Strengths-Based Theory in Direct Service for Immigrants and Forced Migrants

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Strengths-Based Theory in Direct Service for Immigrants and Forced Migrants

By Dawn Brubaker

A Banded Dissertation in Partial Fulfillment
of the Requirement for the Degree of
Doctorate in Social Work

University of Saint Catherine | University of Saint Thomas
School of Social Work
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Abstract

Global migration patterns are increasing due to human and environmental causes of displacement. Immigrants or migrants are people who chose to migrate to a new country and forced migrants are those who arrived into a nation but were forced to leave their home. Migration into the U.S. is positive because it offsets low population growth and supports economic engines. It is important to make support available due to the trauma of displacement for these groups.

The first product is a conceptual framework concept called intercultural service coordination, and trauma-informed care with service coordination. This conceptual framework for immigrants and forced migrants includes, short-term, strengths-based, trauma-informed care, in direct practice. Trauma-informed care strives to build upon safety, communications, and emotions. It includes five primary pillars which are healing, hope, trust, transparency, and equity (SAMSHA, 2014). This environment uses cultural humility and competency inherent in the support.

The second product is a secondary analysis of the impact of service coordination on housing access for immigrants and forced migrants from federal fiscal year 2014 to 2018. In this study with immigrants defined as those who chose to come to U.S., and a forced migrant defined as those who are seeking asylum, granted asylum, arrived with refugee status, or are a survivor of human trafficking. The study explores strengths-based service coordination with immigrants and forced migrants.

The third product was a peer reviewed presentation at the Pennsylvania State NASW conference. During the presentation, a program using a strengths-based approach in a trauma-informed environment for immigrants and forced migrants was provided. The conceptual
framework, data from JFCS’s 2018 annual’s report, and emerging findings from descriptive statistics and frequency tables were provided and a literature review was provided that demonstrated the need for more research on programs funded to serve immigrants and forced migrants.

The combination of the banded dissertation contains information to build on current research in strengths-based practice for immigrants and forced migration populations. The work includes a conceptual framework, quantitative study using secondary data, and a peer reviewed presentation of the program model in the study. It is the hope that this work adds to the literature and provides a resource for future researchers and practitioners to build upon.

Keywords: immigrant, forced migrant, refugee, asylee, trauma-informed care, strengths-based theory, service coordination, case management
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Introduction

Global migration continues to increase from political, environmental, and economic changes and unrest. Regional hotspots include Europe, the Middle East, West and Central Africa, and Central America into South America (Volkan, 2018). Over 70 million people worldwide are displaced as either internally displaced persons (IDP) in their own nation, or they have left to seek refuge or asylum in another country (UNHCR, 2019). Due to the numbers of migrants seeking refuge into Europe from the Middle East and Africa, research has increased in how migration impacts the communities where migrants arrive. After the Paris attack in 2015, many national leaders began border security changes. In *Exodus: How Migration is Changing Our World*, author Paul Collier (2013) explains the migration taboo. This is a concept of bias caused when policy is created based on using ethical variables, including fear of the host society’s safety or the expected philanthropy of the host society (Collier, 2013). In these instances, a nation is prevented in creating meaningful domestic immigration policy or international migration policy. The nation is stalled on ethical value concepts due to a lack of information or understanding about the economic, social, political, and cultural impacts of migration. Collier states that “migration is emotive, but emotive reactions to presumed effects could drive policy in any direction (Collier, p 11, 2013).

On January 27, 2017, President Trump signed Executive Order 13769 closing the refugee resettlement program in the United States for 120 days. This executive order is also known as the ‘Muslim ban’ because the primary faith practiced in each of those nations is Islam where refugee programs were closed, and all alien admittance to the U.S. was halted for 90 days. The nations included in EO 13769 were, Iran, Iraq, Syria, Libya, Iran, Somalia, Sudan, and Yemen (Trump, 2017). On March 6, 2017, another order was issued that took Iraq off of the list of nations
(Trump, 2017). In months to follow, President Trump would revise the executive order to include non-Muslim nations including, North-Korea, Venezuela, and Chad, to meet lower court appeals against his executive order (Trump, 2017). In President Trump’s Proclamation that detailed the enhanced vetting, detaining, and entry into the U.S. by possible terrorists, he explains the role of his office to protect the security of the border from outside threat of security. These changes were added in addition to the enhanced vetting that was added during President Obama’s administration (Pope, 2015).

This executive order changed the number of arriving people with refugee status into the U.S. in the last eighteen months. In 2017, the U.S. resettled 110,000 people and during the 2018 federal fiscal year 45,000 people were resettled. The Department of State’s Bureau of Population, Refugees and Migration (PRM) is responsible for refugee resettlement processing both oversees and in funding national refugee programs domestically for resettlement and placement when families are resettled to the United States, and the report made to Congress from the office for FY 2019 is for a ceiling of 30,000 people to be resettled (DHS, 2019).

Migration is defined as the moving of people from the place of origin to another place. People migrate to access resources including water, food, shelter, and safety. A migrant is a person who has left their place of origin. The words immigrant and migrant are used interchangeable often to describe people who have crossed a nation state border with the intent of staying indefinitely in a host country (HIAS, 2017). People migrate because of civil conflict, development, economic need, environment displacement, and trafficking (Fiddian-Qasmyeh, Losescher, Long, Sigona, 2014; HIAS, 2017; Sammers, Collyer, 2017). If someone is forced to move for fear of persecution across a national border, they can either apply for refugee status or asylum status, if they meet the criteria set by the United Nations High Commission for Refugees
STRENGTHS-BASED THEORY FOR IMMIGRANTS AND FORCED MIGRANTS

The ability to migrate is a sign of resilience inherent as a human species that demonstrates flexibility through cultural adaptation. Another demonstration of resilience inherent in humans is resistance to change and a dislike of another people group encroaching on resources (Pickering, 2014). The United Nations, Declaration of Human Rights and the United Nations, Convention and Protocols that Relate to the Status of Refugees, acknowledges that people who seek refuge should have legal protections (UNHCR, 2019). However, this global group response by post-industrial nations continue withholding resources and access to borders is causing thousands of families to be trapped at borders as they seek refuge trying to seek asylum (Weiwei, Yap, Deckert, 2017).

An immigrant decides to emigrate from their nation of birth and migrate to another nation out of choice, permanently. A refugee is “a person with a well-founded fear of persecution for reasons of race, religion, social organization, political group, special population” (UN, p. 14, 1951). Once persons leave their nation state of citizenship out of fear of persecution to another neighboring country, they can apply for refugee status from the United Nations High Commission for Refugees (UNHCR) at a refugee processing center. The country they have fled to is their nation of asylum, as they have fled there seeking safety from persecution. Once refugee status is granted, that individual has protection under the United Nations as a refugee, if the nation state they are located in recognize that protection status. It does not guarantee that the individual will be granted the ability to stay permanently, but they are protected to the degree the asylum nation is able to house them. Once in the nation of asylum, the United Nations, and nation of persecution reach an agreement of repatriation back to the home nation, a population of refugees may be expected to return home. They cannot be forced, but the nation of asylum may
not provide them with continued support, and they would need to continue to their migration journey. One example, many individuals fled from Afghanistan into Pakistan forty years ago. Now that the political climate has changed as the Afghani government to repatriate the refugee population back into the country, the Pakistani government is providing small provisional packages for the journey and UNCHR is trying to assist families reintegrate back into their nation of origin (UNHCR, 2019; Weiwei, 2017; Haidarzai, 2017).

A person seeking asylum goes to a nation directly and applies for asylum without going to a refugee processing center for refugee status. In these cases, they usually are seeking sanctuary in another part of the world where their pursuers will not have the resources to track their location. Within the U.S. immigration system, if asylum is granted, they have benefits as though they entered as a refugee. The only thing they do not have access to is funding from the Department of States’ Resettlement and Placement Program (U.S. DOS, 2018). This is because they are asylums seekers living in the U.S. and have an understanding of the culture more than newly arriving families with refugee status and no experience navigating systems. A survivor of human trafficking can be anyone taken across nation state lines being exploited for profit in industry.

**Conceptual Framework**

The conceptual framework for the combined dissertation products assumes that utilizing strength-based theory through a trauma-informed environment enhances practice outcomes to services that are designed for immigrant and forced migration populations. Forced migrants in the banded dissertation, include those who have self-identified as refugees, asylees, and survivors of human trafficking. It is important to understand the geopolitical complexities of what it means to be an immigrant, refugee, asylee, or survivor of human trafficking. These
immigration differences are reviewed within the dissertation products.

A primary factor in using immigrants and forced migrants as a two-group framework is the recognized factors behind their decision to migrate. Immigrants or migrants makes the underlying decision to come to the U.S. on their own. Refugees, asylees, and person who was trafficked, are forced to leave their nation of origin and did not choose to leave their home. These driving factors affect their path to the host country and their settlement (UNHCR, 2019; U.S. DHS, 2018). For the purpose of the cultural framework of this dissertation, the two groups are those who identify as an immigrant or a forced migrant.

Refugees, asylees, and survivors of trafficking are different immigration statuses, but in the author’s conceptual framework and research study, they are combined under the term forced migrant. Each has met the guidelines for seeking refuge in a host country under the guidelines from the United Nations High Commission for Refugees (UNHCR), Convention and Protocol Relating to the Status of Refugees (2019). The quantitative study using secondary data analysis breaks service coordination into two groups, forced migrants and immigrants. The concepts that words such as immigrant, refugee, asylee and survivor of trafficking, bring up academically and in the research are passionate ideologies that are in flux with global migration changes (Fiddian-Qasmyeh, Losescher, Long, Sigona, 2014: Samers & Collyer, 2017).

In social work, strength-based theory assumes that individuals have internal strengths that can be actualized upon to develop positive coping skills; it assumes that an individual is aware of their own narrative, and it assumes if an individual creates their own goals, they will be successful more often. Trauma-informed care is an approach within strength-based theory. It assumes that all individuals experience trauma in their life and by creating an environment of hope, trust, transparency and equity, healing can occur. If the services incorporate a trauma-
informed environment the individual could increase outcomes success in both their intended goals and in general. In Peer Support Groups: Evaluating a Culturally Grounded, Strengths-Based Approach for Work with Refugees, strengths-based theory with refugee groups is demonstrated through peer support using a program evaluation model (Block-Masalehdan, Aizenman, Saad, et al. (2018). Ballard-Kang’s (2017) article also provides a cultural conceptual framework using a trauma-informed support for refugees to improve bicultural self-efficacy. These contributions to the literature demonstrate the potential benefits of strength-based, trauma-informed environment for immigrants and forced migrants. This author combines the concept of intercultural, as defined by an equitable exchange of cultural communication exchange either verbal or non-verbal, applied to service coordination. The products included in this dissertation include a conceptual framework, quantitative study and, peer reviewed state National Association of Social Work (NASW) presentation of material to demonstrate the connection to strengths-based theory and direct service for immigrants and forced migrants.

