



PUBLIC
CONSULTING GROUP

Arizona Refugee Resettlement Program Needs Assessment Gap Analysis

Public Consulting Group

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EXECUTIVE SUMMARY

The Arizona Refugee Resettlement Program (RRP) has served over 80,000 refugees¹ in Arizona since 1978. RRP is committed to assisting refugees in achieving social and economic self-sufficiency — and aiding in their overall well-being — as soon as possible after arriving in the United States. RRP is continually assessing ways to improve the quality and effectiveness of refugee services. As part of their continuous quality improvement efforts, RRP has contracted Public Consulting Group, Inc. (PCG) to conduct a needs assessment to identify what services are needed for refugees, where, and for which populations.

The needs assessment was conducted from June 2019 through March 2020. PCG employed a mixed-method strategy that involved collecting, analyzing, and synthesizing data from multiple sources:

- Statutory and literature review
- Refugee focus groups: Eight groups (5 in Maricopa County; 3 in Pima County); 54 total participants
- Refugee survey: 311 respondents
- Provider survey: 124 respondents
- Case record review: 194 RRP electronic case files; 47 Refugee resettlement agency (RA) files
- Inventory of existing services
- Asset mapping

The primary objective of this report² is to synthesize the findings from the multiple data sources and conduct a gap analysis to determine what services are needed, where they are needed, and for which populations. The results of the gap analysis can assist RRP in identifying how to adjust contracts, scope of works, and budgets.

This report provides a brief overview of the methodology used for each data source and then presents the results of the synthesized findings for the top service categories:

- English Language Training (ELT)
- Employment, job training, and adult education

¹ When the word “refugee” is used, it includes Amerasians, asylees, Cuban/Haitian entrants, refugees, special Immigrant visa (SIV) holders, and victims of a severe form of human trafficking.

² Individual summary reports also were written for each data source: 1) statutory and literature review, 2) refugee and provider surveys, 3) case record reviews, 4) focus groups, and 5) asset mapping. These reports provide additional details about the methodology and findings for each component.

- Health, health services, and dental services
- Children's education
- Interpretation and translation
- Transportation

Within each service category the strengths of existing services, need for the services, barriers to accessing existing services, and gaps in services are discussed. Each section concludes with a set of recommendations for addressing the gaps in services. When reading report, it is important to interpret the findings within the context of the limitations of the data collected. Efforts were made to collect data from a large representative sample of refugees and service providers in Arizona. Despite these efforts, certain subgroups of refugees and providers may not be adequately represented due to difficulties in reaching these groups.

ENGLISH LANGUAGE TRAINING

Although most refugees were satisfied with current ELT services, a lack of English language proficiency remains the top employment, education, and healthcare barrier suggesting that it is a significant barrier to achieving self-sufficiency. Additional ELT services are needed, and refugees expressed a desire for more opportunities to practice outside of class. Certain subpopulations are more likely to experience language barriers, such as females; individuals from Burma, Iraq, and Somalia; older refugees; and those who have lived in Arizona longer.

Proposed recommendations for addressing ELT service gaps include:

1. Work with ELT providers, RAs, and ethnic community-based organizations (ECBOs) to identify factors contributing to language barriers among individuals in the vulnerable subpopulations (females; individuals from Burma, Iraq, and Somalia; older refugees; and those who have lived in Arizona longer) and implement interventions specifically targeting them.
2. Partner with ELT providers to identify additional strategies for addressing transportation barriers, especially among Phoenix ELT students.
3. In collaboration with ELT providers, work with the top refugee employers to increase enrollment and attendance in ELT programs. For example, employers could make efforts to ensure that refugees' work schedules enable them to attend ELT class on a regular basis. Another possible solution would be to hold ELT classes at the top employers or at satellite locations nearby.
4. Explore implementing additional online or mobile ELT programs, similar to Friendly House's Burlington Curriculum online program, for those who are unable to attend the in-person classes. These programs also would enable refugees who attend in-person class to practice outside of class.
5. Work with ELT providers to offer additional opportunities for students to practice outside of class. For example, they could create a volunteer program that matches refugees with a volunteer who helps them practice conversational English outside of class.

EMPLOYMENT, JOB TRAINING, AND ADULT EDUCATION

Employment and education services are instrumental in helping refugees achieve self-sufficiency. Not having access to such services can be a significant barrier to achieving self-sufficiency because these

services can greatly assist refugees in securing well-paying jobs. Key employment, job training, and adult education service gaps include:

- Additional resources and services are needed to address the top employment barriers: Lack of English language proficiency, poor health, lack of transportation, lack of work experience, lack of formal education/literacy, and lack of marketable/transferable skills.
- Additional resources and services are needed to address the top education barriers: Lack of English language proficiency, cost, and lack of transportation.
- Female refugees need additional employment and educational services. Compared to males, females are less likely to be employed and to be Matching Grant program participants. They also are more likely to experience employment barriers such as lack of formal education, lack of English language proficiency, and lack of childcare.
- Refugees from Burma and Somalia and those who have been in Arizona for more than five years commonly experience language barriers to employment and may require additional ELT services.
- Individuals over 60 years of age are more likely than younger individuals to earn less than \$10,000 per year; experience health-related employment barriers; and experience transportation-related education barriers.
- Refugees form from the Democratic Republic of Congo and Cuba require more intensive employment services as indicated by their lower income levels and higher unemployment rates.
- Refugees form the Democratic Republic of Congo experience more health-related employment barriers, which may contribute to their higher unemployment rate and lower household incomes.

Proposed recommendations for addressing employment and education service gaps include:

1. Implement employment and education programs that specially target women and look to innovative programs in other states.
2. Explore the use of online education platforms specifically for refugees.
3. Work with PCs for Refugees (non-profit organization) and RAs to explore ways to increase the number of computers provided to refugees in Maricopa County and expand the program to Pima County.
4. Partner with RAs and PCs for Refugees to develop computer literacy classes.
5. Work with ECBOs from countries that more commonly experience employment and education barriers, such as the Democratic Republic of Congo, Cuba, Somalia, and Burma, to identify factors contributing to barriers in their communities.
6. Explore allowing exemptions from the Refugee Cash Assistance work requirements to allow refugee more time to acclimate to life in the United States, improve their English, gain additional training, and work on improving their mental and physical health. Arizona could consider modifying its existing exemptions to match other states, including increasing the dependent child age for the caretaker exemption from one year of age to six years of age and adding new exemptions such as experiencing a personal or family crisis.
7. Explore using innovative approaches to help address refugees' lack of marketable or transferable job skills.

8. Resolve the recredentialing issues refugees encounter as recredentialing can potentially help a refugee find a job, specifically higher paying jobs, more quickly.
9. Assist refugees with mental and physical impairments with enrolling in the Arizona Department of Economic Security's Vocational Rehabilitation program, which helps persons with disabilities prepare for, enter, or retain employment.
10. Continue to partner with employers and support them in the refugee employment process.

HEALTH AND HEALTHCARE

Having access to quality comprehensive health and dental services can assist refugees in becoming self-sufficient by ensuring they are able to work. Several gaps in health services were identified:

Accessibility

- Language is the most significant healthcare barrier for refugees in Arizona, and additional resources are needed to address this barrier. Refugees from Iraq and Burma, those over 60 years of age, and those residing in Phoenix especially need assistance with addressing language barriers to healthcare.
- Overall, new arrivals, those from the Sudan, females, and those living in Phoenix may face more challenges to accessing healthcare.

Physical health

- Unemployed refugees, those earning less than \$10,000 per year, those over 60 years of age, and those from the Democratic Republic of Congo have poorer physical health, which could be preventing them from obtaining employment or securing higher paying jobs.

Mental health

- There is a lack of knowledge among refugees regarding access to mental health services and more education in this area is needed.
- Unemployed refugees, those who earn less than \$10,000 per year, those over 60 years of age, and those from the Democratic republic of Congo are in greater need of mental health services as evidenced by their poor self-reported mental health.

Dental health

- Most refugees do not have access to dental services due to cost-related issues.

Proposed recommendations for addressing gaps in healthcare accessibility, physical health services, mental health services, and dental services include:

Accessibility

1. Collaborate with the Arizona Department of Health Services' Refugee Health Program and RAs on outreach to community health centers to ensure they are utilizing the Refugee Health Program's free resources. Focus on health providers located in areas where large numbers of refugees reside.
2. Assess the number of refugees served by health service providers and their capacities to provide services to refugees. Focus on health providers located in areas where large numbers of refugees reside.
3. Encourage community health service providers to implement Cultural Health Navigator programs similar to the successful program at Valleywise Health.
4. Partner with ECBOs, especially Iraqi and Burmese, to identify methods for reducing the language-related healthcare barriers.

5. Work with the Services for Older Refugees contractors, Area Agency on Aging Region One (Maricopa County) and Catholic Community Services of Southern Arizona (Pima County), to address older refugees' language-related healthcare barriers.

Physical health

1. Collaborate with community health centers and Congolese ECBOs to explore methods for addressing poor physical health among refugees from the Democratic Republic of Congo.
2. Implement RRP Refugee Health Promotion programs aimed at addressing the physical health issues of unemployed refugees and those earning less than \$10,000 per year.
3. Work with Services for Older Refugees contractors, Area Agency on Aging Region One (Maricopa County) and Catholic Community Services of Southern Arizona (Pima County), on initiatives to improve the physical health of older refugees.

Mental health

1. Collaborate with community healthcare providers, RAs, and ECBOs on initiatives to address poor mental health among refugees who are unemployed, earn less than \$10,000 per year, are over 60 years of age, or are from the Democratic Republic of Congo.
2. Work with community health providers and RAs to educate refugees about available mental health services.
3. Partner with ECBOs on initiatives to de-stigmatize mental health services.

Health screenings

1. Following the initial health screenings, ensure that refugees with mental and physical health conditions receive proper follow-up care (e.g., referrals to specialists) and investigate factors preventing follow-up from occurring.
2. Explore ways to increase health screenings in hard to reach subpopulations, such as those 35 to 46 years of age.

CHILDREN'S EDUCATION

Access to quality educational services is essential for children's assimilation to life in Arizona. Gaps in children's education services include:

- Lack of English language proficiency is the biggest academic challenge faced by refugee children indicating that additional ELT services are needed.
- Findings suggest there is moderate need among refugee parents for language and cultural interpretation services to help them communicate with their children's schools, especially for those without a high school diploma, those from Somalia, and those who have been in Arizona longer.
- High school-aged children may require more intensive academic and ELT support services to ensure that they are able to graduate from high school before they turn 18 years of age and age out of the school system.

Proposed recommendations for addressing children's educational service gaps:

1. Work with the schools with high numbers of refugee students to develop refugee support programs similar to the existing programs in the Washington Elementary School District and Tucson Unified School District.
2. Collaborate with Refugee School Impact (RSI) school liaisons to identify methods for increasing access to and use of interpreters for meetings between parents with limited English proficiency and the schools.
3. Work with the RSI school liaisons to develop strategies to increase high-school aged students' participation in existing academic support programs and ensure that students who have not obtained their diplomas have a transition plan for continuing their educations following their 18th birthday when they are no longer able to attend public high school.

For example, link them to the GED programs at Friendly House (Maricopa County) and Pima Community College's Adult Basic Education for College & Career Division (Pima County). Efforts should focus on those who are behind academically.

INTERPRETATION AND TRANSLATION SERVICES

Inadequate access to interpretation and translation services can make it difficult for refugees to access key services and for providers to deliver services. Findings from the assessment revealed that interpretation services are especially needed to help refugees communicate with their children's schools and with their healthcare providers. Subpopulations who are in particular need of interpretation and translation services include:

- Refugees from Iraq and Burma, those over 60 years of age, and those from Phoenix may be in greater need of interpretation services in healthcare settings because they experience language barriers to healthcare more often.
- Parents of school-aged children who do not have a high school diploma, are from Somalia, or have been in Arizona for more than five years may be in greater need of interpretation services to help them communicate with their children's schools.

Proposed recommendations for addressing interpretation and translation service gaps include:

1. Establish a language access workgroup comprised of individuals from organizations such as health and social service organizations, RAs, ECBOs, and state agencies. The aim of the workgroup should be to develop solutions for language access issues. Proposed focus areas include:
 - Examining compliance with Executive Order 13166, which require recipients of Federal funding to take reasonable steps to provide meaningful access to Limited English Proficient (LEP) persons. Although organizations that receive federal funding are required to comply with Executive Order 13166, there is limited oversight by federal agencies and compliance investigations are largely dependent on submission of complaints from individuals.
 - Increasing awareness of LEP issues at the state and local level. Many communities across the U.S. have organized successful campaigns to raise awareness about language access issues and laws have been passed by states and cities to ensure equal access.

TRANSPORTATION SERVICES

Inadequate access to transportation can make it difficult for refugees to access key services and is a major barrier to employment, education, and healthcare. Results from the needs assessment indicate that lack of transportation is a high barrier to self-sufficiency. Findings revealed that better access to transportation is especially needed for certain subpopulations such as refugees living in the Phoenix area, those who are unemployed, and those making less than \$10,000 per year.

