California Social Work Education Center

C A L S W E C

Family Reunification Among Mexican and Vietnamese Immigrant Children in the Child Welfare System:

Toward an Understanding of Promising Practices to Improve Service Availability and Effectiveness

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ABSTRACT

National, state, or local-level data are limited with respect to the characteristics of immigrant children in the child welfare system, the proportion of immigrant children who reunify, or the constellation of services that may be associated with family reunification among immigrant families. To fill these gaps in the literature, practice, and policy, this project examined family reunification among Mexican and Vietnamese immigrant and non-immigrant children and identified promising practices to improve service availability and effectiveness.

This study used quantitative and qualitative methods and was conducted in two counties in Northern California. Quantitative methods included the use of administrative data (N = 2,184) to compare reunification outcomes and to examine factors related to reunification among Mexican and Vietnamese immigrants, and non-immigrants. Qualitative methods included interviews with child welfare workers (N = 27) and Mexican and Vietnamese immigrant parents (N = 21) who successfully reunified.

This curriculum has five overall goals: (a) to understand common characteristics among Mexican and Vietnamese immigrant families in the U.S. and California and connections among parenting and acculturation; (b) to understand distinctive characteristics of Mexican and Vietnamese immigrants in the child welfare system, compared to non-immigrants; (c) to understand factors that contribute to reunification among Mexican and Vietnamese immigrant families involved in family reunification services; (d) to understand how the work of a child welfare worker influences service

availability for Mexican and Vietnamese immigrant families; and (e) to understand the

basic components of cultural competence and how these relate to service effectiveness

with immigrant families involved in the child welfare system.

CALSWEC PREFACE

The California Social Work Education Center (CalSWEC) is the nation's largest state coalition of social work educators and practitioners. It is a consortium of the state's 21 accredited schools of social work, the 58 county departments of social services and mental health, the California Department of Social Services, and the California Chapter of the National Association of Social Workers.

The primary purpose of CalSWEC is an educational one. Our central task is to provide specialized education and training for social workers who practice in the field of public child welfare. Our stated mission, in part, is "to facilitate the integration of education and practice." But this is not our ultimate goal. Our ultimate goal is to improve the lives of children and families who are the users and the purpose of the child welfare system. By educating others and ourselves, we intend a positive result for children: safety, a permanent home, and the opportunity to fulfill their developmental promise.

To achieve this challenging goal, the education and practice-related activities of CalSWEC are varied: recruitment of a diverse group of social workers, defining a continuum of education and training, engaging in research and evaluation of best practices, advocating for responsive social policy, and exploring other avenues to accomplish the CalSWEC mission. Education is a process, and necessarily an ongoing one involving interaction with a changing world. One who hopes to practice successfully in any field does not become "educated" and then cease to observe and learn.

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To foster continuing learning and evidence-based practice within the child welfare field, CalSWEC funds a series of curriculum sections that employ varied research methods to advance the knowledge of best practices in child welfare. These sections, on varied child welfare topics, are intended to enhance curriculum for Title IV-E graduate social work education programs and for continuing education of child welfare agency staff. To increase distribution and learning throughout the state, curriculum sections are made available at no charge through the CalSWEC Child Welfare Resource Library.

The section that follows has been commissioned with your learning in mind. We at CalSWEC hope it serves you well.

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ABOUT THE AUTHORS

Kathy Lemon Osterling, PhD, MSW is an Associate Professor in the School of Social Work at San José State University. Dr. Osterling's practice and research interests are focused on how child welfare systems influence family context and child development, particularly among immigrant children and children of color. She is the author of several publications focused on children and families involved in the child welfare system; cross-system collaboration in child welfare, mental health, and substance abuse fields; and factors related to racial/ethnic disparities in the child welfare system.

Meekyung Han, PhD, MSW is an Assistant Professor at the School of Social Work at San José State University. Dr. Han's primary research interests are to better understand factors that promote immigrant and refugee families' well-being and to promote culturally sensitive social work practice. Through her research activities and her previous work experience as a Child Protection Services social worker, she is strongly committed to enhancing immigrant and ethnic minority children's well-being in the Child Welfare System and to promoting culturally competent intervention programs, such as culturally tailored parenting training towards immigrant parents.

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The authors also wish to thank the two counties that participated in this project: Santa Clara and Santa Cruz. In Santa Clara County, the authors wish to acknowledge Will Lightbourne, Gina Sessions, and Lori Medina for providing permission for the study to take place, as well as Wendy Kinnear-Rausch, Claire Chang, Dana Sugiyama, and Usha Gullapalli for assisting in the coordination of the data collection. In addition, an Advisory Group in Santa Clara County helped to guide data collection efforts and informed the processes for this study. The members included representatives from Santa Clara County's Department of Family and Children's Services as well as

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In Santa Cruz County, the authors wish to thank Madeline Noya and Judy Yokel for providing permission for the study to take place, as well as Sherra Clinton, Benjamin Lum, Frank Richards, Jimmy Cook, and Trevor Davis for assisting in the coordination of the data collection. The authors also wish to thank Celia Organista from La Manzana Community Resources in Santa Cruz County for assisting the research team with a location to conduct interviews with parents.

The authors would also like to express our sincere gratitude to all of the child welfare workers and parents who participated in the interviews for this project. The information provided through these interviews is of great importance to child welfare practice and policy and we are truly grateful for the time and effort they provided.

INTRODUCTION

RATIONALE FOR THE MODULE

Immigrant families in the U.S. experience disproportionately high rates of poverty, unemployment, and crowded housing conditions, yet, they are less likely than non-immigrant families to receive housing assistance, food stamps, mental health services, or to have health insurance (Capps, Fix, Ost, Reardon-Anderson, & Passel, 2004; Reardon-Anderson, Capps, & Fix, 2002). This context, combined with stressors associated with resettlement and acculturation may place some immigrant families at high risk for involvement in the child welfare system (Lincroft & Resner, 2006). Despite these risks, national, state, or local-level data are limited on the proportion of immigrant children who reunify or the constellation of services that may be associated with family reunification among immigrant families. To fill these gaps in the literature, practice, and policy, this project examined family reunification among Mexican and Vietnamese immigrant and non-immigrant children, and identified promising practices to improve service availability and effectiveness.

BACKGROUND

California is home to 38% of all Mexican and 40% of all Vietnamese immigrants in the U.S., making California the state with the nation's largest populations of Mexican and Vietnamese immigrants (U.S. Census, 2007). A number of factors place Mexican and Vietnamese immigrant children at risk for foster care. Among Mexican immigrants, poverty and unauthorized immigrant status can create challenges in the resettlement

and acculturation process and can strain the family system (Broder, 2007). Among Vietnamese immigrants, poverty and parents' refugee status and experiences of war or trauma may be especially relevant and can contribute to problems in family functioning as well as resettlement and acculturation in the U.S. (Pelczarski & Kemp, 2006).

LITERATURE REVIEW

This project addressed five research questions that were focused on the characteristics and reunification outcomes among Mexican and Vietnamese immigrant children involved in family reunification services as well as promising practices to improve service availability and effectiveness (see Final Report located in the Appendix). In general, previous research on these topics suggests that Mexican and Vietnamese immigrant families involved in child welfare services differ from non-immigrant families in a number of ways, including the type of abuse, type of out-of-home placements, and service plans (Dettlaff, Earner, & Phillips, 2009; Pelczarski & Kemp, 2006; Rhee & Chang, 2006; Vericker, Kuehn, & Capps, 2007a, 2007b). With the exception of this study, no research to date has examined differences in reunification outcomes between Mexican and Vietnamese immigrants and non-immigrants. With respect to service availability, research suggests that immigrant families tend to use fewer services than non-immigrant families, and their linkage to child welfare services depends largely on the knowledge, level of cultural competence, and resourcefulness of their child welfare worker (Ayón, 2009; Rajendran & Chemtob, 2010). Last, service

effectiveness with immigrant families involved in child welfare services has been linked

to the level of cultural competence of services (Dettlaff, 2008; Earner, 2007).

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CURRICULUM OVERVIEW

This curriculum has five overall goals: (a) to understand common characteristics among Mexican and Vietnamese immigrant families in the U.S. and California and connections among parenting and acculturation; (b) to understand distinctive characteristics of Mexican and Vietnamese immigrants in the child welfare system, compared to non-immigrants; (c) to understand factors that contribute to reunification among Mexican and Vietnamese immigrant families involved in family reunification services; (d) to understand how the work of a child welfare worker influences service availability for Mexican and Vietnamese immigrant families; and (e) to understand the basic components of cultural competence and how these relate to service effectiveness with immigrant families involved in the child welfare system.

COMPETENCIES AND OBJECTIVES

Module I: Mexican and Vietnamese Immigrant Families: Characteristics, Parenting, and Acculturation

By the end of this section, participants will: (a) be introduced to the common characteristics of Mexican and Vietnamese immigrants in the U.S. and California, (b) be introduced to the relationship between acculturation and parenting in Mexican and Vietnamese immigrant families, and (c) identify 4-5 factors that impact the Mexican and Vietnamese immigrant families' experience in the child welfare system.

Module II: Characteristics of Mexican and Vietnamese Immigrant Families Involved in the Child Welfare System

By the end of this section, participants will: (a) be introduced to the common and distinctive characteristics of Mexican and Vietnamese immigrants in the child welfare system, (b) be introduced to the common characteristics of Mexican and Vietnamese immigrants in comparison to non-immigrant families in the child welfare system, and (c) identify 4-5 factors that impact reunification outcomes among Mexican and Vietnamese immigrant families in the child welfare system in comparison to non-immigrant families.

Module III: Factors Related to Reunification Among Mexican and Vietnamese Immigrant Families

By the end of this section, participants will: (a) be introduced to the factors contributing to reunification outcomes of Mexican and Vietnamese immigrant families, (b) identify the most important demographic and system-related factors that predict successful reunification for Mexican immigrant families in comparison to non-immigrant families, (c) understand how demographic and system-related factors may interact with other characteristics (i.e., language, acculturation, policy, etc.) to influence reunification among Mexican and Vietnamese immigrant families, (d) be introduced to Mexican and Vietnamese immigrant families' unique experiences as immigrants throughout the family reunification process in the child welfare system, and (e) identify 4-5 factors that impact Mexican and Vietnamese immigrant families' reunification experience in the child welfare system compared to non-immigrant families and how these interactions can be incorporated into effective child welfare practice.

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Module IV: Promising Practices to Improve Service Availability Among Mexican and Vietnamese Immigrant Families

By the end of this section, participants will: (a) be introduced to the context of family reunification services in the child welfare system in general; (b) be introduced to the factors that may influence service availability, which can enhance or hinder reunification outcomes of Mexican and Vietnamese immigrant families; (c) identify potentially promising practices with regards to demographic, acculturation, and system-related factors that may have positive impact on successful reunification for Mexican and Vietnamese immigrant families; and (d) develop strategies for how to improve service availability for Mexican and Vietnamese immigrant families.

Module V: Promising Practices to Improve Reunification Outcomes Among Mexican and Vietnamese Immigrant Families

By the end of this section, participants will: (a) be introduced to the overview of cultural competence and its components, with emphasis on knowledge and skills; (b) be introduced to the importance of culturally competent practices working with Mexican and Vietnamese immigrant families; (c) be introduced to the components that may influence assessment and intervention in a culturally competent manner in the child welfare system when working with immigrant families; (d) recognize the role of cultural competence in improving service availability to Mexican and Vietnamese immigrant families; (e) develop strategies for how to improve one's cultural competence with regards to the knowledge base and skills base for working with Mexican and Vietnamese immigrant families; and (f) Identify potentially promising practices that may

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positively impact successful reunification for Mexican and Vietnamese immigrant families.

INTENDED AUDIENCE

The intended audience for this curriculum is primarily MSW Title IV-E students; however, the curriculum can also be adapted for use with BASW students interested in the child welfare field.

CURRICULUM ORGANIZATION

This curriculum is organized into discrete units that are meant to build off of one another and are best presented in the order that they appear. The major sections of each unit and time estimates to conduct each session are listed below.

Unit and time estimate	Description
Module I: Mexican and Vietnamese Immigrant Families: Characteristics, Parenting, and Acculturation Time estimate: 75 minutes	Content: • Mexican and Vietnamese Immigrant Families: Characteristics, Parenting, and Acculturation • Qualitative Study Findings for Research Question 1: What Are the Characteristics of Mexican and Vietnamese Immigrant Families Involved in the Child Welfare System? • Implications for Child Welfare Practice and Policy Activities: • Activity I-1: "Fairy Tales"- Understanding Different Cultural Values by Cultural/Ethnic Backgrounds • Activity I-2: "Barnga Game"- Experiential Understanding of Immigrant Families Experience in the Child Welfare System • Activity I-3: Understanding the Effects of Being an Immigrant in the Child Welfare System (small group discussion)

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Unit and time estimate	Description
Module II: Characteristics of Mexican and Vietnamese Immigrant Families Involved in the Child Welfare System Time estimate: 75 minutes	Content: • Characteristics of Mexican and Vietnamese Immigrant Families Involved in the Child Welfare System • Quantitative Study Findings for Research Question 1: What Are the Characteristics of Mexican and Vietnamese Immigrant Families Involved in the Child Welfare System? • Implications for Child Welfare Practice and Policy Activities: • Activity II-1: Understanding the Characteristics of Mexican and Vietnamese Immigrant Families Compared to Non-immigrant Families • Activity II-2: Expanding the Practice and Policy Knowledge Regarding the Relationship Between Mexican and Vietnamese Immigrant Families and Reunification Outcomes • Vignettes Exercises and Questions for Class Discussion: Working with the Gonzalezes and Nguyens
Module III: Factors Related to Reunification Among Mexican and Vietnamese Immigrant Families Time estimate: 75 minutes	Content: • Factors Related to Reunification Among Mexican and Vietnamese Immigrant Families • Quantitative Study Findings for Research Question 2: Are There Differences in the Rate of Reunification Between Mexican and Vietnamese Immigrant, and Non-immigrant Children Involved in Family Reunification Services? • Quantitative Study Findings for Research Question 3: What Factors Are Related to Reunification Among Mexican and Vietnamese Immigrant and Non-immigrant Children? • Qualitative Study Findings: Research Question 3: What Factors Are Related to Reunification Among Mexican and Vietnamese Immigrant and Non-immigrant Children? • Implications for Child Welfare Practice and Policy Activities: • Activity III-1: Introductory Activity: Factors Contributing to Family Reunification Among Mexican and Vietnamese Immigrant Families [Pretest] • Activity III-2: Factors Contributing to Family Reunification Among Mexican and Vietnamese Immigrant Families [Posttest] • Activity III-3: Addressing Factors and Practice Elements That May Impact Family Reunification Outcomes Among Mexican and Vietnamese Immigrant Families

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Unit and time estimate	Description
Module IV: Promising Practices to Improve Service Availability Among Mexican and Vietnamese Immigrant Families Time estimate: 75 minutes	Content: • Promising Practices to Improve Service Availability Among Mexican and Vietnamese Immigrant Families • Qualitative Study Findings for Research Question 4: What Strategies May Improve the Availability of Services for Mexican and Vietnamese Immigrant Parents? • Implications for Child Welfare Practice and Policy Activities: • Activity IV-1: Understanding Mexican and Vietnamese Immigrant Families' Unique Challenges and Experiences Regarding Service Accessibility and Availability in the Child Welfare System (1) • Activity IV-2: Understanding Mexican and Vietnamese Immigrant Families' Unique Challenges and Experiences Regarding Service Accessibility and Availability in the Child Welfare System (2) • Activity IV-3: Addressing Factors and Service Availability That May Hinder Family Reunification Outcomes Among Mexican and Vietnamese Immigrant Families [Vignettes Exercise: Working with the Gonzalezes and the Nguyens]
Module V: Promising Practices to Improve Reunification Outcomes Among Mexican and Vietnamese Immigrant Families Time estimate: 75 minutes	Content: • Promising Practices to Improve Reunification Outcomes Among Mexican and Vietnamese Immigrant Families • Qualitative Study Findings for Research Question 5: What Services May Improve the Likelihood of Reunification Among Mexican and Vietnamese Immigrant Families? • Implications for Child Welfare Practice and Policy Activities: • Activity V-1: Self-Awareness of One's Own Cultural Competence • Activity V-2: Building Culturally Competent Practice Working With Mexican and Vietnamese Immigrant Families in the Child Welfare System • Activity V-3: Promising Practices and Recommendations Working With Mexican and Vietnamese Immigrant Families in the Child Welfare System [Video Clip].

MATERIALS AND TOOLS

For each unit, instructors will need either an overhead projector and PowerPoint

presentation on transparencies or a computer with projector capabilities and PowerPoint

presentation pdf, as well as markers and flip chart or white board for writing key points in response to small and full group discussions. For Module I, the *Barnga* game materials will also be required, and for Module V, the DVD video clip of three research assistants who shared their own impressions regarding the most prominent aspects of working with Mexican and Vietnamese immigrant families in the Child Welfare System will need to be shown either on a laptop with projector or a DVD player and television set.

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MODULE I

MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES: CHARACTERISTICS, PARENTING, AND ACCULTURATION

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MODULE I
MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES: CHARACTERISTICS, ACCULTURATION, AND PARENTING

PUBLIC CHILD WELFARE COMPETENCIES ADDRESSED

MSW 1.6   Student understands the influence and value of traditional, culturally based childrearing practices and uses this knowledge in working with families.

MSW 2.1   Student demonstrates knowledge of legal, socioeconomic, and psychosocial issues facing immigrants, refugees, and minority groups and is able to devise culturally competent and effective interventions.

MSW 5.4   Student demonstrates understanding of the influence of culture on human behavior and family dynamics.

LEARNING OBJECTIVES

This section examines the literature on Mexican and Vietnamese immigrant families' characteristics, acculturation, and parenting and introduces participants to the general characteristics of Mexican and Vietnamese immigrant families. Specifically, this section describes the emigration history of Mexican and Vietnamese immigrants; the relationship between acculturation, family dynamics, and parenting among immigrant families in relation to the child welfare system; and their experiences with the child welfare system with special emphasis on the emotional and psychological reaction.

By the end of this section, participants will:

- Be introduced to the common characteristics of Mexican and Vietnamese immigrants in the U.S. and California,

- Be introduced to the relationship between acculturation and parenting in Mexican and Vietnamese immigrant families,

- Identify 4-5 factors that impact Mexican and Vietnamese immigrant families' experience in the child welfare system.

AGENDA

- Time allocation: Approximately 75 minutes (depending on use of activities)

- Introduction

  - Introduction of trainer(s) and participants
  - Introduction to section content
  - Introduction to topic: basic facts presented in this section and "fairy tales" exercise
  - Activity I-1: "Fairy Tales": Understanding Different Cultural Values by Cultural/Ethnic Backgrounds

- Overview of Mexican and Vietnamese Immigrant Families' Experience in the Child Welfare System

  - Review of experiences
  - Activity I-2: "Barnga game": Experiential Understanding of Immigrant Families' Experience in the Child Welfare System

- Overview of Mexican and Vietnamese Immigrant Families

  - Characteristics of Mexican and Vietnamese immigrant families
  - Emigration history of Mexican and Vietnamese immigrant families
  - Acculturation and parenting among Mexican and Vietnamese immigrant families
  - Activity I-3: Understanding Effects of Being an Immigrant in the Child Welfare System (small group discussion)

MATERIALS NEEDED

- Either an overhead projector and PowerPoint presentation on transparencies or a computer with projector capabilities and PowerPoint presentation pdf.
- Barnga game materials (game materials are available to the instructors)
- Markers and flip chart or white board and markers for writing key points in response to small- and full-group discussions

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MEXICAN AND VIETNAMESE IMMIGRANTS IN THE U.S. AND IN CALIFORNIA

Approximately 30% of all foreign-born people in the U.S. (nearly 11.8 million persons) are from Mexico, making them the largest immigrant group in the U.S. (U.S. Census, 2009). Vietnamese, as a sub-ethnic group of Southeast Asians, began arriving in the United States in large numbers as refugees at the conclusion of the Southeast Asian Wars in 1975, and there are an estimated 2.3 million Southeast Asians living in the U.S. (U.S. Census 2003). Among Southeast Asians, the Vietnamese, including Vietnamese Americans, form the largest group and are among the fastest-growing populations in the U.S. (Southeast Asian Reaction Center, 2004). Vietnamese immigrants make up 3% of all immigrants in the U.S., making them the fifth largest immigrant group, with a population of 1.1 million (Terrazas, 2008).

California is home to 38% of all Mexican and 40% of all Vietnamese immigrants in the U.S., making California the state with the largest populations of Mexican and Vietnamese immigrants in the nation (U.S. Census, 2007). Immigrants comprise 27% of the total population in California, and among immigrants in California, 44% are from Mexico and 34% are from Asia, with 13% of all Asian immigrants originating from Vietnam (U.S. Census).

Most immigrants come to the U.S. for economic and political reasons (Partida, 1996). Emigration experiences are often stressful processes that may include some level of danger in the process of entering the U.S. and are then accompanied by additional stressors as immigrants face challenging circumstances in the U.S., including

language issues and adjustment to American cultural norms (Dettlaff, 2008). These circumstances can lead to significant disruptions in family processes as well as problems such as depression and anxiety (Detlaff, 2008).

REASONS FOR EMIGRATION AMONG MEXICAN IMMIGRANTS

Most Mexican immigrants come to the U.S. for employment and economic reasons (Canales, 2003). The first major influx came in the midst of World War II when the U.S approved a major immigration program brought on by a shortage of agricultural labor. On August 4, 1942, the United States and Mexico signed the Bracero Program, which permitted Mexicans to migrate temporarily for agricultural employment (Donato, 1994). It is estimated that as many as 5 million braceros (Mexican laborers) participated in the program before it ended in 1964. The Bracero program is said to have ended in part due to the decreased need for workers and the increase of illegal immigrants that came to the U.S to work for less money than the braceros (Donato, 1994).

Emigration from Mexico is thought to continue due to the devastating poverty rates and unemployment in Mexico. The intent of the North American Free Trade Agreement (NAFTA) was to employ Mexicans and boost the Mexican economy; however, scholars suggest that only the free trade zones experienced such benefits while the rest of Mexico did not. With this type of economic situation brought about by the U.S. and Mexico's governmental systems, families are forced to either stay in Mexico and suffer from extreme poverty, or come to the U.S. illegally with the chance of a better economic future (Canales, 2000). Additionally, it is also important to note that

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although there have been rises and falls in the U.S. economy, cheap employment continues to keep businesses and industries running. In addition, although Mexican migrants come to work predominately in agriculture, there has been a growing trend in the labor market for textile workers, cooks, construction workers, domestic servants, machine operators, cleaning and maintenance workers, and manual laborers. This type of work is typically low paying which essentially means that there is a need for immigrant workers. This open market has contributed to the emigration of Mexicans as a needed demand in cheap labor (Canales, 2003).

REASONS FOR EMIGRATION AMONG VIETNAMESE IMMIGRANTS

As a result of the Vietnam War, many Southeast Asian refugees sought refuge in the United States (Segal, 2000). The Vietnamese refugee movement was composed of two major waves. The first wave arrived from 1975 to 1978 and consisted mostly of highly educated, affluent, and elite individuals (Segal, 2000). The second wave arrived from 1978 to the present and largely consisted of less-educated Vietnamese from less-affluent homes, most of whom were farmers or fishermen (Segal, 2000).

Despite the hardships they had to endure in fleeing their country, many Vietnamese immigrants continued to encounter more problems settling into American culture. Regardless of the reasons why they emigrated to the United States or the method of their arrival, all newcomers experienced some type of stress that involved learning a new language, securing employment, adjusting to a new environment, leaving family and friends, and finding housing (Drachman, 1995). These stressors

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appear to be especially prevalent among the second wave of Vietnamese refugees due to their relatively lower educational level and lack of job skills that are marketable in the U.S. Poverty, drug and alcohol abuse, marital discord, depression, psychopathology, and economic hardship are some problems commonly reported by Vietnamese immigrants (Choi, He, & Harachi, 2008; Matsuoka, 1990).

ACCULTURATION AND PARENTING AMONG MEXICAN IMMIGRANT FAMILIES

Acculturation plays an important role in the family dynamics of many immigrant families. Edwards and Lopez (2006) define acculturation as the process of change that results from continuous contact between two different cultures. Driscoll and Russell (2008) found that acculturation influences emotional and behavioral outcomes in Mexican immigrant families. For example, parents who are more assimilated may speak more English and tend to participate more in their child's schooling, which influences their class behaviors, grades, and peer associations (Dumka & Gonzalez, 2009). It has also been found that first-generation children adopt the culture, language, values, and behaviors of the receiving country much faster than their immigrant parents (Edwards & Lopez, 2006). In addition, Mexican immigrant parents may suffer more from the stress of moving to a new country and learning a new language and customs while losing social and familial ties (White, Roosa, Weaver, & Nair, 2009).

There are also many conflicting studies addressing the acculturation gap between immigrant parents and their children and its effect on family dynamics. For instance, a study by Lau, McCabe, and Wood (2005) found that there is a type of dyadic

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acculturative stress called *dissonant acculturation* that appears when parents and children become assimilated at different rates. One interpretation of this dissonant acculturation is that less-assimilated parents and their more-acculturated children may become alienated from each other. This in turn can cause parents to try and restrict their child's acculturation and promote their own cultural traditions (Lau et al.). Children may react by trying to reject the parent's cultures and beliefs, which can cause family conflict.

On the other hand, other studies have found that differences in acculturation are not enough to really create any large family conflicts (Schofield, Parke, Kim, & Coltrane, 2008). Nevertheless there is enough evidence that shows that there is some degree of conflict associated with the idea of dissonant acculturation. More importantly, we need to be aware that conflict between children and their Mexican immigrant parents has been associated with higher levels of conduct problems, anxiety, and depression (Updegraff, McHale, Whiteman, & Delgado, 2005).

ACCULTURATION AND PARENTING AMONG VIETNAMESE IMMIGRANT FAMILIES

Acculturation theory suggests a postemigration decline in functional competence because of unfamiliarity with the new environment (Berry, 1997). Research shows that many Vietnamese adults living in this country have suffered significant political persecution and war-related traumas that diminish their ability to effectively parent (Garcia Coll et al., 2002; Han, 2006). Coupled with limited language skills and cultural knowledge as described above, Vietnamese parents tend to avoid cross-cultural contact

as it evokes uncertainty and anxiety (Bohon, Macpherson, & Atiles, 2005; Ying & Han, 2008). As a result, Vietnamese adults are known to be generally less prepared for emigration and acculturate more slowly than voluntary immigrant adults from other Asian countries even when years of residence has been controlled for (Ying & Han, 2007). Consequently, Vietnamese parents along with other Southeast Asian refugees have been found to be significantly less involved in their child's life both at home and in school compared to other voluntary Asian immigrant parents (Ying & Han, 2008), which adversely impacts parenting and the intergenerational relationship.

Like Mexican immigrant families described above, Vietnamese families also suffer from intergenerational relationship problems. The association of differential acculturation between immigrant parents and their children results in intergenerational conflict, which has been repeatedly demonstrated in Southeast Asian American families, including the Vietnamese (Kibria, 1993; Rumbaut, 1994; Ying & Chao, 1996; Zhou & Bankston, 1998). Empirical studies have documented that intergenerational conflict strongly predicts negative mental health, such as depression (Wong, 2001), gang involvement (Kibria, 1993; Zhou & Bankson, 1998), and suicidality (Lau, Jernewall, Zane, & Myers, 2002) in Southeast Asian American adolescents.

QUALITATIVE STUDY FINDINGS FOR RESEARCH QUESTION 1: WHAT ARE THE CHARACTERISTICS OF MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES INVOLVED IN THE CHILD WELFARE SYSTEM?

Interviews with Mexican and Vietnamese immigrant parents who had reunified with their children and with child welfare workers working with Mexican and Vietnamese

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immigrant families revealed findings related to the parent's initial thoughts and feelings about their children's removal. Findings also reflected workers' perspectives on the effects of acculturation and cultural differences in parenting (see Appendix for a copy of the final report for the study, which includes study methods on parent and child welfare worker interviews).

Theme #1: Sadness, Desperation, and Fear (Parent and Worker Interviews)

<u>Parent Perspectives</u>

> Well for me it was the hardest thing that has ever happened to me in my entire life. I have had a lot of problems in my life, but the hardest thing was when they took my daughter away. And now I can talk about it but before I could not talk about it without crying [Mexican immigrant father, in the system due to neglect due to mother's substance abuse].

> I felt that it was bad, because….when I got home there was no one and I felt alone and I missed them. I suffered a lot at that time when I didn't have them with me [Mexican immigrant mother, in the system due to physical abuse].

> I was desperate because I knew I had to abide by all the requirements and I knew it was going to be a long process and I didn't feel good having them there and I knew they didn't like it there [in foster care; Mexican immigrant mother, in the system due to neglect due to mother's substance abuse].

> At first I think they [the child welfare system] are a little bit hard with us because they don't really know the truth about the problem because there is always a reason why we do things, right? And for me it was hard because at first they [the child welfare system] just judge me and I was the one that did not know that maybe I had problems, and it was hard at first [Mexican immigrant mother, in the system due to neglect due to mother's alcoholism].

> To me, I, those things, ah...I was really hurt by the things that had happened and when my children were away from the family, truthfully that is the saddest thing in my life. And when I think about the situation where my family was turned upside down like that, ah I know that it was also my fault for not taking care of my children [Vietnamese immigrant mother, in the system due to failure to protect the children].

After I took pills to commit a suicide, I passed out. Then my daughter saw me, and she called 911. They took me to a hospital and save me. I was sad and disappointed. I did not think for my child/daughter [Vietnamese immigrant, in the system due to mom's suicidal attempt/failure to protect the child].

Oh my god, I was like in tears. I didn't want to give, give my son up and almost got into fighting. Not fighting but I was like, no you can't and they had people come in and pull him away from me [Vietnamese immigrant, in the system due to neglect due to mom's drug use].

Worker Perspectives

The parents were afraid to say too much because once you know you get into our system, especially when you speak a foreign language and you are immigrants, all kinds of things come up: power issues of the government and what the government would do if we challenge it too hard. Sometimes it is just better to be quiet and go along with it and then you know maybe God would intervene. And I think both parents were in that frame of mind. They were very afraid [Child Welfare Worker working with Mexican families].

She was very scared. I remember the first time I saw her; she was very introverted and really hard to engage. It totally makes sense. She was scared of losing her children [Child Welfare Worker working with Mexican families].

So the mother was really devastated. She felt probably desperate and scared because she does not know the system that took her kids. And she was undocumented. She did not trust the department too much but I think at the time her social worker who speaks Spanish was also able to help her to understand the system [Child Welfare Worker working with Mexican families].

Even working with Vietnamese workers, she felt exerted so much power and authority and she was afraid of the system and deathly afraid of workers [Child Welfare Worker working with Vietnamese families].

Theme #2: Acceptance and Regret (Parent and Worker Interviews)

Parent Perspectives

I felt like they had some reason to take them and I was wrong because they can see how the children are at home [Mexican immigrant mother, in the system due to neglect].

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I didn't like it [children's removal] at all. This was when I had a 2-year addiction. My addiction was for only 2 years but I couldn't get rid of it from my life. I tried but nothing I did could stop me from doing drugs until I lost my children. That's when I thought about things and thank God I re-cooperated and I said to myself that no I couldn't lose my children and that's when I started to try hard and work hard and I checked myself into a church to see if they could help me [Mexican immigrant mother, in the system due to neglect due to mother's substance abuse].

I felt sad and I felt guilty because it was my fault that my children were being removed because of what I was doing [Mexican immigrant mother, in the system due to neglect due to mother's substance abuse].

At first they just told me they were taking her away because she was not safe with me. And I had to go do some alcoholism programs because that was why they took her away. And I did not understand, I thought that what they were doing was really hard. I thought "why are they doing this," we do not accept it at first but then with time and getting programs and counseling I was able to accept that I was wrong. That I was the one with the problem not my daughter [Mexican immigrant mother, in the system due to neglect due to mother's alcoholism].

Yeah, it was a wake-up call, like a wake-up call. It's like you knew that it was serious. In the beginning, I thought it wouldn't be easy to get caught, like only if you did something and was caught. I didn't think about the consequences. Then I saw what was happening and got scared, you know? If I continued to use, my children would be taken away and that wasn't right. You lose stuff, but losing your children and because you're Vietnamese, I knew I couldn't lose my children [Vietnamese immigrant mother, in the system due to neglect due to mother's drug use].

Worker Perspectives

She was very sad but understood that she had a drug problem—she cried and blamed herself for not being able to care for the baby [Child Welfare Worker working with Vietnamese families].

Mom was upset but she was aware of the problem—she acknowledged that the physical discipline was inappropriate and she needs to be more stable [Child Welfare Worker working with Vietnamese families].

She was very sorry for what she had done, she admitted to what she had done, she was arrested for what she did to the child, she was prosecuted, um, and I

mean she was she was sorry for what she had done but she admitted that she had done it [Child Welfare Worker working with Mexican families].

Theme #3: Confusion About Why the Child Welfare System Was Intervening (Worker and Parent Interviews)

Parent Perspectives

[I felt] very pressured, because it was the first time I never said or knew what to do. I did not even know the CPS office; I did not know why they had gotten me involved. What happened was that I said, "So what am I going to do? What is the next step to follow?" She said, "well the next step is the one the judge is going to give you," "What do you mean a judge," "Yes, a court hearing has been set and here is the date" [Mexican immigrant mother, in the system due to neglect].

I am going to tell you the truth that has been what I have been thinking about because they never explained to me what was happening. They did not tell me why they were taking my child away because the mom was the one who had the problem not me. They never told me that they were taking my child away they just took her away all of the sudden…she [the mother] had problems with alcohol. I was there when my daughter was born but they just came and took her and said, "We are going to take her away." I don't know if they explained what was happening to her mom but they did not explain it to me [Mexican immigrant father, in the system due to neglect due to mother's substance abuse].

The government cannot interfere. This is family business. You are responsible to teach/discipline your children. The way you teach your children is the family's responsibility, the government does not interfere whatsoever…Vietnamese, we hit (children) a lot. If you don't agree, you get hit…the parents hold the stick and whip you, even bleeding [Vietnamese immigrant mother, in the systems due to physical/emotional abuse].

