

Services for Unaccompanied Refugee Minors

Select Findings from a Descriptive Study | May 2021

OPRE Report 2021-80

Services for Unaccompanied Refugee Minors: Select Findings from a Descriptive Study

OPRE Report 2021-80

May 2021

Sarah Catherine Williams and Maia O'Meara, Child Trends

Submitted to:

Gabrielle Newell, Project Officer
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services
www.acf.hhs.gov/opre

Contract Number: HHSP2332015000771

Project Director: Sam Elkin
MEF Associates
1330 Braddock Pl, Suite 220
Alexandria, VA 22314
www.mefassociates.com

This report is in the public domain. Permission to reproduce is not necessary. This report and other reports sponsored by Office of Planning, Research, and Evaluations (OPRE) are available at www.acf.hhs.gov/opre.

Suggested citation: Williams, S.C. & O'Meara, M. (2021). *Services for Unaccompanied Refugee Minors: Select Findings from a Descriptive Study*, OPRE Report #2021-81, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Disclaimer: The views expressed in this publication do not necessarily reflect the views or policies of OPRE, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

Acknowledgements: The authors extend their gratitude to OPRE for supporting this research. The authors also thank the Office of Refugee Resettlement for sharing key information and insights about the URM Program throughout the project, and for their thoughtful reviews. The authors greatly appreciate the URM programs' time and participation in this study. This report would not have been possible without the support of many colleagues from MEF Associates and Child Trends, including Adelaide Currin, Sam Elkin, Mary Farrell, Kimberly Foley, Jody Franklin, Liza Rodler, Lauren Supplee, Rebecca Vivrette, and Heather Wasik.



[Sign-up for OPRE News](#)



Follow OPRE
on Twitter
[@OPRE_ACF](https://twitter.com/OPRE_ACF)



Like OPRE's
page on
Facebook
[OPRE.ACF](https://www.facebook.com/OPRE.ACF)



Follow OPRE
on Instagram
[@opre_acf](https://www.instagram.com/opre_acf)



Connect on
LinkedIn
[company/opreacf](https://www.linkedin.com/company/opreacf)

Table of Contents

Overview.....	1
About the URM Program	2
Methods	3
Youth Served by the URM Program.....	3
URM youth represent diverse demographics	3
URM youth have a variety of strengths and needs	4
URM Program Services	6
URM programs offer a wide array of services and living arrangements.....	6
URM Program implementation varies by service provider	8
Programs offer limited support after youth leave the program	9
Conclusion.....	10

Overview

The Unaccompanied Refugee Minors (URM) Program, funded by the Office of Refugee Resettlement in the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services, provides child welfare services and benefits to refugees and other eligible youth within the United States who do not have a parent or relative available to care for them. URM programs are expected to provide the same range of services to URM youth as are provided to youth in the domestic foster care system in the state in which they operate. URM programs provide out-of-home placements (e.g., foster care, group homes) and other child welfare services to promote well-being. URM programs also provide services related to integrating the youth into their new communities while preserving the youth's cultural, ethnic, and religious heritage.

The Office of Planning, Research, and Evaluation (OPRE) in ACF contracted with MEF Associates and their subcontractor, Child Trends, to conduct a descriptive study of the URM Program. The project explored the characteristics of youth in the URM Program; the services local URM programs offered and provided to youth; innovative practices, successes, and lessons learned in serving URM youth; and available data on URM youth's experiences and outcomes. This research brief summarizes the types of services provided to URM youth and factors that affect service delivery, which are discussed in more detail in the Final Report from the Descriptive Study of the Unaccompanied Refugee Minors Program.¹ These findings are most relevant to those involved in operating the URM Program and providing services to URM youth, but may also be of interest to those who serve other youth who are recent immigrants or refugees.

Key findings

- **All local URM programs offer a comprehensive set of services to youth**, either internally, through external partners, or both. These services include out-of-home placements, case management, physical and mental health services, education support, and services to support a successful transition to adulthood.
- **Programs vary in how they provide services to youth** due to differences among programs, in state and local context and policies, and in the characteristics of youth served.
- **Youth experiences in the URM Program vary depending on their strengths, needs, and past experiences**, as service providers tailor services to individual youth.

Methods

The brief draws from qualitative data collected through site visits to six URM programs, in which the research team conducted semi-structured interviews with URM program staff and community partners, as well as focus groups with a total of 45 URM youth and 56 URM foster parents. This report also incorporates findings from our analysis of administrative data and surveys of URM program directors (23 respondents), State Refugee Coordinators (14 respondents), and child welfare administrators (four survey respondents and four semi-structured interviews).

