

“IT SOMETIMES HEALS, BUT IT SOMETIMES HURTS”; EXPLORING THE ISSUES
FACING FIRST-GENERATION AND IMMIGRANT STAFF CARING FOR IMMIGRANT
YOUTH IN AN AFTER-SCHOOL PROGRAM

by

Claire Cronin

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Approved by:

Dr. Henry L. Harris

Dr. Teresa L. Scheid

Dr. Taryne M. Mingo

Dr. Edward A. Wierzalis

Dr. Eric S. Heberlig

ABSTRACT

CLAIRE CRONIN. “It sometimes heals, but it sometimes hurts”; Exploring the issues facing first-generation and immigrant staff caring for immigrant youth in an after-school program. (Under the direction of DR. HENRY HARRIS)

Coming from countries across the world, immigrants have chosen to start a new life in the United States, and become part of the fabric that makes up American society. Today, immigrant children face a unique set of challenges and hardships including trauma, acculturative stress, and poverty. Helping to support their needs is a diverse workforce of helping professionals, providing support in a variety of settings. After-school programming has been utilized as a successful approach to supporting immigrant children, and by extension their families and communities. It is unique for children in after-school programs to be supported by staff that share similar lived experiences and ethnic backgrounds. The purpose of this qualitative study was to explore the issues facing first-generation and immigrant staff caring for immigrant youth in a supportive after-school program. Semi-structured interviews were conducted with 8 participants via Zoom to facilitate in-depth descriptions of their perspectives. Six participants were interviewed twice over a period of six weeks to explore their experiences and perspectives across a time span during the Covid-19 pandemic. Two participants were interviewed once due to scheduling conflicts. The Pragmatic Qualitative Data Analysis (PQDA) method was utilized to analyze data from the interviews and observational field memos. A total of three major themes emerged from the data that included: (a) Emotional Labor, (b) Identity Development, and (c) Covid-19 Pandemic Impacts. This research found that there was a relationship between the central themes of emotional labor, Covid-19, and identity development. Participants’ experience of emotional labor created the unique space for employees to create and reinforce their own cultural identity, while being open and supportive to the various cultural identities. This sense of

support from colleagues added a mediator which helped participants to cope with the stress of emotional labor and the Covid-19 pandemic. Other implications for counselors, organizations, policy and future research investigations are explored.

Dedication

In memory of my mother, Cheryl Callahan. You taught me about gentleness, patience and empathy. I miss you every day. Our time together was a gift that I am always grateful for.

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Chapter 1: Introduction

In this chapter I explore the broader context of immigrants within the United States, and within the Charlotte, North Carolina region. I will then cover anti-immigrant policies in the United States. Next, I will cover the afterschool services that are offered to help support immigrant youth, along with first-generation and immigrant staff providing services. I will then review the experiences and unique mental health needs of immigrant youth. Relative to these needs, I will then outline the need for this study, purpose of the study, research questions, assumptions, delimitations, limitations, and operational definitions. Finally, I will summarize what has been covered in this chapter.

Immigrants have long been a part of the American history, starting with the first wave of settlers on the Mayflower. Coming from countries across the world, immigrants have chosen to start a new life in the United States, and become part of the fabric that makes up American society. Today, immigrant children face a unique set of challenges and hardships including trauma, acculturative stress, and poverty (Hernandez et al., 2011). Helping to support their needs is a diverse workforce of helping professionals, providing support in a variety of settings. After-school programming has been utilized as a successful approach to supporting immigrant children, and by extension their families and communities (Halpern, 2002). Many after school programs are staffed by caring adults that are invested in the mission of supporting immigrant children (Halpern, 2002). However, staff may be faced with emotional and behavioral needs that overwhelms their capacity. Lack of training, low wages, and high turnover plague this profession (Affrunti

et al., 2018). The emotional labor of this job role is often under-valued, and staff may experience burnout. Staff themselves may also be new immigrants with unresolved trauma and acculturative stress.

Immigrants within the United States and Charlotte Region

Since 1970 the foreign-born population has continued to increase in percent of the total population (US Census Data, 2010). The United States census data from 2010 reports that approximately one in four children have families with at least one immigrant parent. Currently the US census and Department of Homeland Security estimate the 22.6 million non-citizens reside in the US (US Census Data, 2010; Year Book of Immigration Statistics, 2018). Other organizations believe this may be a vast underestimate of immigrants in this country, as immigrants are less likely to participate in the US census for a variety of reasons, including legal status in the country (“Children of Immigrants,” n.d.). Data from the US Census Bureau’s 2012 American Community Survey revealed that 25 percent of all children under the age of 18 live with at least one immigrant parent. Of these children, 88% are second generation immigrants (born in the USA), and 12% were first-generation immigrants (born outside of the USA) (Patel & Reicherter, 2016; US Census Data, 2010.). In the Charlotte area, almost one in six residents were born outside the US (Portillo, 2019). Mecklenburg’s immigrant population grew by 18.9 percent from 2012 to 2017. That’s substantially higher than the county’s 11 percent overall growth during that period, and almost a quarter of Mecklenburg’s growth during that time was attributable to immigrants.

When taking this information into consideration, it is clear that Charlotte and the United States are the home to immigrants from various racially and ethnically different backgrounds. It is important to understand the unique, but sometimes overlapping, distinctions among groups of immigrants.

There are many ways in which immigrants are categorized within the United States. The term immigrant refers to a person that has migrated willfully- often for economic reasons (Patel & Reicherter, 2016). The term refugee refers to involuntary migrants who are forced to flee violence, war, personal or political persecution. However, the distinction between the two is blurrier, with many immigrants moving due to crushing poverty, political instability, and gang violence (Patel & Reicherter, 2016). Although there may be many differences in reasons for why people chose to leave the familiarity of their home country, there are similarities in the challenges they face during migration, and also upon arrival in the United States. These include challenges of acculturation, daily stressors of settling in a new country, and potential exposure to trauma related to community violence (Betancourt et al., 2017).

Anti-Immigrant Policies

Some of the issues confronting staff working at OurBridge for Kids are related to the sociopolitical climate of the US towards immigrants. Anti-Immigration policies have been increasing in the US, starting in the late nineties with the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), which created harsh

penalties for over staying a visa, reduced immigrant rights, increased funding for border patrol and customs, and expedited the deportation process.

As a presidential candidate Donald Trump ran on a platform of aggressive immigration reform, including a plan to drastically narrow humanitarian benefits, increase immigration enforcement, and decrease legal immigration. The former president's attacks on immigration were historic, as he has characterized Mexican immigrants as rapists and drug dealers and promised to build a wall in order to prevent illegal migration over the US- Mexico border (Kocher, 2017; Pierce & Bolter, 2020). The former administration has delivered on many of his campaign promises, utilizing rapid fire changes to regulations, policies and programs.

The former president's immigration policy was multilayered and included: travel bans and visa reductions for specific countries, a reduction in processing of immigration applications in tandem with a tightening of restrictions for immigrants, increase border controls and interior policing by Immigrations and Custom's Enforcement (ICE), the separation of families at the borders, ending of the Deferred Action for Childhood Arrivals (DACA) program, limiting access to basic assistance such as medical and food support programs. The former administration's immigration policies included a reduction in family based immigration (otherwise known as "chain migration") and acceptance of refugees and asylum seekers (Krogstand & Gonzalez-Barrera, 2019). Although it is beyond the scope of this paper to summarize all of the changes to immigration policies

and programs in the US, it is important to consider the cumulative effects on the wellbeing of immigrants.

Martinez et al., (2015) found a direct relationship between anti-immigration policies and their effects on access to health services for immigrants. In addition, as a result of these policies, undocumented immigrants are impacted by negative mental health outcomes, including depression, anxiety, and post-traumatic stress disorder (Torres et al., 2018). Current legislation and practices have a pivotal role in creating a hostile and discriminatory environment, impacting the mental health of immigrants regardless of documentation status. Discrimination and micro-aggressions towards Latino youth have been linked to low self-esteem, internalizing symptoms and problem behaviors (Zeiders et al., 2013). Immigrants live under the threat of policies that allow ICE to detain individuals they believe are in this country illegally, which submits immigrants (or suspected immigrants) to unfair and discriminatory practices regardless of documentation status. This experience creates a sense of hypervigilance and stress which can lead to long term stress disorders (Nier et al., 2012).

Discrimination and segregation also contribute to poverty. Currently, approximately 20% of all immigrants reside in poverty, with 27% of Latino/a immigrants living in poverty and 57% living near poverty (Center for Immigration Studies, 2011). Immigrant households earn less than their U.S. born counterparts (Leong et al., 2013). Undocumented immigration status may further limit work opportunities and allow for exploitative working conditions, contributing to chronic poverty (Hall & Greenman,

2015). Detention or deportation can transform two-parent families into single parent families with an accompanying loss of income (Dreby, 2012). The impact of poverty is far-reaching, and it has been linked to negative mental health outcomes including depression, low self-esteem, loneliness, and delinquency/drug use among youth (Butler, 2014).

After-School Services Supporting Vulnerable Youth

Given the many possible negative experiences that immigrant youth have encountered, it is important to consider support programs that may help buffer these experiences. After-school programming has a long history of supporting at-risk and impoverished children from a variety of backgrounds. After-school programs focus on providing structured care for youth after school is dismissed, and before many working parents are able return home (Halpern, 2002). Although there are a variety of approaches to delivering care, these programs have a long track record of successfully improving behavioral and academic outcomes for marginalized and impoverished youth (Halpern, 2002). The need for quality after-school programming can be particularly important for youths whose families' choices are severely limited by low income (Waldfogel, 2006), as many immigrant families are (Hernandez et al., 2009). High-quality out-of-school programs can be an integral part of a child's development and education, and for immigrant youth, can help buffer the effects of ACEs and toxic stress, through supportive relationships with staff (Greenberg, 2014). When children have relationships with consistent, caring, attentive adults during childhood, trauma and other stressful

experiences can be “buffered” (Ludy-Dobson & Perry, 2010; Sciaraffa, Zeanah, & Zeanah, 2017). These relationships that foster resilience enable children to develop self-regulation and self-esteem (Howell & Miller-Graff, 2011; Ludy-Dobson & Perry, 2010; Sciaraffa, Zeanah, & Zeanah, 2017). Additionally, it is important to create environments where children can trust their caregivers, are encouraged to be autonomous, have clear and defined boundaries and structure, and have role models who exhibit resilience which all increase children’s ability to self-regulate (Hudson & Pulla, 2013).

Professionals Delivering After-School Services

Although there is great potential for the positive influence of after-school program staff on immigrant youth, there are also many barriers to providing quality care. Many after-school programs that serve low income youth also face financial and organizational challenges. This includes insufficient material or human resources and high rates of staff turnover (Affrunti et al., 2018). These challenges have been well documented in other community based and youth service organizations and are associated with low organizational commitment, low morale, and greater job stress (Affrunti et al., 2018). When staff do not have access to professional training, living wages, and a supportive work environment, this can limit their ability to build relationships with children due to their own stress. After-school staff tasked with caregiving for newly arrived children may struggle to anticipate, understand and respond to the needs of this population. At best, the care offered may be inadequate. At worst, it may retraumatize and cause further negative impacts on the child. Currently there is no research on the experiences of immigrant or

first-generation staff working in after school programs that support immigrant and refugee youth. This may be due to the relative newness of the idea of having staff mirror the populations they serve. Many programs that provide services for immigrants and refugees focus on language acquisition, and hire native language speakers (Barkhuizen, 2017). In this case, despite a positive view towards immigrant youth, staff may not share similar lived experiences as the youth. This is what makes the staff at Ourbridge for Kids so unique; with intentional hiring practices, the leadership of the organization has prioritized the lived experiences of immigrants and first-generation staff. Because of this, the professional background is diverse. Many of the staff held professional jobs in their homelands and are seeking to rebuild their careers in the United States. Staff take part in both an intensive two weeklong training, and ongoing trainings on the following topics: culturally relevant pedagogy, trauma informed care, safety and crisis procedures, and mandated reporting. OurBridge for Kids tailors their professional development trainings to the needs of the youth and the community. This year includes further training on child centered relationship skills and Covid-19 safety policies.

It is important to consider the unique mental health needs of immigrant and first-generation youth for two reasons: 1) they help us understand the possible experiences and needs of the children being cared for at OurBridge for Kids, and 2) the topics also help us understand the possible experiences of the immigrant staff at OurBridge for Kids, which could possibly inform how they care for this vulnerable population. In summary, there

are many shared experiences between the immigrant youth at OurBridge for Kids and the first-generation and immigrant staff.

Unique Mental Health Needs of Immigrant and First-generation Youth

The needs of immigrant and refugee children are unique in relation to the overall population of immigrants. Families make the decision to immigrate to the United States for a variety of reasons. These reasons can range from seeking better opportunities, to fleeing violence in their home country. Although adults are most often saddled with the responsibility of making this difficult decision to uproot their family, children are deeply affected by the migration experience (Guarnaccia & Lopez, 1998). Until recently most literature overlooked their experiences and instead labeled them as passive participants. Children experience a variety of hardships related to leaving their home countries, making the migration and starting over in a new country. It is important to understand how these hardships may impact their emotional, social, psychological and physical development, in order to understand the challenges that caregivers may face.

The migration experience can be understood by looking at the pre-migration, migration and post-migration experiences. Often times immigrant children face unique challenges in each stage. The sociopolitical and environmental context of the home country impact the level of stress that immigrants experience in the lead up to the decision to depart. Some immigrants experience high levels of poverty and violence before leaving. Others experience a sudden trauma, like natural disasters or war that cause them to flee. Bias and oppression related to gender, sexuality, religion, ethnicity,

and political identities could also motivate migration. The human and social capital of the person including financial resources, social support, knowledge of international affairs and receiving culture will also impact, stress level. All of this amounts to this population often being vulnerable and marginalized within American society.

All migration is stressful for children, as most lack the autonomy to travel on their own, so they most often travel involuntarily with their families. This involuntary separation from their home communities is stressful, as they are separated from their natural supports of extended family, friends, schools and other relational connections (Pacione, Measham, & Rousseau, 2013). Displacement from the home environment compounds traumatic experiences by disrupting a sense of self that develops from spending one's life in a specific place (Pacione, Measham, & Rousseau, 2013).

Those children who do migrate on their own are especially vulnerable to chaos and instability of this journey. When considering how migration impacts children, two factors should be considered: the mode of migration and the duration of migration (Guarnaccia & Lopez, 1998). Immigrant children who travel in conventional ways (airplanes, trains, buses, cars) are less likely to experience significant stress (Patel & Reicherter, 2016). Children who are forced to travel by walking or use of dangerous or illegal methods experience significant stress. For example, the experience of families that fly to the US to immigrate is drastically different from a family that pays a smuggler to illegally transport them concealed in the back of commercial tractor trailer. During the journey access to safe shelter, food and other resources also make the journey less

traumatic. Refugees encounter extra ordinary migration experiences, where they may live in a refugee camp, outside their home country, but not in their desired relocation country. Youth staying in refugee camps, run by the United Nations, are faced with infectious disease, malnutrition, exposure to domestic violence and sexual assault (Pacione et al., 2013). To further compound the stress of this experience, refugees often do not know when they will be granted asylum or refugee status in their new country (Pacione et al., 2013).

There are many characteristics of a receiving community that determine the level of post-migration stress. Economic opportunity, including a family's access to jobs, financial assistance, and other supports help reduce economic insecurity (Guarnaccia & Lopez, 1998). Socio political climate, including welcoming attitudes of citizens of the receiving community towards immigrants, and preexisting immigrant communities can provide support (Guarnaccia & Lopez, 1998). According to Burnam et al. (1987) acculturation refers to the psychosocial changes that take place when a person moves from one culture to another. Included in this stress can be English language acquisition and cultural adaptation (Burnam et al, 1987).

