

Strategies for Engaging Immigrant and Refugee Families



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Introduction



American classrooms have become increasingly diverse. Immigrants and refugees* now comprise over 20 percent of the students in U.S. public schools, and this percentage is expected to grow to 30 percent by 2015.¹ The number of English language learners has also increased, doubling in size from 1995 to 2005.² These diverse students hail from every corner of the world, with 39 percent of immigrants coming from Mexico, 23 percent from Asia and the Pacific Islands, 11 percent from Europe, 6 percent from Central America and the Caribbean, 5 percent from South America, and 3 percent from Africa.³ Immigrants no longer reside mainly in urban areas but have dispersed to rural communities, where historically, there has been little diversity and certainly far less experience working with immigrant and refugee populations.⁴ Many Safe Schools/Healthy Students (SS/HS) sites across the United States have substantial immigrant populations and are interested in better understanding their diverse communities so that they may do more effective outreach to engage families in SS/HS programs.

* The term *immigrants* will be used throughout this document although some immigrant populations officially have “refugee” status. The distinction is that immigrants choose to come to the United States while refugees are people who have been forced to flee their countries for fear of persecution due to war, religion, or political opinion. Refugees have a different legal status that is defined by the United Nations.

Strengths and Challenges of Immigrant/Refugee Communities

Despite their diversity, immigrant families often share similar strengths. They are more likely to have two parents, with at least one working parent, and often have strong community connections as well as support from extended family⁵—all protective factors for children against risky health behaviors. In addition, many immigrant families have a strong desire for their children to be successful in school and in life and have an ethic of hard work to get ahead. Immigrant families have often demonstrated great resilience in overcoming obstacles to come to the United States.

Yet with all these strengths, immigrant children and families frequently struggle in their new communities. Some may be dealing with past traumas from persecution, conflicts, or natural disasters in their home countries. Some may have limited education or non-transferable job skills and so are unable to find sufficient work to adequately support their families. Some may have come from rural farming communities and find themselves in unfamiliar urban areas. Others may be undocumented families or parents who fear deportation, a significant stressor that may keep them from finding higher-paying jobs or receiving health care, or prevent their children from seeking higher education. Still others may be highly educated professionals who are unable to find comparable positions in their new communities.

But immigrant families also share some common denominators. Many families have experienced separations for extended periods as children are sent ahead to live with relatives, or parents emigrate first in order to establish a life before sending for their families. There is the stress of dislocation to a new environment and culture. After arrival, they face the challenge of adapting to a new culture and learning new rules and roles. They may experience conflict between generations as children and youth often acculturate more quickly than their parents. Many parents experience the stress of not being able to speak the language, with adult and child role reversal when children learn English more quickly and need to act as interpreters and negotiators with health care and school officials. And as parents' experiences may not be as relevant in the United States as in their country of origin, parents may feel diminished and disempowered from their roles as respected elders and experts. Finally, immigrants may also experience resentment, discrimination, and hostility in their new communities.^{6,7}

Engaging Immigrant Families in School and Health Issues

“To have a significant impact on improving the health and well-being of children in immigrant families, it is important to focus on the unique circumstances of the groups who are struggling the most to succeed in this country. . . . Individual and family characteristics, reasons for immigration, and the social context families find upon their arrival, all play an important role in understanding these differences.”

—Shields and Behrman (2004, p. 4)

SS/HS initiatives often find it challenging to successfully engage immigrant families. Low participation rates of minority parents at school activities is an ongoing concern for educators and school-based mental health providers, as family involvement in children's academic and behavioral performance, both in school and at home, is crucial to the success of academic and mental health programs.⁸ If families don't respond to traditional engagement strategies, school and health care staff may assume parents aren't interested. The reality is that most immigrant families care deeply about their children's education and health. However, immigrants often show respect for schools by keeping their distance; the unspoken norm in many countries outside of the United States is that it is the teacher's job to educate their children, and thus it is disrespectful to a teacher's expertise for parents to participate.⁹ Other factors that may

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influence parental engagement are the parents' limited English language proficiency, which affects their comfort level; parents' negative perceptions of the school environment; and the lack of culturally competent staff to provide culturally appropriate outreach to immigrant families. Parents' work schedules, limited English language fluency, limited formal education, and a lack of resources, such as a home computer, may also impede their ability to help their children with homework. In addition, immigrant parents often hold multiple jobs that require long hours and have less flexibility to allow them to attend meetings.¹⁰ Finally, immigrant families are much less likely to have health insurance, and they may not understand public health insurance programs, their eligibility, or how to use the U.S. health care system.¹¹

Although many immigrant families have experienced stressful events both in their home country and while resettling in the United States, immigrant groups often have cultural barriers to seeking treatment for mental health issues, not unlike other families.