If you closed the door and ran to the grocery store and left them at home, that's not okay. But in the past I didn't know and did that. And when I felt like I did not like things, I took a stick and hit them [Vietnamese immigrant mother, in the system due to physical/emotional abuse].

….our Vietnamese country is different. It is very focused on parents compared to children. But in regards to America, it cherishes children. It doesn't, um, ah, it's not like Vietnam. You have to listen to them, whenever they want something, you have to put some extra time aside to listen to them or play with them. You have to play with them, she said I had to play with her or else she was sad and went

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outside. That's why you have to set aside time for you to talk to her, play with her, and learn about her and what she wants. So, so, life, wherever you live, you have to follow its customs [Vietnamese immigrant mother, in the system due to physical/emotional abuse].

Worker Perspectives

She [mother] did not really understand the whole concept [of being reported to the Child Welfare System]; you know, she had no clue as to what happened [Child Welfare Worker working with Mexican families].

He was confused at first but he realized that DFCS looks at the best interest and the safety for the child [Child Welfare Worker working with Vietnamese families].

Mom was overwhelmed—she used the physical punishment on the child, which was acceptable in Vietnam, since she got frustrated and stressed by the 7-year-old child's out-of-control behaviors [Child Welfare Worker working with Vietnamese families].

She was confused since she was a victim of DV [Child Welfare Worker working with Vietnamese immigrant families].

Theme #4: Anger and Denial (Worker and Parent Interviews)

Parent Perspectives

They [social workers] never gave me the opportunity to express myself. When I would tell them that my daughter was lying and that what she was saying was not true. They didn't believe me, because I had some history [e.g. prior child welfare reports] with that [Mexican immigrant mother, in the system due to physical abuse].

It [children's removal] was just because some lady made up a lie and that was the reason…The lady said that I abuse my children and that was not true I never did that. The lady said that and that was why they took them away [Mexican immigrant mother, in the system due to neglect].

[I felt] angry because why did they come to arrest me when I didn't do anything. Why did the lady call to say I hit her when I didn't hit her? And they went and searched everything in the house and then arrested me and put me in the car to go to jail. And I told the police officer but he didn't listen to me. I said I didn't do anything, I don't know anything but he didn't listen. He put me in jail. I see um,

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that, by them doing that to me, it is not justice…Because truthfully, we didn't do anything. The child left home for 2 days and we called to bring her home to take her to class. The lady, she doesn't know anything but said that we hit the child and she ran away to her house. The police listened to them and took away my child and even arrested us [Vietnamese immigrant mother, in the system due to physical/emotional abuse].

<u>Worker Perspectives</u>

Mom minimized her drug problem despite her previous drug charges. She was very upset about what happened—she was angry and also embarrassed since she lost two older children already. She worried that the DFCS worker would contact her family about the third baby [Child Welfare Worker working with Vietnamese families].

And a lot of times, when the case came to me, I did a lot of visits but they [the parents] were very upset with the DI [Dependency Intake] worker. And then they were like "we trust this person and why were our children taken away?" [Child Welfare Worker working with Mexican families].

The perception was that "we were a bad agency that has no right to remove him; he [the child] is just a bad apple; you always believe the kid, you know, the child abuse laws in this country are too liberal; and I did not do anything wrong" [Child Welfare Worker working with Mexican families].

I think they thought it was unfair. I don't think they really believed that they were putting the children at risk, which as I said that's why they were removed, um so I think they believed that they were providing adequate care for the children [Child Welfare Worker working with Mexican families].

She [the mother] was in denial about him touching her daughter and she remained in that denial for a while [Child Welfare Worker working with Mexican families].

She blamed the girl and said the girl was ruining the household and the girl was lying; that she made up a huge lie for attention. She was really in denial and did not believe it [Child Welfare Worker working with Mexican families].

The mother was in denial that the child was crawling on the ground in a puddle of urine and water dripping from the ceiling. The officer interviewed the mother. The child put his hand in his mouth and the mother of course she denied it. She did not think it was an issue. She thought it was fine. She thought she was taking

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care of her child and did not perceive there has been any problem [Child Welfare Worker working with Mexican families].

Theme #5: Acculturation and Cultural Differences in Parenting (Worker Interviews)

<u>Worker Perspectives</u>

We have to pay attention more to demographic background—education level and acculturation level is important since this indicates how much the family is familiar with the child welfare system or other laws here. Also, when the parents speak English, they have better chance to receive services….They have better chances to reunify with their children since they don't need to wait for the classes, and they can get access to more resources and to navigate the system better [Child Welfare Worker working with Vietnamese families].

In Vietnamese culture, they don't want the court to get involved and to get into the business because they keep their problems to themselves. Thus, once they enter the system, we need to send a clear message that they should say everything to the worker so that the worker evaluates the case accurately [Child Welfare Worker working with Vietnamese families].

All cases in our units are involved with DV. And what I see is that family values… the family values are kind of to normalize the DV situation between the parents and they think that it is not a big deal. So that's why I see that comes from the family and that migrated from Vietnam, family values disrespect DV [Child Welfare Worker working with Vietnamese families].

In Vietnam, we don't have a CA/N [Child Abuse and Neglect] law so it's a very new concept to most Vietnamese immigrants here. Many of them don't speak English well and they don't communicate clearly with the police or the workers— there are a lot of misunderstandings. Even with the Vietnamese-speaking worker, we need to explain very clearly and a lot of times so that the family really understand the system, law, and the procedure [Child Welfare Worker working with Vietnamese families].

The parents need to understand the expectation of the U.S. and the legal consequences of their action—because corporal punishment is a normal form of discipline in Vietnam. Most Vietnamese families are grateful for the services, at the same time they don't want intrusion with the scrutiny [Child Welfare Worker working with Vietnamese families].

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I understand the resistance and I understand the fear of authority of the Vietnamese families who are involved with the system….For example, the mother did not feel that she was understood…there were some allegations that were not found true but she had to work on her issues. Social workers should understand the cultural background of the clients. With the Vietnamese families, they need to be educated about the proper parenting [Child Welfare Worker working with Vietnamese families].

Many Vietnamese perceptions are that the state/government cannot take the children away from parents—they don't understand that they have limited time to take back their children and we can place children in separate homes and possibly that the children could get adopted by the foster parents. They do not have understanding about child welfare services [Child Welfare Worker working with Vietnamese families].

Immigrant families generally are not well informed because there is lack of Spanish-speaking language; miscommunication in general; parents do not really go and ask questions because they don't want to cause any commotion or dealing with authority; mistrust the system; and just in general want to keep everything quiet. A lot of time it just falls through the cracks. They are misinformed or not informed at all [Child Welfare Worker working with Mexican families].

[The mother] had come from a family where there was domestic violence, so that was normal and I spent a lot of time telling her that in this country we don't tolerate that, it's illegal and she didn't really even understand the illegal part you know I had to tell her that I mean I had to try to get her to understand that the police and the court don't allow this to happen in this country, um, it was very difficult for her very difficult for her [Child Welfare Worker working with Mexican families].

IMPLICATIONS FOR CHILD WELFARE PRACTICE AND POLICY

1) Child welfare practice and policy with immigrant families should take into consideration the role of acculturation when working with Mexican and Vietnamese immigrant families.

Many Mexican and Vietnamese immigrant parents expressed confusion about

why the child welfare system was intervening with their family. Many parents reported

not understanding what was happening and feeling as if the child welfare system did not

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adequately explain to them why their children were removed and what the process was for the parents. In addition, some parents discussed disbelief that the government could interfere with parenting—something that does not occur in their home countries. Other parents discussed not initially understanding that some parenting practices—such as hitting a child or leaving a child alone at home—are not allowed in the U.S. This lack of understanding of the role of the child welfare system and cultural norms about parenting in the U.S. caused many parents to feel a great deal of fear when coming into contact with child welfare workers. Child welfare workers expressed similar sentiments during the interviews and reflected on the process of needing to educate parents on the role of the child welfare system in the U.S. and the types of parenting practices that are not acceptable in this culture. These findings suggest that child welfare workers should accurately assess an immigrant family's level of acculturation and familiarity with U.S. customs and laws when first assessing an immigrant family that has been referred to the child welfare system.

2) **_Child welfare practice and policy with immigrant families should consider findings indicating that most immigrant families felt great sadness and desperation upon losing custody of their children, and with time, many came to accept that their actions were putting their children at risk._**

Many parents stated that the loss of their children was the worst event in their life and caused them intense sadness and feelings of desperation. Some parents also reported feelings of anger toward the child welfare system and toward those who reported them. However, over time, many came to accept the fact that their parenting or life circumstances had been placing their children at risk and expressed a great deal of

regret about the maltreatment. It should be noted that all of the parent findings in this study came from parents who had successfully reunified, while workers discussed both parents who had reunified and those who had not. Thus, more workers than parents discussed parents who were in denial about the maltreatment and never came to accept that their children were at risk. Child welfare workers working with immigrant families should take into consideration the process through which parents may go when having a child removed (e.g., initial feelings of sadness, desperation, fear, or confusion), and with adequate guidance and education from child welfare workers, these feelings may transform into feelings of acceptance and regret.

PRACTICE EXERCISES

Activity I-1: "Fairy Tale" Understanding Different Cultural Values by the Cultural/Ethnic Backgrounds

Purpose:

The purpose of this exercise is to understand the foundation of cultural differences between the ethnic (Mexican and Vietnamese) and majority American cultures through children's fairy tales.

Instructions:

Share the purpose of this activity with the participants:

1. We need to understand that the differences between the ethnic and majority American cultures are reflected in many ways. It is important for us to explore, learn and attend to these cultural differences, so that we may assist our clients with their travels across different cultural contexts.

2. Ask participants to form groups based on cultural/ethnic backgrounds (e.g., European Caucasians [as a mainstream cultural group], African Americans, Mexicans, Asians, and other cultural/ethnic groups). The instructor may use this opportunity to briefly talk about what *culture* means among the participants.

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3. After forming the small groups, the instructor asks the groups to share the children's fairy tale stories they have been told while growing up.

- Each member within the group will share the fairy tale stories; then the group will identify one or two children's fairy tale stories commonly mentioned by the group members.

- The group will have a brief discussion on what cultural and traditional values are embedded in the stories.

4. Invite volunteers from each group to share their group's children's fairy tale stories to the big group.

5. Ask the following questions:

- While you are listening to other cultural/ethnic groups' children's fairy tales, what were your initial emotional reactions?

- Let's discuss how these stories tell the different cultural and traditional values from yours.

Activity I-2: "Barnga Game": Experiential Understanding of Immigrant Families' Experience in the Child Welfare System

Purpose:

The purpose of this activity is to provide child welfare workers an experiential understanding of immigrant parents' emotions when they get involved with the child welfare system. Once we realize this, it is possible to establish communication and reach an understanding with people who hold other rules without questioning their abilities.

Introductions:

1. Share the purpose of this activity:

   [Note: This game helps us empathize with how the immigrant parents may feel as they live between two culturally different worlds. This empathy is very important if we are going to be effective and culturally sensitive social workers who work with Mexican and Vietnamese immigrant parents in the child welfare system."]

2. Introducing Barnga to the participants:

   [Instructor: Refer to the Barnga manual, published by Intercultural Press and available online at: http://www.achpd.org/media/271383/barnga_instructions.pdf]

3. After the game is over, the instructor will debrief with the trainees/participants on the following questions:

   a. How did you feel when the game began and you played at your table?

   b. If you moved to a different table, how did you feel about playing at the different table? How did you feel while playing at the different table(s)? What happened when you played at the different table(s)?

   c. Were you able to discover that people at the different table(s) played by different rules? How did you feel when you discovered other people did not play by the same rules as you?

   d. You are asked to not communicate with each other, either verbally or written. When you could not communicate via language how did you resolve the conflict if any? What method did you try to use? Did your method work? [Note to the instructor: Later, say that communication by language is not allowed because in real cross-cultural encounters, we often do not share the same language.]

   e. Based on this activity and experience, what would be your thoughts about how Mexican and Vietnamese immigrant families felt when they had an encounter with the child welfare system?

   The instructor may want to say, "Based on the findings, neither Mexican nor Vietnamese immigrant parents were aware of the child protection law in America. When their children were removed from their care, the majority of them felt confused." Then ask the following additional question:

   f. What are your personal views on the Mexican and Vietnamese immigrant families' experience in the child welfare system?

Activity I-3: Effects of Being an Immigrant in the Child Welfare System

Purpose:

The purpose of this exercise is to review foundation knowledge about Mexican and Vietnamese families' experiences in the child welfare system.

Instructions:

Based on the findings of this study, small group discussions can be used.

1. Each group develops a list of questions in the following areas that they need to consider to begin the assessment and intervention process with Mexican

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and Vietnamese immigrant families in order to provide more culturally competent practice.

- Understand the history of the Mexican and Vietnamese immigrant groups in the United States
- Understand the values, beliefs, and customs of the Mexican and Vietnamese immigrant groups regarding parenting

2. Name at least THREE challenges that many Mexican immigrant families may have experienced in the child welfare system.

3. Name at least THREE challenges that many Vietnamese immigrant families may have experienced in the child welfare system.

4. If you encountered Mexican or Vietnamese immigrants who did not understand your child protective work, how would you respond?

5. How would you develop knowledge and skills regarding relationship building and assessment that are necessary to provide services in a manner that is expected within the culture of Mexican immigrant families in the child welfare system?

6. How would you develop knowledge and skills regarding relationship building and assessment that are necessary to provide services in a manner that is expected within the culture of Vietnamese immigrant families in the child welfare system?

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MODULE II

CHARACTERISTICS OF MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES INVOLVED IN THE CHILD WELFARE SYSTEM

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MODULE II
CHARACTERISTICS OF MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES INVOLVED IN THE CHILD WELFARE SYSTEM

PUBLIC CHILD WELFARE COMPETENCIES ADDRESSED

MSW 1.1   Student demonstrates respect, fairness, and cultural competence in assessing, working with, and making service decisions regarding clients of diverse backgrounds.

MSW 1.4   Student recognizes personal knowledge limitations regarding specific groups and seeks consultation and expertise as needed to assess and work effectively with clients.

MSW 3.3   Student is able to identify the major family, health, and social factors contributing to child abuse and neglect, as well as positive factors that act to preserve the family and protect the child.

LEARNING OBJECTIVES

This section examines the literature on the characteristics of Mexican and Vietnamese immigrant families involved in the child welfare system. Specifically, this section describes the characteristics of Mexican and Vietnamese immigrants in comparison to non-immigrant families in the child welfare system. The participants will learn the core elements that help child welfare workers to successfully work with immigrant families in comparison to non-immigrant families.

By the end of this section, participants will:

- Be introduced to the common and distinctive characteristics of Mexican and Vietnamese immigrants in the child welfare system,

- Be introduced to the common characteristics of Mexican and Vietnamese immigrants in comparison to non-immigrant families in the child welfare system,

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- Identify 4-5 factors that impact reunification outcomes among Mexican and Vietnamese immigrant families in the child welfare system in comparison to non-immigrant families.

AGENDA

Time allocation: Approximately 75 minutes (depending on use of activities)

- Introduction

  - Introduction to section content
  - Introduction to topic

    - Risk Factors for Involvement in the Child Welfare System Among Mexican and Vietnamese Immigrant Children
    - Characteristics of Mexican Immigrant Children Involved in the Child Welfare System
    - Characteristics of Vietnamese Immigrant Children Involved in the Child Welfare System
    - Differences Between Immigrant and Non-Immigrant Families in the Child Welfare System

- Understanding the characteristics of Mexican and Vietnamese immigrant families in the child welfare system

  - Review the characteristics of Mexican and Vietnamese immigrant families in comparison to non-immigrant families in the CWS
  - Activity II-1: Understanding the Characteristics of Mexican and Vietnamese Immigrant Families Compared to Non-immigrant Families.
  - Activity II-2: Expanding Practice and Policy Knowledge Regarding the Relationship Between Mexican and Vietnamese Immigrant Families and Reunification Outcomes

- Vignettes Exercises and Questions for Class Discussion

  - Working with the Gonzalezs
  - Working with the Nguyens

MATERIALS NEEDED

- Either an overhead projector and PowerPoint presentation on transparencies or a computer and PowerPoint presentation in PDF form

- Markers and flip chart or white board for writing key points in response to small- and full-group discussions

RISK FACTORS FOR INVOLVEMENT IN THE CHILD WELFARE SYSTEM AMONG MEXICAN AND VIETNAMESE IMMIGRANT CHILDREN

Immigrant families in the U.S. experience disproportionately high rates of poverty, unemployment, and crowded housing conditions, yet, they are less likely than non-immigrant families to receive housing assistance, food stamps, mental health services, or to have health insurance (Capps et al., 2004; Reardon-Anderson et al., 2002). This context, combined with stressors associated with resettlement and acculturation, may place some immigrant families at high risk for involvement in the child welfare system (Lincroft & Resner, 2006).

Although empirical data on the proportion of immigrant children and families involved with child welfare services in California is not available, a number of factors place Mexican and Vietnamese immigrant children at risk for foster care. Among Mexican immigrants, poverty and unauthorized immigrant status can create challenges in the resettlement and acculturation process and can strain the family system. Unauthorized families may be reluctant to have contact with U.S. culture, customs, or social welfare systems because of fears of deportation, thereby increasing social isolation from community resources (Broder, 2007). Among Vietnamese immigrants, poverty and parents' refugee status and experiences of war or trauma may be especially relevant and can contribute to problems in family functioning, as well as resettlement and acculturation in the U.S. (Pelczarski & Kemp, 2006). In addition, both groups may experience conflicts between parenting expectations in the U.S. and

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cultural traditions in their country of origin, as well as challenges related to English language proficiency (Chao & Kanatsu, 2008; Davis, 2000; Johnson, 2007).

CHARACTERISTICS OF MEXICAN IMMIGRANT CHILDREN INVOLVED IN THE CHILD WELFARE SYSTEM

Dettlaff et al. (2009) examined data from the National Survey of Child and Adolescent Well-being and found that Latino children with a foreign-born parent represented 5.2% of children in the survey who were reported to Child Protective Services (CPS) for suspected child maltreatment. In a comparison of Latino children with a foreign-born parent and children with a U.S.-born parent reported to CPS, Dettlaff et al. found Latino children with a foreign-born parent tended to be younger; their caregivers tended to be older; and their family income was lower than children of U.S.-born parents. Latino children with a foreign-born parent were also significantly more likely to be reported for sexual abuse and were less likely than non-immigrant families to be reported for physical neglect (failure to provide). In terms of risk factors, Latino children of foreign-born parents were less likely than non-immigrant families to have active drug abuse in the home, parental intellectual or cognitive impairment, poor parenting skills, a recent history of arrest of the parent, or to be experiencing a high degree of family stress. Several parental perceptions of the neighborhood and community environment also differed between the groups. Immigrant parents tended to perceive their neighborhood as having fewer problems with open drug use, unsupervised children, and teenagers making a nuisance, and they were more likely to

feel they lived in a safe neighborhood and a community with helpful neighbors than non-immigrants parents.

The Urban Institute recently published three research briefs reporting quantitative data on Latin American immigrant children in the child welfare system in Texas (Kuehn, Vericker, & Capps, 2007; Vericker et al., 2007a, 2007b). Results indicated that immigrant children (i.e., those born in Mexico, Central or South America, or the Caribbean) were more likely to have experienced sexual abuse and less likely to have a case plan of reunification than children of Latin American immigrant parents (i.e., children born in the U.S. to at least one foreign-born parent) and non-immigrants. Immigrant children were also less likely to be placed with a relative.

CHARACTERISTICS OF VIETNAMESE IMMIGRANT CHILDREN INVOLVED IN THE CHILD WELFARE SYSTEM

With respect to Vietnamese immigrant children in the child welfare system, one study of administrative data in Washington state found Vietnamese children to be overrepresented in the child welfare population (14.4%) compared to their representation in the general population (8.9%), and they were most often reported to the child welfare system for physical abuse (Pelczarski & Kemp, 2006). Further, nearly 43% of Vietnamese children reported to the child welfare system were over the age of 10 and nearly 64% were female (Pelczarski & Kemp, 2006). Similarly, Rhee and Chang (2006) also found Vietnamese children in Los Angeles to be most often reported to child welfare agencies for physical abuse, and they were most often reported by school personnel. Nearly 40% of these children were between the ages of 6 and 10, and nearly

57% were living with both biological parents. On average, Vietnamese families in this study had been in the U.S. 13 years and nearly 50% had less than a middle school education. This study also reported that nearly 75% of families in the sample were provided with family maintenance services. Among those children who were placed in out-of-home care, approximately 45% were placed with relatives (Rhee & Chang, 2006).

QUANTITATIVE STUDY FINDINGS FOR RESEARCH QUESTION #1: WHAT ARE THE CHARACTERISTICS OF MEXICAN AND VIETNAMESE IMMIGRANT CHILDREN AND FAMILIES INVOLVED IN FAMILY REUNIFICATION SERVICES?

Table 1 displays results for the characteristics of Mexican and Vietnamese immigrant children and families involved in family reunification services (see Appendix for a copy of the final report from the study, which contains methods for the quantitative portion of the study). The mean age of Mexican immigrant children at entry into the child welfare system was 6.85 years ($SD = 5.77$); for Vietnamese immigrant children it was 6.10 years ($SD = 5.80$). Mexican immigrant children were found to be significantly older than non-immigrant children at time of case opening ($M = 4.50$, $SD = 5.09$, $F(2, 2153) = 23.70$, $p \leq .001$).

The mean age of Mexican immigrant mothers at entry into the child welfare system was 31.65 years ($SD = 7.73$); the mean age for Vietnamese immigrant mothers it was 32.69 years ($SD = 6.27$). Mexican immigrant mothers were found to be significantly older than non-immigrant mothers at time of case opening ($M = 30.54$, $SD = 7.60$, $F(2, 2,181) = 3.53$, $p = .023$). Significantly more Mexican immigrant mothers were

unauthorized immigrants (62.7%, *n* = 148) versus Vietnamese immigrant mothers

(0.0%, χ^2(1, *N* = 263) = 38.72, *p* $\leq$ .001).

Table 1. Demographic Characteristics of Mexican and Vietnamese Immigrant and Non-immigrant Children

Characteristics	Mexican immigrants (n = 252)^	Vietnamese immigrants (n = 32)^	Non-immigrants (N = 1,943)^
Child age at case opening**	**6.85 (SD=5.77) [Range: 0 -18]**	6.10 (SD=5.80) [Range: 0 -16]	**4.50 (SD=5.09) [Range: 0 -18**]
Child gender			
Male	118 (45.6%)	14 (43.8%)	935 (49.4%)
Female	141 (54.4%)	18 (56.3%)	958 (50.6%)
Generational status of child			
First generation (child was born outside U.S. to foreign-born parents)	40 (17.0%)	2 (7.4%)	--
Second generation (child was born in U.S. to foreign-born parents)	195 (83.0%)	25 (92.6%)	--
Child's primary language			
English	137 (55.5%)	23 (71.9%)	--
Ethnic language (Spanish/Vietnamese)	110 (44.5%)	9 (28.1%)	--
Mother's age at case opening*	**31.65 (SD=7.73) [Range: 18-59]**	32.69 (SD=6.27) [Range: 18-45]	**30.54 (SD=7.60) [Range: 13-66]**
Citizenship status of mother**			
Authorized immigrant	88 (37.3%)	27 (100%)	--
Unauthorized immigrant	**148 (62.7%)**	**0 (0%)**	**--**
Mother's Primary Language			
English	67 (26.0%)	7 (21.9%)	--
Ethnic language (Spanish/Vietnamese)	191 (74.0%)	25 (78.1%)	--

*   p<.05,

** p<.001, Figures in bold indicate significant group differences

^ Due to missing data, frequencies do not always total the total sample and percentages are calculated after missing data are excluded.

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Table 2 displays system-related characteristics of Mexican immigrant, Vietnamese immigrant, and non-immigrant children in the study. Significant differences were found between Mexican immigrant and non-immigrant children with respect to the type of maltreatment that led to the case opening: more Mexican immigrant children ($n =$ 20, 8.1%) experienced emotional abuse than non-immigrants ($n =$ 54, 3.0%), more Mexican immigrant children ($n =$ 45, 18.1%) experienced physical abuse than non-immigrants ($n =$ 124, 7.0%), more Mexican immigrant children ($n =$ 24, 9.7%) experienced sexual abuse than non-immigrant ($n =$ 31, 1.7%), and fewer Mexican immigrant children ($n =$ 33, 13.3%) experienced severe neglect than non-immigrant children ($n =$ 393, 22.1%, χ^2(7, $N =$ 2,023) = 116.11, $p \leq$.001). The most common type of abuse among Vietnamese children was caretaker absence/incapacity ($n =$ 10, 32.3%), and physical abuse ($n =$ 6, 19.4%).

Significantly more Mexican immigrant children ($n =$ 32, 12.4%) were placed in a group home as their first placement than non-immigrant ($n =$ 95, 5.0%), and fewer Mexican immigrant children ($n =$ 22, 8.5%) were placed with relatives as their first placement than non-immigrant children ($n =$ 334, 17.7%, χ^2(4, $N =$ 2,177) = 35.53, $p \leq$.001). The majority of Vietnamese immigrant children ($n =$ 28, 90.3%) were first placed in foster care versus Mexican immigrant children ($n =$ 205, 79.2%) and non-immigrant children ($n =$ 1458, 77.3%), however most ($n =$ 15, 48.4%) had moved to relative care for their last placement.

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Significantly more Mexican immigrant children ($n = 136$, 52.7%) were placed in a foster home as their last placement versus non-immigrant children ($n = 762$, 40.4%). More Mexican immigrant children ($n = 25$, 9.7%) than non-immigrant children ($n = 85$, 4.5%) were placed in a group home as their last placement, and fewer Mexican immigrant children ($n = 97$, 37.6%) were placed with relatives as their last placement than non-immigrant children ($n = 1037$, 55.0%, $\chi^2(4, N = 2{,}173) = 34.24$, $p \leq .001$).

Significantly more Mexican immigrant children ($n = 94$, 36.4%) had just one out-of-home placement than Vietnamese immigrant children ($n = 6$, 19.4%), and non-immigrant children ($n = 474$, 25.1%, $\chi^2(4, N = 2{,}173) = 18.40$, $p \leq .001$). No significant differences were found between the groups for the number of previous referrals or the number of previous referrals that were substantiated. Mexican immigrant children ($M = 22.06$, $SD = 11.78$) spent significantly fewer months in the child welfare system than non-immigrant children ($M = 28.21$, $SD = 14.08$, $F(2, 2{,}021) = 21.88$, $p \leq .001$).

Table 2. System-Related Characteristics of Mexican Immigrant, Vietnamese Immigrant, and Non-Immigrant Children

Characteristics	Mexican immigrants (n = 252)^	Vietnamese immigrants (n = 32)^	Non-immigrants (N = 1,943)^
Type of maltreatment that led to case opening**			
At risk, sibling abused	11 (4.4%)	3 (9.7%)	70 (3.9%)
Caretaker absence/incapacity	40 (16.1%)	10 (32.3%)	432 (24.3%)
Emotional abuse	**20 (8.1%)**	0 (0%)	**54 (3.0%)**
General neglect	51 (20.6%)	3 (9.7%)	427 (24.1%)
Physical abuse	**45 (18.1%)**	6 (19.4%)	**124 (7.0%)**
Severe neglect	33 (13.3%)	4 (12.9%)	393 (22.1%)
Sexual abuse	**24 (9.7%)**	1 (3.2%)	**31(1.7%)**
Substantial risk	24 (9.7%)	4 (12.9%)	244 (13.7%)

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Characteristics	Mexican immigrants (n = 252)^	Vietnamese immigrants (n = 32)^	Non-immigrants (N = 1,943)^
Type of placement for FIRST placement**			
Relative NREFM home	**22 (8.5%)**	2 (6.5%)	**334 (17.7%)**
Foster home	205 (79.2%)	**28 (90.3%)**	1458 (77.3%)
Group home	**32 (12.4%)**	1 (3.2%)	**95 (5.0%)**
Type of placement for LAST placement**			
Relative NREFM home	97 (37.6%)	**15 (48.4%)**	1037 (55.0%)
Foster home	**136 (52.7%)**	13 (41.9%)	**762 (40.4%)**
Group home	25 (9.7%)	3 (9.7%)	85 (4.5%)
Number of placements**			
One placement	**94 (36.4%)**	6 (19.4%)	**474 (25.1%)**
Two placements	88 (34.1%)	14 (45.2%)	669 (35.5%)
Three or more placements	76 (29.5%)	11 (25.5%)	742 (39.4%)
Number of previous referrals			
No previous referrals	108 (42.5%)	16 (50.0%)	843 (45.3%)
One previous referral	58 (22.8%)	5 (15.6%)	308 (16.6%)
Two or more previous referrals	88 (34.6%)	11 (34.4%)	709 (38.1%)
Number of previous substantiated referrals			
No previous substantiated referrals	194 (76.4%)	27 (84.4%)	1450 (78.0%)
One previous substantiated referral	45 (17.7%)	5 (15.6%)	284 (15.3%)
Two or more previous substantiated referrals	15 (5.9%)	0 (0.0%)	126 (6.8%)
Length of time in the child welfare system (months)**	**22.06 (SD=11.78) [Range: 1-68]**	24.01 (SD=6.62) [Range: 8-36]	**28.21 (SD=14.08) [Range: 1-100]**

* p<.05,

** p<.001, Figures in bold indicate significant group differences

^Due to missing data, frequencies do not always total the total sample and percentages are calculated after missing data are excluded.

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IMPLICATIONS FOR CHILD WELFARE PRACTICE AND POLICY

Child welfare practice and policy would benefit from considering demographic differences between Mexican and Vietnamese immigrants and non-immigrants and targeting interventions toward the specific characteristics of immigrant families.

Mexican immigrant children were found to be older, on average, at entry into the child welfare system than non-immigrant children, and they were more likely than non-immigrant children to have experienced physical abuse, sexual abuse, or emotional abuse. The finding regarding sexual abuse is consistent with previous research that has found relatively high rates of sexual abuse among Mexican immigrant children involved in the child welfare system (Kuehn et al., 2007; Vericker et al., 2007a, 2007b). The finding regarding physical abuse is consistent with the qualitative findings from parent participants (see Module V) indicating that parenting classes that teach alternatives to physical discipline were the most helpful service for them. Emotional abuse is a category that is often used in cases of domestic violence, suggesting that domestic violence may be an important issue affecting Mexican immigrant families.

Mexican immigrant children were more likely than non-immigrant children to be placed in foster care or a group home as compared to relative care, a finding that is consistent with previous research, which has found Mexican immigrant children to be less likely to be placed with relatives than non-immigrant children (Kuehn et al., 2007; Vericker et al., 2007a, 2007b). This finding may suggest that Mexican immigrant families do not have available relatives in the area to provide substitute care, or that if relatives are available they are not deemed appropriate as caregivers. It is possible that

this finding indicates that Mexican immigrant families are comparatively isolated from an extended network of support.

Mexican immigrant children were also found to have fewer out-of-home placements and a shorter child welfare case than non-immigrant children. With respect to immigrant-related variables, Mexican immigrant children were most likely to have been born in the U.S. to mothers born in Mexico. The majority of Mexican immigrant mothers had unauthorized citizenship status and identified Spanish as their primary language, whereas the majority of Mexican immigrant children were identified as having English as their primary language. Implications of these findings for child welfare practice and policy indicate that child welfare agencies must develop strategies for obtaining services for unauthorized Mexican immigrant parents that are linguistically appropriate.

Overall, the Vietnamese immigrant sample (N = 32) was smaller than anticipated and as a result, differences between Vietnamese and non-immigrant, or Mexican immigrant children often did not reach statistical significance. The relatively small Vietnamese immigrant child sample may suggest that Vietnamese immigrant children become dependents of the court at a relatively low rate. A recent study of the Informal Supervision program in Santa Clara County found that 16.5% of the children in Informal Supervision were Asian/Pacific Islander—a rate that is more than double that of the overall rate of Asian/Pacific Islander children in out-of-home care in Santa Clara County (Osterling, Sims, Tyminski, & Radillo, 2009). These findings may suggest that

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Vietnamese children are reported to the child welfare system for suspected child maltreatment at a relatively high rate, compared to their population in the county, but that they are commonly offered diversion services as opposed to having a child removed. This finding is consistent with one study of Vietnamese children in Los Angeles that found that the majority of these children were offered family maintenance services as opposed to family reunification services (Rhee & Chang, 2006). The relatively low number of Vietnamese children in this study who became dependents of the court may suggest that diversion services for Vietnamese immigrant families are effective for many families in preventing further involvement with the child welfare system and that these efforts should continue.

Among the Vietnamese immigrant children in this sample, the most common type of maltreatment leading to entry into care was caretaker absence or incapacity, an abuse category that is often used in cases of parental substance abuse. This finding is consistent with the qualitative findings indicating that substance abuse services were particularly helpful for Vietnamese parents who reunified (see Module V). Physical abuse was the second most common type of maltreatment among Vietnamese immigrant children, a finding that is consistent with previous research (Pelczarski & Kemp, 2006; Rhee & Chang, 2006). These findings suggest that family reunification services for Vietnamese immigrant families should be targeted toward issues of substance abuse and physical abuse.

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Almost all Vietnamese immigrant children were placed in foster care as their first placement; however over 50% of these children moved to relative care for their last placement, suggesting that among these Vietnamese immigrant families, the majority has extended family in the area available to provide substitute care. With respect to immigrant-related variables, the majority of Vietnamese immigrant children were born in the U.S. to mothers born in Vietnam. Most of the mothers spoke Vietnamese, whereas most of the children spoke English as their first language, and all of the mothers in the sample had authorized citizenship status. These findings suggest that the availability of Vietnamese language services is essential in working with this population.

PRACTICE EXERCISES

Activity II-1: Understanding the Characteristics of Mexican and Vietnamese Immigrant Families Compared to Non-immigrant Families

Purpose:

The purpose of this exercise is to give participants an opportunity to interact, raise knowledge about the characteristics of Mexican and Vietnamese immigrant families in comparison to non-immigrant families, and identify common experiences related to working with immigrant families in the child welfare system.

