A Path to Evidence-Based Services for Unaccompanied Children

Overview of the Project

The U.S. Committee for Immigrants and Refugees (USCRI) has served immigrants and refugees for over 110 years. Its Children's Services division is the largest provider of Home Study and Post-Release Services (PRS) to unaccompanied children (UCs), funded by the Office of Refugee Resettlement (ORR). The goal of these services is to ensure that UCs are safe and that their physical, cognitive, social, and emotional needs are met after they are released from federal custody. In recent years, ORR has significantly increased funding for these services with the goal of providing PRS to all UCs who leave their custody. ORR has also made substantial changes to the service model by introducing different levels of intensity of PRS to meet varying client needs, extending the service period, and reducing caseload requirements for case managers.

There is very little data regarding the outcomes of UCs after their release and no significant evaluation has been conducted on the effectiveness of PRS in supporting their integration. The recent reports of child labor exploitation of UCs highlight the importance of effective screening of potential sponsors, as well as the need for established evidence-based models of PRS to ensure UCs safety and well-being as they progress in their immigration proceedings and integrate into their community. The increase in funding and expansion of the program creates an important opportunity to establish effective, evidence-based services for this population to ensure their safety and well-being.

Seizing this opportunity, USCRI partnered with Child Trends, the leading research organization in the U.S. focused solely on improving the lives of children and youth, to develop an evaluation plan to assess the effectiveness of USCRI's Home Study and PRS programs as they began this transition. Grounded in Child Trends' framework on building evidence for effective programs,[1] this project was a research-practice partnership focused on planning for, delivering, and monitoring the Home Study and PRS programs. To meet the project goals, Child Trends collaborated and consulted with USCRI management, staff, UCs, and sponsors to conduct a series of activities for each of the two programs. This brief will explore the outcomes of the collaboration, lessons learned, and recommendations for ORR to move toward the creation of an evidence-based, national model for Home Study and Post Release Services for unaccompanied children.

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[1] Child Trends. (2018) *A video series for building evidence on effective programs.*
https://www.childtrends.org/project/video-series-building-evidence-effective-programs

Home Study Program Overview

When a UC enters ORR custody, facility case managers immediately begin the process of identifying and vetting an appropriate sponsor to ensure each child's safe and timely release. This vetting process includes an analysis of a sponsor's strengths, protective and risk factors, and individualized needs within the context of each child's needs, strengths, history, and relationship to the sponsor. For cases where the child or sponsor have significant needs, or there are safety concerns with a potential sponsor, ORR may request to conduct a Home Study. According to ORR policy, "a Home Study consists of interviews, a home visit, and a written report containing the Home Study case worker's findings. A Home Study assesses the potential sponsor's ability to meet the child's needs, educates and prepares the sponsor for the child's release, and builds on the sponsor assessment conducted by the care provider staff to verify or corroborate information gathered during that process. The Home Study is conducted as a collaborative psycho-educational process in which the Home Study case worker identifies areas where additional support, resources, or information are needed to ensure a successful sponsorship, and provides corresponding psycho-educational assistance. The final recommendation must present a comprehensive and detailed assessment of the sponsor's ability to care for the needs of the child and address any additional information that emerges during the course of the Home Study regarding the sponsor, the sponsor's household or the child."[2] Upon receiving the Home Study provider's recommendation, ORR then makes a decision to deny or approve a child's release to that sponsor. Since 2015, approximately seven percent of all cases receive a Home Study prior to their release, highlighting that these children are the most vulnerable in ORR's custody.[3]

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[2] https://www.acf.hhs.gov/orr/policy-guidance/unaccompanied-children-program-policy-guide-section-2.4

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HOW EFFECTIVE ARE HOME STUDIES?

As the largest Home Study provider for UCs, USCRI has significant interest in knowing whether the Home Study process results in the appropriate judgment of the suitability of the sponsor as a placement for the UC considering that ORR typically follows the recommendations of Home Study providers. There is currently no process to determine if home studies are effective at keeping children safe or preparing sponsors to ensure their well-being, or data to show which risk factors are particularly pertinent to UCs. In an effort to improve practices and understand impact of its home studies, USCRI collaborated with Child Trends to develop an evaluation plan that could be applied not only to improve USCRI's practices, but to develop an evidence base for all Home Study providers to learn from.