¹ Parts of this brief were drawn in full or in part from the Final Report from the Descriptive Study of the Unaccompanied Refugee Minors Program: Service Provision, Trends, and Evaluation Recommendations, available on the OPRE website (www.acf.hhs.gov/opre).

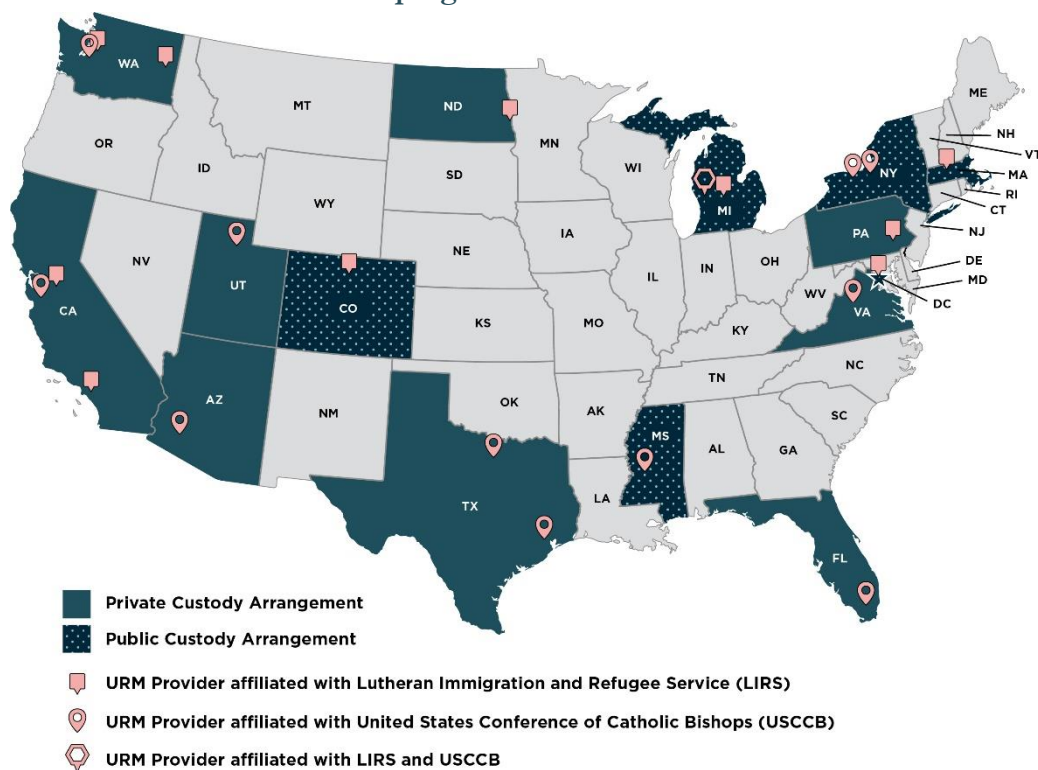
About the URM Program

The Unaccompanied Refugee Minors (URM) Program serves refugees and other eligible youth within the United States who do not have a parent or relative available to care for them. The Program is funded by the Office of Refugee Resettlement (ORR) within the Administration for Children and Families and has served over 13,000 youth since the federal program was founded in 1980. Youth under the age of 18 are eligible for the URM Program through six legal categories: refugees, asylees, youth with Special Immigrant Juvenile (SIJ) classification, victims of trafficking, Cuban/Haitian entrants, and U-status recipients.² In most cases, refugees are identified as eligible by the U.S. State Department while the youth are still overseas. Others are identified by ORR after arrival in the United States; these youth are often first identified as Unaccompanied Alien Children (UACs).³ After an eligibility determination, youth are referred to the URM Program.

As of 2021, there were 22 local URM provider agencies in 15 states across the country, some of which operate in multiple locations in their state (see Exhibit 1). Two national resettlement agencies work with the URM provider agencies: United States Conference of Catholic Bishops (USCCB) and Lutheran Immigration and Refugee Service (LIRS). These agencies hold cooperative agreements with the U.S. Department of State to help refugees settle in the United States and partner with ORR on coordinating placements for youth already in the United States.

Programs operate under one of two custody arrangements: public and private. In states with public custody arrangements, the state or county child welfare agency maintains legal custody of URM youth. In states with private custody arrangements, the private agencies that operate URM programs are legal custodians and licensed by the state to be child-placing agencies.