Instructions:

Invite participants to form small groups. In the groups, they will have four topics to discuss, followed by a brief report back of highlights from each group. The small group should be instructed to discuss their answers to the following questions:

1. How do the characteristics of Mexican immigrant families differ from or are similar to the ones of Vietnamese immigrant families?

2. How do the characteristics of Mexican immigrant families differ from or are similar to the ones of non-immigrant families?

3. How do the characteristics of Vietnamese immigrant families differ from or are similar to the ones of non-immigrant families?

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4. How do the findings of this study differ from or are similar to your own experiences with Mexican and/or Vietnamese immigrant families in the child welfare system?

Groups briefly share their findings with the larger group to facilitate discussion on the above four topics.

After the exercise, debrief with participants by pointing out the mainly discussed differences and similarities of the characteristics of Mexican and Vietnamese immigrant families compared to non-immigrant families in the child welfare system.

Activity II-2: Expanding the Practice and Policy Knowledge Regarding the Relationship Between Mexican and Vietnamese Immigrant Families and Reunification Outcomes

Purpose:

This exercise gives participants an opportunity to explore how demographic characteristics of Mexican and Vietnamese immigrant families can affect reunification outcomes in the child welfare system and how these characteristics can be taken into consideration in practice settings.

Instructions:

This is a small-group discussion activity in which participants will brainstorm and identify elements of promising practices when taking into consideration the characteristics of Mexican and Vietnamese immigrant families in the child welfare system.

1. Share the participants' personal and professional background and experiences working with the Mexican and Vietnamese families in the child welfare system by creating a *Group Resumé*.

   - Give the groups markers and a paper to display their resumes

   - Resumes should include information about:

     - Positions held and educational background
     - Experiences working with the above-listed immigrant populations
     - Trainings received working with the above-listed immigrant populations
     - Knowledge about the characteristics of Mexican and Vietnamese immigrant families in the child welfare system compared to non-immigrant families

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2. Based on the presented characteristics of the Mexican and Vietnamese immigrant families in the child welfare system, participants will identify possible barriers for family reunification outcomes among Mexican and Vietnamese immigrant families and how these barriers may be overcome.

3. If participants cannot complete this exercise due to lack of information, how might you go about assessing or finding the information you need? What specific steps would you recommend? [Note: Point out that the next section will review the practice services that affect family reunification outcomes among Mexican and Vietnamese immigrant families.]

Debrief Small Groups:

1. Invite each group to present its resumé and share the total resources contained. As a group, to what extent do the participants understand the characteristics of the immigrant families compared to the non-immigrant families?

2. Briefly share their answers to #2.

3. Observe how their different backgrounds, experiences, and perspectives helped understanding (#2) and development of a plan/recommendation (#3).

VIGNETTES

- Vignette #1: Working with the Gonzalezes
- Vignette #2: Working with the Nguyens

Vignettes: Small-Group Discussion (Handouts #1 and #2)

Participants will review the descriptions of the following two immigrant families: one Mexican (the Gonzalezes) and one Vietnamese (the Nguyens). The group will then answer the questions below:

Vignette #1: Working With the Gonzalezes

Mrs. Gonzalez (age 45) is a Mexican immigrant mother of five. She came to this country illegally 10 years ago and worked for her family friend who owns a cleaning company until last year. Due to the complications of diabetes, she has been unable to work during the past year. Mrs. Gonzalez is divorced from her fourth husband, and purportedly her last boyfriend had sex with her 14-year-old daughter, Maria, while Mrs. Gonzalez was away. Maria was pregnant and has run away. Maria was involved with a nonprofit community agency which provides services towards runaway youths. During the intake at the community agency, Maria revealed her

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sexual abuse by her mother's boyfriend. The group facilitator at the agency called CPS and the case came to your attention. Mrs. Gonzalez is now at home with a daughter (age 12), a son (age 16), and a stepson (age 10). She does not have any relatives living nearby and her English proficiency is very limited.

When you, a bilingual Spanish social worker, interview Mrs. Gonzalez, she appears very scared, remorseful over her daughter's leaving home, and angry at her boyfriend's behavior. She indicates that the boyfriend will not be around any longer and begged you to have her daughter home. However, Maria did not want to come home and when she was asked "why", Maria answered, "I told my mom what her boyfriend did to me but she did not believe me. I am better off without this family." When you asked about the boyfriend's whereabouts, Mrs. Gonzalez started crying saying that without him she does not have any income to support her children. You informed her that the boyfriend will be questioned by the police officer.

- Share how the above-described Gonzalez family is similar to or differ from the typical cases the participants carry in the child welfare system.

- How might the family's characteristics affect their experience in the child welfare system?

- In order for Mrs. Gonzalez to reunify with the children, what characteristics need to be taken into consideration when assessing the case and towards the types of needed interventions?

Vignette #2: Working With the Nguyens

Mr. and Mrs. Nguyen emigrated from Vietnam 5 years ago through Mr. Nguyen's older brother's support. They have been married for 12 years and have two daughters (Dianne [Dee-Dee], age 11, and Jody, age 8). The first beatings toward Mrs. Nguyen occurred after the first year they came to this country, and have continued with varying severity ever since. He began to beat the children with his belt and fists as "discipline" almost as soon as they could run around and get into mischief.

Three days ago, Mr. Nguyen (age 37) beat Jody with his fists and locked her in her bedroom to punish her for talking back to him. Jody was screaming and when the screams did not seem to stop, the neighbor called the police. The neighbor told the police that she heard the father yelling at the girls (and maybe hitting them). The girls screamed, but the mother did not seem to intervene. When the officers arrived

at the location, the officers noticed that both Mr. and Mrs. Nguyen appeared under the influence. When asked, they were strongly denying any involvement with drug use with very limited English. While one officer was talking to Mr. and Mrs. Nguyen, the other officer talked to both girls. While Dee-Dee denies the parents' drug use,

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Jody admitted that both parents used "something" before the father hit her. The police officers called CPS, the two girls entered the child welfare system, and both parents were arrested.

- Share how the above-described Nguyen family is similar to or differ from the typical cases the participants carry in the child welfare system.

- How might the family's characteristics affect their experience in the child welfare system?

- In order for the Nguyens to reunify with the children, what characteristics need to be taken into consideration when assessing the case and towards the types of needed interventions?

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MODULE III

FACTORS RELATED TO REUNIFICATION AMONG MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES

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MODULE III
FACTORS RELATED TO REUNIFICATION AMONG
MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES

PUBLIC CHILD WELFARE COMPETENCIES ADDRESSED

MSW 1.1   Student demonstrates respect, fairness, and cultural competence in assessing, working with, and making service decisions regarding clients of diverse backgrounds.

MSW 1.2   Student demonstrates self-awareness and the ability to address and overcome personal bias in assessing and working with clients of diverse backgrounds.

MSW 3.8   Student demonstrates the ability to respectfully relate to, engage, and assess family members from a strengths-based *person in environment* perspective and to develop and implement a case plan based on this assessment.

LEARNING OBJECTIVES

This section examines the factors contributing to the success of reunification among Mexican and Vietnamese immigrant families. Specifically, this section describes the common factors contributing to reunification outcomes of Mexican and Vietnamese immigrant families, how demographic and system-related factors may interact with other characteristics (i.e., language, acculturation, policy, etc.) to influence reunification, and how these interactions can be incorporated into effective child welfare practice. This section also introduces Mexican and Vietnamese immigrant families' unique experiences as immigrants throughout the family reunification process in the child welfare system.

By the end of this section, participants will:

- Be introduced to the factors contributing to reunification outcomes of Mexican and Vietnamese immigrant families,

- Identify the most important demographic and system-related factors that predict successful reunification for Mexican immigrant families in comparison to non-immigrant families,

- Understand how demographic and system-related factors may interact with other characteristics (i.e., language, acculturation, policy, etc.) to influence reunification among Mexican and Vietnamese immigrant families,

- Be introduced to Mexican and Vietnamese immigrant families' unique experiences as immigrants throughout the family reunification process in the child welfare system, and

- Identify 4-5 factors that impact Mexican and Vietnamese immigrant families' reunification experience in the child welfare system compared to non-immigrant families and how these interactions can be incorporated into effective child welfare practice.

AGENDA

Time allocation: Approximately 75 minutes (depending on use of activities)

- Introduction

  - Introduction to section content
  - Introduction to topic: Factors Contributing to Successful Family Reunification Outcomes Among Mexican and Vietnamese Immigrant Families
  - Activity III-1: Introductory Activity: Factors Contributing to Family Reunification Among Mexican and Vietnamese Immigrant Families [Pretest, Handout 3]

- Overview of Mexican Immigrant Families in Comparison to Non-Immigrant Families Regarding Family Reunification Outcomes

  - Review of Mexican Immigrant Families' Unique Family Reunification Experiences in the Child Welfare System
  - Activity III-2: Factors Contributing to Family Reunification Among Mexican and Vietnamese Immigrant Families [Posttest, Handout 4]

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- Overview of Mexican and Vietnamese Immigrant Families' Reunification Experiences and Promising Practice Elements Toward Family Reunification
    - Experiences of reunified Mexican immigrant families in the child welfare system, promising practice elements, and advice toward family reunification
    - Experiences of reunified Vietnamese immigrant families in the child welfare system, promising practice elements, and advice toward family reunification
    - Activity III-3: Addressing Factors and Practice Elements That May Impact Family Reunification Among Mexican and Vietnamese Immigrant Families

MATERIALS NEEDED

- Either an overhead projector and PowerPoint presentation on transparencies or a computer and PowerPoint presentation in PDF format.

- Pen or pencil for the Pre/Post True or False Tests

- Markers and flip chart or white board for writing key points in response to small- and full-group discussions

DEMOGRAPHIC AND SYSTEM-RELATED FACTORS RELATED TO REUNIFICATION AMONG MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES

With regards to contributors to reunification, a child's and parent's demographic characteristics, as well as system-related characteristics, such as reason for entry into the child welfare system, and type of placement are known to be related to the success of reunification with the general, non-immigrant population (Courtney & Wong, 1996; Koretenkamp, Geen, & Stagner, 2004; Smith, 2003). However, in comparison to non-immigrant children, to what degree these factors may contribute to reunification among Mexican and Vietnamese immigrant children has not yet been examined. With the exception of the current study, no studies to date have examined family reunification outcomes among Mexican and Vietnamese immigrant families, and previous studies

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have not yet addressed the role of important immigrant-related variables, including citizenship status, English language proficiency, and generational status.

FACTORS RELATED TO REUNIFICATION AMONG MEXICAN IMMIGRANT FAMILIES

Contextual factors among Mexican immigrant families that may be related to family reunification include both demographic and system-related factors. Latino immigrant families involved in child welfare services have been found to be significantly more likely than non-immigrant families to have a biological father present in the home (Dettlaff et al., 2009). Previous research suggests that children from two-parent families reunify at a higher rate than children from one-parent families (Courtney, 1994; Wells & Guo, 1999). In addition, Latino immigrant families involved in child welfare services have been found to be less likely than non-immigrants to have experienced a change of primary caregiver within the last year (Dettlaff et al., 2009). It is possible that this stability in the home environment may increase the likelihood of reunification among Mexican immigrant families. Dettlaff et al. (2009) also found that Latino immigrant families involved in child welfare services were less likely than non-immigrant families to have a parent experiencing active drug abuse, intellectual or cognitive impairment, poor parenting skills, or a recent history of arrest; overall, Latino immigrant families experienced less family stress than non-immigrant families. Again, these family strengths may improve the likelihood of reunification among Mexican immigrant families. Last, Latino immigrant children have been found to be less likely to be placed in relative care (Vericker et al., 2007a, 2007b), and some previous research suggests that children

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placed with non-kin are more likely to be reunified than children placed with kin caregivers (Courtney; Goerge, 1990).

Alternatively, research also points to risk factors among Latino immigrant families that may decrease the likelihood of reunification. Dettlaff et al. (2009) found that Latino immigrant families involved in the child welfare system had significantly lower incomes than non-immigrant families. Poverty is consistently associated with a decreased likelihood of reunification (Barth et al., 1987; Jones, 1998) and the relatively lower incomes among Latino immigrant families may decrease the likelihood of reunification. In addition, Latino immigrant families have been found to enter the child welfare system as a result of sexual abuse at a significantly higher rate than non-immigrants (Dettlaff et al. 2009; Kuehn et al., 2007). Due to its severity, children experiencing sexual abuse may reunify at a lower rate than children experiencing other types of abuse, and the relatively high rate of sexual abuse cases among Latino immigrants may decrease their likelihood of reunification.

In addition, there is some evidence to suggest that case goals may differ among Mexican immigrant families and non-immigrant families. In a study using administrative data from Texas, Vericker et al. (2007) found immigrant Latino children (i.e., children born outside the U.S.) to be less likely to have reunification and relative adoption as a case goal than non-immigrant children; however, this trend was not found among children of Latino parents born outside the U.S. Study authors suggested that this may be due in part to the fact that immigrant children tend to be older, have less extended

family available as caregivers (possibly due to the undocumented status of possible relative caregivers), and are removed due to sexual abuse at relatively high rates.

FACTORS RELATED TO REUNIFICATION AMONG VIETNAMESE IMMIGRANT FAMILIES

Less is known about the contextual factors among Vietnamese immigrant families that may be related to reunification; just two studies on Vietnamese immigrant children involved in the child welfare system were identified in this review. Rhee and Chang (2006) examined characteristics of Vietnamese children involved in child welfare services in Los Angeles and found that physical abuse was the most common type of abuse in the sample. Similar findings were noted by Pelczarski and Kemp (2006). Some previous studies have found higher rates of reunification among families reported for physical abuse than for neglect (Wells & Guo, 1999; Westat, Inc. 2001). These findings may suggest an increased likelihood of reunification among Vietnamese families. In addition, Rhee and Chang (2006) also found that Vietnamese immigrant families had relatively high rates of two-parent families (56.5%), which have been found to increase the likelihood of reunification (Courtney, 1994; Wells & Guo, 1999).

With respect to case goals and placement, Rhee and Chang (2006) found that approximately 75% of Vietnamese families in the sample were assigned to family maintenance services and approximately 21% were assigned to family reunification services, indicating that an overwhelming majority of children had a case goal of remaining with parents or reunification. Correspondingly, a large proportion of children were placed at home with their parents (76.2%), and the majority of the remaining

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children were placed with relatives (11.5%). The relatively high rate of placement with relatives among those Vietnamese children who were placed out of the home may decrease the likelihood of reunification among these children, given that placement with relatives has been associated with a decreased likelihood of reunification (Courtney, 1994; Goerge, 1990). Last, Rhee and Chang found relatively high rates of substance abuse problems (27.7%) and mental illness (21.5%) among Vietnamese parents in the sample, which could indicate a high degree of severity of family problems and thus a decreased likelihood of reunification.

QUANTITATIVE STUDY FINDINGS FOR RESEARCH QUESTION 2: ARE THERE DIFFERENCES IN THE RATE OF REUNIFICATION BETWEEN MEXICAN IMMIGRANT, VIETNAMESE IMMIGRANT, AND NON-IMMIGRANT CHILDREN INVOLVED IN FAMILY REUNIFICATION SERVICES?

Table 3 indicates that a significantly higher proportion of Mexican immigrant children ($n = 140$, 70.7%) were reunified than non-immigrant children ($n = 661$, 43.1%, $\chi^2(2, N = 1,757) = 54.26$, $p \leq .001$; see Appendix for the Final Report from the study, which contains information on the methods for the quantitative portion of the study). Results from the Cox proportional hazards model comparing Mexican immigrant and non-immigrant children indicated that Mexican immigrant children (i.e., mother born in Mexico) were 1.63 times more likely to be reunified than non-immigrant children after controlling for other covariates in the model ($p \leq .001$; see Table 4). No significant bivariate differences were found between Vietnamese immigrant children and Mexican immigrant or non-immigrant children.

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Table 3: Reunification Outcomes Among Mexican Immigrants, Vietnamese Immigrants, and Non-Immigrants

	Mexican immigrants (n = 252)^	Vietnamese immigrants (n = 32)^	Non-immigrants (n = 1,943)^
Reunification outcomes**			
Adoption and other permanent placements	58 (29.3%)	12 (46.2%)	872 (56.9%)
Family reunification with no re-entry within 6 months	**140 (70.7%)**	14 (53.8%)	**661 (43.1%)**

* p<.05, ** p<.001, Figures in bold indicate significant group differences
^Due to missing data, frequencies do not always total the sample total and percentages are calculated after missing data are excluded.

Table 4: Cox Proportional Hazards Model Comparing Mexican Immigrant and Non-Immigrant Children

	Hazards ratio	p-value
Mother born in Mexico** (U.S. is the reference group)	1.63	<.001
Mother's age	.99	.41
Child gender (Male is the reference group)	1.05	.51
Child age**	1.05	<.001
Number of placements** (1 is the reference group)		<.001
2 placements**	.50	<.001
3 or more placements**	.21	<.001
One or more substantiated referrals (0 is the reference group)	.90	.25
Type of maltreatment leading to case opening** (General or severe neglect is the reference group)		.001
Caretaker absence or incapacity	.84	.10
Emotional abuse	1.17	.38
Physical abuse	.99	.96
Sexual abuse	.77	.24
At-risk sibling or substantial risk*	1.38	.002

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Table 4 (cont'd): Cox Proportional Hazards Model Comparing Mexican Immigrant and Non-Immigrant Children

	Hazards ratio	p-value
Type of FIRST placement** (Relative or NREFM is the reference group)		.001
Foster home**	1.60	<.001
Group home	1.13	.63
Type of LAST placement (Relative or NREFM is the reference group)		.577
Foster home	1.02	.82
Group home	1.28	.29
County** (Santa Clara County is the reference group)	1.66	<.001

* p<.05, ** p<.001

QUANTITATIVE STUDY FINDINGS FOR RESEARCH QUESTION 3: WHAT FACTORS ARE RELATED TO REUNIFICATION AMONG MEXICAN IMMIGRANT, VIETNAMESE IMMIGRANT, AND NON-IMMIGRANT CHILDREN?

Table 5 displays results from the Cox Proportional Hazards model with Mexican immigrant children. Significant variables in the model included: number of placements (children with three or more placements were less likely to be reunified than children with one placement $p \leq .001$); mother's citizenship status (children whose mothers had authorized citizenship status were more likely to be reunified than children whose mothers had unauthorized citizenship status, $p \leq .001$); mother's primary language (children whose mothers spoke Spanish as their primary language were more likely to be reunified than children whose mothers spoke English as their primary language, $p \leq .001$); and county (children from Santa Cruz County were more likely to be reunified than children from Santa Clara County, $p = .011$).

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Table 5: Cox Proportional Hazards Model With Mexican Immigrant Children

	Hazards ratio	p-value
Mother's age	.97	.074
Child gender (Male reference group)	.72	.14
Child age	1.05	.16
Number of placements** (1 is the reference group)		<.001
2 placements	.69	.15
3 or more placements**	.28	<.001
One or more substantiated referrals (0 is the reference group)	.70	.19
Type of maltreatment leading to case opening (General or severe neglect is the reference group)		.537
Caretaker absence or incapacity	1.181	.64
Emotional abuse	2.029	.17
Physical abuse	1.210	.57
Sexual abuse	1.782	.14
At-risk sibling or substantial risk	1.415	.30
Type of FIRST placement (Relative or NREFM is the reference group)		.20
Foster home	2.50	.10
Group home	1.32	.66
Type of LAST placement (Relative or NREFM is the reference group)		.32
Foster home	1.45	.17
Group home	1.81	.30
Mother's citizenship status** (Unauthorized is the reference group)	2.60	<.001
Child's generational status (First generation is the reference group)	1.51	.15
Mother's primary language** (English is the reference group)	5.10	<.001
County* (Santa Clara County is the reference group)	1.96	.011

* p<.05, ** p<.001

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QUALITATIVE STUDY FINDINGS FOR RESEARCH QUESTION 3: WHAT FACTORS ARE RELATED TO REUNIFICATION AMONG MEXICAN IMMIGRANT, VIETNAMESE IMMIGRANT, AND NON-IMMIGRANT CHILDREN?

Qualitative study findings from interviews with reunified immigrant parents and child welfare workers provided insight into the characteristics of Mexican and Vietnamese immigrant families who reunified and the factors that contributed to reunification (see Appendix for the Final Report from the study for information on parent and child welfare worker interview methods).

Theme #1: High level of motivation of the parent to reunify (Worker and Parent Interviews)

Parent Perspectives

> I always did what I could. I actually asked the social worker for additional services. I did voluntary classes without the court asking me so that they could see I was trying hard so that I could get them back sooner but it still took me 8 months to get them back [Mexican immigrant mother, in the system due to neglect due to mother's substance abuse].

> Yes. I finished all of them [services]. I thought that I didn't need them, but I wanted to do everything that they ordered me to do, just as long as I could reunite with my daughter again [Mexican immigrant mother, in the system due to physical abuse].

> …like I said I am not going to fail and I am going to take my kids out of there….I set my mind and I knew I wanted my kids back no matter what. I was going to do whatever they ask as long as they gave me my kids back [Mexican immigrant mother, in the system due to physical abuse].

> At that time, whatever I had to do, I would do it….I didn't question anything, I was just happy that they gave me a chance to get my children back [Vietnamese immigrant mother, in the system due to dad's drug dealing/failure to protect the children].

> Whatever the judge told me to do, I did it [Vietnamese immigrant mother, in the system due to dad's mental illness/failure to protect the children].

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<u>Worker Perspectives</u>

Mom was motivated—she was very loving and attached to the kids [Child Welfare Worker working with Vietnamese immigrant families].

Mom was motivated through the extended family members' support and encouragement. Dad followed through with the case plan but did not seem to be motivated to change his lifestyle in order for him to take the child [the children got returned to the mother, not to the father] [Child Welfare Worker working with Vietnamese immigrant families].

She distanced herself from people with drugs or related to it, she realized her weakness (drugs), focusing on herself and school—indeed she went back to school to become more self-sufficient. It was a big change for her and it was a turning point [Child Welfare Worker working with Vietnamese immigrant families].

So when they came to court, they knew that they needed to respect the system, and they made sure that they were nicely dressed to present to the judge. They got the binder of their family pictures of family and training records to prove to the judge. Every time I went to visit the family, they always opened and showed me the binder. They were very motivated. And the court complemented how they presented themselves; how they were compliant with the services [Child Welfare Worker working with Mexican immigrant families].

She was highly motivated to engage in the services. She was engaged in the services at the beginning of the case. She completed all case plan services as quick as possible. She did the 2nd parenting and 2nd support group which is extra [Child Welfare Worker working with Mexican immigrant families].

This client was highly motivated, uh, she wanted to reunify with her child and she made all the efforts possible to be able to do that despite the fact that she was working full time you know as a housekeeper [Child Welfare Worker working with Mexican immigrant families].

Oh my God, they were fully committed. They were 150% committed. I mean each day without children was traumatic for them as well for the kids [Child Welfare Worker working with Mexican immigrant families].

It's interesting because it [children's removal] didn't play out as a way to um make her feel more powerless as an immigrant it sort of pushed her more to say "I will get my kids back you have no right as a government agency to take my kids" [Child Welfare Worker working with Mexican immigrant families].

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Theme #3: Parent's Behavioral Changes (Worker Interviews)

Worker Perspectives

> For the mother, she really enjoyed coming to the classes. She enjoyed sharing. Even when she was not sharing, she would listen to other people sharing their situations. And then she was able to share a little more. Dad also reported he really enjoyed the classes. He learned other ways to discipline, how to stay calm, and how to be patient with his four children [Child Welfare Worker working with Mexican immigrant families].

> He was uh his behavior changed and also he was very cooperative with the social worker in all the visits and very open to discuss any issues with the domestic violence and he was also honest to say "I never thought this behavior was wrong," he said. "That was the way I was educated and now that I have all the classes" [Child Welfare Worker working with Mexican immigrant families].

> I think not only mom is going back to see her doctor and therapist and acknowledging that these were contributing factors but also mom was meeting with us and family realizing that it is important for them to learn that different way to discipline the kid rather than corporal punishment. And I think the fact that she was involved in the classes and found out that other parents are also facing the same struggles and it is not uncommon to have a mental health disability, but you can also be a good parent if you get the help [Child Welfare Worker working with Vietnamese immigrant families].

When asked to describe advice they would give immigrant parents involved in the child welfare system, most parents stated that they would advise them to follow the court orders. Many parents would also advise them to persevere, accept help, and be willing to change.

Theme # 4: Follow the Court Orders (Parent Interviews)

Parent Perspectives

> Well I would tell them that once they enter the system it is better to follow the rules because things get harder later on, and you won't be able to get out of there. If it is already hard to be in the system and you can't understand how you got into all of this but if you do things wrong you will never be able to get out. So

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it is better to do as they say [Mexican immigrant mother, in the system due to neglect due to mother's alcoholism].

I would tell them to try their best and do what the social worker says so you can get your children back soon [Mexican immigrant mother, in the system due to neglect].

The only thing I could say is that they need to try their best to complete all the requirements from the system and if they are addicted they need to take care of the addiction and push it aside completely and many of us are in it (doing the services) to get the kids back but we still think about the addiction and it's more difficult. I think that the system is very difficult [Mexican immigrant mother, in the system due to neglect due to mother's substance abuse].

The only thing is to do what they tell you to do because it is something we need to do [Mexican immigrant father, in the system due to neglect due to mother's substance abuse].

Well I would tell them to try their best and get their children back and to do all of the programs that they tell you to do because your children are the most important thing [Mexican immigrant mother, in the system due to neglect].

Well I would say for them to listen to their social workers because they are only trying to get us out of the problem we have. And what they tell us is not bad it's good for us [Mexican immigrant mother, in the system due to neglect due to mother's substance abuse].

Well, that they do whatever they ask you to do…if they really care to get their kids back. Because if they do everything they ask for…then they are more able to reunify with their kids [Mexican immigrant mother, in the system due to physical abuse].

I don't want other people to be in my situation. It was very painful. It was very sad. I don't want anyone to experience my experiences….Try hard and try hard to do whatever the courts tells you to do so you can be reunified with your child [Vietnamese immigrant mother, in the system due to neglect due to mother's drug use].

I think that they should follow the social services program and that they have to believe in the system. Yeah, and you have to realize what is most important and precious in your life. Yeah, what do you need most in your life. And also if you smoke, what do you gain? Yeah, I say that American laws, you cannot mess

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with them. When your children are taken away, you might not be able to get them back [if you don't follow the rules] [Vietnamese immigrant mother, in the system due to neglect due to mother's drug use].

Theme #5: Persevere and Be Willing to Accept Help (Parent Interviews)

Parent Perspectives

For them to not be afraid to talk and if they really want the help they always need to tell the truth because no matter how afraid you are or "they are going to take me here or there." Don't be afraid because I feel like I have pushed ahead and have had a lot of help. Because even though I was afraid, no matter what happens even if it is the most insignificant thing that happens to my son, I always let the people who are around the problem know. So I would advise them to not be afraid to talk, and every time they call, to tell the truth and not say more or less but exactly what is going on [Mexican immigrant mother, in the system due to sexual abuse].

If they are in programs to keep going forward because opportunities only come once. They give you opportunities and people get tired, like social workers get tired if you are lying to them and that they [parents] should be sincere with themselves [Mexican immigrant mother, in the system due to neglect due to mother's substance abuse].

Um... well I would tell them that they should try to see what is going on with their problems and try to work more in the areas that they are most affected in [Mexican immigrant mother, in the system due to physical abuse].

I had to persevere and be patient [Vietnamese immigrant mother, in the system due to dad's mental illness/failure to protect].

I just know that, it's hard and you have to persevere just a bit [Vietnamese immigrant mother, in the system due to neglect due to mother's drug use].

IMPLICATIONS FOR CHILD WELFARE PRACTICE AND POLICY

1) Child welfare practice and policy should address issues of equity in access to services among unauthorized Mexican immigrants.

Mexican immigrant children whose mothers were authorized immigrants were

more likely to be reunified than children whose mothers were unauthorized immigrants.

This finding may reflect problems in accessing services among unauthorized immigrants who are not eligible for Medi-Cal-funded services. It may also be that unauthorized immigrants are more likely to be low income and have problems in accessing resources for low-income families, such as CalWORKs, resulting in a less stable home situation.

2) Child welfare practice and policy should ensure that language-appropriate services are available to Vietnamese and Mexican immigrant parents involved in family reunification services.

Quantitative findings revealed that Mexican immigrant children whose mothers spoke Spanish as their primary language were more likely to be reunified than children whose mothers spoke English as their primary language. It may be that Mexican immigrant mothers who were identified as having English as their primary language would have been more comfortable with Spanish-language services, even though their English language proficiency was presumably good. In addition, Mexican immigrant mothers identified as having English as their primary language were likely paired with English-speaking social workers, and it is possible that case management and child welfare outcomes would have been improved if it was possible for families to speak in Spanish to their social workers.

3) Child welfare practice and policy should work with the strengths of Mexican and Vietnamese immigrant families.

Quantitative findings indicated that a significantly higher proportion of Mexican immigrant children (70.7%) were reunified than non-immigrant children (43.1%). This higher proportion of reunified Mexican immigrant families was maintained in the multivariate analyses, suggesting that even after controlling for case characteristics and

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county, Mexican immigrant children were still more likely to reunify than non-immigrant children. The rate of reunification among Vietnamese immigrant children was nearly 54%--higher than the non-immigrant rate, but not reaching statistical significance.

Qualitative findings shed light on some of the possible reasons for the higher rates of reunification that were found in the quantitative findings. The higher rate of reunification among Mexican and Vietnamese may be due in part to what workers described as a high level of motivation to reunify among immigrant parents, good attendance at services and compliance with court orders, and behavioral changes that indicated they could provide a safe home for their children. Similarly, the parents in the study described a strong desire to reunify and a willingness to do whatever was necessary to re-gain custody of their children. A strength-based perspective within child welfare practice and policy would capitalize on the strengths within Mexican and Vietnamese immigrant families.

PRACTICE EXERCISES

Activity III-1: Introductory Activity: Factors Contributing to Family Reunification Among Mexican and Vietnamese Immigrant Families [Pretest]

Purpose:
The purpose of this exercise is to know to what extent the class has knowledge about family reunification outcomes among Mexican and Vietnamese immigrant families and related factors.

Instructions:

- This activity focuses on the factors documented in the literature regarding family reunification outcomes among Mexican and Vietnamese immigrant families. Participants will be asked to answer the following True or False questions.

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- The instructor may want to say that if participants cannot complete this exercise due to lack of information, ask them to answer the questions based on their best knowledge and their own perceptions.

- The instructor may also want to reiterate the purpose of this section, enhancing the knowledge base of factors influencing the success of family reunification outcomes with Mexican and Vietnamese immigrant families within the cultural context.

- The instructor will inform the participants that the same True or False questions will be asked at the end of the first subsection of this course.

True or False Questions: Please circle your answer.

1. Latino immigrant families involved in child welfare services have been found to be less likely than non-immigrants to have experienced a change of primary caregiver. True / False (T)

2. Latino immigrant families involved in child welfare services were less likely than non-immigrant families to have a parent experiencing active drug abuse, intellectual or cognitive impairment, and poor parenting skills. True / False (T)

3. Latino immigrant children have been found to be more likely to be placed in relative care. True / False (F)

4. Latino immigrant families involved in the child welfare system had significantly lower incomes than non-immigrant families. True / False (T)

5. Latino immigrant families have been found to enter the child welfare system as a result of sexual abuse at the same rate as non-immigrants. True / False (F)

6. Physical abuse was the most common type of abuse among Vietnamese immigrant families. True / False (T)

7. There are a good amount of empirical studies conducted to examine the factors contributing to family reunification outcomes among Vietnamese immigrant families. True / False (F)

8. Vietnamese immigrant families had relatively high rates of two-parent families which have been found to increase likelihood of reunification. True / False (T)

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Activity III-2: Factors Contributing to Family Reunification Among Mexican and Vietnamese Immigrant Families [Posttest]

Purpose:
The purpose of this exercise is to review foundation knowledge about family reunification outcomes among Mexican and Vietnamese immigrant families.

Instructions:

- Instruct participants to fill out the same True or False questions as the pretest.

True or False Questions: Please circle your answer.

1. *Latino immigrant families involved in child welfare services have been found to be less likely than non-immigrants to have experienced a change of primary caregiver.* **True / False** *(T)*

2. *Latino immigrant families involved in child welfare services were less likely than non-immigrant families to have a parent experiencing active drug abuse, intellectual or cognitive impairment, and poor parenting skills.* **True / False** *(T)*

3. *Latino immigrant children have been found to be more likely to be placed in relative care.* **True / False** *(F)*

4. *Latino immigrant families involved in the child welfare system had significantly lower incomes than non-immigrant families.* **True / False** *(T)*

5. *Latino immigrant families have been found to enter the child welfare system as a result of sexual abuse at the same rate as non-immigrants.* **True / False** *(F)*

6. *Physical abuse was the most common type of abuse among Vietnamese immigrant families.* **True / False** *(T)*

7. *There are a good amount of empirical studies conducted to examine the factors contributing to family reunification outcomes among Vietnamese immigrant families.* **True / False** *(F)*

8. *Vietnamese immigrant families had relatively high rates of two-parent families which has been found to increase the likelihood of reunification.* **True / False** *(T)*

- After participants complete the posttest questions, the instructor will invite participants to form small groups.

- In the groups, they will have four topics to discuss, followed by a brief report back of highlights from each group.

- The small group should be instructed to discuss:

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1. Whether their answers have changed.

2. What would be the most distinctive knowledge they gain in terms of factors contributing to family reunification with Mexican and Vietnamese immigrant families,

3. Whether they have worked with Mexican and Vietnamese immigrant families, and to what degree the information presented here would be similar to or different from their own experience working with these families,

4. If they have not worked with Mexican and Vietnamese immigrant families, to what degree the information presented here would be applicable to other immigrant families they have worked with or may work with in the future.

5. How will the knowledge and information gained through this exercise foster their understanding, which can enhance the success of family reunification with Mexican and Vietnamese immigrant families?