Migration impacts the migrants, the host country nationals, and family members in the nation that the person migrated (Collier, 2013). Also, when a migrant is torn between their host nation and their home country, they can feel pulled between two worlds. A refugee resettled in a host country is required to operationalize their life away from their family. For example, if a person sends money to their old camp to their child who is a young mother, they may be financial insecure, but they know that their child and grandchild is living in a desperate situation. This is not the only example of the distress migrants suffer when acclimating to the U.S. and when people migrate the experience of diaspora or living outside of a person’s homeland is complex.

Migration occurs in all political climates and evidence-based programs are necessary to
support families as they acclimate to their new community make intercultural settlement more successful (Ballard-Kang, 2017; Block-Masalehdan, Aizenman, Saad, Sloan., Vecchio, and Wilson, 2018). During acclimation into a new nation, is it impactful if a program is strengths-based theory? What is cultural competency, humility, and intercultural social work? Is trauma-informed environment helpful for immigrant and forced migrant families seeking services? And is there a relationship between service coordination and access for services for immigrants and forced migrants? These are the questions that these dissertation products look to explore.

**Summary of Scholarship Products**

Product 1, *A Strengths-Based Model for Supporting Immigrant Families* is a conceptual framework article that provides an overview of intercultural service coordination in strengths-based, trauma-informed care immigrant and forced migrant program to provide short-term support services resources. This bridge service supports cultural and linguistic barriers by providing an environment of healing, hope, trust, transparency, and equity. The trauma-informed environment can provide an opportunity for the individual to integrate with supportive staff that provides understanding, acceptance, and connection to local resources available as they learn to navigate.

Product 2, *Intercultural Housing Access for Immigrant Families* is a secondary quantitative analysis of the impact of service coordination on housing access for immigrants and forced migrants from June 1, 2014 through June 30, 2018. The study explores if strengths-based service coordination provides positive impacts in connecting immigrants and forced migrants to housing resources. In this study, immigrant is defined as a person who chose to leave their place of origin and migrate across international borders. and a forced migrant (refugee, asylee, person
who was trafficked) as a person who did not choose to leave their place of origin and migrate across international borders.

The 3rd product, *A Model for Helping Immigrant Families*, was a peer reviewed presentation at the Pennsylvania State NASW conference in September of 2018. The presentation included a program overview used in the study above that utilizes a strengths-based approach and trauma-informed environment for immigrants and forced migrants. The presentation detailed the conceptual framework, data from JFCS 2018’s annual report, emerging findings, and a literature review that demonstrated the need for more research. The combination of the author’s banded dissertation builds on current research in strengths-based practice for immigrants and forced migration populations. It is the hope that this work adds to the literature and provides a resource for future researchers and practitioners to build upon.

**Discussion**

**Implications of Social Work Education**

Applying a strengths-based, trauma-informed environment to the classroom encourages hope and healing, trust and transparency, and equitability to discuss diversity, inclusion, and culture concepts in a safe environment during a changing educational world (Block, Rossi, Allen, Alschuler, & Wilson, 2016; Bok, 2013; CoA, 2013). It provides an opportunity to educate about trauma, and create environments for, hope, healing, self-care, and cultural humility. And a safe-space focused classroom that has student engaging in practicing social work by modeling social work practice (NASW, 2015). It allows students an opportunity to represent themselves, but they are not responsible to represent their people group (Blanch, 2009; Delgado, Stefancic, & Liendo, 2012).
Concepts of diversity and inclusion are required competencies by the Council on Social Work Education (CSWE), Educational Assessment Policy Standards (EPAS) of 2015. It is important to address the reality of cyclical systems of systemic oppression and privilege. Providing a global perspective for social work professionals while they learn the profession provide solid foundational intercultural skills for students to build upon in the future profession and define cultural competency (George-Bettisworth, 2017). Assessing Cultural Competency in a BSW Population is a qualitative study that provides teaching culture competency explicitly in a classroom setting measuring the course’s effectiveness through student self-report. The findings demonstrated the increase in BSW student understanding of cultural competency in the classroom, (Block, Rossi, Allen, Alschuler, & Wilson, 2016).

Implications of Future Research

In the literature, there is a lack of housing focus, while the need is fundamental for ongoing health and success of families who arrive as immigrants. The work completed provides information for future research in three primary areas. First, it aids in filling gaps in the current literature in areas of trauma-informed quantitative studies for immigrants and forced migrating populations. Second, the trauma-informed environment incorporates training concepts on trauma, healing, empathy, equity, and self-care, and creates an environment to serve others from a culturally humble perspective (Ballard-Kang, 2017; Ostrander, Melville, & Berthold, 2017). The individual immigrant or forced migrant is served in a program that is unique with a new approach in service provision. Research in determining the cultural fit for this approach is important to increase intercultural and community communication. Exploring study design that can incorporate programs supporting populations is research that can both can both inform practice and be allow practice to inform research as continues (Engel, Schutt, 2017).
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Strengths Model for Supporting Immigrant Families

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Authors Note

Dawn Brubaker, School of Social Work, St. Catherine University/University of St. Thomas. This paper was completed as one part of three for a banded doctoral dissertation product. Despite being employed as a service coordinator during part of the dissertation process, the work approached the literature objectively, and bias and limitations are addressed in the article. Correspondence regarding this article may be addressed to Dawn Brubaker, School of Social Work, St. Catherine University/University of St. Thomas, Minneapolis, MN 55105. Phone: 412-295-2353, email; dawnsbrubaker@gmail.com.
Abstract

Intercultural service coordination is the conceptual model of combining strengths-based, trauma-informed care with service coordination to support immigrant and forced migrant participants in a culturally competent environment. Trauma-informed care provides an opportunity for a person to seek services in a safe environment and allows them to build trust alongside a culturally competent social worker. Service coordination is defined as short-term, direct service support that provides individuals with connections to resources. The current literature on trauma-informed care in social work practice and when combined with service coordination becomes a powerful approach when serving immigrant and forced migrant populations.

*Keywords*: immigrants, refugee, trauma, culture competence, service coordination
Strengths-Based Model for Supporting Immigrant Families

Immigrant families integrating the U.S. face multiple challenges including language limitations, cultural barriers, and discrimination. There is limited research on supporting immigrant families with the complex challenges. Services are denied or limited in length, forcing immigrant families to seek out multiple organizations to connect to housing or to forgo services completely (Ballard-Kang, 2017; Thurston, Roy, Clow, Este, Gordey, Haworth-Brockman, Carruthers, 2013; Korfmacher, George, 2012).

Immigrant families would have a greater chance for integration into their host communities if they were provided with a trauma-informed environment, while providing service coordination. Serving immigrant families through a trauma-informed care lens with service coordination can provide more support for the immigrants to integrate into their community. Trauma-informed care assumes that all individuals have experienced trauma within their lifetime and require an environment of safety and healing for services to be provided. Trauma-informed care also provides an environment of trust, transparency, equitability, and person-centered service (Ballard-Kang, 2017; Chan, Young, Sharif, 2016; Shannon, Wieling, McCleary, Becher, 2016; SAMHSA, 2014).

Service coordination is defined as a direct service where the consumer and service provider work alongside one another. The service coordinator can teach relevant skills requested by the person seeking services in an equitable partnership, unlike the traditional case management model with a more involved approach to an individual’s service delivery (Walsh, 2013). Service coordination can provide a bridge between the community members and the newly arriving immigrant family so they can better understand one another and support the immigration process (Nelson, Price, Zubrzycki, 2014; Bunger, 2010).
This conceptual framework provided clarity for social worker practitioners to conceptualize strengths-based theory, trauma-informed care with populations within the immigrant community in the U.S. who are currently in vulnerable situations due to resources limitations. This includes but is not limited to those who have an immigration status as a refugee, asylee, survivor of human trafficking, are considered out-of-status, an immigrant survivor of abuse, and other vulnerable immigrant groups. It also includes those who have resource limitation access due to cultural connection failures, language barriers, and discrimination (Mensah, Williams, 2013).

As people arrive to the U.S., they are adjusting to challenges including finding housing, connecting to educational and medical resources, and navigating the legal world to understand their rights. There is a need for social supports to help connect to resources. There is limited literature on the benefits on trauma-informed care and service coordination in the area of evidence-based research for programs that provide service to immigrants in the U.S... This demonstrates the need for more literature in this area of services to inform research (Ballard-Kang, 2017; Shaw, Poulin; Pickering, 2014; Pulitano, 2013).

In the following sections of the article, there is a review of strengths-based perspective starting with an introduction of the conceptual model of trauma-informed care titled *intercultural service coordination*. Afterword, there is a review of the peer-reviewed literature that supports the conceptual model. Due to the limited number of case management studies available on immigrant populations, and even the smaller number focused on trauma-informed care, the majority of the literature review focuses on what is in both case management and trauma-informed care, in order to denote the need for more exploration in this area. It is important to
Strengths-Based Theory

Simmons, Shapiro, Accomazzo and Mathely’s use strengths-based approach with trauma-informed care. They combine the two with service coordination as a practice implementation that demonstrates the benefit of the relations between positive collaborative relationships between the service coordination and client (2016). This creates a positive feedback loop that will encourage more collaborative relationships and reinforce positive coping skills and resiliency. One challenge with the strengths-based theoretical framework is that some individuals are in positions where their strengths are limited (Walsh, 2013). Their ability to access coping skills are highly compromised due to recent trauma, disability, crisis, or other factors. In these cases, intensive case management that supports the individual in a more comprehensive way is more appropriate (Shaw, 2014; Walsh, 2013).

Block-Masalehdan, Aizenman, Saad, Sloan, Vecchio, and Wilson conducts a qualitative study of the peer support with refugees. The study incorporates a focus group design model. Each group is population-specific and led by a member of the community in the native language of the population. While training is provided to facilitators on stages of group development and concepts of psychoeducation in a peer support environment, the facilitators are cultural guides and the participants provide support to one another (2018). This is a solid example of a strengths-based program in action.

Cultural Humility

Providers are informing their cultural competency with cultural sensitivity because they do not want to offend people who are from a different culture. In this way, the provider seeks
information and wants to increase their cultural competency to ensure that they are culturally sensitive but also avoid discomfort. A more proficient goal is to learn cultural competency in a way that informs the social work practitioner’s cultural humility. Culturally humility is defined as a process of self-reflection and an understanding that culture is equitable and no one culture is correct. It is also the concept of learning by asking questions and being with people who are from other cultures (Nada; 2014; Davis, 1997). The author defines intercultural communication as an equitable exchange of cultural communication that is either verbal or non-verbal.

