This item is likely protected under Title 17 of the U.S. Copyright Law. Unless on a Creative Commons license, for uses protected by Copyright Law, contact the copyright holder or the author.

Access to this work was provided by the University of Maryland, Baltimore County (UMBC) ScholarWorks@UMBC digital repository on the Maryland Shared Open Access (MD-SOAR) platform.

**Please provide feedback**

Please support the ScholarWorks@UMBC repository by emailing scholarworks-group@umbc.edu and telling us what having access to this work means to you and why it's important to you. Thank you.

# POST-RELEASE SERVICES FOR UNACCOMPANIED CHILDREN: CURRENT GAPS AND NEEDED IMPROVEMENTS

By Kerri Evans, and Tatiana Londoño. With editorial contributions from: Benjamin J. Roth, Jayshree Jani, Jodi Berger Cardoso, Robert Hasson III, Kelechi C. Wright, Susan Schmidt, Megan Finno-Velasquez, and Sophia Sepp.

In recent years, unaccompanied children have been arriving at the U.S.-Mexico border in unprecedented numbers. The Office of Refugee Resettlement (ORR) is the federal agency tasked with providing care to these children while they are in ORR custody, connecting them to their family members and sponsors, and providing supportive services post-release. However, the system of post-release services has proven to be insufficient in meeting the unique safety and well-being needs of unaccompanied children and their family members and sponsors. This brief was drafted by members of the Center on Immigration & Child Welfare (CICW) Research Workgroup in an effort to provide background and highlight gaps in the Office of Refugee Resettlement's (ORR) Post-Release Services program and offer research-based recommendations to expand and improve the current system. We hope that advocacy groups can utilize this information to help push for legislation and policy changes that will improve the lives of unaccompanied children (UC).

## WHAT ARE POST-RELEASE SERVICES (PRS)?

Post-Release Services (PRS) are offered by the Office of Refugee Resettlement (ORR) to promote the safety and well-being of unaccompanied children (UC) upon release from ORR's custody to their sponsor in the U.S. by connecting children and their sponsors to community-based resources (ORR, 2016). Post-release services are provided to children who are deemed to benefit from ongoing assistance by a social service agency. This includes all children who

### WHAT IS THE CICW?

The Center on Immigration and Child Welfare (CICW) is housed at the School of Social Work at New Mexico State University. The CICW promotes the welfare of children of immigrants and their families through original research, resource development and distribution, training and technical assistance, and national leadership. The CICW Research Workgroup consists of scholars from across the U.S. whose research focuses on various issues impacting immigrant children and children in immigrant families. Learn more by visiting our website at www.cimmcw.org.

receive a home study as a requirement of the Trafficking Victims Protection Reauthorization Act (TVPRA), children released to a non-relative sponsor, and children identified as needing additional assistance in connecting to community resources (ORR, 2016). PRS are vital to help sponsors of unaccompanied youth access existing services and navigate complex social service systems and are a necessary component of the integration process for all families (Jani, 2017).

***Post-Release Services are vital to help sponsors of unaccompanied youth access existing services and navigate complex social service systems.***

PRS services are facilitated by a network of contracted providers who assist children and their sponsors with connecting to supportive services in the child's community related to:

- placement and stability
- immigration proceedings
- guardianship
- legal services
- education
- medical services
- mental health services
- family stabilization and counseling
- substance abuse
- gang prevention, and other services as necessary (ORR, 2016).

ORR stipulates that PRS providers must be culturally and linguistically appropriate when connecting the child and sponsor to community resources. Most children receive PRS for 90 days or until they turn 18, whichever happens first, or until a child welfare professional determines that the services are no longer needed. The small proportion of UC who qualify for PRS under TVPRA receive PRS until they turn 18 or until their immigration case is terminated, which occurs if they are granted voluntary departure, receive an order of removal, or obtain immigration status (ORR, 2016).

## GAPS IN THE CURRENT SYSTEM

The goals of PRS are to facilitate family reunification and community reintegration. In order to accomplish this in the 90 days of service, some assumptions are made: reunification is the simple act of moving back into the same home, community supports are available to all UCs who want them, and all UCs who need support are screened and given PRS upon leaving shelter. However, the ability to deliver services and meet the needs of UCs in need is complicated because research shows that: 1) reunification for some children is a lengthy and complex process that cannot be accomplished during the short window of PRS; 2) many children with PRS are unable to connect to local supports because they don't exist or are inaccessible (e.g., because they are English-only, too expensive, lack transportation/childcare to access them, or require long wait-lists); and 3) not all the children who need extra support receive PRS services due to faulty screening processes in the shelter that overlook many children who may not present initially with behaviors/symptoms (Roth & Grace, 2015).

***Not all the children who need extra support receive PRS services due to faulty screening processes in the shelter that overlook many children who may not present initially with behaviors/ symptoms (Roth & Grace, 2015).***

In addition, UC meet the criteria for mental health diagnoses at high rates. One study identified 56.7% who met criteria for PTSD, 30% who met criteria for major depressive disorder, and 30% who reported suicidal ideations (Berger Cardoso, 2018). These complex mental health needs are not adequately acknowledged and addressed in the current system.