Activity III-3: Addressing Factors and Practice Elements That May Impact Family Reunification Outcomes Among Mexican and Vietnamese Immigrant Families

Purpose:
This activity will help participants better understand contextual factors and practice elements contributing to family reunification among Mexican and Vietnamese immigrant families in the child welfare system.

Instructions:
Instructors will use the Gonzalez and Nguyen cases from Module II, Exercise II-3. Participants will be informed that both the Gonzalez and Nguyen cases are in a continuing Family Reunification unit.

- This is a small-group discussion activity in which participants will brainstorm and identify factors impacting family reunification and elements of promising practices toward family reunification when working with Mexican and Vietnamese immigrant families in the child welfare system.

- Invite participants to form small groups. In the groups, they will have three topics to discuss per case, followed by a brief report back of highlights from each group.

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Vignette #1: Working With the Gonzalezes

Mrs. Gonzalez (age 45) is a Mexican immigrant mother of five. She came to this country illegally 10 years ago and worked for her family friend, who owns a cleaning company, until last year. Due to the complications of diabetes, she has been unable to work during the past year. Mrs. Gonzalez is divorced from her fourth husband and purportedly her last boyfriend had sex with her 14-year-old daughter, Maria, while Mrs. Gonzalez was away. Maria is pregnant and has run away. Maria was involved with a nonprofit community agency which provides services towards runaway youths. During intake at the community agency, Maria revealed her sexual abuse by her mother's boyfriend. The group facilitator at the agency called CPS and the case came to your attention. Mrs. Gonzalez is now at home with a daughter (age 12), a son (age 16), and a stepson (age 10). She does not have any relatives living nearby and her English proficiency is very limited.

When you, a bilingual Spanish social worker, interview Mrs. Gonzalez, she appears very scared, remorseful over her daughter's leaving home, and angry at her boyfriend's behavior. She indicates that the boyfriend will not be around any longer and begged you to have her daughter home. However, Maria did not want to come home and when she was asked "why," Maria answered, "I told my mom what her boyfriend did to me but she did not believe me. I am better off without this family." When you asked about the boyfriend's whereabouts, Mrs. Gonzalez started crying saying that without him she does not have any income to support her children. You informed her that the boyfriend will be questioned by a police officer.

1. What contextual, demographic, and system-related factors may increase or hinder the likelihood of family reunification with the Gonzalezes?

2. If you were the Gonzalezes' social worker, what factors need to be considered when you develop a case plan with them?

3. Based on the findings of this study, what are one or two strategies you want to implement to help the Gonzalezes foster family strengths and improve the likelihood of family reunification?

Vignette #2: Working With the Nguyens

Mr. and Mrs. Nguyen emigrated from Vietnam 5 years ago through Mr. Nguyen's older brother's support. They have been married for 12 years and have two daughters (Dianne [Dee-Dee], age 11, and Jody, age 8). The first beatings toward Mrs. Nguyen occurred after the first year they came to this country and have continued with varying severity ever since. He began to beat the children with his

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belt and fists as "discipline" almost as soon as they could run around and get into mischief.

Three days ago, Mr. Nguyen (age 37) beat Jody with his fists and locked her in her bedroom to punish her for talking back to him. Jody was screaming and when the screams did not seem to stop, the neighbor called the police. The neighbor told the police that she heard the father yelling at the girls (and maybe hitting them). The girls screamed but the mother did not seem to intervene. When the officers arrived at the location, they noticed that both Mr. and Mrs. Nguyen appeared under the influence. When asked, they strongly denied, using very limited English, any involvement with drug use. While one officer was talking to Mr. and Mrs. Nguyen, the other officer talked to both girls. While Dee-Dee denies the parents' drug use, Jody admitted that both parents used "something" before the father hit her. The police officers called CPS, the two girls entered the child welfare system, and both parents were arrested.

1. What contextual, demographic, and system-related factors may increase or hinder the likelihood of family reunification with the Nguyens?

2. If you were the Nguyens' social worker, what factors need to be considered when you develop a case plan with them?

3. Based on the findings of this study, what are one or two strategies you want to implement to help the Nguyens foster family strengths and improve the likelihood of family reunification?

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MODULE IV

PROMISING PRACTICES TO IMPROVE SERVICE AVAILABILITY AMONG MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES

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MODULE IV
PROMISING PRACTICES TO IMPROVE SERVICE AVAILABILITY AMONG MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES

PUBLIC CHILD WELFARE COMPETENCIES ADDRESSED

MSW 1.5   Student understands the importance of a client's primary language and supports its use in providing child welfare assessment and intervention services.

MSW 2.5   Student demonstrates the ability to collaborate with individuals, groups, community-based organizations, and government agencies to advocate for equitable access to culturally competent resources and services.

MSW 3.15   Student is aware of forms and mechanisms of oppression and discrimination pertaining to low-income, non-traditional, and culturally diverse families and uses this knowledge to provide equitable and effective child welfare services.

LEARNING OBJECTIVES

This section examines promising practices to improve service accessibility and availability, which is a crucial factor for reunification success among Mexican and Vietnamese immigrant families. Specifically, this section describes (a) the factors that may influence service availability with Mexican and Vietnamese immigrant families and (b) service use among immigrants and the reviews of potentially promising practices to improve service availability with regards to demographic and system-related factors among Mexican and Vietnamese immigrant families in the child welfare system.

By the end of this section, participants will:

- Be introduced to the context of family reunification services in the child welfare system in general,

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- Be introduced to the factors that may influence service availability, which can enhance or hinder reunification outcomes of Mexican and Vietnamese immigrant families,

- Identify potentially promising practices with regards to demographic, acculturation, and system-related factors that may positively impact on successful reunification for Mexican and Vietnamese immigrant families, and

- Develop strategies for how to improve service availability for Mexican and Vietnamese immigrant families.

AGENDA

Time allocation: Approximately 75 minutes (depending on use of activities)

- Introduction

    - Introduction to section content
    - Introduction to topic: Factors That May Influence Service Availability and Promising Practices to Improve Service Availability With Mexican and Vietnamese Immigrant Families

- Overview of Service Availability Among Immigrant Families Involved in the Child Welfare System

    - Roles of citizenship status as an obstacle to accessing services among Mexican immigrant families and their experiences in the child welfare system
    - Overview of availability of services in the families' primary language as an obstacle to service access among Mexican and Vietnamese immigrant Families
    - Activity IV-1: Understanding Mexican and Vietnamese Immigrant Families' Unique Challenges and Experiences Regarding Service Accessibility and Availability in the Child Welfare System (1).
    - Activity IV-2: Understanding Mexican and Vietnamese Immigrant Families' Unique Challenges and Experiences Regarding Service Accessibility and Availability in the Child Welfare System. (2)

- Overview of Potentially Promising Practices to Improve Service Accessibility and Availability with Mexican and Vietnamese Immigrant Families

    - Service use among immigrant families involved in the child welfare system
    - Activity IV-3: Addressing Factors and Service Availability That May Hinder Family Reunification Outcomes Among Mexican and Vietnamese

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Immigrant Families [Vignettes Exercise: Working with the Gonzalezes and Nguyens.]

MATERIALS NEEDED

- Either an overhead projector and PowerPoint presentation on transparencies or a computer and PowerPoint presentation PDF.
- Markers and flip chart or white board for writing key points in response to small- and full-group discussions

CONTEXT OF FAMILY REUNIFICATION SERVICES IN THE CHILD WELFARE SYSTEM

As families enter the public child welfare system, they are expected to complete various services (such as mental health counseling, parenting classes, domestic violence counseling, or anger management) as part of their case plan. Families who have a child become a dependent of the court and be placed in out-of-home placement are mandated to complete these services in order to reunify their family and close their case. The Adoption and Safe Families Act (ASFA) of 1997 limited the time that parents have to complete family reunification services and reunify with their children. Most parents are expected to complete services within 12 months, with the possibility of an additional 6-month extension to 18 months (Adoption and Safe Families Act, 1997). Within these time frames, parents are ordered to attend a large number of services that often require attendance several times a week (D'Andrade & Osterling, 2008). These shortened timelines and the large number of services that families are required to participate in can create problems for immigrant families as a result of the many barriers they may face in accessing services.

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In addition to the time constraints within the ASFA, the context of child welfare service delivery and case management also influences the ability of immigrant families to access services. Research suggests that child welfare organizations are often chaotic and crisis-driven environments in which high workloads and staff turnover are the norm (Smith & Donovan, 2003; Vinokur-Kaplan & Hartman, 1986). Indeed, research suggests that organizational characteristics, including leadership, adequacy of staffing, organizational culture and climate, and workplace support all impact worker job satisfaction—and at times the quality of services delivered (Glisson & Hemmelgarn, 1998; Glisson & James, 2002; Grasso, 1994; Smith & Donovan, Yoo, 2002). Yet for immigrant children and families, the nature of large, bureaucratic child welfare organizations combined with the often stressful, chaotic organizational environments that characterize the child welfare system, may serve to create additional barriers to accessing services.

For instance, in Smith and Donovan's (2003) exploration of child welfare practices in organizational and institutional context, interviews with child welfare workers indicated that the enormous organizational pressures facing workers led to a context in which only the most assertive, demanding, and system-savvy parents received adequate attention and services. Workers reported that high caseload sizes and multiple responsibilities prevented them from implementing family-centered and strengths-based services, and because work with biological parents tended to be time consuming, it was often not performed—or only minimally so. This led to a context in

which only the most demanding parents received attention from the workers. Smith and Donovan note the discrepancies between *best practices* that highlight the need to engage resistant clients in services and the actual practices used by caseworkers. Caseworkers tended to interpret a lack of parental contact as disinterest in services or reunification with their children. The implications of this organizational context on immigrant families are enormous. For parents who may not speak English, who are unfamiliar with the workings of a bureaucratic government agency, and whose culture is different from the dominant culture represented by the child welfare system, expecting them to be demanding and seek out services appears unreasonable and unrealistic. The stressful organizational context that leads to workers ignoring most parents may be particularly detrimental to immigrant families.

CITIZENSHIP STATUS AND SERVICE ACCESS

The time constraints and challenging work environments within child welfare may interact with the unique circumstances of immigrant families to create obstacles to service access for immigrant families. The citizenship status of immigrant families is a particularly important issue because it influences payment for court-mandated services. Undocumented immigrants are limited in their ability to qualify for public health services and may not have sufficient financial resources to pay for services they might require to meet their case plan goals (Kullgreen, 2003). The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 created restrictions for immigrants in accessing all means-tested public benefits. Undocumented immigrants were ineligible

for public benefits both before and after PRWORA; however, new restrictions in the legislation indicated that newly arriving immigrants who are documented must wait 5 years before they become eligible for public benefits. However, even after the 5-year waiting period, many immigrants continue to have problems qualifying for public means-tested programs because they are required to include their sponsor and sponsor spouse's income in determining eligibility—which may raise their income above the level at which they would qualify for benefits (Ayon, 2009). It is also important to note that even among undocumented immigrants, the majority (80%) of children of undocumented immigrant families are themselves citizens (Capps & Jeffrey, 2004). Thus, although immigrant families have higher rates of poverty and economic hardship, they are less likely than native families to receive public benefits (e.g., TANF, food stamps, and housing assistance). Furthermore, children of immigrants are less likely to have health insurance coverage as well (Hamilton, Hummer, You, & Padilla, 2006).

The inability of many immigrant families to qualify for public services because of their citizenship status also negatively affects their ability to qualify for court-mandated family reunification services—which are typically paid for through Medi-Cal funding. In Ayon's (2009) qualitative study examining access to child welfare-mandated services among Mexican immigrant families, findings from child welfare worker interviews indicated that Mexican families' documentation status was a primary factor influencing access to services. Workers indicated that finding services for undocumented Mexican families involved considerably more work because of their ineligibility for Medi-Cal-

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funded services. In these cases, families may be required to pay for services themselves, and since many are poor and low income, this was described as representing a significant hardship that decreased Mexican families' access to services. Free or sliding-scale services for undocumented families were described as scarce, and thus, often had long waiting lists.

AVAILABILITY OF SERVICES IN THE FAMILIES' PRIMARY LANGUAGE

Access to services in the families' primary language represents another barrier for immigrant families in their efforts to complete court-mandated family reunification services. Ayon (2009) found that child welfare workers identified a lack of Spanish-language services as a primary factor influencing Mexican families' access to services. Workers stated that finding services for Spanish-speaking families involved more work and effort than for English-speaking families. Spanish-language services were described as limited and often required long waiting lists for families to get into services. In addition, due to the scarcity of Spanish-language services, families were often required to commute long distances to the services, and there was a greater likelihood that these services would be provided by inexperienced or unlicensed practitioners.

Similarly Earner's (2007) qualitative study with immigrant parents involved in child welfare services found that lack of language access and workers who did not speak their language represented major barriers in their child welfare case. Parents described being investigated for child maltreatment by workers who were not bilingual, which resulted in cultural misunderstandings and miscommunication. Parents also

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reported that translators for court proceedings were often not available, resulting in case delays. Moreover, parents described feelings of powerlessness when confronted with court proceedings or documents that they could not understand, as well as in instances in which their children were asked to translate private family information to the caseworkers.

In Phillips and Paumgarten's (2009) qualitative study of Hispanic caregivers' perceptions of preventive child welfare services, caregivers discussed the importance of Spanish-speaking workers and Spanish-language services. The engagement process between caregiver and worker was improved through the use of Spanish and in instances where caregivers were matched with workers who spoke only English, miscommunication problems were reported as well as general dissatisfaction with interactions.

While there are no empirical studies examining the roles of primary languages as an obstacle to service accessibility and/or availability with Vietnamese immigrant families in the child welfare system, given the fact that Vietnamese immigrant families' experiences have been found to be parallel in many aspects with Mexican immigrant families in our study, the above findings with regards to having difficulty accessing the services for reunification can be applicable to Vietnamese immigrant families.

SERVICE USE AMONG IMMIGRANT FAMILIES IN THE CHILD WELFARE SYSTEM

Not surprisingly, the combination of the context of family reunification services in the child welfare system with issues of citizenship status and availability of language-

appropriate services may result in less service use among immigrant families in the child welfare system. Rajendran and Chemtob (2010) used data from the National Survey of Child and Adolescent Well-Being to examine service use among immigrant families referred to the child welfare system. Results indicated that a large proportion (43.6%) of immigrant families did not use any services within the last year. Among families who did use services, the most frequently utilized services included: child care, food aid, organized groups (e.g., Alcoholics Anonymous), parenting, transportation, and family counseling. In multivariate models predicting high service use, findings indicated that immigrant boys used more services than girls, Hispanic immigrants were slightly more likely to use services than non-Hispanic Black immigrants, and non-Hispanic White immigrants were much more likely to use services than non-Hispanic Black immigrants. In addition, immigrant children with internalizing and externalizing behavioral problems were more likely to be from families with high service use than children without these problems, and families in which neglect occurred were also more likely to be high service users. Caregiver factors that were associated with high service use included: cognitive impairments, prior reports of maltreatment, history of arrest, mental illness, and domestic violence.

In addition to characteristics of immigrant children and families, Rajendran and Chemtob (2010) also found caseworker characteristics to be significantly associated with service use among immigrants. Caseworkers with a greater number of hours in training in cultural issues, concerns with bureaucracy, and feelings of being bound by

rules and regulations tended to have immigrant clients who used more services. The authors suggest that caseworkers who refer a greater number of immigrant families to services may tend to be those who experience bureaucratic obstacles most frequently, and thus, would be most concerned with bureaucratic problems and the rules and regulations that constrain their efforts to link families to services. In addition, the role of caseworker training in cultural issues being linked to high service use among immigrant families is of great importance because it suggests that cultural competence training may have beneficial effects for immigrant families in their access to child welfare services.

Similarly, in Ayon's (2009) study of Mexican families' access to child welfare mandated services, results indicated that access to services for Mexican families was, to a large extent, dependent on their child welfare workers' knowledge of systems of care and their department's resources. For instance, some workers were not aware of the fact that a certain number of *slots* within service categories were reserved for undocumented Spanish-speaking clients. In addition, workers described an individualized process for developing strategies to obtain services for Mexican families in which each worker developed his or her own set of resources or connections that they would draw on to find services for their Mexican clients. Moreover, some workers noted that Mexican families had difficulty initiating referrals for services themselves and so some workers would provide additional assistance to families in explaining the exact steps needed to obtain services and even providing the family with a letter they could

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take to the service agency as a way of initiating services. These individualized methods of assisting Mexican families in accessing services were described as effective in increasing the families' abilities to obtain services; however, it was also noted that these strategies were in no way uniform across workers and that their use was entirely dependent on each worker's level of initiative and knowledge.

QUALITATIVE STUDY FINDINGS FOR RESEARCH QUESTION 4: WHAT STRATEGIES MAY IMPROVE THE AVAILABILITY OF SERVICES FOR MEXICAN AND VIETNAMESE IMMIGRANT PARENTS?

Qualitative findings from child welfare worker and parent interviews indicated five themes related to strategies to improve the availability of services for Mexican and Vietnamese immigrant parents (see Appendix for the Final Report from the study with study methods for the child welfare worker and parent interviews).

Theme #1: It Takes More Time to Work With Immigrant Families (Worker Interviews)

<u>Worker Perspectives</u>

> And I know that workers work twice as hard to help the parents and translate to them and workers have deadlines to finish their work and we are like "hey we need the time for the families to be able to do the classes and trainings," you know. Workers need to understand the parents to be able to engage the parents in the process of change [Child Welfare Worker working with Mexican immigrant families].

> I think too also patience as far as caseloads, and the time that takes on these caseloads really a lot…We have to spend more time with the families just to get in there, just to see if we can establish trust. So they can trust us helping their children's best needs. They can respect what we are telling them. That is really a long process [Child Welfare Worker working with Mexican immigrant families].

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Services take longer—it takes longer to obtain the services. Clients are on the waiting list. They just have less access to that [Child Welfare Worker working with Mexican immigrant families].

The supervisors need to understand that it takes long to work on the case. So the social workers can feel that they have cultural and extra supports—not just like "Why you were not back from home visit? What is up with that?" for example. So I think educating the system about what it takes to help these families reunify [Child Welfare Worker working with Mexican immigrant families].

We [social workers] have to do a lot more work on our end to try to motivate them to do their case-plan services; try to educate them about the program letting them understanding the severity of them being in this court system, which they don't understand very much, um, so you know it's a lot of work [Child Welfare Worker working with Mexican immigrant families].

…the DI and ER worker's roles are important and the DI worker needs to explain clearly and enroll the parents into the parent orientation immediately prior to the hearing if possible so that the parents understand the court system. I hope that within [the] 30-day period, the parents complete the 3-week parent orientation course—this will increase the chance for the parents to reunify with the children [Child Welfare Worker working with Vietnamese immigrant families].

Theme #2: Increasing Services for Spanish- and Vietnamese-Speaking Parents (Worker and Parent Interviews)

Parent Perspectives

The first class I studied was in English, there weren't any more Vietnamese classes. All the Vietnamese classes were full…They were all White, I didn't understand. The Whites they spoke a lot but whatever I didn't understand, I asked for help from my Vietnamese neighbor. I did homework and turned it in. After it was all done, I got a certificate…My friend next to me [helped to translate]. [Vietnamese immigrant mother in the system due to failure to protect]

All of my services I did in English and well I only did one class, the last one, I did in Spanish and I felt much better. Everything I had to do was in English. This was the raising children without violence class. I felt really good and comfortable and I really felt the difference as opposed to when I went in English. I really liked this class. I asked for another class but they wouldn't give it to me because my case closed. I feel like I should have requested more classes in Spanish. I would have

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preferred everything to be in Spanish [Mexican immigrant mother in the system due to mother's substance abuse].

Worker Perspectives

We do Spanish for basic parenting classes but for advanced classes we don't do it in Spanish. We have interpreters who would go to the classes to interpret so it is different from talking in Spanish. So that is a drawback because I have a few cases that I have to find interpreters to go with them [Child Welfare Worker working with Mexican immigrant families].

Sadly, with resources, if the parents can speak more English…sometimes we can sign them up for English-speaking classes without violence. But if they are only primarily Vietnamese speaking, we have to make sure to tailor those courses to those types of parents. And unfortunately sometimes we cannot have parenting classes with only 2 or 3 parents and so now we have to wait to have enough parents before the class can be started…If we make those parents wait for a couple months on the waiting list before they can get the right time of class, we set them up for the failure or the system sets them up for failure [Child Welfare Worker working with Vietnamese immigrant families].

With the budget now a lot of the Vietnamese-speaking programs have been cut down to bare minimal, I don't think we have a support group that's Vietnamese speaking anymore for domestic violence victims [Child Welfare Worker working with Vietnamese immigrant families].

Theme #3: Addressing Issues of Access for Unauthorized Mexican Immigrant Families (Worker and Parent Interviews)

Parent Perspectives

…I have known of other people who have 10 to 15 reports and their children are not removed, because they have papers [citizenship] and they have more benefits…in this country they don't do to them what they did to me...they get a chance first. They get a chance because they do a good investigation before they remove the kids. In my case no, in my case they didn't investigate or anything… they just removed them right away [Mexican immigrant mother, in the system due to physical abuse].

The only thing I want to say is that I think that because I was Latina and undocumented I was not able to find the help that I wanted to find, because my daughter became worse in that place [a group home]. As a consequence she

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became more rebellious and I would beg that I can get her back, but they wouldn't but after she asked to return to me is when they did. When she became pregnant the social worker never referred her to any mother teen program or services. She let me do everything by myself [Mexican immigrant mother, in the system due to physical abuse].

Worker Perspectives

I kind of wish to do something for the parents to legalize their status. We take care of the kids who are undocumented but not for their parents who are undocumented. They are worried when they go to those classes and that someone will find out that they are undocumented. They don't have to be legal in order to receive our services and we don't report to INS…At least help the parents with their legal status is big time because they will be entitled to other services like CalWORKs and job training and those things could help families stay together [Child Welfare Worker working with Mexican immigrant families].

In fact there are only two therapists that I work with that speak Spanish for the clients that we service. They [the parents] don't have Medi-Cal or health insurance so the department pays for that therapy for my clients—yeah they have to be paid by the department—um I don't know how it is with other cases but you know when you have an undocumented person a lot of these services they cannot tap into [Child Welfare Worker working with Mexican immigrant families].

Economic circumstances like cashing checks, being taken advantage of because of their undocumented status; they cannot open a bank account, it is really unfortunate…but why can't they have a social security number just for that and the U.S. government can benefit from that too…like the mother just going out to buy groceries is fearful of INS and being deported and then her kids would have been left here with no mother [Child Welfare Worker working with Mexican immigrant families].

[We need] a housing complex where it is not required for undocumented families to show their documentation. Subsidized housing—they don't qualify for because they are undocumented. Something like that would help them [Child Welfare Worker working with Mexican immigrant families].

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Theme #4: Easing the Significant Service Burden Families Experience (Parent Interviews)

<u>Parent Perspectives</u>

It was hard at first because everything was happening at the same time and sometimes I felt overwhelmed because sometimes I worked then I had to go to [an agency] then I had to go to my counseling, then I had to go to….a lot, a lot, a lot. That was at first but you get used to it with time [Mexican immigrant mother in the system due to mother's substance abuse].

The only thing that it affected me in was that they did not let me work. I was not able to work for the entire year because sometimes they gave me up to two appointments per day….And sometimes I would go to work for 2 or 3 hours and then I would come back and it was always like that and I could not work. Looking back I don't even know how I got through everything [Mexican immigrant father in the system due to mother's substance abuse].

My whole week was totally booked [because of the outpatient program, drug testing, parenting classes]…no time for looking for work/job etc. while I was following through the case plan [Vietnamese immigrant mother in the system due to mother's substance abuse].

For years, it took such a long time, I lost my job. There's time to visit her, there's time to go to court, there's time to attend classes…A lot of time but there was no time to go to work. And you had to follow, follow like that to get your child back…You have to go to two to three classes, then you have to go to work, the worker calls you to come in and out, the court calls back and forward, it's very tiring [Vietnamese immigrant mother in the system due to failure to protect the children].

IMPLICATIONS FOR CHILD WELFARE PRACTICE AND POLICY

1) Child welfare practice and policy should focus resources and efforts on increasing available Spanish- and Vietnamese-language services for families involved in family reunification services.

Both workers and parents described the need to increase language-appropriate

services for Spanish- and Vietnamese-speaking parents. Parents especially

emphasized that they did not feel comfortable in English-language services and had

difficulty understanding the information presented. In particular, recent cuts to Vietnamese-language services were mentioned as particularly problematic for Vietnamese immigrants who do not speak English. These findings correspond to Ayon's (2009) findings with child welfare workers who identified a lack of Spanish-language services as a primary factor influencing Mexican families' access to services. Workers stated that finding services for Spanish-speaking families involved more work and effort than for English-speaking families.

2) Child welfare practice and policy should focus on developing strategies to increase access to services among undocumented immigrants.

Workers emphasized the need to develop strategies to address issues of access for Mexican immigrants with unauthorized citizenship status. Unauthorized immigrants are not eligible for Medi-Cal, CalWORKs, or food stamps, which reduces their access to services such as counseling as well as needed resources for poor and low-income families. Child welfare department resources are used to provide services for unauthorized parents; however, these services are limited in scope and duration, and the fact that these parents cannot access other resources may decrease their likelihood of reunification. The child welfare system is mandated to make reasonable efforts to reunify or preserve families, and these efforts may be compromised when social workers cannot find services for families on their caseloads due to their citizenship status. These findings correspond with Ayon's (2009) qualitative study, which indicated that Mexican families' documentation status was a primary factor influencing access to services. Workers in that study indicated that finding services for undocumented

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Mexican families involved considerably more work because of their ineligibility for Medi-Cal-funded services.

3) Child welfare practice and policy should develop strategies to ease the service burden for immigrant families and ensure that services are appropriately matched to the families' needs.

Parents reported challenges in attending all of the services on their case plan while also trying to maintain employment. These findings echo the findings from D'Andrade and Osterling's (2008) study, which found that most parents involved in family reunification services are ordered to attend a large number of services that often require attendance several times a week. There is a need to identify strategies to ease the service burden for immigrant families and ensure that services are appropriately matched to the families' needs. Furthermore, reunification is more likely to occur when services ordered are accurately matched to the problems of families (D'Andrade & Osterling). Mexican and Vietnamese immigrant families may benefit from case plans that are more narrowly focused on their specific family issues.

4) Child welfare practice and policy with immigrant families should consider the extra time and effort needed to work with immigrant families when deciding on caseload size for workers.

Child welfare workers reported that work with immigrant families takes longer than work with non-immigrant families and often involves extra efforts to link families to services and ensure that they understand child welfare processes. This extra time and effort was described as necessary in order to build trust with families, educate them, and find services in their primary language.

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PRACTICE EXERCISES

Activity IV-1: Understanding Mexican and Vietnamese Immigrant Families' Unique Challenges and Experiences Regarding Service Accessibility and Availability in the Child Welfare System (I)

Purpose:
This exercise is for participants to build upon the knowledge base regarding Mexican and Vietnamese immigrant families' unique experiences in the child welfare system and to enhance the level of understanding and knowledge working with these families.

Participants will learn how the demographic factors (e.g., immigration status), the level of acculturation (e.g., English proficiency), and system-related factors (service availability) are interrelated in terms of successful family reunification among Mexican and Vietnamese immigrant families.

Instructions:
The instructor will remind participants of *Activity I-3: Effects of Being an Immigrant in the CWS* exercise in Module I. If necessary, participants will go back to Activity I-3 for review before beginning this exercise.

The instructor will ask participants to form into small groups and to review the answers and discussions of Activity I-3. Based on the findings of this study and previous exercise, small-group discussions can be used.

The instructor will guide the group discussion by suggesting the following topics:

Followed by the small-group discussion, groups will briefly share their findings with the larger group to facilitate discussion on the below topics.

1. You identified at least THREE challenges that many Mexican immigrant families may have experienced in the child welfare system. Were immigration status and language barriers identified as part of the challenges?

    a. If so, now identify how those challenges can serve as obstacles for Mexican immigrant families to access services for family reunification.

    b. If not, to what degree are your identified challenges related to immigration status and language barriers? How can those inter-related challenges serve as obstacles for Mexican immigrant families to access family reunification services?

2. You identified at least THREE challenges that many Vietnamese immigrant families may have experienced in the child welfare system. Were language barriers identified as part of the challenges?

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a. If so, identify how those challenges can serve as obstacles for Vietnamese immigrant families to access family reunification services.

b. If not, to what degree are your identified challenges related to language barriers? How can those inter-related challenges serve as obstacles for Vietnamese immigrant families to access family reunification services?

3. In comparison to non-immigrant families, how might these challenges be significant hindrances for Mexican and Vietnamese immigrant families to reunify with their children?

4. If you are the assigned caseworker of the immigrant families, how would you address and advocate the issues identified in #3 to help immigrant families reunify?

Activity IV-2: Understanding Mexican and Vietnamese Immigrant Families' Unique Challenges and Experiences Regarding Service Accessibility and Availability in the Child Welfare System [II]

Purpose:
Participants will further their knowledge and understanding regarding how the demographic factors (e.g., immigration status), level of acculturation (e.g., English proficiency), and system-related factors (service availability) are interrelated.

Instructions:
The instructor will remind participants of Activity IV-1 and the outcome of brief group discussions. The instructor will ask each participant to go back to one's previous small group for Activity IV-2. Based on the context presented right above and in the previous exercise, small-group discussions can be used.

The instructor will guide the group discussion by suggesting the following activities:

Followed by the small-group discussion, groups will briefly share their findings with the larger group to facilitate discussion on the topics below.

1. If you have worked with Mexican and Vietnamese immigrant families, to what degree are the identified challenges and related service accessibility/ availability issues discussed here similar to or different from your own experiences working with these families?

2. If you have not worked with Mexican and Vietnamese immigrant families, to what degree are the identified challenges and related service accessibility/

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availability issues discussed here applicable to other immigrant families you have worked with or may work with in the future?

3. While working with an interpreter per se was not addressed in this section, when working with Mexican and Vietnamese immigrant families, oftentimes social workers in the child welfare system may need to work with interpreters to overcome the language barriers between the worker and the family.

   a. What was your experience working with the interpreter, if any? What were the challenges or benefits of working with the interpreter, if any? How does working with the interpreter impact your case planning and implementation?

   b. In your mind, what qualities should a skilled interpreter have to work with immigrant families in the child welfare system? (e.g., technical, cultural, interpersonal, and ethical)?

   c. To maximize the effectiveness of working with an interpreter, what guidelines would be helpful for you, the child welfare worker, to have (during the initial assessment, during the service planning, etc.)?

Activity IV-3: Addressing Factors and Service Availability That May Hinder Family Reunification Outcomes Among Mexican and Vietnamese Immigrant Families.

Purpose:
This activity will help participants better understand contextual factors and service accessibility and availability contributing to family reunification among Mexican and Vietnamese immigrant families in the child welfare system.

Instructions:
Instructors will use the Gonzalez and Nguyen cases from Module III, Exercise III-3. Participants will be informed that they are the caseworker assigned to the Gonzalez and Nguyen cases.

Vignette #1: Working With the Gonzalezes

Mrs. Gonzalez (age 45) is a Mexican immigrant mother of five. She came to this country illegally 10 years ago and has worked for her family friend, who owns a cleaning company, until last year. Due to the complications of diabetes, she has been unable to work during the past year. Mrs. Gonzalez is divorced from her fourth husband, and purportedly her last boyfriend had sex with her 14-year-old

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daughter, Maria, while Mrs. Gonzalez was away. Maria is pregnant and has run away. Maria was involved with a nonprofit community agency that provides services towards runaway youths. During the intake at the community agency, Maria revealed her sexual abuse by her mother's boyfriend. The group facilitator at the agency called CPS and the case came to your attention. Mrs. Gonzalez is now at home with a daughter (age 12), a son (age 16), and a stepson (age 10). She does not have any relatives living nearby and her English proficiency is very limited.

When you, a bilingual Spanish social worker, interview Mrs. Gonzalez, she appears very scared, remorseful over her daughter's leaving home, and angry at her boyfriend's behavior. She indicates that the boyfriend will not be around any longer and begged you to have her daughter home. However, Maria did not want to come home and when she was asked "why," Maria answered, "I told my mom what her boyfriend did to me but she did not believe me. I am better off without this family." When you asked about the boyfriend's whereabouts, Mrs. Gonzalez started crying saying that without him she does not have any income to support her children. You informed her that the boyfriend will be questioned by a police officer.

1. What contextual, demographic, acculturative, and system-related factors may increase or hinder the likelihood of accessing services for the Gonzalez family to reunify?

2. Based on your best knowledge and experience, make a list of services that the Court may order for the Gonzalezes.

3. Based on your best knowledge and experience, make a list of services available that the Gonzalezes can access and utilize for family reunification.

4. What challenges in service availability/accessibility do you expect that the Gonzalezes may have?

5. What potentially promising practices would be needed to improve service accessibility and availability with the Gonzalezes?

Vignette #2: Working With the Nguyens

Mr. and Mrs. Nguyen emigrated from Vietnam 5 years ago through Mr. Nguyen's older brother's support. They have been married for 12 years and have two daughters (Dianne [Dee-Dee], age 11 and Jody, age 8). The first beatings toward Mrs. Nguyen occurred after the first year they came to this country and have continued with varying severity ever since. He began to beat the children with his belt and fists as "discipline" almost as soon as they could run around and get into mischief.

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Three days ago, Mr. Nguyen (age 37) beat Jody with his fists and locked her in her bedroom to punish her for talking back to him. Jody was screaming and when the screams did not seem to stop, the neighbor called the police. The neighbor told the police that she heard the father yelling at the girls (and maybe hitting them). The girls screamed, but the mother did not seem to intervene. When the officers arrived at the location, they noticed that both Mr. and Mrs. Nguyen appeared under the influence. When asked, they strongly denied (in very limited English) any involvement with drug use. While one officer was talking to Mr. and Mrs. Nguyen, the other officer talked to both girls. While Dee-Dee denies the parents' drug use, Jody admitted that both parents used "something" before the father hit her. The police officers called CPS, the two girls entered the child welfare system, and both parents were arrested.

