ If available, quantitative data of the accomplishments to be achieved for each function or activity may be organized and presented as project tasks and subtasks with their corresponding timelines during the project period. When accomplishments cannot be quantified by activity or function, list them in chronological order to show the schedule of accomplishments and their target dates.

☐ Provide a list of organizations, cooperating entities, consultants or other key individuals who will work on the project, along with a short description of the nature of their effort or contribution.

☐ Describe the program's service delivery model and provide evidence that supports its effectiveness with newly arrived refugee children as it relates to their educational, behavioral and social development and overall adaptation to and success in schools.

NARRATIVES THAT DO NOT FOLLOW THE APPLICATION CRITERIA IN THE ORDER LISTED WILL BE DISQUALIFIED.

5

☐ **Results and Benefits (15 points)**

    ☐ Outcomes to be derived from the project are identified. Applicants should identify results or outcomes which show improvement that are outlined in the Need for Assistance and Goals and Objectives sections.

    ☐ Key indicators are included that show how success will be achieved and outcomes will be evaluated. For each expected outcome or result, the application should include outcome targets, key indicators, data sources and collection and analysis methods.

    ☐ PDE has identified the following objectives:

        ☐ To increase the number of refugee children that complete schools,

        ☐ To improve the level of English language acquisition among refugees,

        ☐ To improve academic performance,

        ☐ To improve school adjustment,

        ☐ To improve the quality and timely submission of homework assignments by refugee children,

        ☐ To improve school attendance rate,

        ☐ To increase school participation and increase self initiative and leadership role among refugee students,

        ☐ The improvements projected for any given outcome must be compared to baseline data to show that the changes or improvements are significant and valid.

6

181

☐ **Summary Budget Forms and Budget Narratives (25 points)**

    ☐ All applications contain <u>Year One and Year Two</u> Summary Budget Forms and matching Budget Narratives showing line-item details and cost bases, cost codes and function codes for all major expense items.

    ☐ **All items included in the budgets must clearly relate to activities described in the program design section of the application.**

☐ **Refugee Resettlement/Social Service Agency Letters of Agreement (10 points)**

    ☐ School and resettlement/social service agency collaboration is clearly spelled out in a written document, specifically the Refugee Resettlement/Social Service Agency Letters of Agreement.

    ☐ The Refugee Resettlement/Social Service Agency Letter of Agreement Form is signed by the person who has signatory authority for the respective resettlement/social service agency.

Comments:

7

Funding Priorities (35 points)

☐ School district is located in one of the ten counties outlined in the RFA:
Allegheny, Bucks, Dauphin, Delaware, Erie, Lackawanna, Lancaster, Lehigh, Montgomery and Philadelphia **(20 points)**

☐ Refugee Student Impact Percentage is calculated. (Number of Refugee Students in the Districts/ Total Number of Students in the School District. **(15 points)**

Incorporation of the Four Objectives into the Program Design (Total 60 points)

School districts will incorporate the following four objectives in the program design:

☐ Engage refugee students in academic and enrichment programs that will provide extra learning opportunities in English language instruction and increase social interaction with native English-language speakers to enhance the instruction provided by the federally-funded English as a Second Language program under Title III of the Elementary and Secondary Education Act (ESEA). **(15 points)**

☐ Facilitate the completion of comprehensive school-based social, emotional, mental and behavioral health screenings for new refugee students within the first 90 days of school enrollment through the Student Assistance Program and available state-funded PA-Pact/Accountability Block Grant social and health funding that districts may choose to use as additional funding. **(15 points)**

☐ Use the Student Support Specialist to connect refugee students in the district with additional school and community resources, facilitate student transition to the U.S. school system, communicate between school staff and parents and help parents navigate the school system. **(15 points)**

☐ Acclimate and acculturate refugee parents new to Pennsylvania in a culturally and linguistically appropriate manner through parental education and involvement opportunities so that parents are familiar with their new environment and empowered to advocate for their children. **(15 points)**

8

Assurances (100 points)

☐ **CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE (20 points)**
The Pro-Children Act of 2001, 42 U.S.C. 7181 through 7184, imposes restrictions on smoking in facilities where Federally-funded children's services are provided.

☐ **SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS (20 points)**

☐ **CERTIFICATION REGARDING LOBBYING (20 points)**
Certification for Contracts, Grants, Loans and Cooperative Agreements

☐ **CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS (20 points)**

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions.

☐ **CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS (20 points)**
Certification Regarding Debarment, Suspension and Other Responsibility Matters–Primary Covered Transactions

9

APPENDIX E

[RECRUITMENT LETTER]

April 30, 2013

Dear Sir or Madam:

You are invited to participate in a research study about your experience working with child refugees. The goal of this study is to learn how individuals in a community that has welcomed child refugees might advise others on how to best prepare for the resettlement of refugees. You were selected as a possible participant in this study because of your extensive experience in a medium-sized school district that has a significant refugee population

If you decide to participate, you will be invited to complete one (1) approximately 40 minute face-to-face interview and one (1) approximately 10 minute follow-up survey. There are no foreseeable risks associated with this project, nor is there any direct benefit to you. All responses are confidential and results will be kept under lock and key.