First-generation Youth

The Mirriam Webster (n.d) dictionary defines first-generation Americans as 1) born in the US with immigrant parentage or 2) foreign born and a naturalized citizen. For the purposes of this paper first-generation youth are defined as children of immigrant parents. The experiences of first-generation youth are unique in comparison to immigrant

youth, because they have a longer developmental period to “become American”, having been immersed in American culture for many years (García-Coll & Marks, 2012). The traditional view is that becoming American will lead to better outcomes for subsequent generations. The reality is that outcomes for first and second generation Americans actually worsen in key areas including health, academics and economic mobility. Simply put, becoming American is risky. In the US, 22 percent of children of immigrants live in poverty compared to 20 percent of immigrant children, and 17 percent of native born children (Child Trends, n.d.). First, second and subsequent generations of youth report being engaged in substance abuse, unprotected sex, and delinquency at higher rates than recently arrived immigrant youth (García-Coll & Marks, 2012). US born Latino youth start drinking at an earlier age and have higher rates of alcohol use compared to foreign born counterparts (Bacio et al., 2013). Attitudes towards schooling and engagement in school also decline over generations leading to lower educational attainment (Greenman, 2013).

This may be attributed to differences between assimilation versus acculturation. Assimilation demands that an immigrant abandons their home culture in order to adopt the culture and language of their new country (García-Coll & Marks, 2012). Acculturation is the psychological process by which a individual encounters a new cultural context and begins a series of complex social, interpersonal, and context specific processes of assuming new attitudes, traditions and abilities *while maintain those from the person's culture of origin*. Family life of recently arrived immigrant youth is

characterized by a sense of closeness with their family and cultural community. Support *within* immigrant communities can act as a buffer for other potential risk factors such as poverty, neighborhood crime and lack of access to resources. Later generations report that the erosion of family and community closeness and increased association with native born peers increases contact with substances such as alcohol and drugs and crime and violence (Bacio et al.,2013). First and later generation Americans may be experiencing a “white washing” or abandonment of their cultural identity, which is in essence assimilation. Assimilation includes the loss of cultural identity and many of the cultural and community supports that help to buffer stress and traumatic events that minorities, and in particular, immigrants experience.

Trauma

The heterogeneous context and characteristics of immigration, settlement, and reception confer specific stressors for immigrant youth above and beyond developmentally normal stressors faced by most youth (Guarnaccia & Lopez, 1998). Trauma has been defined as the result of an event (or events) that an individual perceives as harmful or life-threatening and has long-term, detrimental effects on the individual (Lawson, 2017). Van der Kolk (1989) explains trauma in the following way, “Traumatization occurs when both internal and external resources are inadequate to cope with external threat.” (p.29). As previously noted, immigrant life stressors include numerous events or conditions that threaten their wellbeing and may exacerbate existing

vulnerabilities related to previous trauma exposure. Thus the compounding effects of multiple stressors occurring over time can result in trauma (Patel & Reicherter, 2016).

Resilience

In addition to the struggles and traumas that immigrant and first-generation children and adults may face are also the numerous strengths and resilience of this population. The ability to recover or bounce back from significant life stressors or trauma is known as resilience (Smith et al., 2008). Resilience research started in the 1980's after researchers wondered why some children grew up to be healthy functioning adults despite growing up in chaotic environments, while others developed mental health disorders or experienced other negative outcomes (Werner & Smith, 1982; Werner, 1989). Several studies revealed that children developed adaptive behaviors that helped them grow into healthy adults despite the adversities and trauma they faced (Garmezy & Masten, 1986; Werner & Smith, 1982). Differences between resilient children and those that were not resilient were attributed to protective factors at three levels: 1) individual- cheerfulness, agreeableness; confidence; being affectionate; and the ability to solve problems 2) family- the support of at least one reliable, competent adult 3) and community- elders or peers outside of the family (Werner, 1989). The protective factors that lead to resilience are complex, including aspects related to family, community, society, culture, and the environment (Masten & Obradovic, 2006). The study of resilience is ongoing, however currently there is little research on factors that contribute

to resilience in minority populations, including immigrants and first-generation Americans.

Need for Study

Minimal research attention has been directed towards the experiences of front-line staff working in supportive after-school programming for immigrant youth. Greenberg (2014) explored social workers responsibility to connect refugee and immigrant youth with after-school programs, while Park et al., (2015) looked at the relationships between after school programs and academic and behavioral outcomes for Latino immigrant children. Barnes and Nolan (2019) researched the importance of positive relationships between after-school staff and parents. Mental health interventions and the positive outcomes for refugee youth were studied by Pacione, Measham and Rousseau (2013). Most closely aligned with this study is the work by Affrunti et al. (2018), that researched the neighborhood influence of job demand stress on after-school staff. However, there is very little research that focuses on the experiences of the immigrant and first-generation staff working with immigrant youth in an after-school program.

The significance of this study is that it will contribute to the literature in the area of supporting the professionals that work with vulnerable populations of children. In understanding the issues facing immigrant and first-generation staff working in an after-school program with immigrant children, we may gain insight into their experiences and how they impact the care given to the children at this organization. There is strong research that affirms the notion that healing communities involves caring for the most

vulnerable populations (Van der Kolk, 1989). By using a qualitative methodology, this study also honors the difficult and important work of the OurBridge for Kids immigrant and first-generation staff, by offering them a voice that may have traditionally been overlooked (Creswell & Creswell, 2018).

Purpose of study

The purpose of this ethnographic study was to explore the issues facing first-generation and immigrant staff caring for immigrant youth in a supportive after-school program (OurBridge for Kids).

Research Questions

The central question for this study was: What are the issues facing first-generation and immigrant staff caring for immigrant youth in a supportive after-school program?

Additional subquestions were derived from initial interviews and field notes and are attached in the interview guide (appendix A). Research questions evolved and changed during the study in a manner consistent with the assumptions of an emerging design (Creswell & Creswell, 2018).

Assumptions

There were a number of assumptions in this study:

- Staff at OurBridge experience challenges working with the youth in the program, related to the children's experience of stress, trauma and oppression.
- There is a shared experience of stress, trauma and oppression based on their own immigrant or minority status.

- There is also a shared experience of resilience for both staff and youth.
- Staff at OurBridge for Kids are actively engaging in emotional labor in their job.
- These experiences impact the work immigrant tutors do with the children at OurBridge for Kids

Delimitations

The study was delimited by:

- The inclusion criteria for this study
 - Participation is limited to first-generation and immigrant tutors that were employed at OurBridge at the time of the study.
- The interview protocol and questions were posed to all participants equally.

Limitations

The factors beyond researcher's control that may limit the generalizability of study's findings are:

- The use of a small convenience sample size also limits the transferability.
- The researchers relationship with OurBridge for Kids prior to completing this study helped inform the study purpose and questions, and could be noted as a limitation.

Operational Definitions

Operational definitions for this study include:

Immigrant Youth

Any child enrolled in the OurBridge program, that includes immigrant, refugee, and undocumented statuses

OurBridge Staff

OurBridge staff is operationalized for this study as employees that identify as immigrants or first-generation Americans.

Sociopolitical Climate

Both the social and political factors that are perceived by tutors as impacting them. These contextual and historical factors included the Covid-19 pandemic.

Community

The geographical area, or sense of place, that staff and children live and interact with including neighborhoods, Charlotte, North Carolina and the United States. A social unit that shares the same norms, customs and identity. Also, the psychological concept of belongingness and support from others in the community. Ourbridge for Kids also acts as a community, as it has its own unique shared norms and identity.

Summary

Chapter one provided an introduction regarding the significance of an in-depth exploration of the issues facing immigrant tutors working with immigrant youth in an after-school program. Existing literature highlights the many struggles that immigrant youth face, including trauma, discrimination and poverty. But there is also research that supports the possibility for adults to help heal this trauma through consistent, caring relationships. When looking at after-school programs as prime opportunity to provide these relationships, there is research that the staff lack the support and training to properly support vulnerable populations. There is a dearth of research into the

experiences of immigrant and first-generation tutors working in an after-school program for immigrant youth, and this study hopes to fill this void in the literature.

Chapter II Literature Review

This chapter will begin with a review of the theoretical basis for this research project including feminist theory, the stress process model and then provide a summary of how it informs the research approach. In order to understand the experiences of immigrant and 1st generation staff serving immigrant youth in an after-school program, we will examine the experiences of immigrants, immigrant children and their unique needs, social support programs for immigrant and refugee youth, staff serving in after-school programs, experiences of immigrant care workers, and emotional labor. This chapter will also cover the evolving challenges of COVID-19, and their impacts on the immigrant, refugee and first-generation community.

Theoretical Basis

Feminist Theory

Feminist theory is one of the lenses with which this research study is viewed through. Although many people believe that feminist theory deals exclusively with the rights of women, feminist theory critiques social arrangements that benefit dominant groups and pathologize marginalized groups (Good et al.,1990). Feminist literature has expanded to include groups that are marginalized based on class, race, ethnicity, gender, sexual orientation, weight and other identities (Good et al.,1990). Most recently, feminist theorists have written about the immigrant political struggles in the domains of labor and

immigration (Apostolidis, 2008). Apostolidis (2018) noted immigrants' plight against the powerful hegemony that delegitimizes them by restricting pathways to legal immigration and work. The author asserts that grass roots activism within immigrant communities helps to fight overarching structures of oppression, including employers that hire undocumented workers and abuse them. Apostolidis (2008) also discusses strategies to fight the politicization and criminalization of one identity group (in this case immigrants) and how it may benefit many marginalized groups. Grey (2003) also used a critical feminist lens to analyze pro-immigrant sentiment in Ireland, which itself has a history of emigration to other nations. Grey (2003) notes the collective cultural memory of emigration and its loss of citizens as a way that the Irish channel empathy for newly arrived immigrants. The author also challenges this way of encountering immigrants as shallow, because care for immigrants is limited to the culture's own memory of migration, which is changing and slipping away (Grey,2003). Instead she critiques the constructs of immigrant identity as a whole; that being defined as an immigrant is another label applied by the dominant group in order to suppress others (Grey, 2003).

As previously detailed, feminist theory has not always included critical views of systems that oppress minority communities. The first and arguably second waves of feminism were focused on the rights and struggles of white, western, cis gender, middle class women. This was challenged by black feminist authors such as Bell Hooks, Angela Davis, Toni Morrison, Kimberle Crenshaw and Barbara Smith to name a few. Feminism evolved to include the intersections of race, class and gender (Cho et al., 2013;

Crenshaw, 1991). Critical Race Feminism (CRF) and Womenist movements built upon first and second wave feminism, and focused on the plights of women of color. CRF, according to Evans-Winters and Esposito (2010) is framework that fights racial and gender oppression from multiple standpoints. More recently this critical lens has been applied to the plight of immigrants. Immigrants often fall within multiple marginalized groups related to their intersecting religious, ethnic, racial and economic identities. This makes the feminist lens a natural fit for this study, as it employs a critical perspective of systemic oppression and the impacts on immigrant communities.

Systemic oppression is one type of trauma that immigrants are subjected to, but not the only one. Experiences of acute stress, abuse and neglect also disproportionately impact this population.

Stress Process Model

It is hypothesized that health disparities arise due to differences in lifetime exposure to social stress. When considering the experiences of immigrants and 1st generation Americans it is important to use the lens of the Stress Process model. The Stress Process model (SPM) posits that stress has social origins, and that instead of discrete individual events, there are many types of stress (Pearlin et al., 1981). This model provides a framework of the roles of and interrelationships among three major constructs: stressors, mediators or coping resources, and distress or health outcomes related to them. As previously covered there are numerous existing stressors for both children and adults who are 1st generation or immigrants. To review these include:

migration trauma, xenophobia, economic hardship and poverty and neighborhood violence. For adult staff that are immigrants and first-generation there are fears related to a hostile sociopolitical climate including arrests by ICE. Most importantly, the stress process model is being influenced by the Covid-19 pandemic. The next section will cover emerging issues related to immigrants and the Covid-19 pandemic.

Covid-19

The Covid-19 pandemic has added numerous stressors to immigrant populations including children. The COVID-19 pandemic amplifies existing inequities and introduces new ones as immigrant families and children navigate school closures, lack of health insurance and paid leave, and decisions to seek medical care or public services amid ongoing immigration enforcement.

Due to wide spread stay-at-home orders, and the limiting of business to “essential” operations, the immigrant community has been hard hit by job loss, as they are often employed in low wage jobs in the service and hospitality sectors. Low socioeconomic status (SES) is already a pervasive part of the immigrant experience, which makes them more vulnerable to economic instability, and unable to tap into savings in order to weather an economic down turn. This contributes to chronic stress. Aid from the United States government as part of the CARES package is not available to immigrants without a green card or social security number, or the spouses and children of these immigrants. The CARES Act therefore creates disparate impacts for U.S. citizens and some noncitizens based on their immigration status or that of their spouses and

children. Without financial support, immigrant children are vulnerable to chronic stress of food insecurity, and lack of access to basic needs like shelter and clothing. Economic inequity can reverberate through a family by increasing stress, and the likelihood for other traumatic events like abuse and neglect. Economic instability and low SES can also affect one's sense of control over the conditions in life, and therefore self-esteem and mastery.

Another facet of chronic stress related to immigrant children is the increase in stigma and discrimination against immigrants as part of pandemic. On a national level, Asian immigrants and Asian Americans have experienced an increase in violent attacks as related to a xenophobic fear of the “Chinese virus”. The current political administration, building on its policy of limiting immigration, has exploited the pandemic in the form of travel restrictions, increased deportations, increased Immigration and Customs Enforcement (ICE) arrests, and continued detention for immigrants in centers where Covid-19 can spread easily.

Access to vital health care is another issue. Prior to the widespread outbreak of Covid-19 in the US, the federal government implemented sweeping changes to public charge regulations, which permitted the denial of visas or green cards to immigrants deemed likely to become economically dependent on the government. The changes expand the programs considered in public charge determinations, including Medicaid for adult immigrants. Many immigrants that would have accessed health care using Medicaid are now fearful of utilizing health care services, as they fear it will endanger their ability

to apply for legal residency. This limits their ability to access health care, testing and other preventative care vital to stopping the spread of COVID-19.

Social supports accessed previously, like churches, community organizations and schools have remained shut in some areas for several months due to the current pandemic. Schools across the country have closed to reduce COVID-19 transmission, affecting >50 million children (Cholera et al., 2020). Emotional disturbances from unstructured schedules and decreased peer interaction, lack of supervision when parents must continue to work, and academic regression could detrimentally impact the long-term development of immigrant children(Cholera et al., 2020). With many schools now offering classes online, the achievement gap may widen further because immigrant families in particular are less connected to broadband Internet than other low- and moderate-income families. Also of note is the importance of in-person interactions with peers and supportive adults, which has been limited due to social distancing policies. Social interactions help immigrant children create new emotional connections, learn social emotional skills, and assists with English language acquisition. All of these help boost a immigrant child's sense of mastery and competence which in-turn increases self-esteem, and helps immigrant children to build their identity. These interactions also help to buffer the effects of chronic stress, and without these social supports, many immigrant children will suffer. As these interactions are limited in order to prevent the spread of Covid-19, there are unforeseen risks to healthy development for immigrant children. The Covid-19 pandemic is a compounding element added to existing structural inequities.

Previously, chronic stress and stress events were mitigated through coping strategies, such as strong community support, that prevented it from turning to distress.

Unfortunately, many of these coping strategies employed by immigrant communities are limited, and additional support from structural entities such as government and nonprofits are vanishing.