1. What contextual, demographic, acculturative, and system-related factors may increase or hinder the likelihood of accessing services for the Nguyen family to reunify?

2. Based on your best knowledge and experience, make a list of services that the Court may order for the Nguyens.

3. Based on your best knowledge and experience, make a list of services available that the Nguyens can access and utilize for family reunification.

4. What challenges in service availability/accessibility do you expect that the Nguyens may have?

5. What potentially promising practices would be needed to improve service accessibility and availability with the Nguyens?

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MODULE V

PROMISING PRACTICES TO IMPROVE REUNIFICATION OUTCOMES AMONG MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES

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MODULE V
PROMISING PRACTICES TO IMPROVE REUNIFICATION OUTCOMES AMONG MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES

PUBLIC CHILD WELFARE COMPETENCIES ADDRESSED

MSW 1.3   Student demonstrates the ability to conduct an ethnically and culturally competent assessment of a child and family and to develop an effective intervention plan.

MSW 3.12   Student understands the inherent power differential in working with clients and can effectively manage and balance that power.

MSW 3.13   Student demonstrates the ability and self-awareness to assess his or her own value conflicts or emotional responses to clients, coworkers, and situations, and seeks consultation when needed.

LEARNING OBJECTIVES

This section examines the promising practices to improve reunification outcomes among Mexican and Vietnamese immigrant families. Specifically, this section describes: (a) the importance of culturally competent practice working with immigrant families in the child welfare system, (b) understanding one's own level of cultural competence, (c) the specific elements in assessment and intervention planning in a culturally competent manner when working with immigrant families, and (d) the reviews of potentially promising practices to improve reunification outcomes among Mexican and Vietnamese immigrant families in the child welfare system.

By the end of this section, participants will:

- Be introduced to the overview of cultural competence and its components, with emphasis on knowledge and skills;

- Be introduced to the importance of culturally competent practices working with Mexican and Vietnamese immigrant families;

- Be introduced to the components that may influence assessment and intervention in a culturally competent manner in the child welfare system when working with immigrant families;

- Recognize the role of cultural competence in improving service availability to Mexican and Vietnamese immigrant families;

- Develop strategies for how to improve one's cultural competence with regards to the knowledge base and skills base for working with Mexican and Vietnamese immigrant families; and

- Identify potentially promising practices that may positively impact successful reunification for Mexican and Vietnamese immigrant families.

AGENDA

Time allocation: Approximately 75 minutes (depending on use of activities)

- Introduction

  - Introduction to section content
  - Introduction to topic: Cultural Competence and Promising Practices to Improve Family Reunification With Mexican and Vietnamese Immigrant Families

- Overview of the Importance and Components of Culturally Competence Practice in the Child Welfare System

  - Definition of cultural competence
  - Importance of understanding one's own cultural competence
  - Important roles of culturally competent practice regarding assessment, intervention, and family reunification with immigrant families
  - Activity V-1: Self-Awareness of One's Own Cultural Competence
  - Activity V-2: Building Culturally Competent Practice Working With Mexican and Vietnamese Immigrant Families in the Child Welfare System

- Overview of Potentially Promising Practices to Improve Family Reunification with Mexican and Vietnamese Immigrant Families

  - Potentially Promising Practices to Improve Family Reunification with Immigrant Families

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- Activity V-3: Promising Practices and Recommendations Working With Mexican and Vietnamese Immigrant Families in the Child Welfare System [Video Clip].

MATERIALS NEEDED

- Either an overhead projector and PowerPoint presentation on transparencies or a computer and PowerPoint presentation in PDF format
- Markers and flip chart or white board for writing key points in response to small- and full-group discussions
- Video Clip: A link online or a DVD disk will be available. The instructor will need a laptop and projector or a DVD player and television set to play the clip.

CULTURAL COMPETENCE

The development of cultural competence among child welfare workers has repeatedly been identified as a promising practice to improve outcomes for immigrant families involved in the child welfare system (Ayon, Aisenberg, & Erera, 2010; Dettlaff, 2008). Most scholars agree that the development of cultural competence is a constant learning process that does not have an end point and for which there are no shortcuts. Green (1999) states:

> [cultural competence]…is really a system of learning. That is what it must be. There are simply no shortcuts. No one day workshops or list of intervention tips and guidelines will give anyone the skills for working well with others, especially others whom one does not know or understand (p. 38).

The promotion of cultural competence within individual child welfare workers requires an ongoing commitment on the part of the worker.

A synthesis of the increasingly large body of literature on cultural competence suggests there are four overall activities associated with the development of cultural competence: (a) increasing *awareness* of culture, multiculturalism, oppression,

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privilege, and social justice and their impact on practice; (b) gaining *knowledge* on the specific cultures most often encountered in a particular agency; (c) developing *assessment* skills to effectively evaluate each unique client; and (d) application of awareness, knowledge, and assessment in developing appropriate *interventions.*

AWARENESS

Increasing one's awareness of the role of culture in human development, the impact of privilege and oppression, and one's own biases and prejudices are critical components to cultural competence among child welfare workers. Many researchers and practitioners note that the process of increasing awareness involves cultivating critical consciousness (Lum, 2003; Reed, Newman, Suarez, & Lewis, 1997; Schriver, 1998). In their discussion of interpersonal practice and social justice, Reed et al. (1997) define critical consciousness as a process that involves uncovering how one's own identity, as well as one's social work practice are shaped by dominant beliefs in society. Critical consciousness involves the process of looking inward at one's own cultural assumptions and biases as well as looking outward to understand how larger social forces shape power dynamics in society. Moreover, critical consciousness within social work practice is a way to understand human diversity, as well as challenge unjust power structures. Increasing awareness through critical consciousness assists child welfare workers to understand the connections between oppression, culture, and privilege and how these dimensions impact their clients and their own work.

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Key to the cultivation of critical consciousness is an understanding that each of us are members of one or more social groups and that depending on these social group identities, we can experience power and privilege or oppression and discrimination. Reed et al. (1997) use the term "positionality" to describe the ways in which each person is positioned within various social groups; they note that each person is influenced by their social group identity, including such identities as race/ethnicity, class, gender, and sexual orientation. Depending on one's social group identity, one may have access to certain privileges and resources that others do not. Investigating one's positionality is a key aspect of critical consciousnesses. Reed et al. (1997) suggest that those who have experienced oppression or discrimination are often forced to confront their positionality, but for those who experience privilege and power simply by virtue of their social group membership, there is often less incentive or necessity to examine one's positionality, and in fact it can create discomfort.

A key aspect of one's social group identity is that it can greatly affect one's ideology about the world. Ideologies are considered to reflect certain beliefs about society that often rationalize particular interests; they are unspoken implicit assumptions about the nature of society and our place in it and they are often accepted as truth (Gil, 1992). The process of cultivating critical consciousness and examining one's positionality naturally involves investigating one's own ideology, as well as the dominant ideologies that shape the nature of our society. In their discussion of cultural competence in the child welfare system, McPhatter and Ganaway (2003) use the term

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"enlightened consciousness" to describe the process of looking inward to examine one's ideologies about the world. This process often involves changes to ideologies concerning the primacy of one's own culture.

In essence, the cultivation of critical consciousness involves understanding one's own positionality and the ways in which one's social group membership has influenced one's ideologies concerning culture, power, privilege, and oppression. This process involves critically examining one's own ideologies to reveal possible cultural biases and assumptions, as well as examining dominant ideologies that serve to perpetuate oppression and discrimination in our society. Deconstructing mainstream Western notions of oppression and culture can create new ways of understanding clients and their challenges.

The importance of child welfare workers' awareness of their own positionality and power were highlighted in Ayon et al.'s (2010) qualitative study of Mexican immigrant parents involved in child welfare services. Results indicated that parents were acutely aware of power differentials between themselves and their workers and expressed feelings of fear that if their workers did not like them, they would be labeled as uncooperative. Parents also reported that they felt empowered to exercise their voice when workers asked for their opinions about their case progress. When workers asked for parents' opinions, parents reported feeling that their experiences and feelings were validated and were important to their child welfare case. These findings point to the

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importance of child welfare workers' awareness of the impact of culture and the role of privilege and oppression in engaging immigrant parents in child welfare services.

Similarly, in their discussion of adapting systems of care for child welfare practice with immigrant Latino children and families, Dettlaff and Rycraft (2010) suggest that engagement with immigrant Latino families is an important foundation to effective child welfare practice with this population and that the engagement process is facilitated when worker-client relationships are characterized by mutuality and reciprocity. The establishment of trust between worker and parent is fundamental and is founded on workers' awareness of the positionality of immigrant families, especially those that are undocumented and may be fearful of government agencies. Dettlaff and Rycraft (2010) suggest parents' fears about their immigration status be addressed directly and parents should be re-assured that their immigration status will not be reported to other government agencies. Moreover, the authors also suggest that information gathering with Latino immigrant parents should be indirect and conversational in nature in order to allow parents to maintain a sense of power and control in their interactions with workers.

Furthermore, in Phillips and Paumgarten's (2009) qualitative study of Hispanic caregivers' perceptions of preventive child welfare services, findings pointed to the importance of the worker-caregiver relationship. Participants discussed that a positive relationship with their worker was reflected in: open and non-judgmental communication; workers who were readily available to families; workers who helped families acquire needed resources; and workers who provided emotional support,

advice, and information. Caregivers also discussed the importance of workers' patience in continuing to reach out to families over time. In addition, caregivers also discussed the importance of workers' assistance in navigating the stresses of daily living. Caregivers discussed daily pressures related to a lack of resources and that effective workers acknowledged these pressures and assisted families in obtaining needed resources. The authors suggest that effective relationships between immigrant parents and child welfare workers were characterized by a feeling among caregivers that they were heard and understood. Such characteristics may reflect the workers' sensitivity to and awareness of power issues inherent between child welfare workers and immigrant families.

KNOWLEDGE

Possessing a knowledge base on the cultural aspects of the immigrant families most often encountered in one's child welfare agency is essential for effective child welfare practice with culturally diverse families (Green, 1999). McPhatter and Ganaway (2003) refer to this aspect of cultural competence as a "grounded knowledge base." They note that most education, including social work education, is rife with ethnocentric biases that systematically exclude non-European and female points of view and that a grounded knowledge base for culturally competent practice must critically assess these biases in the field. Because the traditional human behavior knowledge base is often inadequate for promoting cultural competence, alternative sources of information from non-mainstream sources are often necessary to promote knowledge acquisition.

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In addition to written works, knowledge for cultural competence may also be derived from key informants within the cultural groups for which one is acquiring knowledge. Green (1999) notes that it is crucial for social workers to understand what different cultural groups understand to be true about themselves since that is what is most salient to them. As such, concrete knowledge of the culture of specific groups may be combined with knowledge of what members of that culture perceive to be important about themselves, including normative beliefs and typical behaviors. For instance, in Earner's (2007) qualitative study of immigrant parents involved in child welfare services, many parents reported "mutual cultural misunderstanding" (p. 78) as a prevailing theme that shaped their experiences in the child welfare system. Most of the parents in the study had limited knowledge about the child welfare system in the U.S. because there is no comparable system in their countries of origin. In addition, having a state agency intervene in their family was met with a great deal of fear because in their countries of origin, the state was often viewed as a dangerous force in society that should be met with suspicion and mistrust. Moreover, most parents in the study were reported to the child welfare system for physical abuse, yet none of the parents believed their actions to constitute abuse, but considered them to be acceptable discipline within their cultural context. Parents in the study reported feeling misunderstood because the child welfare workers they encountered were perceived as judgmental and lacking in the knowledge necessary to understand their culture.

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The promotion of cultural competence blends concrete knowledge with hands-on knowledge of what members of a particular culture find to be most important. A synthesis of literature on cross-cultural knowledge reveals six main aspects of information useful in the promotion of cultural competence:

1. Knowledge of the history and dynamics of oppression and discrimination and the ways in which culturally diverse clients internalize oppression (Lum, 2003; McPhatter, 1997).

2. A basic understanding of the history, traditions, preferred languages, value orientations, and religious and spiritual orientations of particular cultures with whom the child welfare worker interacts (McPhatter, 1997).

3. Knowledge of the unique strengths of individuals within particular cultures (Lum, 2003).

4. Knowledge about how culture affects development through the life course, including an understanding of the impact of culture on key developmental events such as gender roles, rites of passage, sexuality development, mate selection, child-rearing practices, social networks, aging, and mourning (Manoleas, 1994).

5. Familiarity with the social problems and issues affecting members of certain cultural groups, including the sustained patterns of socioeconomic disadvantage, and the health and psychosocial risk factors most often encountered by particular groups (McPhatter, 1997).

6. Knowledge of the neighborhood sociodemographic context and key community and cultural resources present in the neighborhoods of culturally diverse clients (McPhatter, 1997).

ASSESSMENT

Awareness and knowledge can assist workers to assess clients in a culturally competent fashion. Assessment in child welfare involves an identification of the factors that led to the incidence of maltreatment (Dettlaff & Rycraft, 2010). Dettlaff and Rycraft (2010) suggest that the assessment process assess problems within the Latino immigrant family equally with the strengths and resources within the family. Culturally

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competent assessment involves two related components: recognizing heterogeneity in cultures and assessing whether problem behaviors are normal or abnormal within a given culture. Theorists and researchers note that practitioners can never know everything about a culture and that there is always diversity within diversity. In their discussion of the role of culture in psychotherapy, Sue and Zane (1987) state that all cultural knowledge is helpful, but that workers must always be aware of individual differences within members of various cultural groups. Sue (1998) refers to the ability of workers to know "when to generalize and be inclusive and when to individualize and be exclusive" (p. 446) as "dynamic sizing." Sue describes dynamic sizing as a way to avoid stereotyping and place the client within his or her own unique context, thus helping the practitioner to understand what may be typical or not typical within the client's culture. Thus, within assessment practices, it is important for child welfare workers to understand that although members of certain cultural groups may share similar characteristics, there is always heterogeneity within cultures.

As such, it is critical that social workers acquire assessment skills that distinguish between heterogeneity within cultures and problem behaviors that are actually abnormal within the client's cultural context. Green (1999) suggests that it is important for social workers to understand how the client defines and understands the problems that brought her or him to the social worker. Sue and Zane (1987) suggest that conceptualizing client problems in a manner that is congruent with their cultural beliefs can increase the worker's credibility in the eyes of the client. Similarly, McPhatter (1997)

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suggests that the questions that shape the assessment process are themselves shaped by the worker's ideologies, and assessment techniques must be based on an understanding of the cultural reality of clients.

With respect to Mexican immigrants involved in child welfare services, Dettlaff (2008) provides a four-phase framework for child welfare workers when conducting a cultural assessment. The first phase includes an assessment of history and experience of immigration. Components within this phase of assessment include an understanding of the following areas:

- Country of origin
- Length of time in the U.S.
- Motivation for immigration
- Hopes and expectations related to immigration
- Difficulties encountered during emigration
- Process and stages of emigration
- Significant family members remaining in country of origin
- Initial challenges encountered upon arrival in the U.S.
- Current feelings regarding the immigration experience
- Feelings regarding expectations for immigration as compared to current reality
- Immigration status of family members
- Difficulties resulting from undocumented status of any family members (p. 460).

The second phase of the cultural assessment framework includes as assessment of each family member's experience of acculturation as well as how these experiences have influenced the family system. Components within this phase include an understanding of the following areas:

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- Experience adjusting to the new culture

- Feelings and attitudes regarding acculturation

- Familiarity and comfort with American culture

- Challenges experienced adjusting to American culture

- Family problems resulting from acculturation

- Difficulties resulting from a language barrier

- Current English fluency and communication needs

- Perception of receptiveness of the host country

- Experience of being Latino in the U.S.

- Experience of discrimination and oppression

- Community and friendship patterns

- Availability of social support in current environment (p. 460).

The third phase of the cultural assessment framework includes an assessment of family and cultural values and traditions. Components within this phase include an understanding of the following areas:

- Family roles and structure

- Intergenerational family structure

- Emotional attachment to family members

- Cultural values and norms

- Cultural traditions and celebrations practiced in the home

- Religious affiliation and current involvement

- Beliefs concerning health and mental health services

- Attitude toward social services (p. 460).

The final phase of the cultural assessment includes an exploration of cultural values and beliefs regarding child maltreatment. Components within this phase include an understanding of the following areas:

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- Child-rearing practices and traditions

- Cultural beliefs regarding discipline and corporal punishment

- Cultural values concerning appropriate physical care and parental supervision

- Extent to which the maltreatment identified is considered either normal or dysfunctional within the family's culture

- Understanding of how similar issues are handled in the family culture (p. 460).

INTERVENTION

Culturally competent intervention occurs when the worker applies awareness, knowledge, and assessment to determine what course of action to take with a client. For instance, if a parent uses discipline practices that are normative for their culture, but judged by White, middle-class U.S. standards to be child abuse, then interventions might focus on educating parents on U.S. laws and customs regarding parenting and assisting them to develop alternative parenting behaviors that are acceptable in U.S. society. Alternatively, if parenting practices are not normative within a client's culture, then interventions might focus on addressing underlying dysfunction and associated risk factors such as mental health problems, substance abuse, or economic stressors. Similarly, for families living in poverty, the culturally competent child welfare worker needs to distinguish between actual child maltreatment and simply lack of resources; if lack of resources is the real problem, then interventions might focus on linking parents to resources, rather than removal of the child.

Key to culturally competent interventions for both the client who is struggling with cultural differences or lack of resources and those who are dealing with true dysfunction is agreement between the worker and client on the goals of treatment (Sue & Zane,

1987). Sue and Zane (1987) suggest that establishing such an agreement can increase the credibility of the worker in the eyes of the client and thereby improve effectiveness of interventions. This is particularly important and at times problematic in the field of child welfare because most services are mandated by the court—and if parents do not participate they are threatened with termination of parental rights. The establishment of mutually agreed upon goals in this context is necessarily problematic. Nevertheless, this context makes it even more important for child welfare workers to strive to approach culturally diverse families as co-collaborators in the intervention process. Such a stance will assist in easing the resistance and resentment that is often associated with court-mandated interventions.

Additionally, the use of a strengths perspective and empowerment practice may be particularly effective intervention strategies for culturally diverse clients—many of whom experience oppression and disenfranchisement on a regular basis (Browne & Mills, 2001). A strengths perspective in social work practice assumes that clients have resources, abilities, and strengths that can be used and enhanced to promote change (Saleebey, 2000). An important strategy within the strengths perspective is identifying and utilizing community resources to meet the needs of clients. Indeed, Green (1999) contends that culturally competent interventions often focus on the appropriate utilization of cultural resources in clients' communities. Green notes that the term *resources* goes beyond traditional networks of community agencies or referral services to include indigenous resources that may be less visible or obvious. As such, linking

culturally diverse clients to ethnic-specific resources in their community as well as seeking out other sources of support (e.g., social networks, including extended family and friends, as well as spiritual or religious institutions, or voluntary organizations) may be helpful. Linking diverse clients with these resources may increase their commitment to the intervention process.

In tandem with a strengths perspective is the use of empowerment practice, which acknowledges that culturally diverse clients often experience a sense of powerlessness as a result of the oppression that exists in contemporary society. An important aspect of culturally competent child welfare interventions is an emphasis on assisting clients in gaining power over their own lives (Browne & Mills, 2001). Gutierrez, GlenMaye, and DeLois (1995) suggest that because oppression occurs on many levels, empowerment practice can be directed at various levels of intervention from the psychology of the individual to the workings of organizations and communities. Indeed, McPhatter (1997) suggests that an important aspect of culturally competent child welfare intervention is to help clients navigate the complicated child welfare and associated systems. She notes that such interventions not only help to empower the client, but also increase the credibility of the worker by communicating to the client that the worker is committed to assisting him or her. The use of empowerment principles to assist clients in successfully managing the complex child welfare system represents an important culturally competent intervention strategy.

Dettlaff (2008) suggests that a thorough and accurate cultural assessment of immigrant Latino families provides a foundation for the development of appropriate interventions as well as an understanding of how the family's culture may influence service delivery and effectiveness. For instance, a large degree of acculturative stress and stressful or traumatic emigration experiences may slow the family's progress in services and the acquisition of new parenting skills may be more difficult. In general, Dettlaff points to the possibly beneficial role of services that increase social support, reduce social isolation, and promote involvement in community resources among Latino immigrant. These interventions are considered beneficial primarily because of their role in reducing acculturative stress and improving social support. Furthermore, when acculturative stress is reduced, services that address issues of child maltreatment may then be more beneficial.

QUALITATIVE STUDY FINDINGS FOR RESEARCH QUESTION 5: WHAT SERVICES MAY IMPROVE THE LIKELIHOOD OF REUNIFICATION AMONG MEXICAN AND VIETNAMESE IMMIGRANT FAMILIES?

Six themes related to services that may improve the likelihood of reunification among Mexican and Vietnamese immigrant families were found in the child welfare worker and parent interviews (see Appendix for the Final Report from the study with information on worker and parent interview methods):

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Theme #1: Increasing Worker Trainings to Enhance Cultural Competency (Worker and Parent Interviews)

<u>Parent Perspectives</u>

> I think that they [social workers] need to have more sensitivity and more comprehension because it is difficult. One feels like…how I can say this…lost like with more fear. Since one is not from here everything is foreign and unknown and we don't know what is going to happen—they [social workers] need to have more compassion [Mexican immigrant mother in the system as a result of mother's substance abuse].

<u>Worker Perspectives</u>

> We need to train even the Vietnamese social workers to understand and work properly with the Vietnamese people, especially with the older generation. We need more training….When you sign up a young second generation social worker who speaks Vietnamese okay but not fluently and she uses terms that are not appropriate to the older generation who don't understand the generation gap and you get that person in an authority position, you can see conflicts are gonna happen [Child Welfare Worker working with Vietnamese immigrant families].

> My first recommendation is training for the social workers to learn a little bit more about this culture because even though we have one we only have one Spanish unit which has about 12 Spanish-speaking workers, I think we need more units like that—people that understand the culture and the language and the needs of this community [Child Welfare Worker working with Mexican immigrant families].

Theme #2: Hiring More Bilingual and Bicultural Workers (Worker and Parent Interviews)

<u>Parent Perspectives</u>

> There are people who don't speak English and they get scared and maybe if a person [social worker] spoke to them in Spanish they might feel more comfortable and have more trust if they spoke the same language [Mexican immigrant mother in the system due to mother's substance abuse].

> I think that if I had [Vietnamese social worker's name] from the beginning to the end it would have been probably a really good you know, smooth, you know, whole case period. I don't think there would have been problems that would

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have come out of it. My kids would come home sooner, I think [Vietnamese immigrant mother in the system due to mother's substance abuse].

Worker Perspectives

It's better for the Vietnamese families to work with the Vietnamese social worker due to the language and cultural factors [Child Welfare Worker working with Vietnamese immigrant families].

We need more Vietnamese social workers—I mean we have Vietnamese-speaking workers who are not necessarily bicultural [Child Welfare Worker working with Vietnamese immigrant families].

If you have a social worker who is culturally competent; I am not talking about someone who just speaks Spanish either someone who is bicultural so they would understand the clients where they are coming from, get what they mean about things, or deeper understanding of clients so then social workers could understand the clients [Child Welfare Worker working with Mexican immigrant families].

I speak Spanish though you know I'm White, blond hair, blue eyed, when I speak Spanish to them they still know I come from a different life, I come from a different background than they do. I can't relate to them so when we have if we have more Mexican um counselors in all aspect of the services that would that would be very helpful [Child Welfare Worker working with Mexican immigrant families].

Theme #3 Importance of Parenting Education Services (Worker and Parent Interviews)

Parent Perspectives

Oh yeah it was called Positive Discipline and it did help me a lot because there they explain to you about how to treat a baby and how not to hurt them. I think everything has been good for me [Mexican immigrant father in the system due to mother's substance abuse].

And we learned a lot through the experiences of others in the group. But what I liked about those classes was that I learned that they were right and that we did not pay enough attention to our children [Mexican immigrant mother in the system due to neglect].

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The classes did help me because before they [her children] did not listen to me or threw tantrums and I would scold them or try to hit them and now no because I take it with more patience and it is not like before [Mexican immigrant mother in the system due to mother's substance abuse].

I learned there [at parenting classes] about how to put the children in time out when they are doing something they are not supposed to be doing. And I also learned what to do when I am mad and not to hurt the children like walk away or calm down to talk to them [Mexican immigrant mother in the system due to physical abuse].

They tell you to talk to your children and listen to them to see what they want. It's not like the Vietnamese way where you hit them [Vietnamese immigrant mother in the system due to physical/emotional abuse].

I needed it [parenting class] because living in America, I did not know their culture, their way of life, their rules and regulations. I am Vietnamese and came here and only worked…I enjoyed learning because the teacher explained things really good [Vietnamese immigrant mother in the system due to failure to protect the children].

I also do parenting and sometimes yell and scream at him. But then I think about it and know not to yell at him. So then I try to talk to him respectfully, it's all parenting.…I never thought about it. Now I scream but I think about it and I stop right away. It's true I have a hot temper but the things I learned pop up in my head, and I know it's not okay so I stop it [Vietnamese immigrant mother in the system due to physical abuse].

Worker Perspectives

…there was a Vietnamese Parenting Without Violence classes which are culturally specific for Vietnamese. This was a great resource for her [mother who was reunified] who is limited in English, education, and acculturation [Child Welfare Worker working with Vietnamese immigrant families].

She was very motivated—she liked the parenting classes where she met other Vietnamese parents in the similar situation [Child Welfare Worker working with Vietnamese immigrant families].

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Theme #4: Importance of Parent Orientation Classes for Vietnamese Families (Worker Interviews)

Worker Perspectives

>Parent Orientation seems to be a great help to the family to explain to the family how the juvenile court system works in their native language, including the brochure [Child Welfare Worker working with Vietnamese immigrant families].

>…if they were involved in parent orientation and were explained that you need to cooperate with the social workers and the case plan and you have certain rights in the case…[you have a better chance to get the child back] [Child Welfare Worker working with Vietnamese immigrant families].

>I think this last 10 years they start off with parenting orientation in Vietnamese and that helps a lot because they explain how the overall juvenile court system worked in their native language and give them pamphlets or brochure in Vietnamese [Child Welfare Worker working with Vietnamese immigrant families].

>I hope that the parents need to be very well informed about the procedure and system—the parents orientation offers that and parents should enroll in the program before the children's dispositional hearing [Child Welfare Worker working with Vietnamese immigrant families].

Theme #5: Substance Abuse Treatment (Parent Interviews)

Parent Perspectives

>The rehabilitation center [drug treatment] was the most helpful for me and my child because I didn't want her to go through the same thing. It was an experience I didn't want to happen again [Mexican immigrant mother in the system due to mother's substance abuse].

>And then the AA classes, well everyone talks about their experiences and you learn that you are doing the wrong thing and that you need to change. And the [name of agency] classes taught me that drugs are bad and that alcohol is like drugs and they are bad for you [Mexican immigrant mother in the system due to mother's substance abuse].

>…they [substance abuse treatment center] teach, they teach, very structured. And they, they, when you go to learn they teach you to broaden your mind so you can understand that you are….in the past, when looking back, you are able to

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see what you have been doing in the past until now [Vietnamese immigrant mother in the system due to mother's substance abuse].

Theme #6: Prevention and Community Education (Worker and Parent Interviews)

Parent Perspectives

Before I was involved in all of this I was screaming for help. I looked for numbers where to call and ask for services for youth. They never gave me the help, I even called the sheriff's where a friend told me that the sheriffs have a program where they get children involved so that they stop thinking about those things [molestation]…Something had to happen so they would give me all the help that I was asking for...And now they gave it to me when everything [the abuse] happened. But like the saying says "after the boy has drowned the well is closed" [Mexican immigrant mother in the system due to sexual abuse].

The Vietnamese people, from talking to a lot of people, they wanted to quit smoking [drugs] but did not know where to look for help because I did go around asking for rehab and they told me…I think I was almost 7 months pregnant, and they said oh, it's late now, if you go there they will just take your child. If I hadn't believed them, my child would not have been taken away. They gave me the wrong information and made me scared… [Vietnamese immigrant mother in the system due to mother's drug use].

Worker Perspectives

We need more emphasis in prevention. If the immigrant parents know more about proper discipline and proper child rearing, it can help and prevent or reduce the families from entering in the system [Child Welfare Worker working with Vietnamese immigrant families].

We need to educate Vietnamese people about the seriousness of child abuse and child welfare system. Prevention is important [Child Welfare Worker working with Vietnamese immigrant families].

More classes about CPS—because most of them have no idea about CPS; who we are and what we do. Try to explain to them about CPS and the court system...[Child Welfare Worker working with Mexican immigrant families].

IMPLICATIONS FOR CHILD WELFARE PRACTICE AND POLICY

a. *Child welfare practice and policy should continue efforts to enhance cultural competency of social workers.*

Child welfare workers and parents discussed the need for workers to be culturally competent and to understand the specifics of the Mexican and Vietnamese cultures. Workers discussed the need for training for all workers on cultural nuances within the Mexican and Vietnamese cultures and the needs of the communities. Parents discussed the need for social workers to have more sensitivity and a greater understanding of the obstacles that immigrant families face. These findings are particularly important when considering Rajendran and Chemtob's (2010) study, which found that the more hours of cultural competence training that child welfare workers had, the greater the service use among immigrant families on their caseload, suggesting that cultural competence training may have a direct effect on service access among immigrant families.

2) Child welfare practice and policy should focus on hiring more bilingual and bicultural child welfare workers

Child welfare workers emphasized the need to hire more bilingual and bicultural child welfare workers. They described a need for social workers to not only speak Spanish or Vietnamese, but also to have an accurate understanding of the cultural nuances within each culture. This cultural knowledge was described as vital by both workers and parents in forming a working relationship between worker and parent. These findings suggest that an important foundation to an effective working relationship

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between social worker and parent is a solid understanding of both language and cultural nuances. These findings correspond to Earner's (2007) findings with immigrant parents in the child welfare system in which parents reported that cultural misunderstandings occurred when parents did not have bilingual workers or access to translation services, which then resulted in parents' feelings of powerlessness.

3) Child welfare practice and policy should prioritize parenting education services for Mexican and Vietnamese immigrant families.

Parenting education services were overwhelmingly identified by parents as particularly helpful. Parents reported that they learned new parenting strategies and alternatives to physical discipline from the parenting education classes. In addition, parents also described these services as helpful in educating them about the prevailing American cultural expectations about parenting, which they often reported differed from prevailing cultural expectations about parenting in Mexico and Vietnam.

4) Child welfare practice and policy should prioritize child welfare system orientations for immigrant parents.

The orientation to the child welfare system received by Vietnamese immigrant families was found to be particularly helpful, and it would be useful for other child welfare systems to implement such a service for immigrant families. This orientation is provided to parents at the beginning of their family reunification case in order to explain the court processes, the mandated services, and the timelines involved in the dependency court. Child welfare workers working with Vietnamese families described this service as extremely useful for Vietnamese families, most of whom do not

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understand the juvenile court process or the expectations of the child welfare system or the court.

5) Child welfare practice and policy should prioritize culturally appropriate substance abuse treatment for immigrant families.

This research found that substance abuse treatment for some immigrant families may be an important service related to reunification. Parents with substance abuse problems identified substance abuse treatment as particularly helpful to them, and there is a need to ensure that substance abuse services are available to immigrant families in their native languages.

6) Child welfare practice and policy should prioritize outreach, prevention, and community education to immigrant communities.

This research found that more outreach, prevention, and community education with the Mexican and Vietnamese immigrant communities is needed. Workers emphasized the need to educate immigrant communities about parenting expectations in American culture and the possible involvement of the child welfare system if physical discipline is used. Workers also described the need to educate immigrant communities about how the child welfare system in the U.S. operates, because there are not comparable systems in Mexico or Vietnam. Some parents discussed their awareness of the fact of significant family problems prior to the child maltreatment report and their efforts to find help before they entered the child welfare system. Sadly, for these parents, they could not find services on their own due to the lack of information and resources available to them, and their situation worsened to the point of child removal.

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An increased focus on prevention and education services for immigrant families may

prevent many families from entering the child welfare system.

PRACTICE EXERCISES

Activity V-1: Self-Assessment of One's Own Cultural Competence

Purpose:
The purpose of this exercise is to understand one's own cultural knowledge and cultural competence by using the self-assessment inventory. Understanding about one's own cultural competence will help participants to create a development plan that will increase their inter- and cross-cultural effectiveness and competence working with Mexican and Vietnamese immigrant families.

Instructions:
The instructor will introduce the purpose of this activity, helping participants assess their own cultural competence. The instructor will emphasize that by doing this activity participants will assess their own knowledge, skills, and abilities pertaining to cultural competence issues and identify areas where there are opportunities for personal and professional growth in developing their cultural competence skills. The instructor will also state that this inventory will help them identify areas they can focus on developing, so it is scored only for their own use.

ASSESSMENT OF PERSONAL CULTURAL COMPETENCE (Trader-Leigh, 2002, Handout 5))

Scale:
    1 – Not knowledgeable
    2 – Minimal knowledge
    3 – Somewhat knowledgeable
    4 – Very knowledgeable

_____ I acknowledge my personal values, biases, assumptions, and stereotypes.

_____ I am aware of my own cultural identity and recognize how culture affects my personal interactions.

_____ I can appreciate the ways diversity has benefited and enriched my life experiences.

_____ I recognize the advantages and privileges in our society and I can see and articulate areas of disadvantage faced by others.

_____ I am aware of the cultural barriers and issues faced by colleagues and peers in my workplace.

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_____ I am comfortable being with groups different from my own. I am able to embrace different values and points of view.

_____ I know how to respond to inappropriate comments.

_____ I know how to respond to individuals who think cultural competency is a waste of time.

_____ I recognize and know how to respond when people avoid or deny that race and gender problems are issues.

_____ I am comfortable discussing cultural competence and diversity.

_____ I know how to be an effective role model and how to *walk the talk* by demonstrating commitment and support for developing cultural competence and encouraging diversity initiatives.

