



# **Child Care & Workforce Needs Assessment of the Refugee Community in Waterloo**

**Strategic Solutions Toward  
Pathways of Opportunity**

**SEPTEMBER 2019** © EMBARC

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## Funded by

### Community Foundation of Northeast Iowa (CFNEIA)



The Community Foundation of Northeast Iowa (CFNEIA), headquartered in Black Hawk County, serves 20 counties in Iowa and has granted over \$93 million since it was established in 1956.

CFNEIA is committed to helping find solutions to Iowa's child care crisis and has established child care as one of its core community-initiative

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### Black Hawk County Child Care Coalition



Black Hawk County Child Care Coalition, formed in 2017, comprises nearly 40 individuals from the child care, nonprofit, education, and business sectors. The Community Foundation of Northeast Iowa and Iowa Child Care Resource & Referral are the lead agencies of the coalition.

The group's subcommittees focus on researching five key areas to alleviate

child care needs in Black Hawk County:

- 1/ Business and child care: building and expanding solutions
- 2/ Child care and entrepreneurs
- 3/ Community college and child care
- 4/ Child care mentors
- 5/ Non-English-speaking community

**www.cfneia.org/childcare**

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EMBARC co-chairs the Non-English-Speaking Community subcommittee of the Black Hawk County Child Care Coalition and is a grassroots, community-based organization founded by and for refugees. EMBARC is the only refugee-led service provider in Iowa. It was founded in 2012 on the belief that sustainable change comes from within a community empowered to help themselves.

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# About This Report

## | Purpose

**While Iowa has the second-lowest unemployment rate in the country at 2.6%, the rate for unemployed minorities in Iowa is triple that number** (Iowa Workforce Development, June 2019). As of April 2019, unemployment in Black Hawk County is 2.7%. This is not only greater than the 2.6% state unemployment rate but is also a sharp increase from 2.2% in November 2018 (U.S. Bureau of Labor Statistics, April 2019). While employers anticipate the need to hire, there's a severe shortage of prepared, quality workers.

Child care is not only a critical component of workforce success but also an economic driver. When a community has child care available, it can recruit and retain businesses, employees, and families. However, a severe shortage of child care has created a crisis in Iowa, including in Black Hawk County. The child care waiting lists are in the thousands, gravely impacting both families and the economy (Steffen, 2018). The problem

is growing as the county has lost 40% of its registered child care providers in the past five years due to retirement, lack of benefits, and stricter regulations on providers. The current state of child care in Black Hawk County is creating a financial squeeze for working families.

In recent years, increased numbers of immigrant and refugee families have made their home in Black Hawk County. They are helping to build and grow communities and contributing in numerous ways. However, they face multiple, complex and unique challenges to accessing the workforce, child care, and services. These challenges, combined with language and cultural barriers, impede their ability to integrate into skill-appropriate career fields or to advance skills to seek jobs of interest. In fact, a 2010 Congressional report discussing the U.S. refugee resettlement program states that “many refugees lack a legitimate shot at becoming employed, conversant, and self-sufficient under the current system.”



The purpose of this report is to assess the unique barriers and challenges faced by refugee and immigrant communities in Black Hawk County. The results of this report will help develop targeted opportunities and strategic solutions to create pathways of opportunities for our newest neighbors in Black Hawk County.

# Refugee Resettlement in Iowa

## Iowa has a long and positive history of refugee resettlement.

Since 1970, Iowa has resettled over 30,000 refugees. The majority of refugees who resettled in Iowa in the past 10 years moved from another state, as secondary migrants, rather than arriving directly to Iowa through primary resettlement. The distinction between primary and secondary resettlement is important, as secondary migrants do not qualify for resettlement services, even if a refugee family moves to Iowa immediately after arrival to the U.S. (Fig 1).

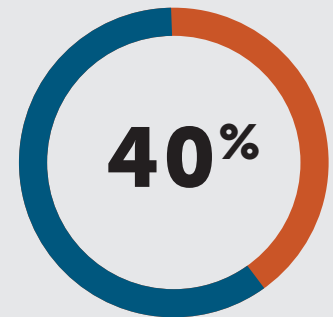


### FIG. 1 TOP CHALLENGES NEW IOWANS FACE

- Lack of English-language skills
- Cultural differences
- Health issues/ navigation of health care
- Transportation
- Child care

## 40 PERCENT OF IOWA'S POPULATION GROWTH SINCE 2010 HAS COME FROM IMMIGRATION.

-The Gazette, 2018



## REFUGEE

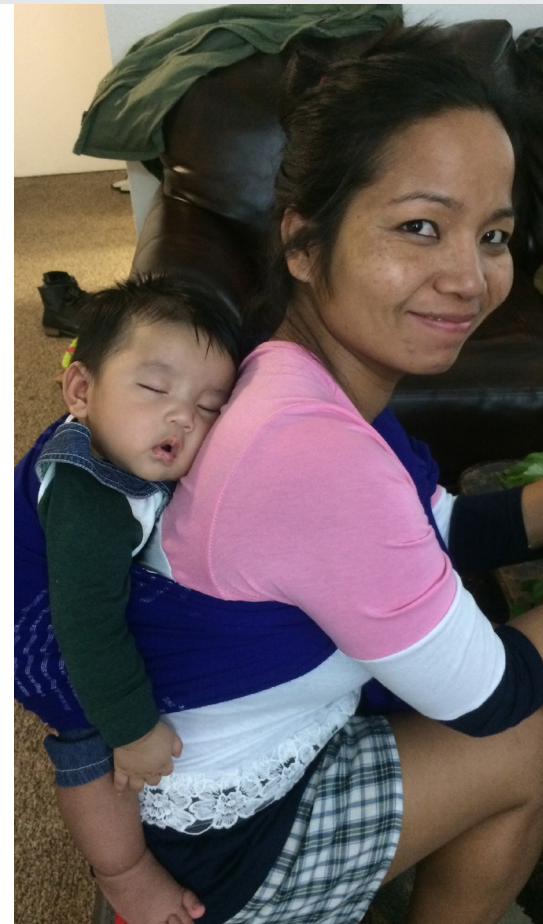
A refugee is a person forced to flee his/her country because of a well-founded fear of persecution based on race, religion, nationality, political opinion, or membership in a particular social group.

**IN 2017, A RECORD HIGH 68.5 MILLION INDIVIDUALS WERE FORCIBLY DISPLACED WORLDWIDE.**



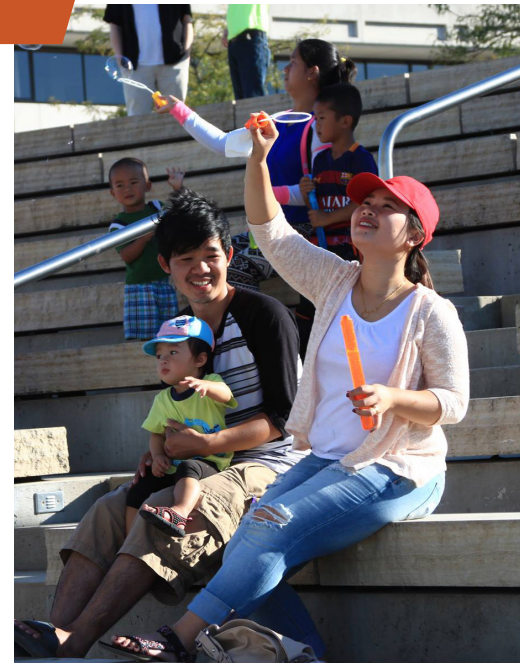
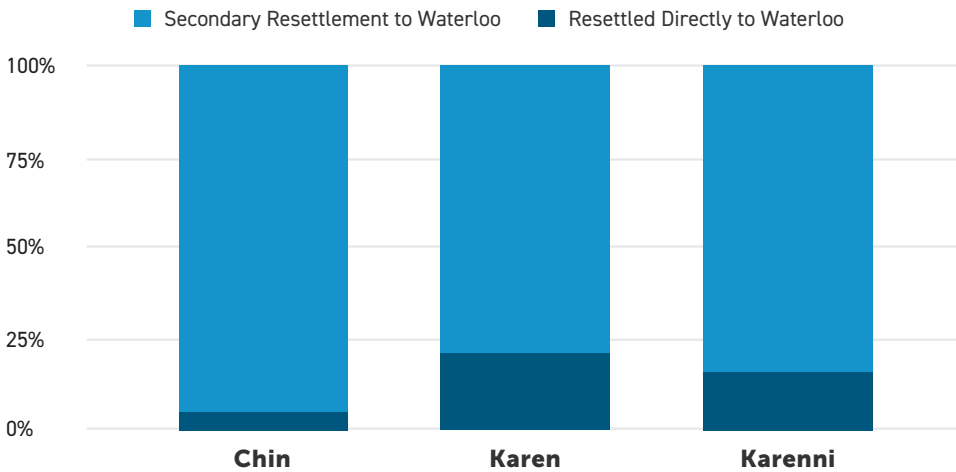
## KEY REASONS FOR SECONDARY MIGRATION:

- Family reunification
- Job opportunities
- Low cost of living
- Support systems and services
- Secondary migrants do not qualify for resettlement services