Proposed recommendations for addressing transportation service gaps include:

1. Create a refugee transportation workgroup comprised of representatives from organizations such as RAs, state agencies, Valley Metro (Phoenix), Sun Tran (Tucson), ECBOs, health service providers, and employers. The purpose of this workgroup should be to identify possible solutions to transportation access issues.
2. Work with Valley Metro (Phoenix) and Sun Tran (Tucson) to expand transportation access. Possible strategies include:
 - Create a free ride program for newly arrived refugees to use during their first year in Arizona.
 - Expand Valley Metro's Reduced Fare Program to include low income individuals so it is consistent with Sun Tran's Economy Pass Program. Alternatively, implement a reduced fare program, which is specifically for low income refugees rather than all low-income individuals.
 - Add youth ages six to 18 years of age to Sun Tran's Economy Pass Program to be consistent with Valley Metro's Reduced Far Program.
3. Collaborate with the larger refugee employers to address transportation barriers faced by their refugee employees. For example, employers could explore subsidizing public transit and take advantage of programs such as Valley Metro's Employee Platinum Pass.
4. Work with RAs and community health centers to create refugee transportation programs that provide free or reduced cost transportation to and from medical appointments. Look to innovative programs in other states such as Boston Medical Center's Refugee Women's Health Clinic,³ which recently implemented a pilot program to provide Uber Health rides to any woman with transportation difficulties.
5. Collaborate with ELT providers to explore funding sources that would enable them to provide transportation for their students.
 - Assess the sustainability of funding for Pima Community College's bus pass program for their ELT students.
 - Work with Friendly House to identify funding sources for a transportation program for their ELT students.
 - Explore adding transportation requirements to the ELT providers' contracts and possibly provide funding to support the requirement.

³ <https://www.bmc.org/healthcity/research/uber-health-decreases-no-shows-clinic-refugee-women>

INTRODUCTION

PROJECT OVERVIEW

The Arizona Refugee Resettlement Program (RRP) has served over 80,000 refugees⁴ in Arizona since 1978 (Arizona RRP, June 2019). RRP is committed to assisting refugees in achieving social and economic self-sufficiency — and aiding in their overall well-being — as soon as possible after arriving in the United States. RRP is continually assessing ways to improve the quality and effectiveness of refugee services. As part of their continuous quality improvement efforts, RRP has contracted Public Consulting Group, Inc. (PCG) to conduct a needs assessment to identify what services are needed for refugees, where, and for which populations.

The needs assessment was conducted from June 2019 through March 2020. PCG employed a mixed-method strategy that involved collecting, analyzing, and synthesizing data from multiple sources, including a statutory and literature review, refugee focus groups, refugee and provider surveys, case record review, inventory of existing services, and asset mapping.

The primary objective of this report⁵ is to synthesize the findings from the multiple data sources and conduct a gap analysis to determine what services are needed, where they are needed, and for which populations. The results of the gap analysis can assist RRP in identifying how to adjust contracts, scope of works, and budgets.

This report provides a brief overview of the methodology used for each data source and then presents the results of the synthesized findings for the top service categories:

- English Language Training (ELT)
- Employment, job training, and adult education
- Health, health services, and dental services
- Children’s education
- Interpretation and translation
- Transportation

Within each service category the strengths of existing services, need for the services, barriers to accessing existing services, and gaps in services are discussed. Each section concludes with a set of preliminary recommendations for addressing the gaps in services. When reading report, it is important to interpret the findings within the context of the limitations of the data collected. Efforts were made to collect data from a large representative sample of refugees and service providers in Arizona. Despite these efforts, certain subgroups of refugees and providers may not be adequately represented due to difficulties in reaching these groups.

⁴ When the word “refugee” is used in the report it includes Amerasians, asylees, Cuban/Haitian entrants, refugees, special Immigrant visa (SIV) holders, and victims of a severe form of human trafficking.

⁵ Individual summary reports also were written for each data source: 1) statutory and literature review, 2) refugee and provider surveys, 3) case record reviews, 4) focus groups, and 5) asset mapping. These reports provide additional details about the methodology and findings for each component.

METHODOLOGY OVERVIEW

Literature review

For the literature review,⁶ PCG reviewed Arizona's and other states' State Plans for refugee resettlement and training protocols as they relate to providing services to help refugees gain economic self-sufficiency. The information contained in the review provided observations and points of consideration for RRP as they continue to refine a program that helps refugees resettle in Arizona.

Case record reviews

PCG reviewed 194 RRP electronic case files in its Salesforce case management system and 47 Refugee resettlement agency (RA) physical case files.⁷ The RRP electronic case files consisted of a sample of refugees receiving RRP services. The RA case files consisted of a sample of refugees enrolled in the Reception and Placement and Matching Grant programs. PCG extracted demographic (e.g., age, country of origin, language, income, education) and administrative (e.g., job placement, services used, self-sufficiency plan, employability plan) data from the files. Additionally, PCG reviewed narrative case notes to collect information about self-sufficiency barriers and goals.

Focus groups

Eight focus groups were conducted in Maricopa County (5 groups) and Pima County (3 groups). A total of 54 refugees participated in the focus groups, and groups were conducted in Arabic (4 groups), Somali (3 groups), and Swahili (1 group). The overall goal of the focus groups was to collect information about refugees' experiences with key services (ELT, employment and adult education, child education, and healthcare) since arriving in Arizona to help identify what is working well and what service needs and barriers exist.

Surveys

PCG, in collaboration with RRP, developed two surveys: one for refugees and one for services providers. In total, 311 refugees and 124 providers completed the surveys. The refugee survey was designed to obtain information about what programs and services refugees use as well as what barriers they have experienced. The refugee survey was translated into five languages (Arabic, French, Kinyarwanda, Somali, and Swahili). The provider survey aimed to understand providers' perceptions of who they are serving and what barriers they believe refugees encounter. Both surveys could either be completed online or on paper.

Inventory of existing services and asset mapping

PCG developed a series of geographic maps using geographic information system (GIS) data to visually display the services in Maricopa County (15 service provider maps) and Pima County (13 service provider maps). First an inventory of existing services was compiled using four data sources: Arizona 211 (Pima and Maricopa Counties), Catholic Charities Community Services (Maricopa County), Find Help Phoenix (Maricopa County), and RefAid (Pima and Maricopa Counties). Catholic Charities Community Services vetted all services in their database in fall of 2019 and Find Help Phoenix vets all service providers annually. Data from all four sources were used to generate the Maricopa County maps. Because the Find Help Phoenix and Catholic Charities Community Services databases only cover Maricopa County, they were not used to generate the Pima County maps.

⁶ The reference section of this report includes the literature review references.

⁷ Catholic Charities Community Services documents information in both a physical file and in their Efforts to Outcomes (ETO) electronic case management system. For each Catholic Charities Community Services case file, PCG reviewed both the physical and ETO files.

Gap analysis

Within each service category, the strengths, needs, satisfaction level, barriers to access, and service gaps were assessed by synthesizing the results from the case record reviews, focus groups, surveys, and inventory of existing services. Additionally, four service infographics were created for each service category to visually depict the:

1. level of need for services (low need, moderate need, or high need)
2. level of service satisfaction (satisfied, neutral, or dissatisfied)
3. extent to which barriers prevent access to services (low service barrier, moderate service barrier, high service)
4. the extent to which service gaps are barriers to self-sufficiency (low self-sufficiency barrier, moderate self-sufficiency barrier, or high self-sufficiency barrier)

PCG determined each infographic position (e.g., low need, moderate need, high need) by reviewing the synthesized qualitative and quantitative results; thus, positions are not purely objective and quantitative in nature.

ENGLISH LANGUAGE TRAINING

STRENGTHS OF EXISTING SERVICES

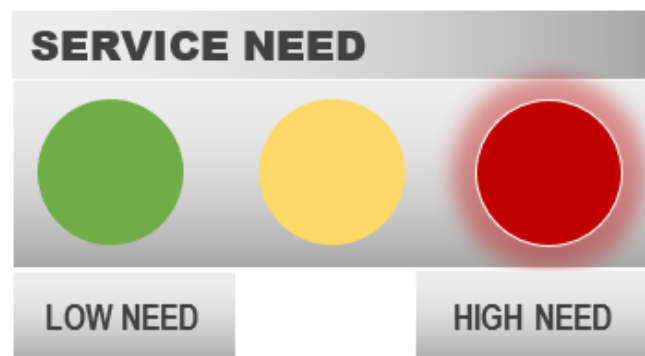
The needs assessment revealed several strengths of ELT services for refugees in Arizona:

- RRP contracts with two experienced service providers – Friendly House in Maricopa County and Pima Community College Adult Education in Pima County – to provide formal ELT training for refugees. Both organizations have a long history of providing ELT services and have extensive experience working with refugees.
- The RRP-funded ELT programs follow national Teaching English to Speakers of Other Languages (TESOL) standards,⁸ which helps to ensure that refugees are receiving high quality language training. Other strengths of the RRP-contracted ELT providers include:
 - Focusing on teaching English skills necessary for obtaining and maintaining employment, assessing students and placing them into classes based on their abilities, and offering classes during the day and evening
 - Making efforts to coordinate class sites and related activities with RAs, ethnic-community based organization (ECBOs), and other services providers
 - Offering free bus passes (Pima Community College) to refugees to transport them to and from ELT classes
 - Implementing innovative methods such as online ELT programs. Friendly House (Maricopa County) began implementing Burlington English in 2018,⁹ which is an online ELT curriculum that combines academic and workforce readiness skills. Online programs enable those who are unable to attend the in-person classes to still participate in formal ELT. Additionally, this service allows refugees who attend in-person class to practice outside of class
- Several other non-profit organizations offer free ELT such as Abounding Services and Somali American United Council (SAUC) in Maricopa County. These organizations provide additional opportunities for refugees to learn English and integrate into their communities. For example, Abounding Services created resources to assist with integration such as tips for community members on how to communicate with refugees.

NEED FOR ELT SERVICES

Overall, the findings from the focus groups, surveys, and case record reviews indicated that ELT is essential to achieving self-sufficiency and the need for ELT is high. Key findings included:

- Almost all focus group participants agreed a lack of English language proficiency was the biggest employment barrier. Language barriers make it difficult to obtain a well-paying job, but



⁸ <https://des.az.gov/services/basic-needs/refugee-resettlement>

⁹ https://des.az.gov/sites/default/files/media/Phoenix_Quarterly_Meeting_Presentation_Oct-2018.pdf

they have little time to improve their English skills due to the RRP work requirements.

- Refugee survey respondents reported that language was the top healthcare, education, and employment barrier. Twenty-six percent of respondents reported it prevented them from visiting the doctor or dentist, 44 percent reported it prevented them from continuing their educations, and 41 percent reported it was a barrier to employment.
 - Compared to other countries, higher percentages of respondents from Somalia (66%) and Iraq (63%) reported that language was an education barrier.
 - Respondents from Somalia and Burma reported that language was an employment barrier more often than those from other countries; 66 percent of those from Somalia and 68 percent from Burma reported it was an employment barrier.
 - Fifty-five percent of Phoenix respondents reported that language was an employment barrier, compared 26 percent from Tucson, and 34 percent from Glendale.
 - Almost 60 percent of respondents who have lived in Arizona for more than five years reported that language was an employment barrier compared to 32 percent of those who have been in Arizona for less than one year, 39 percent of those who have lived in Arizona for one to three years, and 40 percent of those who have lived in Arizona for three to five years.
 - Older respondents were more likely to report that language barriers prevented them from visiting the doctor or dentist, with 51 percent of respondents over 60 years of age reporting it was a barrier.
- Eighty-five percent of provider survey respondents reported language was a moderate or extreme barrier to employment.
- In the case record reviews, a lack of English language proficiency was the top employment barrier with over 50 percent of RRP and RA files noting that it was a barrier.
 - A higher percentage of females had the lack of English proficiency employment barrier in both the RRP and RA case files.
- Attending ELT was the top short-term goal (61% of cases) and long-term goal (35% of cases) in the RRP case file self-sufficiency plans.
 - Individuals from Cuba were more likely than those from other countries to have ELT as a short- or long-term goal. Seventy-five percent of cases from Cuba had ELT as a short-term goal and almost 70 percent had continuing ELT/becoming fluent in English as a long-term goal.
 - Almost 70 percent of unemployed cases had ELT as a short-term goal, compared to 53 percent of employed cases.

SATISFACTION WITH ELT

Of refugee survey respondents who have used ELT services, over 91 percent reported being satisfied or very satisfied with them. Results from the focus groups also revealed that, in general, refugees were satisfied with ELT services. However, focus group participants discussed specific aspects of ELT that they were less satisfied with:

- Many refugees reported feeling frustrated they did not have opportunities to practice English outside of class. While some participants used YouTube to practice English outside the classroom, many reported rarely practicing English.
- Most participants identified lack of computer training as an issue and requested more opportunities to use computers and learn computer skills because they believe this could assist them with learning English.
- Participants in the Phoenix area, who primarily attended volunteer-led classes (not RRP contracted ELT programs), were frustrated by the size of ELT classes and reported that mixed-level classes made it difficult to learn English. Although mixed-level classes seem to be more of a problem for non-RRP contracted ELT programs, the literature review revealed that the low number of refugee arrivals has forced the contracted ELT Program to consolidate students into fewer classes. This results in newly arrived clients and legacy clients being mixed together.
- Participants in both Phoenix and Tucson reported being frustrated by the lack of consistency in teachers and teaching styles. They often do not have the same teacher every day, and teaching styles vary between teachers.