_____ I am sensitive to and respectful of clients and colleagues who identify themselves as culturally diverse.

_____ I support expanding access to opportunities and power to all groups.

_____ I am capable of identifying cultural competence implications and strategies in areas of my work with consumers.

_____ I am able to use mistakes as learning opportunities.

_____ I have strong cross-cultural communication skills.

_____ I can listen and respond in a non-defensive manner.

_____ I can respond effectively to issues of privilege and prejudice.

_____ I can recognize and work effectively as a change agent with people who are uncomfortable about interactions with people whose life experiences and cultures are difference from their own.

_____ I can help people/group members from different cultural backgrounds connect, work together, and build mutual trust and understanding.

_____ I am knowledgeable about institutional racism, sexism, religious discrimination, and other types of oppression.

_____ I recognize the impact of laws and policies on people of color, women, those with disabilities, and people with different gender or sexual orientations.

_____ I am aware of cultural variables that affect cross-cultural interactions.

_____ I understand demographic trends and their impact on the workplace.

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_____ I am familiar with the current literature and resources on cultural competence and diversity.

_____ I know what internalized oppression is, how it shows up, and how it affects individuals and groups of people.

_____ I understand how racism, gender bias, classism, language bias, age bias, prejudice toward those with physical or mental challenges, and other forms of bias affect the daily lives of the targeted people.

_____ I understand the difference between affirmative action and valuing diversity, and the concept of being culturally competent.

Add the points you assigned to each of item.

Total Points: _____

Scoring

1 - 28	Not knowledgeable
29 - 56	Minimal knowledge
57 - 84	Somewhat knowledgeable
85 - 112	Very knowledgeable

Activity V-2: Building Culturally Competent Practice Working With Mexican and Vietnamese Immigrant Families in the Child Welfare System.

Purpose:

This activity is designed for child welfare workers to utilize the development plan to create a vision-and-values statement about the importance of cultural competence when working with immigrant families in the child welfare system.

Instructions:

The instructor will first ask participants to check their own Self-Assessment Cultural Competence Inventory Score. The instructor will emphasize that participants are expected to carefully review the items that score higher and lower than others.

Then, the instructor will ask the following questions:

1. How might those higher- or lower-scored items impact your interaction with immigrant families during the *Assessment* phase?

2. How might those higher- or lower-scored items impact your interaction with immigrant families during the *Intervention* phase?

3. How do you promote your cultural competence? What strategies do you have

in your mind to address the lower-scored items?

After having a discussion on the above-listed items in a big group, the instructor will introduce the following activity, *Building Culturally Competent Practice Working With Immigrant Families.*

(Handout 6) The goal of this activity is for participants to build a clear vision that can help participants better define action plans and strategies to support their goals and help participants become more effective and culturally competent when working with Mexican and Vietnamese immigrant families.

The instructor will ask participants to form small groups of 3-4 people. In the groups, they will have the below topics to discuss, followed by a brief report back of highlights from each group.

1. What characteristics and qualities of the child welfare social worker are perceived as competent?

2. What characteristics and qualities of the child welfare social worker are perceived as *culturally* competent?

3. Barriers that you might encounter in doing *Assessment* with immigrant families in a culturally competent manner are:

    a. The things you will be most uncomfortable about when doing *Assessment* with immigrant families might be:

    b. Your strategies for overcoming those barriers are:

4. Barriers that you might encounter in doing *Intervention* with immigrant families in a culturally competent manner are:

    a. The things you will be most uncomfortable about when doing *Intervention* with immigrant families might be:

    b. Your strategies for overcoming those barriers are:

5. *Knowledge* areas where you would like to improve your assessment and intervention in a culturally competent fashion towards immigrant families:

    a. You plan to obtain that knowledge by (list at least three):

    b. Persons who could mentor, encourage, and support you in building your personal and professional growth in developing more culturally competent practice *knowledge* with immigrant families in the child welfare system are:

    c. Knowledge that you have that you can build on includes [note: the self-assessment inventory items can use useful for this topic]:

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6. *Skills* areas where you would like to improve your assessment and intervention in a culturally competent fashion towards immigrant families:

   a. You plan to obtain these skills by (list at least three):

   b. Persons who could mentor, encourage, and support you in building your personal and professional growth in developing more culturally competent practice *skills* with immigrant families in the child welfare system are:

   c. Skills and abilities that you have that you can build on are [note: the self-assessment inventory items can be useful for this topic].

Activity V-3: Promising Practices Working With Mexican and Vietnamese Immigrant Families in the Child Welfare System

Purpose:
This activity will provide a more interactive learning tool for participants regarding the promising practices. By watching a 10-minutes video clip, participants will recapture the overall themes of promising practices.

Instructions:
The instructor will introduce the 10-minute video clip which contains a debriefing portion with three research assistants (two Spanish bilingual and one Vietnamese bilingual) who conducted the interviews with Mexican and Vietnamese immigrant families for this study.

Instructors may explain the 10-minute video clip that participants will watch: Upon giving permission to be videotaped, as part of the debriefing process of the study, three research assistants shared their own impressions regarding the most prominent aspects of working with Mexican and Vietnamese immigrant families in the child welfare system.

The instructor will view a 10-minutes video clip. At the end of viewing the clip, participants will discuss the following topics:

- First, a few seconds of the clip, the effectiveness and significance of *in-home service,* was addressed by two research assistants who interviewed reunified families in Santa Clara County. What are your thoughts and experience on this particular practice?

- What were the top two prominent recommendations from Mexican immigrant parents you found useful working with Mexican immigrant families? Why?

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- What were the top two prominent recommendations from Vietnamese immigrant parents you found useful working with Vietnamese immigrant families? Why?

After having discussions with participants, the instructor may add the following two more discussion items as a closing exercise:

- Your vision of cultural competence for yourself when working with Mexican and Vietnamese immigrant families is:

- Your vision of cultural competency for your organization and the child welfare system when working with Mexican and Vietnamese immigrant families is:

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HANDOUTS

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VIGNETTE #1: Working with the Gonzalezes

Vignettes: Small-Group Discussion

Participants will review the descriptions of the following two immigrant families: one Mexican (the Gonzalezes) and one Vietnamese (the Nguyens). The group will then answer the questions below:

Vignette #1: Working With the Gonzalezes

Mrs. Gonzalez (age 45) is a Mexican immigrant mother of five. She came to this country illegally 10 years ago and worked for her family friend who owns a cleaning company until last year. Due to the complications of diabetes, she has been unable to work during the past year. Mrs. Gonzalez is divorced from her fourth husband, and purportedly her last boyfriend had sex with her 14-year-old daughter, Maria, while Mrs. Gonzalez was away. Maria was pregnant and has run away. Maria was involved with a nonprofit community agency which provides services towards runaway youths. During the intake at the community agency, Maria revealed her sexual abuse by her mother's boyfriend. The group facilitator at the agency called CPS and the case came to your attention. Mrs. Gonzalez is now at home with a daughter (age 12), a son (age 16), and a stepson (age 10). She does not have any relatives living nearby and her English proficiency is very limited.

When you, a bilingual Spanish social worker, interview Mrs. Gonzalez, she appears very scared, remorseful over her daughter's leaving home, and angry at her boyfriend's behavior. She indicates that the boyfriend will not be around any longer and begged you to have her daughter home. However, Maria did not want to come home and when she was asked "why", Maria answered, "I told my mom what her boyfriend did to me but she did not believe me. I am better off without this family." When you asked about the boyfriend's whereabouts, Mrs. Gonzalez started crying saying that without him she does not have any income to support her children. You informed her that the boyfriend will be questioned by the police officer.

- Share how the above-described Gonzalez family is similar to or differ from the typical cases the participants carry in the child welfare system.

- How might the family's characteristics affect their experience in the child welfare system?

- In order for Mrs. Gonzalez to reunify with the children, what characteristics need to be taken into consideration when assessing the case and towards the types of needed interventions?

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VIGNETTE #2: Working with the Nguyens

Mr. and Mrs. Nguyen emigrated from Vietnam 5 years ago through Mr. Nguyen's older brother's support. They have been married for 12 years and have two daughters (Dianne [Dee-Dee], age 11, and Jody, age 8). The first beatings toward Mrs. Nguyen occurred after the first year they came to this country, and have continued with varying severity ever since. He began to beat the children with his belt and fists as "discipline" almost as soon as they could run around and get into mischief.

Three days ago, Mr. Nguyen (age 37) beat Jody with his fists and locked her in her bedroom to punish her for talking back to him. Jody was screaming and when the screams did not seem to stop, the neighbor called the police. The neighbor told the police that she heard the father yelling at the girls (and maybe hitting them). The girls screamed, but the mother did not seem to intervene. When the officers arrived at the location, the officers noticed that both Mr. and Mrs. Nguyen appeared under the influence. When asked, they were strongly denying any involvement with drug use with very limited English. While one officer was talking to Mr. and Mrs. Nguyen, the other officer talked to both girls. While Dee-Dee denies the parents' drug use, Jody admitted that both parents used "something" before the father hit her. The police officers called CPS, the two girls entered the child welfare system, and both parents were arrested.

- Share how the above-described Nguyen family is similar to or differ from the typical cases the participants carry in the child welfare system.

- How might the family's characteristics affect their experience in the child welfare system?

- In order for the Nguyens to reunify with the children, what characteristics need to be taken into consideration when assessing the case and towards the types of needed interventions?

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FACTORS CONTRIBUTING TO FAMILY REUNIFICATION AMONG MEXICAN AND VIETNAMESE IMMIGRANT FAMILES

PRETEST

True or False Questions: Please circle your answer.

1. Latino immigrant families involved in child welfare services have been found to be less likely than non-immigrants to have experienced a change of primary caregiver. True / False

2. Latino immigrant families involved in child welfare services were less likely than non-immigrant families to have a parent experiencing active drug abuse, intellectual or cognitive impairment, and poor parenting skills. True / False

3. Latino immigrant children have been found to be more likely to be placed in relative care. True / False

4. Latino immigrant families involved in the child welfare system had significantly lower incomes than non-immigrant families. True / False

5. Latino immigrant families have been found to enter the child welfare system as a result of sexual abuse at the same rate as non-immigrants. True / False

6. Physical abuse was the most common type of abuse among Vietnamese immigrant families. True / False

7. There are a good amount of empirical studies conducted to examine the factors contributing to family reunification outcomes among Vietnamese immigrant families. True / False

8. Vietnamese immigrant families had relatively high rates of two-parent families which have been found to increase likelihood of reunification. True / False

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FACTORS CONTRIBUTING TO FAMILY REUNIFICATION AMONG MEXICAN AND VIETNAMESE IMMIGRANT FAMILES

POSTTEST

True or False Questions: Please circle your answer.

1. Latino immigrant families involved in child welfare services have been found to be less likely than non-immigrants to have experienced a change of primary caregiver. True / False

2. Latino immigrant families involved in child welfare services were less likely than non-immigrant families to have a parent experiencing active drug abuse, intellectual or cognitive impairment, and poor parenting skills. True / False

3. Latino immigrant children have been found to be more likely to be placed in relative care. True / False

4. Latino immigrant families involved in the child welfare system had significantly lower incomes than non-immigrant families. True / False

5. Latino immigrant families have been found to enter the child welfare system as a result of sexual abuse at the same rate as non-immigrants. True / False

6. Physical abuse was the most common type of abuse among Vietnamese immigrant families. True / False

7. There are a good amount of empirical studies conducted to examine the factors contributing to family reunification outcomes among Vietnamese immigrant families. True / False

8. Vietnamese immigrant families had relatively high rates of two-parent families which have been found to increase likelihood of reunification. True / False

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ASSESSMENT OF PERSONAL CULTURAL COMPETENCE
(Trader-Leigh, 2002)

Scale:
1 – Not knowledgeable
2 – Minimal knowledge
3 – Somewhat knowledgeable
4 – Very knowledgeable

_____ I acknowledge my personal values, biases, assumptions, and stereotypes.

_____ I am aware of my own cultural identity and recognize how culture affects my personal interactions.

_____ I can appreciate the ways diversity has benefited and enriched my life experiences.

_____ I recognize the advantages and privileges in our society and I can see and articulate areas of disadvantage faced by others.

_____ I am aware of the cultural barriers and issues faced by colleagues and peers in my workplace.

_____ I am comfortable being with groups different from my own. I am able to embrace different values and points of view.

_____ I know how to respond to inappropriate comments.

_____ I know how to respond to individuals who think cultural competency is a waste of time.

_____ I recognize and know how to respond when people avoid or deny that race and gender problems are issues.

_____ I am comfortable discussing cultural competence and diversity.

_____ I know how to be an effective role model and how to *walk the talk* by demonstrating commitment and support for developing cultural competence and encouraging diversity initiatives.

_____ I am sensitive to and respectful of clients and colleagues who identify themselves as culturally diverse.

_____ I support expanding access to opportunities and power to all groups.

_____ I am capable of identifying cultural competence implications and strategies in areas of my work with consumers.

_____ I am able to use mistakes as learning opportunities.

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_____ I have strong cross-cultural communication skills.

_____ I can listen and respond in a non-defensive manner.

_____ I can respond effectively to issues of privilege and prejudice.

_____ I can recognize and work effectively as a change agent with people who are uncomfortable about interactions with people whose life experiences and cultures are difference from their own.

_____ I can help people/group members from different cultural backgrounds connect, work together, and build mutual trust and understanding.

_____ I am knowledgeable about institutional racism, sexism, religious discrimination, and other types of oppression.

_____ I recognize the impact of laws and policies on people of color, women, those with disabilities, and people with different gender or sexual orientations.

_____ I am aware of cultural variables that affect cross-cultural interactions.

_____ I understand demographic trends and their impact on the workplace.

_____ I am familiar with the current literature and resources on cultural competence and diversity.

_____ I know what internalized oppression is, how it shows up, and how it affects individuals and groups of people.

_____ I understand how racism, gender bias, classism, language bias, age bias, prejudice toward those with physical or mental challenges, and other forms of bias affect the daily lives of the targeted people.

_____ I understand the difference between affirmative action and valuing diversity, and the concept of being culturally competent.

Add the points you assigned to each of item.

Total Points: _____

Scoring
    1 - 28   Not knowledgeable
  29 - 56   Minimal knowledge
  57 - 84   Somewhat knowledgeable
  85 - 112 Very knowledgeable

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Building Culturally Competent Practice Working With Immigrant Families in the Child Welfare System.

The goal of this activity is for participants to build a clear vision which can help participants better define action plans and strategies to support their goals and help participants become more effective and culturally competent when working with Mexican and Vietnamese immigrant families.

The instructor will ask participants to form small groups of 3-4 people. In the groups, they will have the below topics to discuss, followed by a brief report back of highlights from each group.

1. What characteristics and qualities of the child welfare social worker are perceived as competent?

2. What characteristics and qualities of the child welfare social worker are perceived as *culturally* competent?

3. Barriers that you might encounter in doing *Assessment* with immigrant families in a culturally competent manner are:

    a. The things you will be most uncomfortable about when doing *Assessment* with immigrant families might be:

    b. Your strategies for overcoming those barriers are:

4. Barriers that you might encounter in doing *Intervention* with immigrant families in a culturally competent manner are:

    a. The things you will be most uncomfortable about when doing *Intervention* with immigrant families might be:

    b. Your strategies for overcoming those barriers are:

5. *Knowledge* areas where you would like to improve your assessment and intervention in a culturally competent fashion towards immigrant families:

    a. You plan to obtain that knowledge by (list at least three):

    b. Persons who could mentor, encourage, and support you in building your personal and professional growth in developing more culturally competent practice *knowledge* with immigrant families in the child welfare system are:

    c. Knowledge that you have that you can build on includes [note: the self-assessment inventory items can use useful for this topic]:

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6. *Skills* areas where you would like to improve your assessment and intervention in a culturally competent fashion towards immigrant families:

    a. You plan to obtain these skills by (list at least three):

    b. Persons who could mentor, encourage, and support you in building your personal and professional growth in developing more culturally competent practice *skills* with immigrant families in the child welfare system are:

    c. Skills and abilities that you have that you can build on are [note: the self-assessment inventory items can use useful for this topic]:

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APPENDIX

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CALIFORNIA SOCIAL WORK EDUCATION CENTER CURRICULUM STUDY

FAMILY REUNIFICATION AMONG MEXICAN AND VIETNAMESE IMMIGRANT CHILDREN IN THE CHILD WELFARE SYSTEM: TOWARD AN UNDERSTANDING OF PROMISING PRACTICES TO IMPROVE SERVICE AVAILABILITY AND EFFECTIVENESS

FINAL REPORT
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FAMILY REUNIFICATION AMONG MEXICAN AND VIETNAMESE IMMIGRANT CHILDREN IN THE CHILD WELFARE SYSTEM: TOWARD AN UNDERSTANDING OF PROMISING PRACTICES TO IMPROVE SERVICE AVAILABILITY AND EFFECTIVENESS

EXECUTIVE SUMMARY

California is home to 38% of all Mexican and 40% of all Vietnamese immigrants in the U.S., making California the state with the largest populations of Mexican and Vietnamese immigrants in the nation (U.S. Census, 2007). Immigrants comprise 27% of the total population in California and among immigrants in California, 44% are from Mexico and 34% are from Asia, with 13% of all Asian immigrants originating from Vietnam (U.S. Census, 2007). Once in the U.S., immigrant families experience disproportionately high rates of poverty, unemployment, and crowded housing conditions, yet, they are less likely than non-immigrant families to receive housing assistance, food stamps, mental health services, or to have health insurance (Capps, Fix, Ost, Reardon-Anderson, & Passel, 2004; Center for Immigration Studies, 2004; Reardon-Anderson, Capps, & Fix, 2002). This context, combined with stressors associated with resettlement and acculturation may place some immigrant families at high risk for involvement in the child welfare system (Lincroft & Resner, 2006). Despite these risks, no national, state, or local-level data are available on characteristics of immigrant children in the child welfare system, the proportion of immigrant children who reunify, or the constellation of services that may be associated with family reunification among immigrant families. As a result, child welfare professionals working with immigrant families have virtually no information on the effectiveness of their current practices or promising approaches to improve reunification outcomes. To fill these gaps in the literature, practice, and policy, *this project examined family reunification among Mexican and Vietnamese immigrant and non-immigrant children and identified promising practices to improve service availability and effectiveness.*

Research Design and Methods

This study was guided by five research questions. Quantitative methods were used to answer the first three questions:

1) What are the characteristics of Mexican and Vietnamese immigrant children and families involved in family reunification services?

2) Are there differences in the rate of reunification between Mexican immigrant, Vietnamese immigrant, and non-immigrant children involved in family reunification services?

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3) What factors are related to reunification among Mexican immigrant, Vietnamese immigrant, and non-immigrant children?

Qualitative methods were used to answer the last two research questions:

4) What strategies may improve the availability of services for Mexican and Vietnamese immigrant parents?

5) What services may improve the likelihood of reunification among Mexican and Vietnamese immigrant families?

Research Design

This study used a mixed-methods approach with quantitative and qualitative methods. The quantitative design included an exploratory retrospective longitudinal design using administrative data from Santa Cruz and Santa Clara Counties. The qualitative study included an exploratory design using interview data from child welfare workers and Mexican and Vietnamese immigrant parents who had successfully reunified.

Sample and Sampling Procedures

The quantitative sample included children entering the foster care system for 8 or more days between January 1, 2001 and December 31, 2007 in both Santa Cruz and Santa Clara Counties. CWS/CMS data were merged with CalWIN eligibility data because information on parents' and children's place of birth and citizenship status is only available in the CalWIN system. The match rate was 65% in Santa Clara County and 59% in Santa Cruz County. A sample of 3,607 children in Santa Clara County and 335 in Santa Cruz County was identified, resulting in a total sample size of 3,942. In order to maintain the independence of observations needed to conduct the multivariate analyses, one child per family was randomly selected for inclusion in the sample. In addition, this study's focus was on comparing Mexican and Vietnamese immigrants to non-immigrants, and thus immigrants from countries other than Mexico or Vietnam were excluded from the study. As a result, the final sample included 2,184 children (1,943 from Santa Clara and 241 from Santa Cruz Counties), with 259 Mexican immigrant families (185 in Santa Clara and 74 in Santa Cruz Counties), 32 Vietnamese immigrant families (all from Santa Clara County), and 1,893 non-immigrant families.

The qualitative sample of child welfare workers was selected using a combination of purposive sampling procedures and selection of key informants. These procedures resulted in a sample size of 21 workers from Santa Clara County and 6 from Santa Cruz County who participated in an interview; 19 of these workers had expertise working with Mexican immigrant families and 8 had expertise working with Vietnamese immigrant families.

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The qualitative sample of Mexican and Vietnamese immigrant parents who had reunified was selected using a combination of purposive and convenience sampling procedures. Child welfare workers were asked to identify Mexican and Vietnamese immigrant parents on their caseloads who had successfully reunified. Workers then contacted the parents to invite them to participate in an interview, resulting in a total of 14 Mexican immigrant parents (9 from Santa Clara County and 5 from Santa Cruz County) and 7 Vietnamese immigrant parents (all from Santa Clara County) who participated in an interview.

Measures and Instrumentation

Quantitative measures drawn from the merged CWS/CMS and CalWIN dataset included: child age, child gender, type of maltreatment that led to the case opening, type of placement for first and last placement, citizenship status of parent and child, generational status of child (1st or 2nd generation), length of time in the child welfare system, and reunification and reentry outcomes. Reunification was defined as the child's return to the custody of the parent without a subsequent reentry into the foster care system within the 6 months following case closure. Qualitative data collection instruments included semistructured interview guides for child welfare workers and parent participants (see Appendices C and D in this document for interview guides).

Data Collection Procedures

Data collection from the administrative databases occurred by first merging child welfare and eligibility administrative data files. Using unique case identifiers, administrative data from both systems was generated and merged by county personnel in both counties and then provided to the PI and the CI. Interviews with child welfare workers were conducted by the PI and CI, took place at county offices, and were audio-recorded and transcribed. All interviews with parent participants were conducted in Spanish or Vietnamese by bilingual research assistants and were audio-recorded and then translated and transcribed into English. Interviews with parent participants took place either at the home of the parent or over the phone.

Results

Data Analysis Procedures

Research Questions 1 and 2 were answered with descriptive and bivariate statistics, including chi-square and ANOVA. Research Question 3 was answered using the multivariate Cox proportional hazards model. A multivariate model was not generated for the Vietnamese immigrant children in this study due to the small size. Research Questions 4 and 5 were analyzed with content analysis procedures.

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Research Question 1: What are the characteristics of Mexican and Vietnamese immigrant children and families involved in family reunification services?

- At time of case opening, Mexican immigrant children were found to be significantly older than non-immigrant children, and Mexican immigrant mothers were found to be significantly older than non-immigrant mothers. Significantly more Mexican compared to Vietnamese immigrant mothers were unauthorized immigrants (see Table 3 in Appendix E).

- Significantly more Mexican immigrant children experienced emotional abuse, physical abuse, or sexual abuse than non-immigrants.

- The most common types of abuse among Vietnamese children were caretaker absence/incapacity and physical abuse.

- Significantly more Mexican immigrant children were placed in a group home as their first placement than non-immigrants, and fewer Mexican immigrant children were placed with relatives as their first placement than non-immigrant children.

- Significantly more Mexican immigrant children were placed in a foster home as their last placement than were non-immigrant children. More Mexican immigrant children were placed in a group home as their last placement than were non-immigrant children. Fewer Mexican immigrant children were placed with relatives as their last placement than non-immigrant children.

- The majority of Vietnamese immigrant children were first placed in foster care; however, most had moved to relative care for their last placement.

- Significantly more Mexican immigrant children had just one out-of-home placement than Vietnamese immigrant children and non-immigrant children.

- No significant differences were found between the groups for the number of previous referrals or the number of previous referrals that were substantiated.

- Mexican immigrant children spent significantly fewer months in the child welfare system than did non-immigrant children.

Research Question 2: Are there differences in the rate of reunification between Mexican immigrant, Vietnamese immigrant, and non-immigrant children involved in family reunification services?

- A significantly higher proportion of Mexican immigrant children (70.7%) were reunified than non-immigrant children (43.1%). Results from the Cox proportional hazards model comparing Mexican immigrant and non-immigrant children indicated that Mexican immigrant children (i.e., mother born in Mexico) were 1.63 times more likely to be reunified than non-immigrant children after controlling for other covariates in the model (see Table 4 in Appendix F).

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- No significant bivariate differences were found between Vietnamese immigrant children and Mexican immigrant or non-immigrant children.

Research Question 3: What factors are related to reunification among Mexican immigrant, Vietnamese immigrant, and non-immigrant children?

- Mexican immigrant children with three or more placements were less likely to be reunified than children with one placement (see Table 5 in Appendix G).

- Mexican immigrant children whose mothers had authorized citizenship status were more likely to be reunified than children whose mothers were unauthorized immigrants.

- Mexican immigrant children whose mothers spoke Spanish as their primary language were more likely to be reunified than children whose mothers spoke English as their primary language.

- Mexican immigrant children from Santa Cruz County were more likely to be reunified than children from Santa Clara County.

Research Question 4: What strategies may improve the availability of services for Mexican and Vietnamese immigrant parents?

Overall, most parent participants reported that they did not have problems accessing services. Qualitative findings from the child welfare worker and parent interviews indicated five themes related to strategies to improve the availability of services for Mexican and Vietnamese immigrant parents:

- Increasing Worker Trainings to Enhance Cultural Competency (Worker and Parent Interviews)

- Hiring More Bilingual and Bicultural Workers (Worker and Parent Interviews)

- Addressing Issues of Access to Services for Spanish- and Vietnamese-Speaking Parents (Worker and Parent Interviews)

- Addressing Issues of Access for Unauthorized Mexican Immigrant Families (Worker Interviews)

- Easing the Significant Service Burden Families Experience (Parent Interviews)

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Research Question 5: What services may improve the likelihood of reunification among Mexican and Vietnamese immigrant families?

Qualitative findings from the child welfare worker and parent interviews suggested four themes related to services that may improve the likelihood of reunification among Mexican and Vietnamese immigrant families involved in family reunification services:

- Importance of Parenting Education Services (Worker and Parent Interviews)

- Importance of Parent Orientation Classes for Vietnamese Families (Worker Interviews)

- Importance of Substance Abuse Treatment (Parent Interviews)

- Prevention and Community Education (Worker and Parent Interviews)

Discussion

This project examined family reunification among Mexican immigrant, Vietnamese immigrant, and non-immigrant children and identified promising practices to improve service availability and effectiveness.

Aim #1: Characteristics of Mexican and Vietnamese Immigrant Children Involved in Family Reunification Services

Mexican immigrant children were more likely than non-immigrant children to have experienced physical abuse, sexual abuse, or emotional abuse. The finding regarding sexual abuse is consistent with previous research that has found relatively high rates of sexual abuse among Mexican immigrant children involved in the child welfare system (Kuehn, Vericker, & Capps, 2007; Vericker, Kuehn, & Capps, 2007a, 2007b). The finding regarding physical abuse is consistent with the qualitative findings from parent participants indicating that parenting classes that teach alternatives to physical discipline were the most helpful service for them. In addition, Mexican immigrant children were more likely than non-immigrant children to be placed in foster care or a group home as compared to relative care, which is consistent with previous research (Kuehn et al.; Vericker et al., 2007a, 2007b). This finding may suggest that Mexican immigrant families do not have available relatives or that if relatives are available, they are not deemed appropriate as caregivers.

Overall, the Vietnamese immigrant sample (N = 32) was smaller than anticipated, which may suggest that Vietnamese immigrant children become dependents of the court at a relatively low rate. A study of the Informal Supervision program in Santa Clara County found that Asian/Pacific Islander families tend to receive Informal Supervision services at more than double their rate of family reunification services (Osterling, Sims, Tyminski,

& Radillo, 2009). These findings may suggest that Vietnamese children may be reported to the child welfare system for suspected child maltreatment, but that they are commonly offered diversion services as opposed to having a child removed. This finding is consistent with one study of Vietnamese children in Los Angeles that found that the majority of children were offered family maintenance services rather than family reunification services (Rhee & Chang, 2006).

Among the Vietnamese immigrant children in this sample, the most common type of maltreatment leading to entry into care was caretaker absence or incapacity, which may be related to parental substance abuse. This finding is consistent with the qualitative findings indicating that substance abuse services were particularly helpful for Vietnamese parents who reunified. Physical abuse was the second most common type of maltreatment among Vietnamese immigrant children, a finding that is consistent with previous research (Pelczarski & Kemp, 2006; Rhee & Chang, 2006). Almost all Vietnamese immigrant children were placed in foster care as their first placement; however, over 50% of these children moved to relative care for their last placement, suggesting that among these Vietnamese immigrant families, the majority has extended family in the area available to provide substitute care.

Aim #2: Comparison of reunification outcomes among Mexican immigrant, Vietnamese immigrant, and non-immigrant children involved in family reunification services

A significantly higher proportion of Mexican immigrant children (70.7%) were reunified than non-immigrant children (43.1%), and this finding remained even after controlling for case characteristics. The significantly higher rate of reunification among Mexican immigrant children may seem surprising at first, given the additional barriers to accessing services that were identified in the qualitative findings. However, it should be noted that among the parent participants, who had all reunified, most reported that they did not have problems in accessing services. The rate of reunification among Vietnamese immigrant children was nearly 54%, which was higher than the rate for non-immigrants, but was not statistically significant.

Aim #3: Identification of factors related to successful reunification among Mexican and Vietnamese immigrant, and non-immigrant children

Mexican immigrant children whose mothers were authorized immigrants were more likely to be reunified than children whose mothers were unauthorized immigrants. This finding may reflect problems in accessing services among unauthorized immigrants, which was noted in the qualitative findings. Findings also revealed that children whose mothers spoke Spanish as their primary language were more likely to be reunified than children whose mothers spoke English as their primary language. This is somewhat counterintuitive, given the qualitative findings indicating a need to address problems in

accessing Spanish-language services. It may be that Mexican immigrant mothers who were identified as having English as their primary language would have been more comfortable with Spanish-language services, even though their English language proficiency was presumably good. In addition, Mexican immigrant mothers identified as having English as their primary language were likely paired with English-speaking social workers, and it is possible that outcomes would have been improved if families could speak in Spanish to their social workers.

Aim #4: Identification of strategies to improve availability of services for Mexican and Vietnamese immigrant parents

Qualitative findings suggested the importance of culture and language in accessing services and in service effectiveness. Workers emphasized the need for social workers to be bilingual as well as bicultural. This cultural knowledge was described as vital by both workers and parents in forming a working relationship between worker and parent. In addition, both workers and parents described the need to increase services for Spanish- and Vietnamese-speaking parents. Workers also emphasized the need to develop strategies to address issues of access for Mexican immigrants with unauthorized citizenship status, which is consistent with the above-presented quantitative finding. In addition, parents reported challenges in attending all of the services on their case plan while also trying to maintain employment.

Aim #5: The identification of services that may improve the likelihood of reunification among Mexican and Vietnamese immigrant families involved in family reunification services.

Qualitative findings indicated that both workers and parents identified parenting education services as particularly helpful with regards to learning new parenting strategies and understanding American cultural expectations about parenting. Workers identified the parent orientation class as particularly helpful for Vietnamese immigrant parents. Parents with substance abuse problems identified substance abuse services as the most helpful service for them. Workers emphasized the need to provide more education to immigrant communities about American cultural expectations about parenting and the role of the child welfare system, and parents discussed their unsuccessful attempts to find services prior to their entry into child welfare.

Limitations, Lessons Learned, and Future Research

There are three main limitations to this research. First, the match rate between CWS/CMS and CalWIN data was 65% and 59% in the two counties, which means that a number of cases were not included in the study. Second, the qualitative child welfare worker sample was chosen with nonprobability sampling, and it is not known if the perspectives expressed by the workers are representative of all workers who work with

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immigrant families in both counties. And lastly, the qualitative parent sample of successfully reunified families was also chosen with nonprobability sampling. Therefore, the parent sample for this study may not be representative of all reunified Mexican and Vietnamese immigrant parents involved in family reunification services. Future studies need to utilize more representative samples of immigrant families and workers across geographical locations and to test the effectiveness of specific family reunification services for both Mexican and Vietnamese immigrant families as well as the effects of social worker cultural competency.

POLICY IMPLICATIONS

There are seven main policy implications from this study.

1) There is a need to continue efforts to enhance cultural competency of social workers, to hire more bilingual and bicultural workers, and to increase available Spanish- and Vietnamese-language services for parents involved in the child welfare system.

2) There is a need to identify strategies to improve access to services for Mexican immigrant parents with unauthorized citizenship status.

3) There is a need to identify strategies to ease the service burden for immigrant families and ensure that services are appropriately matched to the families' needs.

4) Based on the effectiveness of parenting education services identified by Mexican and Vietnamese immigrant parents, families may benefit from prioritization of parenting services on their case plan.

5) Since the orientation to the child welfare system was identified as helpful for Vietnamese immigrant families, it would be useful for other counties to implement such a service for immigrant families.

6) Substance abuse treatment for some immigrant families may be an important service related to reunification. Therefore, substance abuse services may need to be available in their native languages.

7) More outreach, prevention, and community education with the Mexican and Vietnamese immigrant communities is needed.

INTRODUCTION AND LITERATURE REVIEW

California is home to 38% of all Mexican and 40% of all Vietnamese immigrants in the U.S., making California the state with the largest populations of Mexican and Vietnamese immigrants (U.S. Census, 2007). Immigrants comprise 27% of the total population in California; among these immigrants, 44% are from Mexico and 34% are

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from Asia, with 13% of all Asian immigrants originating from Vietnam (U.S. Census, 2007). Once in the U.S., immigrant families experience disproportionately high rates of poverty, unemployment, and crowded housing conditions, yet, they are less likely than non-immigrant families to receive housing assistance, food stamps, mental health services, or to have health insurance (Capps et al., 2004; Center for Immigration Studies, 2004; Reardon-Anderson et al., 2002). This context, combined with stressors associated with resettlement and acculturation, may place some immigrant families at high risk for involvement in the child welfare system (Lincroft & Resner, 2006). Despite these risks, no national-, state-, or local-level data are available on characteristics of immigrant children in the child welfare system, the proportion of immigrant children who reunify, or the constellation of services that may be associated with family reunification among immigrant families. As a result, child welfare professionals working with immigrant families have virtually no information on the effectiveness of their current practices or promising approaches to improve reunification outcomes. To fill these gaps in the literature, practice, and policy, *this project examined family reunification among Mexican and Vietnamese immigrant and non-immigrant children and identified promising practices to improve service availability and effectiveness.*

Five specific aims guided this research: (a) to describe characteristics of Mexican and Vietnamese immigrant children and families who are involved in family reunification services; (b) to compare reunification outcomes among Mexican immigrant, Vietnamese immigrant, and non-immigrant children involved in family reunification services; (c) to identify factors related to successful reunification among Mexican and Vietnamese immigrant, and non-immigrant children; (d) to identify strategies to improve availability of services for Mexican and Vietnamese immigrant parents; and (e) to identify services that may improve the likelihood of reunification among Mexican and Vietnamese immigrant families involved in family reunification services.