Finally, sponsors of UCs are committed to the youths' education and, in the absence of case management support, look towards the school for guidance that could be provided by Post-Release Services in a more tailored way if the funding and support was available to PRS providers to do so (Jani, 2017).

# RESEARCH-BASED RECOMMENDATIONS

Given the gaps described above, the following are key recommendations from research to expand and improve the PRS program to meet the unique needs of UCs.

## EXPAND PRS SERVICES

Research has called for:

- Establishing universal eligibility for PRS services for all UC (Roth & Grace, 2015).
- A follow-up service, or PRS, such as a telephone call may help sponsors identify local resources and should be carried out with all families, not only ones identified as "high risk" (Jani, 2017).[1]
- Expand funding to both ORR and contracted agencies so that children can access mental health and legal support services, even if through remote/virtual technologies (Roth & Grace, 2015).

## ADDRESS MENTAL HEALTH NEEDS

Research calls for evidence-based mental health interventions that target coping strategies to address complex mental health needs of UCs. Specifically,

- PRS workers should be screening youth and referring for mental health services when needed (Hasson III et al., 2020).
- Practitioners providing services to UC post-release should be adequately trained to meet the complex needs of trauma-exposed youth, both in executing mental health interventions and in teaching prosocial strategies and emotional regulation to youth (Berger Cardoso, 2018).
- Counselors must practice culturally relevant and culturally sensitive counseling services with this population and create a safe space for clients to process their trauma. Building

***Counselors must practice culturally relevant and culturally sensitive counseling services with this population and create a safe space for clients to process their trauma.***

[1] Since the time this article was published, ORR has instituted a safety and well-being follow-up call for all youth released. However, no data has been seen around the effectiveness of this call yet.

rapport is crucial when counseling UC. Clients might be anxious about sharing personal information because of past experiences causing fear and mistrust (Tello et al., 2017).

## EXPAND TRAINING OPPORTUNITIES FOR LOCAL SERVICE PROVIDERS

Social service providers at all agencies need training and knowledge to work with UC and need to know where to refer UC for more tailored services (Evans et al., 2018).

*Trainings should illustrate the needs of unaccompanied minors, their unique challenges, and best practices for trauma-informed interventions (Crea et al., 2018).*

- Existing research should inform trainings, workshops, and presentations for staff and families supporting unaccompanied minors (Crea et al., 2018).
- Trainings should illustrate the needs of unaccompanied minors, their unique challenges, and best practices for trauma-informed interventions (Crea et al., 2018).
- Trainings can be held for organizations and ORR employees and can be important supplements to existing curricula provided for sponsoring families (Crea et al., 2018).
- Training of PRS case managers should have a therapeutic, trauma-informed approach (Roth & Grace, 2015).

## ADAPT THE SERVICE MODEL TO BE MORE CULTURALLY INCLUSIVE

Intentional efforts to increase cultural inclusivity of the PRS service model are needed to ensure that it is appropriately responsive to the diverse needs, experiences, and contexts of the youth it is serving. Support for UC and their families can be informed by research that identifies their internal (e.g., cultural values, psychological traits, spirituality, abilities) and ecological (e.g., family, peers, community-based organizations, churches, schools) sources of resiliency and strength (Berger Cardoso et al., 2019).

Specifically,

- PRS professionals should focus on reinforcing existing strengths and protective factors such as faith, commitment to family, and desire to better one's economic position (Becker Herbst et al., 2018).
- Culturally competent workers also need to be aware of factors that can affect the therapeutic relationship such as stigma, location of services, language barriers, legal status, and insurance documentation (Tello et al., 2017).

## INTENTIONALLY ENGAGE WITH LOCAL SCHOOLS

Schools play a critical role in the processes of integration, acculturation, and social inclusion, particularly with a diverse and demographically changing student population (Jani, 2017). Schools can be places where students experience belonging, become involved in nonacademic supports (e.g., extracurricular activities) and connect to community-based resources (e.g., health clinics). Such experiences are protective factors against the development of mental health symptoms (Berger Cardoso et al., 2019). Sponsors rely on local schools when PRS services are not available

(Jani, 2017). As such, intentionally engaging and partnering with local schools may help to expand and improve PRS services for UCs. Potential avenues for school engagement include:

- Working with school administration and staff to educate them on the needs of the population and provide outreach for programs via the education system (Jani, 2017).
- Expanding mental health services for unaccompanied youth to school-based health centers, a model of service delivery that co-locates health and social services within schools, to implement innovative, multidisciplinary, and cross-sector solutions to improve the delivery of services for unaccompanied youth (Berger-Cardoso et al., 2019).
- Increasing government funding of policies and programs to enable schools to address the needs of UCs and their sponsors more comprehensively and effectively are needed (Jani, 2017).