Summary

Immigrants' status as a minority group has led to them being marginalized in many communities. Labeled as outsiders, and often criminalized, immigrants deal with systemic oppression and xenophobia. As such, feminist theory acknowledges the role of oppression within contemporary society, and is an appropriate theoretical lens to use in order to gain greater insight to immigrants' experience in the United States. Structural oppression is just one element that adds stress to the immigrant experience. The Stress Process Model gives a sociological lens in which to view the stressors, mediators and health outcomes that both the staff and youth may experience at Ourbridge for Kids.

Immigrants and Refugees

To begin we will define the concept of immigrants and refugees and then explore the recent statistics on immigration to the United states. Immigrants encompass a multitude of experiences and backgrounds including differing languages and cultures. There are many different reasons why immigrants chose to migrate, and their experiences of the migration process are very diverse as well (Patel & Reicherter, 2016). The United States has more immigrants than any other country in the world, with 44.4 million foreign

born persons living in the U.S. (Pew Research, 2020). Most immigrants are present in the United States legally (77%) while about a quarter are undocumented (Pew Research, 2020).

Refugees, a sub-category of immigrants, are defined as fleeing their home country due to war, natural disaster or risk to their safety based on their ethnic, cultural, gender identity. In 2018, about 22,500 refugees were resettled in the United States (Pew Research, 2020). Immigrants make up a significant part of the labor force within the US, with about 29 million working in a variety of sectors including farming, manufacturing, service, health care, and other industries (Pew Research, 2020). This research study will primarily explore the experiences of immigrant tutors at OurBridge for Kids, but it is important to understand the experiences of the children that are cared for by the tutors. The reason for this is twofold; 1) the work that tutors conduct is more challenging because they support immigrant and refugee children and 2) immigrant tutors may have shared experiences with these children because of their shared identity as immigrants.

Immigrant/Refugee Children

Immigrant children make up a significant portion of the population within the United States. One in four children in the United States is a first-generation immigrant (Pew Research, 2020). Much of the research into immigrant children has revealed the deleterious impacts of the experiences of leaving their home country to move to a new country. Migration and relocation trauma suffered by immigrants and refugees often results in negative psychological outcomes (Bentancourt et al., 2012). These negative

experiences are not isolated to adult immigrants and refugees, but also significantly impact children. Bentancourt et al. (2012) investigated the trauma history profiles, psychopathology, and associated behavioral and functional indicators among war-affected refugee children presenting for psychological treatment. The researchers analyzed data from the National Child Traumatic Stress Network's Core Data Set and Clinical assessments, which indicated high rates of probable posttraumatic stress disorder (30.4%), generalized anxiety (26.8%), somatization (26.8%), traumatic grief (21.4%), and general behavioral problems (21.4%) (Bentancourt et al,2012). Later, Bentancourt et al. (2017) conducted a three-group comparative study to assess for differences in rates of trauma amongst immigrant youth, refugee youth and native American born youth. Refugee youth experienced the highest rates of trauma symptomology and behavioral issues, followed by immigrant youth, and lastly American youth. The authors identified a distinct patterns of trauma exposure, distress symptoms, and service needs that merit consideration in services planning. Many of the children that receive services at Our Bridge for Kids are refugee children, and thus may experience higher levels of trauma and stress.

Gillock and Reyes (1999) found that Hispanic child immigrants in the USA suffer from higher rates of loss, exposure to violence, as well as academic, behavioral, and psychological problems. Although prevalence rates of post-traumatic stress disorder (PTSD) in refugee youth vary considerably, from 11 to 54 %, these rates are still higher than those of the general population, which ranges from two to nine percent (Gillock &

Reyes, 1999). Patel and Reicherter (2016) also found that children who experienced direct physical injury or separation from parents had higher rates of PTSD.

In summary, although there are significant differences between groups of immigrant youth, they do share very similar challenges of acculturation, daily stressors of resettlement, and potential exposure to other types of traumatic events such as abuse or community violence (Betancourt et al., 2017; Burnham et al., 1987; Patel & Reicherter, 2016). Immigrant and refugee children have unique needs, and these needs must be addressed by various caregivers in their lives, including the staff in after-school programs.

Social Support Programs for Immigrant Children

Research with immigrant youth often views social support as a moderator of negative mental health outcomes (Frabutt, 2006). Armstrong and Armstrong (2004) conducted a qualitative study in which they attempted to identify the characteristics that lead to the effective implementation of after-school programs. The researchers conducted interviews with site coordinators at five afterschool sites in a urban southwestern city. They noted that social support programs offer safe heavens of supportive relationships in the community that help buffer acculturative stressors and other trauma. Social support is found to moderate the relationship between stressors and anxious or depressed symptoms in immigrant youth, serving as a buffer against the influence of toxic stressors. One theme they found as relevant was limiting staff turn-over and also allowing staff to connect with youth by sharing their talents and passions (such as music, dance, art and

other recreational hobbies). The after-school programs that were focused on being culturally sensitive and integrated into the community were also characteristics that lead to the effective implementation.

Research has shown the mitigating effects of positive relationships in dealing with stress and trauma in immigrant youth (Frabutt, 2006). In the study completed by Gast et al.(2017), the researchers used a ethnographic fieldwork approach to examine the approaches of after-school workers serving diverse immigrant youth in San Fransico, California. The researchers noted that after-school staff were often dealing with the need to balance cultural sensitivity, while also encouraging English language acquisition. In best case situations, the staff supported youth in developing a sense of belonging and trust in themselves and the community, also known as social capital. These relationships created mitigating effects of the typical experiences of acculturative stress. Children that felt their culture was valued and understood, were more likely to report positive social relationships within after-school programs (Gast et al., 2017).

Staff in After-School Programs

There is a dearth in literature on after-school programs for immigrant and refugee youth and the experiences of the immigrant staff serving them. However, there have been several studies conducted on the experiences of staff working in after-school program. It is assumed for purposes of this literature review, that there may be some shared experiences related to working in after-school programs that serve similar populations of minority and marginalized children. Halpern et al. (2000) in an year long initial

qualitative study, explored the experiences of staff working in a low-income inner city after-school program for Latinx youth. This study looked at many facets of the after-school program including the characteristics of the youth served by the program, day to day functioning of the program, how the staff constructed and implemented their work, the relationships between the staff and youth, and implementation issues. In exploring the relationships between staff and youth they identified similar life experiences between afterschool staff and program youth (e.g., restrictions from parents due to neighborhood risk, negative schooling experiences, lack of experience with accessing community services), and helped staff to feel more connected to the mission of the after-school program. The authors note that the youth workers' own childhood were a reference point for thinking about their work with the youth. This often enhanced, but sometimes impeded their capacity to relate and empathize with the youth. The authors also highlighted demands placed on staff members who take on the role of counselor, mentor, or tutor to address the emotional, behavioral, and academic needs of the program youth. This study is relevant to the proposed study, is robust in its exploration of all areas of programming, including staff perspectives and also relational aspects. This study also explores an after-school program working with a marginalized population that is also included in the proposed study (Latinx youth). Staff in this study identify as either immigrant/refugee or first-generation American, and have a diverse cultural heritage. Staff come from the following countries: Nepal, Venezuela, Mexico, Syria, China, Cambodia, Guatemala, Israel and Scotland,

Hartje et al. (2008) examined the characteristics of individuals who worked directly with youth in out-of-school time programs. Specifically, they examined the relationships between intent to continue working in the youth development field and youth program staffs' experience, training, educational background, and self-reported competency in implementing the features of positive developmental settings for youth. The authors created a web based survey, that included a self-reported youth worker competency scale. Study participants were all adults who worked directly with adolescents in a out of school programming. Results were drawn nationally and included a workers from a wide array of programs such as 4-H, Big Brother/Big Sister, state and national parks and local organizations. Participants were primarily white (77%) and this study was note limited to after-school programs.

This study found that staff that reported similar life experiences to their youth clients was associated with intent to continue in the field (Hartje et al., 2008). In addition, workers who reported higher overall job related competency, received professional development training, learned aspects of their job from more experienced staff, had adequate supervision and support, and worked in programs where staff were more involved in program decision-making intended to continue working in the youth development field. This study had many interesting results that could be relevant to the proposed study, including findings about training and support of staff. However, this study's participant demographics of out-of-school programming staff (as opposed to

after-school staff), that were primarily white, are much different than the participants in the proposed study.

Affrunti et al. (2018) affirmed in their research that after-school program staff often enter the workforce due to their desire to mentor youth or “give back” to their community, and this may be based on their shared community identity. While this identity may have many positive effects such as dedication to the youth, it can also impact the staff negatively (Affrunti et al., 2018). When staff worked in low income and limited resourced after school programs, where they did not feel supported, they experienced increased rates of job demands and job stress, and low amount of job satisfaction (Affrunti et al., 2018).

At OurBridge for Kids there are many staff members who are immigrant and first-generation themselves, and this study will explore their experiences of caregiving. While there is a dearth of literature on immigrants and first-generation americans working in after-school programs that provide support to immigrant children, there is a small body of research on the experiences of immigrants in care work.

First-generation and Immigrants in Care Work

Care work is broad category that encompasses care processes done in service of others (Folbre, 1995). This can include childcare, teaching, healthcare, elder care and other unpaid types of care. The motivation for care work is often tied to themes of empathy, responsibility and selflessness (Folbre, 1995). This is similar to the type of occupational role of staff working in after-school settings, as both care workers and

afterschool staff assume the duties of becoming responsible for the wellbeing of others. As of 2019, immigrants accounted for more than 18% of U.S. healthcare workers (Zallman et al., 2019). In nursing homes, nearly one in four workers who directly care for patients are immigrants (Zallman et al., 2019). Several studies noted that motivations to perform this type of care work revolves around emotional connection that workers feel to their clients. Ibarra's (2002) ethnographic study of the experiences of Mexican immigrant women working as in-home elder care professionals found themes of workers developing "love" and supporting their clients through tone of voice, spoken word, and empathy. Ibarra (2002) labeled this as emotional labor, and the participants noted that care work was part of their moral responsibility to make sure that elderly clients felt cared for and wanted. Shower's (2018) conducted an ethnographic study of immigrants from Sierra Leon working as care staff at an adult day care center for the elderly and disabled. This study noted that themes of the moral importance and positive perception of the relational and care aspects of the job. This help offset the low wages and occupational downward trend of this type of work (Showers, 2018). Low wages and stagnant or downward mobility seems to be another common theme between care-work and after school professions. This, in addition to other similarities, make it important to consider care work, when reviewing the literature for this research project.

Emotional Labor

In the seminal work *The Managed Heart: Commercialization of Human Feeling* by Arlie Russell Hochschild (1983), the author described the creation of a new form of

labor- emotional labor (EL)- which was necessitated by the rise of service sector.

Emotional labor can be defined in many ways, but the definition that fits within the context of this study is “labor that requires an investment of self into one's work in order to maintain the necessary relationship” (Scheid, 2004, p.18). Emotional labor occurs when work involves dealing with others feelings in addition to the regulation of one’s own feelings (James,1989). Emotional labor, in this capacity, is about displaying emotions specified by the professional role or the organization. Finally, there is the internal experience of the person doing EL, in which there may be dissonance between their internal emotional state, and what they are asked to display. This requires juggling regulation of feelings and managing expressions in order to meet organizational goals. This often involves effortful emotional management.

Care work in relation to EL is a complex web of emotional experience. Care workers can be defined as anyone tasked with the responsibility of caring for the physical, spiritual, mental, educational, and general wellbeing of another (Grandey et al., 2013). Nurses, teachers and mental health workers are just a few of the professions that have been featured in the EL literature. These professions, often dominated by females, are tasked with being both nurturing but also “in charge” of their students, clients or patients. Caregivers are asked to walk a fine line between attachment and detachment to their clients(Scheid, 2004). Caregivers must feel invested emotionally in their clients, displaying appropriate care and concern for their clients, while also being sure not become overly invested or attached to their clients. If they are too attached or detached

from their clients, they risk burnout, and will become less adept caregivers (Scheid, 2004). There is also a social justice component to EL and caregiving, as these professional roles do not exist in a vacuum, rather within the contexts of existing societal structures that are oppressive. The person performing and receiving EL and care can be tied to norms and process related to systems of marginalization (Grandey et al., 2013). More succinctly, differing facets of caring contexts may impact EL.

Summary

There is a complex relationship between the experiences of immigrant staff working with children in after-school program, and the children themselves. Immigrants are a significant portion of the population, and have diverse experiences that are as heterogeneous as the immigrant population itself. Because of their migration, immigrants and refugees may have been exposed to trauma that often results in negative psychological outcomes (Betancourt et al., 2017; Burnham et al., 1987; Patel & Reicherter, 2016). Immigrant and refugee children often suffer from these same experiences including loss, exposure to violence, as well as academic, behavioral, and psychological problems (Gillock & Reyes, 1999). Due to these experiences immigrant and refugee children require additional social support in order to buffer the effects of these negative events (Frabutt, 2006). After-school programs for immigrant youth can provide positive and supportive relationships that support immigrant children dealing with stress and trauma (Frabutt, 2006). Although there is little research about the experiences of first-generation and immigrant staff working in after-school programs

supporting immigrant youth, there is some research regarding the experiences of staff in after-school programs. The available research indicates that staff in after-school programs are motivated by a connection to the mission of the program, and have a desire to give back (Halpern et al., 2000;Hartje et al., 2008). Staff do report the challenge of having multiple job roles including counselor, mentor and tutor. However, this profession is afflicted by low wages, lack of training and support, which can lead to staff turnover and burnout (Affrunti et al., 2018). All of these studies may be relevant to the proposed study, as they point to potential themes that may arise in the exploration of immigrant tutor's experience of supporting immigrant youth in an after-school program.

In order to explore similar professional experiences, the literature on first-generation and immigrants working in care work was reviewed. This is essential because both care workers and afterschool staff assume the duties of becoming responsible for the wellbeing of others. These themes could be related to the experiences of immigrant tutors at OurBridge for Kids, and may prove valuable in crafting subquestions. This study seeks to fill a gap in the literature by using a Ethnographic method to examine the experiences of first-generation and immigrant tutors working with immigrant children at OurBridge for Kids.

Chapter Three: Methodology

Qualitative approaches such as ethnography are considered appropriate when exploring the shared experiences of a culture (Creswell & Poth, 2018). Qualitative approaches are excellent methods to conduct research with marginalized populations

who, because of racism, sexism, and classism have been absent from traditional methods of scientific inquiry (Creswell & Poth, 2018; Creswell & Creswell, 2018). By using a qualitative approach to study the experiences of immigrant and first-generation staff at Ourbridge for Kids, the research offered the voices of staff who are part of a marginalized group of people and also serve a marginalized population that may not be captured using typical approaches to research (Creswell & Poth, 2018; Creswell & Creswell, 2018). The main research question was: What are the issues face OurBridge for Kids immigrant and first-generation staff caring for immigrant youth? Sub question's related to the staff's cultural identity, their motivation to do this type of work, and their experiences of discrimination and resilience were included. This study builds upon the limited research on the experiences of immigrants supporting immigrant children in care work, and specifically in an after-school program.

Reflexivity Statement

This section will cover my reflexivity statement, as is necessary when utilizing a qualitative approach. As a white, middle-class, native-born, monolingual woman of privilege, my experiences are profoundly different than the immigrant staff at OurBridge for Kids. I have not experienced living with overwhelming hardship related to the societal and environmental structures in my home county or moving to a new country. I enjoy all the unearned benefits of my white, native-born privilege. However, I have been struck by the contrast of my own experiences to those of the staff and youth at OurBridge for Kids.

