

Supporting the Intergenerational Needs of Refugee & Immigrant Families

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Introduction

Individuals with refugee status and other immigrants contribute greatly to both the economy and the social strength of the United States.¹ This is reflected in the fact that, “in 2023, the foreign-born accounted for 18.6 percent of the U.S. civilian labor force, up from 18.1 percent in 2022.”² Even beyond the bounds of the United States, research has confirmed that refugee and immigrant families worldwide are highly entrepreneurial and help to advance the economic standing of nations, further evidencing that immigrant and displaced families are eventually able to navigate systems and resources well, especially when they are provided with sufficient guidance and support following arrival to the host country. Nevertheless, the path to this social and economic mobility can be highly complex, requiring significant perseverance and sacrifice. Recognizing the numerous barriers incoming families confront, American human services agencies routinely employ a diverse set of programs and services to support those who are in the process of becoming acclimated to the wider U.S. society, as well as their local environments, thereby enabling them to better exercise their full potential.

U.S.-based programs and services for immigrants, asylum seekers, and persons with refugee status often demonstrate limited capacity to mitigate the barriers that families having experienced migration, and particularly forced migration, may encounter. Challenges include limited attention to the difficulties posed by family members holding a variety of differing immigration statuses (and therefore varied eligibility for programming), as well as limited availability of language-based supports within programs and services. Other limitations, such as impeded access to education, child care and transportation needs, and unresolved medical concerns, also threaten to slow the stabilization of foreign-born individuals and their families.

While these needs are increasingly considered in national and state policymaking, support for more subjective and less measurable needs, such as mental- and communal health, are often overlooked in program design. As a result, agencies have turned to strategies centered on whole-family, wrap-around approaches, such as services that support not only improved social mobility, but which also support emotional well-being. Though governmental agencies are often restricted in the types of services that can be provided within the scope of their offices, family-centric social supports may be woven into existing efforts through mainstream public benefits offices, or they may potentially be executed through specialized offices, such as the offices of State Refugee Coordinators or Replacement Designees and their community partners.

Regardless of their placement, wrap-around services should take into consideration non-citizen families’ need for comprehensive supports in better understanding their environment, as well as supports that would facilitate enhanced connection to other community members. Supports may also include programming that can enhance social access and economic mobility, such as child care and transportation, among other logistical needs. These programs would ideally be attentive to creating better programmatic interconnections in order to avoid pitfalls introduced through numerous service gaps.

Critically, more attention to emotional needs through non-clinical supports can also be delivered through expanded programming, especially as some states continue to build out comprehensive statewide frameworks for mental health and community orientation. Given the immensity of the need for mental health and social supports within non-citizen communities, human services offices would also do well to continue addressing inter-generational impacts, given that several generations may be equally, but perhaps differently



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impacted by migration, as well as the fact that varied needs may exist within a single family. As such, more holistic programming would recognize that logistical, financial, educational, linguistic, social, health, and mental health needs do not stop a few months to a year following arrival into the country, also recognizing that concerns frequently persist into subsequent generations due to unresolved barriers.

In response to these persistent needs, APHSA convened several advisory meetings of human services agency personnel. These personnel were drawn from entities demonstrating innovative approaches to refugee and immigrant-focused programming, namely from state and local governments that offer programs addressing whole-family wellbeing. To facilitate analysis of these often complex and interconnected issues, this report firstly catalogues a few intersecting clusters of needs that render social and economic mobility challenging for non-citizen families. The report then offers layered considerations, such as aspirational visions for how human services systems and programs would ideally cooperate on the macro-systemic level. Following these ideal scenarios, the report also provides locally-focused ideas and immediate mitigation strategies wherever programmatic restructuring is not possible. By capturing and synthesizing these learnings across numerous states, as well as the perspectives of key community partners, this document seeks to support federal, state, and local entities seeking to assist families who are in the process of rebuilding their lives in the U.S.