Strengths-based theory in social work assumes that the provider is focused on the participant’s inherent strengths, allowing the them to guide their own goal development (Walsh; 2013; Simmons, Shapiro, Accomazzo, & Manthely, 2016). For this to occur, the social worker must obtain a professional level of cultural humility, one that provides a positive feedback loop between cultural competency and humility, so that one’s personal self-reflection informs their cognitive learning of other cultures, and their cognitive learning of other cultures informs their personal self-reflection and growth. Immigrant families with service coordination using trauma-informed care could increase their ability to integrate into communities by giving them an ally that works alongside them and an advocate that can provide them a voice when services are not provided. That service coordinator must utilize cultural humility for successful engagement of trauma-informed care (Chan, Young, & Sharif, 2016; Herman, 1997; Dettlaff & Fong, 2016; Shannon, Wieling, McCleary, et al., 2016).

Trauma-Informed Care

Trauma-informed care is unique in that it is not a stand-alone intervention but enhances other forms of practice. According to the Institute of Trauma and Trauma Informed Care (ITTIC), it requires commitment from the entire team, department, program, or organization to
carry it out, so that trust and transparency are reached at every level of service delivery (2019). Without this step, trauma-informed care cannot work to support both those seeking services and those providing services (SAMHSA, 2014). One assumption in trauma-informed care is that all people experience trauma within their lifetime. The trauma-informed environment provides a trusting environment for the people to heal the staff with a safe place to work, ensuring that care is incorporated into the overall infrastructure of the program. Lopes-Cardozo and Ager provide a detailed breakdown for organizations to develop an “Active Policy on Staff Stress” (2011 p. 306) to prevent burn-out and vicarious trauma. Program guidelines highlighted in the text include, a) staff workload monitoring, b) staff risk and stress capacity, assessment, c) training and preparation, d) frequent check-ins to ensure staff’s overall well-being, e) ongoing crisis debriefings and support, and f) appropriate care for staff when they are affected by stress.

Another important aspect of trauma-informed care is transparency in the policies and practices and program boundaries of the organization as a provider, so one builds trust with the person seeking service. In trauma-informed care there should be an equitable partnership, which over time, allows the participant to lead their own goals, demonstrating that they are able to connect independently to resources and ready to leave services (ITTIC, 2019; Ballard-Kang, 2017; Heffernan, Blythe, 2014; Herman, 1997).

Service Coordination

In service coordination, there is a collaborative approach between the person seeking services and the social worker to ensure that the person receiving service provides direction for the overall plan. The service coordination provides the participant with support by empowering them to discover their skills and supporting them in applying those skills to challenges they are currently dealing with in their lives. During a time of service plan development, goals and action
steps toward goal completion are led by the participant. This collaboratively created plan teaches individual steps they can build upon over time (Shaw, 2014). One example is a single mother whose goal is to communicate with her children’s school. The actions steps would include the following: a) learning to use a phone, b) learning to leave a voice mail message in her language, c) calling her child’s school, d) being able to leave a message with the school to schedule a meeting, e) requesting an interpreter, and f) attending a meeting at the school. Each of these steps build upon the other until the person, in this case the single mother, feels that they are able to access the resource on their own. Closing a goal is decided by the participant and the service coordinator. Overtime, the person is able to communicate goal closure on their own with less guidance. The less support needed to complete tasks the more ownership and independence an individual has to complete the goal, the more it is clear that the goal can close (Simmons, Shapiro, Accomazzo, & Manthely, 2016; Stewart, 2014; Walsh, 2013).

**Literature Review**

In this section, the author, provides current U.S. immigration history and the challenges immigrants face when attempting to connect to resources. The author also provides the current literature defining strengths-based theory, cultural humility, trauma-informed care, and service coordination in reference to social work practice. Lastly, the author demonstrates examples of trauma-informed care with service coordination to the immigrant populations through current research.

The challenges of arriving immigrants include racial tension, fear resulting from xenophobia, cultural and linguistic barriers, poverty, and discrimination (Betts, Collier; 2017; Farrugia, 2009; Romero, 2008). The demographic changes in population in the U. S. require increased numbers of people via immigration to meet the human resources within an industry to
provide regional financial stability (Welcoming America, 2018). People migrate for the same reasons throughout U.S. history and the stories people share are compelling regardless of their nation of origin (Morison, Zabusky, 1982). Racial dynamics create unique tensions for arriving immigrant families who arrive with an already created expectation to work or assumption of racial profiling (Farrugia, 2009; Romero, 2008). This is compounded by limited programs and resources for immigrants but ones that are essential for success in the U.S. (Ballard-Kang, 2017; Shaw, Poulin, 2014).

**Review of Trauma-Informed Care**

Trauma-informed care is widely accepted as the primary resource for the therapeutic environment model for substance abuse counseling facilities across the U.S… The Substance Abuse and Mental Health Service Administration (SAMHSA) provided the Treatment Improvement Protocol (TIP) Fifty-Seven document to facilitate the education of providers and foster acceptance of trauma-informed care within the world of behavioral health (2014). Trauma-informed care provides an environment of healing and hope, trust and transparency, and direction and equality. When working with people who have survived addiction, equality equals non-judgment and is a powerful dynamic (ITTIC, 2019; McCleary, Shannon, Cook, 2016 SAMHSA, 2014; Kawan, Martinez, 2016).

Trauma-informed cognitive behavioral therapy is used as an intervention for adolescents who arrived as unaccompanied minors. Unaccompanied minors are children under eighteen who come into the U.S. without their parents or legal gradians. These children are provided services through the Unaccompanied Alien Children Program (UACP) that is housed in the Office of Refugee Resettlement (ORR), within the U.S. Department of Human Service (2019). In this study, a small sample size of adolescents is given trauma-informed care in addition to cognitive
behavioral therapy. They are given a baseline test for Post-Traumatic Stress Symptoms (PTSS). At the end of the intervention, a total recovery rate of 83% was measured, demonstrating the possible benefits of a trauma-informed approach and the need for more research (George-Bettisworth, 2017; Kawan, Martinez, 2016; Unterhitzenberger, Eberle-Sejari, Rassenhofer, Sukale, Rosner, Goldbeck, 2015).

One author examines trauma-informed care at the level of public health from a perspective of safety and need for healing for refugees, with a focus on woman and children that experience forced migration (Blanch, 2009). In her assessment, Blanch shares that an individual’s health and their mind are connected. The stress displacement will affect other aspects of the person’s life if not addressed and connection to both formal and non-formal community networks is important. The primary role of the trauma-informed environment is to encourage the growth of resiliency. This coping skill is a positive one for immigrant and forced migrant populations but can grow faster when an advocate provides cultural support to connect to resources in a trauma-informed way. Second, it is critical to focus on the persons’ cultural norms and not superimpose one onto the individual and prioritize based on their input on what is most important as stated earlier regarding cultural humility. For example, the service coordinator may provide an explanation of why rent is the most important goal. Meanwhile, the person in their office is, trying to plan out how to send money to their home country so their daughter can have pain medication in the hospital while giving birth. Having a conversation around the participants priorities brings their reality to the forefront and begins the rapport building (Pickren, 2014; Mollica, 2011; Blanch, 2009; Herman, 1997).

Ballard-Kang provides a conceptual model that demonstrates the traumatic impact of the pre-arrival refugee process and how this trauma can be compounded upon by post-arrival
stressors. She conceptualizes that if a refugee participant is provided service in a culturally competent trauma-informed environment, it will mediate stress and reduce the retraumatizing of the individual and increase bicultural self-efficacy. Her conclusion is that the participant will acclimate to their new environment with better outcomes as a result of this support (2017).

**Review of Service Coordination**

It is important to create programs at the local level for immigrants as they arrive, so they can navigate their new community independently (Nelson, Price, Zubrzycki, 2014). Working with the family by providing bridge services, creates sustainable integration into community as Shaw and Poulin (2014) concluded in their study. With \( n=434 \) households arriving in St. Lake City, the households were connected to long-term case management for twenty-seven months, and success was measured by employment retention. The results were 75% of participant households had at least one person working by the end of the study. It demonstrates the possibilities of case-management support for integration for refugees and provides them with a *warm landing* into their nation of resettlement. This program is offered after the Resettlement and Placement Program to support a family with more ongoing needs including single parent households, families will chronic medical illness, etc. (Shaw, Poulin, 14; Shannon, Wieling, McCleary, Becher, 2016; U.S. DHS, 2019).

Service coordination is part of the case management approach that uses strengths-based theory. This model is not a replacement for long-term case management that support vulnerable refugee populations such as single parents or families with complex medical situations (Shaw & Poulin, 2014, Shaw, 2014; Walsh, 2013). It may provide an intermediate support for crisis cases to help the immigrant family or individual connect to crisis services while supporting them and advocating for their cultural and linguistic needs (East, 2016; Knox & Roberts, 2016; Simmons,
Shapiro, Accomazzo, & Manthely, 2016). One critical piece of strengths-based theory is that the person is provided an opportunity to "have a sense of renewed control," (Herman, 1997, p134). It may take time for the role to change from being a partner with the service coordinator to the driver of the service plan and empowered to direct their own goals (East, 2016). Hernández-Plaza, Alonso-Morillejo, and Pozo-Muño, (2006) examined multiple factors for immigrant community connection, and concluded it required a combination of both formal and informal social support networks for migrant population integration.

Service coordination is a powerful strengths-based form of direct service that is made stronger with the application of trauma-informed care to the overall program dynamic. As stated earlier, trauma-informed care is an intervention that is overlaid upon other interventions. It is an intervention only if everyone within the team is committed to providing trauma-informed services (ITTIC, 2019; Ballard-Kang, 2017; SAMHSA, 2014; Blanch, 2009). When combining trauma-informed care with service coordination, a powerful ‘dynamic duo' of strengths-based services is the result. As stated in the conceptual framework of Ballard-Kang, it is critical that cultural competency is part of the consideration within the application of this conceptual framework (2017). The last section will review the application of the two frameworks when combined.

**Trauma-Informed Care with Service Coordination**

Shaw (2014) provides a window into the world of the refugee caseworker who arrived as a refugee themselves through a phenomenological qualitative study of nine individuals. Using in-depth interviews, she demonstrates their role as bridges into the community, but also the challenges that exist in establishing and maintaining boundaries when previous cultural expectations are already in place before the professional casework role begins. Shaw’s study
recommends peer support to help elevate the burden and burnout staff feel when such stress is placed on them. Trauma-informed care is the framework that professionals can use to provide services to clients. It is also a resource for organizations and agencies for staff self-care and burnout reduction because built into its design is a normative culture for a safe space of trust and collaboration (Lopes-Cardozo & Ager, 2011; Shaw, 2014; SAMHSA, 2014).

Heffernan and Blythe (2014) evaluated the trauma-informed care framework when paired with case management in the implementation of services for seven participants who survived human trafficking. The researchers ensured that the organization kept to the trauma-informed framework to begin their program evaluation. Assured that the survivors of human trafficking were provided case management with a trauma-informed approach, the program evaluation study began. Through the qualitative interview process, the participants shared that they felt safe, respected, and confident to move forward independently (Heffernan & Blythe, 2014).