Child Trends' approach for determining whether the "right call" was made is based on a measurement of the UC's safety and stability at the first assessment conducted by a Post-Release Services (PRS) case manager, before PRS have begun in earnest. To inform the development of a plan to assess the accuracy of the Home Study, Child Trends (1) conducted a literature review to summarize relevant indicators related to the desired Home Study outcomes, (2) reviewed USCRI's existing data and documents to identify ways to measure indicators identified in the literature, and (3) developed an analysis plan to help USCRI examine which indicators are related to positive outcomes for UCs.

Child Trends proposed the following research questions to determine the accuracy of the Home Study:
1. How accurately did the Home Study identify risks to placement/family stability and child safety?
2. What are the characteristics of UCs (e.g., UC age, relationship between UC and sponsor, country of origin) who are placed in stable and safe homes upon release, and how do they differ from those in homes that are deemed as not stable or safe?

To answer each of the proposed research questions, Child Trends recommended first examining an overarching outcome related to placement stability and child safety using the information gathered in the initial PRS assessment after a child's release, as well as proposed indicators to observe prior to a child's release (see Table below).

OVERARCHING OUTCOME

Children are released to a safe and stable home.

MORE DETAILED OUTCOMES

- Child remains with sponsor to whom they were released.
- Child is not neglected/abused.
- Child has stayed/is expected to stay in current placement.
- Child's basic needs are met.
- Sponsor is willing to care for the child.
- Child is safe/comfortable in home.

PROPOSED INDICATORS

1. UC age at time of Home Study referral
2. Length of separation between UC and sponsor
3. UC behavioral or mental health concerns
4. Sponsor's prior caregiving experience
5. Relationship of sponsor to UC
6. Sponsor's relationship w/ domestic partner
7. Level of familiarity between UC and sponsor
8. Quality of relationship between UC and sponsor

Addressing Research Questions

RQ1. How accurately did the Home Study identify risks to placement/family stability and child safety?

The question can be answered by calculating the percentage of UCs who are placed in stable and safe households, as assessed by the PRS case manager during the first home visit. As described above, using the first PRS assessment prior to the delivery of any services to the family is critical because once PRS have begun, it would be impossible to isolate the accuracy of the home study assessment. The percentage of UCs who are placed in safe and stable homes upon release provides critical baseline information to understand the extent to which the Home Study may or may not be accurately capturing risks for placement instability or unsafe conditions.

RQ2. What are the characteristics of UCs who are placed in stable and safe homes upon release, and how do they differ from those in homes that are deemed as not stable or safe?

By answering this question, USCRI can begin to identify factors assessed during the Home Study (i.e., the indicators described in the table above) that can confer risk or protection for being placed in a stable and safe home. For example, in a previous evaluation of the program conducted by USCRI, there was a correlation between indicators #2 (length of separation between UC and sponsor) and #4 (sponsor's prior caregiving experience) with placement instability. This information can help inform which indicators to pay attention to when making placement recommendations during the Home Study. It can also help with targeted education, safety planning, resource referral, and PRS service planning once the UC is released.

Next Steps

To answer these questions, USCRI needed to operationalize the indicators identified above that may be related to placement safety and stability as the information is currently documented in narratives within a Home Study report and is difficult to analyze. Child Trends provided a process for quantifying information about risk and protective factors so that USCRI will be able to analyze information on the proposed indicators. As a result, USCRI developed procedures and training to ensure Home Study workers consistently record reliable quantitative data as part of the Home Study process. This also requires further development within USCRI's case management database to track data over time and protocols for monitoring data quality.

Broader Practice and Policy Implications

While USCRI seeks to answer each research question to improve services and ensure child safety, there is a significant opportunity for ORR to use a similar process to improve performance management of grantees providing Home Study services, as well as better inform release decisions made by Federal Field Specialists (FFS). For example, by comparing positive recommendations made by a provider with the initial assessment of a PRS case manager, ORR can begin to see trends with placement stability and child safety and evaluate a grantee's effectiveness as a Home Study provider. Additionally, ORR can standardize data collection on the previously mentioned indicators, which would provide a wealth of information in determining the most pressing risk and protective factors for UCs. This has the potential to influence release decisions and/or determine appropriate levels of PRS after a child's release. For example, the data may reveal that a sponsor's lack of prior caregiving experience paired with a UC who has significant behavioral or mental health concerns consistently results in placement instability or child safety concerns. Therefore, ORR could ensure that the UC is only released once more intensive PRS are in place, and/or facility case managers complete a referral to a community mental health provider and develop a targeted safety plan. The implications for improving UCs welfare by using evidence-based decision making cannot be overstated enough.