Research on *characteristics of Mexican and Vietnamese immigrant children* in the child welfare system indicates that immigrant children born in Latin countries such as Mexico, Central or South America, or the Caribbean (i.e., first generation immigrant children) are more likely to have experienced sexual abuse and less likely to have a case plan of reunification than children of Latin American immigrant parents (i.e., second generation immigrant children) and non-immigrants. Immigrant children are also less likely than non-immigrant children to be placed with a relative (Kuehn et al., 2007; Vericker et al., 2007a, 2007b). With respect to Vietnamese immigrant children in the child welfare system, one study of administrative data in Washington state found Vietnamese children to be overrepresented in the child welfare population (14.4%), compared to their representation in the general population (8.9%), and they were most often reported to the child welfare system for physical abuse (Pelczarski & Kemp, 2006). Rhee and Chang (2006) also found Vietnamese children in Los Angeles to be most often reported to child welfare agencies for physical abuse and they were most often reported by

school personnel. This study also reported that 75% of families in the sample were provided with family maintenance services. While the existing studies described characteristics of Mexican and Vietnamese immigrant children and families who are involved in family reunification services to some level, our knowledge about them is still very sparse.

Furthermore, information on the proportion of immigrant children who reunify with parents/caregivers after a period in out-of-home care is not available, and studies have yet to compare *reunification outcomes among Mexican and Vietnamese immigrant, and non-immigrant* children involved in family reunification services. With regards to contributors to reunification, a child's and parent's demographic characteristics, reason for entry into the child welfare system, and type of placement are known to be related to the success of reunification with the general, non-immigrant population (Courtney & Wong, 1996; Koretenkamp, Geen, & Stagner, 2004; Smith, 2003). However, in comparison to non-immigrant children, to what degree these factors may contribute to reunification among Mexican and Vietnamese immigrant children has not yet been examined.

The court-mandated services parents must complete to regain custody of their children are of vital importance; successful completion of these services is generally required before parents can regain custody. As a result, information on *strategies to improve the availability of services for Mexican and Vietnamese immigrant parents* may help improve reunification outcomes. Service availability in the child welfare system is complicated by the current federal funding context in which just 10% of Title IV-E funding for child welfare services is directed toward treatment and support services for families (Fix Foster Care Now, 2007). This funding context may be especially relevant for immigrant families in the child welfare system because they often need specialized services such as interpreters, translation of written documents, and culturally competent services (Lincroft & Resner, 2006). In addition, because counties may not use federal funds for unauthorized parents, the cost of family reunification for these parents is the responsibility of state and local governments (Lincroft & Resner). These factors may further limit the availability of services for Mexican and Vietnamese immigrant parents.

Service availability should be considered in conjunction with the types of *services that may improve reunification outcomes among Mexican and Vietnamese immigrant families.* Although no studies have addressed this topic among immigrant families, research among the general child welfare population suggests that when services are matched to the specific needs of children and families, there is a greater likelihood of reunification (Choi & Ryan, 2007; D'Andrade & Osterling, 2008). Other research has found that when mothers enter substance abuse treatment quickly (as compared to slowly), they stay longer in treatment, are more likely to complete treatment, and are more likely to reunify with their children (Green, Rockhill, & Furrer, 2006). Taken

together, these findings suggest that accurate assessment of a family's needs combined with careful case planning and speedy entry into services improves the likelihood of reunification. Given the unique service needs of immigrant families, it is essential to understand services that may improve reunification outcomes among Mexican and Vietnamese immigrant families.

RESEARCH DESIGN AND METHODS

To address our aims stated above, this study was guided by five research questions. Quantitative methods were used to answer the first three questions:

1) What are the characteristics of Mexican and Vietnamese immigrant children and families involved in family reunification services?

2) Are there differences in the rate of reunification between Mexican immigrant, Vietnamese immigrant, and non-immigrant children involved in family reunification services?

3) What factors are related to reunification among Mexican immigrant, Vietnamese immigrant, and non-immigrant children?

Qualitative methods were used to answer the last two research questions:

4) What strategies may improve the availability of services for Mexican and Vietnamese immigrant parents?

5) What services may improve the likelihood of reunification among Mexican and Vietnamese immigrant families?

Research Design

This study used a mixed-methods approach with quantitative and qualitative methods. The quantitative design included an exploratory retrospective longitudinal design using administrative data from Santa Cruz and Santa Clara Counties. The qualitative study included an exploratory design using interview data from child welfare workers and Mexican and Vietnamese immigrant parents who had successfully reunified.

Sample and Sampling Procedures

The quantitative sample included children entering the foster care system for 8 or more days between January 1, 2001 and December 31, 2007 in both Santa Cruz and Santa Clara Counties. CWS/CMS data were merged with CalWIN eligibility data because information on parents' and children's place of birth and citizenship status is only available in the CalWIN system. The data from both counties were merged into one dataset to increase sample size and generalizability. In Santa Clara County, 7,685 children were included in the first pull of CWS/CMS data; when these data were matched with CalWIN data, there was a total of 5,004 cases that contained valid

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information for mother's place of birth, which was used to determine the immigrant status of the family; thus the match rate in Santa Clara County was 65%.[1] Because the sample was drawn based on whether the child was placed in out-of-home care for 8 days or more during the specified time period, an additional 1,397 cases were removed from the sample because they were determined to be cases that fell under the jurisdiction of the probation department or because their case start date began before January 1, 2001, resulting in a sample of 3,607 children in Santa Clara County.

In Santa Cruz County, 1,546 children were included in the first pull of CWS/CMS data; when these data were matched with CalWIN data, there were a total of 910 cases with valid information for mother's place of birth, resulting in a match rate of 59%. Of these cases, 143 mothers were found to be born in Mexico and a random sample of 201 U.S.-born mothers was selected as a comparison group. Nine cases were removed from the sample because they were determined to fall under the jurisdiction of the probation department, resulting in a total sample size of 335. As a result, an overall sample size for the study for both counties yielded N = 3,942.

In order to maintain the independence of observations needed to conduct the multivariate analyses, one child per family was randomly selected for inclusion in the sample.[2] In addition, this study's focus was on comparing Mexican and Vietnamese immigrants to non-immigrants, and thus immigrants from countries other than Mexico or Vietnam were excluded from the study. After randomly selecting one child per family and excluding immigrants from countries other than Mexico and Vietnam, the final sample included 2,184 children (1,943 from Santa Clara County and 241 from Santa Cruz County). Of these 2,184 children, 259 had a mother born in Mexico (185 in Santa Clara County and 74 in Santa Cruz County), 32 had a mother born in Vietnam (all from Santa Clara County), and 1,893 had a mother born in the United States (1727 in Santa Clara County and 166 in Santa Cruz County).

The qualitative sample of child welfare workers was selected using a combination of purposive sampling procedures and selection of key informants. After consultation with personnel from both counties, purposive sampling procedures were used in Santa Clara County to select child welfare workers with experience working with Mexican or Vietnamese immigrants involved in family reunification services. Specifically, an email

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[1] Please note that father data was not used to match CWS/CMS and CalWIN data or used to determine immigrant status because of the large amount of missing data with respect to fathers.
[2] The choice to randomly select one child per family, rather than include siblings and use techniques to control for the non-independence, was made based on the recommendation of Wells and Guo (2004) who note that the use of techniques to account for non-independence are not recommended in cases when there is a fairly large amount of missing data. Due to the number of cases lost during the matching process, we chose to randomly select one child per family in order to maintain the independence of observations.

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from county personnel was sent to workers who met these criteria, in which the study was described and a request for an interview was made. These procedures resulted in a sample size of 21 workers from Santa Clara County who participated in an interview. In Santa Cruz County, 6 child welfare workers with experience working with Mexican immigrant families in family reunification were specifically identified by county personnel; all 6 workers participated in an interview. These procedures resulted in a total sample size of 27 child welfare workers; 19 with expertise working with Mexican immigrant families and 8 with expertise working with Vietnamese immigrant families (see Appendix A for a description of the demographic characteristics of the child welfare worker sample).

The qualitative sample of Mexican and Vietnamese immigrant parents who had reunified with their children was selected using a combination of purposive and convenience sampling procedures. Specifically, child welfare workers in both counties were asked to identify Mexican and Vietnamese immigrant parents on their caseloads who had successfully reunified. Workers were asked to contact the parents and to describe the study and invite the parent to participate in an interview. These sampling procedures resulted in a total of 14 Mexican immigrant parents (9 from Santa Clara County and 5 from Santa Cruz County) and 7 Vietnamese immigrant parents (all from Santa Clara County) who participated in an interview (see Appendix B for a description of the demographic characteristics of the parent sample).

Measures and Instrumentation

Quantitative measures drawn from the merged CWS/CMS and CalWIN dataset included: child age, child gender, type of maltreatment that led to the case opening, type of placement for first and last placement (foster home, relative or non-related extended family member [NREFM], or group home), citizenship status of parent and child, generational status of child (1st generation was defined as a foreign-born mother and a foreign-born child and 2nd generation was defined as a foreign-born mother and a U.S.-born child), length of time in the child welfare system, and reunification and reentry outcomes. Reunification was defined as the child's return to the custody of the parent without a subsequent reentry into the foster care system within the 6 months following case closure.

Qualitative data collection instruments included semi-structured interview guides for child welfare workers and parent participants. Questions on the interview guide for child welfare workers asked participants to discuss two specific Mexican or Vietnamese immigrant families they have worked with: one that reunified and one that did not. Other general questions included their perspectives on the needs and circumstances affecting Mexican and Vietnamese immigrant families involved in family reunification services, recommendations for improving service availability, and recommendations for improving

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service effectiveness (see Appendix C for child welfare worker interview guide). Questions on the interview guide for parents asked participants to discuss reasons why they became involved in the child welfare system, experiences visiting their child, services they participated in, which services were most helpful, experiences in obtaining services in their primary language, experiences in court hearings, whether they felt as if their status as an immigrant affected their experiences in the child welfare system, what their life is like currently, and recommendations for the child welfare system or other parents on improving experiences for immigrant families involved in the child welfare system (see Appendix D for parent participant interview guide).

Data Collection Procedures

Data collection from the administrative databases occurred by first merging child welfare and eligibility administrative data files. Using unique case identifiers, administrative data from both systems was generated and merged by county personnel in both counties and then provided to the PI and the CI. In order to ensure that both counties were using the same process for matching CWS/CMS and CalWIN files, a series of meetings with personnel from both counties and the research team were used to guide this process and to help clarify the selection of variables.

Interviews with child welfare workers were conducted by the PI and CI and took place at county offices. In order to ensure the accuracy of the information, all interviews were audio-recorded and transcribed. Interviews with parent participants were conducted by bilingual research assistants, were conducted in Spanish or Vietnamese, and were audio-recorded and then translated and transcribed into English by research assistants. Interviews with parent participants took place either at the home of the parent or over the phone. Parent participants received a $15.00 gift card to a grocery store as an incentive for participation in the study.

RESULTS

Data Analysis Procedures

Research Questions 1 and 2 were answered with descriptive and bivariate statistics, including chi-square and ANOVA. Examination of standardized residuals was used as a post-hoc for the chi-square test; post-hoc tests were used in ANOVA analyses to identify which groups were significantly different from one another. Research Question 3 was answered using the multivariate Cox proportional hazards model, a form of survival analysis. This model is an appropriate technique for these data because it provides estimates for the time to an event (in this case, reunification) and predictors of the time to an event within a multivariate context. The proportional hazards assumption was

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checked and no violations were found. A multivariate model was not generated for the Vietnamese immigrant children in this study due to the small size.

Research Questions 4 and 5 were analyzed with content analysis procedures. The PI and Co-PI each independently read all of the worker and parent transcripts and identified preliminary themes that were prevalent in the data. We then consulted with one another about our preliminary themes and discussed the common and unique themes we had identified by each ethnic group. We then refined the categories of themes by combining themes into broad categories that represented the data.

<u>Research Question 1: What are the characteristics of Mexican and Vietnamese immigrant children and families involved in family reunification services?</u>

Table 3 in Appendix E displays results for the characteristics of Mexican and Vietnamese immigrant children and families involved in family reunification services. The mean age of Mexican immigrant children at entry into the child welfare system was 6.85 years (SD = 5.77); the mean age for Vietnamese immigrant children was 6.10 years (SD = 5.80). Mexican immigrant children were found to be significantly older than non-immigrant children at time of case opening (M = 4.50, SD = 5.09, F(2, 2153) = 23.70, $p \leq$ .001).

The mean age of Mexican immigrant mothers at entry into the child welfare system was 31.65 years (SD = 7.73); the mean age for Vietnamese immigrant mothers was 32.69 years (SD = 6.27). Mexican immigrant mothers were found to be significantly older than non-immigrant mothers at time of case opening (M = 30.54, SD = 7.60, F(2, 2,181) = 3.53, p = .023). Significantly more Mexican immigrant mothers were unauthorized immigrants (62.7%, n = 148) than were Vietnamese immigrants (0.0%, χ^2(1, N = 263) = 38.72, $p \leq$ .001; see Table 3 in Appendix E).

Significant differences were found between Mexican immigrant and non-immigrant children with respect to the type of maltreatment that led to the case opening. More Mexican immigrant children (n = 20, 8.1%) experienced emotional abuse than non-immigrants (n = 54, 3.0%), more physical abuse (n = 45, 18.1% vs. n = 124, 7.0%), and more sexual abuse (n = 24, 9.7% vs. n = 31, 1.7%). Fewer Mexican immigrant children (n = 33, 13.3%) experienced severe neglect than non-immigrant children (n = 393, 22.1%, χ^2(7, N = 2,023) = 116.11, $p \leq$.001). The most common type of abuse among Vietnamese children was caretaker absence/incapacity (n = 10, 32.3%), and physical abuse (n = 6, 19.4%).

Significantly more Mexican immigrant children (n = 32, 12.4%) were placed in a group home as their first placement than non-immigrants (n = 95, 5.0%), and fewer Mexican immigrant children (n = 22, 8.5%) were placed with relatives as their first placement than non-immigrant children (n = 334, 17.7%, χ^2(4, N = 2,177) = 35.53, $p \leq$.001). More

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Vietnamese immigrant children (n = 28, 90.3%) were first placed in foster care than Mexican immigrant children (n = 205, 79.2%) and non-immigrant children (n = 1458, 77.3%); however, most (n = 15, 48.4%) had moved to relative care for their last placement.

Significantly more Mexican immigrant children (n = 136, 52.7%) were placed in a foster home as their last placement than were non-immigrant children (n = 762, 40.4%) and were placed in a group home as their last placement (n = 25, 9.7% vs. n = 85, 4.5%). Fewer Mexican immigrant children (n = 97, 37.6%) were placed with relatives as their last placement than non-immigrant children (n = 1037, 55.0%, χ^2(4, N = 2,173) = 34.24, $p \leq$ .001).

Significantly more Mexican immigrant children (n = 94, 36.4%) had just one out-of-home placement than Vietnamese immigrant children (n = 6, 19.4%), and non-immigrant children (n = 474, 25.1%, χ^2(4, N = 2,173) = 18.40, $p \leq$ .001). No significant differences were found between the groups for the number of previous referrals or the number of previous referrals that were substantiated. Mexican immigrant children (M = 22.06, SD = 11.78) spent significantly fewer months in the child welfare system than did non-immigrant children (M = 28.21, SD = 14.08, F(2, 2,021) = 21.88, $p \leq$ .001).

<u>Research Question 2: Are there differences in the rate of reunification between Mexican immigrant, Vietnamese immigrant, and non-immigrant children involved in family reunification services?</u>

A significantly higher proportion of Mexican immigrant children (n = 140, 70.7%) were reunified than non-immigrant children (n = 661, 43.1%, χ^2(2, N = 1,757) = 54.26, $p \leq$ .001) (see Table 3, Appendix E). Results from the Cox proportional hazards model comparing Mexican immigrant and non-immigrant children indicated that Mexican immigrant children (i.e., mother born in Mexico) were 1.63 times more likely to be reunified than non-immigrant children after controlling for other covariates in the model ($p \leq$ .001; see Table 4 in Appendix F). No significant bivariate differences were found between Vietnamese immigrant children and Mexican immigrant or non-immigrant children.

<u>Research Question 3: What factors are related to reunification among Mexican immigrant, Vietnamese immigrant, and non-immigrant children?</u>

Table 5 in Appendix G displays results from the Cox Proportional Hazards model with Mexican immigrant children. Significant variables in the model included: number of placements (children with three or more placements were less likely to be reunified than children with one placement $p \leq$ .001); mother's citizenship status (children whose mothers had authorized citizenship status were more likely to be reunified than children

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whose mothers had unauthorized citizenship status, $p \leq$ .001); mother's primary language (children whose mothers spoke Spanish as their primary language were more likely to be reunified than children whose mothers spoke English as their primary language, $p \leq$ .001); and county (children from Santa Cruz County were more likely to be reunified than children from Santa Clara County, $p = $ .011).

<u>Research Question 4: What strategies may improve the availability of services for Mexican and Vietnamese immigrant parents?</u>

Qualitative findings from the child welfare worker and parent interviews indicated five themes related to strategies to improve the availability of services for Mexican and Vietnamese immigrant parents. Also, it should be noted that most parents reported that they did not have problems in accessing services.

Theme #1: Increasing Worker Trainings to Enhance Cultural Competency (Worker and Parent Interviews)

> We need to train even the Vietnamese social workers to understand and work properly with the Vietnamese people, especially with the older generation. We need more training….When you sign up a young second generation social worker who speaks Vietnamese okay but not fluently and she uses terms that are not appropriate to the older generation who don't understand the generation gap and you get that person in an authority position, you can see conflicts are gonna happen [Child Welfare Worker working with Vietnamese families].

> My first recommendation is training for the social workers to learn a little bit more about this culture because even though we have one we only have one Spanish unit which has about 12 Spanish-speaking workers, I think we need more units like that—people that understand the culture and the language and the needs of this community [Child Welfare Worker working with Mexican families].

> I think that they [social workers] need to have more sensitivity and more comprehension because it is difficult. One feels like…how I can say this…lost like with more fear. Since one is not from here everything is foreign and unknown and we don't know what is going to happen—they [social workers] need to have more compassion [Mexican immigrant mother in the system as a result of mother's substance abuse].

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Theme #2: Hiring More Bilingual and Bicultural Workers (Worker and Parent Interviews)

It's better for the Vietnamese families to work with the Vietnamese social worker due to the language and cultural factors [Child Welfare Worker working with Vietnamese families].

We need more Vietnamese social workers—I mean we have Vietnamese-speaking workers who are not necessarily bicultural [Child Welfare Worker working with Vietnamese families].

If you have a social worker who is culturally competent; I am not talking about someone who just speaks Spanish either someone who is bicultural so they would understand the clients where they are coming from, get what they mean about things, or deeper understanding of clients so then social workers could understand the clients [Child Welfare Worker working with Mexican families].

I speak Spanish though you know I'm white, blond hair, blue eyed, when I speak Spanish to them they still know I come from a different life, I come from a different background than they do. I can't relate to them so when we have if we have more Mexican um counselors in all aspect of the services that would that would be very helpful [Child Welfare Worker working with Mexican families].

There are people who don't speak English and they get scared and maybe if a person [social worker] spoke to them in Spanish they might feel more comfortable and have more trust if they spoke the same language [Mexican immigrant mother in the system due to mother's substance abuse].

I think that if I had [Vietnamese social worker's name] from the beginning to the end it would have been probably a really good you know, smooth, you know, whole case period. I don't think there would have been problems that would have come out of it. My kids would come home sooner, I think [Vietnamese immigrant mother in the system due to mother's substance abuse].

Theme #3: Increasing Services for Spanish- and Vietnamese-Speaking Parents (Worker and Parent Interviews)

We do Spanish for basic parenting classes but for advanced classes we don't do it in Spanish. We have interpreters who would go to the classes to interpret so it is different from talking in Spanish. So that is a drawback because I have a few cases that I have to find interpreters to go with them [Child Welfare Worker working with Mexican families].

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Services take longer—it takes longer to obtain the services. Clients are on the waiting list. They just have less access to that [Child Welfare Worker working with Mexican families].

Sadly, with resources, if the parents can speak more English…sometimes we can sign them up for English speaking classes without violence. But if they are only primarily Vietnamese speaking, we have to make sure to tailor those courses to those types of parents. And unfortunately sometimes we cannot have parenting classes with only two or three parents and so now we have to wait to have enough parents before the class can be started…If we make those parents wait for a couple months on the waiting list before they can get the right time of class, we set them up for the failure or the system sets them up for failure [Child Welfare Worker working with Vietnamese families].

With the budget with now a lot of the Vietnamese-speaking programs have been cut down to bare minimal, I don't think we have a support group that's Vietnamese speaking anymore for domestic violence victims [Child Welfare Worker working with Vietnamese families].

The first class I studied was in English, there weren't any more Vietnamese classes. All the Vietnamese classes were full…They were all White, I didn't understand. The Whites they spoke a lot but whatever I didn't understand, I asked for help from my Vietnamese neighbor. I did homework and turned it in. After it was all done, I got a certificate.…My friend next to me [helped to translate] [Vietnamese immigrant mother in the system due to failure to protect].

All of my services I did in English and well I only did one class, the last one, I did in Spanish and I felt much better. Everything I had to do was in English. This was the raising children without violence class. I felt really good and comfortable and I really felt the difference as opposed to when I went in English. I really liked this class. I asked for another class but they wouldn't give it to me because my case closed. I feel like I should have requested more classes in Spanish. I would have preferred everything to be in Spanish [Mexican immigrant mother in the system due to mother's substance abuse].

Theme #4: Addressing Issues of Access for Unauthorized Mexican Immigrant Families (Worker Interviews)

I kind of wish to do something for the parents to legalize their status. We take care of the kids who are undocumented but not for their parents who are undocumented. They are worried when they go to those classes and that someone will find out that they are undocumented. They don't have to be legal in

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order to receive our services and we don't report to INS…At least help the parents with their legal status is big time because they will be entitled to other services like CalWORKs and job training and those things could help families stay together [Child Welfare Worker working with Mexican families].

In fact there are only two therapists that I work with that speak Spanish for the clients that we service. They [the parents] don't have Medi-Cal or health insurance so the department pays for that therapy for my clients—yeah they have to be paid by the department—um I don't know how it is with other cases but you know when you have an undocumented person a lot of these services they cannot tap into [Child Welfare Worker working with Mexican families].

Economic circumstances like cashing checks, being taken advantage of because of their undocumented status; they cannot open a bank account, it is really unfortunate…but why can't they have a Social Security number just for that and the U.S. government can benefit from that too…like the mother just going out to buy groceries is fearful of INS and being deported and then her kids would have been left here with no mother [Child Welfare Worker working with Mexican families].

[We need] a housing complex where it is not required for undocumented families to show their documentation. Subsidized housing—they don't qualify for because they are undocumented. Something like that would help them [Child Welfare Worker working with Mexican families].

Theme #5: Easing the Significant Service Burden Families Experience (Parent Interviews)

It was hard at first because everything was happening at the same time and sometimes I felt overwhelmed because sometimes I worked then I had to go to [an agency] then I had to go to my counseling, then I had to go to….a lot, a lot, a lot. That was at first but you get used to it with time [Mexican immigrant mother in the system due to mother's substance abuse].

The only thing that it affected me in was that they did not let me work. I was not able to work for the entire year because sometimes they gave me up to two appointments per day….And sometimes I would go to work for 2 or 3 hours and then I would come back and it was always like that and I could not work. Looking back I don't even know how I got through everything [Mexican immigrant father in the system due to mother's substance abuse].

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My whole week was totally booked [because of the outpatient program, drug testing, parenting classes]…no time for looking for work/job etc. while I was following through the case plan [Vietnamese immigrant mother in the system due to mother's substance abuse].

For years, it took such a long time, I lost my job. There's time to visit her, there's time to go to court, there's time to attend classes…A lot of time but there was no time to go to work. And you had to follow, follow like that to get your child back…You have to go to two, three classes, then you have to go to work, the worker calls you to come in and out, the court calls back and forward, it's very tiring [Vietnamese immigrant mother in the system due to failure to protect the children].

Research Question 5: What services may improve the likelihood of reunification among Mexican and Vietnamese immigrant families?

Four themes related to services that may improve the likelihood of reunification among Mexican and Vietnamese immigrant families were found:

Theme #1 Importance of Parenting Education Services (Worker and Parent Interviews)

…there was a Vietnamese Parenting Without Violence classes which are culturally specific for Vietnamese. This was a great resource for her [mother who was reunified] who is limited in English, education, and acculturation [Child Welfare Worker working with Vietnamese families].

She was very motivated—she liked the parenting classes where she met other Vietnamese parents in the similar situation [Child Welfare Worker working with Vietnamese families].

Oh yeah it was called Positive Discipline and it did help me a lot because there they explain to you about how to treat a baby and how not to hurt them. I think everything has been good for me [Mexican father in the system due to mother's substance abuse].

And we learned a lot through the experiences of others in the group. But what I liked about those classes was that I learned that they were right and that we did not pay enough attention to our children [Mexican immigrant mother in the system due to neglect].

The classes did help me because before they [her children] did not listen to me or threw tantrums and I would scold them or try to hit them and now no because I

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take it with more patience and it is not like before [Mexican immigrant mother in the system due to mother's substance abuse].

I learned there [at parenting classes] about how to put the children in timeout when they are doing something they are not supposed to be doing. And I also learned what to do when I am mad and not to hurt the children like walk away or calm down to talk to them [Mexican immigrant mother in the system due to physical abuse].

They tell you to talk to your children and listen to them to see what they want. It's not like the Vietnamese way where you hit them [Vietnamese immigrant mother in the system due to physical/emotional abuse].

I needed it [parenting class] because living in America, I did not know their culture, their way of life, their rules and regulations. I am Vietnamese and came here and only worked…I enjoyed learning because the teacher explained things really good [Vietnamese immigrant mother in the system due to failure to protect the children].

I also do parenting and sometimes yell and scream at him. But then I think about it and know not to yell at him. So then I try to talk to him respectfully, it's all parenting.…I never thought about it. Now I scream but I think about it and I stop right away. It's true I have a hot temper but the things I learned pop up in my head, and I know it's not okay so I stop it [Vietnamese immigrant mother in the system due to physical abuse].

Theme #2: Importance of Parent Orientation Classes for Vietnamese Families (Worker Interviews)

Parent Orientation seems to be a great help to the family to explain to the family how the juvenile court system works in their native language, including the brochure [Child Welfare Worker working with Vietnamese families].

…if they were involved in parent orientation and were explained that you need to cooperate with the social workers and the case plan and you have certain rights in the case…[you have a better chance to get the child back] [Child Welfare Worker working with Vietnamese families].

I think this last 10 years they start off with parenting orientation in Vietnamese and that helps a lot because they explain how the overall juvenile court system worked in their native language and give them pamphlets or brochure in Vietnamese [Child Welfare Worker working with Vietnamese families].

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I hope that the parents need to be very well informed about the procedure and system—the parents orientation offers that and parent should enroll in the program before the children's dispositional hearing [Child Welfare Worker working with Vietnamese families].

Theme #3: Substance Abuse Treatment (Parent Interviews)

The rehabilitation center [drug treatment] was the most helpful for me and my child because I didn't want her to go through the same thing. It was an experience I didn't want to happen again [Mexican immigrant mother in the system due to mother's substance abuse].

And then the AA classes, well everyone talks about their experiences and you learn that you are doing the wrong thing and that you need to change. And the [name of agency] classes taught me that drugs are bad and that alcohol is like drugs and they are bad for you [Mexican immigrant mother in the system due to mother's substance abuse].

…they [substance abuse treatment center] teach, they teach, very structured. And they, they, when you go to learn they teach you to broaden your mind so you can understand that you are….in the past, when looking back, you are able to see what you have been doing in the past until now [Vietnamese immigrant mother in the system due to mother's substance abuse].

Theme #4: Prevention and Community Education (Worker and Parent Interviews)

We need more emphasis in prevention. If the immigrant parents know more about proper discipline and proper child rearing, it can help and prevent or reduce the families from entering in the system [Child Welfare Worker working with Vietnamese families].

We need to educate Vietnamese people about the seriousness of child abuse and child welfare system. Prevention is important [Child Welfare Worker working with Vietnamese families].

More classes about CPS—because most of them have no idea about CPS; who we are and what we do. Try to explain to them about CPS and the court system... [Child Welfare Worker working with Mexican families].

Before I was involved in all of this I was screaming for help. I looked for numbers where to call and ask for services for youth. They never gave me the help, I even

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called the sheriff's where a friend told me that the sheriff's have a program where they get children involved so that they stop thinking about those things [molestation]…Something had to happen so they would give me all the help that I was asking for...And now they gave it to me when everything [the abuse] happened. But like the saying says "after the boy has drowned the well is closed" [Mexican immigrant mother in the system due to sexual abuse].

The Vietnamese people, from talking to a lot of people, they wanted to quit smoking [drugs] but did not know where to look for help because I did go around asking for rehab and they told me….I think I was almost 7 months pregnant, and they said oh, it's late now, if you go there they will just take your child. If I hadn't believed them, my child would not have been taken away. They gave me the wrong information and made me scared… [Vietnamese immigrant mother in the system due to mother's drug use].

DISCUSSION

This project examined family reunification among Mexican immigrant, Vietnamese immigrant, and non-immigrant children, and identified promising practices to improve service availability and effectiveness. Five specific aims guided this research: (a) to describe characteristics of Mexican and Vietnamese immigrant children and families who are involved in family reunification services; (b) to compare reunification outcomes among Mexican immigrant, Vietnamese immigrant, and non-immigrant children involved in family reunification services; (c) to identify factors related to successful reunification among Mexican immigrant, Vietnamese immigrant, and non-immigrant children; (d) to identify strategies to improve availability of services for Mexican and Vietnamese immigrant parents; and (e) to identify services that may improve the likelihood of reunification among Mexican and Vietnamese immigrant families involved in family reunification services.

Aim #1: Characteristics of Mexican Immigrant and Vietnamese Immigrant Children Involved in Family Reunification Services

Overall, Mexican immigrant children were found to be older, on average, at entry into the child welfare system than non-immigrant children and were more likely than non-immigrant children to have experienced physical abuse, sexual abuse, or emotional abuse. The finding regarding sexual abuse is consistent with previous research that has found relatively high rates of sexual abuse among Mexican immigrant children involved in the child welfare system (Kuehn et al., 2007; Vericker et al., 2007a, 2007b). The finding regarding physical abuse is consistent with the qualitative findings from parent participants indicating that parenting classes that teach alternatives to physical discipline were the most helpful service for them. Emotional abuse is a category that is

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often used in cases of domestic violence, suggesting that domestic violence may be an important issue affecting Mexican immigrant families.

Mexican immigrant children were more likely than non-immigrant children to be placed in foster care or a group home as compared to relative care, a finding that is consistent with previous research, which has found Mexican immigrant children to be less likely to be placed with relatives than non-immigrant children (Kuehn et al., 2007; Vericker et al., 2007a, 2007b). This finding may suggest that either Mexican immigrant families do not have available relatives in the area to provide substitute care or that if relatives are available they are not deemed appropriate as caregivers. It is possible that this finding indicates that Mexican immigrant families are comparatively isolated from an extended network of support. Mexican immigrant children were also found to have fewer out-of-home placements and a shorter child welfare case than non-immigrant children. With respect to immigrant-related variables, Mexican immigrant children were most likely to have been born in the U.S. to mothers born in Mexico. The majority of Mexican immigrant mothers had unauthorized citizenship status and identified Spanish as their primary language, whereas the majority of Mexican immigrant children were identified as having English as their primary language.

Overall, the Vietnamese immigrant sample (N = 32) was smaller than anticipated and as a result, differences between Vietnamese immigrant and non-immigrant, or Mexican immigrant children often did not reach statistical significance due to this small sample size. The relatively small Vietnamese immigrant child sample may suggest that Vietnamese immigrant children become dependents of the court at a relatively low rate. A recent study of the Informal Supervision program in Santa Clara County found that 16.5% of the children in Informal Supervision were Asian/Pacific Islander—a rate that is more than double that of the overall rate of Asian/Pacific Islander children in out-of-home care in Santa Clara County (Osterling et al., 2009). These findings may suggest that Vietnamese children are reported to the child welfare system for suspected child maltreatment at a relatively high rate, compared to their population in the county, but that they are commonly offered diversion services as opposed to having a child removed. This finding is consistent with one study of Vietnamese children in Los Angeles that found that the majority of these children were offered family maintenance services as opposed to family reunification services (Rhee & Chang, 2006). The relatively low number of Vietnamese children in this study who became dependents of the court may suggest that diversion services for Vietnamese immigrant families are effective for many families in preventing further involvement with the child welfare system.

Among the Vietnamese immigrant children in this sample, the most common type of maltreatment leading to entry into care was caretaker absence or incapacity, an abuse category that is often used in cases of parental substance abuse. This finding is

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consistent with the qualitative findings indicating that substance abuse services were particularly helpful for Vietnamese parents who reunified. Physical abuse was the second most common type of maltreatment among Vietnamese immigrant children, a finding that is consistent with previous research (Pelczarski & Kemp, 2006; Rhee & Chang, 2006). Almost all Vietnamese immigrant children were placed in foster care as their first placement; however over 50% of these children moved to relative care for their last placement, suggesting that among these Vietnamese immigrant families, the majority has extended family in the area available to provide substitute care. With respect to immigrant-related variables, the majority of Vietnamese immigrant children were born in the U.S. to mothers born in Vietnam, most of the mothers spoke Vietnamese (whereas most of the children spoke English as their first language), and all of the mothers in the sample had authorized citizenship status.