Another example is a qualitative study with thirty-seven participants exploring the supports put in place for immigrant women who were victims of domestic violence with the end resulting in homelessness. Of the thirty-seven participants, thirty-two were interviewed a second and third time. The formal supports at the community level created programs that provided their service coordination at the domestic violence program. The formal case management program connected participants to transitional and eventually long-term housing programs. The housing authority was onboard with the program, demonstrating a tiered level of community mezzo commitment. The conclusions of the study include advocacy to increase programs for victims of domestic violence and the importance of cultural competency for staff (Thurston, Roy, Clow, Este, Gordey & et al., 2013; Simmons, Shapiro, Accomazzo, & Manthely, 2016).
Finally, one qualitative study with fifteen refugees with a substance abuse history shared their inability to access treatment due to multiple factors. The primary need identified was case management and coordination. The reason why the participants felt unable to connect with programs was a lack of culturally appropriate or trauma-informed staff. Findings from the study indicates a need for more research and more trauma-informed, culturally humble supports for immigrants suffering from addiction (McClearly, Shannon, Cook, 2016).

**Intracultural Service Coordination**

Intercultural service-coordination uses strengths-based theory to apply trauma-informed care with service coordination. It is essential for cultural competency to inform the social work practitioner’s cultural humility to ensure communication is intercultural. As the practitioner’s level of cultural competency informs their humility, they are less likely to react to para-sympathetic response systems defensively in unknown new cultural situations. Intercultural communication is an equitable exchange of cultural communication either verbal or non-verbal. In this type of communication, the power dynamic of oppression must be acknowledged. For intercultural service coordination to take place, each aspect of service is considered before the outset. One example for administrative implementation is how individuals are named within a program is to use *enrolled person, individual, or participant*, instead of using *client*, a term historically defined as a plebian under patrician protection in Rome due to indentured servitude; or *consumer*, because of the goods a social service agency provides. For a direct service coordinator an example of intercultural communication would be to use motivational interviewing, so they ensure the participant is given voice and heard (Nuttman-Shwartz, 2017; Nada 2014; SAMHSA, 2014; Walsh; 2013).
Providers can act critically to proactively hire an inclusive workforce when starting a program within an immigrant community. These steps include, a) hire multilingual staff and/or train staff to use interpretation services, b) hire a workforce that reflects the population served, and c) establish program evaluations to adjust services as needed (JFCS, 2018). Intercultural service coordination requires staff training for multiple aspects of service intervention including, coordinating goals, micro-advocacy, and administrative work. Micro-advocacy is defined as ensuring a person is receiving cultural and linguistically appropriate services. Ideally, a service coordinator is an individual with experience living outside of the U.S. with first person experience of being classified other in another culture over an extended period of time. This provides them the ability to identify with the participant to ensure that equitable services are provided.

**Strengths**

A service coordinator is culturally humble and aware of their own cultural lenses. This requires a person to understand their own privilege and that both privilege and oppression can often happen together in life. Also, to understand that the U.S. culture is not a right culture, it is one example of a culture (Davis, 1997). Each step the practitioner takes to demonstrate to the participant in their program is in a place of safety where healing, hope, and growth can begin provides a soft-landing space for honest goal discussion.

This conceptual model of intercultural service coordination is able to reach a wider community rather than be limited to an individual because it supports immigrants as they connect to their community. The service coordinator provides a bridge between formal support network, extended family, as defined in the U.S., and informal networks of community-based resources. More intensive case management is extensive costly (Walsh, 2013: Shaw, Poulin, 2014).
Limitations

The limitations of this conceptual framework include, strengths-based theory, trauma-informed care, and service coordination. Within strengths-based theory the understand or assumption is that the participant has strengths that are underutilized. In a crisis system of care, this support is not ideal because the individual may be unable to inventory strengths (Walsh, 2013) This is a limitation to the conceptual framework because of a limitation of curriculum specific to the target populations with immigrant trauma. One example of curriculum is Mollica’s Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World (2011), the text used in the Harvard Program in Refugee Trauma. And lastly, there is a limited area of literature, which demonstrates the need for more research to develop evidence-based practice.
Intercultural Housing Access for Immigrant Families

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Authors Note

Dawn Brubaker, School of Social Work, St. Catherine University/University of St Thomas. This paper was completed as one part of three for a banded doctoral dissertation product. Despite being employed as a service coordinator during part of the dissertation process, the work approached the literature objectively, and bias and limitations are addressed in the article. Correspondence regarding this article may be addressed to Dawn Brubaker, School of Social Work, St. Catherine University/University of St. Thomas, Minneapolis, MN 55105. Phone: 412-295-2353, email; dawnsbrubaker@gmail.com.
Abstract

Global migration was a normal aspect of resource acquisition, but atypical migration patterns increased because of environmental and civil unrest (UNHCR, 2019; Sammers, Collyer, 2017; Kamarck, Hudak, Stenglein, 2017). The literature was limited in areas of research on evidence-based practice in direct services with immigrants and forced migrants. The objective of this quantitative secondary analysis was to explore if there was a relationship between service coordination and access to housing among immigrants and forced migrants (n = 410). The research question was: *Is there a relationship between service coordination and housing access for immigrants and forced migrants.* Findings showed that as service coordination increased so did housing access. This demonstrated a statistical relationship between the independent variable (service coordination) and the dependent variable (housing access) for immigrants and forced migrants. However, due to the limitations of the study, the causation was unable to be verified demonstrating the need for more research.

*Keywords:* trauma-informed care, immigrants, forced migrants, refugees, case management, service coordination, housing
Intercultural Housing Access for Immigrant Families

Losing one’s home in their place of origin is a traumatic event and one that has no political solution. For those people who are displaced inside a nation-state, their identified as *internally displaced persons* (IDPs), those internationally seeking safety elsewhere are identified as *refugees*, *asylees* or are stateless. Of the seventy-one million people forced from their home of origin by another people group, and forty million people globally are trapped in the human trafficking market (UNHCR, 2019; U.S. DOS, 2018). If an individual is able to escape the trafficking situation, they are trapped in an oppressive systemic pattern of migration between nations with only refugee status to provide some U.N. protection (Fiddian-Qasmyeh, Losescher, Long, Sigona, 2014). If a person leaves their nation of origin to a host nation of asylum, they are eligible to request refugee status from the UN, but only if their situation is considered a refugee crisis. In 2018, 40 million people identified as IDPs, 25 million people applied for refugee status, and 3 million people sought asylum status, according to the United Nations High Commission of Refugees (UNHCR, 2019).

For refugee status, an individual needed to provide evidence that there was a well-founded fear of persecution because of their perceived participation in a political, social, ethnic, religious, or special group (UNHCR, 2019). Akar and Erdogan explored challenges that face the 3.5 million Syrian refugees who lived in and out of camp conditions in Turkey. The challenges included language acquisition, sustainable employment, and housing permanence while avoiding abuse (2018). At the beginning of the civil war in Syria during 2011, Turkey had an open-door policy, but that had changed as the number of refugees increased. Housing and health issues were different for people who lived in the camps vs. those who chose to live outside the camps. Those who chose to live outside the camp wanted to preserve their freedom, but they sacrificed
safety, health and other factors. If they lived outside of the camp, they were not registered to go to school, access medical services, or housing, but they could work. Those in the camp structure were unable to work and faced boredom and depression (Akar, Erdogdu, 2018; Weiwei, Yap, Deckert, 2017).

UNHCR created refugee status to provide people some safety in a neighboring country of asylum until a geopolitical decision was made to either move toward permanence through repatriation back to the nation of origin, integration into the nation of asylum near the nation of origin, or resettlement to a third-nation (UNCHR, 2018). The Refugee Act of 1980 created a policy for forced migrants who arrive directly into the U.S. and apply for asylum rather than go to a local country and apply for refugee status through the UNHCR. The Central American migrant situation was not recognized as a refugee crisis. People began to migrate to the U.S. to apply for asylum. In the United States’ Unaccompanied Alien Children program, each child arrived in the U.S. without a legal guardian to seek asylum as a result of various unsafe conditions in Honduras, Guatemala, and El Salvador (Frankle, 2016; U.S. DHS, 2019; Schmidt, 2017).

An immigrant or migrant was defined as a person who chose to move to another country and seek permanent residency, while a forced migrant was defined as a person who was forced to move to another country. It was essential to recognize the complexity of immigration status vs. an individual's perception of migration. For example, a person who over-stayed their visa is considered an immigrant who is out-of-status. However, if they arrived in the U.S. on a visitor visa out of fear of persecution and overstayed their visa because they feared to return home but could not afford court fees to apply for asylum, they perceived themselves as a forced migrant and not as an immigrant. The individual’s perception of status has more weighted value than
their legal immigration status when providing strength-based service. While in many cases both are the same, there are examples where they are different, as demonstrated above. Participants were screened before strengths-based services were provided. The program in this study had to consider how the participant identified themselves first (Chan, Young, Sharif, 2016; Walsh, 2013).

In the U.S. limited housing access, a necessity for stability, increased stress on immigrants and forced migrants (Desmond, 2016). Western cultures required immigrants and forced migrants to understand and utilize complex legal and financial systems and complete complicated paper or computer-based applications. The participants of three studies found that housing access was difficult due to cultural differences, language barriers, and discrimination (Hernández, Jiang, Carrión, Phillips, Aratani, 2016; Mensah, Williams, 2013; Hordyk, Soltane, Hanley, 2014).

Service coordination was defined as a collaboration between a service provider and a participant who worked together to access resources (Bunger, 2010). Service coordination was the primary direct service offered in the multiagency collaborative program in this study. The goal of the program was to connect participants to housing when they were unable to connect to it on their own independently. Participants were unable to access resources because of cultural knowledge, language barriers, and discrimination, (JFCS, 2018). In the quantitative study the research question asked if there was a relationship between service coordination and housing access for immigrants. The independent variable was service coordination, and the dependent variable was housing access. Other variables included age, gender, a global region of origin, whether minors reside in the home, and family size.
Literature Review

National Context and Challenges Faced

Global events impact federal policy decisions and are based on a desire for safety (Collier, 2013). According to a poll taken by Pew Research Center in 2016, 76% of the U.S. population consider the events that took place on September 11, 2001, as the most influential and defining in their lives as Americans. The article demonstrated that events shape generations just as they shape individuals. Each graph within the article by the Pew Research Center shows the impact of the event of 9/11 and the following War on Terror has had within each generation group such as, the Greatest Generation, Baby-Boomers, Generation X, or Millennials. The research demonstrates that as the cohort gets younger the impacts of the 9/11 event decreases (Deane, Duggan, Morin, 2016).