## Refugee Resettlement in Iowa (continued)

**FIG. 2 SECONDARY VS. PRIMARY REFUGEE RESETTLEMENT IN WATERLOO**



## IOWA'S HISTORY OF REFUGEE RESETTLEMENT AT A GLANCE

### 1975–1993

- Priority of Governor Ray
- Emphasis on employment
- Southeast Asians
- Statewide
- Sponsors/Volunteers
- Federal safety net
- 5 years of support for refugees



### 1993–2001

- Southeast Asian resettlement slowing down
- End of Cold War and former Soviet Union
- Bosnian resettlement
- Resettlement primarily in few Iowa counties
- Welfare reform
- Reduction of federal resettlement funds
- More dependence on refugee relatives and fewer sponsors



### Post 9/11–2008

- New security and processing procedures
- Low arrivals—end of Bosnian resettlement and all but few Vietnamese
- Large Sudanese resettlement; other African countries, Burundi, Liberia, Somalia
- Resettlement eventually concentrated in Polk County; Catholic Charities Archdiocese of Dubuque resettles in smaller numbers
- Agency resettlement rather than sponsorship model

### 2008–2016

- Influx of refugees from Burma resettled; large numbers of Bhutanese, Iraqi arrivals
- Waterloo arrivals increasing through Catholic Charities Archdiocese of Dubuque
- Financial crisis = decreasing limited services
- 90-day core resettlement services
- Case load: high needs and high barriers
- Lutheran Services of Iowa and Bureau of Refugee Services stop resettling refugees
- New resettlement agencies, USCRI and Catholic Charities
- Influx of secondary migration (moving to Iowa)

### 2016–Present

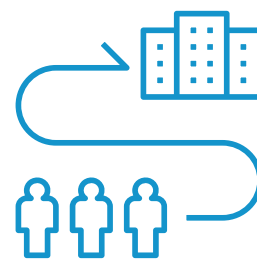
- New U.S. government restrictive policies; record-low refugee arrivals
- Increasing numbers of Congolese refugees; Burma resettlement slowing down
- Increase in refugees moving to Iowa
- Iowa is one of top five states for secondary migration
- Catholic Charities Archdiocese of Dubuque ends resettlement program in Dec. 2017
- Catherine McAuley Center in Cedar Rapids through USCRI starts resettling in 2018
- New arrivals are moving to Waterloo with little support

SOURCE: 2014 REFUGEE COMMUNITY PLAN

# Refugees & Immigrants in Black Hawk County

**Waterloo's long and positive history of receiving refugees has led it to become one of the most diverse cities in Iowa.** The most recent refugee and immigrant arrivals in Waterloo are from the diverse ethnic minorities from Burma and the Democratic

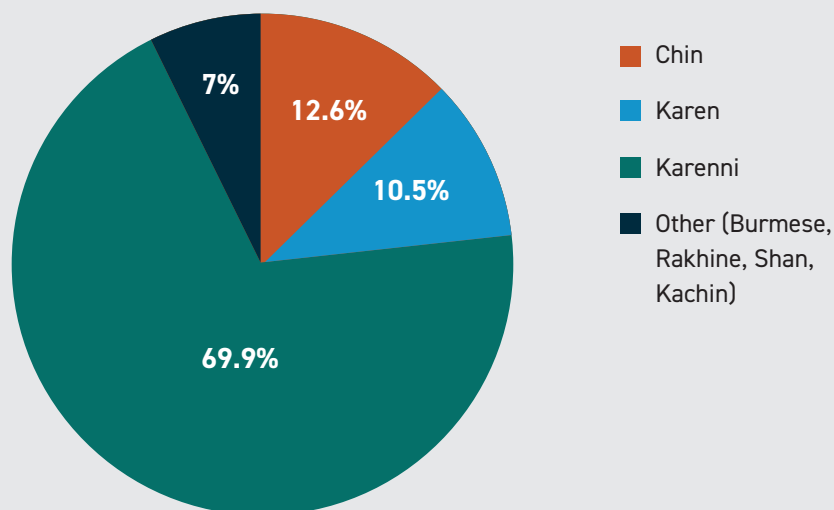
Republic of Congo. Although refugee resettlement has decreased significantly nationwide, primary resettlement of Congolese and Burma refugees in Eastern Iowa has increased (Catherine McAuley Center, Cedar Rapids, 2019).



## Ethnic Minorities of Burma

**The majority of refugees from Burma come to Waterloo as secondary migrants.** Based on estimates provided by community leaders, a combined total of over 2,000 Karenni, Chin, Karen, Rakhine, Burmese, Shan, and Kachin refugees from Burma have resettled in Waterloo since their resettlement began in 2009. Burma, also known as Myanmar, has the longest-running civil war in the world and is among the most ethnically and culturally diverse nations. (Fig 2 & 3).

**FIG. 3 BURMA ETHNIC RESETTLEMENT POPULATIONS IN WATERLOO**



## Congolese

**The Congolese community in Waterloo is unique.** Unlike the majority of Congolese who came to Iowa as refugees, the estimated 500 Waterloo Congolese individuals arrived to the U.S. as immigrants, through the federal government's Diversity Immigrant Visa Program. They arrive with higher levels of education than the Congolese refugee

community due to the educational requirements necessary to apply for this Diversity Visa. However, unlike refugees who are resettled in the U.S., these individuals do not receive any supportive services, although lack of knowledge of the American language and our systems create significant barriers to entering the workforce.



### Marshallese

**Increasing numbers of Marshallese community members have moved to Waterloo to work at the meatpacking plants.** Marshallese have a unique legal status to work in the U.S. under the 1985 “Compact of Free Association.” This agreement grants the U.S. exclusive military rights over the Marshallese Islands and other Pacific microstates. In exchange, Marshallese citizens are allowed to live and work in the U.S. without a green card or visa, technically not making them “immigrants.” However, the Marshallese are not eligible for

### ABOUT THE U.S. DIVERSITY IMMIGRANT VISA PROGRAM

**A very small number of applicants (50,000 out of 13 million applications, less than .38%) from countries with low rates of immigration receive legal permanent residence status through this program.** They are commonly referred to as “lottery winners.”

They must have at least a high school education and work experience. Waterloo has an estimated 500 Congolese community members who came to the U.S. through this program.

*Source: [uscis.gov](http://uscis.gov)*

federal benefit programs including Medicaid, Medicare, and Social Security.

About a third of the Marshallese population of the Marshall Islands has left for the U.S. since the agreement, with the Marshallese population in the United States increasing from 6,700 in 2000 to 22,400 as of the 2010 census. The Marshallese community in Iowa faces similar language and access barriers, which are exacerbated by their inability to access federal assistance programs.

*Source: [migrationpolicy.org](http://migrationpolicy.org)*

### CULTURAL NORMS

- Ethnic minorities often identify themselves by their ethnic group, not their country.
- No family name, different last names, and nicknames are common.
- Normally address others by terms denoting a kinship relation.
- Respect for elders.







### Liberian

**According to Waterloo Liberian community leaders, there are about 500 Liberians in Waterloo.**

Although Liberians speak English as their native language, cultural barriers, low education levels, inability to read or write, lack of knowledge about where to get

job, and how to access to child care, mean Liberians struggle greatly when navigating the U.S. health and social service system. According to their leaders, the older generation remain culturally insular, and is very resistant to change, resulting in tension

between parents and children. Consequently, the community has seen several behavioral issues among youth. At this time, there has been no formal survey of the Liberian community.

### Latinx

**A national study projects that Latinx populations will comprise 13% of Iowa's total population by 2050, an increase from 6% in 2017.** Today, the Latinx community is the largest ethnic minority population in Iowa. Despite their size, the Latinx community still faces many challenges. For example, 13.9% of the population does not have health insurance compared to 4.7% for the rest of Iowa, and the poverty rate in 2017 sat at 18% compared to 10.7%. A substantial portion of the

population began work in meatpacking plants and other factories around Iowa. However, shifts show more and more of the community entering into health care and nursing, government and management, or education and administration. The Latinx community has boosted and revitalized many small rural towns across Iowa with shrinking populations due to low birth rates and an aging population. (Iowa Department of Human Rights, 2018)

# Refugee Child Care & Workforce Needs Assessment

The surveys and data included in this report highlight the workforce and child care barriers faced by Waterloo's newest refugee and immigrant communities. However, implications from this report may also support an increased understanding of the barriers faced by other immigrant communities, such as the Liberian, Marshallese, and Latinx communities.

## Methodology

### Survey Design

A mixed-method study design was employed to assess community members' perspectives about barriers to child care—seeking, obtaining, and retaining jobs/employment as well as the association between not seeking employment/not working, and lack of child care. For the quantitative

methods, a validated survey tool was identified and adapted by the lead investigator. Qualitative methods were used to better understand the processes by which child care needs contributed to community members' seeking, obtaining, and retaining, or leaving jobs/employment.