It is my hope that this research will provide practitioners with a guidebook of sorts in order that future resettlement of child refugees can occur with greater ease. Your insights will inform how we bridge what current research indicates schools ought to consider when resettling child refugees, and what actually occurs in school districts around the country.

Your participation is voluntary. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission.

I hope that we might find a time to meet in May 2013 for an interview. I am happy to meet you at a time and location that is most convenient for you. Please call me (xxx-xxx-xxxx) or e-mail me (e-mail address), we can set up an interview time that suits your schedule. Additionally, if you have any questions about this project, please feel free to contact me.

I am excited about the opportunity to work with you, and look forward to hearing from you soon!

Sincerely,

Timothy M. Wagner

APPENDIX F

[INTERVIEW SCRIPT]

Thank you so much for agreeing to participate in this research study! The purpose of this research study is to learn about how professionals who have significant experience working with child refugees would advise others who are expecting a refugee resettlement.

The goal of this study is to make a bridge, based on your experiences, between what the research says is important for child refugees and the outcomes that we all hope children achieve. Specifically, I am interested in the kinds of things you wished you had known before child refugees were resettled in your community.

There are no foreseeable risks associated with this project, nor is there any direct benefit to you. I also want you to know that all responses are confidential and results will be kept under lock and key. The services of a professional transcriptionist will be retained to create the transcript of this interview. Any personal information you share will be de-identified as part of this process. Finally, participation is voluntary. Therefore, you are welcome to withdraw from the interview or not answer any questions at any time. I am conducting all parts of this study, and can be reached at (xxx) xxx-xxxx if you have any questions.

Prior to beginning, I need your consent to participate. If you agree, I would like to audiotape this interview, unless you tell me not to. The interview should last no longer than 40 minutes.

Are you willing to participate in this telephone/face-to-face interview? _____

Every interview will begin with some basic questions to help respondents feel comfortable with the interactive nature of the interview and with the audio-recording device used during the interview (if they permitted audio-recording). These basic questions provide context and demographic information, and basically set the tone for the interaction.

Background

Let's get started with a few basic background questions about your professional experiences.

A.   What is your current job?
B.   About what year did you begin working with refugee children?
C.   Did you hold this or a different position when you were most actively working with child refugees?

If the interviewee held a different position when most actively working with child refugees, proceed to background questions D & E. If not, move to the next set of directions.

D.   What was that job?
E.   How long have you held this position?

Thank you for providing this background.

I have two open-ended questions that I'd like to talk with you about. One is about the barriers you have faced in this area, and one is about the things that went well for you and the students.

As we talk, you are invited to elaborate as much as you'd like. I want to give you as much space to talk about your experiences as possible. I may, however, ask additional questions or ask for clarification as we proceed. Do you have any questions for me before we start? Are you ready to begin?

As the individual responds, he or she will be asked additional probing, open-ended questions that will help to glean additional, related detail.

Interview Questions

1) Now that you've heard a little bit about the goals of this research, and the set-up for this interview, I'd like to invite you to put yourself in the role of someone who would provide advice to a school district that recently learned it would welcome child refugees. In fact, please think back to the time when you were [_*refer to background question D.*_]. We are going to start by talking about what went well for you during the time you were most actively working with child refugees.

Central Question:
Based on your setting and responsibilities, what went well for you when you began working with child refugees?

Probing Questions:
1a.	What district procedures were already established?
1b.	What did *you* decide to do to support child refugees that had positive results?
1c.	What would you advise another [*refer to background question D*] in a similar setting to replicate?
1d.	Why do you think any of the things you mentioned worked well?

Thank you for sharing your ideas. They will be very helpful in order to create a bridge between what the research says is best for child refugees, and what you notice is happening in your setting.

2)	Next, I'd like to ask you about some barriers that you may have faced during the resettlement of child refugees.

Central Question:
Based on your setting and responsibilities, what do you wish you had known before you became involved in working with child refugees?

Probing Questions:
2a.	Please share some additional barriers that you encountered.
2b.	What did you decide to do about these barriers?
2c.	What would you tell a [*refer to background question D*] in another district related to the barriers you encountered?
2d.	What factors, do you believe, led to these barriers?

Thank you. This information is very helpful, especially as we think about how schools should prepare to respond to the barriers resettlement might present.

Is there anything else you would like to tell me before we conclude our interview?

Thank you for your time today. I will be sending you a transcript of this interview so that you may check it for accuracy and to ensure that your ideas are reflected the way you want them to appear.

APPENDIX G

[FOLLOW-UP SURVEY]

Supporting Refugee Children Survey (SRCS)

Background

Thank you for taking the time to complete this research study survey! The goal of this research study is to learn about how professionals who have significant experience working with child refugees would advise others who are expecting a refugee resettlement.

