



Access for New Immigrant Children: Early Intervention with Refugee Families Using the Baby TALK® Model



Claudia Quigg, M.Ed
Samantha Allweiss, LSW
Aimee Hilado, PhD, LCSW
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Our Purpose

1. This workshop describes an early intervention model used in Early Head Start programs and currently adapted to identify and serve new immigrant children and families in need of early childhood services.
2. To share effective components of the model that support effective work with new immigrant families.
3. Discussion around how we can provide culturally-sensitive services specifically to trauma-exposed immigrant families with very young children.



Presentation Agenda

- **Overview:** Introduction to refugee resettlement in the U.S. and populations living in Chicago and the need for early intervention.
- **A Culturally sensitive intervention model:** An introduction to the Baby TALK® model.
- **Application:** Examine the impact the Baby TALK® model when used with refugee families in Chicago.
- **Implications for practice and research:** Supporting early intervention with new immigrants in the United States.
- **Final remarks** with Q & A session



Immigration : What does it mean?

- When you think of the word “immigration” or “new immigrants”...
 - What images come to mind?
 - What experiences come to mind?
 - What emotions come to mind?
 - Describe the people who come to mind.
- ✓ Take a moment to share your thoughts with the group.



Legal Classification of Immigrants



- Immigrant vs. Nonimmigrant Status
 - Which application is appropriate?
 - What you need to know when you encounter a “newcomer”:
 - How did you enter the U.S.?
 - What immigration status do you hold now?
- ✓ *If not a U.S. citizen, every person entering the U.S. has either immigrant or nonimmigrant status*



Current Trends

- According to estimates from the 2012 American Community Survey (ACS), the US immigrant population stood at almost **39.7 million (12%)** of the total US population of 318.1 million.
- In 2012, **Mexican-born** immigrants accounted for approximately **46.7% of the nearly 39.7 million foreign born** residing in the United States, making them by far **the largest immigrant** group in the country.

** Data from the U.S. Department of Commerce, U.S. Census Bureau 2012 Yearbook*



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- **China** (including Hong Kong but not Taiwan) was the second largest at almost **5%** of the foreign born, closely followed by **India** (5%).
 - Immigrants from the **Philippines** accounted for **4%** of the total immigrant population.
 - **El Salvador, Vietnam, Cuba, and Korea** (each **3%**), as well as the Dominican Republic and Guatemala (**2%**) also were among the top ten countries of origin.
 - In 2012, approximately **51% of the immigrant population was female**.



- By 2020, 66% of school-age children will be children of immigrants.
- By 2050, there will be a NO majority race/ethnicity in the United States; everyone will be part of a minority group.



What is it like to be an new immigrant child in the United States?



- How do children experience immigration?
- What are the positive and negative effects of acculturation?
- How do children navigate the early intervention and education systems?
- What do children need for adjustment?



Immigrant children growing up in the United States



- Trauma-exposed children are most in need of adjustment services.
- Early Intervention programs provide structure, routine and engagement activities that are critical for adjustment and assimilation for the entire family.
- Are early childhood programs and primary schools ready to welcome culturally diverse children?



Early Childhood Programs & Culture: The intersection

- We are seeing greater diversity among our **native-born and foreign-born** early childhood program participants.
- **Diversity** is seen across the dimensions of: race/ethnicity, language, religion, ability/disability, income, and experiences in education settings.
- There is a call for **greater diversity among professionals** within programs and training to address diversity in the classrooms.
- Each has **implications for social-emotional and cognitive outcomes** that impact **school readiness** and meeting a **child's developmental agenda**.



The Benefits of Early Head Start Programs

1. High quality early childhood programs provide a **supportive learning foundation for children and parents.**
2. Programs **create opportunities**, through skillful facilitation by teachers, **for enhancing brain development and the development of skills** across all major domains.
3. High-quality programs **identify needs early in children** and can **engage parents** in finding services that can change the trajectory of a child's development.

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5. Benefits for self-regulation and fostering peer-relationships.
 6. Benefits for dual-language learners, low-income children as well as children with special needs.
 7. In the absence of appropriate engagement in the home, programs facilitate continued learning within a safe environment.
 8. In the absence of a safe, consistent home environment, programs can provide stability for young children.
 9. Program-parent relationships can be an asset to supporting families, particularly vulnerable families, further supporting the developing child.



Universal themes surrounding the immigrant experience and trauma

- History of fear and uncertainty
- Need for safety
- Loss of homeland, loved ones, and cultural underpinnings
- Worry about the future
- Feelings of guilt for families left behind or for personal safety
- Feelings of loneliness, homesickness, and isolation
- Losing personal supports
- Cumulative impact on mental health.