I was raised in rural central Florida where the majority of my friends were either immigrants or first-generation Americans. I had the luxury of experiencing their native cultures (South Korean, Vietnamese, Mexican, Columbian, Venezuelan, Thai) with the safety and privilege that being a native-born American provides. My values have been highly influenced by these experiences, and I deeply value immigrants in this country. In my professional life, I have always been drawn to advocate for those that suffer from oppression and discrimination, and previously, I have worked extensively with youth in marginalized communities. Moreover, I am interested in the experiences of the proletariat; working-class people that provide vital day-to-day support in marginalized communities. I have been partnering with Ourbridge for Kids for almost two years in a volunteer capacity. This organization does what one employee calls “Los corazones trabajan” or “the heart’s work.” This passion for the work, in tandem with a deep respect for the cultures of the youth and staff, is what has drawn me to this research. My time with OurBridge for Kids community has increased my passion for exploring the plight of immigrants given the current socio-political environment. Also, as a professional counselor, I have developed an “ear” for hearing the emotional content of stories and an “eye” for seeing the process of change and growth. Both my lived and professional experience impacts the research process and interpretation of its findings. To address this issue, several reflective methods such as journaling, memoing, and peer review were be used during the data collection and analysis process to bring a critical eye to the data.

Research Objectives

The guiding research question was: What are the issues facing first-generation and immigrant staff caring for immigrant and refugee youth at OurBridge for Kids?

Ethnographic research explores a culture-sharing group (Creswell & Poth, 2018). Ethnographies focus on developing a complex, complete description of the culture of a group. Ethnography observes practices and relationships without the strict employment of a deductive framework. Ethnographic research method illuminates the subjective lived experiences of a cultural group and relies on the participants' view as an insider emic perspective, which is then filtered through the researchers' etic perspective looking for key topics. As many writers have noted, qualitative research begins with a sense of wonder or curiosity about the lived experiences of others (Creswell & Creswell, 2018; Creswell & Poth, 2018; Moustakas, 1994). This research project seeks to compile a detailed description of the culture-sharing group of immigrant and first-generation staff serving immigrant and refugee youth at Ourbridge for Kids.

Ethnographic inquiry's emphasis on cultural understanding as knowledge compliments tenets of the Feminist theoretical framework that guides this current study. Feminist theory starts with the assumption of power and identity struggles and seeks to document them (Creswell & Poth, 2018). Based on the documentation of these experiences, calls for change and action can be made (Creswell & Poth, 2018). Staff who identify as immigrants have experienced hardship and oppression related to their identity similarly to the experiences of the children. The researcher's used this research

framework to help inform other professionals, community members, stakeholders, and policymakers about the unique challenges of this work, and to also call for change.

Research Context

OurBridge for Kids staff is comprised of 19 staff members. The staff is a diverse group made up of former educators, community members, and parents of children in the program. Ninety percent are people of color, and 75% are first-generation immigrants and refugees. This site was chosen for study because the researcher has a preexisting relationship with the agency as a volunteer. This researcher has partnered with the majority of staff to implement trauma-informed training, via a one-day workshop, consultation with management, and one-on-one coaching with the lead tutors. The lead researcher is inspired to do this research project because she has observed the staff and youth interact and is curious about the experiences of the immigrant tutors.

Participants

Participants included a purposive sample of first-generation and immigrant staff who work at OurBridge for Kids. The goal of qualitative research is not to generalize the information, but to shed light upon the experiences of a group of people (Creswell & Poth, 2018). When conceptualizing sample size in ethnography, rich and extensive detail is more pertinent than the number of participants, so sample size will be flexible based on data collected. Eight staff members of OurBridge for Kids engaged in this study.

The participants of this study included 8 individuals who met the following inclusion criteria: (a) self-identified as immigrant or first-generation, (b) were at least 18

years old, and (c) worked as a staff member at OurBridge for Kids. All participants self-reported that they meet the inclusion criteria for the study at recruitment. All participants were female and lived in a southeastern state of the US. The age range of participants was between 18 years and 40 years of age. Participants that identified as immigrants or refugees identified their birth countries as Mexico, Nepal, Argentina, Myanmar, Ecuador. Participants that identified themselves as first-generation reported the following identities: Mexican America and Israeli American.

Recruitment

Recruitment happened in several steps. The researcher met with administrative and management staff and explained the research study, criteria for participation, and the ideal number of participants. The administrative staff forwarded the recruitment email to staff members and provided verbal explanations to staff members about engagement in the study. The researcher and administrative/management staff were careful to emphasize that participation was not a requirement of employment and that participants' identities would not be disclosed. Participants contacted the researcher via phone and email to engage in this study and scheduled a mutually convenient time for the interviews via zoom.

Data Collection/ Procedures

Following the approval from the Institutional Review Board at the University of North Carolina at Charlotte, recruitment began. After participants responded to the recruitment email, the researcher forwarded the informed consent via email which clearly

stated the purpose of the study; voluntary participation and freedom to withdraw from the study at any time; confidential and anonymous participation; inclusion criteria; procedures regarding data collection and storage of information and interview recordings; risks and benefits of participation; and verification procedures with each of the participants. The participants signed the informed consent and returned it to the researcher via DocuSign. Data collection happened in the following ways: interviews and observations recorded in a field notes diary. Current and prior experience based on my time at OurBridge for Kids was used as a contextual account.

Interviews with all participants were conducted online through Zoom. Interviews were individual in-depth interviews between the researcher and the participants, with a flexible time allotment of one hour. Observations were collected by the researcher and recorded in a field notes diary. These observations included interactions with staff virtually, attendance at staff trainings, and researcher reflections.

Instruments

Details regarding the specific measures used in the data collection are discussed below. Institutional Review Board approval was obtained by the University of North Carolina at Charlotte.

Semi-structured interviews

Semi-structured interviews were used to explore the primary research question in this study: What are the issues facing the OurBridge for Kids immigrant/first-generation staff caring for immigrant youth? Semi-structured interview protocols were useful in

producing a rich description of participants' lived experiences with a phenomenon of interest (Moustakas, 1994). All interviews were recorded and transcribed. Please see the attached interview guide in Appendix A.

Data Analysis (verification procedures)

The Pragmatic Qualitative Data Analysis (PQDA) method suggested by Saldana (2016) and Scheid (Unpublished) was utilized used to analyze data from the interviews, and observational field notes. This method of data analysis begins with memos, moves to codes, and builds upon a dialogue between the data, memos, and codes. Memos and codes are tools that assisted in the search for meanings in the data. After each interview, the researcher completed a reflective memo, key quotation memo, and a hybrid memo. The software program NVivo was utilized during multiple coding rounds. Next, the researcher reviewed the transcription and completed first-round coding which was mostly descriptive and also included in-vivo codes to capture the voice of the participants. Another series of memos was created to help further clarify the search for broader and deeper codes. During this process, after a series of conversations with a committee member and peer reviewer, it became apparent to this researcher that she tended to code for feelings and experiences due to her experience as a professional counselor. This researcher utilized additional reflective memos during this point in the data analysis. Next, second and third round coding was employed using an eclectic combination of coding (reflective, in-vivo, descriptive, process, structural codes) in which significant codes from cycle one that was either the most frequent, made the most sense, or had the

greatest interpretative reach were then narrowed down to a working codebook. Another round of memoing was conducted, and Saldana's (2016) focusing strategies of the "top ten list" of selecting the top ten quotes from interviews, the "code matrix" to select most relevant codes that lead to themes, and the "touch test" were used to select themes. Next, an immigrant female doctoral student in the researcher's department was employed as a peer reviewer to provide an external check of the data analysis process. After the last 12 of the interviews were conducted and transcribed, the researcher and peer reviewer met to review transcriptions and the emergent themes identified by the researcher to develop a consensus on the themes. The researcher also engaged in regular debriefing sessions with her dissertation chair. Triangulation of the data was also used to compare data from transcriptions of multiple participants with the principal investigator's field notes and reflective journal entries. Finally, member checking, which is a critical aspect of increasing the accuracy and credibility of qualitative studies, was used with all participants. After consulting with committee members it was decided that a summary note would be shared with participants, as some participants expressed that reading transcripts may be difficult, as they identified as ELL. Creating a summary note allowed the researcher summarize the important findings of the research in a brief and succinct format that was easier to read (Creswell, 2013).

In conclusion, this qualitative study will help build upon the limited research on the issues facing immigrants supporting immigrant children in care work, and specifically in the OurBridge for Kids after-school program. The goal of this qualitative research

study is not to generalize the information, but to give voice to a typically marginalized population (immigrant tutors working with immigrant children), in hopes of informing the work of other professionals, community members, stakeholders, and policymakers.

Chapter Four: Findings

Introduction

The purpose of this study was to explore the issues facing OurBridge for Kids immigrant and first-generation staff caring for immigrant youth. Although there is limited research on the experiences of immigrants working as caregivers, there is a void in the literature on the experiences of first-generation and immigrant tutors working with immigrant children in an after-school program. As such, this study was designed to fill a gap in the literature by using qualitative methods including participant observation and in-depth interviews to examine the experiences of first-generation and immigrant tutors working with immigrant children at OurBridge for Kids.

As detailed in chapter three the main research question was is: What are the issues facing OurBridge for Kids immigrant and first-generation staff caring for immigrant youth? Sub-questions related to the staff's cultural identity and their motivation to do this type of work and their experiences of discrimination and resilience were included.

OurBridge for Kids staff is comprised of 19 staff members. The staff is a diverse group made up of former educators, community members, and parents of children in the program. Ninety percent are people of color, and 75% are first-generation immigrants and

refugees. This site was chosen for study because the researcher has a preexisting relationship with the agency as a volunteer.

Participants in this proposed study included a purposive sample of first-generation and immigrant staff who work at OurBridge for Kids. Staff were emailed an invitation to join the study and were also given a verbal invitation by this researcher at their monthly staff meeting. The participants of this study included 8 individuals who met the following inclusion criteria: (a) self-identified as an immigrant or first-generation, (b) were at least 18 years old, and (c) worked as a staff member at OurBridge for Kids. All participants self-reported that they met the inclusion criteria for the study at recruitment. All participants were female and lived in a southeastern state of the US. The age range of participants was between 18 years and 40 years of age. Participants that identified as immigrants or refugees identified their birth countries as Mexico, Nepal, Argentina, Myanmar, Ecuador. Participants that identified themselves as the first generation reported the following identities: Mexican America and Israeli American.

Semi-structured interviews were conducted with 8 participants to facilitate in-depth descriptions of their perspectives. Six participants were interviewed twice over the course of six weeks, to facilitate exploration of their experiences and perspectives over time. This was especially important given the context for chronological events that impacted the participants including the COVID-19 pandemic. These interviews were conducted starting in mid-December 2020 until the end of January 2021. Two other participants were interviewed only once due to scheduling conflicts.

Interviews with all participants were be conducted online through Zoom. Interviews were individual in-depth interviews between the researcher and the participants, with a flexible time allotment of one hour. Observations were collected by the researcher and recorded in a field notes diary. These observations included interactions with staff virtually, attendance at staff trainings, and researcher reflections.

As detailed in chapter three, the PQDA method was utilized used to analyze data from the interviews and observational field notes. This method of data analysis begins with memos, moves to codes, and builds upon a dialogue between the data, memos, and codes. Themes and sub-codes related to those themes that emerged from the data and will be described in this chapter (see Appendix E: for the code matrix). After each interview, the researcher completed a reflective memo, key quotation memo, and a hybrid memo. The software program NVivo was utilized during multiple coding rounds. Next, the researcher reviewed the transcription and completed first-round coding which was mostly descriptive and also included in-vivo codes to capture the voice of the participants. Another series of memos was created to help further clarify the search for broader and deeper codes. Next, second and third round coding was employed using an eclectic combination of coding (reflective, in-vivo, descriptive, process, structural codes) in which significant codes from cycle one that was either the most frequent, made the most sense, or had the greatest interpretative reach were then narrowed down to a working codebook. After the last 12 of the interviews were conducted and transcribed, the researcher and peer reviewer met to review transcriptions and the emergent themes

identified by the researcher to develop a consensus on the themes. The researcher also engaged in regular debriefing sessions with her dissertation chair. To also ensure validity, triangulation of the data was also used to compare data from transcriptions of multiple participants with the principal investigator's field notes and reflective journal entries. Finally, member checking, which is a critical aspect of increasing accuracy and credibility of qualitative studies, was used with all participants. After consulting with committee members it was decided that a summary note would be shared with participants, as some participants expressed that reading transcripts may be difficult, as they identified as ELL. Creating a summary note allowed for the researcher to summarize the important findings of the research in a brief and succinct format that was easier to read. Three major themes emerged from the data: (a) Emotional Labor, (b) Identity Development, and (c) Covid-19 Pandemic Impacts.

Significant Themes

The first theme, emotional labor was universally reported in the first-round interviews, and 5 out of 6 participants in the second-round interviews. This theme captured subcodes of burnout and the emotional connection to the work, in which participants felt both a deep commitment and enjoyment in the work, while also simultaneously experiencing difficulties in carrying out their job duties. The second theme, identity development emerged as a theme for 7 out of 8 participants in the first round of interviews, and 4 out of 6 participants in the second round of interviews. This theme captured subcodes of cultural clarity and pride. The third theme, Covid-19 effects,

emerged as a theme for 5 out of 8 participants in the first round of interviews but increased to 5 of 6, which reflected how shifts in the external world may have impacted the participants thinking on this issue. This theme captured subcodes of pandemic changes, organizational responses, and resilience in the face of adversity.

It is important to consider that all of the themes and subcodes were related to one another; the concepts were fluid and often overlapped. For example, many of the participants reported that their work at OurBridge for Kids led them to reflect on their own experiences of trauma linked to their identity as an immigrant or first-generation person. This was because they were faced with the experiences of the children that closely paralleled their own. This led to a deeper emotional connection to their work, but also a newfound understanding and acceptance of their own experiences, which further connected to identity development. The effects of the Covid-19 pandemic also heightened these experiences of struggle, as staff were changing the way they provided care for children in response to the pandemic. Resilience in the face of adversity fell within all three major themes, as participants repeatedly talked about this within many contexts.

As interviews were conducted over 6 weeks from mid-December till the end of January, some theme emerged including the following: Increased potential for burnout related to internal and external pressure to help OB kids “catch up” due to the Covid-9 pandemic, increased resilience related to staff actively seeking support, and creativity in

interventions by staff with OB kids related to resilience. Table 1 shows the coding matrix utilized by the researcher.

Table 1

1 st Round Codes	2 nd round codes	Themes
numbness	Burnout	
helplessness		
Work expectation vs reality		
Toughing it out		
difficulty doing the work		
Meaningful work	Emotional connection to work	Emotional Labor
Enjoying work		
Commitment to work		
Work as caring for emotional needs		
Wishing they had this program as a child	Cultural clarity and pride	Identity Development
Using a new lens to see their own experiences as an immigrant/refugee		
Reflecting on their own trauma		
Self-acceptance		
Group acceptance		
Support from colleagues		
Pride in immigrant identity		

Uncertain future	Pandemic changes and organizational responses	Covid-19 pandemic effects
Systemic failings		
Understanding of the unique needs of OB community		
Increased pressure to help OB kids “catch up”		
Pivoting of services	Resilience	
Responsive to OB community needs		
stress		
resilience		

Because of this overlap between subcodes, the reader may see various codes reappear. This is what Saldana (2016) calls code weaving, which will help create a narrative in which keywords and subcodes are woven together to understand interaction and interplay.

The following section discusses the themes and sub-codes using quotes from the participants. Hesitations and filler words will be omitted from quotes to facilitate clarity and understanding. Also, pseudonyms assigned during the interviews will be used to protect the confidentiality of the participants.