### Sampling

A multistage cluster sampling strategy was used to select respondents from the two target communities (refugees from Burma and immigrants from Congo). First, we treated the different ethnic groups as clusters and second, we randomly selected individuals from each community. To avoid statistical issues resulting from a higher sensitivity to issues in the larger group of community and lowered sensitivity to the small groups leading to biases, we oversampled the smaller group

of the community. In this survey, the Karen community is smaller than the Karenni in proportion. Sample sizes were determined based on a 10% level of significance (Type 1 error=0.10), a power of 80% (Type II error=0.20), a design effect of two. Although the sample size appears to be smaller than originally planned, it is able to capture the desired information and inference or generalization to the larger community from which data is collected. The quantitative data was collected from 159

refugees (61 participants refugees from Burma and 98 participants refugees from the Democratic Republic of Congo). For the qualitative portion of the survey, six focus group discussions (FGD) were conducted among 39 individuals and key-informant interviews with two leaders, one from each target community. Therefore, a total of 198 community members participated in the study. In both the quantitative and qualitative approaches, the study excluded infants, children, and teenagers



### Data Collection

**For the quantitative portion of the study, a validated, structured questionnaire was identified and adapted by the lead investigator with additional input from the EMBARC program team.**

The key input was rephrasing certain questions to make them culturally appropriate, clear, and understandable by the community members. The questionnaire was written in English and administered in person in the primary language of each participant. The survey interviews were administered by WorkReady Navigators with close

supervision from the research team to ensure the quality of the data. Responses were recorded by each of the Community Navigators and/or partners conducting the interview. Each interview lasted about 30 minutes. Data was collected over a three-week period during Spring 2019.

The focus group format included a primary facilitator and interpreter who conducted each session, and a note taker who recorded the focus group discussion and key responses in a template on

a laptop computer or through handwritten notes. Each session lasted approximately 60 minutes. For the qualitative portion of the study, a semi-structured focus group discussion guide covering child care and job/employment was developed in English.

Following a one-day training, two experienced facilitators conducted the focus group discussions, which were audio-recorded, transcribed, and translated back into English. De-identified transcripts were then shared with the research team for analysis.

### Quantitative Measures

**The quantitative measures are focused generally on three main study variables—demographics, workforce, and child care.** The details of variables under these three categories are given below.

### Sociodemographic Characteristics

The demographic data assessed whether respondents came to the U.S. as refugees or immigrants, number of years lived in the U.S., number of years lived in Iowa, gender, ethnicity, respondents' primary and secondary languages, respondents' ages, years of education completed before coming to the U.S., education respondents completed after coming to the U.S. (ELL, high school, HiSET/GED, tech certification, community college, university) and whether respondents dropped out of school, and reasons for dropping out of school.

### Workforce

The workforce-related data assessed:

- 1/ awareness and use of available resources or organizations in Waterloo that help people find jobs or training for jobs (whether the respondent knew about and used these resources/organizations while searching for jobs, reasons for not using available resources/organizations that help people find jobs)
- 2/ respondents' job histories before coming to the U.S. (if respondents had jobs before coming to the U.S., the types of jobs respondents had before coming to the U.S., and location/country where respondents worked)
- 3/ respondents' current job histories (whether respondents currently have jobs, location of jobs, type of work, number of years respondents have been working at their current jobs, whether respondents like their current job-related pay, benefits, shifts, duties, etc., and what respondents like the least about their current jobs, whether their

current jobs require English-language use, whether respondents would like a different job)

- 4/ what respondents see as important factors when looking for jobs

- 5/ job histories of those who are not currently working (the reasons why respondents are not currently working including whether lack of child care was a reason for not working and what is important for them when looking for jobs)

- 6/ job needs for those who are not currently working (whether respondents are looking for jobs, types of jobs respondents are looking for)

- 7/ difficulties respondents are having with finding jobs or barriers to seeking, obtaining and maintaining jobs (language, work experiences, child care, etc.) and finally

- 8/ who respondents go to if they want help with job applications

### Child Care

The child care needs assessment section of the survey assessed:

- 1/ ages of all children in the family and child care type; where children in the house go for child care, or whether respondents take care of their children at home; the reason for not using available day care

or child care centers; whether respondents think the community members have access to day care/child care centers; and the reason why the community does not have access to child care centers

**2/** awareness and utilization of organizations that help communities access child care

**3/** child care preference of the respondents (in own home, child care in the family, care by a relative, care by close family members, licensed family child care provider, child care center, preschool, after-school program)

**4/** amount that respondents consider reasonable to pay for child care per week

**5/** major challenges that families are currently facing in accessing child care

**6/** concerns that respondents have about the child care system

**7/** things that would help families in the community to access child care

**8/** whether respondents are currently providing child care at home (number of children respondents are providing care for, frequency of care provision)

**9/** whether respondents want to become a child care provider

**10/** whether an adult(s) in the household other than respondents is unable to work due to child care



## Data Analysis Strategy

**For the quantitative data, descriptive statistics for all demographics, workforce, and child care variables were calculated.** Binary logistic regression models controlling for clustering at the ethnicity- or community-group level were conducted using Stata 15.1 to assess the association between some variables in the survey including whether, for example, dropping out of school, dropping out of work, and not currently working are associated with lack of child care. The association test statistics also assessed whether using a child care

center is associated with concerns that respondents have about child care systems and affordability of child care. All slope estimates are reported as odds ratios and all p-values <0.05 are reported as statistically significant.

For the qualitative data, all English transcripts were analyzed, queries based on key themes were conducted, and summaries for each theme (including representative excerpts from the focus group discussion) were written.



## Ethical Consideration

**This study is part of the ongoing program intervention and did not need Institutional Review Board approval.** However, data collection followed strict ethical principles. Participants were guaranteed confidentiality and assurance that all information obtained would not be identifiable to them as individuals. In addition, all focus groups consented to be audio-taped for accurate transcription. The survey also did not collect any personal identifiers related to the respondents.

# Results



## Sociodemographic Characteristics

**A total of 198 people participated in the study of which 76.3% are women, 93.3% reported they came to the U.S. as refugees, and 66% have lived in Iowa for five years or less.** Approximately 98% are under the age of 55 years, with 66% being under the age of 35 years.

Overall, 13 languages are cited as primary languages on the qualitative survey: 46% were Karen, 32% Karenni, 10% Chin, and 12% others (e.g., Shan, Rakhine, Burmese, and African languages). About 59% of the respondents reported Burmese,

as their second language. Although the Karenni community from Burma is the largest ethnic group in Waterloo, language and logistical barriers limited the survey numbers. Additional data for the Karenni was gathered through qualitative interviews and focus groups.

Approximately 79.7% of the respondents did not have a high school education before coming to the U.S., whereas 17% reported they had high school and above education before coming to the U.S. Of the respondents, 66%

reported attending education in the U.S., of which 49% reported attending an English Language Learner (ELL) class. Of those entered into ELL class, 57% reported that they completed it.

**Note:** Five hundred and ten (510) community members were represented by the different ethnic community leaders from Burma and Congo who participated in the qualitative focus groups and interviews.

## Workforce Findings

When respondents were asked to name an organization or resource that helps families find a job, 41% said EMBARC and 22% referenced the former resettlement program by the Catholic Charities Archdiocese of Dubuque.

**Ninety-seven percent (97%) of the respondents said they go to their ethnic community or ethnic community-based organization for information and help finding a job:**

- 1/ friends and family
- 2/ EMBARC
- 3/ community leaders

**Less than 2% said they go to a mainstream service provider for assistance.**

### PAST JOB EXPERIENCE:

**The top three jobs respondents had before coming to the U.S.:**

- farming (46%)
- teaching (21%)
- service industry (11%)

### CURRENT JOBS:

**52% of the respondents are currently working—53% are working for meatpacking companies and 27% for production companies.**

## Results (continued)

An estimated 52% of respondents are currently working, of which 53% of those respondents are working for meatpacking companies, Tyson (74%) and Simply Essential (10%), and 27% for production companies. Ninety-seven percent (97%) have been working at their current jobs for less than three years.

Of the respondents who are currently working, 44-48% reported that they remain at their current jobs due to the pay, benefits, shift, location, adequacy of supervision, family, and peer co-workers, and/or defined expectations of roles and responsibilities. Thirty-eight percent (38%) said they have an interpreter at their current workplace.

**THIRTY PERCENT (30%) REPORTED THAT THEY WOULD LIKE TO CHANGE THEIR CURRENT JOBS FOR THE FOLLOWING KEY REASONS:**

- Transportation
- Language barriers
- Difficulty of the task
- Weekend work
- Mandatory overtime work

# 59%

REPORTED THEY COULD NOT COMMUNICATE WITH THEIR SUPERVISORS DUE TO LANGUAGE BARRIERS.

When asked what other factors are important while looking for a job, 39% said having an interpreter at the workplace, 34% having English class at the workplace, 19% having child care, and 18% respectful and safe work environment.

(Note: Respondents were allowed to choose more than one factor)

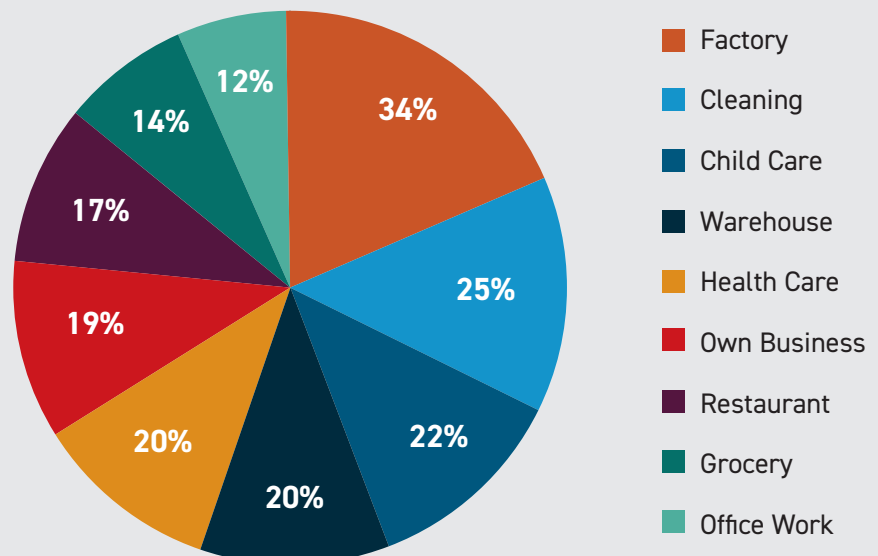
# 15%

OF RESPONDENTS ARE CURRENTLY LOOKING FOR A JOB.