While the risks described may affect any family, most of the challenges identified in this report will disproportionately apply to non-citizen families that have low incomes, and particularly those with low spoken English proficiency and/or literacy, low educational levels, and temporarily or permanently disabling health conditions. Nevertheless, even those immigrants who excel in obtaining higher socioeconomic status, language proficiency, or educational attainment, as well as those who are in good health, can still find themselves subject to these pitfalls. This includes highly educated individuals who are fully fluent in English, but who lack the appropriate U.S. equivalents of foreign credentials required to obtain appropriate level employment. Families at risk for these pitfalls also include those who exceed their period of eligibility for essential services and benefits, since they may eventually find themselves in the position of needing to navigate complex systems independently.

The needs clusters identified in this report are especially likely to occur in: places with a high cost of living; in rural, suburban, or other underdeveloped areas where resources are distant from each other; or where families are isolated from other groups with similar background. These challenges may also become relevant wherever families are socially ostracized due to their minority status.

Recognizing that the ability to fully restructure social programs may not be available to all localities, this report offers several tiers of considerations.

The content of this report includes:

- A description of the macro-environmental challenges in administering services to non-citizen families, or factors which limit the efficacy of the services provided.
- A discussion of how the use of programmatic flexibilities and inter-programmatic leveraging assist in alleviating chronically under-addressed needs within non-citizen communities.
- The identification of three discrete clusters of closely interacting needs and relevant structural factors. Within each of these clusters, the following topics are addressed.
 - How environmental challenges interact with the basic human needs identified, as these interacting challenges may lead to socioeconomic entrenchment and poor wellbeing for insufficiently resourced families.
 - Observations on the intergenerational risks that under-addressed needs pose.
 - Brief lists of programs and entities potentially implicated in addressing these needs.
 - Potential partners for executing this work.
 - Broad and visionary, yet realistic statements about the ways in which the needs of non-citizen families would ideally be supported. This includes strategies for reducing gaps between programs, focusing on the needs of multiple generations simultaneously.
 - Where relevant, examples of how states and local agencies have been creatively leveraging their existing resources to extend the scope of services. These consist of program-level changes, as well as immediate mitigation strategies that would not require substantial programmatic reconfiguration.

Macro-systemic Complexities in the Provision of Services to Refugee and Immigrant Families



There exist numerous macro-systemic, environmental, and policy barriers to delivering comprehensive programs that would support increased social and economic mobility for non-citizen families.

These include exclusion of potential participants from programs based on immigration status and/or population, or exclusion as a result of policy misalignments and other factors. **These barriers also interact with local conditions and factors at the level of the individual**, such as family composition, mixed immigration status within households, income level, language proficiency/literacy, transportation, and child-care access, as well as overall health status, among others.

Macro-environmental Challenges to Service

A volatile service environment: Following the Syrian crisis, the increased use of public charge³ during the Trump presidency, the 2021 military withdrawal from Afghanistan, as well as the Uniting for Ukraine programs, government administrators operating in a number of refugee-focused program areas, and at a variety of decision-making levels, have gained substantial insight into how to navigate increasingly

challenging policy environments. This includes managing periods of both surge and reduced capacity, navigating rapid policy change, and encouraging high maneuverability in the face of institutional and programmatic restructuring. Major surges in arrival numbers have also led to an increasingly forward-thinking manner of designing programs that will hopefully lead to even more resilient systems. However, in many instances, changes in program design and delivery require policy change or legislative action. The participants consulted for this report stated that proposals submitted to Congress and state leadership for consideration often do not meet with success. Various reasons for unsuccessful proposals include:

- **Differing political views** in adjoining counties, or other regional differences.
- **Differences in logistical or financial capacity** to both implement and diffuse desired changes across localities (for example, unevenly resourced counties).
- **Differing political ideologies** or other differences within agency leadership.
- **A need for greater congressional awareness**, understanding, and concern regarding matters affecting refugee and immigrant populations.