There are no foreseeable risks associated with this survey, nor is there any direct benefit to you. I also want you to know that all responses are confidential. As well, participation is voluntary. Therefore, you are welcome to withdraw from the survey or not answer any questions.

The survey asks you to think about your experience with child refugees in several ways. First, you will answer some background questions. Next, you are invited to consider the kinds of information that would help before and during a child's resettlement. Finally, you will respond to what developmental disruptions you notice occurring for child refugees in your setting.

There are no right or wrong answers. The survey will take approximately 10 minutes to complete. Your input is extremely valuable as we continue to study how we can best support child refugees!

If you have any questions, please feel free to contact Tim Wagner (412-400-4743, wagnertm@me.com) at any time.

1. To get started, we have a few questions to help us understand your role and background. First, please select the description that best describes your position.

- ○ general educator
- ○ ELL educator
- ○ librarian
- ○ school nurse
- ○ central office administrator
- ○ school administrator
- ○ social worker
- ○ counselor
- ○ staff of a resettlement agency
- ○ staff of another refugee-related agency

Other (please specify)

[   ]

2. For how many years have you been working with child refugees?

[   ]

3. Have you received formal training in working with refugee children?

☐ no

☐ university coursework

☐ professional development (e.g., conference or workshop)

☐ I have a degree in a related field (e.g., ELL/ESL)

☐ I have worked in a refugee agency, where I received training.

Being Prepared

Thank you for providing background information. Now, we'd like your opinions about information you find useful and when you would like to receive that information.

4. On the left you will see a list of topics. First, please tell us HOW USEFUL you think this information is for someone in your position. Then, tell us WHEN this information would be most important to have. Your responses will enhance our understanding of what information is important to those in the field and when they should receive this information.

Let's get started! On a scale of 1-5, with 5 being extremely useful, how important is it to know about the. . .

	Importance	When Would This Information be Most Beneficial?
laws that pertain to refugee resettlement generally	[▼]	[▼]
laws that pertain to refugee child enrollment in school	[▼]	[▼]
country of origin (the country from which the child has fled) and its context	[▼]	[▼]
country where the refugee child was living just prior to the US (refugee camp) and its conditions	[▼]	[▼]
refugee child's medical or mental health history	[▼]	[▼]

Other (please specify)

[   ]

Developmental Disruptions

Thank you for your input. We now move on to the final section of the survey, a look at some of the developmental disruptions that child refugees may experience.

Some researchers suggest a variety of disruptions occur during a child refugee's development. These disruptions can be categorized into three domains: PHYSICAL, COGNITIVE, and SOCIAL/EMOTIONAL.

First, we'd like to know if the child refugees in your setting have experienced these disruptions. Next, we know that not all of these disruptions can be addressed at one time. Therefore, we are also interested in learning when, if ever, work on each disruption should begin.

Your views will help others think about how to set priorities for refugee children. Thank you for sharing your views.

5. Now let's hear what you have to say! Using Yes, No, or Not Sure, identify if you have seen evidence of the following developmental disruptions in the child refugees with whom you have worked. Then, select a period of time in which work on these priorities should begin.

	Is This Disruption Presented in Your Setting?	When Should Work on this Priority Begin?
PHYSICAL - Physical impairment (e.g., hearing loss)	[▼]	[▼]
PHYSICAL - Basic need deprivation & malnutrition	[▼]	[▼]
PHYSICAL - Contact with infectious diseases	[▼]	[▼]
PHYSICAL - Sexual trauma	[▼]	[▼]
COGNITIVE - Memory issues	[▼]	[▼]
COGNITIVE - Difficulty concentrating	[▼]	[▼]
COGNITIVE - Attention / focus problems	[▼]	[▼]
COGNITIVE - Problem-solving difficulties	[▼]	[▼]
COGNITIVE - Language barriers	[▼]	[▼]
SOCIAL / EMOTIONAL - Post-traumatic stress disorder (PTSD)	[▼]	[▼]
SOCIAL / EMOTIONAL - Depression	[▼]	[▼]
SOCIAL / EMOTIONAL - Anxiety	[▼]	[▼]
SOCIAL / EMOTIONAL - Disruptive behavior	[▼]	[▼]
SOCIAL / EMOTIONAL - Agitation / aggression	[▼]	[▼]
SOCIAL / EMOTIONAL - Physical ailments / symptoms	[▼]	[▼]
SOCIAL / EMOTIONAL - Victim of bullying	[▼]	[▼]
SOCIAL / EMOTIONAL - Identity formation issues	[▼]	[▼]
SOCIAL / EMOTIONAL - Language barriers	[▼]	[▼]

If there are other disruptions not listed, please tell us what they are and indicate when (within the first month, 3 months, 6 months, or 12 months) you think they are a priority to address.

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