**THE TOP THREE JOBS RESPONDENTS KNEW ABOUT AND SAID THEY ARE LOOKING FOR ARE:**

Factory work (34%), general cleaning including hotels, hospitals, and home care (25%), and child care (22%). Many respondents reported more than one type of job. (Fig 4).

FIG. 4 TYPES OF JOBS

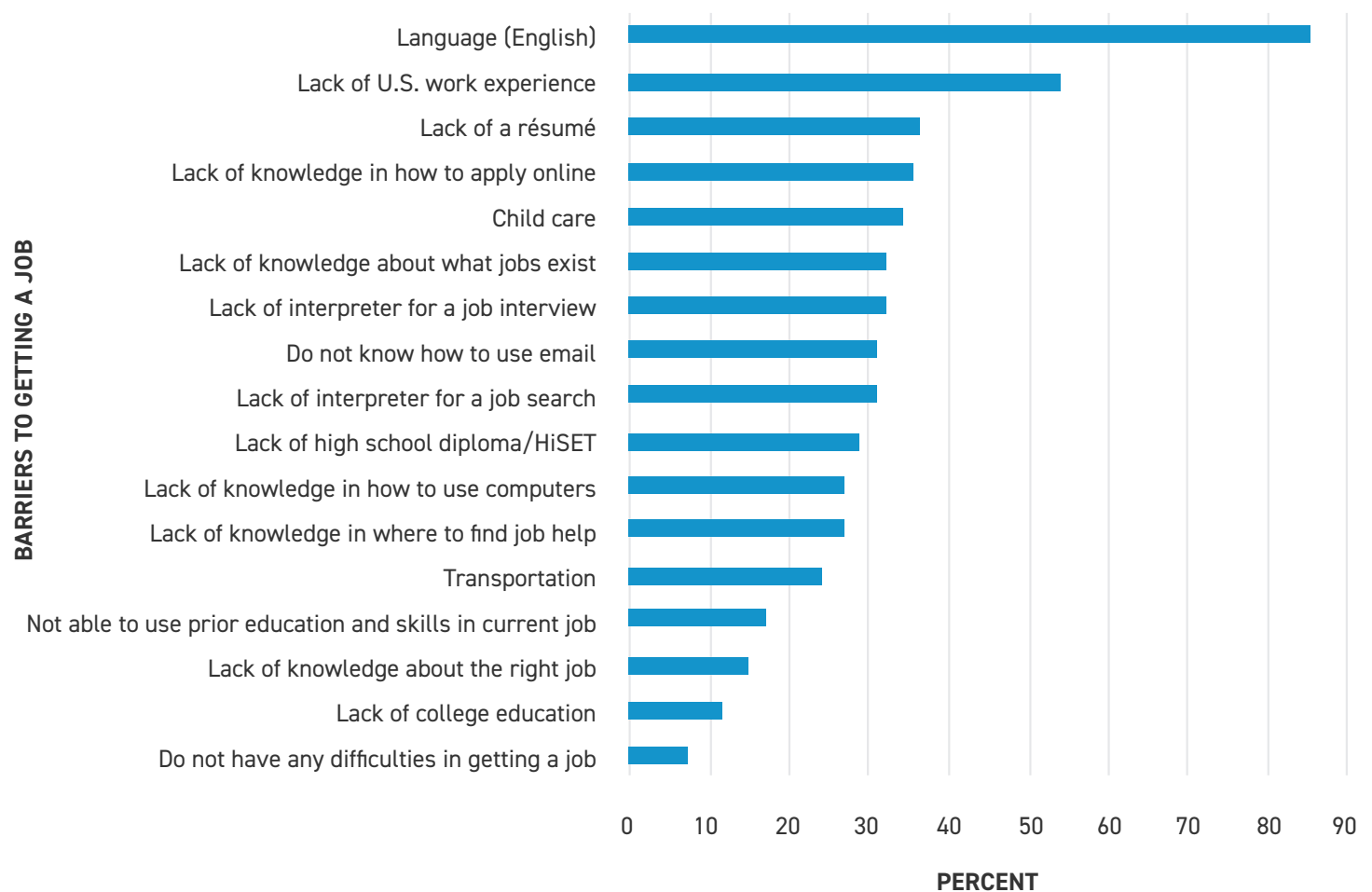


## Results (continued)



When asked what difficulties they face in getting jobs, about 93% of the respondents reported at least one barrier. Of this number, 48% reported 2-6 barriers; 15% reported 7-12 barriers; and 18% reported more than 12 barriers. The top five barriers reported by respondents are: language, lack of U.S. work experience, not having a résumé, not knowing how to apply for a job online, and child care (Fig 5).

FIG 5. BARRIERS RESPONDENTS FACE IN GETTING A JOB







Child Care Findings

98%

HAVE CHILDREN UNDER 18 MONTHS IN THEIR HOUSEHOLD.

97% of those who have children under 18 months are not sending their children to child care or day care.

85% of those who have children between the ages of 2½ to 5 years old are not sending their children to child care or day care.

42%

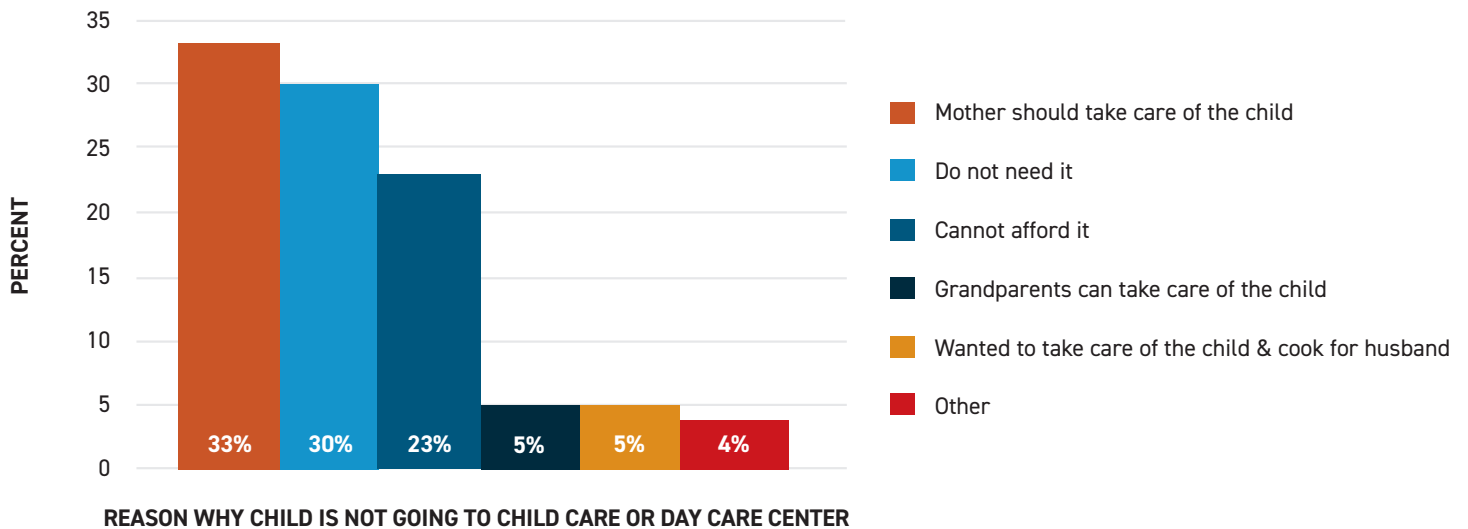
OF RESPONDENTS SAID THEY HAVE 2½- TO 5-YEAR-OLD CHILDREN IN THEIR HOUSEHOLD.

About 98% of respondents said they have children under the age of 18 months in their household of which 97% said their children do not go to child care or day care centers. When asked about the reason why their children do not go to child care or day care, 33% said the mother or grandparents should take care of the child; 30% said they do not need it; and 23% said that they cannot afford it (Fig 6).

23%

reported primary reason for not sending children to child care or day care is that they cannot afford it.

FIG. 6 REASONS WHY CHILD IS NOT GOING TO CHILD CARE OR DAY CARE CENTER



## Results (continued)

While 42% of respondents said they have 2½- to 5-year-old children in their household, only 15% said their children go to day care. In other words, 85% of those who have children between the ages of 2½ and 5 years old are not sending their children to day care. Those respondents who send their children to child care chose local, home-based care; pre-K or Head Start; or the YWCA.

Similar to families with children under 18 months, 33-40% of respondents believe that a mother should take care of the child, rather than going to child care.

**“Women have a lot of responsibilities with children and household, only mother takes care of children. Usually men in community just work and come home and sleep—normally don’t take care of children or help around the house.”** (Community leader 1 from Ethnic Minorities of Burma, FGD, May 13, 2019)

Although this is a general perception among respondents, the findings from the Congolese community adds a slight variation to it.