Fractured landscape: Even during times of political stability and agreement, discussing the landscape of services to non-citizen families is in itself challenging, since conversation around how foreign-born persons are best served quickly becomes fractured according to categories and other policy constraints. These fissures impede comprehensive, systemic change. For example, and perhaps most notably, there are a few primary sets of branching immigration pathways and entry mechanisms through which refugee and immigrant populations come into contact with human services programs and related funding streams. This itself has implications for the types of integration and supportive resources for which non-citizen groups are qualified.

Though they have been simplified for the purposes of argument, below are a few factors that complicate uniform service delivery to non-citizen families:

- **Length of time within U.S.:** The length of time that an individual has been in the U.S. (in conjunction with other factors, such as the immigration status held), can significantly impact the nature of services to which an individual has access, or whether the individual is able to access services at all. Some programs and benefits are time-limited and/or are dependent on the length of time that the person has qualified for a specific immigration status. Others are dependent on age, the length of time spent in the country, and/or length of time enrolled in a program.

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- **Programs may be status and population-dependent:** For those who are legally present in the U.S., access to federally funded programs, such as ORR (Office of Refugee Resettlement) or PRM (Bureau of Population, Refugees and Migration)-coordinated services, as well as certain mainstream benefits, are highly dependent on population and status-based eligibility criteria.
- Refugees and immigrants generally fall within a few **primary populations in terms of legal status**. One highly simplified conceptualization could include:
 - **Those that are lawfully present due to having already accessed a legal framework in order to enter or remain in the United States, whether permanently or temporarily.** This group primarily consists of individuals eligible for PRM, and/or ORR supports until point of expiration, including those who have pursued and successfully been granted refugee or asylee status (or equivalent protections). It also includes those lawfully present through legal permanent residency, temporary or permanent visas, and it may also include child migrants under state protection, as well as survivors of specific forms of violence, exploitation, and natural disasters. It may also include these individuals' dependent children wherever they are eligible. For the purposes of this report, those that have submitted documentation to relevant authorities and/or have pending legal matters, such as pending asylum claims, may also qualify under this category until such time that their case is adjudicated and either approved or denied. Also included are those with deferred action, such as Deferred Action for Childhood Arrivals (DACA).
 - **Those that are not lawfully present, meaning those have not yet pursued or those who have been denied legal permission to enter or remain in the United States.** This includes those that are undocumented and have no current legal or humanitarian claims for remaining in the United States. It also includes those who may have valid claims to asylum or other protection, but have not yet submitted their information for governmental review. It may also include: those who have been actively denied status (such as those who have been denied asylum); those whose valid status has lapsed and is not subject to renewals; and those who are under threat of deportation or are otherwise experiencing legal challenges to their continued presence in the United States.
- For those that are lawfully present, **benefits and other funding may be population or program specific.**
 - Some populations are eligible to receive **ORR supports, and if applicable, Reception and Placement (R&P) services as administered by PRM.** Those that are interested in learning more are encouraged to visit the ORR and PRM governmental websites for the most current list of services and populations supported by this programming. Readers may also wish to review related eligibility criteria and the interactions of these programs with "mainstream" public benefits ("mainstream" here referring to programs generally accessible by citizens and certain legal permanent residents (LPRs), and which are not refugee-specific).
 - **Some groups are eligible for mainstream benefits, such as refugees (or certain similar statuses),** as well as some visa-based immigrants, as well as those who have adjusted their status to legal permanent residence and have passed applicable waiting periods following said adjustment. Note that some visa types may be exempt from this waiting period. Mainstream benefits programs include Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Supplemental Nutrition Program for Women Infants and Children (WIC), among others.
 - Some individuals may have been brought into the country through a community sponsorship process, or they may have some other form of recognized, non-refugee status. At the time of writing, this includes individuals having entered under the Cubans, Haitians, Nicaraguans, and Venezuelans (CHNV) program, and those that have Temporary Protected Status (TPS), Deferred Action for Childhood Arrivals (DACA), or those who have been admitted to the U.S. via the green card lottery. **Despite having legal presence in the U.S., these and other populations may be ineligible for some, if not most, mainstream benefits,** though many different statuses qualify for some level of basic healthcare.
 - Adding to this complexity, **many families include individuals holding varying immigration statuses/situations and other eligibility criteria.** For example, among other possible reasons for a family holding diverse statuses, children may have been born in the U.S. to foreign-born individuals lacking permanent status in the U.S. These children, by virtue of their birth on U.S. soil, are likely to be United States citizens. Children may also have been brought into the country by their parents, potentially entitling them to remain under DACA when the program was in force. In another example, at the time of writing, some Afghans may hold Special Immigrant Visas, whereas others in their family may have Humanitarian Parole, and others still may have successfully pursued asylum.