Emotional Labor

The theme of emotional labor emerged universally for the participants during interviews. Emotional labor encapsulates the staff’s emotional connection to the children, the work of caring for the emotional well-being of the OurBridge children, and

the various emotional reactions they had to the work itself. Subcodes of meaningful work, enjoying work, emotional connection to the work, difficulty in doing the work, numbness, helplessness, and toughing it out were all captured in this theme.

Participants talked about their emotional labor and its impacts on their own emotional state. Ally stated: “When I first started I really took it to heart... when the kids had a tough day, so did I. But when we had a great day... I was so overjoyed”. Ally was expressing what many of the participants felt; an emotional connection to the OurBridge children, once that led to a change in their feelings. This attunement was part of the job and something that required them to process their own past experiences while also being present with the experiences of the children. Emotional labor for staff at OurBridge for Kids involved a cycle of reflection, emotional regulation, developing insight, and using this insight in their role as a caretaker. For example, Melissa explained being emotionally affected by the children at OurBridge for Kids when she said: “When I saw that he was dealing with the same thing that I had dealt with (bullying) I felt so much frustration and sadness that this type of thing was still happening. I felt like I needed to reassure him, and share my own experience with him”. Melissa was able to revisit her experiences growing up as an ELL student, who was bullied because of her status as an outsider at a predominantly white school. Based on her lived experience she displayed a unique insight and empathy for the OurBridge child and was able to juggle regulating her feelings of frustration/sadness while caretaking for the child. This nuanced process was repeated by several of the participants. Salena talked about this process, of being forced

to deal with difficult feelings that arose due to her work, but also the growth that she has felt due to the challenge. She explained a situation in which a student told her about their challenging home life that involved an alcoholic parent. Salena stated this brought up many of her feelings of hurt and anger related to growing up “in a community and family that struggled with alcohol and abuse”. She said, “But I think now like I can listen to a kid’s story and not make it about myself and not you know take on that trauma and I think like it’s also helped me in the tons of ways”. She explained that she was able to stay present with the child, and listen in a nonjudgmental way, while also providing reassurance. Her quote also illustrated her pride and positive feelings about her role at work, and her own professional development

This type of positive emotional connection to the work is often what drew staff to working at OurBridge for Kids. Finding their work meaningful and enjoyable were subcodes that consistently presented themselves when the participant’s talked about emotional labor. It is also connected to their own lived experiences. Melissa stated:

One of my biggest things that has always made me happy are the relationships that I built with my middle school students who, to this day, you know, I have a very close bond with them and it’s always a joy to see them and to know that I had like a tiny part in shaping who they are now. There’s like I feel like this sense of leniency, or like compassion or empathy for students at times, who are ELL (English language learners) and I just don’t remember that occurring (for me). And so I just think about my students all the time.

Melissa shows commitment to the work because she feels a connection to supporting youth, and making positive impacts on them that will carry forward into the future. Other participants also expressed positive feelings related to their desire to make a difference.

Kim stated:

I like (helping) the kids that struggle the most, they have such a (big) smile when they finally get it (math). We practice every day, and I know that they can do it. I feel happy when I see them make the connection, and I can't stop smiling.

Enduring positive relationships were part of what kept work enjoyable and meaningful for Shelly. She shared about some of the very first students that she worked with, who were at that time were in kindergarten or first grade, and now are teenagers. She references them as the "OG's", a playful reference to original gangsters.

With the OG's they call me for my birthday, and I call them for their birthdays, and we talk a lot. They call me when they are, you know, scared or when they're upset with their parents and they are struggling. You know it's a lot of just being there for them and listening to them and. You know I mean they I know that they are considered part of my family and they consider me part of their family and I love them so much. And once a year, we go to Carowinds to reconnect and be together

Seeing former OurBridge children grow and realize their goals increased Shelly's commitment and passion for her work.

Although many participants talked about how the emotional connection to the work affected them positively, it also led to some difficult experiences. There were a variety of difficulties reported doing the work, but the most common code was related to the emotional load that staff carries. Seeing societal injustices such as ICE (Immigrations and Customs Enforcement) raids and deportations was common. Ally talked about her experiences of losing a parent to deportation at a young age and the many negative impacts it had on herself and her family. She discussed the pain and loss that was brought when one OurBridge child was sent back to his home country suddenly, and how this brought up feelings related to her past. She felt overwhelmed by sadness after this event and reported work “felt really hard”. One participant, Shelly, in comparing her own experience with the struggles of the undocumented OurBridge families said:

I’m angry all the time. I know that there is a level of privilege that we have. When all of these ICE raids were happening... but then I see the kids here at the Center and that is their reality, you know and it's very unfair that I get to protect my family and our kids here(at OurBridge) don't have that, so when all that I situation happened, I mean it was really, really traumatic for me and I really felt very shitty.

The emotional toll on the participants was obvious from these community raids.

Other aspects related to difficulty in doing the work were related to work duties and roles. It was interesting to note that participants that held positions that were oriented to administrative work often reported negative feelings about the work. Both Melissa and

Shelly, who work in administrative duties talked about their frustrations with being disconnected from the OurBridge children and families. Melissa stated:

I really did enjoy like being a tutor and working more hands-on with the kids and I just feel like I don't get as much of that now. It just feels unfulfilling to sit behind a computer all day and take phone calls and do like busy work really.

Shelly, in reflecting on her own emotional state and its connection to the work further that she had experienced such a high level of stress that it had impacted her physically, especially her back. She elaborated on how the work was getting more complex from multiple perspectives especially managing people. She further stated: “you know and having to manage people...it's I don't know. I love working with the families, but I don't know how much I'm digging this (administrative) role”. These participants felt disconnected from the community and people in which they had originally set out to serve. Boggled down by administrative and managerial tasks there is a clear connection to the code of work expectations versus the reality of the work. For both of these participants, they had originally started in a role that directly interacted with children and families, but over time, due to organizational needs, their jobs shifted. The reality of their work was different than their expectation to stay connected with the children and families of OurBridge for Kids. This subcode of work expectations versus reality fell under the code of burnout. Also tied to burnout were feeling of numbness and helplessness.

Three participants discussed other signs of burnout in feeling numb to the hardships of the children and families at OurBridge for Kids. This was best captured in a

statement by Melissa: “Sometimes I've become I think a little bit desensitized to it where it's just become normal for me to hear a family's facing adversities and difficulties... I don't feel anything about their experience”. Melissa framed this as part of a long history of working within the immigrant community and hearing repeatedly about stories of oppression and suffering. Numbness seemed to be a coping skill to deal with what would normally become overwhelming long term.

The emotional weight of the work was also impacted by external factors, such as political climate, and hostile policies focused on immigrant populations. In one interview, Salena noted that her work felt very overwhelming, and she felt discouraged and hopeless after the 2016 presidential election, which she felt threatened the work that she was doing. The incoming Trump administration had promised a hardline approach to immigrants and painted immigrants as criminals. Salena stated “It felt like things were just going to get worse. I was doing advocacy and all these things for like the betterment of our community and then Trump won. So I just wanted to quit, I felt really hopeless ”. She voiced a sentiment of defeat and hopelessness for her work in the immigrant community.

The response to these negative feelings and difficult experiences was captured in the subcode of toughing it out. This was often based in participant's own history, where family and their culture were dismissive of emotional experiences. This was best explained by Star who said

“In my family, there was no talking about feelings. If you felt bad, you kept it to yourself. We didn’t show sadness or anger or frustration. And sometimes I find myself doing this at work when I don’t know how to do the job.... I just pretend everything is ok. I know I shouldn’t”. Star was toughing it out, which often meant taking the emotional content of the day home. Karla also expressed that part of her job was taking on the emotional baggage of OurBridge children

Karla stated, “Just like hearing some of the stuff that she (the child) goes through at home was really hard. But I'm the tutor. I kind of felt like I had to just take it in”. Salena discussed her experience of when she first started working at OurBridge for Kids, and hearing about a child’s home life: “One of my students came to me one day and they were just like, really sad that day I could just tell. I like asked ‘Hey, like, you know, like what's going on?’ I sat down with her while the kids are playing outside and she just told me about her home life. Like it just reminded me a lot about like when my dad would drink and like the nights that I had my parents fighting and like my dad's drinking. Then I would go to school the next day and just pretend.. because you'd have to act normal. And I just went home that day and I just like slept...like just slept the whole day and I was just like, sad and I realized that brought up stuff for me”. Several participants noted a combination of their native culture, and also an Americanized culture of shame and silence around feelings and emotions. This lead to a mindset of toughing it out at work, in which they felt they couldn’t share their challenges in the work, or ask for support. However, most participants reported that this toughing it out mindset changed the longer

they work at OurBridge for kids and that a culture of support and openness was fostered. This is connected to the subcode of group acceptance and support from colleagues, which will be discussed in the section on identity development.

Although the work was often emotionally taxing and the participants faced difficulties, it was the difficulties that appeared to make the work more meaningful and reinforce their commitment to the job. This growth through challenge became a talking point for almost all of the participants, as they talked about the commitment to the work. Ally, who plans on continue her education and go on to law school to practice immigration law, framed it this way: “Although it’s been really hard to constantly try and figure out what will work best (with the kids), being here I really came to understand the importance of working in this (immigrant) community. Like I know how valuable our time is with the kids, and how they need this support. I’m exhausted at the end of the day, but I know I really made a difference. The challenge never ends, but that’s because I’m challenging myself to (connect) better, and be more present with the kids. I know that this work will help me with my future work (as an immigration rights lawyer)”.

Identity Development

The second theme, identity development, emerged as a theme for 7 out of 8 participants in the first round of interviews, and 4 out of 6 participants in the second round of interviews. This theme captured subcodes of cultural clarity and pride. During the interviews, participants were asked about cultural identities, and its relationship to work and the children they support at OurBridge for Kids. What emerged was a

discussion of their reflections on their lives as immigrants and first-generation Americans, and the experiences of past and present that have shaped how they view themselves. Past experiences included traumatic events that shaped them in their youth. Karla spoke of her adoption as a young child from South America, and her earliest memories of living in an orphanage in her home country, which was a source of emotional pain for her. Adopted by her Canadian parents, she has lived her whole life in the US, and when asked about her identity she said: “That's something that I'm still trying to, you know, figure out something I kind of struggled with for the majority of my life”. Her identity as she got older continued to be something that was a struggle. Speaking about her experiences in elementary school as a source of distress, she said “ Other kids would come up to me and say ‘Oh, you're not born there (South America) because you can't speak Spanish. And you know nothing about our culture’. And that was really hard for me to hear because that was like the one thing that I had from, you know, that experience. And I felt really isolated because I didn't really fit in with the Hispanic kids or like any other group so I just felt really alone.’. Karla’s work and training at OurBridge for Kids gave her a new lens to see her experiences through, one where she realized that oppression and discrimination had impacted her. “Yeah, and that was like a real shock to my system because I never really thought about it until it was talked more at OurBridge and that's when I was really able to like put a label on it. Discrimination.”. But her job has also validated her experiences, and made her feel understood. She stated in one

interview “They don't make me feel like something's wrong with me. I feel accepted there. And I feel like that's something that I've always been looking for.”

Sadar echoed this sentiment, as she shared that working at OurBridge for Kids has caused her to think about her identity more deeply. She said “For a long, long time up until recently, I kind of like identify more with, you know, being an American. But as I got older, I realized what it means to have this heritage and also how Judaism works a little bit differently than other religions, you know, it feels more like a culture. I'm really thinking about that as I get older and thinking about, you know if I have kids like what type of information I'm going to pass on to them to keep that culture and just their ancestry alive”. Participants talked about the cultural identity and clarity that arose while working, and they attributed it to several things, including exposure to other immigrant identities.

One of the participants noted that it was being exposed to the different cultures of their colleagues and the OurBridge children and families that helped them to embrace their own identity. Salena reflected “We're constantly highlighting and embracing and celebrating like the beautiful parts of my culture, you know, it's like I'm always learning more about our culture. We're always like sharing foods and (doing) dances together. And I'm around kids who speak Spanish to me. And, you know, I see them speak Spanish to each other. And I see them, you know, speak Nepali to each other. And they are teaching one another their languages. It's amazing”.

Another facet of identity that was a reoccurring code of “wishing I had OurBridge as a kid”. Several participants talked about the potential positive impacts of having a program that valued their immigrant identities as a child. Melissa said, “I wonder what it would have done for me as a child to hear from someone who understands my experience as valuable and that my culture is valuable”. She wondered if having support at a young age would have changed her path, saying “I just wish as a child, I would have had an environment that would have made me feel more welcome or would have been more encouraging. I would have felt like ‘Wow, like there are successful CEOs and I can do big things because it wasn't always an expectation (from others)”. Melissa did understand the impact of the OurBridge program because she saw it in her colleague Star, who attended the program as a child. Star talked at length about the positive impacts on her identity development due to her time at OurBridge as a child, and currently as a staff member. Star relayed her experience of growing up in a household in which there were cultural barriers to asking for help. This was in part due to her parents' immigrant status and not understanding the US school system, and also the culture of “not asking for help or talking about feelings”. Star said, “It's extremely important because I know I was also an OurBridge kid and it just, I always connect myself with it because I wouldn't have been able to be who am if I hadn't got the right support from certain tutors that I had and that personal connection that I built up with them”. Star's identity was clarified and strengthened not only by her positive childhood experiences at OurBridge but by her experience as now being able to support immigrant children. She talked about feeling

more clarity about her own goals, saying “every day I’m getting better, and I want that for the kids too”.

A culture of acceptance and pride is fostered at OurBridge for Kids in many ways. The physical space is adorned with art from various countries, books in many languages are laid out, and many of the staff speak their native languages with the OurBridge Children. Other less concrete examples of creating an environment of identity pride include the strengths-based approach that OurBridge uses to provide services to families and children. The staff considers themselves to be *part of* the immigrant and refugee community and uses a collaborative approach to partnering with the community. Their staff handbook includes many references to the resilience and strengths of immigrants. Professional development trainings focus on equity and inclusion. OurBridge for Kids works actively to create a welcoming and accepting environment in which employees feel comfortable sharing their lived experiences. Ally shared how being surrounded by peers with similar identities impacted her: “That's something I really enjoy, being able to have people who have experienced the same sort of things and being able to talk openly with them and not feeling like you're going to be judged because of what you've experienced because they get it”. Karla, Melissa, Ally, and Salena all spoke of feeling positive support from their colleagues. Staff supported one another by actively supporting each other in their work. Ally said “Sometimes I will just ask Salena or Karla to come into my classroom and we will talk through some ideas about how to help (the kids). Or they will hang out with the kids and just let me take a moment so I can catch my

breath”. Sometimes support looked like an open ear, to listen to the experiences and feelings of a coworker. Star noted, “at work, it’s the first place where I can really share my feelings, and what I’m going through, and people share theirs”. Group support allowed for staff to accept their work challenges and encouraged them to keep trying. Salena said “Everyone's really supportive of the work that I do. And, you know, it is a learning process and it’s about trying things differently and throwing something out and putting in something new. We just support each other and the amount of love that we have between staff is amazing.

Identity development was a strong theme for many of the participants and was linked to codes of cultural clarity and pride. Overall what emerged was a shared experience of remembering their own lived experiences, developing self-acceptance, while offering support for one another and the OurBridge Kids. These ingredients lead to a perfect mix which allowed for the solidification of a confident and proud immigrant identity.