**“Child care is considered a woman’s job to care for children, but the fathers of children also provide child care along with other close male family members or friends.”** (Congolese community leader 1, FGD, May 13, 2019)

Almost all focus group discussion (FGD) participants said that affordability is the second major challenge for the families in their community to access child care.

**“Even if we make \$400–\$500 a week, the cost of child care is similar or more, so it doesn’t make sense to pay all you earn to child care.”** (Participant 1, Ethnic Minorities of Burma, FGD, May 13, 2019)

Focus group participants also cited barriers such as large family size and language.

**“In our country, no family planning, so if you have a husband, you end up with a lot of**

**children. Here it is better, we can control how many children we have. Some women plan out how many children to have and when they will be able to return to work.”** (Participant 2, Ethnic Minorities of Burma, FGD, May 13, 2019)

**“Most community members are not comfortable speaking English and I think language is the biggest challenge.”** (Participant 3, Congolese, FGD, May 13, 2019)

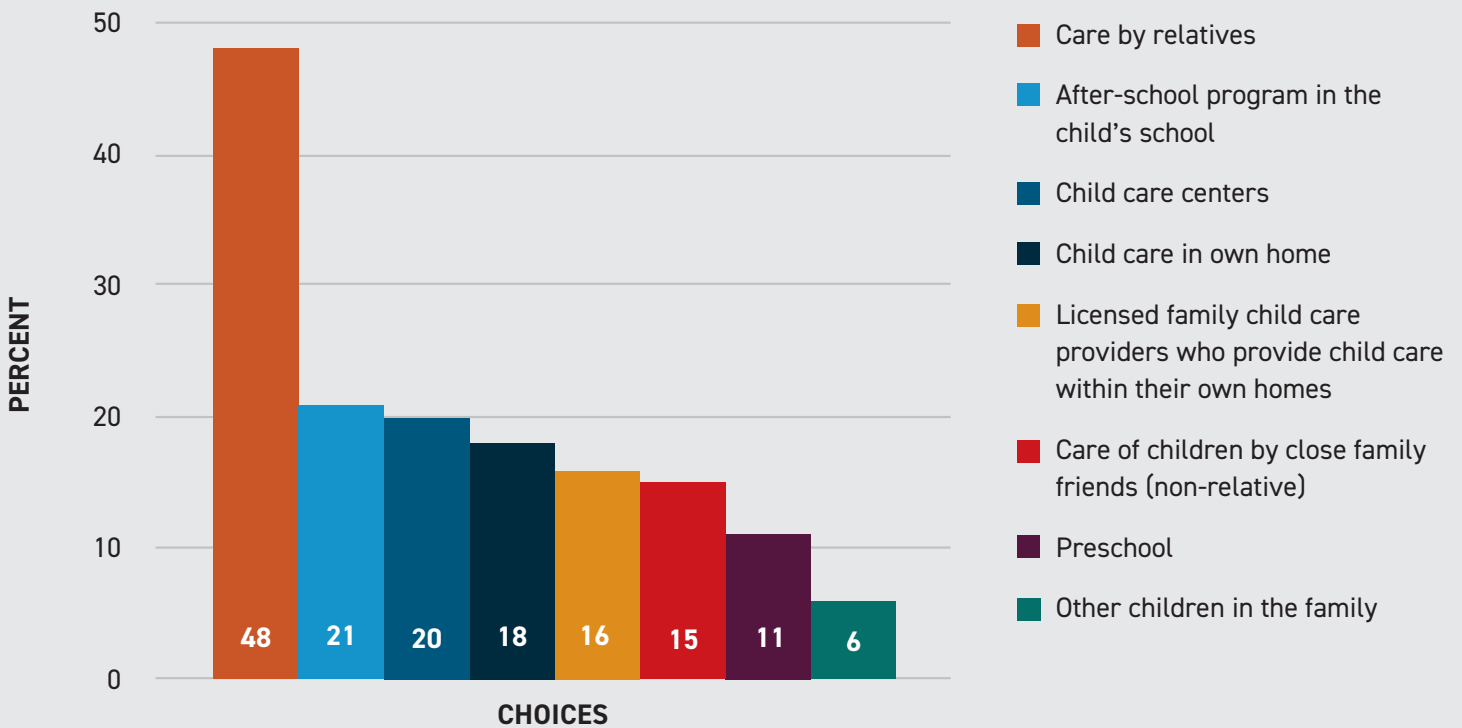
About 78% of the respondents reported that families in their community do not have access to child care services. Seventy-nine percent (79%) said they are aware of at least one organization in the Waterloo area that helps families access child care, such as EMBARC, Grin and Grow and Tri-County Head Start. Forty-nine percent (49%) reported participating in programs at these organizations. EMBARC facilitates outreach and interpretation for both Grin and Grow and Tri-County Head Start to serve families from Burma and the Congo.

When asked about the options for child care in their home country, only 3% said they had a babysitter at home. The rest reported relying on family and friends (44%), grandparents (22%), and siblings (3%), while 18% said they did not have any option.

Of the respondents, 48% said their first choice for child care would be relatives, followed by on-site after-school programs (21%), and child care centers (20%), among others (Fig 7).



FIG. 7 RESPONDENTS' CHOICE OF CHILD CARE ARRANGEMENTS



While 25% said child care should be free, 23%, 16%, 12%, and 13% consider up to \$24, \$40, \$60, and \$100 per week, respectively, is reasonable to pay for child care.



AMOUNT RESPONDENTS SAID WAS REASONABLE TO PAY PER WEEK FOR CHILD CARE

Amount reasonable to pay per week	Number	Percent	Cumulative Percent
No pay required	15	25.0	25.0
\$1-24	14	23.0	48.0
\$25-40	10	16.0	64.0
\$41-60	7	12.0	76.0
\$61-80	3	5.0	81.0
\$81-100	8	13.0	94.0
\$101-125	1	2.0	96.0
Over \$125	3	4.0	100.0
<b>Total</b>	<b>61</b>	<b>100.0</b>	

## Results (continued)

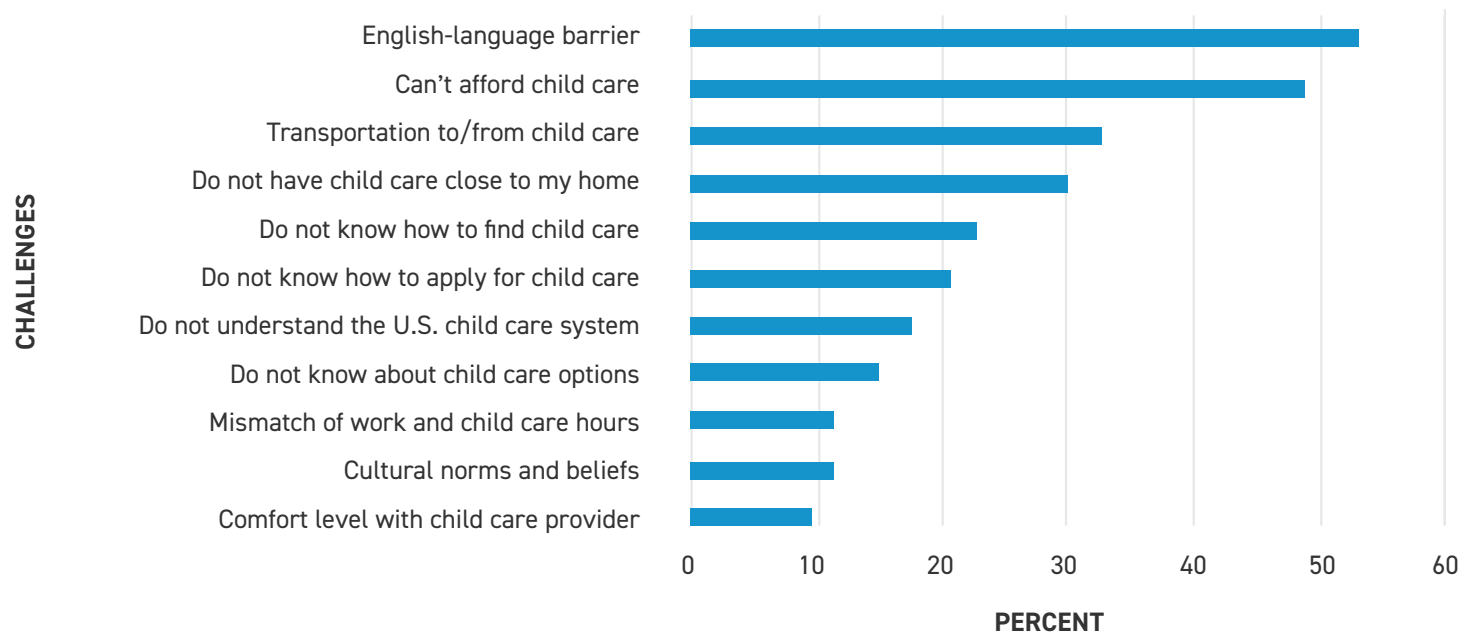


Language, affordability, transportation, location of child care centers, and lack of knowledge about how to find and apply for child care are the top difficulties reported for families trying to access child care.