Post-Release Services Overview

Once a UC leaves ORR custody and unifies with a sponsor, ORR may refer them for Post-Release Services (PRS) to support them as they integrate into their new communities. Historically, the program has been a brokerage case management model consisting of periodic home visits to ensure each child's safety, provide information and resources to families, and make referrals when appropriate or available. Prior to 2023, approximately 20 percent of children were referred for services, with most cases only receiving assistance for 90 days. To more adequately meet the needs of UCs, ORR now offers three levels of PRS, which differ in duration and intensity, to address the varying needs of each child and sponsor. PRS providers conduct an assessment of each family's needs to determine the appropriate level of service and develop a service plan. PRS case managers help families access legal services, medical and behavioral health care, positive youth programming, assist with school enrollment, and provide ongoing education and support to UCs and their sponsors.

USCRI & CHILD TRENDS' WORK: POST RELEASE SERVICES

With ORR's expansion of services and introduction of three levels of PRS, USCRI recognized the need to adapt its programming to improve service planning, better track the impact of services, and determine appropriate levels of care. Using their framework for building evidence for effective programs,[4] Child Trends assisted USCRI with accomplishing three goals:

1. Update USCRI's logic model.
2. Develop a new PRS assessment.
3. Revise quality assurance tools and procedures.

Updated Logic Model

USCRI had an existing logic model for the PRS program. However, logic models are living documents that are intended to be refined and clarified over time, as programs change and the assumptions underlying the logic model are tested. Through discussions with USCRI about their expectations for how the services they provide affect outcomes for UCs, Child Trends updated the logic model to connect the short-term and long-term outcomes to the services provided by the PRS program (e.g., school enrollment assistance, legal assistance) and quantified the outputs with specific metrics to ensure that they are measurable.

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[4] Child Trends. (2018) *A video series for building evidence on effective programs.* https://www.childtrends.org/project/video-series-building-evidence-effective-programs

New PRS Assessment

The goal of the PRS program is to meet the needs of UCs and sponsors in seven service domains: (1) placement/family stability and child safety, (2) medical care, (3) education, (4) mental and behavioral health, (5) legal and immigration assistance, (6) supporting integration and independence, and (7) child trafficking. USCRI PRS workers previously followed interview guides which allowed for flexibility to address individualized client needs; however, the process did not capture UCs and sponsor needs in a systematic way or allow for monitoring changes in needs over time.

To develop the new PRS assessment, Child Trends conducted interviews with caseworkers and reviewed other standardized assessments that have been used to measure a child's needs and strengths. The team decided to adapt the Child and Adolescent Needs and Strengths Assessment (CANS) because studies have shown that the CANS is reliable and capable of detecting change over time.[5] In addition, the CANS allows the flexibility caseworkers desire when deciding how to ask questions to solicit information needed to complete the assessment, yet it provides a standard rating of level of need. Although existing studies of CANS have not included UCs as participants, the CANS has been used with children and adolescents who have experienced a high level of stress and trauma.

USCRI's new PRS assessment allows more precise and consistent assessment of UC's and sponsors' needs. Caseworkers are instructed to give a rating for each of the seven service domains using a 4-point scale. Once a need is identified, caseworkers can select from the list of possible interventions associated with that specific need. By connecting an identified need to interventions, the new PRS assessment provides concrete information to support service planning activities, helping caseworkers plan and adjust services to meet the needs of UCs and sponsors. Finally, the new PRS assessment includes a list of suggested questions for caseworkers to use when reviewing administrative records and when interviewing UCs and their sponsors individually and jointly. The suggested questions are meant to provide consistency across caseworkers and to ensure necessary information is collected to provide a rating for each service domain.

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[5] The John Praed Foundation (n.d.) *Child and adolescent needs and strengths (CANS)*
https://praedfoundation.org/tcom/tcom-tools/the-child-and-adolescent-needs-and-strengths-cans/

Updated Quality Assurance Protocol

USCRI engaged Child Trends to review their Quality Assurance (QA) protocol and recommend changes that would improve the efficiency and effectiveness of the process, result in more actionable data, and maximize the limited time that both staff and UCs and sponsors have for the QA process. USCRI primarily conducts QA by calling current and former UCs and sponsors and asking a series of questions about the services they received, satisfaction with services, and their ongoing needs.