Covid-19 Pandemic Effects

Covid-19 effects emerged as a theme for 5 out of 8 participants in the first round of interviews but increased to 5 of 6 which reflected how shifts in the external world may have impacted the participants thinking on this issue. This theme captured subcodes of pandemic changes, organizational responses, and resilience in the face of adversity. The Covid-19 pandemic caused large changes to the OurBridge for Kids programming. During the time of this interview, OurBridge for kids was and is a remote learning site for

Charlotte Mecklenburg Schools. As opposed to running as an after-school program, they now operate from 8 am till 5:30 pm. Children come to OurBridge and are placed in classrooms where they are then expected to log onto their computers and engage in online learning, with tutors available to assist them. This change was in response to the community needs; many immigrant families were unable to assist their children in online learning their children were seeing declining grades. Participants talked about the difficulty in shifting the programming, as children were used to OurBridge for Kids being an interactive environment, where they would engage in play, arts, and experiential learning. Karla talked about having to constantly check with students to make sure they were paying attention to online teaching, and that often kids would be disengaged. She shared frustrations with the schools, as they passed responsibility to the OurBridge staff to keep children on task or catch them up in class. This leads to, as Karla put it, “Having to be the bad guy, and tell them to pay attention, and constantly check on them”. Karla reiterated how difficult online learning was for the children as she explained that many of the families were not able to assist their kids in online learning during the fall, because of the language barrier, work schedules, or technology barriers. This lead to many of her students falling far behind, and feeling apathetic and hopeless. Ally felt the gravity of her work saying “Like there's just like more pressure now on us, because back then, like last year was like they'd come, they do their schoolwork, then you'd have like a really fun like stem (science, technology, education, and math) activity and then like we go outside. It kind of sucks because like a lot of kids are like, Oh, like, I don't want to do this and it's

hard. So it's like you also like don't want to be the bad guy... I just have to say 'I really care about you and I just want you to do well in school'. But the expectations are heavier because the consequences for these kids are greater”.

Systemic failures were a common subcode that was tied to staff understanding the unique needs of the OurBridge for Kids Community. The shift from in-person learning to online learning was a topic covered by many of the participants. Sadar explained “I really felt like it was putting a magnifying glass on the inequities that already existed in our community and now it's just getting so much worse in terms of access to, you know, education. I mean, everyone has access to it, but there has to be so much extra done. Unlike other families, (OurBridge families) might not have the bandwidth for that”. Sadar highlighted the inequalities of access to technology such as reliable internet, a quiet and supportive learning environment, and adult supervision of learning.

Staff were interacting with the schools in a unique way given the pandemic, as they were what Melissa called “flies on the wall” in the children’s classrooms. Some of the participants, including Ally and Salena, reported hearing teachers talk to children “with obvious disdain and frustration”. Participants wondered about an unspoken undertone of bias against the children, as they often struggled the most to engage in online learning. This may have been sensitized by their own experience as ELL learners in the classroom.

Other participants spoke about a communication breakdown, in which teachers would forget to send the student the correct links for classes, or assignments for work,

and the children would simply “fall through the cracks”. The stress of online learning was sometimes overwhelming to the children, and Ally, Star, and Karla reported that children would cry if they couldn’t log into their classes or assignments. Kim said that teachers would get frustrated if a student couldn’t keep up and simply “give up” helping them. She spent most of her time “helping them learn new math” which they were supposed to learn in class.

The participants talked about the special attention and patience that all of the OurBridge children needed in learning, as they were dealing with a language barrier, and also needs related to acculturation in a new country. This, coupled with the emotional fall out from being disconnected from their schools, friends, and family members due to the pandemic, made learning a real challenge. Every participant talked about encouraging the kids while also advocating for them at the systemic level, working with teachers and administrators to support the OurBridge children.

Although OurBridge children and staff faced stress related to covid-19 changes to education, both showed immense resilience. Participants were asked about their own experience of resilience, and how they saw it in the OurBridge for kids community. All participants identified themselves as resilient. Karla explained that each member of the OurBridge staff had to balance their personal struggles with the needs of the OurBridge children, but that they would “You know, pull ourselves together and be there for the kids because they like, they deserve, our undivided attention”. Karla felt her dedication to the community and children despite her struggles in her personal life, were a sign of

resiliency. Salena and Ally noted that the impacts of Covid-19 were just another challenge that the immigrant community was already used to facing since they already had to overcome many challenges. Salena talked about the assets of immigrant families and children saying there is “inherent resiliency as it's just like very natural to them. I think the things that they've been through are things that I could never have gone through, I wouldn't even know how to respond (to). And I think, of course, like anyone can build resilience. So this pandemic is just another resilience builder”.

One participant showed obvious frustration with the term resilience and said “someone's ability to withstand trauma and pain and difficulty and adversity isn't something that we should necessarily aspire to, because for all the ones that do strive and do well, there are so many others who do not”. Her concern for the real pain and suffering tied to resiliency was at the forefront of her mind. She believed that immigrants were expected to be resilient in a way that others were not, and she saw the injustice of this.

Salena and other participants were focused on the strengths present in the community and in the staff themselves. She was optimistic that although there were uncertainties in the future, that the community would come together to overcome any barriers. Shelly most succinctly put it as “there are always ups and downs, but we as a community always end up on top”.

Conclusion

The purpose of this study was to explore the issues facing OurBridge for Kids immigrant and first-generation staff caring for immigrant youth. Sub-questions related to the staff's cultural identity, their motivation to do this type of work, and their experiences of discrimination and resilience were included. To answer this question semi-structured interviews were conducted with 8 participants to facilitate in-depth descriptions of their perspectives. Six participants were interviewed twice over the course of six weeks, to facilitate exploration of their experiences and perspectives over time. The first theme, emotional labor was universally reported in the first-round interviews, and 5 out of 6 participants in the second-round interviews. This theme captured subcodes of burnout and the emotional connection to the work, in which participants felt both a deep commitment and enjoyment in the work, while also simultaneously experiencing difficulties in carrying out their job duties. The second theme, identity development emerged as a theme for 7 out of 8 participants in the first round of interviews, and 4 out of 6 participants in the second round of interviews. This theme captured subcodes of cultural clarity and pride. The third theme, Covid-19 effects, emerged as a theme for 5 out of 8 participants in the first round of interviews but increased to 5 of 6, which reflected how shifts in the external world may have impacted the participants thinking on this issue. This theme captured subcodes of pandemic changes, organizational responses, and resilience in the face of adversity. All of the themes and subcodes were related to one another; the concepts were fluid and often overlapped. Taken together these themes reflect the commonalities across the individual

experiences of each of the participants. The following chapter will discuss the implications of the study.

Chapter Five: Discussion

Introduction

The purpose of this qualitative study was to explore the issues facing first-generation and immigrant staff caring for immigrant youth in a supportive after-school program. Semi-structured interviews were conducted with 8 participants to facilitate in-depth descriptions of their perspectives. Six participants were interviewed twice over a period of six weeks to explore their experiences and perspectives across a time period during the Covid-19 pandemic. A total of three major themes emerged from the data that included: (a) Emotional Labor, (b) Identity Development, and (c) Covid-19 Pandemic Impacts. A model explaining the relationship between the themes will be introduced. The remaining sections of this chapter encompasses: (a) discussion of the findings, (b) implications of the findings, (c) limitations of the study, (d) recommendations for future research, and (e) conclusion

Discussion of Findings

Emotional Labor

The first theme, emotional labor was universally reported in the first round of interviews, and by 5 out of 6 participants in the second round of interviews. This theme captured subcodes of burnout and the emotional connection to the work. Participants felt a deep level of commitment and enjoyment, while also simultaneously experiencing difficulties in carrying out their job duties.

The finding of emotional labor supports current literature on emotional labor (Grandey et al., 2013; James, 1989; Scheid, 2004). Participants were asked about their duties and tasks at work, as well as work related to their identity. Participants' experience of juggling the emotional needs of the children at OurBridge for Kids, processing their own experiences, and regulating their emotions was also reflected in the work of Scheid (2004). Participants also shared that emotional labor was both a positive and negative aspect of their job. They experienced a high degree of fulfillment in supporting the youth and a sense of disappointment as a result of the many shared experiences of struggle and oppression. Participants that discussed the value of work in caring for emotional needs also shared that they had a high level of commitment and enjoyment in their work. This finding aligns with previous research on after-school staff that reported a connection to the mission of the program and a desire to give back (Halpern et al., 2000; Hartje et al., 2008). The theme of deep emotional experiences is also associated with identity change development. Participants spoke of enjoying the process of experiencing connection with the children and allowing these experiences to be corrective in the ways they view themselves. Hochschild (1983) called this deep acting, but this researcher believes that may be part of an authentic emotional process of change and self-understanding. Furthermore, this

could also have led to work being more deeply rewarding for staff, because they shared a parallel experience of learning and growth with the children of OurBridge for Kids.

The participants that experienced burnout reported feeling numb and helpless when it came to their role at OurBridge for kids. Also, burnout was a factor that impacted their perception regarding their work duties, work identities, and when participants answered questions about a critical incident in their minds from work. Furthermore, this group also reported that they felt disconnected from the mission of the work and that the reality of the work was different than their original expectation. Feeling as if their work duties were foisted upon them, instead of chosen was discussed. Participants also spoke of missing the “feeling of being connected to the kids”, which would further imply that they enjoyed emotional labor when it related directly to clients. This might be considered the empathy component of the job, where staff is able to metaphorically flex their emotional muscles, as opposed to being task-driven. As Scheid (2004) notes, most burnout is related to lacking organizational support for their work. Previous research by Maslach (1982) also confirms that job settings contribute to burnout when workers experience a lack of autonomy, which several participants discussed. In addition to lacking in autonomy, there was a component of toughing it out, as it relates to burnout, which is an incongruence between felt emotions and displayed emotions (Scheid, 2004). Putting on a happy face, or pretending the difficult experiences of their clients were not impacting them was reported by several of the participants. It is also important to consider these experiences within the context of the stress process model (SPM). This model provides a framework of the roles of and interrelationships among three major constructs that included stressors, mediators or coping resources, and distress or health outcomes related to them. When using the SPM to consider the participants' experiences of burnout, the data suggests that the level of stressors was not

necessarily higher for some participants, but instead, they lacked the mediators to help buffer the impacts of the stress, including existing coping skills, support from peers, and control or autonomy to change the parts of their job that were overwhelming. Feeling stuck and without resources to make a change in their work led some of the participants to feel increased stress and burnout. Finally, from the feminist perspective, it is important to consider the marginalized status of the participants, and their past experiences of oppression as added stressors that may have hindered their ability to cope. The feminist perspective appears to validate that participants may have felt stuck in their job, as they lacked access to different work opportunities due to their marginalized status. The experiences of struggle, hardship, and resilience also helped participants cope and further connect with clients. The data seem to further indicate that the immigrant experience yields a protective factor against staff stress and a deep emotional connection to the OurBridge children's experiences, which may lead to additional stress.

Identity Development

Identity development emerged as a theme for 7 out of 8 participants in the first round of interviews, and 4 out of 6 participants in the second round of interviews. This theme captured subcodes of cultural clarity and pride. During the interviews, participants were asked about cultural identities, and their relationship to work and the children they support at OurBridge for Kids. A discussion of their reflections on their lives as immigrants and first-generation Americans, and the experiences of past and present that have shaped how they view themselves emerged. Past experiences included traumatic events that shaped them in their youth. Participants discussed a process of witnessing children at OurBridge for Kids struggle with numerous challenges including parental deportation, parental job loss, bullying, family separation, substance abuse, food insecurity, witnessing domestic violence, and ICE raids. They also talked

about the experience of “seeing through the eyes” of kids many of the things that they had lived through. This forced them to confront their pasts, while also trying to provide support to the children of OurBridge. Participants spoke of using a new lens to view their own experiences as immigrants and first-generation Americans. They began to review their own experiences with more empathy and support, which is what they were providing the children. This complex internal process was both challenging and healing and resulted in an experience of self-acceptance. In providing emotional support to the OurBridge children and their challenges, they began to make peace with their own experiences. Several participants even reflected how things may have been different if they had received similar care and support when they were children.

This research data suggests that the experience of “seeing through the eyes” of children, although stressful at times, resulted in positive changes and adaptations for the participants. This unexpected finding aligns with current literature on the SPM, as Folkman (2008) noted that both positive and negative emotions existed in highly stressful experiences. Seligman and Csikszentmihalyi (2000) also reported that when participants used meaning-focused coping, as opposed to problem-focused coping to deal with stress, they reported increased positive emotions such as confidence, joy, and fulfillment. Meaning-focused coping is “appraisal-based coping in which the person draws on his or her beliefs (e.g., religious, spiritual, or beliefs about justice), values (e.g., “mattering”), and existential goals (e.g., purpose in life or guiding principles) to motivate and sustain coping and well-being during a difficult time” (Folkman, 2008). Repeatedly throughout the interviews, participants spoke of trying to make sense of their experiences as immigrants and first-generation Americans. This often looked similar to creating a narrative of how their experiences led them to the work they were currently performing. Understanding their

own identity within the context of their new experiences as staff members at OurBridge for Kids helped them to buffer the stress of their current work and the stress related to past traumas.

SPM research also has shown that positive emotions associated with coping also act as sustainers and restorers for people encountering high levels of stress. SPM research linked to positive emotions as buffers against stress has also been associated with some of the resilience literature (Pearlin et al., 1981; Seligman & Csikszentmihalyi, 2000). All of the participants in this study spoke of resilience within themselves, the children, and the community as a whole.

Feminist author Mikki Kendall (2020) best summarized the subcodes of group acceptance and support from colleagues when she stated "when you know that oppression comes not from one direction but many, then you have to develop a framework that allows for finding safety from within your (cultural or racial) community". Participants in this study were asked about their experiences of support at work and they discussed the acceptance and healing that took place within the OurBridge community. Working alongside peers that also had marginalized identities helped participants process their prior experiences of oppression and current experiences of work with the children. Support was readily offered by management and colleagues including professional development training that focused on the experiences of oppression, trauma, and resilience with the immigrant community. For some participants, this was the first time that they reflected on their experiences in a new way. Participants recognized the importance of safety and acceptance that OurBridge communicated to immigrant children and families. They also reflected on how the immigrant's cultural pride had increased their cultural pride.

Covid-19 Pandemic Effects

The third theme, Covid-19 effects, emerged as a theme for 5 out of 8 participants in the first round of interviews but increased to 5 of 6. This reflected how shifts in the external world may have impacted the participants thinking on this issue. Although there was no specific question about the Covid-19 pandemic, participants repeatedly discussed the impact of the pandemic in relation to questions about their professional tasks and duties, and in response to questions about resiliency. This theme captured subcodes of pandemic changes, organizational responses, and resilience in the face of adversity. Interestingly subcodes related to the Covid-19 effects were reported more frequently in the second round of interviews. Based on field notes and reports by participants, there were increased demands on staff related to a shift in programming at OurBridge for Kids. OurBridge listened to the needs of the community and became a remote CMS learning site. This involved operations expanding to eight hours a day and additional responsibilities for staff. Second round interviews also took place after the holiday break and participants reported that children "fell further behind in school work".

Participants felt the weight of helping the children to "catch up" and noted that their own experiences of being "left behind" in the school system further. Again, participants' identity was connected to their experience of providing support. One participant noted how the Covid-19 pandemic magnified the existing inequalities that immigrants and refugee children faced, thereby increasing the burden on employees to provide needed support. This may have increased subcodes of burnout during these interviews, as some participants felt overwhelmed by their responsibilities at work. Additionally increasing burnout was a sense of helplessness associated with the pandemic. Participants worried about the long-term impacts on the immigrant community including job loss, poverty, and decreases in educational attainment. Uncertainty in the future for the families and children of OurBridge kids weighed heavily on study participants.

This research indicated that the increased stress of the Covid-19 pandemic led to increased resilience. Resilience came in the form of resourcing their own experiences of overcoming adversity. They observed the immigrant community constantly overcoming hardship and Covid-19 was just another "thing to overcome". This narrative of enduring strength fits with the previously mentioned literature on the SPM, and outcomes of growth even when under stress (Folkman, 2008). This model provides a framework of the roles of and interrelationships among three major constructs: stressors, mediators or coping resources, and distress or health outcomes related to them. Community and peer support acted as mediators of stress. The narrative of "strength to overcome" was repeated by several participants, and coded as resilience. Participants were creative in their interventions in response to Covid-19 pandemic effects by pivoting programming to be responsive to the needs of children. This made them feel pride in their work. Supporting a community that participants were part of further fortified their commitment to their work, and also their clear cultural identity.