**“IF THE CHILD CARE PROVIDER CALLS ME BECAUSE OF AN EMERGENCY, I AM AFRAID I WILL NOT KNOW WHAT THEY ARE SAYING.”**

(BURMA COMMUNITY LEADER, FOCUS GROUP, MAY 13, 2019)

**FIG. 8 CHALLENGES TO ACCESSING CHILD CARE**

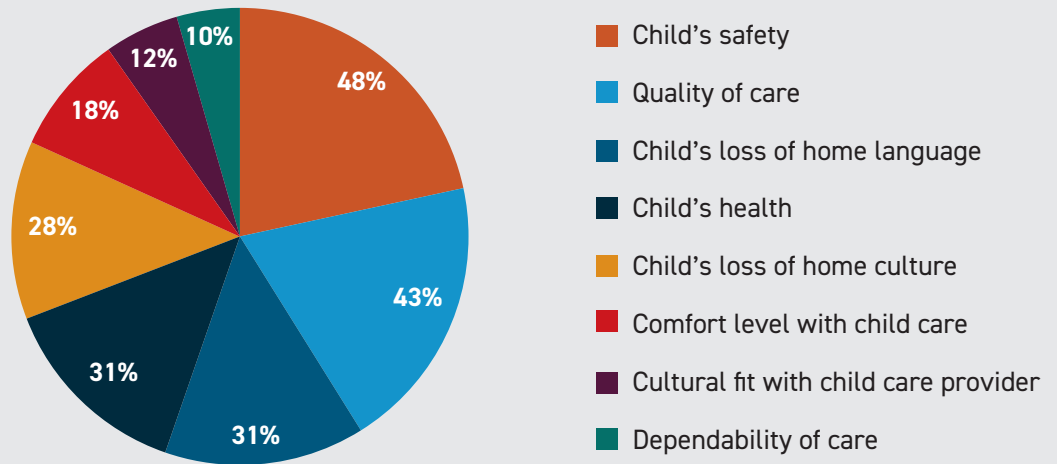


More than half of the respondents (54%) said they would most prefer child care located near their home. Thirteen percent (13%) said they would prefer child care located near their workplace. Twenty-eight percent (28%) said the location of child care does not matter to them.

**TOP FOUR CONCERNS ABOUT CHILD CARE**

- 1/ Child safety
- 2/ Quality of care
- 3/ Fear of child losing the home language
- 4/ Child health

**FIG. 9 CONCERN FAMILIES HAVE ABOUT CHILD CARE**



**WHEN ASKED WHAT WOULD HELP FAMILIES:**

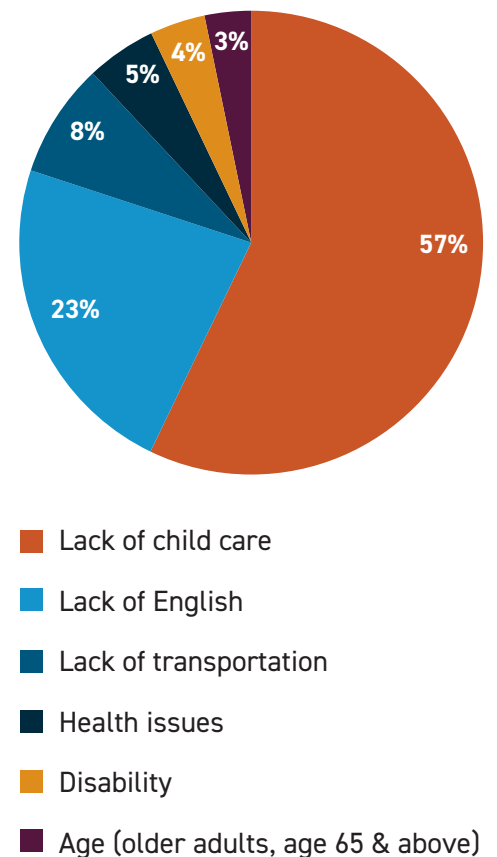
- 1/ Thirty-three percent (33%) said make child care centers culturally and linguistically sensitive (providers from the community, and have interpreters and translators)
- 2/ Thirty-one percent (31%) said providing families and community leaders with proper information about child care and related costs (organizing child care promotion awareness day, going home to home and talking to families, and educating families on the link between child care and work)
- 3/ Eighteen percent (18%) said making child care affordable (helping low-income families, having public options, and offering free day care)

4/ Eighty-six percent (86%) said helping families obtain a good-paying job.

Currently, 10% of the respondents provide child care at their home for 2-3 children. Eighty-six percent (86%) of these providers provide child care all day during the week and 14% sometimes during the weekend. Twenty-five percent (25%) of the respondents said they want to be child care providers, and 20% said they want to work in a child care center.

All respondents said they have at least one adult age 18 and above in their household of which 53% are unable to work. The major reason for adults in the household (other than the respondents) not currently working was child care (57%), among others. (Fig 10).

**FIG. 10 REASON WHY ADULT IN THE HOUSEHOLD IS NOT CURRENTLY WORKING**



# A Story From the Community

**Meh came to the U.S. in 2014 as a refugee from Burma.** Her husband worked at Tyson and she was a stay-at-home mom. She wanted to join the workforce, but her family couldn't afford child care. In 2017, when her son was 18 months old, she was looking for jobs again. She learned about a job position through a friend. The job offered financial assistance for child care, so she made the decision to apply.

Meh did not know what child care services were available. In the past, she relied on friends and family to support child care informally but had never used a child care service. Her new employer helped her enroll her son in a local mainstream day care. However, after a short time, she withdrew him from the program. Every day, when he was taken to the day care, he would become so distressed that he threw up. She believed this was due to cultural differences like the type of attention, language, and foods served. Another issue for the family was Meh's husband, who does not speak English, could

not communicate if there were any emergencies at the day care center.

After withdrawing her son from day care, Meh hoped to find someone from her own community to provide child care in her home. However, her employer could only pay a licensed child care provider who was certified in CPR and first aid. While she knew refugee community members who were interested in providing child care, no one had the certifications that were required. The specific classes to get certified were only held intermittently and were often far away. Another barrier was that all the classes required were only offered in English, and the community members who were interested in providing child care did not speak English.

Ultimately, because of difficulty finding culturally appropriate child care, Meh had to quit her job to care for her son. She is currently a full-time stay-at-home mom. However, she is still interested in finding a job, and even working at a child care center.



# Analysis & Key Themes

## **There is a clear link between access to child care, employment, and overall economic growth.**

Businesses rely on employees, and employees rely on child care (National Women’s Law Center, 2017). Nationally, the cost of lost earnings, productivity, and revenue due to the child care crisis totals an estimated \$57 billion each year (Sandra Bishop-Josef and others, 2019).

Our findings show that many refugee and immigrant families with young children must choose between leaving the workforce altogether to become a full-time caregiver or spending a significant portion of their income on child care. Whether due to high cost, limited availability, lack of culturally and linguistically appropriate child care providers, or inconvenient program hours, child care challenges are driving these parents out of the workforce at an alarming rate. Fifty-seven percent (57%) of adults dropped out of work due to lack of child care, becoming an added barrier to education, language, and cultural barriers. This is especially true for mothers, who take a disproportionate amount of responsibility to care for their children. Our findings show that 33-40% of

mothers must stay at home to take care of children. This is consistent with previous research evidence (Parker, 2015).

**“If they (parents) have to work, one has to work in the morning and the other takes care of the children or grandparents. [Lack of child care] limits their ability to work full time.”**

(Participant, pastor, FGD, May 13, 2019)

Our findings also show that removing barriers to child care will not be enough to increase access to the workforce. In order to successfully recruit, maintain, and strengthen the workforce, the unique strengths of and challenges for the refugee community in obtaining employment must also be considered.

**“For the parents, it’s the first generation in the U.S., so for us, there are a lot of things that we have to learn. First we have to find a job but when we get a job, child care becomes another challenge because it’s difficult to take care of our kids.”**

(Participant, Ethnic Minorities of Burma, FGD, May 13, 2019)

## 1 Language & Communication

### **Language is one of the primary barriers to successfully obtaining work, child care, and services.**

Many refugees and immigrants are not fluent in English, limiting their ability to speak, read, write, or listen effectively. Everything from awareness of resources and obtaining information to completing applications and acquiring training

is a tremendous barrier. U.S. laws are complex and confusing, and the possibility of violating rules creates fear.

English as a second language (ESL) courses are a valuable tool needed for better jobs; however, refugees have difficulty accessing English language

training and there are simply not enough classes.

Communication styles are influenced by culture. Differences in norms and values often lead to misunderstandings and biases.

### CULTURAL VALUES

#### REFUGEES\*

- Deferential
- Discreet
- Consensus
- Cooperation
- Harmony
- Humility

#### U.S.

- Questioning
- Direct
- Individualism
- Assertive
- Entrepreneurial
- Self-Assuredness

\*Note: Cultural generalizations based on respondents from Burma.

### CULTURE AND COMMUNICATION

- Indirect eye contact, folded arms are a sign of respect.
- Self-promotion is considered shameful.
- Taught not to ask direct questions—considered rude and disrespectful.
- Avoid showing anger, even in frustrating situations.
- It is insulting to call another person with upraised index finger; wave palm down.
- The head is considered the most spiritual part of the body—avoid touching people’s heads.

## 2

### Education & Training

#### WORKFORCE AND UPSKILLING

Ensuring that immigrant workers are equipped to help close the middle-skill gap and achieve economic success requires an integrated education and service approach.