To meet these challenges, communities are trying many diverse, culturally appropriate outreach strategies. The rest of this guide highlights two unique examples from New Routes to Community Health grantees and four innovative examples from Safe Schools/Healthy Students sites.

Using Media to Do Outreach: New Routes to Community Health

New Routes to Community Health was a four-year collaborative media project that coordinated grants to organizations in eight U.S. cities. In these communities, immigrant groups, media makers, and prominent community institutions, such as colleges and universities, television and radio stations, and a museum, worked together to produce original health-related content to improve the health and mental health of immigrant families.

This unique approach not only used media for outreach but also involved immigrant communities in media making in ways that empowered the communities and developed new immigrant leadership. Two of the projects that involved students are described next.

Salud: Healing Through the Arts (Chicago)

Latino immigrant youth from a Chicago neighborhood stepped up to positions of community leadership during an arts education partnership between a youth-driven local radio station, a national museum, and a Latino community advocacy organization. Through the *Salud: Healing Through the Arts* project, Latino youth contributed to a more supportive environment for immigrant community health issues, such as parent-youth relationships and mental health, by:

- Creating and performing five new theatre works to help their peers make sound health and life decisions



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- Broadcasting and Web-casting youth-produced radionovelas (radio soap operas) and public service announcements on health issues
- Raising awareness of health impacts on the Latino community and fostering better communication between immigrants and other community groups

To watch the Latino youth collaborating and talking about their experiences creating the theatre and radio pieces, visit <http://newroutes.org/node/16807>. To listen to examples of their radionovelas in Spanish or English, visit <http://newroutes.org/projects/salud>.

Latino youth also developed a sex education workshop in which teens reversed traditional roles to become teachers to their parents. They participated in creating and disseminating a summer school and afterschool curriculum that addressed the impacts of diabetes, obesity, and mental and sexual health issues. During the course of the *Salud* project, high school and college-aged Latinos became involved in local and national advocacy, including an Illinois state campaign to openly discuss mental health issues called “Say It Out Loud.”

“As individual community members find their voice through media making, it has a ripple effect throughout the community. My story happened to me, but [through the media] it is impacting others, and it has the power to change the way that others see themselves.”

–Partner in the *Salud* project

Lessons Learned

- **Leaders can bridge divides.** Young community leaders who emerged were able to use media making to bridge divides between generations by becoming teachers to their parents and providing opportunities for dialogue about sensitive subjects such as sexual health.
- **A youth-driven model enhances natural leadership.** The process of collaborative media making and storytelling provided a powerful opportunity to develop authentic, community-based leadership within the Latino community. Some of the *Salud* youth are now leading the very programs they participated in a few years ago.
- **Youth understand the power of media.** Youth know that media influences public opinion. *Salud* influenced youth to participate in media arts, health advocacy, and immigration reform advocacy outside of the *Salud* project.

Egal Shidad: (Minneapolis/St. Paul)



Egal Shidad began when Somali participants at a lively community meeting identified more than 10 health topics of concern to them. Concerns about mental health, sexually transmitted diseases (STDs), and relations between teens and their parents topped the list. So the *Egal Shidad* team used Somali folk tales and other cultural approaches to create a series of stories on Somali health for radio, TV, and classrooms, including groundbreaking programs in the Somali language about mental illnesses, sexually transmitted diseases, and teen-parent communication. For guidance on cultural relevance and clarity, a nine-member advisory committee provided feedback throughout

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the media-making process. Each show gives basic health information on these important topics, models family involvement, and inspires open conversations in the community about sensitive health concerns.

To view a video of Somali teenagers and adults discussing how to improve parent-youth communications to help youth live safer and healthier lives as new Americans, see <http://newroutes.org/node/39166>. To view other videos, including the process of making the Somali media, see <http://newroutes.org/projects/egalshidad>.

