

PRACTICE PROMPT

Children in Immigrant and Refugee Families: Recognizing Developmental Risk at an Early Age

A Special Concern: Who Is at Risk?

- Children coming from families where the primary language spoken at home is not English, as well as children from low-income homes and low maternal education.

Cross-cultural Considerations with Refugee and Immigrant Families

- Assumptions about proper child development can be cultural; for example, in some cultures it is believed that children cannot learn before school age.
- Some cultures foster *interdependence*, rather than *independence*, so children may be carried, spoon-fed, or “babied” for a longer period. What appears as a developmental delay may be learned behavior or a lack of opportunity.
- Foreign-born children who have lived in refugee camps or extreme poverty may have gone without proper food, medical care, or schooling, leading to physical and educational delays. Frequently, these can be overcome with appropriate services.

Normative Development: What Should We See?

Recognizing Disparities: Closing the Achievement Gap

Disparities in child developmental outcomes are evident at 9 months and grow larger by 24 months of age. These disparities exist *across* cognitive, social, and behavioral development.

- **At 9 Months** – A child creeps or crawls, responds to their name, knows caregivers from strangers, imitates sounds, stands holding onto support, hits two objects together, understands common words like “no, bye, all gone,” sits without help
- **At 18 Months** – A child tries putting on their shoes, lets you know what they want, points to things when named, walks without help, speaks 10 to 20 words, shows different emotions, shows interest in other children, brings objects to you
- **At 4 Years** – A child asks questions, plays make believe, dresses with little help, puts together small puzzles, climbs up and down a slide, matches or names some colors, tells stories, understands simple home rules, shares and takes turns but is possessive over favorite toys, begins to control frustration, and starts to understand danger.

The Risk of Severe Developmental Problems: Signs Requiring Immediate Evaluation

- No babbling, or pointing or other gestures by 12 months;
- No single words by 16 months;
- No two-word spontaneous phrases by 24 months;
- ANY loss of ANY language or social skills at ANY age.

Start Early and Account for Delays

- Addressing risks and conditions, in the early years, provides the pathway to a socially competent child and educational success.
- Parents who come from oral cultures, or who do not speak English, may not have exposure to the English language, such as books, etc. School interruptions for older siblings may also result from migration or war.

Strategies for Intervention

Help-seeking Behaviors

- Parents from communal cultures may seek help first within their own community, and only seek outside help when a developmental problem is more severe or disruptive. Some cultures attribute developmental or physical problems to spiritual causes, leading families to seek help from traditional healers.
- Parents without legal immigration status may fear assistance or intervention from government agencies. Refugee and immigrant parents who have heard about “child protective services” (CPS) may fear that any services for their child could lead to the child’s removal from the home. Reassure parents on confidentiality and benefits to the child.

Improve Child and Family Services

- Assure that parent education materials are translated into relevant languages for immigrant and refugee families.
- Support the use of community health workers who have cultural competency in a variety of early childhood service settings: they may be known as “cultural liaisons.”

Support the Mental Health Needs of Traumatized Young Children—Be Alert to:

- Children exposed to multiple stressful events: parents without legal immigration status live with insecurity and anxiety.
- For children with undocumented family members, the threatened loss of a parent or loved one through sudden separation or deportation, requires the availability of a safe place to express anger, fear, grief, or undue guilt. Be sure that children have a safe place to live if caregivers are detained or removed due to immigration issues.

Engage and Support Parents

- Infants and toddlers can grow and develop with a disability, but they cannot thrive without the love and care of their families. Supporting and enhancing the family’s capacity is a central theme of infant and toddler mental health.

Child Care

- Families whose home language is not English and low income families are more likely to use home-based child care; this points out the necessity to focus on curriculum development and professional development for home-based providers to improve the quality of care received by these infants and toddlers.

A Window of Opportunity: Part C of IDEA

When children are identified with developmental delays or increased risk factors, there is an opportunity to provide support. Minnesota’s infant and toddler development and referral program, known as “Help Me Grow,” is available at **1-866-693-4769**—

<http://www.health.state.mn.us/divs/fh/mcshn/ecip.htm> This is a link to an Early Intervention team that will provide developmental screening and assessment without cost. Assure the confidentiality of this referral. The team’s cultural competency should also be assured.

Useful References: A Selected List

Screening and Assessment:

- Minnesota Children with Special Health Needs (MCSHN)—Infant and Toddler Intervention Services—Help Me Grow. To locate your local early intervention office, go to:
<http://www.health.state.mn.us/divs/fh/mcshn/directory/> For questions regarding diagnosed conditions and eligibility, call Shawn Holmes at 651-201-3641 or 1-800-728-5420. This service is free and confidential.
- ***Practice Notes*** #16, “Referral for Disabilities: A New Responsibility for Child Protection,” is available at:
<http://www.cehd.umn.edu/SSW/cascw/attributes/PDF/practicenotes/Practice%20Notes%2016%20-%20color.pdf> or call 612-625-6550.
- Information on early identification and service support of children with disabilities, DHS Bulletin #10-68-02, “Infants and Toddlers with Disabilities Program: A Look at New Requirements and Overall Review,”
http://www.dhs.state.mn.us/dhs16_148056.pdf, February 1, 2010.

Developmental Information:

- **Information about early childhood development:** Minnesota Parents Know website at:
<http://parentsknow.state.mn.us/parentsknow/index.html> Relevant “Fact Sheets” are available from the Minnesota Department of Health website at:
<http://www.health.state.mn.us/divs/fh/mcshn/ecipelig/conditions.htm#6> . The following may be of particular interest: “Depression of Infancy and Early Childhood”; “Anxiety Disorders of Infancy and Childhood”; “Posttraumatic Stress Disorder”; “Prolonged Bereavement/Grief Reaction Disorder”; “Disorders of Relating and Communicating.”
- For “Developmental Wheel,” call 651-201-3650 or 1-800-728-5420 or visit their website at:
<http://health.state.mn.us/divs/fh/mcshn/wheel.htm> (Available in English, Spanish, Hmong, and Somali.)

Child Care Resources:

- Minnesota Head Start – 218-728-1091: <http://www.mnheadstart.org/>
- MN Child Care Aware: http://www.mnchildcare.org/imm_map.php
- Parent Aware provides ratings for quality: <http://www.parentawareratings.org/pa/search>
- Early Childhood Family Education:
http://education.state.mn.us/MDE/Learning_Support/Early_Learning_Services/Early_Childhood_Programs/Early_Childhood_Family_Education/index.html

Consultants:

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- Loraine Jensen, Part C Coordinator, Minnesota Department of Education; Loraine.F.Jensen@state.mn.us
- Anne Garity, author of “Developmental Repair: A Training Manual” (available at:
<http://www.washburn.org>), geari002@umn.edu
- Susan Schmidt, BRYCS, Susanschmidt2@aol.com; technical assistance on working with refugees and Immigrants:
 - Bridging Refugee Youth and Children’s Services (BRYCS)—888-572-6500 or info@brycs.org;
<http://www.brycs.org/> Check out the BRYCS Web site for more resources: [About Refugees](#), [Child Welfare](#), [Family Strengthening](#), and [Youth Development](#)

Sources:

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