Relationship Between Themes

This research found that there was a relationship between the central themes of emotional labor, Covid-19, and identity development which is illustrated in figure 1. As covered in chapter four, the context of a deep emotional connection to their work was present for all participants. Supporting children with similar lived experiences motivated participants, because they believed they could make positive changes that would lead to a better future for the children. This strong connection and dedication to the mission of OurBridge for Kids led to feelings of frustration and concern for children that were struggling due to the Covid-19 pandemic. Using a feminist lens, this researcher observed the interplay of inequity related to race, gender, ethnic identity, and class. Participants repeatedly brought up the heightened experiences of oppression and inequity

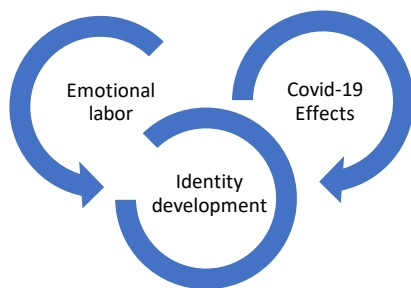
brought about by the Covid-19 pandemic, and that the children and their families suffered disproportionately compared to other groups. Also, assisting children in the often confusing and overwhelming experience of online learning was challenging for staff. Feminist theory asserts that the struggles faced by the participants and children were not individual failings. However, a larger system built to further decrease access to resources such as education seemed apparent.

Despite the many challenges brought on by the Covid-19 pandemic, participants showed immense resilience in the face of numerous stressors. Because of their shared identity with the children and families they served, participants were quick to respond to the needs of the community and pivot services. The unique combination of emotional labor and impacts of the Covid-19 pandemic influenced their identity development. The challenges of working with the children caused them to reflect on their own lived experiences and trauma. This led to adopting a new lens to understand what they had experienced growing up as an immigrant or first-generation American. For example, participants described feelings of relief understanding systemic oppression, and how it helped them shift to the internal state of self-acceptance. Instead of feeling self-blame for numerous barriers and struggles the participants lived with, they understood it as systemic inequity. Feminist theory (Evans, 2005; Folbre, 1995) posits that oppressive systems maintain power by placing blame on the communities they marginalize. The experience of working at OurBridge for Kids provides an environment in which they felt self-acceptance and group acceptance, which helped foster cultural pride in their identities. The participants felt reassured in their insights derived from their work and were supportive and responsive not only to the needs of the children but also to one another. This work experience created a unique space for employees to create and reinforce their own cultural identities while being open and supportive of the various cultural identities. This sense of support from

colleagues added a mediator which helped participants to cope with the stress of emotional labor and the Covid-19 pandemic. Another mediator could also their emerging and empowered identity as an immigrant or first-generation American, which gave them the confidence to do their job. This may have manifested as the idea of resilience. The data from this research appears to support this theory, as the code resilience appeared more in the second round of interviews, with participants describing themselves and the children as resilient.

Figure 1.

Interrelationship between three main themes



Implications of Findings

The implications of the finding of this study can help inform other counselors, professionals, community members, stakeholders, and policymakers about the unique challenges encountered by immigrants working in after-school programs with immigrant or first-generation children. Counselors are tasked not only with caring for individuals in a typical clinical setting but they are also charged with being advocates for change, especially related to issues of social justice. As noted in the ACA Multicultural and Social Justice competencies (Ratts et al., 2015), there are multiple levels of advocacy intervention. The next sections will cover the individual level, organization level, and policy level implications.

Implications for Counselors

Counselors need to engage in advocacy on behalf of clients or client groups. As noted in the ACA multicultural competencies, “When done effectively, advocacy in partnership with the client, client groups, or populations facilitates greater empowerment and more helpful advocacy” (2020). Counselors should be well versed in the theories of intersecting identities and feminism in order to help support immigrant clients living within the oppressive systems in the US. Implications from this study include the importance of seeking input from immigrant and refugee clients about how to improve wellness and reduce power imbalances, disparities, and injustices associated with this population. On the individual level, this includes collaborating with immigrant clients to support them in the ways they see most beneficial. As a population, counselors should take special considerations about language, cost, and location barriers to counseling services for immigrants. Counselors should also acknowledge the underappreciated nature of care work, and the emotional, psychological, and spiritual toll that it takes on immigrants that care for other immigrants. Living the experience of being an immigrant, while also caring for others that have lived a similar experience can lead to the layering of trauma or secondary trauma. This study has shown that immigrant and first-generation staff at OurBridge for Kids witness first-hand the struggles of immigrant children and families, which causes them to revisit their own experiences of hardship. Counselors should be sensitized to trauma, and respond with culturally appropriate and trauma-responsive care. Most importantly, counselors should identify together with clients the assets and strengths already present within the client and their communities, as immigrants and first-generation people display immense resilience.

Organizational Level Implications

Care work performed by immigrants and first-generation staff is inherently complex due to the needs of the children and families that they serve. This study revealed that identity development and cultural pride were fostered by the positive environment at OurBridge for Kids. This organization is a model of client-centered work, where programming is designed especially with the needs of the community in mind. Serving a culturally diverse population from over 70 different countries, OurBridge for Kids partners with community members to identify assets, felt needs, and concerns and seeks to support the community based on these identified areas. This organization has intentionally hired from within the immigrant community, and all staff (from assistant tutors to lead staff and the executive director) identify as immigrants, refugees, persons of color, or first-generation Americans. Other organizations seeking to serve this population should look to OurBridge for Kids as a model for culturally appropriate care.

OurBridge for Kids has created a unique culture within the organization of pride, respect, and safety where children and families feel welcomed, valued, and safe. This extends beyond the walls of the physical center and permeates the lives of staff, which inherently benefits the community. Suggestions from this study for organizations include, (1) create a culture within the organization that supports staff in the difficult work of emotional labor, through mentorship, support, and cultural sensitivity, (2) hire purposefully, staff should be reflective of the community being served, and (3) stay focused on the needs of the community by staying flexible and nimble. Use a bottom-up approach in which the immigrant community dictates programming.

Policy Level Implications

All of the participants discussed the numerous hardships they faced as immigrants, refugees, or first-generation Americans. The implication of this study relates to both local and

national policies. The most obvious implications start with changes to US immigration and refugee policies. Currently, there are no easy or fast ways to gain US citizenship. The psychological process of leaving a home country to move to the US is daunting and taxing. The additional stress of navigating a convoluted immigration system adds additional stress. Many of the participants in this study shared the pain of having a family or community member deported, and the hole it left in their lives. Policymakers and legislators should consider rolling back anti-immigrant legislation such as the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) and moving to fund towards supportive programming for new and existing immigrants. A clear, time-sensitive process for citizenship should be created, including for immigrants that are already present in this country. By reducing barriers to US citizenship, policymakers can reduce the stress, trauma, and its many negative impacts on the community as a whole (Betancourt, 2017; Dreby, 2012; Frabutt, 2006)

Systems of oppression and inequality should be examined and deconstructed. Most importantly, policymakers should engage and spend time in immigrant communities to better understand needs while also gaining insight into the natural assets and strengths present in this community. Social change can only happen when we evaluate our motivations for change within immigrant communities. Honest conversations about white nativist superiority and its deep roots in our immigration policies must be had. Policymakers should ask themselves the following questions: (1) How motivated are they to change inequitable conditions?,(2) Are they able to listen to and learn from the perspectives of immigrants, refugees, and first-generation Americans?,(3) Can they trust this community to identify their needs, and the barriers to change?, and (4) Can they trust that when properly funded and supported, immigrant communities can heal and make positive change within the greater American society?

Supportive services for immigrant families and children should include school-based and community-based programming (Leong, et al., 2013). There should be no barriers (such as cost, location, or citizenship) to access these services. Policymakers should prioritize the programming that emerges from within immigrant communities and trust the intuitive wisdom of this community to care for itself. Funding should focus on meeting and stabilizing basic needs, supporting English language learning, and expanding opportunities through education and training. Funding should also be provided for mental health and wellness supports such as counseling, peer support groups, and other unique programs sourced from within the community (Halpern et al., 2000; Ludy-Dobson & Perry, 2010, Pacione et al., 2013).

In summary important implications for individuals, organizations, and policymakers are to collaborate with immigrant and first-generation American clients and communities to identify systemic barriers to wellness. This should be followed by action steps that directly impact systems through social and political advocacy to create a more equitable world (Martinez et al., 2015; Pierce & Bolter, 2020.)

Limitations of the Study

The findings of the current study must be considered within the context of several limitations. First, although the use of small sample sizes in qualitative research provides in-depth descriptions of participants' perspective on the issues that they, the sample size of this study limits the generalizability and transferability of the findings. Second, the use of a convenience sample of immigrant and first-generation staff at OurBridge for Kids may not encapsulate the experiences of other immigrant and first-generation Americans working in other settings not related to after-school programs. Third, this study was conducted in the southeastern United States, and cannot be generalized to other areas of the US or the world. Forth, challenges

related to the Covid-19 pandemic were very specific to the time frame in which data was collected for this study. Fifth, this researcher's personal experience as part of the OurBridge for Kids community could be considered a limitation. However, several verification methods were used to increase the credibility and trustworthiness of the data. Additionally, a peer reviewer that identifies as an immigrant was used throughout the data analysis process and provided an external check of the process to facilitate the credibility and trustworthiness of the data.

Recommendations for Future Research

The findings of this research study offer suggestions for future research. The first recommendation for future research is the exploration of the intersectional identity of being a female immigrant or first-generation American engaging in the type of work included in this study. Although gender was not expressly covered in the interview protocol, it would be important to explore how gender impacts the experiences of the staff members. For example, future research could include a phenomenological study of the experiences of women immigrants engaged in care work. As such, one research question could be "What has been your experience of being an immigrant woman and engaging in this type of work?" or "Does your gender impact how you engage in care work?".

A second recommendation is to focus on specific cultures or subpopulations of immigrants. For example, a study could be conducted on the experiences of Guatemalan immigrants working in after-school programs or the perspectives of refugees working in after-school programs. This could add more depth and perhaps differentiate the experiences of participants as related to their specific cultural background, or immigrant status.

Another suggestion involves investigating the experiences of immigrants working in other care work settings to gauge if there are similarities that exist between various job settings.

For example, studies that explored the experiences of immigrants working in home health care, or at daycares, or caring for the disabled might provide a valuable understanding of care work across fields of work.

Future research could also include the experiences of school counselors working with immigrant and refugee children, and the possible parallel identities if the school counselor is also an immigrant or refugee. This research is important because school counselors also engage in emotional labor, while also navigating the complexities of school systems.

Finally, another inquiry in a different geographic location of the US on the experiences of immigrant children cared for by immigrant and first-generation staff in an after-school program might provide interesting data on the possibility of recurrent themes from this study. Questions could include “What is it like to get support from staff who are also immigrants?”, or “Do you see your identity differently after working with a tutor who shares a similar background?”. This researcher hypothesizes that the experiences of immigrants and first-generation staff of creating greater cultural pride and developing their identity may be part of a cycle in which children experience the same phenomenon.

Conclusion

The findings of this study found three major themes that emerged from the data: (a) Emotional Labor, (b) Identity Development, and (c) Covid-19 Pandemic Impacts. This research suggests that there is a complex interplay between the three main themes. For example, many of the participants reported that their work at OurBridge for Kids led them to reflect on their own experiences of trauma linked to their identity as an immigrant or first-generation person. This was because they were faced with the experiences of the children that closely paralleled their own. This led to a deeper emotional connection to their work, but also a newfound understanding

and acceptance of their own experiences, which further connected to identity development. The impact of the Covid-19 pandemic heightened these experiences of struggle, as the staff was changing the way they provided care for children in response to the pandemic. Because of their own identities, and the difficulty of emotional labor, especially given the Covid-19 Pandemic, subcodes of burnout were present in the data. Resilience in the face of adversity fell within all three major themes, as participants repeatedly discussed this within many contexts.

Counselors are in a unique position to address the issues facing immigrant and first-generation staff working in an after-school program for immigrant youth. Counselors can seek input from immigrant and refugee clients about how to improve wellness and reduce power imbalances, disparities, and injustices associated with this population. Counselors should work with organizations and policymakers to magnify the voices of this community and highlight the strengths and assets present within immigrant communities. In closing, the findings from this study highlight the inherent wisdom within this community to heal and support one another. A collaborative approach should be used to create further research within the immigrant and refugee community.

References

- Affrunti, N., Mehta, T., Rusch, D., & Frazier, S. (2018). Job demands, resources, and stress among staff in after school programs: Neighborhood characteristics influence associations in the job demands-resources model. *Children and Youth Services Review, 88*. Retrieved from <http://search.proquest.com/docview/2077085010/>
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience, 256*, 174–186. doi:10.1007/s00406-005-0624-4
- Apostolidis, P. (2008). Feminist theory, immigrant workers' stories, and counterhegemony in the United States Today. *Signs, 33*(3), 545-568. doi:10.1086/523706
- Armstrong, T., & Armstrong, G. (2004). The organizational, community and programmatic characteristics that predict the effective implementation of after-school programs. *Journal of School Violence, 3*(4), 93–109. https://doi.org/10.1300/J202v03n04_07
- Bacio, G., Mays, V., & Lau, A. (2013). Drinking initiation and problematic drinking among Latino adolescents: Explanations of the immigrant paradox. *Psychology of Addictive Behaviors, 27*(1), 14–22. <https://doi.org/10.1037/a0029996>
- Barkhuizen, G. (2017). Investigating language tutor social inclusion identities. *The Modern Language Journal (Boulder, Colo.), 101*(S1), 61–75. <https://doi.org/10.1111/modl.12369>

- Betancourt, T., Newnham, E., Layne, C., Kim, S., Steinberg, A., Ellis, H., & Birman, D. (2012). Trauma history and psychopathology in war-affected refugee children referred for trauma-related mental health services in the United States. *Journal of Traumatic Stress*, 25(6), 682–690. <https://doi.org/10.1002/jts.21749>
- Betancourt, T., Newnham, E., Birman, D., Lee, R., Ellis, B., & Layne, C. (2017). Comparing Trauma Exposure, Mental Health Needs, and Service Utilization Across Clinical Samples of Refugee, Immigrant, and U.S.-Origin Children. *Journal of Traumatic Stress*, 30(3), 209–218. <https://doi.org/10.1002/jts.22186>
- Burnam, M., Escobar, J., Karno, M., Hough, R., Telles, C., & Burnam, M. (1987). Acculturation and lifetime prevalence of psychiatric disorders among Mexican Americans in Los Angeles. *Journal of Health and Social Behavior*, 28(Mar 87), 89–102. Retrieved from <http://search.proquest.com/docview/57391225/>
- Butler, A. C. (2014). Poverty and adolescent depressive symptoms. *American Journal of Orthopsychiatry*, 84, 82–94. 10.1037/h0098735
- Caballero, T., Johnson, S., Buchanan, C., & Decamp, L. (2017). Adverse childhood experiences among Hispanic children in immigrant families versus US-native families. *Pediatrics*, 140(5). <https://doi.org/10.1542/peds.2017-0297>
- Center for Immigration Studies. (2011). *Immigrants in the United States: A profile of America's foreign-born population*. Retrieved from <http://cis.org/node/3876>.
- Children of Immigrants http://www.nccp.org/publications/pdf/text_475.pdf
- Child Trends (n.d). Immigrant Children. ChildTrends.org
<https://www.childtrends.org/indicators/immigrant-children>

- Cho, S., Crenshaw, K.W., McCall, L. (2013). Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis. *Signs: Journal of Women in Culture and Society*, 38(4), 785–810. <https://doi.org/10.1086/669608>
- Cholera, R., Falusi, O., Linton, J. (2020). Sheltering in place in a xenophobic climate: COVID-19 and children in immigrant families. *Pediatrics* Jul 2020, 146 (1) e20201094; DOI: 10.1542/peds.2020-1094
- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241–1299. <https://doi.org/10.2307/1229039>
- Creswell, J., & Creswell, J. (2018). *Research design: Qualitative ,quantitative and mixed methods approaches*. (5th ed.). Thousand Oaks, SAGE Publication
- Creswell, J., & Poth, C. (2018). *Qualitative inquiry & research design : choosing among five approaches* (3rd ed.). Los Angeles: SAGE Publications.
- Dreby, J. (2012). *How today's immigration enforcement policies impact children, families, and communities*. Retrieved from <https://www.americanprogress.org/wp-content/uploads/2012/08/DrebyImmigrationFamiliesFINAL.pdf>
- Evans, K., Kincade, E., Marbley, A., & Seem, S. (2005). Feminism and feminist therapy: Lessons from the past and hopes for the future. *Journal of Counseling & Development*, 83(3), 269–277. <https://doi.org/10.1002/j.1556-6678.2005.tb00342.x>
- Evans-Winters, V. E., & Esposito, J. (2010). Other people's daughters: Critical race feminism and Black girls' education. *Educational Foundations*, 24(1-2), 11-24.