Egal Shidad originally sought to reach Somalis in Minnesota, but its audience became much wider. Through Web streaming on the New Routes site, Blip.tv, and YouTube, and because of ads placed on popular Somali sites, the programs have been viewed by more than 6,000 viewers around the world.

Lessons Learned

- **Engaging key community leaders is crucial to success.** *Egal Shidad* involved Somali social organizations, health care providers, parents, and youth in planning and content selection throughout the three-year project. Somali culture and values were respected so participants felt valued and welcomed.
- **Community engagement helps define the issues in a manner that is consistent with the community's values, attitudes, and beliefs.** The overarching goal for *Egal Shidad's* community engagement plan was to recognize and incorporate Somali attitudes about health care and health messaging, and to build on strengths within the Somali community. Like any group of people, the Somali community is one of great variety, and no single member could define and articulate health messages in a manner that would be meaningful to many.
- **An advisory committee can play many different important roles.** *The Egal Shidad* advisory group suggested interview subjects and outreach possibilities and provided feedback on drafts of each show. Advisory group members counseled media makers on how to incorporate Islam into the shows in a manner that would feel relevant to a broad spectrum of Muslim Somalis.
- **Recruiting, hiring, and training Somali producers and health educators made the project a Somali-American collaborative work.** A KFAI Somali radio host was the producer for all three programs. He worked closely with a videographer, who taught him video planning, producing, and editing skills. Another Somali TV-radio host played a large on-screen part in the STD video, making it appealing to Somali women.

Successful Outreach Examples—SS/HS Sites

SS/HS initiatives across the country are working to bridge the cultural gap to engage and serve immigrant and refugee families within their school districts. Here are a few representative stories of SS/HS communities that have successfully conducted outreach to immigrant families to enhance their children’s health and academic success.



Newport-Mesa Unified School District (California): Bilingual Outreach

Newport-Mesa Unified School District (USD) is an economically and culturally diverse district that serves 22,000 students in Orange County, California. The Newport-Mesa USD’s SS/HS initiative, Project ASK (Advocates Supporting Kids), decided to begin by addressing the needs of older students who had been suspended or expelled or who had low academic achievement. Many of these students came from low-income Latino families. Bilingual Family Outreach Advocates contacted the families of these students by phone and in person to offer to help change students’ behaviors by providing services and skills programs for parents. Project ASK staff chose a bilingual (English-Spanish) EBI parenting program called Parenting Wisely, which features materials friendly to families with limited education. Project ASK’s Family Outreach Advocates understood the education and social services worlds and were bilingual. The Family Outreach leader was a Hispanic woman with broad credibility in the schools and community. She said the most important thing in working with this community was being respectful and compassionate, and a good listener: “Even though I am Hispanic, I do not know more about their reality than they do.”

As Parenting Wisely was implemented, the district collected data about its impact to measure the relationship between parental participation in the program and changes in students’ behavior.

After the first six months, the project began seeing results: improvements in student attendance, discipline, and social behaviors.

Truancy decreased by almost half, and by the end of the first semester, district staff saw improvements in students’ academic achievement. In addition, the number of referrals to mental health professionals greatly increased. Word started spreading about the benefits of participating in the program. Families shared stories of improved communication with each other. Fathers who had participated were seeing positive results at work as well. After the first year, the program had a waiting list.

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By tracking and communicating this success in the district, Project ASK has been able to expand parenting programs to parents of elementary and preschool children, addressing behavioral issues before they become more critical and interfere with children’s academic success. In addition, Project ASK implemented a software system that tracks students’ progress in real-time and monitors student behavior, attendance, and academic outcomes to quickly identify students and families who need support. As a result, instead of intervening to address problems that exist, the district focuses on promoting positive behaviors and preventing risk behaviors in a culturally competent manner.

Lewiston Public Schools (Maine): Home Visits and Parenting and Literacy Support

The Lewiston Public School system in mid-coastline Maine serves almost 5,000 students. Since 2001, an influx of Somali and Somali Bantu immigrants and refugees has contributed to the community’s diversity, so that now nearly 1,000 Somali students participate in the school system’s English Language Learners program.