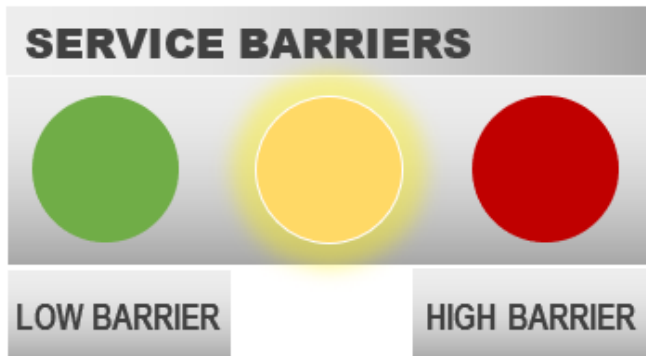


BARRIERS TO ACCESSING ELT

The top barrier to accessing ELT reported by focus group participants was the lack of time they had to attend class due to employment requirements. Relatedly, results of literature review revealed that ELT providers reported that poor attendance was a common challenge for ELT students. Poor attendance could be due to a variety of reasons, but lack of time seems to be a key factor.

Although refugees were not explicitly asked about barriers to accessing ELT services in the refugee survey, transportation and location were the second and third most commonly reported service barriers – language was the top service barrier. Transportation and location may present greater issues for certain subpopulations:

- Twenty-seven percent of respondents from Phoenix and 26 percent from Glendale identified transportation as a top service barrier, while only nine percent of those from Tucson identified it as a barrier.
- Eighteen percent of respondents from Phoenix and 21 percent from Glendale identified location as a top service barrier compared to six percent of respondents from Tucson.
- Thirty-four percent of respondents over 60 years of age identified transportation as a service barrier, which is higher than the other age groups.

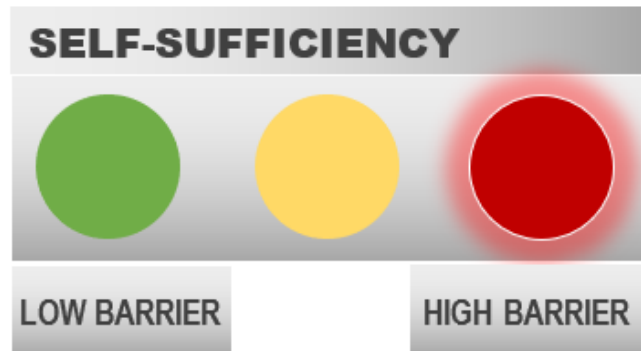


The literature review also revealed that RRP has faced challenges with fully incorporating refugee students into the Workplace Innovation and Opportunity Act (WIOA) / Arizona Department of Education (ADE) English Language courses. Challenges include fixed entry times, set schedules of orientations and testing once every ten weeks, formal attendance requirements, standardized exams that use Scantrons, and not capturing the gains made while acquiring print literacy.

GAPS IN SERVICES

Although most refugees were satisfied with current ELT services, a lack of English language proficiency remains the top employment, education, and healthcare barrier suggesting that it is a significant barrier to achieving self-sufficiency. Key service gaps include:

- Refugees expressed a desire for more opportunities to practice outside of class.
- Certain subpopulations are more likely to experience language barriers, such as females; individuals from Burma, Iraq, and Somalia; older refugees; and those who have lived in Arizona longer.
- Transportation and location are more likely to be service barriers for those living in Phoenix compared to Tucson.



RECOMMENDATIONS

Proposed recommendations for addressing ELT service gaps include:

1. Work with ELT providers, RAs, and ECBOs to identify factors contributing to language barriers among individuals in the vulnerable subpopulations (females; individuals from Burma, Iraq, and Somalia; older refugees; and those who have lived in Arizona longer) and implement interventions specifically targeting them.
2. Partner with ELT providers to identify additional strategies for addressing transportation barriers, especially among Phoenix ELT students.
3. In collaboration with ELT providers, work with the top refugee employers to increase enrollment and attendance in ELT programs. For example, employers could make efforts to ensure that refugees' work schedules enable them to attend ELT class on a regular basis. Another possible solution would be to hold ELT classes at the top employers or at satellite locations nearby. Examples of innovative employer ELT programs include:
 - o The Step Model in Denmark that combines language courses with initial work placements and traineeships in companies.¹⁰ This allows refugees to learn English while on the job.
 - o Launch Skills¹¹ in Washington State delivers a job specific curriculum based on local employer needs. The classes provide an outcomes-based, contextualized approach that allows participants to increase their English skills quickly. It also includes

¹⁰ <https://www.oecd.org/els/mig/UNHCR-OECD-Engaging-with-employers-in-the-hiring-of-refugees.pdf>

¹¹ https://www.acf.hhs.gov/sites/default/files/orr/wa_case_study_7_17_13_508.pdf?nocache=1400180947

workplace-specific content areas in preparation for transition to professional technical programs or job placement.

4. Explore implementing additional online or mobile ELT programs, similar to Friendly House's Burlington Curriculum online program, for those who are unable to attend the in-person classes. These programs also would enable refugees who attend in-person class to practice outside of class. Examples of innovative technology-based ELT programs include:
 - o WhatsGerman¹² app that utilizes WhatsApp to provide free language lessons to refugees living in Germany. It teaches basic language skills such as the alphabet and basic German grammar and also helps with pronunciation.
 - o OneAmerica¹³ in Washington State has successfully implemented a Digital Literacy Instruction program, which enables individuals to have the flexibility to practice whenever they have time.
 - o Voxy's¹⁴ web-based platform and mobile app allow easy access to ELT. The Welcoming Center for New Pennsylvanians implemented Voxy to reach refugees who cannot commit to attending in-person programs because of work schedules, transportation, and other common barriers.
5. Work with ELT providers to offer additional opportunities for students to practice outside of class. For example, they could create a volunteer program that matches refugees with a volunteer who helps them practice conversational English outside of class.
 - o One America in Washington State has a community building component of their English Innovations program.¹⁵ Community volunteers serve as tutors (5:1 student-volunteer ratio), providing students with the opportunity to practice with native English speakers.
 - o Solutions in Hometown Connections (SHC),¹⁶ a non-profit that serves Maryland, Virginia, and D.C., offers an in-home tutoring program that is provided by volunteers who come to the refugee's home for English language tutoring every week.

¹² https://www.whatsgerman.de/whats_app_sprachkurs_eng.html

¹³ <https://weareoneamerica.org/what-we-do/programs/english-innovations/>

¹⁴ <https://voxy.com/solutions/new-americans/>

¹⁵ <https://weareoneamerica.org/what-we-do/programs/english-innovations/>

¹⁶ <https://www.shconnections.org/in-home-tutoring.html>

EMPLOYMENT AND ADULT EDUCATION SERVICES

STRENGTHS OF EXISTING SERVICES

Employment and adult education services are provided by a variety of organizations including RAs, state agencies, ECBOs, and other non-profit organizations.

Resettlement agency services

Employment services for newly arrived refugees are largely provided by the RAs. Key strengths of RA employment services include:

- resume-building,
- job application completion, and
- job interview preparation

Many RAs in Arizona also offer the federally funded Matching Grant program,¹⁷ which focuses on helping refugees to overcome barriers to employment so they can quickly find jobs. The RA is required to match federal funds with cash and in-kind contributions of goods and services from the community. The primary aim of this program is to help refugees become financially independent in four to six months after arriving in the United States without receiving funding from other programs.

In addition to traditional employment services, RAs often engage in other employment-related initiatives. For example, in January of 2019, Catholic Charities Community Services partnered with St. Joseph the Worker and MAXIMUS and held a job fair for refugees (Arizona RRP Needs Assessment: Literature Review). Multiple hospitality, food service, and government organizations attended the fair, and Catholic Charities Community Services hosted a pre-job fair where clients could come in to receive an outfit, shoes, and hygiene products. During the pre-job fair, clients also were able to preview the recruiters and received assistance with resume writing and job applications.

RRP initiatives

Key RRP strengths and initiatives:

- RRP has several initiatives to improve employment services provided to refugees including establishing partnerships with local employers and facilitating workgroups such as the Workforce Collaboration.¹⁸ RRP also has facilitated trainings with non-profit organizations and other state departments to enhance refugee employment and education services.
- RRP contracts with Area Agency on Aging Region One (Maricopa County) and Catholic Community Services of Southern Arizona (Pima County) to provide services, including education, to older refugees (60 years of age and older).¹⁹
- RRP is exploring ways to increase refugee participation in the Workforce Innovation and Opportunity Act, which assists individuals — not just refugees — with finding high-quality jobs and careers and also helps employers hire and retain skilled workers (Arizona RRP Needs Assessment: Literature Review).

¹⁷ <https://www.acf.hhs.gov/orr/programs/matching-grants>

¹⁸ https://des.az.gov/sites/default/files/media/Joint_Quarterly_Meeting_Presentation_January-2019.pdf

¹⁹ <https://des.az.gov/services/basic-needs/refugee-resettlement>

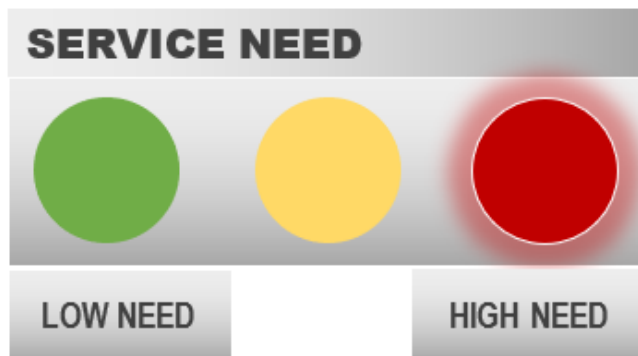
- RRP funds intensive employment services through the Individual Placement and Support (IPS) Program for individuals with protracted barriers to becoming economically self-sufficient.
- RRP's AmeriCorps VISTA program volunteers have worked on employment initiatives such as facilitating meetings of the East Valley Refugee Advisory Committee, which aims to help refugees resettling in the in the East Valley area of Maricopa County and provide them with a better chance of upward mobility through better employment opportunities (Arizona RRP Needs Assessment: Literature Review).

Other organizations

ECBOs and other non-profit organizations also provide highly beneficial employment, job training, and adult educational services:

- PCs for Refugees²⁰ is a nonprofit 501(C)(3) organization run by volunteers that aims to provide every refugee family in Arizona with a computer. In the past two years, they have provided more than 500 refugee families in the Phoenix area with a free home computer.
- SAUC (Maricopa County)²¹ offers sewing classes and the Women's Empowerment AmeriCorps VISTA volunteer at SAUC coordinated with the SAUC team to donate six sewing machines to some refugee students taking a sewing class.
- Friendly House (Maricopa County) offers the Integrated Education & Training (IET) Program²² for adult basic education [English Language Acquisition – Adults (ELAA) and General Equivalency Degree (GED)]. IET provides simultaneous instruction in basic skills as well as occupational or industry-specific training.
- Pima Community College's Adult Basic Education for College & Career Division²³ (Pima County) offers many free programs such as classes in High School Equivalency (HSE) preparation, citizenship, and the Integrated Basic Education and Skills Training (IBEST) program that prepare students for their GED while pursuing a career/technical certificate.

NEED FOR EMPLOYMENT AND ADULT EDUCATION SERVICES



Results from the case record reviews, focus groups, and surveys indicated that employment, job training, and education services are essential to becoming self-sufficient and there is a high need for these services.

Key findings are outlined below.

²⁰ <https://pcsforrefugees.com/>

²¹ <https://www.somaliunitedcouncil.org/>

²² <https://www.friendlyhouse.org/adult-education>

²³ <https://www.pima.edu/programs-courses/adult-education/index.html>

Education and training

- Twenty-eight percent of refugee survey respondents had no formal education and only about 15 percent had a college degree or higher.
- Fourteen percent of male refugee survey respondents had no formal education, compared to 40 percent of female respondents.
- Somalia, the Democratic Republic of Congo, and Burma had the highest percentage of refugee survey respondents without any formal education with rates of 51 percent, 39 percent, and 31 percent, respectively.
- Only 44 percent of RRP cases files reviewed had at least a high school degree, but almost 77 percent were literate in their native languages.
- Only 33 percent of Democratic Republic of Congo RRP case files had a high school education or higher. Eighty-six percent of Cuban/Haitian entrants and 78 percent of asylees had at least a high school education, compared to 35 percent of refugees.
- Seventy-four percent of provider survey respondents reported that education was a moderate or extreme barrier to employment.
- Obtaining a degree or enrolling in school was the third most common long-term goal in the RRP case file self-sufficiency plans, with 28 percent of cases having it as a goal.

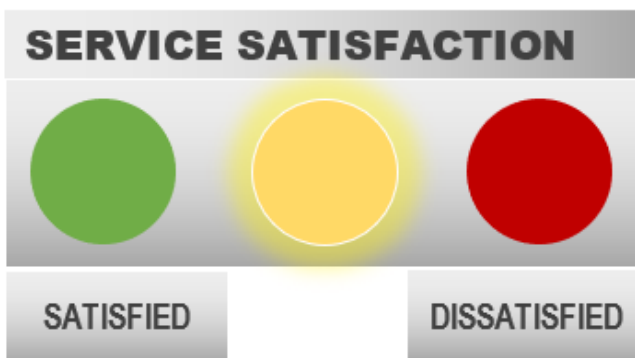
Employment

- Among refugee survey respondents, about 25 percent were currently unemployed and looking for work.
- Seventy percent of survey respondents from Glendale were unemployed, compared to 54 percent and 52 percent from Phoenix and Tucson, respectively.
- Refugee survey respondents without a formal education had the lowest employment rates, with only 31 percent reporting that they were employed.
- Over 40 percent of Tucson survey respondents obtained a job within two months of arrival, compared to 20 percent of Phoenix respondents and eight percent of Glendale respondents.
- Sixty percent of female survey respondents were unemployed, compared to 48 percent of males.
- Almost 60 percent of RRP cases files who were refugees were employed, compared to 19 percent of Cuban/Haitian entrants and 20 percent of Asylees.
- Almost 55 percent of RRP case files were currently unemployed, compared to 32 percent of RA case files. The higher employment rate for RA cases likely is due to the higher number of Matching Grant program cases reviewed.
- Over 88 percent of RRP case file job placements were full-time positions, and nearly two-thirds (65%) provided health benefits.
- Only 22 percent of female RRP case files obtained a job within two months of arrival, compared to 37 percent of male cases.