**Refugees and immigrants in Iowa face major challenges to achieving economic self-sufficiency:**

- 1/ lack of English proficiency
- 2/ lack of understanding of U.S. systems and culture
- 3/ limited access to educational and employment opportunities
- 4/ lack of child care, transportation, and affordable housing
- 5/ lack of culturally and

linguistically appropriate services and support

**6/** lack of transferability of home country education, certifications, or experience in the U.S.

Regardless of education and professional experience, those with little to no English skills reported challenges to finding jobs with livable wages outside of meatpacking plants. They had to take low-skill jobs with little opportunity for advancement or skill development.

Many members of the Congolese community in Waterloo who came to the U.S. through the diversity visa program have college education in areas such as accounting, journalism, business

management, engineering, medical science, etc.

**However, these certifications are not easily transferable. One focus group participant said the following:**

**“Some were professionals in their home country. Now most of these people work at Tyson because they don’t have much of a choice because most cannot speak English. Tyson is the only option, because Tyson has interpreters and pays well.”** (Congolese, FGD, May 13, 2019)

Many reported wanting to pursue training and education but couldn’t do so without holistic support and services.



### CHILD CARE CERTIFICATION AND LICENSING

Although 22% of respondents reported that they would be interested in becoming a child care provider or working at a child care center, the **licensing process and paperwork is burdensome and complicated.**

# 22%

**OF RESPONDENTS SAID THEY WERE INTERESTED IN BECOMING A CHILD CARE PROVIDER OR WORKING AT A CHILD CARE CENTER.**

**Respondents report that trainings are not culturally relevant and are challenging due to being taught in English and online.** The topics cover laws and regulations that are difficult to understand. What's more, they may not cover fundamental topics that immigrants often do not have knowledge of such as child safety and child development. One Burma community mother who started the online training several years ago said she quit the training because:

**“There were so many detailed rules! It was impossible to remember and follow all of them.”**  
(A mother from Ethnic Minorities of Burma, FGD, May 13, 2019)

Refugee community members often do not have much prior knowledge of age-specific activities to do with the children to encourage skill development, such as gross and fine motor skills, language, and social skills.

Former in-home child care providers from Burma in Des Moines who completed the licensing process reported many obstacles and barriers that caused them to quit: strict eligibility and safety monitoring criteria, extensive paperwork requirements, complex enrollment processes, lower reimbursement rates for in-home providers, and inability to earn sufficient income as child care providers.

## 3 Transportation

**“Limited transportation substantially restricts the autonomy and independence of refugees, leaving them dependent on the services and schedules of others, which, in turn, can adversely affect their ability to seek and secure gainful employment.”** (Bose, 2011) Employment opportunities will need to be located near major transportation routes and/or near child care resources. Work schedules must be flexible enough to accommodate travel time to work and child care.

## 4 Accessibility of Services

**While helpful organizations exist, respondents report being unaware of them or not being able to access them due to language, cultural understanding, and lack of assistance navigating the complex process.**

Although service providers exist to assist refugees and immigrants with finding jobs and child care, services are limited and fragmented, and often inaccessible due to language and cultural barriers.

In January 2019, EMBARC piloted the Social Services Walk-In Clinic in Waterloo and provided 151 acts of service to 95 unique refugee clients.

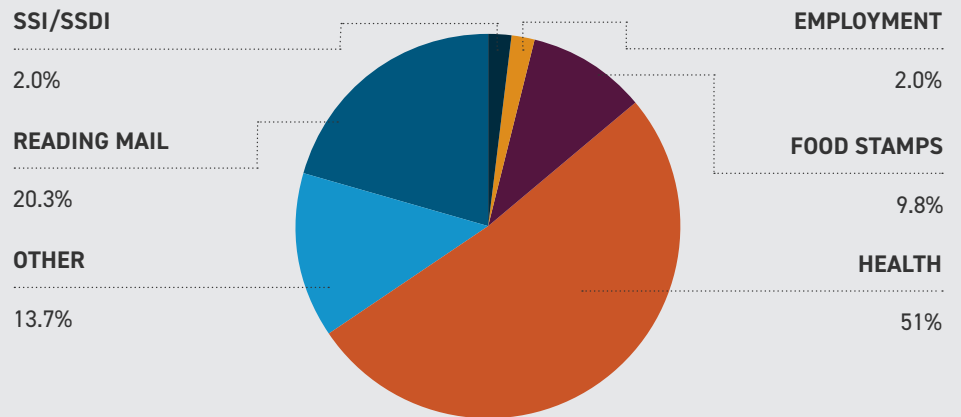
Clients were able to get help with social determinants of health and barriers that affect their ability to get or keep a job.

Over 93% of respondents reported facing at least one major barrier in searching for and obtaining jobs. These included a lack of knowledge on what jobs exist, how to apply online, how to prepare for interviews, and how to write a résumé.

**“People have never had jobs before in the U.S. That makes it hard for them to know how or what to search for and apply.”** (Participant, Ethnic Minorities of Burma, FGD, May 13, 2019)

OVER  
**93%**  
OF RESPONDENTS REPORTED FACING AT LEAST ONE MAJOR BARRIER IN SEARCHING FOR AND OBTAINING JOBS.

FIG. 11 WALK-IN CLINIC SERVICES



The community also has an immediate need for child care while they attend employment training and job interviews.

**A SINGLE MOTHER OF THREE REPORTED THAT IF SHE WORKS THE FIRST SHIFT, SHE MUST LEAVE HOME AT 5 A.M. BEFORE CHILD CARE CENTERS OPEN. IF SHE WORKS THE SECOND SHIFT, SHE DOESN'T GET HOME UNTIL MIDNIGHT, LONG AFTER CHILD CARE CENTERS HAVE CLOSED. HER ONLY CHOICE WAS TO WORK FIRST SHIFT AND LET HER YOUNG CHILDREN GET UP AND GO TO SCHOOL ON THEIR OWN—OR TO WORK SECOND SHIFT AND LEAVE THEM UNATTENDED AT NIGHT.**

(EMBARC, PERSONAL CLIENT COMMUNICATION, JUNE 18, 2019)



5

Cost Concerns

Community conversations reveal that child care is considered very expensive and cost prohibitive. Many are reluctant to enroll their children, even if it would allow them to gain employment. Participants overwhelmingly reported that the weekly cost of Child Care exceeds their weekly income. From previous years, the cost of child care has more than doubled, while wages have remained mostly stagnant.

Although financial assistance or subsidies are available, “paperwork hurdles” can overwhelm both refugee clients and their caseworkers. The application, interview, and approval process is lengthy, often taking over a month. The process may be stalled because of the delay in obtaining the necessary documentation.

Even if families are approved for assistance, parents are frequently placed on waiting lists, particularly for children under the age of 2. This is exacerbated, as space at child care sites accepting payment through subsidies is limited.

**ALTHOUGH FINANCIAL ASSISTANCE OR SUBSIDIES ARE AVAILABLE, “PAPERWORK HURDLES” CAN OVERWHELM BOTH REFUGEE CLIENTS AND THEIR CASEWORKERS.**

**As many refugee families live just above the poverty line, they often do not qualify for DHS child care assistance. Conversely, others are afraid to earn additional income that would reduce financial assistance in what is commonly referred to as the “cliff effect.”**



### 6 Gender Roles

**While not true in all ethnic groups or individual families, the community generally views child care as the mother's responsibility, and men are viewed as the wage earners with dominance in the family.** One mother explained that if she wanted to work, her husband would not help pay for child care.

**“In our community, most of the decisions are made by the man. If I wanted to work, my husband would say, ‘No, you have to take care of the children.’”** (Participant, Ethnic Minorities of Burma, FGD, May 13, 2019)

Women also recognize the value of working and the role it plays in empowering them.

**“Women working gives women more power to make their own decisions and protects them from abuse and have more freedom. If a woman has no money, her husband can hit her and she can't do anything. If she has a job though, she can stand up to him and provide for herself.”** (Participant, Ethnic Minorities of Burma, FGD, May 13, 2019)

### 7 Cultural Differences

**Cultural differences between immigrant and refugee newcomers and mainstream-receiving communities often create barriers, conflict, and misunderstandings.**

For example, the refugee and immigrant community struggle to find care that is culturally appropriate. Refugee parents place a strong value on maintaining their family's native language and

cultural identity despite also wanting their children to speak English well, and navigate life in the U.S. They worry that their children will lose touch with their heritage, cultural practices, beliefs, and family values as a result of exposure only to English and Western culture at mainstream child care providers, which they see as only increasing once children attend school and are influenced by media.

### PARENTING CULTURAL NORMS

- Mothers usually feed children by hand up to school age.
- Young children sleep in the same room as their parents and often in the same bed.
- Children may be assisted with dressing beyond toddlerhood.
- Potty training can be a challenge; children may be used to going outdoors.



**About 97% of the respondents said they had no experience in using a child care center and almost all depended on family members, friends, and grandparents.** The concept of formal child care is also unfamiliar, and U.S. child care practices are viewed skeptically. There are notable differences in child care practices such as level of structure, discipline, supervision, and nurturing. As children from other cultures often have different ways of showing respect to authority, responding to interpersonal conflict, and expressing themselves through body language, parents are concerned that their child may be bullied by other children or neglected by mainstream child

care providers, especially since the child or the parent cannot communicate effectively.