In November of 2015, a small group who claimed they were acting on behalf of the Islamic State of Iraq and Syria (ISIS) bombed a concert in Paris, France, and killed 129 people. The perception was that the people who executed the attack were part of those who fled the civil war in Syria and to massive speculation. Throughout the 2016 presidential election cycle in the U.S. this reactionary response was utilized in to form an anti-immigration message with a focus on forced migration populations. In January, 2017, the newly elected President Donald Trump, signed the Protecting the Nation from Foreign Terrorist Entry into the United States Executive Order #13769 that suspended the refugee resettlement program and any immigrant arrival from seven countries immediately, including Iran, Iraq, Lybia, Sudan, Syria, Somalia, and Yemen (Trump, 2017).

Because these seven nations practice Islam, it was called the Muslim Ban and was fought through many lower courts as a violation of Freedom of Religion, in the First Amendment. Over
the next 18 months, the executive branch added North Korea, and Venezuela, and removed Iraq from the restricted list. In June of 2018, The Supreme Court upheld the order because it did not violate the Constitution (Trump v Hawaii, 2018). The ACLU advocated against this decision because the original executive order was to change immigration policy to prevent particular groups of people from entering the U.S. based on the perceived threat due to their faith (Lens, 2018). The refugee resettlement program was reduced from 110,000 in 2017 to 40,000 in 2018 (U.S. DOS, 2018).

Immigrants and forced migrants who arrived in the U.S., during an isolationistic political and social environment had challenges including racial tension, fear resulting from xenophobia, cultural and linguistic barriers, and discrimination (Collier, 2013; Farrugia, 2009; Romero, 2008). Many in the U.S. were unaware of demographic changes that require workers to meet employment needs for economic stability in some areas of the country (Welcoming America, 2018). This increased tension between local community leaders and federal legislation around immigration because there was a demand for people in the U.S., but an unwelcomed dichotomy in the cultural messages. The two-message system was made worse with limited programs to provided resources to educate people in professional development and community education. There were limited programs providing direct services for immigrants and forced migrants (Shaw, Poulin, 2014; Congress, 2015; Ballard-Kang, 2017).

One study that demonstrated the barrier to access for immigrants to connect to typical resources was conducted by Ahlmark, Holst Algren, Holmbert, Norredam, Smith Nielsen, Benedikete Blom, Bo, and Juel. While it was a Danish study, the application of Western vs. Non-Western values made it applicable to the U.S. population. The study was from non-participants in a Danish national health study from 2010. Of those who did not participate, both Danes and
non-Danish citizens \((n=177,639)\) were studied using chi-squared, logistical regression analysis. The results concluded that the highest rate of non-participation was from non-Western individuals at 80% and people who identified as immigrants at 72% with limited education and language literacy. The study demonstrated that limited access to the health study was due to participants’ limited ability to read the survey itself as a result of education and literacy barriers. The authors suggested an increase in multicultural adaptation to ensure future health study participation (2014).

**Trauma-Informed Care**

Ostrander, Melville, and Bertold, concluded that there are not enough supports in place in the U.S. to support the complex traumatic effects that occur for individuals caused by the initial displacement, the journey, and challenges upon arrival to support refugee populations throughout all ecological levels of involvement. The Cambodian refugee population resettled in the U.S. is used as a case study to demonstrate the limited ability for current U.S. ecological systems at macro and micro levels to address refugee trauma concerns adequately (2017).

To demonstrate the reality that the traumatic process of forced migration causes mental health impacts, Opass and Varvin conducted a qualitative study. They had \((n=54)\) adult participants who experienced childhood trauma and human rights violations as refugees before arriving in their nation of resettlement (2015). Participants were referred through mental health providers and were diagnosed with Post-Traumatic Stress Disorder and Anxiety. Results demonstrated that as the level of childhood experience increased so did the level of Post-Traumatic Stress Disorder in adult refugee survivors (Opass, Virvin, 2015).

Complex trauma was defined as repeated traumatic events over time and those who arrived as immigrants and forced migrants into the U.S. with have a potential of complex trauma
STRENGTHS-BASED THEORY FOR IMMIGRANTS AND FORCED MIGRANTS

(Ostrander, Melville, Berthold, 2017; Opaas, Varvin, 2015; Herman, 1997). When an individual experienced complex trauma, it was difficult to provide them with social services. It was difficult for refugees with complex trauma to access mental health interventions. Trauma-informed care was a therapeutic model for substance abuse counseling facilities across the U.S… The Substance Abuse and Mental Health Service Administration (SAMHSA, 2014) provided the Treatment Improvement Protocol (TIP) Fifty-Seven, to facilitate the education of providers and to foster acceptance of trauma-informed care within the world of behavioral health. Trauma-informed care provides an environment of healing and hope, trust and transparency, and direction and equality (Levenson, 2017). When working with people who have survived addiction, equality equals non-judgment and is a powerful dynamic (Goldsmith, Gamache Martin, Parnitzke Smith, 2014; Walsh, 2013).

Trauma-informed care in the behavioral health field with forced migrant populations is just beginning to emerge in the literature. Shannon and Cook conducted a qualitative study that incorporated fifteen refugees with a substance abuse history who shared their inability to access treatment due to multiple factors. The primary need identified was unsuccessful case management and coordination. One reason why the participants felt unable to connect with programs was a lack of culturally appropriate or trauma-informed care trained staff. Findings from the study indicate a need for more research and more trauma-informed, culturally humble supports for immigrants suffering from addiction (2016). These findings demonstrate the practice information provided in SAMHSA’s Treatment Improvement Protocol’s Fifty-Seven and Fifty-Nine (2014) and NASW Cultural Competency In Social Work Practice in social work (2015).

Blanch examined trauma-informed care in public health using a perspective of safety for healing refugees. She focused on women and children who experienced forced migration and, in
her assessment, health and mind were connected. Blanch concluded that the stress of trauma and migration, if not addressed, decreased the overall quality of life. Ignoring the challenges that face refugees at the time during their transition from the initial resettlement period into society increases the possibility of mental health complications later (Shannon, Wieling, McCleary, Becher, 2015). Trauma-informed care with people who identify as an immigrant and forced migrants provided a safe space to heal and rebuild trust (Ballard-Kang, 2017). Trauma-informed care provided the environment for hope to make natural use of human resiliency. Resiliency was a particular coping skill of people, and it is critical to focus on cultural norms and to prevent superimposing a dominant normative culture onto an individual (Blanch, 2009; Ballard-Kang, 2017; Pickren, 2014; Fadiman, 1997). One essential focus on the staff when providing a trauma-informed care environment was to ensure the participants are getting quality services. When culturally appropriate, evidence-based services are provided to refugees and their ability to succeed increase (Shaw, Poulin, 2014; Lopes-Cardozo; Anger, 2011).

Service Coordination

Bunger defined a service coordinator as a strengths-based, direct service provider who connected formal and informal support networks to the participant (Bunger, 2010). Ballard-Kang developed a conceptual framework on increasing bicultural self-efficacy with refugees. In her article she stresses the pre-arrival trauma added to by post-arrival stressors for refugees who arrived in the U.S... Stress was reduced and trauma mitigated through a trauma-informed direct service provision approach. People who arrived in a new culture learn to noctivagate a new environment while connected to loved ones half a world away (2017). While not speaking directly about the theory, Herman concluded that a person with trauma history did best when ensuring that the person is provided an opportunity to "have a sense of renewed control" (1997,
p134), the essence of the strength-based theory. Over time, the roles changed from being a partner with the service coordinator to participants become the drivers of their own goals (East, 2016).

Hernández-Plaza, Alonso-Morillejo, and Pozo-Muño, (2006) examined multiple factors for immigrant community connection and concluded that it required a combination of both formal and informal social support networks for migrant population integration. The participates chose the goals they wanted to focus on, so they were in ownership of their overall plan, both in theory and “on-paper.” The person and the social worker were a collaborative team and in equitable partnership to reach the person’s goals. The individual is in a place to work alongside the social worker to complete the plan (Walsh, 2013; Simmons, Shapiro, Accomazzo, Manthely, 2016). Service Coordination is not a replacement for long-term case management that supports vulnerable refugee populations such as single parents or families with complex medical situations (Shaw, Poulin, 2014; Shaw, 2014). However, it provided immediate support for crisis-cases to connect the participant to critical services while advocating for their cultural and linguistic needs (JFCS, 2018; East, 2016; Knox, Roberts, 2016).

**Immigrant and Migrant Housing**

Both immigrants and migrants suffered unique challenges to housing, but some had options because of programs open to them based on their situation. One example from the literature was that participants in unsafe situations because of intimate partner violence (IPV) qualified for emergency shelter. Immigrants and forced migrants were opened to unique housing barriers including culture limitation, language barriers, and discrimination. Areas in the U.S. with limited exposure to immigrant population struggled to provide services with outside cultural groups. They had limited ability to provide the same level of cultural competency to this
population group as they were with other populations adding barriers to access to housing access (Thurston, Roy, Clow, Este, Gordey, Haworth-Brockman, Carruthers, 2013; Hordyk, Soltaine, Hanley, 2014; Horn, Smith, Whitehill, 2013).

Sheir, Graham, Fukuda, and Turner studied immigrants receiving housing support services in Alberta, Canada. They demonstrated that while immigrants did experience housing insecurity, the population had protective factors against the same degree of precarious housing as other groups. The study included an immigrant sample size of N = 525. The predictive protective factors included social support systems such as marriage and connection to community resources. The study indicated that immigrants were 77% less likely to be in a precarious housing situation than a non-immigrant (Sheir, Graham, Fukuda, Turner, 2014). This study measured which group was part of the indigenous population, an immigrant, or if they were Canadian-born.

According to Nelson, Price, and Zubrzycki, to achieve the goal of offering immigrant housing, the ideal place to start was at the local level. It was important to create programs at the local level for immigrants as they arrive so that they can navigate their new community independently (2014). Shaw and Poulin (2014) conducted a study with n=434 participant households arriving in St. Lake City. The study intervention was long-term, intensive case-management, and success in gaining resource acquisition was measured over a twenty-seven-month period. The program reported 75% of the households working by the end of the study and concluded that there was an increase in employment success through job retention over time (Shaw Poulin, 2014). This study demonstrated the benefits of case management for refugees who arrived in the U.S. as a predictive factor for the long-term success of the household.
Thurston, Roy, Clow, Este, Gordey, Haworth-Brockman, and Carruthers explored the supports put in place for immigrant women who were victims of domestic violence that ended in homelessness. The intervention included formal supports at the community level that provided service coordination at the local domestic violence program. The study reviewed a formal case management program that connected participants to transitional and eventually long-term housing programs. Of the 37 participants, 32 were interviewed a second and third time, demonstrating an increase in program retention. The study demonstrated an increase in outcomes due to the ability of staff to address cultural and linguistic barriers of study participants. The conclusions of the study include the need for advocacy to increase programs for victims of domestic violence and the importance of professional development training in cultural competency for staff (Thurston, Roy, Clow, et al., 2013; Simmons, Shapiro, Accomazzo, Manthely, 2016).