Income

- Many focus group participants said they wished they had access to higher paying jobs, which would enable them to be more self-sufficient and less reliant on government services.
- Nearly half of refugee survey respondents reported having a household annual income of less than \$10,000. Phoenix respondents earned more than those from Glendale and Tucson; 26 percent of those from Phoenix earned greater than \$20,000 per year compared to 19 percent and six percent from Tucson and Glendale, respectively.
- Seventy-seven percent of respondents over 60 years of age (oldest age group) and 74 percent of those between 18 and 34 years of age (youngest age group) earned less than \$10,000 per year, which is notably higher than the other age groups.
- Compared to other countries, survey respondents from the Democratic Republic of Congo were more likely to be unemployed (74%) and have household incomes less than \$10,000 per year (66%). Results of the RRP case file review revealed that a higher percentage of Cuban RRP cases (81%) had no income.
- Among RRP cases files who were employed, the average monthly salary was \$1,939, which is only slightly above the living wage for single adult living in Arizona (\$1,869).²⁴
- Only 21 percent of female RRP case files earned more than \$1,900 per month, compared to 38 percent of male cases.

SATISFACTION WITH EMPLOYMENT AND ADULT EDUCATION SERVICES



In general, findings from the refugee survey and focus groups indicated that refugees were moderately satisfied with existing employment, job training, and adult education services. Almost 90 percent of refugee survey respondents who have utilized education services reported being satisfied or very satisfied with them. Results from the focus groups also revealed that refugees were happy with the literacy services provided by ECBOs and other organizations, but they noted they needed additional education and

training to obtain higher paying jobs. Most focus group participants were dissatisfied with the lack of access to computer training and requested more opportunities to use computers and learn computer skills. They believe this could enhance their marketable job skills.

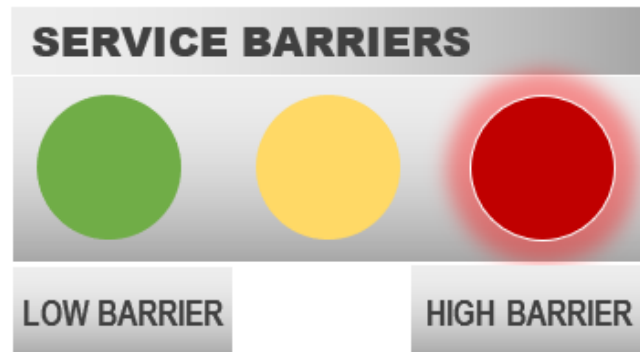
About 70 percent of refugee survey respondents who have received employment services reported being satisfied or very satisfied with them. Many focus group participants expressed that it would be beneficial if RAs would provide training on the “workforce system” and how to search and apply for jobs independently. Some focus group participants also noted that while RAs helped them find jobs, they did not always align with their abilities or needs. For example, one older participant stated that the RA found her a job as a housekeeper at a hotel, but she had to quit because of physical health issues.

²⁴ Massachusetts Institute of Technology Living Wage Calculator, accessed February 2020 at <https://livingwage.mit.edu/states/04>

BARRIERS TO EMPLOYMENT AND ADULT EDUCATION SERVICES

Employment barriers

- The literature review revealed that the minimum wage increase has made it difficult for refugees to obtain job upgrades unless they have shown significant improvements in their English or have acquired specific credentials.
- Refugees with mental or physical health conditions commonly struggle with finding or maintaining employment, but do not meet the requirements for Supplemental Security Income (Arizona RRP Needs Assessment: Literature Review).
- The top employment barriers reported in the refugee survey and case files were:
 - Survey: Lack of English language proficiency, poor health, and lack of transportation
 - Case files: Lack of English language proficiency, lack of work experience, lack of transportation, and lack of formal education/literacy
- As noted in the ORR Trimester Report, RAs have reported increased difficulty in securing childcare through the Department of Economic Security (DES) Child Care Administration (Arizona RRP Needs Assessment: Literature Review), which can make it difficult for refugees to obtain and maintain employment. Relatedly, 71 percent of providers surveyed perceived childcare to be an employment barrier. However, only 14 percent of refugee survey respondents with children under 18 years of age reported it was a barrier. When comparing mothers and fathers, 17% of mothers with children under 18 years reported that childcare was an employment barrier compared to 10% of fathers, possibly suggesting that childcare is more of an issue for mothers.



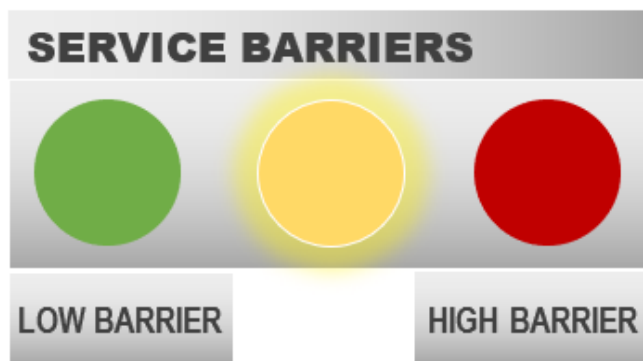
These findings suggest that providers perceive childcare to be a greater employment barrier than refugees, and mothers may experience childcare barriers to employment more often than fathers. Factors contributing to these differences should be further explored.

- Lack of marketable or transferable skills and lack of formal education/literacy were top employment barriers noted in the RRP and RA case files.
- There continues to be an increasing number of older refugees seeking citizenship who need medical waivers (Arizona RRP Needs Assessment: Literature Review). Problems with this are two-fold:
 1. The length of time to submit medical waivers to when the waiver is approved ranges from 12 months to seven years.
 2. Medical doctors are declining to complete the waivers because they have experienced denials. They also may require a large fee due to the amount of time needed to complete the paperwork.

The synthesis of the case record review, focus group, and survey data revealed that certain subpopulations are more likely to experience employment barriers:

- As previously discussed in the ELT section, refugees from Burma and Somalia, from Phoenix, and who have been in Arizona for longer are more likely to experience language-related employment barriers.
- Survey respondents from Somalia more commonly experienced transportation barriers to employment.
- Democratic Republic of Congo and Sudanese survey respondents reported that poor health was an employment barrier more often than those from other countries.
- Older survey respondents more commonly reported that poor health was an employment barrier.
- In the RRP case files, refugees were more likely to have the lack of work experience barrier when compared to other immigration statuses.
- Tucson focus group participants reported that transportation was an employment barrier more often than Phoenix participants.

Education barriers



Language was the top education barrier reported in the refugee survey followed by cost and transportation. As discussed in the ELT section, survey respondents from Somalia and Iraq and those who have lived in Arizona longer experienced language-related education barriers more often. Other key subpopulation findings included:

- Survey respondents without a formal education were more likely to report that poor health and transportation were education

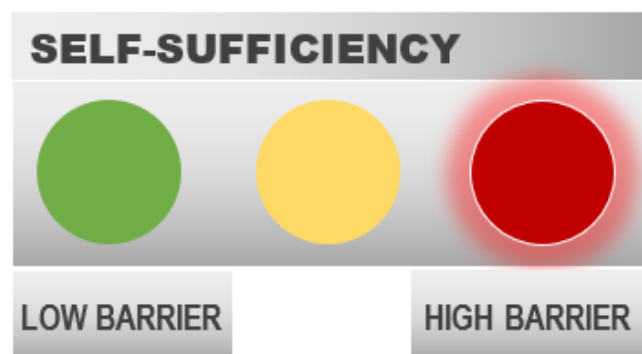
barriers.

- Survey respondents over 60 years of age were more likely to report that transportation was a barrier to education.

GAPS IN EMPLOYMENT AND ADULT EDUCATION SERVICES

Employment and education services are instrumental in helping refugees achieve self-sufficiency. Not having access to such services can be a significant barrier to achieving self-sufficiency because these services can greatly assist refugees in securing well-paying jobs. Key employment, job training, and education service gaps include:

- Additional resources and services are needed to address the top employment and education barriers:



- o Employment: Lack of English language proficiency, poor health, lack of transportation, lack of work experience, lack of formal education/literacy, and lack of marketable/transferable skills.
- o Education: Lack of English language proficiency, cost, and lack of transportation.
- Female refugees need additional employment and educational services. Compared to males, females are less likely to be employed and to be Matching Grant program participants. They also are more likely to experience employment barriers such as lack of formal education, lack of English language proficiency, and lack of childcare.
- Refugees from Burma and Somalia and those who have been in Arizona for more than five years commonly experience language barriers to employment and may require additional ELT services.
- Individuals over 60 years of age are more likely than younger individuals to earn less than \$10,000 per year; experience health-related employment barriers; and experience transportation-related education barriers.
- Refugees from Democratic Republic of Congo and Cuba require more intensive employment services as indicated by their lower income levels and higher rates of unemployment compared to refugees from other countries.
- Refugees from the Democratic Republic of Congo experience more health-related employment barriers, which may contribute to their higher unemployment rate and lower household incomes.

RECOMMENDATIONS

Proposed recommendations for addressing employment and adult education service gaps include:

1. Implementing employment and education programs that specially target women. Innovative programs in other states include:
 - o Refugee Women's Alliance in Washington State,²⁵ which offers general job readiness training programs as well as training to assist clients in obtaining employment in the childcare and early childhood education fields. Their STARS Child Care Basics program provides ELT and job readiness. To be eligible for STARS, individuals must have a minimum of English as a Second Language (ESL) Level 2 proficiency and priority is given to TANF recipients with little work experience outside the home. Their Initial Certificate in Early Childhood Education (I-BEST) program is a 12-credit course offered in partnership with North Seattle College. To be eligible for I-BEST, individuals must have a minimum of ESL Level 3 proficiency and a high school diploma/GED.
 - o The Refugee Women's Network (RWA)²⁶ in Georgia offers social adjustment, leadership, and economic empowerment programs specifically for women. PCG contacted RWA for additional details about their programs, but they did not respond to the request.
 - o Hebrew Immigrant Aid Society's partnership with UNIQLO²⁷ provides employment and skills training to refugee women in the retail industry. Through this program, UNIQLO is hiring refugees as sales associates and seamstresses and supporting their professional development through retail training at LaGuardia Community College in Long Island City. PCG contacted Hebrew Immigrant Aid Society for additional details about this program, but they did not respond to the request.

²⁵ <https://www.rewa.org/>

²⁶ <http://refugeewomensnetworkinc.org/>

²⁷ <https://www.hias.org/blog/how-can-i-help-you-hias-and-uniqlo-partner-jobs-refugee-women>

- o The Immigrant and Refugee Women’s Program,²⁸ a non-profit in Missouri, pairs refugee women with volunteers. Their mission is to “increase the independence and reduce the isolation of immigrant and refugee women by teaching them basic English and practical living skills in the security of their own homes.” The program involves weekly two-hour classes in the refugees’ homes. Employment-related skills taught include developing job-related vocabulary, soft skills, and assistance with searching and applying for jobs.
2. Explore the use of online education platforms specifically for refugees such as:
 - o Coursera for Refugees²⁹
 - o USAHello³⁰
 - o Upwardly Global³¹
 3. Work with PCs for Refugees and RAs to explore ways to increase the number of computers provided to refugees in Maricopa County and expand the program to Pima County.
 4. Partner with RAs and PCs for Refugees to develop computer literacy classes.
 5. Work with ECBOs from countries that more commonly experience employment and education barriers, such as the Democratic Republic of Congo, Cuba, Somalia, and Burma, to identify factors contributing to barriers in their communities.
 6. Explore allowing exemptions from the Refugee Cash Assistance work requirements to allow refugee more time to acclimate to life in the United States, improve their English, gain additional training, and work on improving their mental and physical health. Arizona could consider modifying its existing exemptions to match other states, including increasing the dependent child age for the caretaker exemption from one year of age to six years of age and adding new exemptions such as experiencing a personal or family crisis (Arizona RRP Needs Assessment: Literature Review).
 7. Explore using innovative approaches to help address refugees’ lack of marketable or transferable job skills.
 - o Bitae Technologies³² helps refugees create a digital resume (Digital Backpack) that transforms non-formal learning and achievements into marketable experiences. The Digital Backpack focuses on verifying skills, requesting and sending references, and skills matching and skills assessment. PCG contacted the company through their website to inquire if the Digital Backpack is still available, but they did not respond to the request.
 - o IBM introduced a SkillsBuild³³ platform in Europe in 2016 and plans to implement it in the United States in 2020. This program will help individuals without a history of long-term unemployment, like refugees, to enter the workforce by providing personalized coaching and learning. PCG contacted IBM to obtain more details about the program, but they did not respond to the request.