Exhibit 1. Locations of local URM programs



² There were no U-status recipients in the URM Program at the time of data collection for this study.

³ Unaccompanied alien children are youth who are under age 18, do not have a lawful immigration status in the United States, and have no parent or legal guardian in the United States available to care for them.

URM programs are required by federal regulations to provide the same range of services to URM youth as are provided to youth in the domestic foster care system in the state. Services include coordinating out-of-home care and other child welfare services to promote youth well-being. URM programs also include services focused on integrating the youth into their new communities while preserving the youth's ethnic and religious heritage. However, service implementation differs from program to program. For more information on the URM Program, see the URM Program website: <https://www.acf.hhs.gov/orr/programs/urm>.

Methods

The brief draws from qualitative data collected through site visits to six URM programs, in which the research team conducted semi-structured interviews with URM program staff and community partners, as well as focus groups with a total of 45 URM youth and 56 URM foster parents. This report also incorporates findings from our analysis of administrative data and surveys of URM program directors (23 respondents), State Refugee Coordinators (14 respondents), and child welfare administrators (four survey respondents and four semi-structured interviews).

Youth Served by the URM Program

Below, we describe youth served by the URM Program, including their demographic characteristics and their strengths and needs, as described by staff, foster parents, and the youth themselves during surveys, interviews, and focus groups.

URM youth represent diverse demographics

According to our analysis of URM Program data, between federal fiscal year (FY) 2014 and FY 2018, 1,950 youth entered the URM Program. These youth represented over 50 countries of origin, over 100 ethnic groups, and spoke over 80 primary languages. A little over half (52 percent) of youth were refugees, with the next-largest group (35 percent) comprised of youth with SIJ classification. Most youth enter the URM Program at age 17 and can receive services until they reach age 21, or the age of emancipation from the child welfare system in their state. The graphs in Exhibit 2 describe the 1,950 youth who entered the URM program between FY 2014 and FY 2018.

Exhibit 2. Demographics of URM youth (FY 2014 to FY 2018)