Somali immigrants and refugees have endured Somalia’s long-standing civil war, and many experience mental and physical problems from war-related trauma. In addition, many Somalis have limited literacy skills and depend on low-income jobs or government assistance. Because the Somali culture has no conceptual framework for mental health or mental illness, Somalis often report physical pain when experiencing sadness or depression.¹²

As part of the district’s SS/HS grant, the Early Childhood Prevention team expanded a home visiting program for newcomers to the state, and engaged small groups of Somali women to participate in the evidence-based Nurturing Parenting Program, using trusted cultural brokers and Somali interpreters. These groups enable Somali women to talk about their feelings, without using the label of “mental health.” Parent educators use a simple demonstration of a vinegar and baking soda “volcano” to show how not expressing feelings, represented by stuffing the neck of the volcano with cotton, can lead to an increase in pressure that bubbles over into an explosion. They discuss the importance of talking about frustrations and difficulties with trusted confidantes or professionals to prevent explosions and to feel better. Parent educators also use an analogy from airplanes—if the pressure drops, you must put on your oxygen mask first before you help your children. This helps the women see that they need to take care of themselves so they can help their families.



Through the Nurturing Parenting program, Somali mothers learn about developmentally appropriate expectations for children, appropriate discipline practices in the United States, the importance of communicating feelings, and ways to empower parents and children. This program creates a valued support system for Somali women. The SS/HS program also engages literacy volunteers who help parents and children to acquire English language skills.

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The Lewiston SS/HS team is also preparing to replicate Project SHIFA,¹³ a Boston-based program for Somali refugees, which includes parent outreach to reduce the stigma of accessing children's mental health services by describing how stress and mental health problems affect children's functioning and ability to learn. The program also includes school-based groups to help Somali students with acculturation and socialization, and training for school staff about the trauma and stresses that Somali children experience. When the program is implemented in Lewiston, it will provide culturally appropriate, school-based mental health services for at-risk Somali students.

Thus far, the most effective strategies implemented by the SS/HS program are as follows:

- Working with Somali cultural brokers and interpreters to develop trust within the community
- Collaborating with an extended network of trusted professionals in community agencies to provide services and education to families
- Helping parents to understand that their children's participation in the program's offerings helps them succeed in school

Alhambra Unified School District (California): Multi-Lingual Parent University

Alhambra, a diverse and predominantly immigrant community located in greater Los Angeles, is 53 percent Asian (mostly Chinese, but also Vietnamese and Hmong) and 40 percent Hispanic (primarily Mexican). One-third of the students are non-English speaking, and more than half of the students are not U.S. citizens. One-fourth of students arrived in the United States less than three years ago, and 70 percent of students live in low-income homes, with a majority of students receiving free and reduced lunch. Overall, the community faces many challenges including the presence of gangs and high truancy and drop-out rates.

Alhambra's SS/HS Initiative focuses on enabling students, teachers, parents, and clinicians to come together to work on education and health issues without cultural differences getting in the way. To this end, the SS/HS Initiative created an ethnically diverse Parent Advisory Board to provide a forum for family concerns. SS/HS staff worked with the schools to identify a variety of parents, not just community leaders. Forty parents joined the advisory group; many came as couples, demonstrating their commitment to their children's success. To reach out to immigrants, every flyer, poster, and communication is translated into Cantonese, Spanish, and Vietnamese, and at every meeting, translations of speaker's comments are provided via headphones.

As parents felt their voices were being heard, they began to trust the Advisory Board. Because all of the group's members have a strong desire for their children to succeed in school and life, staff named their SS/HS program Gateway to Success.

The Parent Advisory Board surveyed the diverse community about concerns and created Parent University, a daylong event that would begin to address barriers to children's success. Gateway to Success (or Gateway) also created a diverse Student Advisory Board to provide a forum for student voices. Both the Parent and Student Advisory Boards offered possible topics. While parents suggested topics such as how to keep children safe while online, students requested workshops on how parents could talk with kids about dating and sex.