²⁸ <https://irwpstl.org/connect-to-services>

²⁹ <https://www.coursera.org/refugees>

³⁰ <https://classroom.usahello.org/>

³¹ <https://www.upwardlyglobal.org/programs/>

³² <https://www.bitatech.com/press-1>

³³ <http://skillsbuild.org/>

8. Resolve the recertification issues refugees encounter as recertification can potentially help a refugee find a job, specifically higher paying jobs, more quickly. Although there is a lack of detailed information about recertification programs, such as the length and structure of these programs, several promising practices identified in the literature review include:
 - o New Mexico's program that makes training available to incoming refugees. This training may consist of full-time attendance in a college or professional training program if the refugee is a "professional in need of professional refresher training and other recertification services in order to qualify to practice his or her profession in the U.S." (New Mexico Department of Human Services, 2018). Details about the eligibility requirements for this program were not publicly available and should be explored further.
 - o The Canadian government's partnership with World Education Services to institute an alternative qualification assessment. A refugee's academic history is recreated and the professional administering the assessment also makes recommendations on the equivalency of credentials that should be awarded when academic documents are not available (Mousa, 2018).
 - o The Norwegian Agency for Quality Assurance in Education accreditation program where academic professionals assess the refugee and administer written tests to determine the appropriate credentials to be awarded (Mousa, 2018).
 - o The European Commission's Skills Profile Tool, which maps refugee skills and provides an overview of their competencies. The tool is available in multiple languages, which allows the refugee to complete the tool on their own. If they require assistance, the tool displays two languages on the screen simultaneously to enable communication between the refugee and the service provider (UNHCR, 2018).
 - o Upwardly Global's Jobversity³⁴ program has a free online resource library that has curated materials related to job search, credentialing, and professional licensing guidelines.
9. Assist refugees who have mental and physical impairments with enrolling in the Arizona DES Vocational Rehabilitation program, which helps persons with disabilities prepare for, enter, or retain employment.³⁵
10. Continue to partner with employers and support them in the refugee employment process.
 - o Consider creating an employer guide similar to Tent and Lutheran Immigration and Refugee Service (LIRS)'s *U.S. Employers' Guide to Hiring Refugees*,³⁶ which assists businesses with logistically and practically hiring refugees in the United States. The guide addresses concern's many businesses may have when hiring a refugee (e.g., lack of skills).
 - o On RRP's website, add a link, similar to Pennsylvania's website, to a webpage educating employers about hiring refugees and discussing legal issues in refugee employment.
 - o Work with employers to offer On-the-Job Training (OJT) to enable refugees to build skills while they are earning a wage.³⁷ OJT programs are structured programs that typically are intended to provide training for jobs that require specialized skills. These programs assist employers who need additional staff trained with specialized skills. Additionally, OJT is sometimes funded by the State of Arizona and can provide reimbursements to employers

³⁴ <http://jobversity.wpengine.com/resource-library/>

³⁵ <https://des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr>

³⁶ https://www.tent.org/wp-content/uploads/2018/01/Tent_Guidebook_FINAL.pdf

³⁷ <https://www.mass.gov/service-details/benefits-of-on-the-job-training>

to help compensate for the costs associated with training and loss of production for newly hired employees.³⁸

HEALTH AND HEALTHCARE

STRENGTHS OF EXISTING SERVICES

State programs

Arizona has several strong state-administered health-related programs that provide a comprehensive set of health services to refugees.

- All newly arrived refugees can apply for and receive Arizona’s Medicaid, Arizona Health Care Cost Containment System (AHCCCS).³⁹ A refugee determined ineligible for AHCCCS or State Children’s Health Insurance Program (SCHIP) can apply to the Refugee Medical Assistance (RMA) program, which is administered by RRP. RMA is an eight-month health benefit program for refugees who have had their AHCCCS coverage terminated due to income from employment that exceeds the Arizona Medicaid income eligibility standards.
- RRP’s RMA⁴⁰ program funds coordination of the U.S. Domestic Medical Examination for new refugees that identifies persons with communicable diseases of potential public health significance, enables refugees to successfully resettle by identifying health conditions that may threaten their wellbeing, and ensures proper follow-up for refugees with medical conditions identified overseas through referrals to medical providers.
- RRP’s Refugee Health Promotion (RHP)²⁷ program aims to improve the health of refugees through health literacy initiatives and connecting refugees and other eligible beneficiaries to health service providers. The program is coordinated by RRP and services are provided through the Valleywise Comprehensive Health Center in Maricopa County and University of Arizona’s Tucson Family Advocacy Program in Pima County.
- The Arizona Department of Health Services’ Refugee Health Program⁴¹ provides several health resources for health-care providers, refugees, and case managers including:
 - o Cultural competency materials and community profiles
 - o Interpretation information
 - o Language access resources such as “I Speak” cards and translated health literacy materials
- RRP has collaborated with the Phoenix and Tucson Police Departments to deliver multiple domestic violence prevention trainings
- RRP’s AmeriCorps VISTA volunteers implement the *Healthy Futures* program, which focuses on health education and health promotion. Additionally, the AmeriCorps VISTA program is

³⁸ <https://arizonaatwork.com/recruit-talent/training-programs>

³⁹ <https://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/refugee-health/index.php#resources-refugees-asylees>

⁴⁰ <https://des.az.gov/services/basic-needs/refugee-resettlement>

⁴¹ <https://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/refugee-health/index.php>

collaborating with the University of Arizona's Pharmacy program to help refugees understand how to use a pharmacy.

Non-state programs

In addition to state-administered programs, several community health centers and organizations offer refugee specific health programs:

- Valleywise Comprehensive Health Center's Pediatric Refugee Clinic⁴² in Maricopa County provides primary care that is culturally and linguistically appropriate. They offer:
 - Language and cultural interpretation
 - Assistance with coordination of transportation to and from medical visits
 - Care coordination for referrals
- Valleywise Comprehensive Health Center's Refugee Women's Health Clinic⁴³ in Maricopa County offers:
 - Cultural Health Navigators to serve as liaisons between healthcare providers and patients
 - Primary care and obstetrics/gynecology services
 - Educational programs
- Refugees and Immigrant's for Community Empowerment (RICE)⁴⁴ in Maricopa County offers a free dental clinic for refugees twice a month. The clinic is operated in partnership with Arizona Healthcare Outreach.
- International Rescue Committee in Phoenix and Tucson were awarded the Office of Refugee Resettlement's Services for Survivors of Torture program⁴⁵ grant to provide holistic, strengths-based, and trauma-informed services to survivors of torture and their families to assist them in the healing and recovery process.
- The Refugee Health Partnership⁴⁶ is a collaboration between Arizona State University's School of Social Work, Catholic Charities, International Rescue Committee, and Dignity Health's St. Joseph's Medical Center. The goal of this project is to investigate and address healthcare barriers among refugees in Arizona. As a result of the project, Catholic Charities hired a Refugee Health Advocate to provide medical case management services to increase self-sufficiency skills and improve healthcare access. The Refugee Health Advocate also provides trainings to service providers about topics related to refugee health. This project also created a series of short orientation videos explaining how to navigate the U.S. health care system. These short videos will be provided to RAs and healthcare organizations and posted on YouTube.

⁴² <https://www.dmgaz.org/refugee-clinic>

⁴³ <https://valleywisehealth.org/services/womens-health/womens-refugee-clinic/>

⁴⁴ <http://www.ricecommunityservices.org/>

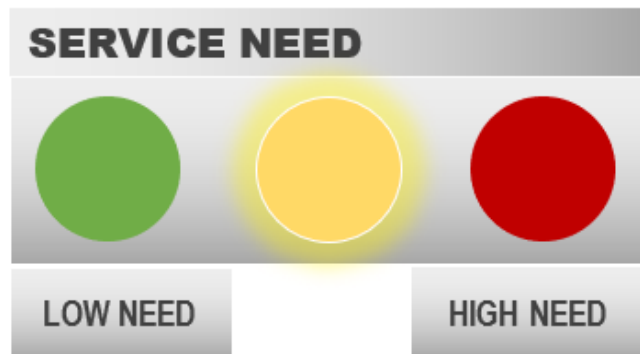
⁴⁵ <https://www.acf.hhs.gov/orr/programs/survivors-of-torture>

⁴⁶ <https://socialwork.asu.edu/ogsw/refugee-health-partnership-rhp>

NEED FOR HEALTH AND DENTAL SERVICES

Physical health

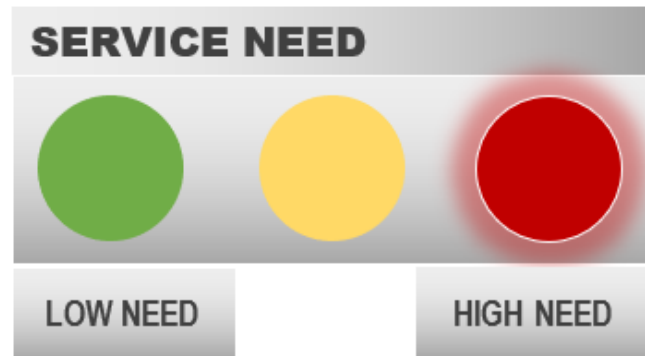
- Almost all focus group participants agreed their RA helped them access healthcare, took them to their initial health screenings, and helped them find a primary care physician (PCP).
- Several focus group participants noted their RA tried to find doctors who speak their native language. Additionally, some RAs, such as Lutheran Social Services, provide their clients with interpreters to accompany them to doctors' appointments.
- Almost all focus group participants agreed it was easy to visit their PCP and no participants reported having difficulty finding medical specialists.
- Most participants agreed they were capable of scheduling appointments themselves, which gave them a sense of independence.
- About half of refugee survey respondents were enrolled in AHCCCS.
- Sixty-five percent of RRP case file job placements provided health benefits.
- Almost 70 percent of refugee survey respondents felt they could go to the doctor if they needed to, and about 61 percent have had a routine checkup in the past year.
- Sixty-two percent of respondents from the Sudan felt they could go to the doctor if they needed to, which is notably lower than the other countries. However, 81 percent of respondents from the Sudan reported having a routine checkup in the past year, which is similar to the other countries.
- Seventy-two percent of respondents ages 35 to 46 years received a health screening upon arrival, which is 10 to 15 percent lower than the other age groups.
- Almost 95 percent of survey respondents over 60 years of age have at least one personal doctor, which is notably higher than the other age groups.
- Male survey respondents (87%) were more likely than females (78%) to have received a routine checkup in the past year.
- The most common health conditions among refugee survey respondents were hypertension (12.5%), high cholesterol (11.3%), and allergies (10.9%). Almost 30 percent of respondents reported they did not have any known health conditions.
- About 45 percent of respondents reported having good, very good, or excellent physical health over the past 30 days.
- Sixty percent of unemployed respondents reporting having poor or fair physical health compared to 32 percent of employed respondents.



- Fifty-five percent of respondents earning less than \$10,000 dollars per year reported having poor or fair physical health.
- Respondents over 60 years of age reported having poorer physical health compared to younger respondents; 73 percent of respondents over 60 years of age reported poor or fair physical health.
- Compared to other countries, a higher percentage of respondents from the Democratic Republic of Congo reported having poor physical health over the past 30 days.
- Four percent of RRP case files and 11 percent of RA case files noted that a health issue/physical disability was a barrier to employment.
- Addressing health issues was the second most common long-term goal in the RRP case file self-sufficiency plans.

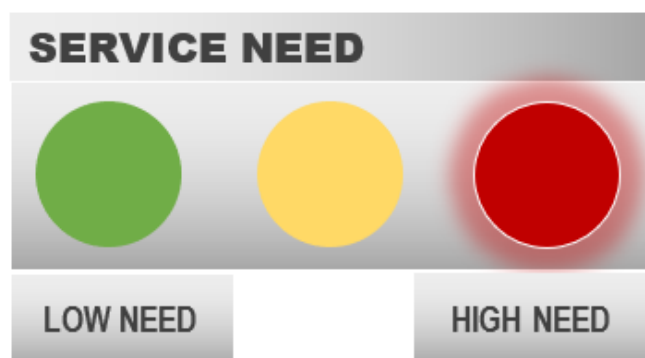
Mental health

- Some focus group participants stated they did not believe they had access to mental health services even if they wanted to use them.
- Almost 12 percent of survey respondents reported having poor mental health over the past 30 days.
- Almost 60 percent of unemployed respondents reported having poor or fair mental health over the past 30 days.
- About 50 percent of respondents earning less than \$10,000 dollars per year reported having poor mental health, which is greater than the higher income groups.
- Respondents over 60 years of age reported having poorer mental health compared younger respondents.
- Compared to other countries, a higher percentage of respondents from the Democratic Republic of Congo reported having poorer mental health over the past 30 days.



Dental health

- About 38 percent of survey respondents have gone to the dentist for a checkup in the past two years.
- All focus group participants stated they have difficulty accessing dental care as it is not covered by AHCCCS. Consequently, participants often forgo dental procedures because they are too costly and there is a long waiting period for appointments at free clinics.