Hordyk, Soltane, and Hanley conducted a qualitative study using feminist theory with a critical realist approach. They had (n-25) participants using a semi-structured interview style with five cultural liaisons that supported communication. Interviews were conducted in either English or French even if it was not the primary language of the participant. The authors used the multilayered approach of critical realism to explore the real, the actual, and the empirical of poetry created by participants. One comparison the reality of intersectionality and the actualization of migration and one theme which emerged was that homelessness was both “an unexpected and difficult to explain outcome” (Hordyk, Soltane, and Hanley, 2014, p5). Participants also disclosed the preference for condominiums over public housing and a language requirement in employment that posed a barrier for sustainable income. Systemic barriers were
consistent with current literature including discrimination from landlords (Hordyk, Soltaine, Hanley, 2014).

Methodology

The primary objective was to determine the relationship between service coordination and housing access for immigrants and forced migrants. The hypothesis was that there is a relationship between the independent variable (service coordination) and the dependent variable (housing access for immigrants and forced migrants). The null hypothesis was that there is no relationship between the independent and the dependent variable. The sample was anyone who received provided service coordination for housing insecurity within the timeframe who identified as an immigrant or forced migrant. A forced migrant was defined as a person who self-identified as an individual who did not choose to leave their nation of origin, which includes refugees, asylees, and survivors of trafficking. A secondary objective was to determine any connection between those who indicated that they were in crisis (1) at the time of enrollment and those who indicated that they are not in crisis (2-5) at the time of enrollment. Also explored was the impact of age, gender, family size, and status, on the access of immigrant and forced migrant housing within this sample. An immigrant was defined as a person who self-identified as a person who chose to leave the nation of origin, and forced migrant was defined as a person who self-defined as a person who did not choose to leave their nation of origin.

Study Design

This was an exploratory secondary data analysis. The program from which the data was obtained is located in a mid-level city in North Eastern United States. It was a community based direct service that provided service coordination for immigrants and forced migrants to connect them to resources they were unable to connect to independently because of cultural
understanding or linguistic barriers (JFCS, 2018). The program was formed after a needs-assessment was completed by the county’s immigrant population using a strengths-based model (Horn, A., Smith, A., Whitehill, E. (2013). The study used secondary data from the first four years of a program with six agencies. One lead agency held the administrative responsibility for the program. The lead agency chose a team with a representative from each agency to collaboratively create a culturally appropriate program for the county.

The committee chose a strengths-based theoretical approach for the program. The committee developed forms for the program, and the lead agency provided translated versions into languages that the participants required. The lead agency implemented staff training on a monthly basis with a lead service coordinator who coordinated training on multiple strengths-based concepts including trauma-informed care. All staff was trained on the same online database system so that program participate outcomes were tracked in one system. The program provided a tool to measure a participant’s ability to measure their independent ability to access resources. This tool was used when a participant opened a goal upon baseline assessment and again when each goal was closed. The same tool was used across the six-agency program. The strengths-based theoretical approach was utilized, and a numeric number was assigned to the baseline assessment at the time of program entry and again at the time of goal closer (JFCS, 2018). This (pre-test) and (post-test) score is identified in the tool as follows: 1- crisis, 2 - fragile, 3 - vulnerable, 4 - safe, and 5 - stable.

In this study the targeted participant goal was housing insecurity, defined to include individuals without a permanent place to reside, those with current eviction notices, participants without the ability to afford rent or mortgage, and other factors that affected access to housing permanence. The independent variable was service coordination, and the dependent variable was
housing access for immigrants and forced migrants. Demographic variables including, age, gender, family size, local region, and global region of origin were collected to determine if there were any connections or relationships to housing connection. The study sample strategy was a participant with a housing insecurity goal from July 1, 2014, through June 30, 2018.

**Protection of Human Participants**

The NASW Code of Ethics (1.05) required cultural competency and understanding of diverse people and groups (2017). This explicit expectation demanded that the primary researcher placed herself in the position of the participant and self-reflected on the potential risk of harm, to ensure it did not occur (Temple & Moran, 2011). In the case of this study, the largest risk was disclosing a participant’s identity to the community. To ensure the protection of participant confidentiality in this study, the location of the study was kept to regional identifiers only and the program itself was not identified. All data was secondary and retrospective in nature. Any identifier associated with a participant was removed from the transfer from the lead organization by the researcher. The researcher assigned new numerical identifiers to participants that are unrelated to the program, so they are unrelated to the program for analysis (Engel, Schutt, 2017). Further, this study did not include direct contact with the study participants.

**Data Collection**

Data collection involved extraction of existing data from a database belonging to an organization from which the study participants had received services in the past. A letter of permission was obtained from the organization from which the data for this study came. The researcher received permission from the program organization to seek approval from the University of St. Thomas Institutional Review Board. The study (IRB # 1306144-1) was approved on August 31, 2018, under exempt status. Data was collected by transferring
information from a report in an online database system to an Excel database that de-identified the sample by removing individual information and re-assigning generic numeric information. Participants’ national origin were assigned a number based on global geographic region. Participants were categorized by their global geographic region rather than their nation of origin to assess possible relationships between variables and regions of origin while protecting individual participants confidentiality (Temple & Moran, 2011).

Participants’ regions included the following: Asia, Africa, Europe, (Mexico, Central America, Caribbean,) (Middle East,) North America, and South America. No participant identified being from Australia. All data were transferred to generalized numerical or global geographic information as it was extracted. The two non-continental areas in parenthesis were created to ensure adequate cultural representation of the participants. It was understood that creating these two unique areas could have led to some limitations in the ability to accurately describe the study variables. However, with the exploratory nature of the study and the population variations of the people represented in the Excel spreadsheet through language, this was the most logical procedure to analyze potential relationships (Engel, Schutt, 2017; Temple, Moran, 2011).

The researcher created columns to record data in an Excel spreadsheet to track variables and clean data to ensure the removal of identifiers. The independent variable (service coordination) data was collected by using the scoring guideline pre-test score 1 in-crisis and 2-5 not-in-crisis. The dependent variable (housing access for immigrants and forced migrants) was collected using the scoring guideline pre-test (baseline assessment scores) and post-test (goal closure scores) for participants. Data was gathered from de-identified reports using an online data management program.
Data Analysis

Data was analyzed using the software, IBM Statistical Package for the Social Sciences (SPSS). Data was examined for missing values; only the gender variable contained missing values (n = 2). After data was extracted and transferred into Excel it was reviewed to ensure the scores were within the range and each participant was reassigned a case ID number beginning with 100 to ensure confidentiality (Temple, Moran, 2011). In the study, the following variables retained binary forms: gender (female = 0, male = 1, other = 2), immigration status (forced migrant = 1, immigrant = 0), outcome (1-2 = 0; 3-5 = 1), and status (immigrant = 0, forced migrant = 1). The variable, age retained a continuous level form, while family size was retained at the nominal level of analysis. Further exploration of the data showed that of the total participants (n = 448) the final non-duplicative number that while some of the participants could be included in the analysis (n = 410), others did not meet the inclusion criteria (n = 38) thirty-eight people. Of those that did not meet the study criteria, four of the dataset did not contain the age of the study participants, so the researcher could not guarantee adult status, and thirty-four participants self-identified as citizen and not as immigrants or forced-migrants (Temple, Moran; 2011; Engel, Schutt, 2017).

Descriptive analyses were conducted to describe the study variables, while bivariate analyses were used to examine the associations between the study variables. Specifically, this researcher used crosstabulation and Kendall’s Tau (test of association). The tests used in examining the data were selected following a consideration of the nature of the study data and the assumptions accompanying each test statistic.
Results

Descriptive analysis showed that most of the study participants came from Asia, with 36%, followed by Africa with 25%, and the Mexico/Central America/Caribbean region made up 18% of the study participants. Participants from the Middle East comprised 18%, with 3% from South America. Participants from Europe and North America were the least represented, with 1% from each region. Table 1 shows the distribution of the key study variables. All the variables (status, family size, minor children, global region, age, and service coordination) had no missing values (n=410), except gender (n=408). Because status, global region, gender and service coordination are at the nominal level of measurement, their mode was reported. The mean for family size and age was reported. The mode for status was 1, which meant that more participants self-disclosed as forced-migrants than immigrants. The mode for minor children was also 1, meaning that the participants were more likely to have minor children. The mean family size was 4, and the mean age was about 38 years. The mode for service coordination was 0 because all participants were enrolled in this intervention (Engel, Schutt, 2017).

Table 1

<table>
<thead>
<tr>
<th>Variable Descriptive Statistics</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid N</td>
<td>410</td>
</tr>
<tr>
<td>Missing</td>
<td>0</td>
</tr>
<tr>
<td>Mean</td>
<td>0.65</td>
</tr>
<tr>
<td>Median</td>
<td>1.00</td>
</tr>
<tr>
<td>Mode</td>
<td>1</td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>0.498</td>
</tr>
<tr>
<td>Minimum</td>
<td>0</td>
</tr>
<tr>
<td>Maximum</td>
<td>2</td>
</tr>
</tbody>
</table>

Figure 1 shows the pre-score versus the post-test (mean) score in respect of service coordination (the dependent variable). Figure 1 shows that, as anticipated, the pre-score mean
moved from 1.8 to 4.1. This finding was in the direction of the hypothesis. At the descriptive level 4.4 average indicates, that the participants, on the average, moved from crisis/fragility towards stability.

Figure 1

*Comparing the Pre-Score and Post-Score*

Table 2 is a crosstabulation of the study variables. The dependent variable *service coordination* was recoded into a binary form (0, 1), with 0 representing low level of service coordination and 1 representing higher level of service coordination. The cross-tabulation explored the membership of participants who were in crisis versus not in crisis in each of the outcome groups (low service coordination versus high service coordination). Table 2 shows that 154 participants (69.1%) who were in crisis belonged in the low service coordination outcomes group. Comparatively, 69 of the participants (30.9%) who were assessed as low in crisis level (0) upon entry into the program experienced low outcome in regard to service coordination. On the other hand, 100 (55.9%) of the participants were in crisis compared to 79 (44.1%) participants who assessed as low in crisis level (0) upon entry into the program experienced high outcome in
service coordination. The crosstabulation showed that females in low and high crisis levels experienced increased outcomes compared to males. This was also true for the other category, although only 2 of the study participants identified as ‘other’ in their gender attribution. In terms of status, forced migrants in both in-crisis and not-in crisis groups were more likely to experience improved outcomes, compared to those in the immigrant category so people from forced migrant communities had better outcomes in the program then those who self-disclosed as immigrants.