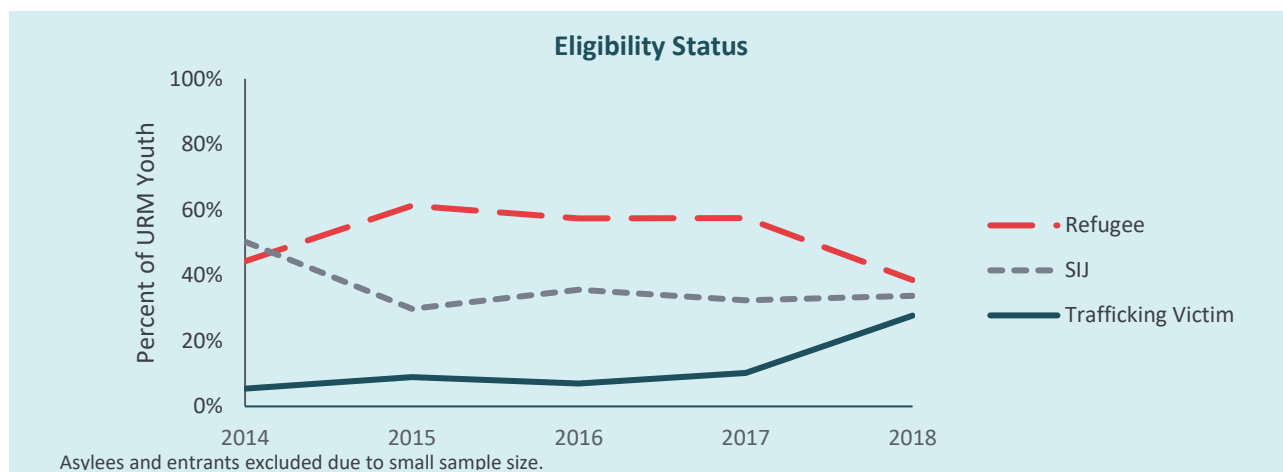
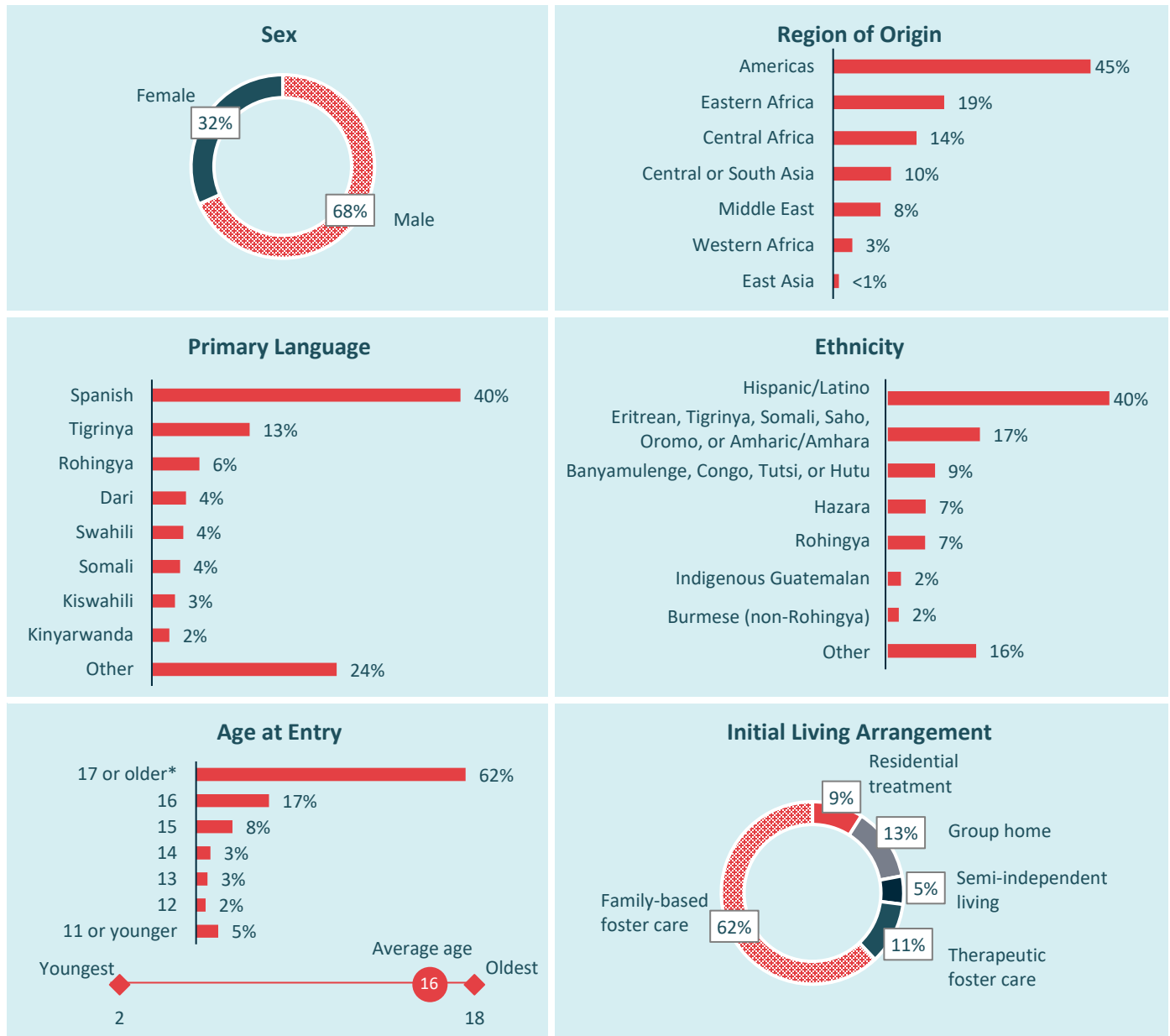


Exhibit 2, continued. Demographics of URM youth (FY 2014 to FY 2018)



*On rare occasions, an age redetermination is done after a youth enters the program that determines that they were 18 or older at entry (this does not change their program eligibility).

Note: Original analysis of data from ORR's Refugee Arrivals Data Systems (RADS). To protect the identity of program participants, categories with fewer than 10 youth were combined with other categories. Therefore, we collapsed countries of origin into global regions, based on guidance from ORR. No youth came from Europe or Australia. SIJ stands for Special Immigrant Juvenile. For primary language, the "other" category is comprised of 75 different languages.

URM youth have a variety of strengths and needs

Our interviews, focus groups, and surveys revealed that URM youth arrive in the United States with a variety of strengths and needs, with both similarities and differences to other vulnerable populations, such as domestic youth in foster care, recent immigrants, and refugee youth who resettle to the United States with their families.



URM youth reported wanting to become nurses and doctors, chefs, professional soccer players, lawyers, public speakers, published authors, tech developers, flight attendants, and more.