SATISFACTION WITH HEALTHCARE SERVICES

Medical services



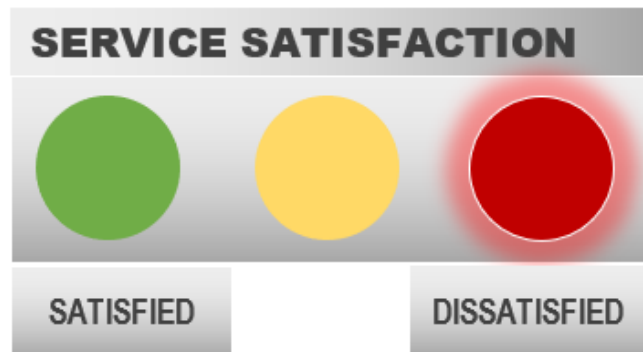
Of the survey respondents who have used medical services in Arizona (e.g., hospitals, clinics, urgent care), 92 percent reported being satisfied or very satisfied with the services. However, it is important to note that 60 percent of participants who answered the medical service satisfaction question reported they have never used medical services.

Overall, focus group participants reported being satisfied with their healthcare. Most noted that RAs were very helpful when they first arrived

and assisted them with finding a PCP, taught them how to schedule appointments, and arranged interpreters or found a clinician who spoke their native language. Almost all focus group participants agreed it was easy to visit their PCP and reported that they typically found specialists through their PCPs. However, many focus group participants expressed dissatisfaction with the length of time to get an appointment with specialists and sometimes even with PCPs. They were generally more satisfied with healthcare providers at non-profit clinics and hospitals, such as Valleywise Health, because doctors at for-profit clinics take less time to listen to their concerns.

Dental services

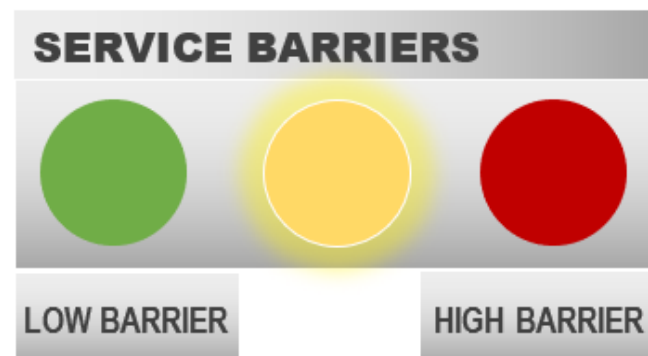
Of the survey respondents who have used dental services in Arizona, 72 percent reported being satisfied or very satisfied with dental services. However, 57 percent of participants who answered the dental service question reported never having used dental services in Arizona.



All focus group participants stated they have difficulty accessing dental care as it is not covered by AHCCCS. Consequently, participants often forgo dental procedures because they are too costly. While RICE offers free dental clinics, they only do so two Saturdays a month, and it is difficult to get an appointment.

BARRIERS TO HEALTH AND DENTAL SERVICES

Physical health services



Language was the most common factor that prevented refugee survey respondents from visiting the doctor or dentist; 26 percent of respondents reporting it was a barrier. Thirty percent of providers surveyed also reported that language was the number one barrier to healthcare. Lack of insurance, not knowing

where to go, and cost were other top barriers reported in the refugee survey.

Many focus group participants reported that cost was a barrier to health services, even those with AHCCCS, because of co-pays and procedures not covered by AHCCCS can be costly. A few focus group participants also noted they had difficulty understanding their health insurance and knowing which services and medications are covered.

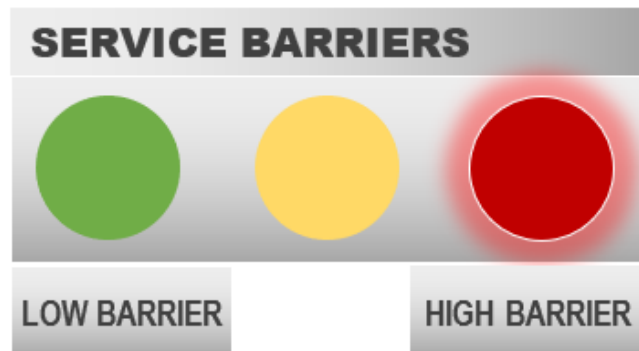
Findings suggested that certain subpopulations are more likely to experience barriers to health services.

- About 50 percent of refugee survey respondents from Iraq and 40 percent of respondents from Burma reported experiencing a language barrier, which are higher percentages than other countries.
- Older respondents were more likely to experience the language barrier, with 51 percent of respondents over 60 years of age reporting it was a barrier.
- Thirty-seven percent of refugee survey respondents from Phoenix and Glendale reported that language prevented them from going to the doctor or dentist compared to only eight percent of respondents from Tucson.
- Respondents who had been in Arizona for less than a year (21%) or more than five years (19%) were more likely to report that not knowing where to go for healthcare was a barrier.
- Respondents with incomes over \$30,000 (18%) and who have lived in Arizona for more than five years (19%) were more likely to report that cost was a barrier.

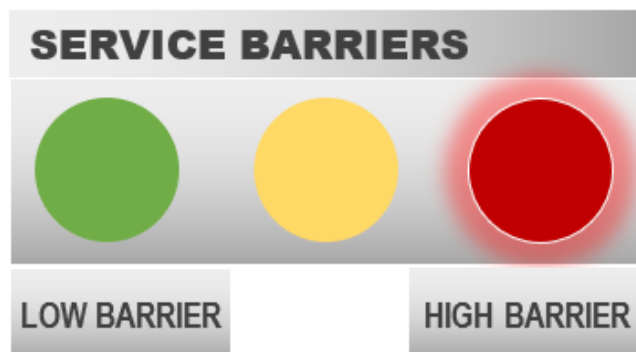
Mental health services

Many focus group participants noted it was not acceptable to discuss mental health issues in their cultures.

Additionally, some stated they did not believe they had access to mental health services even if they wanted to use them.



Dental services



All focus participants reported having difficulty accessing dental services and noted that cost was an issue because it was not covered by AHCCCS.

GAPS IN SERVICES

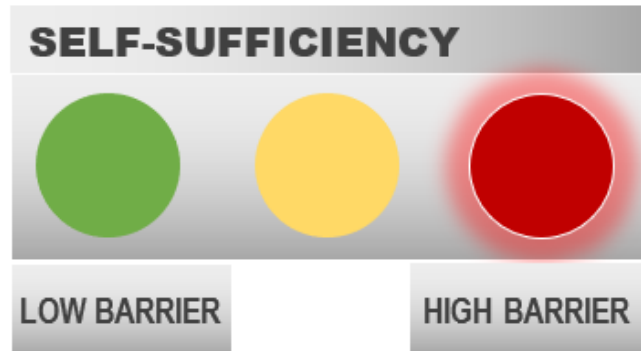
Having access to quality comprehensive health and dental services can assist refugees in becoming self-sufficient by ensuring they are able to work. Several gaps in healthcare services were identified:

Accessibility

- Language is the most significant healthcare barrier for refugees in Arizona, and additional resources are needed to address this barrier.
- Refugees from Iraq and Burma, those over 60 years of age, and those from Phoenix especially need assistance with addressing language barriers to healthcare.
- New arrivals, those from the Sudan, females, and those living in Phoenix may face more challenges to accessing healthcare.

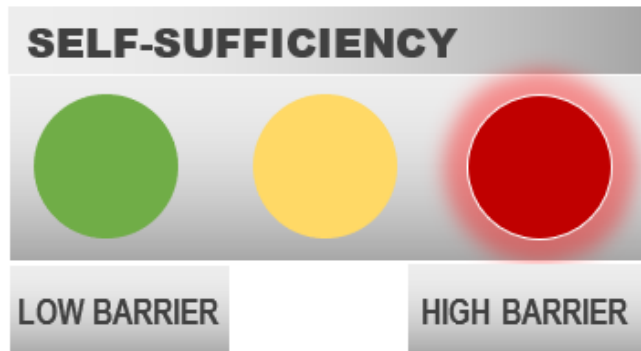
Physical health

- Unemployed refugees, those earning less than \$10,000 per year, those over 60 years of age, and those from the Democratic Republic of Congo have poorer physical health, which could be preventing them from obtaining employment or securing higher-paying jobs.



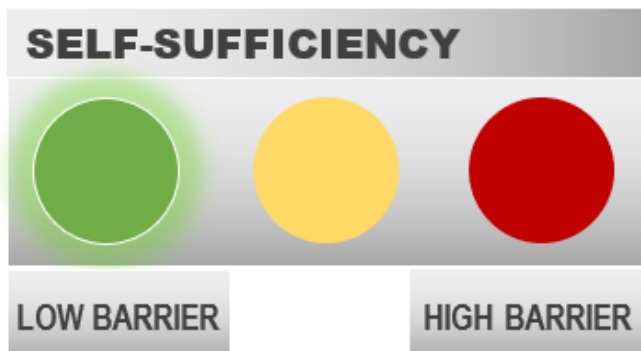
Mental health

- Refugees who are unemployed, earn less than \$10,000 per year, are over 60 years of age, or are from the Democratic republic of Congo are in greater need of mental health services as evidenced by their poor self-reported mental health.
- There is a lack of knowledge among refugees regarding access to mental health services and more education in this area is needed.



Dental health

- Most refugees do not have access to dental services due to cost-related issues.



RECOMMENDATIONS

The following are proposed recommendations for addressing gaps in healthcare accessibility, physical health services, mental health services, and dental services.

Accessibility

1. Collaborate with the Arizona Department of Health Services' Refugee Health Program and RAs on outreach to community health centers to ensure they are utilizing the Refugee Health Program's free resources. Focus on health providers located in areas where refugees reside (see Refugee Population Map in the Arizona RRP Needs Assessment: Asset Mapping Report) and utilize the list of health service providers in the inventory of existing services database that was created for the needs assessment to locate health centers to collaborate with.
2. Assess the number of refugees served by health service providers and their capacities to provide services to refugees. Focus on health providers located in areas where refugees reside (see Refugee Population Map in the Arizona RRP Needs Assessment: Asset Mapping Report), and utilize the list of health service providers in the inventory of existing services database that was created for the needs assessment to locate health centers.
3. Encourage community health service providers to implement Cultural Health Navigator programs similar to the successful program at Valleywise Health.
4. Partner with ECBOs, especially Iraqi and Burmese, to identify methods for reducing the language-related healthcare barriers.
5. Work with the Services for Older Refugees contractors, Area Agency on Aging Region One (Maricopa County) and Catholic Community Services of Southern Arizona (Pima County), to address older refugees' language-related healthcare barriers.

Physical health

1. Collaborate with healthcare providers, RAs, and Congolese ECBOs to explore methods for addressing poor physical health among refugees from the Democratic Republic of Congo.
2. Implement RHP programs aimed at addressing the physical health issues of unemployed refugees and those earning less than \$10,000 per year.
3. Work with Services for Older Refugees contractors, Area Agency on Aging Region One (Maricopa County) and Catholic Community Services of Southern Arizona (Pima County), on initiatives to improve the physical health of older refugees.

Mental health

1. Collaborate with healthcare providers, RAs, and ECBOs on initiatives to address poor mental health among refugees who are unemployed, earn less than \$10,000 per year, are over 60 years of age, or are from the Democratic Republic of Congo.
2. Work with community health providers and RAs to educate refugees about available mental health services.
3. Partner with ECBOs on initiatives to de-stigmatize mental health services.

Health screenings

1. Following the initial health screenings, ensure that refugees with mental and physical health conditions receive proper follow-up care (e.g., referrals to specialists) and investigate factors preventing follow-up from occurring.
2. Explore ways to increase health screenings in hard to reach subpopulations, such as those 35 to 46 years of age. In Ohio, each screening provider has an Ohio Department of Job and Family Services funded Refugee Navigator that coordinates the refugee health screening process, which has reduced appointment wait times, ensured scheduling for follow-up care, and improved refugees' access to medical care and referrals (Arizona RRP Needs Assessment: Literature Review).