- Felitti, V.J., Anda, R.F., Nordenberg, D., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. doi:10.1016/S0749-3797(98)00017-8
- Folbre, N. (1995). "Holding hands at midnight": The paradox of caring labor. *Feminist Economics*. 1 (1): 73–92. <https://doi.org/10.1080/714042215>.
- Folkman, S. (2008) The case for positive emotions in the stress process. *Anxiety, Stress & Coping*, 21(1), 3-14, <https://doi.org/10.1080/10615800701740457>
- Frabutt, J. (2006). Immigrant youth mental health, acculturation, and adaptation. *Catholic Education: A Journal of Inquiry and Practice*, 9(4), 499–504. <https://doi.org/10.15365/joce.0904092013>
- García Coll, C., & Marks, A. (2012). The immigrant paradox in children and adolescents: Is becoming American a developmental risk? (1st ed.). American Psychological Association.
- Garmezy, N., & Masten, A. S. (1986). Stress, competence, and resilience: Common frontiers for therapist and psychopathologist. *Behavior Therapy*, 17, 500–521.
- Gast, M., Okamoto, D., Feldman, V., Larson, R., & Ngo, B. (2017). "We only speak English here": English dominance in language diverse, immigrant after-school programs. *Journal of Adolescent Research*, 32(1), 94–121. <https://doi.org/10.1177/0743558416674562>
- Gillock, K., & Reyes, O. (1999). Stress, support, and academic performance of urban, low-income, Mexican-American adolescents. *Journal of Youth and Adolescence*, 28(2), 259–282. <https://doi.org/10.1023/A:1021657516275>

- Good, G., Gilbert, L., & Scher, M. (1990). Gender aware therapy: A synthesis of feminist therapy and knowledge about gender. *Journal of Counseling & Development*, 68(4), 376–380. <https://doi.org/10.1002/j.1556-6676.1990.tb02514.x>
- Gray, B. (2004). Remembering a “multicultural” future through a history of emigration: Towards a feminist politics of solidarity across difference. *Women’s Studies International Forum*, 27(4), 413–429. <https://doi.org/10.1016/j.wsif.2004.10.009>
- Greenberg, J. (2014). Significance of after-school programming for immigrant children during middle childhood: Opportunities for school social work. *Social Work*, 59(3), 243–251. <https://doi.org/10.1093/sw/swu022>
- Greenman, E. (2013). Educational attitudes, school peer context, and the “immigrant paradox” in education. *Social Science Research*, 42(3), 698–714. <https://doi.org/10.1016/j.ssresearch.2012.12.014>
- Guarnaccia, P., & Lopez, S. (1998). The Mental health and adjustment of immigrant and refugee children. *Child and Adolescent Psychiatric Clinics of North America*, 7(3), 537–553. [https://doi.org/10.1016/S1056-4993\(18\)30228-1](https://doi.org/10.1016/S1056-4993(18)30228-1)
- Hall, M., & Greenman, E. (2015). The occupational cost of being illegal in the United States: Legal status, job hazards, and compensating differentials. *International Migration Review*, 49, 406–442. 10.1111/imre.12090
- Halpern, R., Barker, G., & Mollard, W. (2000). Youth Programs as alternative spaces to be: A study of neighborhood youth programs in Chicago’s West Town. *Youth & Society*, 31(4), 469–506. <https://doi.org/10.1177/0044118X00031004005>

Hartje, J., Evans, W., Killian, E., & Brown, R. (2008). Youth worker characteristics and self-reported competency as predictors of intent to continue working with youth. *Child & Youth Care Forum*, 37(1), 27–41. <https://doi.org/10.1007/s10566-007-9048-9>

Hernandez, D., Denton, N., & Blanchard, V. (2011). Children in the United States of America: A Statistical portrait by race-ethnicity, immigrant origins, and language. *The ANNALS of the American Academy of Political and Social Science*, 633(1), 102–127. <https://doi.org/10.1177/0002716210383205>

Hochschild, A.R. (1983). *The managed heart: Commercialization of human feeling*. University of California Press.

Howell, K. H., & Miller-Graff, L. E. (2014). Protective factors associated with resilient functioning in young adulthood after childhood exposure to violence. *Child Abuse & Neglect*, 38(12), 1985-1994. doi:10.1016/j.chiabu.2014.10.010

Lepore, C. E. (2017). The prevention of preschool teacher stress: Using mixed methods to examine the impact of reflective supervision. Dissertation Abstracts International: Section B: The Sciences and Engineering. ProQuest Information & Learning. <http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2017-10863-133&authtype=shib&site=ehost-live&scope=site>

Illegal Immigration Reform and Immigrant Responsibility Act, Division C of Pub. L. No. 104-208, 110 Stat. 3009-546 (1996).

Kahn, W. (1993). Caring for the caregivers: Patterns of organizational caregiving. *Administrative Science Quarterly*, 38(4), 539–563. <https://doi.org/10.2307/2393336>

Kocher, A. (2017). The New Resistance: Immigrant rights mobilization in an era of trump.

Journal of Latin American Geography, 16(2), 165–171.

<https://doi.org/10.1353/lag.2017.0027>

Krogstand, J. & Gonzalez-Barrera, A. (2019, May 17). Key facts about U.S. immigration policies

and proposed changes. Pew Research Center. [https://www.pewresearch.org/fact-](https://www.pewresearch.org/fact-tank/2019/05/17/key-facts-about-u-s-immigration-policies-and-proposed-changes/)

[tank/2019/05/17/key-facts-about-u-s-immigration-policies-and-proposed-changes/](https://www.pewresearch.org/fact-tank/2019/05/17/key-facts-about-u-s-immigration-policies-and-proposed-changes/)

Leong, F., Park, Y. S., & Kalibatseva, Z. (2013). Disentangling immigrant status in mental

health: Psychological protective and risk factors among Latino and Asian American

immigrants. *American Journal of Orthopsychiatry*, 83, 361–371. 10.1111/ajop.12020

Loria, H., & Caughy, M. (2018). Prevalence of adverse childhood experiences in low-income

Latino immigrant and nonimmigrant children. *The Journal of Pediatrics*, 192, 209–

215.e1. <https://doi.org/10.1016/j.jpeds.2017.09.056>

Ludy-Dobson, C. R., & Perry, B. D. (2010). The role of healthy relational interactions in

buffering the impact of childhood trauma. In E. Gil, E. Gil (Eds.), *Working with children*

to heal interpersonal trauma: The power of play (pp. 26-43). New York, NY, US:

Guilford Press.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage

Publications, Inc.

Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Dieiguez, A., Pinto, R., Rhodes, S. D.,

Moya, E., & Chavez-Baray, S. (2015). Evaluating the impact of immigration policies on

health status among undocumented immigrants: a systematic review. *Journal of*

immigrant and minority health, 17(3), 947–970. <https://doi.org/10.1007/s10903-013->

[9968-4](https://doi.org/10.1007/s10903-013-9968-4)

- Maslach, C. (1982). *Burnout: The cost of caring*. Prentice-Hall
- Masten, A.S. & Obradovic, J. (2006). Competence and Resilience in Development. *Annals New York Academy of Science*, 13-27. doi: 10.1196/annals.1376.003.
- Miriam-Webster. (n.d) *First-generation*. Miriam-Webster.com. <https://www.merriam-webster.com/dictionary/first-generation>
- Nier, J. A., Gaertner, S. L., Nier, C. L., & Dovidio, J. F. (2012). Can racial profiling be avoided under Arizona immigration law? Lessons learned from subtle bias research and anti-discrimination law. *Analyses of Social Issues and Public Policy*, 12, 5–20. 10.1111/j.1530-2415.2011.01248.x
- Pacione, L., Measham, T., & Rousseau, C. (2013). Refugee Children: Mental health and effective interventions. *Current Psychiatry Reports*, 15(2), 1–9. <https://doi.org/10.1007/s11920-012-0341-4>
- Patel, S. and Reicherter, D. (2016). *Psychotherapy for Immigrant Youth*. 1st ed. 2016. Cham: Springer International Publishing, 2016. Web.
- Pierce, S & Bolter, J. (2020) Dismantling and reconstructing the U.S. immigration system: A catalog of changes under the Trump presidency. Migration Policy Institute. <https://www.migrationpolicy.org/research/us-immigration-system-changes-trump-presidency>
- Portillo, E., (July 8th, 2019). *Immigrants play a big role in Charlotte's growth, study Shows*. UNC Charlotte Urban Institute. <https://ui.uncc.edu/story/immigrants-play-big-role-charlotte%E2%80%99s-growth-new-study-shows>
- Ratts, M, Singh, A, Nassar-McMillian, S, Butler, S.K., McCoullough, J.R. (2015). *Multicultural and Social Justice Counseling Competencies*. ACA

- Saldana, J. (2016). *The coding manual for qualitative researchers*. Sage.
- Seligman, M. E. and Csikszentmihalyi, M. (2000). Positive psychology. An introduction. *American Psychologist*, 55: 5–14.
- Sciaraffa, M. A., Zeanah, P. D., & Zeanah, C. H. (2018). Understanding and promoting resilience in the context of adverse childhood experiences. *Early Childhood Education Journal*, 46(3), 343-353. doi:10.1007/s10643-017-0869-3
- Scheid, T. (2004). *Tie a knot and hang on: Providing mental health care in a turbulent environment*. Aldine de Gruyter.
- Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., Garner, A. S., ... Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129 (1), e232–e246. doi:10.1542/peds.2011-2663
- Slopen, N., Shonkoff, J., Albert, M., Yoshikawa, H., Jacobs, A., Stoltz, R., & Williams, D. (2016). Racial disparities in child adversity in the U.S. *American Journal of Preventive Medicine*, 50(1), 47–56. <https://doi.org/10.1016/j.amepre.2015.06.013>
- Smith, B.W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., Bernard, J.(2008). The Brief Resilience Scale: Assessing the Ability to Bounce Back. *International Journal of Behavioral Medicine*, 15, 194-200. Doi: 10.1080/10705500802222972
- Substance Abuse and Mental Health Services Administration (SAMHSA; 2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- US Census Data <https://www.census.gov/topics/population/foreign-born.html>

- Werner, E. E., & Smith, R. (1982). *Vulnerable but invincible: A study of resilient children*. New York: McGraw-Hill.
- Werner, E. E. (1989). High-risk children in young adulthood: A longitudinal study from birth to 32 years. *American Journal of Orthopsychiatry*, 59(1), 72-81. <http://dx.doi.org/10.1111/j.1939-0025.1989.tb01636.x>
- Werner, E.E. (2005). Resilience and Recovery: Findings from the Kauai Longitudinal Study. *Research, Policy, and Practice in Children's Mental Health*, 19(1), 11-14
- Year Book of Immigration Statistics <https://www.dhs.gov/immigration-statistics>
- Zallman, L., Finnegan, K., Himmelstein, D., Touw, S., Woolhandler, S., & Zallman, L. (2019). Care for america's elderly and disabled people relies on immigrant labor. *Health Affairs (Project Hope)*, 38(6), 919–926. <https://doi.org/10.1377/hlthaff.2018.05514>
- Zeiders, K. H., Umaña-Taylor, A. J., & Derlan, C. L. (2013). Trajectories of depressive symptoms and self-esteem in Latino youths: Examining the role of gender and perceived discrimination. *Developmental Psychology*, 49, 951–963. 10.1037/a0028866

APPENDIX A
Interview Guide

1) Background Data:

Place of birth,
age, ethnic identity, immigration story

2) Career:

Prior occupational choices, training, practice (fancied, planned, actual).
Considerations involved in their selection and abandonment
Level of commitment to them
When and Why first considered this profession,
Conditions for choice and strength of commitment
Early conceptions of this work, Images held

3) Professional Training:

What types of training have you received in order to do this work?

4) Institutional:

What brought you here? What did you know of this place in advance?
its mission ? its operational philosophy?

5) Profession:

What were your professional tasks when you first came here?
Which duties developed over time? Where these forced on you, proffered, or seized

Run down of daily, weekly tasks and responsibilities.

Of these tasks which are done reluctantly, positively?

Does this organization and your colleagues allow you to be the kind of professional you want or need to be?

What are some of the biggest issues facing staff?

6) Critical Incident Analysis:

Think of an incident, or story which sticks out in your mind about you work. This incident can be one in which your intervention made a difference, an incident that went unusually well, an incident where things did not go as planned, and incident that is ordinary and typical, or an incident that exemplifies your work.

Describe the incident, providing a detailed description of what happened. Why was the incident critical? What were your concerns? What were you doing, feeling?

Describe a typical day at work.

Describe a day at work that was unusual in some way.

7) Teamwork:

How do other professionals here modify/support your work and your conception of what you ought to be doing?

8) Acculturation/Immigrant Identity:

What has it been like for you to be an immigrant/ first-generation American?

Does this influence how you work with the children at OurBridge?

Are there similarities or differences in your experience as an immigrant/first-generation person and those of the children you care for here at OurBridge?

Have you experienced oppression or discrimination as an immigrant/first-generation person

What are the biggest issues facing this community

How do you find strength or support?

9) Resiliency:

Do you see yourself as resilient? If so, give an example

What has helped you build resilience?

Do you see the children at OurBridge as resilient? If so, give an example

Do you see your community as resilient?

How does a community best build resilience

10) Work and Identity:

How important is your work here to your sense of self?

APPENDIX B
Letter of Support

University of North Carolina at Charlotte
9201 University City Blvd
Charlotte, NC 28223
ATTN: Institutional Review Board

October 19th, 2020

To Whom It May Concern:

This is a letter of support for Claire Cronin's research into issues facing immigrant and first-generation staff serving immigrant youth at ourBRIDGE for KIDS. ourBRIDGE for KIDS is a non-profit working directly with immigrant and newly arrived youth in the Charlotte, North Carolina, region. We support her proposal to explore the experiences of our staff, and our staff will be invited to participate. Staff will be given the option of participating in the study. No vital information will be shared about clients. Claire agrees to share her findings with staff and administration at ourBRIDGE for KIDS.

Please contact me if you have any questions.

Sincerely,
Sil Ganzo
Executive Director
704-620-8555
sil@joinourbridge.org