When asked to describe the strengths of URM youth on our survey, program directors emphasized in open-ended responses that URM youth are resilient, hardworking, family/community-minded, and quick and dedicated learners. In interviews, program staff, foster parents, and youth themselves also described URM youth as goal-oriented, particularly regarding education and employment. In focus groups, youth reported wanting to become nurses and doctors, chefs, professional soccer players, lawyers, public speakers, authors, tech developers, flight attendants, and more. URM providers reported on our survey and in site visits that youth identified for program eligibility overseas are more likely to pursue higher education while in the program, while youth who enter via the UAC pathway often prioritize employment. In many cases, this desire to work was seen to stem from motivation to provide financial support to families in their home countries.



“In this program, you never feel lonely because you see people like you, so you never feel lonely.”

– URM youth

Some youth reported being able to draw on their relatives for support, staying connected to relatives via WhatsApp and social media. Program staff reported that these relationships can be a source of strength and cultural connection for youth. Many youth reported that they rely on each other as they transition into the program, encouraged by URM provider staff to help each other with homework or find jobs, and generally make connections when they first arrive in the United

States. In focus groups, URM youth described working together at every stage of their experience in the program, from meeting new arrivals at the airport to finding apartments together when they transitioned out of the program. In the words of youth, “In this program, you never feel lonely because you see people like you, so you never feel lonely.”

In addition to these strengths, URM youth arrive with diverse needs, including mental and physical health care, education and English language support, and legal aid related to immigration. Staff in all programs visited reported that URM youth often arrive with mental health conditions (e.g., posttraumatic stress disorder, adjustment disorder, depression), usually as a result of traumatic events experienced before, during, and after their migration to the United States. One foster parent described how that trauma may impact youths’ behavior at home: “They’re three, they’re 30, and they’re 80 at the same time. It’s a full-time job, to figure out whether I’m talking to my three-year-old or my 30-year-old today.” For more information on mental health needs and services, please see the Youth Mental Health in the Unaccompanied Refugee Minors Program report, available on the OPRE website.



“They’re three, they’re 30, and they’re 80 at the same time. It’s a full-time job, to figure out whether I’m talking to my three-year-old or my 30-year-old today.”

– URM foster parent

URM youth also often enter the program in need of routine or preventative medical or dental care. However, staff from most of the programs visited reported that youth rarely arrive to the URM program with acute physical health needs (e.g., physical disabilities or chronic conditions). While some programs may have limited capacity to serve youth with acute needs (and therefore to accept such referrals), others can accept these referrals to the extent they have placements available to support such youth.

URM provider staff across all sites visited said that most URM youth have experienced interruptions in formal education or stopped attending school at young ages and arrive in the United States with a variety of literacy, numeracy, and language skills. Some youth are not literate in their native

language(s). A few speak languages that do not have written forms, while others already speak English. URM provider staff, partner staff, foster parents, and youth themselves identified English language acquisition as a key need and challenge for URM youth. For more information on education needs and services, please see the Educational Supports and Experiences in the Unaccompanied Refugee Minors Program report, available on the OPRE website.

Not all URM youth have the same legal status or chance to pursue lawful permanent residence. Some program directors noted on our survey that youth need additional legal support. Some youth experience delays in gaining authorization to work and, in some states, access to public benefits, such as Medicaid. URM program directors also reported that lack of employment authorization can cause anxiety as youth cannot make long-term plans or build self-sufficiency. This can be especially challenging for former UACs, compared to other URM youth, who program staff described as more driven to work and send money to families in their home countries.

URM Program Services

URM programs offer a wide array of services, benefits, and living arrangements

URM youth receive program services as soon as they arrive in the United States (or enter the URM program if they are already in the United States). URM programs recruit, train, and license foster families and maintain relationships with other placement providers, like group homes, on an ongoing basis. After youth enter the program, services are provided until they exit the Program, which often occurs at their state’s age of emancipation from domestic foster care. Programs offer a wide range of services to URM youth. As shown in Exhibit 3, on our survey, nearly every URM program reported providing services related to acculturation, health, education/vocation, life skills and independent living training, legal assistance, and permanency. In general, programs partner with external providers to offer services that require specific expertise or facilities, such as doctor visits, medication management, GED classes/testing, or legal assistance.