USCRI identified three different purposes for QA, each one requiring a different approach: (1) to address PRS service gaps and unmet client needs, (2) to verify data received from caseworkers or to identify any performance concerns with specific caseworkers, and (3) to improve services overall. Given these different purposes, and the need to tailor the approach for each, Child Trends provided recommendations for updated call scripts and questions to be administered via SMS text survey and phone calls conducted by QA staff. In addition, Child Trends developed a plan to implement a tailored approach for each purpose that describes the target population, sample size, frequency, data that will be gathered by the QA calls/SMS text survey, and ways to use the data.

Next Steps

Throughout the past year, USCRI has made significant strides in continuing to improve data collection, data fidelity, and quality assurance practices amidst a period of tremendous expansion and change. In line with Child Trends' recommendations, USCRI invested in and implemented the rollout of an improved case management database to more efficiently conduct monitoring and program oversight. The new system will also allow for more robust analyses of client outcomes, setting the foundation for future program evaluation. Additionally, USCRI invested in software solutions that will automatically distribute SMS surveys to clients to efficiently increase data collection to support continuous quality improvement. The implementation of the new PRS assessment began in August 2023, therefore USCRI will have the opportunity to examine outcome data and identify areas for growth in 2024. Lastly, USCRI has hired staff with expertise in database administration to continue improving the functionalities of the case management system and develop reports to streamline data collection and oversight.

Broader Practice and Policy Implications

ORR funded eight grantees who provided PRS to 21,894 UCs in all of 2021.[6] There are now 25 grantees actively providing PRS to more than 26,000 UCs. The number of UCs discharged from ORR referred for PRS in 2023 exceeded 80,000 and this number is expected to rise as ORR continues to expand eligibility for PRS. While ORR is making efforts to develop more comprehensive policies and procedures, there are still significant advancements needed to develop evidence-based practices for each level of PRS. The significant investment in growth of the program merits an urgent effort to develop a plan for evaluation, data collection, and standardize practices across grantees. After benefiting from the collaboration with Child Trends, USCRI recognizes that ORR could significantly benefit from implementing a similar process nationally. The following are key action steps that USCRI recommends for ORR to establish evidence-based best practices for PRS.[7]

[6] https://www.acf.hhs.gov/orr/policy-guidance/unaccompanied-children-program-policy-guide-section-2.4

[7] *While these recommendations are informed by USCRI's partnership with Child Trends, they are made solely on behalf of USCRI.*

Clarify Goals and Desired Outcomes for Each Level of PRS

ORR policy establishes basic requirements regarding activities that providers should follow for each level of PRS (e.g., frequency and type of contacts); however there is little clarity about the desired outcomes that the services should produce. This allows for limited flexibility and creativity across providers without much evidence that the required procedures are effective for this population. ORR requests grantees to provide information about the number of cases served, reasons for case closure, and initial needs as assessed by the PRS provider. The data provides no insight on the effectiveness of services or their purpose beyond the emphasis on outputs. Clarifying goals and requesting data that provides evidence of desired outcomes can allow for broader analysis of the impact of PRS, while also focusing providers' efforts in areas of priority such as school enrollment, compliance with immigration proceedings, and child safety.

Develop a Standardized Assessment

ORR asks grantees to provide data about the child's "primary need" as assessed by the PRS provider within a list of specific domains; however, there is no consistent assessment instrument used by grantees to determine needs, making the data from different providers highly unreliable. In order to capture reliable and usable information, ORR needs to develop a standardized assessment for all PRS providers to use when determining needs and service planning. This can allow grantees the flexibility to develop their own programming while gathering consistent, reliable data, thus identifying models of PRS that produce positive results.

Fund Independent Evaluation

Government or foundation funding frequently comes with a requirement to allocate approximately 15 percent of a project's funding amount towards evaluation efforts. The UC program has invested hundreds of millions of dollars in PRS services without independently evaluating its practices for effectiveness. Though it frequently borrows from general child welfare practices, the sponsor vetting process for this population is unique in its complexity. Domestic child welfare practices can inform PRS practices but again fall short of being evidence-based given that most UCs are not eligible for many of the supports and services available to domestic youth given their immigration status. Recognizing the budgetary constraints of having each grantee conduct their own program evaluations, ORR needs to fund an independent evaluator that can service all grantees and develop evidence-based practices. Doing so will lead to better outcomes for children and more efficient use of government funds.

USCRI believes that by taking these initial steps there can be significant improvements in the HS/PRS program for years to come.

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