Parent University offered a variety of workshops in the four home languages related to maximizing students' success. Participants of Parent University received breakfast and lunch, free babysitting, and door prizes donated by the community. To the staff's amazement, 1,500 parents attended, and many came as families. Teachers, school leaders,

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the police department, probation officers, and local and congressional leaders also attended. The Student Advisory Board enlisted volunteers who acted as guides, and students performed skits in different languages about how to handle bullying. Parent University also included an agency fair with various community service agencies, mental health agencies, and afterschool programs providing information and access to their programs. Through this agency fair, many families with no previous access were enlisted to sign up for Medi-Cal services.



The Parent Advisory Board now offers monthly workshops in all the home languages on requested topics. Gateway to Success also sponsored a Mental Health Awareness Day to address barriers to students' success, reduce the stigma of getting help, and increase referrals for services by emphasizing the importance of early intervention. Each service agency that coordinates with Gateway to Success provides multi-language interpreters. Even if a family brings along a family member or friend to interpret, the agency uses their own highly trained interpreters so that family members or friends don't bring their own biases to the conversation, such as, using the word *loco* (crazy) when describing the situation.

Gateway staff understand that each culture has subgroups and therefore "one shoe does not fit all." Thus, Gateway to Success provides a variety of programs to support students' social, emotional, and academic success, including family counseling groups, a program for incoming at-risk ninth graders, and parenting programs that teach listening and communication skills. In addition, Gateway provides culturally competent training for principals and teachers about the influence of social and emotional issues on academic success. The efforts of Gateway to Success to intervene earlier and engage and keep students on track has resulted in a 50 percent decrease in truancy over a two-year period and a dramatic decrease in expulsions.

Donna (Texas): Collaborating with Community Advocacy Leaders and Bringing Services to the Community

Located seven miles north of the Mexican border, Donna, Texas, has over 16,000 residents, of whom 98 percent are Hispanic. This low-income community has experienced the ready availability of drugs; the presence of gangs; and high rates of teen pregnancy, school dropout, and violence.

The Donna SS/HS initiative recognized that family engagement and parent education was a key strategy to addressing these challenges; however, many parents did not trust the school administration, law enforcement, and other community agencies. Many parents had not attended school and could not read or write. In addition, many lacked transportation so they could not get to parent education sessions held at the schools.

As a result, the SS/HS program began partnering with a community-based organization called ARISE, which was based in the *colonias*,* to bring educational programs to the families, who are primarily monolingual Spanish speaking.

* Colonias are unincorporated neighborhoods along the Mexican border that often lack potable water and sewer systems, electricity, paved roads, and safe and sanitary housing.

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By meeting with four women from ARISE for two years to discuss family concerns, the SS/HS project director has developed a strong partnership built on trust and respect.

The four ARISE members recently joined the SS/HS Core Management Team (CMT) and the meetings are now conducted in Spanish. Many of the families in Donna are migrant and seasonal farm workers. Several of the SS/HS program's staff were raised in migrant families and serve as role models for students.



The school superintendent is very committed and regularly goes to the colonias to meet with parents so he can personally tell them how important their engagement is to the school district. The sheriff, the Texas Highway Patrol, and the Donna Police Department now periodically visit the colonias and families feel safer. Law enforcement officers are welcomed into the community. As SS/HS partners, they deliver the evidence-based program Gang Resistance Education and Training (GREAT) in the schools and have developed a trusting relationship with students and families. The project director and other members of the CMT also work closely with students and their families to help them find clothing, medication, and housing.

This SS/HS program is an example of community organizing at its best. All aspects of the program are built on core Hispanic cultural values of trust and respect and parents' desire for their children to be safe and successful. Key lessons from the project include the following:

- All communications and services must be provided in Spanish.
- Educational messages must be adapted to the varying literacy levels of families.
- Families are more likely to access services if services are provided in their neighborhood.
- Meeting parents on their home ground reduces fears and apprehensions.
- It is important to build positive rapport between educators and families.
- Parental concerns about immediate day-to-day survival (i.e., poor living conditions, lack of running water and electricity, lack of clothing and shoes, gang activity) need to be addressed along with other barriers to student success.
- Program staff must be culturally competent.

Strategies for SS/HS Programs to Engage Immigrant and Refugee Communities

To engage and serve immigrant and refugee students and families, schools, health and mental health providers, and other SS/HS partners need to employ a variety of strategies that are responsive to the experiences, strengths, challenges, and cultural beliefs of students' families. The following strategies have been used effectively by SS/HS and New Routes to Community Health grantees.