Exhibit 3. Services Offered by URM Programs

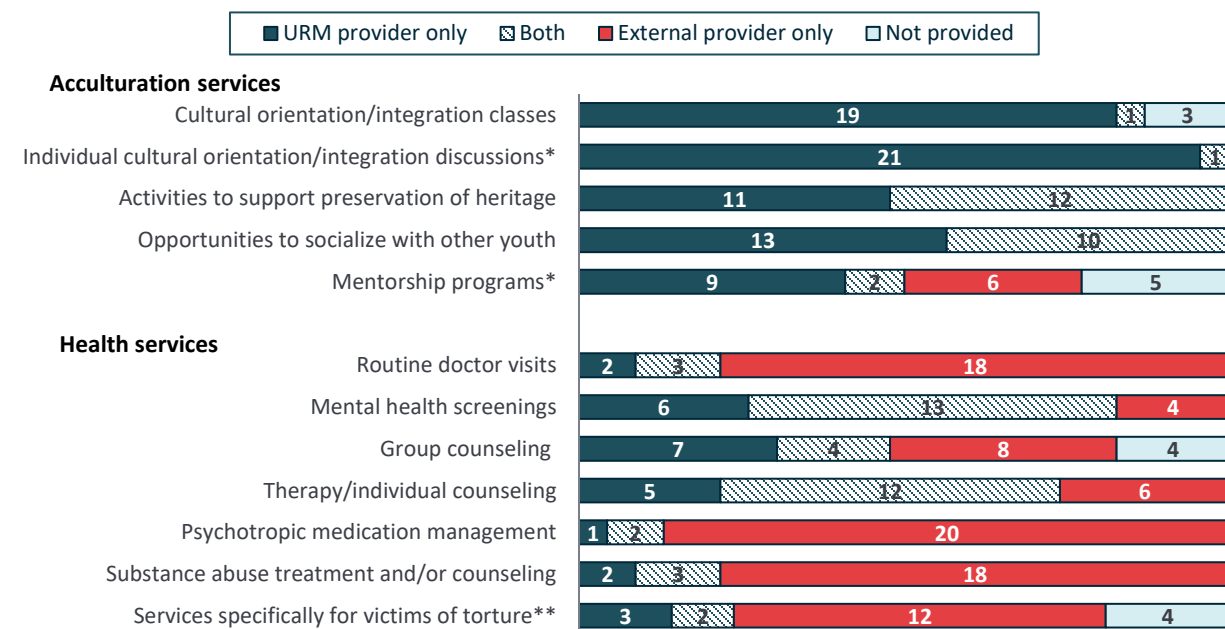
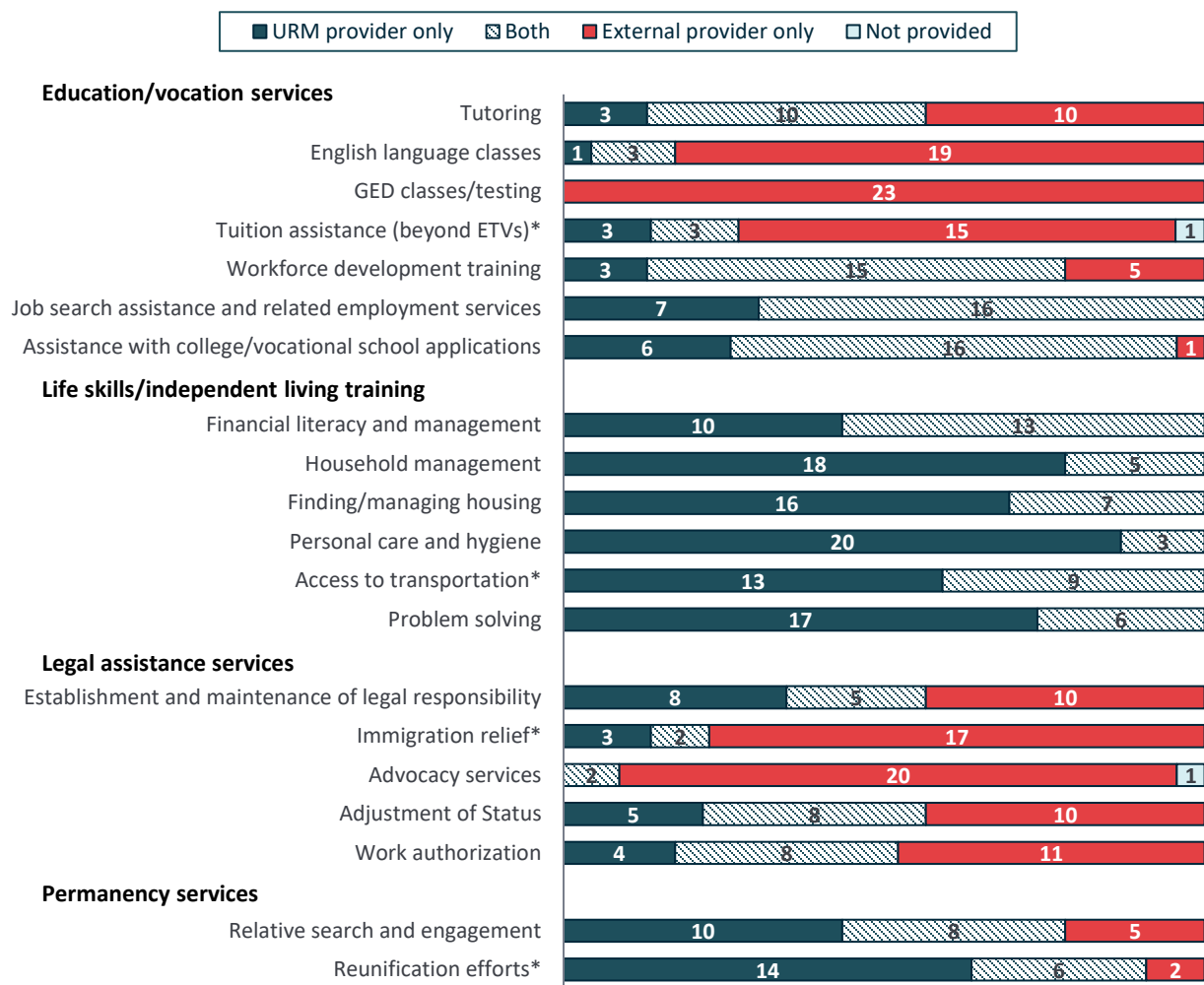