Table 2

<table>
<thead>
<tr>
<th>Crosstabulation of Service Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Count</td>
</tr>
<tr>
<td>Expected Count</td>
</tr>
<tr>
<td>% within Outcome Binary</td>
</tr>
<tr>
<td>% within sv cord</td>
</tr>
<tr>
<td>In Crisis</td>
</tr>
<tr>
<td>Not In Crisis</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Table 3 shows the test of associations between the independent and dependent variables, using a nonparametric measure (Kendall’s Tau). In addition to the service coordination (i) and housing access for immigrants and forced migrants (d), the relationship between the variables
service coordination, age, status, family size, gender, and outcome were tested. Kendall’s Tau test was chosen due to the nature of the study variables and the risks of violating the assumptions of parametric tests to determine correlation. Findings from the test showed that service coordination had the strongest correlation with outcome \( r = .423, p < 0.05 \). The results of the study showed that there is a moderate positive linear correlation between service coordination and outcomes, and the association was statistically significant at \( p < 0.05 \). There is also a positive and statistically significant linear association between family size and status, \( r = .216, p <0.05 \). Gender was also positively and statistically significantly associated with status, \( r = .198, p < 0.05 \).

Table 3

<table>
<thead>
<tr>
<th>Correlations</th>
<th>outcome</th>
<th>age</th>
<th>sv cord</th>
<th>status</th>
<th>family size</th>
<th>gender</th>
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</thead>
<tbody>
<tr>
<td>Kendall's tau b</td>
<td>1.000</td>
<td>-0.063</td>
<td>.423**</td>
<td>0.013</td>
<td>0.017</td>
<td>0.030</td>
</tr>
<tr>
<td>Sig (2-tailed)</td>
<td>0.087</td>
<td>0.000</td>
<td>0.779</td>
<td>0.657</td>
<td>0.510</td>
<td></td>
</tr>
<tr>
<td>N</td>
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<td>408</td>
<td>408</td>
<td>408</td>
<td>406</td>
<td></td>
</tr>
<tr>
<td>age</td>
<td>Correlation Coefficient</td>
<td>-0.063</td>
<td>1.000</td>
<td>-0.001</td>
<td>-0.041</td>
<td>0.026</td>
</tr>
<tr>
<td>Sig (2-tailed)</td>
<td>0.087</td>
<td>0.987</td>
<td>0.319</td>
<td>0.475</td>
<td>0.154</td>
<td></td>
</tr>
<tr>
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<td>410</td>
<td>410</td>
<td>410</td>
<td>408</td>
<td></td>
</tr>
<tr>
<td>sv cord</td>
<td>Correlation Coefficient</td>
<td>.423**</td>
<td>-0.001</td>
<td>1.000</td>
<td>-0.091</td>
<td>-0.059</td>
</tr>
<tr>
<td>Sig (2-tailed)</td>
<td>0.000</td>
<td>0.987</td>
<td>0.066</td>
<td>0.175</td>
<td>0.925</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>408</td>
<td>410</td>
<td>410</td>
<td>410</td>
<td>408</td>
<td></td>
</tr>
<tr>
<td>status</td>
<td>Correlation Coefficient</td>
<td>0.013</td>
<td>-0.041</td>
<td>-0.091</td>
<td>1.000</td>
<td>.216**</td>
</tr>
<tr>
<td>Sig (2-tailed)</td>
<td>0.779</td>
<td>0.319</td>
<td>0.066</td>
<td>0.000</td>
<td>0.000</td>
<td></td>
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<tr>
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<td>410</td>
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</tr>
<tr>
<td>family size</td>
<td>Correlation Coefficient</td>
<td>0.017</td>
<td>0.026</td>
<td>-0.059</td>
<td>.216**</td>
<td>1.000</td>
</tr>
<tr>
<td>Sig (2-tailed)</td>
<td>0.657</td>
<td>0.475</td>
<td>0.175</td>
<td>0.000</td>
<td>0.138</td>
<td></td>
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<tr>
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</tr>
<tr>
<td>gender</td>
<td>Correlation Coefficient</td>
<td>0.030</td>
<td>0.058</td>
<td>0.005</td>
<td>.198**</td>
<td>0.064</td>
</tr>
<tr>
<td>Sig (2-tailed)</td>
<td>0.510</td>
<td>0.154</td>
<td>0.925</td>
<td>0.000</td>
<td>0.138</td>
<td></td>
</tr>
<tr>
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<td>408</td>
<td>408</td>
<td>408</td>
<td>408</td>
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</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

Because there was a relationship between service coordination and housing access for both immigrants and forced migrants the null hypothesis was rejected.
Discussion

The goal of this study was to explore the impact of an intercultural community-based intervention for immigrants and forced migrants on the participants’ access to housing. This study was a quantitative exploratory study of secondary data over four years. The primary global regions people identified as their home of origin in the program included Asia, Africa, Mexico, Central America, Caribbean, Middle East, and South America. These areas were all hotspots of global conflict and high migration (UNHCR, 2018; UNHCR 2019). Finding that more women than men and more forced migrants then immigrants were enrolled in service coordination for housing insecurities was relevant. More exploration is needed to understand this relationship and how programs can shape resources to serve better those seeking resources.

The study demonstrated that there was a relationship between service coordination and housing access for immigrants and forced migrants. Findings also demonstrated that as service coordination increased, so did housing access, so the relationship is strong. There is also a stronger relationship between women and outcomes as well as forced migrants and outcomes. There is also a stronger relationship between families with minor children and outcomes. Future research is necessary to determine causation with the relationships between the independent and dependent variable as well as the relationship with demographic variables related to the independent pendent and dependent variables.

Strengths

There were several strengths addressed in this study. First, the strengths-based application of social work with vulnerable immigrant populations using trauma-informed care was a reliable approach. There is solid work represented in the literature to suggest this is a good therapeutic support for the population and this study showed a relationship outcome of strength.
As service coordination housing insecurity increased so did access to housing especially among those who arrived in the U.S. and identified as a forced migrant. Second, this six-agency collective was the first of its kind to use a shared tool, training model, and one data collection system to serve immigrants and forced migrants across a county-wide area. It was a program founded strengths-based theory using a trauma-informed modality for practice implementation. Those seeking support to connect to housing resources because of cultural or linguistic barriers to access programs that exist were connected to a program with staff trained to collaborate for resources. The staff worked alongside participants using trained skills including trauma-informed care.

**Limitations**

The limitations associated with this study include the researcher’s inability to show specifically that service coordination was responsible for increasing housing access among the study participants. This was due to the nature of the study design. As this was not a true experimental study, the researcher has no way to prove direct influence. However, only associational assumptions could be inferred at this point. The researcher was aware of the internal and external validity issues that may have affected the study findings as well. For example, it will be essential to consider the effects of factors such as history, maturation, and external help that the study participants had received (other than those provided by the agency) in determining the factors that are responsible for the direction of the relationships observed in this study. The only significant variables identified in the analysis were age, gender, children in the home, and size of the family. It was critical, but not surprising, to see that the demographic make-up of the program over the past four years was primarily female. While the study explored some demographic global, regional factors, more research is necessary to determine population specific barriers to resource access.
Conclusion

Understanding migration patterns and responding to the economic, political, environmental, and social impacts of the roots of climate change and civil conflict might restore normal levels of push/pull migration patterns and support those in traumatic conditions both in the U.S. and internationally. It was important to remember that the concept of a nation-state was a social construct that formed a geopolitical dynamic, but it was not the same as the law of gravity. People in crisis migrant to access resources needed for themselves and those they love. The responsible reaction of social justice was for social work professionals to listen to those who migrate and create effective equitable support structures for them and their families. Supporting people who come to the U.S. with programs that encourage family connections strengthens the community. More culturally inclusive research in direct services for immigrants and forced migrants will be important for providers to implement quality evidence-based programs for venerable population groups.
A Model for Helping Immigrant Families

Dawn Brubaker

St. Catherine University/University of St. Thomas

Authors Note

Dawn Brubaker, School of Social Work, St. Catherine University/University of St Thomas. This presentation summery was completed as one part of three for a banded doctoral dissertation product. Despite being employed as a service coordinator during part of the dissertation process, the work approached the literature objectively, and bias and limitations are addressed in the article. Correspondence regarding this article may be addressed to Dawn Brubaker, School of Social Work, St. Catherine University/University of St. Thomas, Minneapolis, MN 55105. Phone: 412-295-2353, email; dawnsbrubaker@gmail.com.
Abstract

People who migrate are resilient and able to adapt to new cultural environments, but they also have unique challenges including linguistic barriers and discrimination. It is difficult for immigrants and forced migrants to access housing because of these barriers. When a trauma-informed environment is provided participants can have a community alley to support their connection to resources. The presentation goal is to review a program that provides strengths-based support for immigrant and forced migrants. The following was reviewed to conference attendees: an overview of the program studied, definition of strengths-based theory, definition of service coordination, pillars of trauma-informed care, emerging findings, and tools to create a trauma-informed environment for immigrants and forced migrants.
Presentation Introduction

This one-hour presentation was provided during the 2018 NASW-PA/PAUSWE Annual Conference, in Pocono Manor, PA on September 13, 2018. The conference theme was, explore, connect, grow. The non-profit organization used in the study and reviewed during the presentation has six agencies coordinating together to serve immigrants by providing one program of service. This concept was included in the peer-reviewed abstract submitted for consideration and approved by NASW-PA.

The workshop provided participants with a review the National Association of Social Work’s (NASW) Code of Ethics and the Council on Social Work Education’s (CSWE) Committee on Accreditation’s (CoA) Educational Policy and Accreditation Standards (EPAS, 2015). In both the code of ethics and the EPAS there is direct application of social work practice with immigrant and forced migrant populations (NASW 2013; 2015, CSWE, 2015). Participants left understanding terms for immigrant population groups and various statuses that currently exist. They learned skills to communicate concepts including cultural awareness, sensitivity, competency, humility, and intercultural communication.

Participants learned barriers to services due to the systemic oppression for people with cultural and linguistic limitations. Participants learned the pillars of trauma-informed care and skills on how to apply them to the social service organizations at the micro, mezzo, and macro levels of support. Lastly, Participants discussed their application and thoughts on the application of the program reviewed.
The first two slides introduced the participants to the presentation and each other. One cultural ice-breaker used is the name game. Using the name ‘Dawn,’ the presenter explained that being born in the morning was why her parents named her Dawn, an old English word meaning Daybreak. The presenter asked if people would share their name stories, acknowledging cultural, ancestral, tribal, and lost naming histories due to the slave trade in the U.S. before emancipation.
STRENGTHS-BASED THEORY FOR IMMIGRANTS AND FORCED MIGRANTS

The second slide introduced the concept that no one culture is right or wrong, it just is, and it is part of what we define as human. The quote cited by cultural anthropologist, Wade Davis, (2008) in The Serpent and the Rainbow, provides this in a way that highlights the beauty in each culture.