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Influence of varying state configurations and other alignment issues on programs

The configuration of a given state's human services or health and human services agencies can influence the nature and oversight of services to non-citizen families. State policies may also influence the nature of programs and benefits, as well as related eligibility requirements, such as income thresholds. Structural factors influencing service delivery include:

- **Lack of alignment between governmental programs, which may be exacerbated by interaction with state structures.**

This is particularly important for persons with refugee status, given that services to refugees and other ORR-eligible populations generally fall under the purview of the State Refugee Coordinator (SRC). In states where the government has elected to not formally participate in the refugee resettlement program, the federal government has generally contracted with a non-profit entity to serve as the "Replacement Designee." Under this model, this alternative CBO/NGO entity provides services to refugees in lieu of an SRC. This distinction means that some state's refugee resettlement activities and other supportive programs are under the supervision of the human services agency, while others may be located entirely outside of the governmental agency.

 - This **SRC/RD** variance in state models has significant implications in that some state's refugee resettlement activities and other supportive programs may therefore be imbedded within human services agencies, whereas others may not be part of the health and human services system. Among some of the SRC offices that do exist within health and human services agencies (or some variant thereof), the person overseeing the broader set of mainstream benefits within a human services or health and human services agency is also the same individual that coordinates refugee programming. In other instances, the head of HHS system and the SRC are different individuals. Except in rare cases where the RD's organization is officially imbedded within the human services agency, mostly, RD offices reside outside of the formal human services system given that they are separate entities. While the RD would presumably coordinate with the necessary governmental agencies in order to provide refugees and other qualifying populations the services that are due to them, having the SRC/RD's authority seated outside of the core human services agency may render service, benefits, and data coordination more challenging.
- **Timing and coordination considerations:**

Structural variances, such as those previously described above, can affect the timeliness and coordination of communications, as well as the rate of adoption, implementation, and enforcement of both policy and best practices across jurisdictions. Working across a diversity of systems therefore requires proactive coordination and relationship maintenance.
- **Funding variance:**
 - **Formula-based funding**, which constitutes a large portion of refugee and immigrant programming, is susceptible to instability given that this type of funding makes it difficult to consistently plan for increased or decreased numbers of new arrivals, sudden spikes or troughs in the number of benefits applications, or policy changes that rapidly expand eligibility criteria. The resulting policy and service misalignments can lead to jurisdictions risking penalization due to non-compliance.
 - TANF and other programs may be structured as **block grants**, whereby states have considerable flexibility to use allotted funds, so long as certain guidelines are followed. States may also be able to adjust eligibility thresholds, rendering these criteria highly susceptible to political tides.
 - Other mainstream programs are **county-administered**, creating a high degree of variability within local operations, investment choices, and training levels.
- Similarly, due to differences in **legislative oversight and related funding processes**, some jurisdictions are permitted to write their own budgets and make programmatic decisions, including creating staff positions and budgeting accordingly, whereas some cannot. This creates a high degree of local or regional heterogeneity within the already complex variance seen between states.