Exhibit 3, continued. Services Offered by URM Programs



Source: Program Director Survey. *1 response missing; **2 responses missing. Program directors reported whether their services were offered internally, through an external provider, or whether the service was not available at their program. ETV stands for Education and Training Vouchers.

URM programs also offer many types of living arrangements, which mirror those offered in the domestic foster care system. These placements include family-based foster care, therapeutic foster care, relative foster care/kinship care, semi-independent living, residential treatment facilities, group homes, and independent living arrangements. Though there are many placement options available, according to our analysis of administrative data, almost two-thirds of URM youth are initially placed in a family-based foster home (see Initial Living Arrangement in Exhibit 2). For more detailed information on living arrangements, please see our Final Report from the Descriptive Study of the Unaccompanied Refugee Minors Program, available on the OPRE website.

Despite this broad service array, many program directors who responded to our survey also noted gaps. In particular, they described challenges in providing medical, dental, and mental health services (either services covered by Medicaid or those that are culturally appropriate or trauma-informed); education, tutoring, and mentoring services; and legal aid for immigration cases (particularly pro bono aid).

Several programs have built internal programs and external partnerships to address these gaps.

Medical Services Highlight: Refugee Women’s Health Clinic



URM youth sometimes have a difficult time understanding the United States health care system. Catholic Charities Community Services in Phoenix, Arizona has a partnership with the Refugee Women’s Health Clinic, a multi-site health organization designed specifically for refugee women. The clinic matches “navigators” (who are refugees themselves) with clients to advocate for their needs and act as “cultural health brokers.” As the navigators share similar values, experiences, or ethnic backgrounds with their clients, they aim to help them navigate the U.S. health care system in a way that is responsive to their experiences and preferences.

Education Services Highlight: Lighthouse Academy



Since 2014, Bethany Christian Services in Michigan has partnered with Lighthouse Academy to provide a high school specifically for refugee youth. About half of the students in this charter school are URM youth, while the other half are UACs or refugee youth resettled with families. The school is specifically designed to support youth with a history of trauma. In addition, Lighthouse Academy provides youth with the time to adjust to a school environment and complete their high school degree by allowing students to remain in school up to age 22. In contrast, students in other schools in Michigan must be 19 or younger to begin the school year.

Legal Services Highlight: Kids In Need of Defense (KIND)

KIND is a national legal assistance organization that provides pro-bono legal services to UACs in ORR custody. In Seattle, KIND partners with the URM provider in Washington state, Refugees North West Foster Care (RNWFC), to provide services to former UACs in need of legal assistance. Though they do not have a formal contract, KIND attorneys and RNWFC social workers have monthly calls to discuss cases. KIND’s administrative staff are knowledgeable of the UAC-to-URM population and able to manage case logistics and timelines. Beyond the direct services provided to the youth, KIND also conducts annual trainings with URM foster parents.