*Figure 2.3. Slide three.*

**WHAT WE WILL COVER TODAY...**

- A strengths-based framework to connect immigrant families to services
- Program overview
- Data collected & trends
- Discussion
- What way can you replicate or reinvent services?

*Figure 2.4. Slide four.*

**NASW & CSWE**
Cultural Competence and Social Diversity 1.05

- (a) understand culture [recognizing the strengths that exist in all cultures]
- (b) Social workers will acknowledge base of their clients' cultures and demonstrate competence in the provision of services that are sensitive to clients’ cultures and to differences among people and cultural groups.
- (c) Social workers will obtain education about and seek to understand the nature of social diversity and oppression.

The fourth slide provided an overview of both NASW and CSWE competencies for diversity and inclusion in the social work profession. It tied the importance of building upon our
understanding of cultural concepts from what was learned in social work education into lifelong learning and applied it back into education as field instructors. (The photo is a picture of the author’s great-grandmother’s naturalization papers.) It provides a personal, positive and historical, connection to migration.

The author used a photo of a lava lamp to demonstrate culture in the presentation because the culture of any people group is a fluid, variant, vibrant, and moving. Culture is dynamic and ever-changing and like language, alive and being created in real time. The lamp connects to the trauma-informed care concept because the warmer and more welcoming an environment the more a person will show their cultural truth. Culture is not only, clothing, food, music, or other external factors, but the intrinsic values and beliefs, philosophies and pedagogies that form a people’s groups identity. The more time that passes and this trust is kept and reinforced with transparency, hope, and intercultural reciprocation (or the sharing of one’s own culture) the more a person will continue to share.

**Figure 2.5. Slide five.**

**TERMS**

- **Immigrant**
  - Person who comes to a country to take up permanent residence

- **Forced Migrant (Refugee, Asylee, Survivors of Trafficking, VAWA)**
  - Person outside of his/her country of nationality
  - Has experience of/or well-founded fear of persecution on account of race, religion, nationality, political opinion, or membership in a particular social group (UN High Commission on Refugees)
  - Unable or unwilling to return home

- **International**
  - Person who is not planning to take up permanent residence in the US
  - Person with time-limited authorizations

- **Out of Status (Undocumented, Stateless)**
  - Person who entered the U.S. with a visa status, but it has expired is no longer valid
  - Person who enters the U.S. with a passport from their country, but has no legal status
  - Person without immigration documentation or status
  - Person without a nation state or place of safe status

(Smith-Tapia, Brubaker, 2017)
Intercultural Service Coordination

The presentation provided an overview of the author's conceptual framework included a dissertation article titled intercultural service coordination. The authors defined intercultural communication as an equitable exchange of cultural communication that is either verbal or non-verbal. Intercultural communication is embedded in the program included in the research study by the way they use strengths-based theory application and culturally competent practice through cultural and linguistically appropriate standards (CLAS) as advised through the Department of Health and Human Service (HHS, 2018). The program applied these concepts in training to all staff including their service coordinators. Each slide provided an overview of critical cultural concepts that provide intercultural service of immigrants and forced migrants.

Figure 2.6. Slide six.

**SERVICE COORDINATION**

- Uses Strengths Based Theory
- Service Coordinator Seeks the strengths of the individual participant
- Coordination of services between social worker and person seeking service
- Collaborative between social worker and person seeking services
- Team – person seeking services having ‘active change talk’ when identifying goals
- Participant will eventually build upon strengths and lead their own goals showing that it is time for the goal to close

(Bunger, 2010)
These two slides provided an overview of both service coordination and trauma-informed care. During the presentation, the information went more in-depth in the material using examples of program design in the micro, mezzo, and macro application within service provision for a trauma-informed environment. One example of this was in the training of supervisory staff at each organization on how to implement a trauma-informed environment within their agencies. Another example was a case study of a service coordinator working alongside a person enrolled in the program as they advocated for their housing rights.
Slide nine, Figure 2.9, demonstrated the importance of defining cultural concepts (Brubaker, 2018; JFCS, 2018). Many providers informed their cultural competency with cultural sensitivity because they do not want to offend people who are from a different culture. In this way, the provider seeks information and wants to increase their cultural competency to ensure that they are culturally sensitive and avoid discomfort. A more proficient goal was seeking out cultural competency to educate, but that at times difference will cause discomfort and to acknowledge our parasympathetic response. Cultural humility was defined as the concept of self-reflection, understanding that cultures are equitable, learning by asking questions, and being with people who are from other cultures. In this way, an individual’s cultural competence informs their cultural humility and engages their intercultural communication.

In slide ten, Figure 2.10, the overview provided is a concept of change that demonstrates using felt. People migrated from one culture where norms were known (yellow), and the trauma of change (red) required finding a new culture where new norms are in the process of being learned by the individual (orange). It is simplistic but does demonstrate to practitioners and migrants alike the emotional challenges faced by those going through the migration diaspora.
process. Diaspora defined (as the time) when a person was between cultures and struggling to cope. The concept of immigrant diaspora explored was detailed by Anupama Jain’s book, How to Be South Asian in America: Narratives of Ambivalence and Belonging (2011).

Slide eleven, Figure 2.11, an image is provided to demonstrate a visual tool that can be used with individuals from other culture groups. The image represents two culture groups and how they share similarities and differences, but when dealing with cultural diaspora, intercultural conversation to support reconciliation of these concepts is critical to support the person who has immigrated or is forced to migrate. For example, if a person who represents the dominant culture was speaking to an individual who arrived into that culture group, “In the U.S. privacy is an important part of our culture and your personal information belongs to only you. The Health Insurance Privacy and Portability Act (HIPPA) was created to ensure that all your health insurance information is between you and your doctor. If you want people in your family to see it, you have to let the doctor know and sign a form providing them permission.” This provided context to the cultural framework around confidentiality that some people groups may not understand.
Program Overview

In the author's dissertation, a study was completed in a northeastern U.S. city that provided program data from the fiscal year 2014 through 2018. In the presentation, an overview of the program was provided from the fiscal year 2018. This data included information from JFCS annual report 2018. The program had the following goals: to connect immigrants and migrants to resources by bridging cultural and linguistic barriers to services, provide cultural orientation support through intercultural communication, and develop the skills for the individual connect to resources independently over time.

The program provided services to immigrants in the county when there was a cultural or linguistic limitation to services and follows CLAS guidelines for cultural and linguistic level of service (JFCS, 2018; DHH, 2018). The uniqueness of this program was the multi-organizational setup with a lead organization with administrative management responsibilities and five other organizations throughout the county as subcontractors. The program design uses the referral model no-wrong-door. Anyone can provide a referral into the program if they are having a cultural or linguistic difficulty accessing services independently. The person can self-refer, a
service provider can contact the program, or a friend can contact the program. People can use the phone, the website, or a walk-in center. The only request that a third-party referral ask for permission to give out the number of the person who needs support before contacting the program (JFCS, 2018).

There were over ten drop-in, office-hour locations in the county where immigrant and forced migrant communities live. These sites operated with cultural navigators and interpretation to provide direct culturally appropriate support. There was direct assistance with forms, phone calls, and information provided directly to people. Both the drop-in services and the service coordinators provided referrals that are culturally appropriate to the immigrant and migrant families. Services coordination provides an advocate to ally with the immigrant family and to connect to multiple services with goals over time, provide micro-level and mezzo level advocacy (JFCS, 2018).

The program provided professional training to local, state and national practitioners on cultural competency and humility, language access, and pathways of services. Program managers consulted with local, state, and national organizations on implementation of educational curriculum for professional staff development. Lastly, training was provided to all staff on intercultural direct services including cultural competency and trauma-informed care (JFCS, 2018).
Figure 2.12. Slide twelve.

PROGRAM OVERVIEW

- Referral
- Info/Assistance

- Site Locations
- Navigation/Referral to SC

- Assessment
- Enrollment/Goals/Exit

JFCS, 2018

Figure 2.13. Slide thirteen.

DEMOGRAPHICS 2017-2018

- **Population Served**
  - Language:
    - Spanish: 32%
    - Nepali: 20%
    - Arabic: 11%
    - English: 12%
    - Other: 14%
    - Burmese: 4%
    - Swahili: 3%
    - French: 3%
    - Inuktitut: 1%
  - Gender:
    - Women: 59%
    - Men: 41%
    - Other >: 1%
  - Age:
    - 18-24: 8%
    - 25-34: 32%
    - 35-44: 27%
    - 45-54: 14%
    - 55-64: 7%
    - 65+: 10%

JFCS, 2018

Figure 2.14. Slide fourteen.

DEMOGRAPHICS (CONT.) 2017-2018

- Gender
  - Women: 59%
  - Men: 41%
  - Other >: 1%

- Age
  - 18-24: 8%
  - 25-34: 32%
  - 35-44: 27%
  - 45-54: 14%
  - 55-64: 7%
  - 65+: 10%
In the program, there was a scoring system used across organizations at the baseline assessment and again when the goal closed. This number is decided between the service coordination and participant based on the raiding scale if they identified in crisis =1, fragile =2, vulnerable =3, safe =4, stable =5. In this slide, it demonstrates the baseline score when the goal was opened, their median score is approx. 1.7 across the various domain areas listed on the
bottom of the chart. Upon closing across each domain area, the individual has a score of approx. 4 with an increase of 2.3 in FY 2018 (JFCS, 2018).

*Figure 2.17. Slide seventeen.*

Intake was done during the initial interaction with the program staff and the referral source. The program total was higher because people came into the program without an intake when enrolled in service coordination directly or previously enrolled in the program and being served again. The importance of this slide was to show the critical areas of service that include, basic provisions, financial, legal, and healthcare. In the area of basic provisions, the subdomains include housing, food, utilities, clothing, and transportation. Of these areas, housing was the largest subdomain by people enrolled in service coordination in the 2018 program year (JFCS).

**Discussion**

While the presentation was underway, one participant asked a question on replication possibilities in their county in the state for a different population. The discussion began with the group around the ability to utilize the program design for families in general. During the post-presentation discussion, participants asked more details about program design and outcomes of
the program and were excited about the application to immigrants. Several expressed surprise to learn that there were immigrants in the area of the program of study. This created a discussion about the immigration process for refugees in more detail. Another participant shared an example of a similar program design in regard to what they are doing in their county for seniors and was excited to hear of the scope of the program presented because it provided an example of expansion on their program.

After several people left, two participants stayed behind, one asked for more details on program implementation at the administration level regarding funding through the county and was provided with contact information for the program manager information. The second participant approached the presenter and thanked them for their presentation of cultural competency and humility. The participant themselves identified as Latina and attended to ensure her people group was represented appropriately and said she was excited to leave learning new material. The presenter felt humbled and conveyed their appreciation, resulting in intercultural collaboration.

Thank you for reading this work.... D Brubaker