The Baby TALK® Model: A culturally-sensitive intervention

- A relational model
- Connects resources
- Universal approach to families
- Prenatal to age three
- Support, encouragement and resources.
- Began in 1986
- Replicated in 36 states and Canada.
- Trains professionals across disciplines

Baby TALK in 12 Words

- Build a system
- Screen every family
- Identify the need
- Deliver appropriate services





Baby TALK's Approach

Baby TALK's

“Critical Concepts”

Baby TALK's mission is to positively impact child development and nurture healthy parent-child relationships during the critical early years

- Systems Building
- Building Relationships
- Going Where Families Are
- Facing Difficult Issues
- Parallel Process
- “Tell Me About Your Baby”
- Becoming Ever Better
- Coming Alongside
- Collaboration



Joining parents in the task of raising their children

- Listen for their story
- Set aside our agenda to respond to needs
- Recognize parents as experts on their own children
- Support parents' mastery
- Promote parent-child interaction
- “Hold families in our minds”



Baby TALK Tools

Baby TALK professionals receive the following:

- Training
- Framework for relational approach
- Curriculum for each age
- Ongoing technical assistance
- Reflective practice
- Membership in professional network



Using BT to connect with immigrant families

- What are **universal strategies** for working with families?
- What components of **the Baby TALK model can be applied to all families** including culturally-diverse families?
- What **strategies** embodied in the model appear ideal for working with diverse families?



Crosswalk with Early Head Start Guidelines

The Baby TALK model and curriculum provides the necessary components to meet the Head Start/Early Head Start Parent, Family and Community Engagement outcomes:

- Family Well-Being

- Positive Parent-Child Relationships

- Families as Lifelong Educators

- Families as Learners

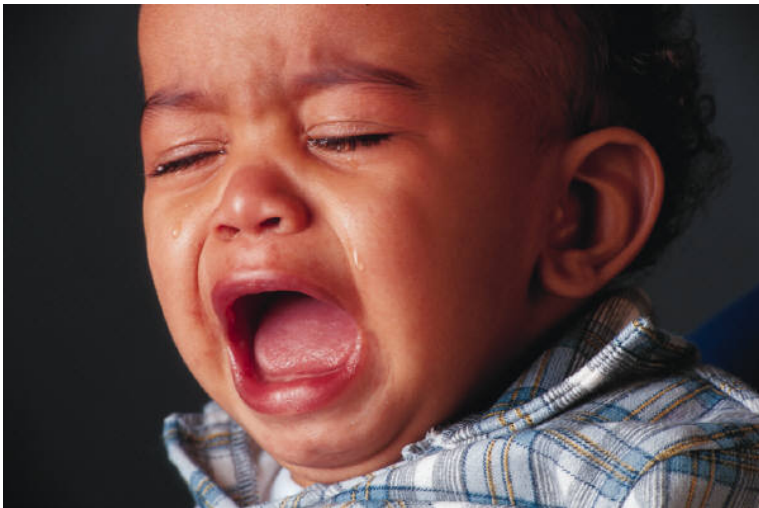
- Family Engagement in Transitions

- Family Connections to Peers and Community

- Families as Advocates and Leaders



How do we understand **risk** among immigrant families?



- Defining “high risk” and “vulnerable families.”
- What does risk and vulnerability look like for immigrant children and families?

A story of risk and resilience
for the Democratic
Republic of Congo



Application in the Field



Applying the Baby TALK model at
RefugeeOne: Culturally-sensitive
interventions

What does it mean to be a [refugee](#)?

Our families:

- (1) The case of “Masoka” - Congo
- (2) The case of “Janu” - Burma
- (3) The case of “Riziki” - Sudan





Case Studies at RefugeeOne



• “Masoka”

- Ethnicity: Congolese
- Age: 23
- Children: Daughter (Newborn)
- Risk Factors:
Illiteracy, lack of supports/
resources, HIV status, lack
of prenatal health care,
history of trauma

• “Janu”

- Ethnicity: Burmese
- Age: 27
- Children: Daughter (1 ½
years)
- Risk Factors:
Marital Stress, illiteracy,
lack of emotional supports,
concern for child’s
physical development

• “Riziki”

- Ethnicity: Sudanese
- Age: 26
- Children: Daughter and
two sons (ages 9 months-
6 years)
- Risk Factors:
History of trauma,
mental health concerns,
marital stress, parenting
multiple children, lack of
resources



Lessons Learned



- Home visiting utilizing the BabyTALK model offers a **different perspective** into a client's life
- The curriculum **fosters trust and helps relieve stress/anxiety**
- Connecting clients to resources **decreases feelings of isolation**
- Clients appear **more willing to engage** in therapeutic services after being educated in this capacity



Implications for Early Head Start and other EI Programs

- The growing rates of immigrant families in the U.S. cannot be ignored.
- The needs of immigrant families may be unique from native-born populations.
- We need culturally-sensitive models within EHS programs will allow us to address all levels of risk and vulnerability among immigrant families.



Contact Information



Claudia Quigg, M.Ed.
Founding Executive Director
Baby TALK, Inc.
Email: cquigg@babytalk.org



Samantha Allweiss, A.M., LSW
Social Worker/Therapist
RefugeeOne Wellness Program
Email: sallweiss@refugeeone.org



Aimee Hilado, PhD, LCSW
Assistant Professor, Northeastern Illinois University
Manager, RefugeeOne Wellness Program
Email: a-hiladovillalpando3@neiu.edu or ahilado@refugeeone.org