URM Program implementation varies by service provider

While the array of services and living arrangements that URM programs offer does not vary widely, we found that programs implement these services and living arrangements in different ways. Service delivery is impacted by youth characteristics as well as the different environments in which URM programs operate, including child welfare custody arrangements, state and local policies, and local context. For more detailed information on how services are delivered, please see our Final Report from the Descriptive Study of the Unaccompanied Refugee Minors Program, available on the OPRE website.

Youth characteristics. URM service providers reported tailoring services to individual youth based on their strengths, needs, and past experiences. For example, a youth’s pathway into the URM Program may influence their experiences and the services they receive. Program staff reported during site visits that refugees have different migration experiences, goals, and needs from those who entered from the UAC program. For example, URM youth who are former UACs need more legal assistance than refugees as a result of the immigration status with which they enter Program.

Child welfare custody arrangements. As described above, URM programs operate under one of two custody arrangements: public and private. See Exhibit 1 for information on arrangements in each state. In states with public custody arrangements, the state or county child welfare agency maintains legal custody of URM youth. In states with private custody arrangements, the private

agencies that operate URM programs are legal custodians. Custody arrangements affect how URM programs provide and fund services. According to survey respondents, in states with private custody arrangements, the role of the child welfare agency is more supportive (e.g., providing technical assistance) or administrative (e.g., licensing URM providers as child placing agencies). In states with public custody arrangements, survey respondents reported that child welfare agencies monitor youth well-being and provide case management to URM youth. Funding sources for URM services also differ by custody arrangement, particularly for services and benefits to support a successful transition to adulthood and Education and Training Vouchers (ETVs).⁴ In states with public custody arrangements, these services are primarily funded by the federal John H. Chafee Foster Care Program for Successful Transition to Adulthood, whereas in states with private custody arrangements, these types of services are funded through ORR or other sources.

State and local policies. State and local policies affect the way URM programs operate and impact the services that URM youth can receive. For example, court procedures, which vary across states and counties, impact the process by which URM programs gain custody of URM youth and can consequently also affect where URM youth are placed. Additionally, state-defined eligibility rules for Medicaid can impact the health services youth receive in their communities (e.g., the doctors they can visit or the services covered by insurance). Several survey respondents noted gaps in the types of services covered or in whether Medicaid services were available to former UAC youth (Medicaid policies regarding immigrants differ by state).

Local context. Our site visits provided insight into the ways local contexts affect URM programs. Each program we visited is in an area with large and diverse refugee and/or immigrant populations, though the make-up of these groups varies within and across the regions they serve. All six URM programs found the surrounding communities generally supportive of refugees and immigrants. Each site also described local refugee and immigrant populations that overlapped with the cultural backgrounds of the youth in their program, though not every culture is represented in each site. The cultural groups present in each area can provide resources for URM programs to help foster connections between youth and their religious and cultural heritage. However, some URM youth live in communities that do not have populations that match their cultural background.

Programs offer limited support after youth leave the program

Systematic information on youth outcomes and experiences after program exit was not available for this study. However, we gathered some anecdotal information about youth experiences after leaving the program. On site visits, URM service providers reported a variety of supports and policies for serving youth after they leave the URM Program. Some programs are able to provide limited services, such as tutoring, but they do not provide case management or financial support. One site reported offering six months of “after care” services, in which case managers continue to call and check-in with youth. In some cases, foster parents also continue to be a resource for URM youth after they leave the Program. However, as in the domestic foster care system, this is not a requirement. Some youth exit the URM Program before age 21. Staff said the most common reasons for early Program exit are to pursue employment on their own or freedom from the rules of the URM Program, such as the requirement to be working or in school.

⁴ Under the Education and Training Voucher program, youth may apply for funding to cover up to \$5,000 per year of postsecondary education tuition, housing, transportation, books, and materials for up to five years.

Conclusion

URM programs provide a wide array of services to meet youths' needs. Additional research is needed to better understand how these services and activities influence URM youth outcomes. Potential research questions include: What outcomes do URM youth experience? How do those outcomes compare to other youth? How do different program models and contexts relate to URM youth outcomes? What services/activities are most effective in achieving positive outcomes? We propose research designs to address these questions in the Final Report from the Descriptive Study of the Unaccompanied Refugee Minors Program, available on the OPRE website.

About the Descriptive Study of the URM Program

The Office of Planning, Research, and Evaluation in the Administration for Children and Families (ACF) awarded MEF Associates and its subcontractor, Child Trends, a contract to conduct a descriptive study of the URM Program to better understand the range of child welfare services and benefits provided through the URM Program. Please see our [study overview](#) for more information on the study, including the study's research questions.