CHILDREN'S EDUCATIONAL SERVICES

STRENGTHS OF EXISTING SERVICES

State programs

RRP's Refugee School Impact (RSI) program provides resources to refugee students for up to three years after arrival in the United States. The program aims to address the educational needs of refugee children in Arizona public schools by providing culturally appropriate and language sensitive services. RSI services are provided by schools with the support of two refugee school liaisons, one from the International Rescue Committee in Phoenix (Maricopa County) and one from Lutheran Social Services of the Southwest in Tucson (Pima County). Key RSI program services include:

1. Providing linguistically appropriate services
2. Increasing family engagement in student's educational experience
3. Supporting behavioral health interventions for refugee children
4. Implementing tutoring programs and summer activities
5. Advancing refugee student mentoring and support groups
6. Supporting interventions for refugee children with learning disabilities

Local programs

- Lutheran Social Services of the Southwest's K-12 Refugee Education Services⁴⁷ (Maricopa County and Pima County) offers:
 - Tutoring, mentoring, and a drop-in study space with computers for refugee students
 - Career, college, and GED support
 - School orientation and workshops for parents
 - Resources and professional development for educators who work with refugee students
 - Summer camps
 - Refugee Youth Mentoring Program for youth ages 15 to 24
- The Washington Elementary School District (Maricopa County) has a refugee social worker who provides several services to newly arrived refugees and their families including:⁴⁸
 - Conducting a school Orientation for the newly arrived students and their parents
 - Facilitating monthly Refugee Parent Support Groups held at the school
 - Performing informal assessments of the new refugee student's educational and social needs

⁴⁷ <https://www.lss-sw.org/center>

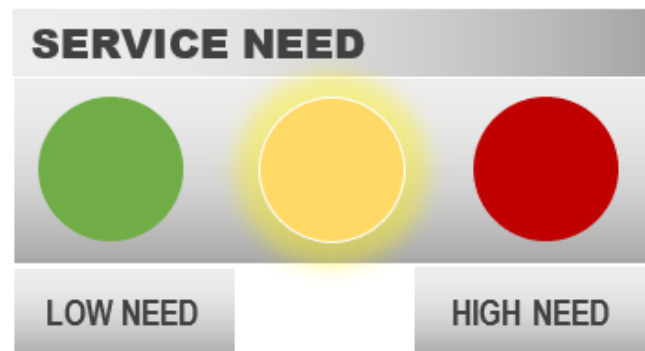
⁴⁸ <https://www.wesdschools.org/Page/647>

- o Educating families about the educational system and helping them to connect with teachers and the school
- o Providing social skills and cultural integration group sessions
- o Assisting parents and teachers to understand the unique needs of the refugee student by facilitating meetings, including Special Education evaluations and Individualized Education Plan (IEP) meetings
- o Assisting with English language learner (ELL) placement
- o Organizing afterschool and summer school programs for refugee students
- o Collaborating with RAs
- o Educating school staff about the unique needs of refugee students
- The Tucson Unified School District's Refugee Center (Pima County)⁴⁹ provides evaluation and educational placement services and mentors who work with the students and families to help them learn about the educational system and develop an education plan.
- Arizona State University's Refugee Integration, Stability, and Education (RISE)⁵⁰ program is a student-led tutoring program for refugee children in Maricopa County. The organization has over 60 tutors and recently expanded to its third location.
- Arizona State University's American Dream Academy (ADA)⁵¹ is an eight-week program for disadvantaged families (not only refugees) in Phoenix and Tucson. It helps families navigate the transition from middle school to high school and ultimately, college.
- Although not only for refugees, Alhambra Elementary School District in Phoenix has a Family Resource Center⁵² that provides services such as:
 - o Assistance with applying for benefit programs (e.g., SNAP, AHCCCS, TANF)
 - o Food bank and clothing closet
 - o Children's vaccination program
 - o Educational programs for parents and children.

NEED FOR CHILDREN'S EDUCATIONAL SERVICES

Overall, results from the refugee survey and focus groups suggest that the educational needs of refugee children are being met and there is only a moderate need for additional services, particularly interpretation services for parents and additional ELT services for children.

Key findings related to children's educational service needs include:



⁴⁹ <http://www.tusd1.org/Departments/Refugee>

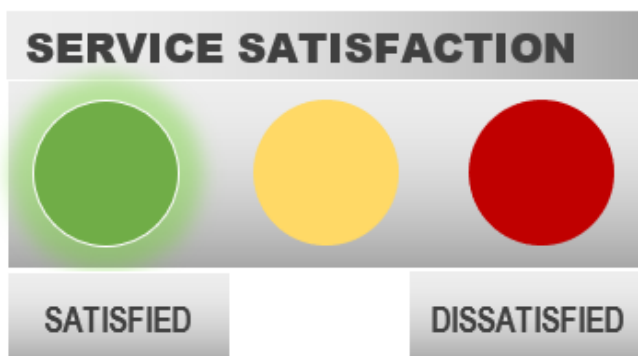
⁵⁰ <https://www.riseaztutoring.org/>

⁵¹ <https://eoss.asu.edu/ada>

⁵² https://www.alhambraesd.org/district/family_resource_center

- Focus group participants reported difficulties initially understanding the educational system, but schools helped them learn about the system.
- Focus group participants stated that although many schools provided interpreters when needed, children are frequently used as interpreters for their parents.
- Some focus group participants expressed difficulty understanding school discipline policies. In their home countries, they were largely responsible for disciplining their children if they misbehaved at school; whereas in the U.S., schools typically discipline students using methods such as detention and suspension, which some refugees said they were not accustomed to.
- When they required assistance with a school-related issue, focus group participants stated they reached out to the school, their RA, or a fellow community member for help.
- Seventy-two percent of refugee survey respondents with school-aged children reported that they were able to communicate with their children's school if they felt there was a problem. However, those without a high school education, those from Somalia, and those who have lived in Arizona for more than five years were more likely to report feeling like they were not able to communicate with their children's schools.
- Fifty percent of refugee survey respondents with children and 59 percent of provider survey respondents reported that the biggest issue for refugee children is a lack of English language proficiency suggesting additional ELT resources are needed. Refugees who have been in Arizona for less than one year reported that their children experience language barriers more often than those who have been in Arizona longer.
- Additional academic supports are likely needed for refugee children. Being behind academically was the second most common issue for children in school reported by both refugee and provider survey respondents; 19 percent of refugees with children and 58 percent of providers reported it was an issue. Additionally, some focus group participants noted that refugees who arrive when they are high school-aged have a difficult time earning their high school diplomas; they often are behind academically when they arrive, which makes it challenging for them to complete the entire high school curriculum before they are 18 years old and age out of the system.

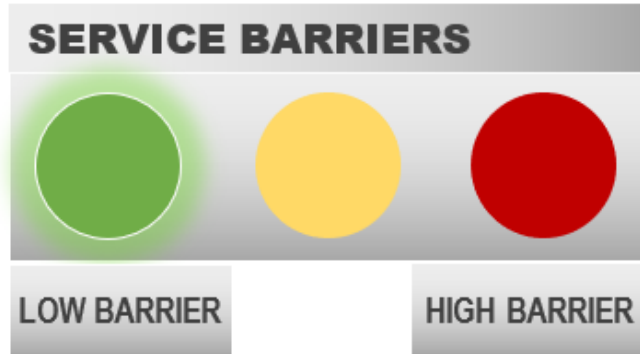
SATISFACTION WITH CHILDREN'S EDUCATIONAL SERVICES



Refugee focus group participants and survey respondents were generally very satisfied with children's educational services. All focus group participants were incredibly grateful their children are able to receive a formal education and they generally feel supported by their school systems.

Additionally, of refugee survey respondents who have used children's educational services, 90 percent reported being satisfied or very satisfied with them.

BARRIERS TO ACCESSING CHILDREN'S EDUCATIONAL SERVICES



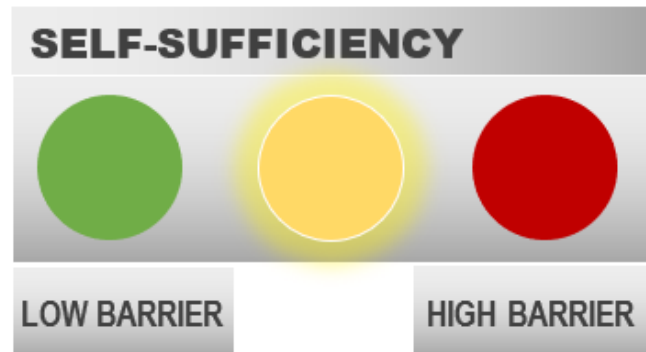
In general, results of the focus groups and survey did not indicate that refugees face major challenges or barriers to accessing children's educational services. As mentioned previously in the discussion of children's educational needs, lack of English proficiency among parents and children is the biggest barrier. Although many schools arrange interpreters for parent meetings, children are often used as "informal" interpreters.

Being behind academically is an additional barrier to educational success and may be more of an issue for older students.

GAPS IN SERVICES

Access to quality educational services is essential for children's assimilation to life in Arizona. Gaps in children's education services include:

- Lack of English language proficiency is the biggest academic challenge faced by refugee children indicating that additional ELT services are needed.
- Findings suggest there is moderate need among refugee parents for language and cultural interpretation services to help parents communicate with their children's schools, especially for those without a high school diploma, those from Somalia, or those who have been in Arizona longer.
- High school-aged children may require more intensive academic and ELT support services to ensure that they are able to graduate from high school before they turn 18 and age out of the school system.



RECOMMENDATIONS

The following are suggested recommendations for addressing children's educational service gaps.

1. Work with the schools with high numbers of refugee students (see Refugee Population Map in the Arizona RRP Needs Assessment: Asset Mapping Report) to develop refugee support programs similar to the existing programs in the Washington Elementary School District and Tucson Unified School District.
2. Collaborate with RSI refugee school liaisons to identify methods for increasing access to and use of interpreters for meetings between parents with limited English proficiency and the schools.

3. Work with the RSI refugee school liaisons to develop strategies to increase high-school aged students' participation in existing academic support programs and ensure that students who have not obtained their diplomas have a transition plan for continuing their educations following their 18th birthday when they are no longer able to attend public high school. For example, link them to the GED programs at Friendly House (Maricopa County) and Pima Community College's Adult Basic Education for College & Career Division (Pima County). Efforts should focus on those who are behind academically.

INTERPRETATION AND TRANSLATION SERVICES

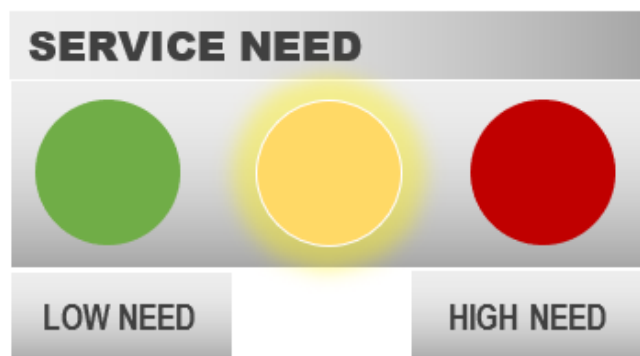
STRENGTHS OF EXISTING SERVICES

1. International Rescue Committee in Phoenix's Interpreter Services Program⁵³ provides interpreting services for their refugee clients for free as well as to the customers from various community organizations (e.g., social service, education, healthcare) for a fee. Many of the other RAs also provide either formal or informal interpreters to their clients to assist them with the resettlement process.
2. Almost 60 percent of providers surveyed reported that their organization provides interpretation/translation services.
3. To facilitate refugees' acclimation to their new jobs, certain employers provide interpretation during new employee orientation.
4. As previously discussed in the healthcare section, the Arizona Department of Health Services' Refugee Health Program website has numerous resources for providers including translated health literacy materials and information about translation/interpretation services in Pima County and Maricopa County (in-person interpreters, over-the-phone interpreters, and document translation). Valleywise Health in Maricopa County also has pediatric and women's refugee clinics, which offer language and cultural interpretation services to patients.
5. The Arizona State Partnership Grant Program to Improve Minority Health has the following goals related to language services:⁵⁴
 - "Collaborate with partners to build infrastructure for and facilitate implementation of the Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) standards."
 - "Improve the cultural and linguistic competence and diversity of the community health center and local health department workforces."
 - "Enhance consumers' health service experience through awareness and availability of language assistance services."

NEED FOR INTERPRETATION AND TRANSLATION SERVICES

As previously discussed in the ELT section, focus group, case record review, and survey findings revealed that lack of English language proficiency was a major barrier to healthcare, employment, and education.

- About 50 percent of refugee survey respondents reported language was a barrier to accessing services, 26 percent reported it prevented them from visiting the doctor or dentist, 44 percent reported it prevented them from continuing their educations, and 41 percent reported it was a barrier to employment. The ELT section provides additional details about specific



⁵³ <https://www.rescue.org/united-states/phoenix-az>

⁵⁴ <https://www.minorityhealth.hhs.gov/omh/content.aspx?ID=20&lvl=2&lvlid=51>

subpopulations who face language barriers more often.

- Some focus group participants stated they were not provided interpreters for medical appointments and felt language barriers prevented them from effectively communicating with their doctors, especially when discussing their health over the phone. Others noted they use their children to translate for them, but sometimes it is difficult to translate medical terminology.
- Of the providers surveyed, 83 percent reported that language was a top barrier they experience when providing services to refugees; 45 percent perceived it was a top barrier that prevented refugees from accessing services at their organization; and 31 percent reported interpretation/translation was a service refugees need the most.

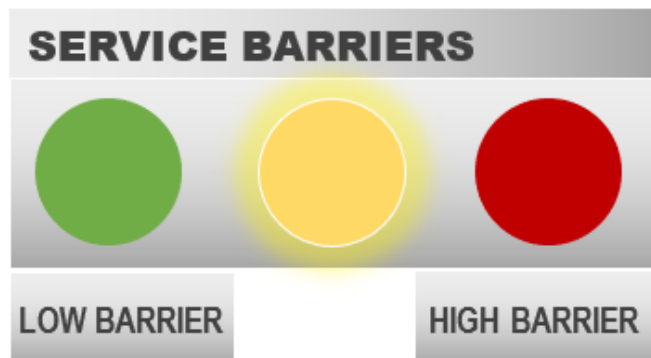
SATISFACTION WITH INTERPRETATION AND TRANSLATION SERVICES

- Of refugee survey respondents who have used interpretation/translation services, 94 percent reported being satisfied or very satisfied with them.
- Focus group participants who had access to interpreters in healthcare settings, at their RAs, and at their children’s schools were satisfied with them and were grateful to have access to them.