Aim #2: Comparison of reunification outcomes among Mexican immigrant, Vietnamese immigrant, and non-immigrant children involved in family reunification services

A significantly higher proportion of Mexican immigrant children (70.7%) were reunified than non-immigrant children (43.1%). This higher proportion of Mexican immigrant families who reunified was maintained in the multivariate analyses, suggesting that even after controlling for case characteristics and county, Mexican immigrant children were still more likely to reunify than non-immigrant children. The rate of reunification among Vietnamese immigrant children was nearly 54%, which was higher than the rate for non-immigrants, but did not reach statistical significance. The significantly higher rate of reunification among Mexican immigrant children may seem surprising at first, given the additional barriers to accessing services that were identified in the qualitative findings, most notably, problems in accessing services in Spanish and problems in accessing services due to unauthorized citizenship status. However, it should be noted that among the parent participants, who had all reunified, most reported that they did not have problems in accessing services. Moreover, additional qualitative findings that are reported in the curriculum accompanying this final report suggest that workers described most Mexican immigrant families as highly motivated to participate in services and willing to do whatever was necessary in order to regain custody of their children. Similarly, the Mexican parent participants also described themselves as being willing to persevere and to do whatever was necessary to reunify.

Aim #3: Identification of factors related to successful reunification among Mexican immigrant, Vietnamese immigrant, and non-immigrant children

Results from the multivariate model examining factors related to reunification among Mexican immigrant children found that children with three or more placements were less likely to be reunified than children with one placement; a finding that may reflect longer

periods of time in the child welfare system, which decreases the likelihood of reunification; or alternatively it may be that children with several placement changes have behavioral problems, which may make reunification less likely. In addition, children whose mothers were authorized immigrants were more likely to be reunified than children whose mothers were unauthorized. This finding may reflect problems in accessing services among unauthorized immigrants. Indeed, qualitative findings from workers suggested that there is a need to address problems in accessing services among unauthorized immigrants because they are not eligible for Medi-Cal-funded services. It may also be that unauthorized immigrants are more likely to be low income and have problems in accessing resources for low-income families (such as CalWORKs), resulting in a less stable home situation.

Findings also revealed that children whose mothers spoke Spanish as their primary language were more likely to be reunified than children whose mothers spoke English as their primary language. This is somewhat counterintuitive, given the qualitative findings indicating a need to address problems in accessing Spanish-language services. However, again it should be noted that most parents reported that they did not have problems in accessing services. In addition, it may be that Mexican immigrant mothers who were identified as having English as their primary language would have been more comfortable with Spanish-language services, even though their English language proficiency was presumably good. Some parent participants who reported participating in English-language services did report that they were more comfortable and understood the material better when it was presented in Spanish. In addition, Mexican immigrant mothers identified as having English as their primary language were likely paired with English-speaking social workers, and it is possible that case management and child welfare outcomes would have been improved if it was possible for families to speak in Spanish to their social workers.

Aim #4: Identification of strategies to improve availability of services for Mexican and Vietnamese immigrant parents

Qualitative findings from the child welfare worker and parent interviews revealed five themes related to strategies to improve the availability of services for Mexican and Vietnamese immigrant parents:

1. Increasing Worker Trainings to Enhance Cultural Competency (Worker and Parent Interviews

2. Hiring More Bilingual and Bicultural Workers (Worker and Parent Interviews)

3. Increasing Services for Spanish- and Vietnamese-Speaking Parents (Worker and Parent Interviews)

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These first three themes are related to the importance of culture and language in accessing services and in service effectiveness. Workers emphasized the need for social workers to not only speak Spanish or Vietnamese, but also to have an accurate understanding of the cultural nuances within each culture. This cultural knowledge was described as vital by both workers and parents in forming a working relationship between worker and parent. In addition, both workers and parents described the need to increase services for Spanish- and Vietnamese-speaking parents. Parents especially emphasized that they did not feel comfortable in English language services and had difficulty understanding the information presented—a finding that corresponds to the quantitative finding that Mexican immigrant mothers whose primary language was identified as English were significantly less likely to reunify.

4. Addressing Issues of Access for Unauthorized Mexican Immigrant Families (Worker Interviews)

Workers emphasized the need to develop strategies to address issues of access for Mexican immigrants with unauthorized citizenship status. Unauthorized immigrants are not eligible for Medi-Cal, CalWORKs or food stamps, which reduces their access to services such as counseling, as well as needed resources for poor and low-income families. Correspondingly, the quantitative findings indicated that mothers with unauthorized citizenship status were less likely to reunify than those with authorized citizenship status.

5. Easing the Significant Service Burden Families Experience (Parent Interviews)

Parents reported challenges in attending all of the services on their case plan while also trying to maintain employment. These findings echo the findings from D'Andrade and Osterling's (2008) study, which found that most parents involved in family reunification services are ordered to attend a large number of services that often require attendance several times a week.

Aim #5: The identification of services that may improve the likelihood of reunification among Mexican and Vietnamese immigrant families involved in family reunification services.

Qualitative findings from the child welfare worker and parent interviews suggested four themes related to services that may improve the likelihood of reunification among Mexican and Vietnamese immigrant families involved in family reunification services:

1. Importance of Parenting Education Services (Worker and Parent Interviews)

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Both workers and parents identified parenting education services as particularly helpful for Mexican and Vietnamese immigrant parents. Parents reported that these services were helpful for them in learning new parenting strategies and in understanding American cultural expectations about parenting.

2. Importance of Parent Orientation Class for Vietnamese Families (Worker Interviews)

Workers identified the parent orientation class as particularly helpful for Vietnamese immigrant parents. This class is offered to parents when they first enter the dependency court system and is focused on providing information to parents on court processes, service requirements, and timelines.

3. Importance of Substance Abuse Treatment (Parent Interviews)

Parents with substance abuse problems identified substance abuse services as the most helpful service for them. Parents described these services as helpful for them in gaining insight into their substance abuse problems, providing education about the effects of substance abuse, and in providing support for them.

4. Prevention and Community Education (Worker and Parent Interviews)

Both workers and parents identified prevention and community education as important for Mexican and Vietnamese immigrant families. Workers emphasized the need to provide more education to immigrant communities about American cultural expectations about parenting and the role of the child welfare system. Parents discussed their unsuccessful attempts to find services prior to their entry into the child welfare system and how they would have benefited from services prior to the child maltreatment report.

Limitations, Lessons Learned, and Future Research

There are three main limitations to this research. First, the match rate between CWS/CMS and CalWIN data was 65% and 59% in the two counties, which means that a number of cases were not included in the study because they could not be matched with CalWIN data. It is not known if this loss of cases was systematic in any way and therefore affected the representativeness of the quantitative sample. This loss of cases resulted in a smaller number of immigrant families included in the sample than was originally anticipated, and it is likely that the overall proportion of immigrants in both counties was higher than what was found in this study. Since this study was the first of its kind to collect quantitative data on child welfare outcomes for immigrant families, the lower-than-anticipated CalWIN-CWS/CMS match rate suggests that future studies may benefit from a prospective longitudinal design. Such a design would collect data on

immigrant variables on a cohort of children entering the child welfare system over a certain period of time and then follow the children to track their outcomes. This design would eliminate the need to rely on matching CalWIN and CWS/CMS data.

A second limitation to this research is that the qualitative child welfare worker sample was chosen with nonprobability sampling, and it is not known if the perspectives expressed by the workers are representative of all workers who work with immigrant families in both counties. The decision to use purposive sampling and selection of key informants was made based on the need to identify workers who have the expertise and experience to discuss issues specific to Mexican and Vietnamese immigrant families; however, it is possible that not all workers who have this expertise participated in the interview. Nonetheless, there were a total of 27 workers who participated in the interviews, which represents a fairly large qualitative sample; however, future research may benefit from additional qualitative or quantitative (i.e., surveys) data collection with workers.

A third limitation to this research is that the qualitative parent sample was also chosen with nonprobability sampling and only parents who had successfully reunified were included in the sample. Due to confidentiality issues, it was not possible for the research team to be given the names of immigrant parents involved in the child welfare system and then randomly select a sample for interviewing. Instead, we relied on child welfare workers to identify families on their caseload who had reunified and to invite them to participate. It is not known if the parent sample for this study is representative of all reunified Mexican and Vietnamese immigrant parents involved in family reunification services. In addition, the decision to include only reunified families was made because the main goal of this research was to identify factors and services that lead to successful reunification; however, it is possible that nonreunified families would have differing perspectives on service availability and effectiveness than reunified families. Future research might explore the perspectives of nonreunified immigrant families and how those differ from reunified families.

Overall, the findings from this study suggest that additional research is needed to learn whether Mexican immigrant families in other counties or other states also have the relatively high rate of reunification that was found in this study. Future studies should also test the effectiveness of specific family reunification services for both Mexican and Vietnamese immigrant families, as well as the effects of social worker cultural competency. In addition, the finding indicating that Mexican immigrant mothers with unauthorized citizenship status are less likely to reunify than those with authorized citizenship status, even after controlling for other case characteristics, suggests that future studies should seek to identify strategies to improve access to services and resources for these families.

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POLICY IMPLICATIONS

There are seven main policy implications from this study. First, there is a need to continue efforts to enhance cultural competency of social workers, to hire more bilingual and bicultural workers, and to increase available Spanish- and Vietnamese-language services for parents involved in the child welfare system. Child welfare workers and parents discussed the need for workers to understand the specifics of the Mexican and Vietnamese cultures. Similarly, workers and parents discussed the need for more social workers who were not only bilingual, but also bicultural. These findings suggest that an important foundation to an effective working relationship between social worker and parent is a solid understanding of cultural nuances. Workers and parents also discussed the need to increase the number of available services for Spanish- and Vietnamese-speaking parents involved in family reunification services. In particular, recent cuts to Vietnamese language services were mentioned as particularly problematic for Vietnamese immigrants who do not speak English. Mexican and Vietnamese immigrant parents who participated in English-language services described problems in being able to understand the content of the services. In addition, the quantitative finding that Mexican immigrant mothers whose primary language was identified as English were less likely to reunify than those whose primary language was identified as Spanish may indicate that English-speaking Mexican mothers in this study would have benefited more from being paired with a Spanish-speaking worker, or being offered Spanish-language services. Nonetheless, it should be noted that the significantly higher reunification rate among Mexican immigrant parents and the relatively higher reunification rate among Vietnamese immigrant parents compared to non-immigrants suggests that the existing efforts to address issues of cultural competency and access to services in both counties may be having beneficial effects for families, and thus, those efforts should be continued and expanded.

A second policy implication from this research is the need to identify strategies to improve access to services for Mexican immigrant parents with unauthorized citizenship status. Parents who have unauthorized citizenship status are not eligible for Medi-Cal and do not have private insurance, which makes it impossible for them to access counseling services or resources for low-income families, such as CalWORKs or food stamps. Child welfare department resources are used to provide services for unauthorized parents; however, these services are limited in scope and duration, and the fact that these parents cannot access other resources may decrease their likelihood of reunification. Indeed, quantitative findings indicated that Mexican immigrant mothers who had unauthorized citizenship status were less likely to reunify than those with authorized citizenship status, suggesting that a lack of access to resources or other conditions associated with unauthorized status do affect the likelihood of reunification. The child welfare system is mandated to make reasonable efforts to reunify or preserve

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families, and these efforts may be compromised when social workers cannot find services for families on their caseloads due to their citizenship status.

The third policy implication from this research is the need to identify strategies to ease the service burden for immigrant families and ensure that services are appropriately matched to the families' needs. Immigrant parents in this study discussed the problems they experienced in being able to meet all of the requirements of their service plan while also trying to maintain employment. These findings are similar to those of D'Andrade and Osterling (2008) who found that most parents involved in family reunification services are ordered to attend a large number of services that often require attendance several times a week. Furthermore, reunification is more likely to occur when services ordered are accurately matched to the problems of families (D'Andrade & Osterling). Mexican and Vietnamese immigrant families may benefit from case plans that are more narrowly focused on their specific family issues.

The fourth policy implication from this research is that parenting education services for Mexican and Vietnamese immigrant families were overwhelmingly identified by parents as particularly helpful and that families may benefit from prioritization of parenting services on their case plan. Parents reported that they learned new parenting strategies and alternatives to physical discipline from the parenting education classes. In addition, parents also described these services as helpful in educating them about the prevailing American cultural expectations about parenting, which they often reported differed from prevailing cultural expectations about parenting in Mexico and Vietnam.

The fifth policy implication from this research is that the orientation to the child welfare system received by Vietnamese immigrant families is particularly helpful, and it would be useful for other counties to implement such a service for immigrant families. This orientation is provided to parents at the beginning of their family reunification case in order to explain the court processes, the mandated services, and the timelines involved in the dependency court. Child welfare workers working with Vietnamese families described this service as extremely useful for Vietnamese families, most of whom do not understand the juvenile court process or the expectations of the child welfare system or the court.

The sixth policy implication from this research is that substance abuse treatment for some immigrant families may be an important service related to reunification. Parents with substance abuse problems identified substance abuse treatment as particularly helpful to them, and there is a need to ensure that substance abuse services are available to immigrant families in their native languages.

The last policy implication from this research is that more outreach, prevention, and community education with the Mexican and Vietnamese immigrant communities is

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needed. Workers emphasized the need to educate immigrant communities about parenting expectations in American culture and the possible involvement of the child welfare system if physical discipline is used. Workers also described the need to educate immigrant communities about how the child welfare system in the U.S. operates, because there are not comparable systems in Mexico or Vietnam. Some parents discussed their awareness of the fact of significant family problems prior to the child maltreatment report, and their efforts to find help before they entered the child welfare system. Sadly, for these parents, they could not find services on their own due to the lack of information and resources available to them, and their situation worsened to the point of child removal. An increased focus on prevention and education services for immigrant families may prevent many families from entering the child welfare system.

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APPENDIX A

Table 1: Demographic Characteristics of Child Welfare Worker Interview Sample (N = 27)*

Demographic characteristics	Working with Mexican immigrants (N = 19)	Working with Vietnamese immigrants (N = 8)
Gender		
Female	16 (88.9%)	4 (50.0%)
Ethnicity: Hispanic or Latino	13 (72.2%)	--
African American/Black	1 (6.2%)	--
White/Caucasian	9 (56.2%)	--
Some other race	5 (31.2%)	--
Two or more races	1 (6.2%)	--
Ethnicity: Asian	--	8 (100%)
Age	44.12 ($SD = 10.61$)	40.38 ($SD = 8.48$)
	Range: 27-62	Range: 31-56
Highest level of education		
BA/BS	2 (11.1%)	--
MSW	16 (88.9%)	8 (100.0%)
School attended		
San José State University	13 (86.7%)	6 (75.0%)
CSU San Bernardino	1 (6.7%)	--
CSU Long Beach		1 (12.5%)
CSU Sacramento		1 (12.5%)
Other/not in California	1 (6.7%)	--
Language Proficiency		
English as second language	10 (55.6%)	7 (87.5%)
Spanish or Vietnamese as primary language	8 (80.0%)	7 (100.0%)
Country of Origin		
Born in U.S.	13 (68.4%)	0 (0.0%)
Foreign Born	6 (31.6%)	7 (100.0%)
Country of origin		
Mexico	3 (50.0%)	--
Nicaragua	1 (16.7%)	--
Spain	1 (16.7%)	--
El Salvador	1 (16.7%)	--
Vietnam		7 (100.0%)
Current Employment		
Santa Clara County	13 (68.4%)	8 (100.0%)
Santa Cruz County	6 (31.6%)	--
Participated in Title IV-E Child Welfare Program	6 (42.9%)	3 (37.5%)
If participated in Title IV-E Child Welfare Program, participated through CalSWEC?	6 (100.0%)	3 (100.0%)
Worked in field of Child Welfare prior to present position	8 (53.3%)	3 (37.5%)
If worked in field of Child Welfare prior to present position, how long (in years)?	6.25 (3.49)	11.33 (4.16)
County employee prior to completing MSW	5 (33.3%)	1 (12.5%)
RTA/IUC: Bay Area Academy	7 (87.5%)	1 (33.3%)

*Due to missing data, frequencies do not always total the sample total and percentages are calculated after missing data are excluded.

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APPENDIX B

Table 2: Demographic Characteristics of Parent Interview Sample*

Demographic characteristics	Mexican (N = 14)	Vietnamese (N = 7)
Gender		
Female	12 (85.7%)	7 (100.0%)
Age	32.50 (SD=5.43)	36.86 (SD=8.57)
	Range: 26-40	Range: 24-46
Marital Status		
Single	7 (50.0%)	1 (14.3%)
Married, living with spouse	--	1 (14.3%)
Living with partner	6 (42.9%)	2 (28.6%)
Divorced	1 (7.1%)	2 (28.6%)
Married, not living with spouse	--	1 (14.3%)
Highest level of education		
8th grade or less	6 (57.1%)	1 (14.3%)
9th grade	2 (14.3%)	--
10th grade	2 (14.3%)	--
11th grade	1 (7.1%)	3 (42.9%)
Completed high school/GED	1 (7.1%)	3 (42.9%)
Number of years in the U.S.	14.31 (SD=5.25)	21.83 (SD=5.71)
	Range: 7-27	Range: 14-30
Number of children under 18 living with parent	2.86 (SD=1.41)	1.57 (SD=.53)
	Range: 1-6	Range: 1-2
Number of children born in the U.S.	2.57 (SD=1.74)	1.86 (SD=.69)
	Range: 0-6	Range: 1-3
Language most often spoken at home		
Vietnamese	--	2 (28.6%)
Both English and Vietnamese	--	4 (57.1%)
Spanish	11 (84.6%)	--
Both English and Spanish	2 (15.4%)	--
English	--	1 (14.3%)
English language proficiency		
Not at all	6 (46.2%)	--
Not well	7 (53.8%)	2 (28.6%)
Well	--	4 (57.1%)
Very well	--	1 (14.3%)
Current Employment		
Not employed	6 (42.9%)	3 (42.9%)
Machine or vehicle operator	--	2 (28.6%)
Service worker	5 (35.7%)	1 (14.3%)
Clerical worker	--	1 (14.3%)
Farm worker	2 (14.3%)	--
Sales worker	1 (7.1%)	

*Due to missing data, frequencies do not always total the sample total and percentages are calculated after missing data are excluded.

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APPENDIX C

Interview Questions for
Child Welfare Professionals Working With
Mexican or Vietnamese Immigrant Parents

1. Please tell me about the work that you do.

2. Please think of **two Mexican or two Vietnamese immigrant families** that you have worked with in which **at least one child was removed from the parent's care** as a result of a substantiated incident of child abuse or neglect.

   We are defining *Mexican immigrant family* or *Vietnamese immigrant family* as a family in which at least one parent was born in Mexico or Vietnam; the children in the family could have been born either in the U.S., Mexico, or Vietnam.

   For the first case, please think of a family in which after parents participated in family reunification services, the child or children **were returned** to their parents' care.

   For the second case, please think of a family in which the child or children **were not returned** to their parents' care and the case outcome was some other type of permanent placement, such as adoption or guardianship, or the case could be still open with the child in long-term foster care.

   The following questions are focused on how these two families entered the child welfare system and their progression through the system. It is okay if you do not have all of the information for each of the questions.

   Reason for Entry and Parents' Perceptions at Case Opening

   a. What year was this case opened?

   b. How many children were in the family and what were their ages?

   c. Was this a two-parent or one-parent family?

   d. Approximately how many years had the mother been in the U.S. (at case opening)?

e. Approximately how many years had the father been in the U.S. (at case opening)?

Demographic questions below refer to the characteristics of the mother and father at the time of the case opening:

Mother characteristics	Father characteristics
a. Approximate **age of mother**:_____	a. Approximate **age of father**:_____
b. Mother's approximate educational level: □ Less than high school □ High school degree/GED □ College degree □ Master's degree and above □ Don't know	b. Father's approximate educational level: □ Less than high school □ High school degree/GED □ College degree □ Master's degree and above □ Don't know
c. Mother's citizenship status: □ Undocumented □ Legal permanent resident □ Naturalized citizen □ Don't know	c. Father's citizenship status: □ Undocumented □ Legal permanent resident □ Naturalized citizen □ Don't know
d. How well did the mother speak English? □ Not at all □ Not well □ Well □ Very well	d. How well did the father speak English? □ Not at all □ Not well □ Well □ Very well
e. Was the mother employed? If so, what was her job?	e. Was the father employed? If so, what was his job?

f. What were the main reasons why this family had a child removed from their care, as opposed to having the child remain in the home and offering the family voluntary services?

g. Were all of the children in the family removed?

h. What do you think was the mother's and/or father's perception about why their child or children were being removed from them?

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i. What were the mother's and/or father's feelings and emotions when the case was first opened?

Child's Perceptions, Adjustment, and Well-Being

a. Where was the child/children placed?

b. What do you think was the child/children's perception(s) of why he or she was being removed from his or her parents?

c. What were the child/children's feelings, emotions, and behavior at the time of case opening?

d. How did the child/children adjust to out-of-home placement (including behavior, emotions, development, education, relationship with caregivers)?

e. If there were problems in adjustment, how were these problems addressed?

Family Strengths and Resources at Case Opening

a. What types of resources or strengths were available to the family at the time of case opening?

Service Availability and Use

a. What services were ordered for the mother?

b. What services were ordered for the father?

c. What services were offered to the children?

d. What were the mother and/or father's level of motivation to participate in family reunification services?

e. How would you characterize the level of participation of the mother, father, and children in these services (e.g., full, partial, minimal)?

f. Were these services provided in Spanish or Vietnamese (if needed)?

g. How were these services funded (Medi-Cal, private insurance, other departmental funds [if so, what], other)?

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h. Were there any challenges in obtaining services for the family [if so, please describe], and how were these challenges addressed?

i. What services were most helpful for the mother? The father? The children? Why were these services helpful?

Process of Change for the Parents

a. What was the process of change like for the mother and the father (e.g., fast, slow, resistant, cooperative, steady improvements, some improvements then some set-backs, etc.)?

b. What were the most important behavioral changes made by the mother and the father while they were participating in family reunification services?

Visitations

a. Were visitations supervised or unsupervised?

b. How often did the parents and the children visit with one another while the child or children were in out-of-home care?

c. Were there any challenges in visitation [if so, please describe], and how were these challenges addressed?

For the First Case (Reunified):

Reunification Decision and Initial Return Home

• What was the process for deciding to return the child to his or her parent's care?

• What was the process for planning the reunification?

• How did the child/children adjust to the reunification (including behavior, emotions, development, education, relationship with mother and father)?

• How did the mother and the father adjust to the reunification?

Aftercare

- What types of services were available to the family after the child was reunified with the parents?

- For what period of time were these services available to the family? How were these services funded (Medi-Cal, private insurance, other departmental funds [if so what], others)?

- Were there any challenges in obtaining these services? If so, please describe.

- Looking back on this case from beginning to end, at what point in the case did you feel that the case outcome was likely to be reunification?

- What types of circumstances made you feel that reunification was going to occur?

For the Second Case (Not Reunified):

Non-Reunification Decision Case Outcome

- What was the process for deciding that the child would not return to their parent's care?

- What was the alternative placement that was decided for the child?

- How were the mother and father told that reunification would not occur? What were the parents' reactions to this decision?

- How did the child adjust to the alternative permanent placement (including behavior, emotions, development, education, relationship with mother and father)?

- Looking back on this case from beginning to end, at what point in the case did you feel that the case outcome was likely to NOT be reunification? What types of circumstances made you feel that reunification was not going to occur?

3. In general, how are the needs and circumstances of Mexican or Vietnamese immigrant families involved in family reunification services different (or similar) from non-immigrant families?

   - Citizenship and eligibility for government-funded services?
   - Acculturation?
   - Language?
   - Socioeconomic issues?

4. How do these needs and circumstances influence the experiences of Mexican or Vietnamese immigrant families in the child welfare system and their case outcomes?

5. What are your recommendations for improving service availability for Mexican or Vietnamese immigrant parents involved in the child welfare system?

6. What are your recommendations for improving service effectiveness for Mexican or Vietnamese immigrant parents involved in the child welfare system?

THANK YOU FOR YOUR PARTICIPATION IN THIS STUDY!

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APPENDIX D

Interview Questions for Parent Participants

1. Please think back to when you first became involved with the child welfare system. Can you talk about some of the reasons why your child or children were placed in foster care?

    Follow-up questions:

    - How did the social worker from the child welfare system describe what was happening and why your child(ren) were being removed from your care?

    - At the time your child or children were removed from your care, what were your feelings and thoughts about what was happening?

2. Was your child/children placed with a family member or friend? Or with a nonrelative foster parent?

    Follow-up questions:

    - How did you feel about this placement for your child/children?

    - How did your child adjust to this placement?

    - How often did you talk with your child's caregivers? What was your relationship like with them?

3. What were your experiences with visiting your child?

    Follow-up questions:

    - About how often did you visit?

    - Where did the visits take place?

    - Were the visits supervised?

    - Did you experience any challenges related to visitation? How were these challenges resolved or how could they be resolved in the future?

4. What kinds of services did you participate in while your child or children were in foster care?

    Follow-up questions:

    - How did the social worker explain to you the services listed on your court-ordered service plan? At that time, did you agree that you needed all of the services on the case plan. If no, which services did you think you did not need? Did you end

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up using these services—and if you did, did you change your mind about whether they were needed?

- Which services did you participate in first—and who decided that those services should begin first?

- How were the services that you participated in paid for (e.g., Medi-Cal, private insurance, CWS funding, other…)?

- What services were most helpful to you? Why were these services helpful? How did these services help improve your parenting?

- Did you experience any challenges in obtaining these services/resources? How were these challenges resolved or how could they be resolved in the future?

5. What were your experiences in the court hearings?

- What did you think about the judge in your case?

- How did you participate in the court hearings?

6. Do you think your status as an immigrant from Mexico or Vietnam affected your experiences in the child welfare system? Why or why not?

7. What were your experiences in obtaining services in Spanish or Vietnamese (if that is your preference)?

- Were court reports translated?

- Were interpreters available for court hearings?

8. What is your life like now that you are reunified with your children?

- Do you have any unmet service needs?

- Have there been any problems with re-adjusting to family life? How are you dealing with these problems?

9. Do you have any advice or recommendations for the child welfare system on how to work effectively with Mexican or Vietnamese immigrant families?

10. Do you have any advice or recommendations for Mexican or Vietnamese immigrant parents who are currently involved in the child welfare system?

11. Do you have anything else you would like to talk about that we have not already discussed?

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APPENDIX E

Table 3: Demographic Characteristics of Mexican Immigrant, Vietnamese Immigrant, and Non-Immigrant Children

Characteristics	Mexican immigrants (n = 252)^	Vietnamese immigrants (n = 32)^	Non-immigrants (N = 1,943)^
Child age at case opening	**6.85 (SD=5.77)** **[Range: 0 -18]**	6.10 (SD=5.80) [Range: 0 -16]	**4.50 (SD=5.09)** **[Range: 0 -18]**
Child gender			
Male	118 (45.6%)	14 (43.8%)	935 (49.4%)
Female	141(54.4%)	18 (56.3%)	958 (50.6%)
Generational status of child			
First generation (Child born outside U.S. to foreign-born parents)	40 (17.0%)	2 (7.4%)	--
Second generation (Child born in U.S. to foreign born parents)	195 (83.0%)	25 (92.6%)	--
Child's primary language			
English	137 (55.5%)	23 (71.9%)	--
Ethnic language (Spanish/Vietnamese)	110 (44.5%)	9 (28.1%)	--
Mother's age at case opening*	**31.65 (SD=7.73)** **[Range: 18-59]**	32.69 (SD=6.27) [Range: 18-45]	**30.54 (SD=7.60)** **[Range: 13-66]**
Citizenship status of mother			
Authorized immigrant	88 (37.3%)	27 (100%)	--
Unauthorized immigrant	**148 (62.7%)**	**0 (0%)**	**--**
Mother's primary language			
English	67 (26.0%)	7 (21.9%)	--
Ethnic language (Spanish/Vietnamese)	191 (74.0%)	25 (78.1%)	--
Type of maltreatment that led to case opening			
At risk, sibling abused	11 (4.4%)	3 (9.7%)	70 (3.9%)
Caretaker absence/incapacity	40 (16.1%)	10 (32.3%)	432 (24.3%)
Emotional abuse	**20 (8.1%)**	0 (0%)	**54 (3.0%)**
General neglect	51 (20.6%)	3 (9.7%)	427 (24.1%)
Physical abuse	**45 (18.1%)**	6 (19.4%)	**124 (7.0%)**
Severe neglect	33 (13.3%)	4 (12.9%)	393 (22.1%)
Sexual abuse	**24 (9.7%)**	1 (3.2%)	**31(1.7%)**
Substantial risk	24 (9.7%)	4 (12.9%)	244 (13.7%)
FIRST placement type			
Relative NREFM home	**22 (8.5%)**	2 (6.5%)	**334 (17.7%)**
Foster home	205 (79.2%)	**28 (90.3%)**	1458 (77.3%)
Group home	**32 (12.4%)**	1 (3.2%)	**95 (5.0%)**

*   p<.05
** p<.001, Figures in bold indicate significant group differences
^   Due to missing data, frequencies do not always total the total sample and percentages are calculated after missing data are excluded.

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Table 3: Demographic Characteristics of Mexican Immigrant, Vietnamese Immigrant, and Non-Immigrant Children (cont'd)

Characteristics	Mexican immigrants (n = 252)^	Vietnamese immigrants (n = 32)^	Non-immigrants (N = 1,943)^
LAST placement type**			
Relative NREFM home	97 (37.6%)	**15 (48.4%)**	1037 (55.0%)
Foster home	**136 (52.7%)**	13 (41.9%)	**762 (40.4%)**
Group home	25 (9.7%)	3 (9.7%)	85 (4.5%)
Number of placements**			
One placement	**94 (36.4%)**	6 (19.4%)	**474 (25.1%)**
Two placements	88 (34.1%)	14 (45.2%)	669 (35.5%)
Three or more placements	76 (29.5%)	11 (25.5%)	742 (39.4%)
Number of previous referrals			
No previous referrals	108 (42.5%)	16 (50.0%)	843 (45.3%)
One previous referral	58 (22.8%)	5 (15.6%)	308 (16.6%)
Two or more previous referrals	88 (34.6%)	11 (34.4%)	709 (38.1%)
Number of previous substantiated referrals			
No previous substantiated referrals	194 (76.4%)	27 (84.4%)	1450 (78.0%)
One previous substantiated referral	45 (17.7%)	5 (15.6%)	284 (15.3%)
Two or more previous substantiated referrals	15 (5.9%)	0 (0.0%)	126 (6.8%)
Length of time in the child welfare system (months)**	**22.06 (SD=11.78) [Range: 1-68]**	24.01 (SD=6.62) [Range: 8-36]	**28.21 (SD=14.08) [Range: 1-100]**
Reunification outcomes**			
Adoption and other permanent placements	58 (29.3%)	12 (46.2%)	872 (56.9%)
Family reunification with no re-entry within 6 months	**140 (70.7%)**	14 (53.8%)	**661 (43.1%)**

*   p<.05
**   p<.001, Figures in bold indicate significant group differences
^   Due to missing data, frequencies do not always total the total sample and percentages are calculated after missing data are excluded.

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APPENDIX F

Table 4: Cox Proportional Hazards Model Comparing Mexican Immigrant and Non-Immigrant Children

	Hazards Ratio	p-value
Mother born in Mexico** (U.S. is reference group)	1.63	<.001
Mother's age	.99	.41
Child gender (Male reference group)	1.05	.51
Child age**	1.05	<.001
Number of placements** (One is the reference group)		<.001
Two placements**	.50	<.001
Three or more placements**	.21	<.001
One or more substantiated referrals (Zero is the reference group)	.90	.25
Type of maltreatment leading to case opening** (General or severe neglect is the reference group)		.001
Caretaker absence or incapacity	.84	.10
Emotional abuse	1.17	.38
Physical abuse	.99	.96
Sexual abuse	.77	.24
At risk sibling or substantial risk*	1.38	.002
Type of FIRST placement** (Relative or NREFM is the reference group)		.001
Foster home**	1.60	<.001
Group home	1.13	.63
Type of LAST placement (Relative or NREFM is the reference group)		.577
Foster home	1.02	.82
Group home	1.28	.29
County** (Santa Clara County is the reference group)	1.66	<.001

*   p<.05

**   p<.001

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APPENDIX G

Table 5: Cox Proportional Hazards Model Mexican Immigrant Children

	Hazards Ratio	p-value
Mother's age	.97	.074
Child gender (Male reference group)	.72	.14
Child age	1.05	.16
Number of placements** (One is the reference group)		<.001
Two placements	.69	.15
Three or more placements**	.28	<.001
One or more substantiated referrals (Zero is the reference group)	.70	.19
Type of maltreatment leading to case opening (General or severe neglect is the reference group)		.537
Caretaker absence or incapacity	1.181	.64
Emotional abuse	2.029	.17
Physical abuse	1.210	.57
Sexual abuse	1.782	.14
At risk sibling or substantial risk	1.415	.30
Type of FIRST placement (Relative or NREFM is the reference group)		.20
Foster home	2.50	.10
Group home	1.32	.66
Type of LAST placement (Relative or NREFM is the reference group)		.32
Foster home	1.45	.17
Group home	1.81	.30
Mother's citizenship status** (Unauthorized is the reference group)	2.60	<.001
Child's generational status (First generation is the reference group)	1.51	.15
Mother's primary language** (English is the reference group)	5.10	<.001
County* (Santa Clara County is the reference group)	1.96	.011

*   p<.05

**   p<.001

Osterling, K. L., & Han, M. (2011). *Family reunification among Mexican and Vietnamese immigrant children in the child welfare system: Toward an understanding of promising practices to improve service availability and effectiveness.* Berkeley: University of California at Berkeley, CalSWEC.