Strengthen Relationships Between Families, the School, and the Community

- Personal relationships make a huge difference. Work to build trust among the families, schools, and community.
- Identify and build on strengths in the immigrant and refugee community.
- Build trust by helping families address needs that are not directly related to education (e.g., access to health care, clothing, neighborhood safety).
- Engage diverse and respected community leaders and cultural brokers to help bridge cultural, language, and generational differences.
- Invite community advocacy groups to participate in the SS/HS Core Management Team.
- Reach out to families through calls and visits to homes and neighborhoods.
- Strengthen families by providing parent support groups. Acknowledge that many of the challenges that immigrant and refugee families face are due to the immigration process, poverty, and limited educational opportunities, not because of their parenting skills.
- Make the school a de facto community center where families feel welcome and can see that their children's well-being is being nurtured.
- Invite immigrant and refugee parents and children to participate in Parent and Student Advisory Boards.
- Provide a variety of learning opportunities (e.g., workshops) to address the needs that parents and students identify. Have students participate with their parents.

“ . . . it's good for educators to go to the families. We often go to where immigrant families gather (e.g., churches), and we bring college students who were immigrant children, so there is a level of trust established. We explain the hidden rules of the middle class, White school system. We also provide important messages via audiotapes in their native language. This strategy reduces the issue of mistrust that sometimes arises from having to hear the message through a third party.”

–Spokane, WA SS/HS grantee, (SS/HS Teleconference, 2005)

Empower Immigrant Youth and Families

- Increase opportunities for participation and empowerment to develop youth and community leadership.
- Offer family literacy programs to enable parents to help children with homework and get involved with school PTAs and other parent groups.
- Develop opportunities for students and parents to interact and learn from each other.
- Provide opportunities for immigrant and refugee families to tell their stories. Ensure that school staff and the community hear these stories in immigrants' own words.
- Use collaborative community media making (e.g., radionovelas and telenovelas) to address health issues important to the community. Teaching immigrants how to use media tools to tell their community stories can be empowering.

“ . . . we are working on what parents can do. We are trying to give them a basic level of literacy, while teaching them how the schools work and how they can get involved, even if they don't have a formal education. We have a program on Saturdays, in collaboration with the Mexican consulate, in which parents learn to read and write correctly in Spanish and can get an elementary or high school diploma from Mexico.”

—Santa Ana, CA, SS/HS grantee, (SS/HS Teleconference, 2005)

Support Language Differences

- Hire bilingual staff and outreach advocates.
- Offer programs in families' home languages and provide translation and interpreter services. Coordinate with the English Language Department in the school district.
- Use evidence-based programs that are multi-lingual and accessible for a variety of literacy levels.
- Don't rely on family interpreters for mental health services. Provide unbiased professional interpreters.
- Recognize that it often takes five to seven years for students to learn how to read and write in another language (including how to answer multiple-choice questions that make up standardized tests).¹⁴

Respect Diversity of Needs

- Don't assume all immigrants face similar challenges, even those from the same culture. Assess families' different paths to immigration and identify specific related needs.
- Recognize developmental differences. Don't assume that strategies that work for children who come to the United States at elementary school age will work for students who emigrate during their middle or high school years.
- If transportation is an issue, bring services to the neighborhoods where immigrant families live.
- Provide food and free childcare at school and community events so that families can bring their children.

Focus on Student Success

- A common denominator for immigrants is a desire for their children to be successful. Articulate how services and programs can reduce barriers to students' success and help them be successful.
- Address mental health issues that are a result of war, dislocation, acculturation, and fear of deportation, but to avoid stigma, don't use the labels "mental health" or "mental illness."
- Understand and respect cultural values regarding health and mental health issues. Address mental health issues as barriers to student success.
- Identify specific ways to help youth (e.g., academic problems with school, truancy).
- Conduct in-depth assessments of immigrant students' academic skills. Don't assume because they have limited or no English, they won't do well in school.
- Provide immigrant children with support to complete homework.
- Provide mentors for immigrant children. A mentoring relationship with an adult can help children to sustain hope and engagement in school.¹⁵

Additional Resources

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