Cultural conflicts are also present within the ethnic community. Respondents also mentioned needing support to navigate cultural expectations regarding payment for child care services.

**“Refugee communities are very close-knit and asking friends and neighbors to pay may be uncomfortable. This is especially true because families often take turns watching each other’s children for no cost.”** (Burma Community Leader A, FGD, May 13, 2019)



# Recommendations

## OUTREACH & INFORMATION

**Aggressive; ongoing targeted, grassroots outreach:**

- **Text**—Used different text apps for different communities. For example, Viber is most used by the Chin community
- **Videos in multiple languages**—posted on social media and YouTube
- **Cultural celebrations**—Karenni community had a national event in Waterloo with over 2,000 participants
- **Translated fliers**—place at high-traffic areas, such as grocery stores, apartment complexes, faith-based institutions, and with service providers such as, community health centers

## LANGUAGE & COMMUNICATION

- **Offer flexible English as a Second Language (ESL) classes** at convenient times and places, such as work sites, faith-based institutions, and apartment complexes
- **Volunteer tutors to teach at homes**
- **Child care + ESL classes**
- **Translate important documents** (such as safety signs, rules, closings). Provide, demonstrate, and use visual aids
- **Give individuals opportunities to give feedback** anonymously and/or in a group context
- **Solicit information so you understand their point of view.** “YES” response might be cultural sign of respect or covering up a

miscommunication. Check for understanding with clarifying questions, “What time will you start?” instead of yes/no questions like, “Do you know when you will start?”

- **Communicate well by speaking slower**, not louder, and reducing colloquialisms such as “wrap it up” and “you got my back”
- **Be open with employees about American work values and expectations** (timeliness) while also being understanding that some of these may be new for employees
- **Make the effort to learn about employees’ cultural/religious traditions and holidays** and make accommodations for requests for time off

## LINGUISTICALLY AND CULTURALLY APPROPRIATE, RELEVANT INFORMATION WITH VISUALS SUCH AS:

- **Availability of jobs, education, and child care and providers** who can help navigate and provide support
- **Financial assistance programs** to help subsidize the costs of child care
- **Child and Dependent Care Tax Credit**, through which workers are eligible for a child care credit of 20-35% (depending on income) on qualifying expenses
- **Widen the network** used by the referral agencies to include unregulated providers within refugee communities

## TRANSPORTATION

- **Use an employer-sponsored van** for employees
- **Offer driver’s education classes**
- **Provide bus training**
- **Advocate with schools** for buses to drop off students at child care programs
- **Facilitate carpooling** and scheduling for families



## Recommendations (continued)

### CASE MANAGEMENT/SUPPORTIVE SERVICES

- **Culturally competent, linguistically appropriate wraparound support services** are crucial to the success of immigrants.
- **Navigators can serve as combination of counselor, adviser, troubleshooter, coach, and caseworker** to navigate educational options and find support for life issues.
- **Integrated assistance and support with employment and child care** including finding a job, filling out paperwork for child care subsidies, researching and visiting child care providers, arranging transportation, assisting with scheduling and supporting transition.
- **Child care centers** could provide social service referrals to resources such as housing and health.

### PROMISING PRACTICE: COMMUNITY ACCESS CENTER + WORKFORCE NAVIGATORS



**EMBARC’s signature train-the-trainer model empowers refugees to become “navigators” to help their community with child care and workforce-related services like transportation, completing applications, creating résumés and practicing for job interviews.** Additionally, clients can receive medical and other critical services that empower families to access home-life stability

required to remain employed, such as arranging medical appointments, asking questions about prescriptions, or applying for benefits.

EMBARC’s WorkReady Navigator Model launched in Des Moines in 2019 and has already served 180 individuals with building workforce-readiness skills or job placements.

### EDUCATION & TRAINING

#### Best Practices

- **Conduct proper assessment of language levels**, which are critical components of training programs
- **Use hands-on approach** to show how to do something and then ask for demonstration
- **Offer vocational ESL classes with industry-specific vocabulary** and contextualized lessons emphasizing practical nature of coursework
- **Offer foundational classes** for writing, reading, and basic math that integrates basic skills development
- **Place emphasis on visual aids**, group work, hands-on training, and language facilitation
- **Train volunteers** to serve as mentors, coaches, and tutors
- **Consider offering and facilitating child care and transportation**

## Recommendations (continued)



### Workforce/Upskilling

- **Hire in cohorts with one person who speaks English** to serve as a liaison. Make sure there is ongoing training and appropriate support for liaisons.
- **Explain concept of taxes and withholding income** for benefits like health insurance. Help people apply for benefits and get help with questions.
- **Have an independent agency**, such as World Education Services, evaluate credentials and degrees to assess equivalency and transferability.
- **Evaluate skills during on-the-job training** or offer competency-based promotions for those lacking credential documents.
- **Develop systems for identifying employees** who may have skills and abilities beyond their initial positions.
- **Deliver immigrant-specific training** to increase cultural accommodation of workforce agencies, increasing understanding of immigrants, cultural humility, etc.

### Formal Child Care Providers

- **Increase diverse, licensed child care providers** by adapting licensing curriculum and designing training programs for English-language learners. Provide licensing materials and state-approved licensing exams in multiple languages.
- **Ongoing support through the licensing process**, including establishing services, running a business, troubleshooting, paperwork, and training to improve services and earn income.
- **Ongoing topical workshops** designed specifically to improve safety and quality of child care among community, such as child safety, childproofing a home, parenting, and child development.

### Informal Child Care

- **Strengthen informal child care arrangements** among family and friends. Informal providers who are NOT formally aligned with the state child care licensing body minimizes child care providers' fears of being scrutinized.
- **Network with community groups and faith organizations** for free- or low-cost space to provide child care in areas accessible to community.
- **Member-owned child care co-op** in shared space to alleviate barriers to running and maintaining child care business, and increase mutual support and income.
- **Coordinate a babysitting project** to develop flexible short-term child care arrangements for child care gaps. Outreach to unemployed, elderly, and older youth to participate.
- **Training for mainstream providers and agencies** about culture, challenges, and strengths of immigrant populations.



## Recommendations (continued)

### Promising Practice:

#### READY TO WORK, CITY OF SEATTLE

The Ready to Work program was piloted in Seattle in 2015 to meet the needs of area refugees and immigrants who were not proficient in English. The program combined ESL classes with computer literacy instruction and case management, with the goal to help participants develop the job-readiness skills needed to obtain economic self-sufficiency. Classes were held for 12 hours each week, and participants were required to attend for at least six months. Programming was tailored to individual goals and needs leading to high rates of success.

[www.seattle.gov/iandraffairs/RTW#RTW](http://www.seattle.gov/iandraffairs/RTW#RTW)

### Promising Practice:

#### HOME COMPANION PROGRAM, NEIGHBORS LINK

To address the growing need for home health workers in Westchester, New York, the nonprofit Neighbors Link partnered with Westchester Community College to create a community-based training program for the immigrant and refugee community, which faced high unemployment rates. The program consisted of eight 2 ½-hour classes with wraparound services. Content for the classes was tailored to the unique needs of immigrant learners who often had limited formal education and low English-language skills. The Home Companion Certificate provided an initial step for immigrant workers interested in entering the field. Participants were encouraged to continue their

education after successful completion of the class into a personal care assistant 40-hour training program at Westchester Community College.

<https://www.neighborslink.org/impact/esl>

### Promising Practice:

#### CHILD CARE PROGRAM—REFUGEE COMMUNITY SERVICES

Lutheran Services in Iowa LSI's Child Care Program trains local refugee women to start their own in-home child care business through translated training, DHS application assistance, and literacy and marketing assistance.

[www.lsiowa.org/refugee/](http://www.lsiowa.org/refugee/)

### Promising Practice:

#### BEYOND CARE CO-OP

Beyond Care Child Care Cooperative is an immigrant-led child care cooperative business that launched in Brooklyn, New York. It was founded in June 2008 by 17 immigrant women with the support of the nonprofit, Center for Family Life. The business plan was developed using models of successful immigrant-owned cooperatives that have helped immigrant men and women increase income, develop leadership skills, and access a network of care. There are currently 38 cooperative members who have completed business development and child care training.

[www.beyondcare.coop](http://www.beyondcare.coop)



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# Appendix

## SOCIODEMOGRAPHIC CHARACTERISTICS OF QUALITATIVE SURVEY PARTICIPANTS

Variables	Number	Percent
<b>Gender</b>		
Male	14	24
Female	45	73
No Response	2	3
<b>Age</b>		
18-24	7	12
25-35	32	12
36-55	19	54
>55	3	2
<b>Ethnicity</b>		
Karen	27	46
Chin	11	18
Karenni	17	27
Rakhine	1	2
Shan	1	2
African	4	6
<b>Immigration type</b>		
Refugee	55	90
Immigrant	4	10
<b>Years lived in Iowa</b>		
0-5	39	66
6-10	21	34
>10	0	0
<b>Primary language</b>		
Karen (& dialects)	27	46
Chin (& dialects)	11	18
Karenni (& dialects)	17	27
Burmese	2	4
Lingala (& French)	4	6
<b>Years of education before U.S.</b>		
0 years	16	26
1-6 years	15	25
7-11 years	20	33
>=12 years	10	16

Other appendices are available upon request.