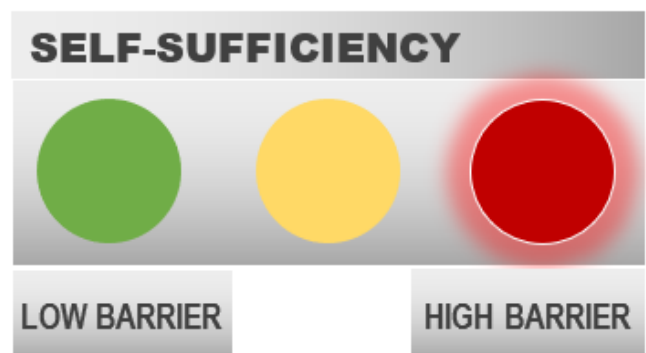
BARRIERS TO ACCESSING INTERPRETATION AND TRANSLATION SERVICES

Barriers to accessing interpretation and translation services were not specifically assessed in the focus groups, surveys, or case record reviews. Focus group findings indicated that lack of availability of interpretation services is the main barrier to utilizing interpreters. While some focus group participants reported that RAs provided them with interpreters when going to the doctors, others stated they were not available to them. Similarly, some focus group participants reported that schools arranged interpreters to be present during meetings, but many said that their children often served as informal interpreters.



GAPS IN SERVICES

Inadequate access to interpretation and translation services can make it difficult for refugees to access key services and for providers to deliver services, making it a moderately high barrier to self-sufficiency. Findings from the assessment revealed that interpretation services are especially needed to help refugees communicate with their children’s



schools and with healthcare providers. Subpopulations who are in particular need of interpretation and translation services include:

- Refugees from Iraq and Burma, those over 60 years of age, and those from Phoenix may be in greater need of interpretation services in healthcare settings because they experience language barriers to healthcare more often.
- Parents of school-aged children who do not have a high school diploma, are from Somalia, or have been in Arizona for more than five years may be in greater need of interpretation services to help them communicate with their children's schools.

RECOMMENDATIONS

The following are suggested recommendations for addressing interpretation and translation service gaps.

1. Establish a language access workgroup comprised of individuals from organizations such as health and social service organizations, RAs, ECBOs, and state agencies. The aim of the workgroup should be to develop solutions for language access issues. Proposed focus areas include:
 - Examining compliance with Executive Order 13166, which require recipients of Federal funding to take reasonable steps to provide meaningful access to Limited English Proficient (LEP) persons. Although organizations that receive federal funding are required to comply with Executive Order 13166, there is limited oversight by federal agencies and compliance investigations are largely dependent on submission of complaints from individuals.
 - Increasing awareness of LEP issues at the state and local level. Many communities across the U.S. are organizing campaigns to raise awareness about language access issues and laws have been passed by states and cities to ensure equal access. Examples from other states and municipalities include:
 - o New York State Code of Rules and Regulations Section 405 requires all hospitals to develop a language access plan, appoint a Language Access Coordinator, provide interpreters within 10 minutes in the emergency department and 20 minutes in other hospital departments, notify patients about their rights to language services, and prohibit the use of family members, strangers and minor children as interpreters except in emergencies.⁵⁵
 - o New York State Executive Order 26 “requires all executive state agencies that provide direct public services to develop language access plans, appoint a Language Access Coordinator, and translate vital documents in the top 6 languages in New York State.”⁵⁶
 - o In 2013, the Long Beach City Council (California) passed Resolution 13-0071,⁵⁷ which is a “comprehensive Language Access Policy (LAP) to promote greater access to City services, programs and resources for people with limited English language proficiency...The local policy exceeds the state requirements (California Dymally-Alatorre Bilingual Services Act) by providing services not only

⁵⁵<https://www.nylpi.org/images/FE/chain234siteType8/site203/client/Language%20Access%20Legal%20Cheat%20Sheet%20Final%20-%20February%202012.pdf>

⁵⁶<https://www.nylpi.org/images/FE/chain234siteType8/site203/client/Language%20Access%20Legal%20Cheat%20Sheet%20Final%20-%20February%202012.pdf>

⁵⁷ <http://www.longbeach.gov/health/healthy-living/office-of-equity/language-access-policy/>

in Spanish, but also in Khmer and Tagalog.” The policy was amended in 2015 to restrict the use of children as interpreters unless it is an emergency. The city allocates funding annually to support this policy.

TRANSPORTATION

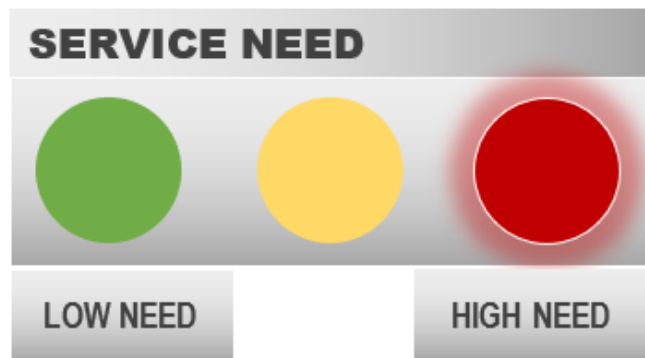
STRENGTHS OF EXISTING SERVICES

1. RAs provide transportation services to new refugees that entails teaching them how to navigate the public transportation system and assisting them with applying for reduced fare programs. Additionally, they arrange transportation to medical appointments and job interviews as part of the Reception and Placement program. RAs also utilize trained volunteers to provide transportation and transportation training. For example, Arizona Immigrant and Refugee Services' volunteers assist with public transportation training and provide transportation to ELT classes and medical appointments.
2. Other non-profit organizations also provide transportation assistance to refugees. For example, Area Agency on Aging Region One's Mosaic Center provides transportation services to refugees over 60 years of age. As previously discussed in the ELT section, Pima Community College provides bus passes to students so they can attend ELT and SAUC often transports refugees to and from their ELT classes and their other programs.
3. Both Tucson and Phoenix public transit systems have reduced fare programs. Sun Tran, Tucson's public transit system, has the Economy Pass Program⁵⁸ for low-income individuals, those 65 years and older, Medicare card holders, and people with disabilities. Valley Metro, Phoenix's public transit system, has the Reduced Fare Program⁵⁹ for individuals with a disability, those 65 years and older, youth ages six to 18 years, and Medicare card holders. Individuals must apply to both programs.
4. Lyft, a ridesharing company, awarded grants to two Arizona non-profit organizations, The Florence Project (Pinal County) and Lutheran Social Services of the Southwest (Maricopa County).⁶⁰ Through the grant, the organizations received Lyft credit to help them provide transportation to their refugee clients.

NEED FOR TRANSPORTATION SERVICES

As previously discussed, the focus group, case record reviews, and survey findings revealed that lack of transportation was a major barrier to healthcare, employment, and education, which indicates there is a high need for transportation services. Key transportation findings included:

- Transportation and location were the second and third most commonly reported service barriers in the refugee survey, while language was the top service barrier.
- Thirty percent of refugee survey respondents reported having poor access to transportation and 32 percent reported fair access.
- Sixty-nine percent of providers reported that transportation was a top barrier preventing refugees from accessing services at their organizations.



⁵⁸ https://suntran.com/fares_reduced.php

⁵⁹ <https://www.valleymetro.org/reduced-fare-program>

⁶⁰ <https://www.lyft.com/blog/posts/lyft-provides-free-transportation-to-50-local-immigration-organizations-across-the-us>

- Almost 40 percent of providers surveyed reported that transportation was an extreme barrier to employment.
- Addressing transportation issues was the second most common short-term goal in the RRP case file self-sufficiency plans with 45 percent of cases having it as a goal.

Refugee survey findings also revealed that access to transportation is worse for certain subpopulations:

- Thirty-five percent of Phoenix refugees reported that their access to transportation was poor compared to only 17 percent of Tucson refugee respondents.
- Forty-two percent of refugee survey respondents earning \$10,000 or less per year reported having poor access to transportation compared to 15 percent of those earning over \$10,000.
- Almost 45 percent of unemployed refugee survey respondents reported having poor access to transportation compared to about 15 percent of employed respondents.

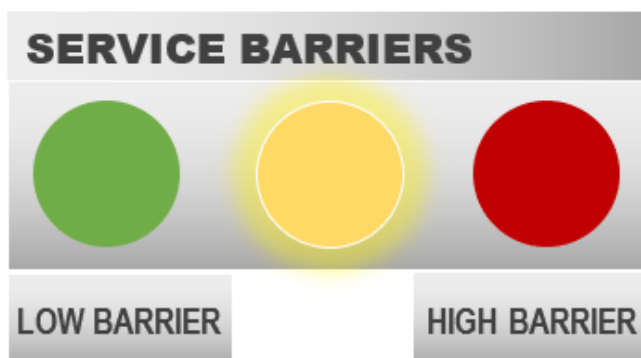
SATISFACTION WITH TRANSPORTATION SERVICES

Most focus group participants reported they rely on public transportation, and some expressed frustration that buses are often not on schedule, which can cause them to be late for work and put them at risk for being fired. Many focus group participants also expressed appreciation that some ELT programs offered transportation to and from class. The surveys did not ask specific questions about satisfaction with transportation services.



BARRIERS TO ACCESSING TRANSPORTATION SERVICES

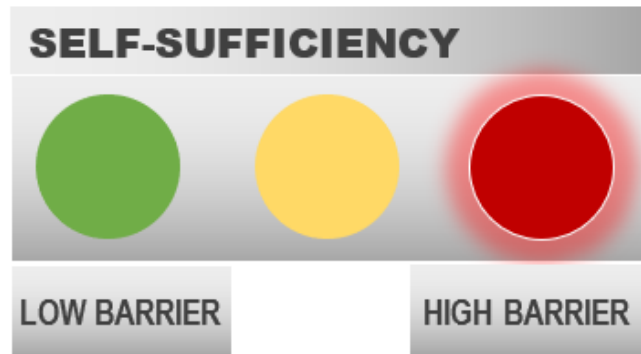
Barriers to accessing transportation services were not specifically assessed in the focus groups, surveys, or case record reviews. As previously mentioned, 30 percent of refugee survey respondents reported having poor access to transportation and 32 percent reported fair access, which indicate that refugees experience a moderate number of barriers to transportation.



Some focus group participants noted that the cost of public transportation makes it difficult to use it. Further, results of the review of the short-term and long-term self-sufficiency plan goals in the RRP case files revealed that many refugees were saving up to buy a car or planned to apply for transportation benefits, which further indicate that cost is a barrier to transportation.

GAPS IN SERVICES

Inadequate access to transportation can make it difficult for refugees to access key services and is a major barrier to employment, education, and healthcare. Results from this assessment indicate that lack of transportation is a high barrier to self-sufficiency. Findings from the assessment revealed that better access to transportation is especially needed for certain subpopulations such as refugees living in the Phoenix area, those who are unemployed, and those making less than \$10,000 per year.



RECOMMENDATIONS

The following are suggested recommendations for addressing transportation service gaps.

1. Create a refugee transportation workgroup comprised of representatives from organizations such as RAs, state agencies, Valley Metro (Phoenix), Sun Tran (Tucson), ECBOs, health service providers, and employers. The purpose of this workgroup should be to identify possible solutions to transportation access issues.
2. Work with Valley Metro (Phoenix) and Sun Tran (Tucson) to expand transportation access. Possible strategies to expand access include:
 - Create a free ride program for newly arrived refugees to use during their first year in Arizona. Victoria, British Columbia in Canada provides free ride passes for a year to newly arrived refugees.⁶¹ The program is funded by the Victoria Regional Transit Commission (VRTC) and jointly administered by BC Transit and the Inter-Cultural Association of Greater Victoria (ICA).
 - Expand Valley Metro's Reduced Fare Program to include low income individuals so it is consistent with Sun Tran's Economy Pass Program. Alternatively, implement a reduced fare program similar to Des Moines, Iowa's Half Fare Program,⁶² which is specifically for low income refugees rather than all low-income individuals.
 - Add youth ages six to 18 years of age to Sun Tran's Economy Pass Program to be consistent with Valley Metro's Reduced Far Program.
3. Collaborate with the larger refugee employers to address transportation barriers faced by their refugee employees. For example, employers could explore subsidizing public transit and take advantage of programs such as Valley Metro's Employee Platinum Pass.⁶³
4. Work with RAs and community health centers to create refugee transportation programs that provide free or reduced cost transportation to and from medical appointments. Look to innovative programs in other states such as Boston Medical Center's Refugee Women's Health Clinic,⁶⁴

⁶¹ <https://nextcity.org/daily/entry/refugees-free-bus-pass-victoria-bc-canada>

⁶² <https://www.ridedart.com/fares/reduced-fare-programs>

⁶³ <https://www.valleymetro.org/employee-platinum-pass>

⁶⁴ <https://www.bmc.org/healthcity/research/uber-health-decreases-no-shows-clinic-refugee-women>

which recently implemented a pilot program to provide Uber Health rides to any woman who voiced transportation difficulties. The clinic scheduled the trips using the Uber Health Interface and women received a text message when the ride arrived. The patients did not need the Uber app on their phone to receive a text message alert.

- Results of the pilot study showed that no-shows among women who utilized Uber Health was 6% compared to 30% among women who did use the service. The program also increased the clinic's revenue by decreasing the number of missed appointments; the eight-month pilot cost \$2,033 in grant funding and produced \$30,337 in healthcare charges.
5. Collaborate with ELT providers to explore funding sources that would enable them to provide transportation for their students.
- Assess the sustainability of funding for Pima Community College's bus pass program for their ELT students.
 - Work with Friendly House to identify funding sources for a transportation program for their ELT students.
 - Explore adding transportation requirements to the ELT providers' contracts and possibly provide funding to support the requirement.

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