## PURSUE ADDITIONAL RESEARCH

It is important to work towards creating an adaptive and streamlined intervention model that can be used as the standard for working with UC. This not only requires research of the various evidence-based interventions that already exist with immigrant children, but also funding for research of adaptations that incorporate the unique needs of UC in the U.S. (Crea, 2018). Continued research in this area should consider and include:

***Research should include input from UC themselves, along with their families and caregivers, about the services that are most helpful, or most needed.***

- Research on PTSD and mental health among UC receiving PRS needs to examine the nuanced factors related to trauma from the Northern Triangle and needs to account for cultural differences in trauma experiences (Hasson III et al., 2020).
- Research on the best ways to educate legal providers about cross-cultural child development, welfare, and mental health (Berger Cardoso et al., 2019).
- Research best practices for legal service providers and evaluate the coordination of legal services with other social service providers (Berger Cardoso et al., 2019).

Finally, research should include input from UC themselves, along with their families and caregivers, about the services that are most helpful, or most needed. Using a community based participatory approach would be beneficial for this purpose (Evans et al., 2022).

# REFERENCES


Becker Herbst, R., Sabet, R. F., Swanson, A., Suarez, L. G., Marques, D. S., Ameen, E. J., & Aldarondo, E. (2018). "They were going to kill me": Resilience in unaccompanied immigrant minors. *The Counseling Psychologist, 46*(2), 241-268.

Berger Cardoso, J., Brabeck, K., Stinchcomb, D., ... Zayas, L. H. (2019). Challenges to integration for unaccompanied migrant youth in the post-release U.S. context: A call for research. *Journal of Ethnic and Migration Studies.* http://dx.doi.org/10.1080/1369183X.2017.1404261.

Berger Cardoso, J. (2018). Running to stand still: Trauma symptoms, coping strategies, and substance use behaviors in unaccompanied migrant youth. *Children and Youth Services Review, 92,* 143-152.

Crea, T., Hasson, R., Evans, K., Berger Cardoso, J., & Underwood, D. (2018). Moving forward: Educational outcomes for Unaccompanied Refugee Minors (URM) exiting foster care in the United States. *Journal of Refugee Studies, 31*(2), 240–256. https://doi.org/10.1093/jrs/fex020

Crea, T. (2018). Unaccompanied immigrant children in long term foster care: Identifying needs and best practices from a child welfare perspective. *Children and Youth Services Review, 92*, 56–64.

Evans, K., Diebold, K., & Calvo, R. (2018). A call to action: Reimagining social work practice with unaccompanied minors. *Advances in Social Work, 18,* 788-807. https://doi.org/10.18060/21643

Evans, K., Hasson III, R. G., Teixeira, S., Fitchett, V., & Crea, T. M. (2022). Unaccompanied immigrant children in the United States: Community level facilitators of adjustment identified by service providers. *Child and Adolescent Social Work.* https://doi.org/10.1007/s10560-022-00842-8

Hasson III, R. G., Easton, S. D., Iriarte, A. D. V., O'Dwyer, L. M., Underwood, D., & Crea, T. M. (2021). Examining the psychometric properties of the Child PTSD Symptom Scale within a sample of unaccompanied immigrant children in the United States. *Journal of Loss and Trauma, 26*(4), 323-335. https://doi.org/10.1080/15325024.2020. 1777760

Jani, J. S. (2017). Reunification is not enough: Assessing the needs of unaccompanied migrant youth. *Families in Society: The Journal of Contemporary Social Service, 98*(2), 127–136, https://doi.org.10.1606/1044-3894.2017.98.18

Lutheran Immigration and Refugee Service (LIRS). (2015). At the crossroads for unaccompanied migrant children: Policy, practice, & protection. https://www.lirs.org/assets/2474/lirs_roundtablereport_web.pdf

Office of Refugee Resettlement. (2016, June 15). ORR unaccompanied children program policy guide: Section 6. *Office of the Administration for Children & Families.* https://www.acf.hhs.gov/orr/policy-guidance/unaccompanied-children-program-policy-guide-section-6

Roth, B. J., & Grace, B. L. (2015). Falling through the cracks: The paradox of post-release services for unaccompanied child migrants. *Children and Youth Services Review, 58,* 244–252. https://doi-org/10.1016/j.childyouth.2015.10.007

Tello, A. M., Castellon, N. E., Aguilar, A., & Sawyer, C. B. (2017). Unaccompanied refugee minors from Central America: Understanding their journey and implications for counselors. *Professional Counselor, 7*(4), 360-374.

Venta, A. C., & Mercado, A. (2019). Trauma screening in recently immigrated youth: Data from two Spanish-speaking samples. *Journal of Child & Family Studies, 28*(1), 84–90. https://doi.org/10.1007/s10826-018-1252-8

Wade, J. (2019). Supporting unaccompanied asylum-seeking young people: The experience of foster care. *Child & Family Social Work, 24*(3), 383–390. https://doi- org./10.1111/cfs.12474