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- Certain state structures may introduce a greater likelihood of **disagreement around investments, eligibility**, and other matters between agencies. They may also create opportunity for **disagreements between different layers of programmatic authority**.
- Though having a variety of system structures and service types throughout the U.S. may seem to allow individuals more choices, exercising these choices, especially for non-citizen families, is often an unrealistic prospect due to financial considerations or the logistical difficulties involved in moving to a new state. Instead, this variance creates a **disorganized service environment** that takes significant effort to fully comprehend and which is also subject to rapid change. Given significant political turnover, this highly variable landscape is also unideal due to the very steep learning curve it introduces, adding to the existing learning curves already required for understanding and administering human services programs. When combined with high staff turnover, this complexity often leads to disorganization.
- Conversely, local, state, and regional **variability allows for the testing of innovations**, which can later be replicated in other jurisdictions, thus driving the environment towards more responsive services.

Practical Challenges to Service

Even when there are no policy-based barriers to service, refugees and immigrants sometimes experience significant adversity in both accessing and maintaining the benefits and services for which they qualify. Among other challenges outlined in this report, at times, applicants may also be inappropriately denied, and rectification of these errors may take significant time and resources away from an already time-stressed and financially stressed population, as well as their overworked advocates.

Practical barriers to accessing benefits and services often include the following:

- **Regardless of the immigration status held, language access issues often arise** when individuals with limited English proficiency (LEP) attempt to seek services. Common root causes leading to language-based inequities include:
 - **Insufficient staff awareness** of languages spoken, as well as a lack of awareness of people's needs within a given jurisdiction.
 - **Insufficient training** on how to work with those having limited English proficiency or those who are foreign-born.
 - **Insufficient access** to quality interpretation and translation resources.
 - **Limited funding, training, and support** for executing more comprehensive language justice strategies within and across agencies.
- **Program comprehensiveness and quality** can vary according to local resources and knowledge:
 - **Access to data on demographic variables and population-specific service needs** may be limited in some jurisdictions due to under-resourcing, policy restrictions, and a need for greater training and investment in data and research. Limited data impedes jurisdictions' ability to understand the size of affected populations and the ability to make decisions accordingly. Limited initial data as well as limited monitoring and evaluation may also reduce the ability to capture successes or challenges to the extent necessary for advancing meaningful change.
 - **Staffing limitations**, particularly among frontline staff due to high turnover, can create long wait times, service inefficiencies, and an uneven knowledge base both within agencies, as well as across the refugee and immigrant-serving workforce. Lack of succession training also decreases agency resilience during transitions.
 - **Level of personnel training** can vary, both in terms of working with foreign-born populations, as well as detailed understanding of programs and how eligibility criteria interact with the refugee resettlement system and its outcomes, such as a variety of immigration statuses and a broad range of demographic and social factors.
 - Many, if not most agencies, depend heavily on the **availability of national non-profits and community organizations** that can help support outreach to and engagement of non-citizen communities. Non-profits assume a significant portion of the labor, as well as the community liaising and service navigation responsibilities for resettlement. They also assume significant roles in the ongoing logistical and material supports provided to impacted populations. Under the current system design, human services jurisdictions that are not conducive to non-profit and civic organization growth may therefore be at a disadvantage in cultivating relationships with non-citizen communities.
- **Communication and coordination** across counties may vary in coherence and timeliness. Clear communications strategies, both internal and external, can help avoid contradictory messaging.
- **Misalignment or disagreement** among different localities at the same administrative level, such as county to county variance in priorities, can affect policy adoption, guideline interpretation, program implementation consistency, and outcome quality.
- **Other challenges to uniform application** within states can slow program rollout and can cause discrepancies, including county-level differences and geographically-based disparities within states. In such cases, disagreements in terms of policy and execution may not necessarily be values-based, though lack of cohesion among systems may stem from differing priorities or policy interpretations.

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Implications

Given the environmental challenges described in the preceding section, **making uniform recommendations for how to better support non-citizen families quickly becomes challenging, especially within a system where funding streams are highly categorical in terms of both the populations served and the needs that they are able to address. For all its benefits and drawbacks, the service environment is also rendered challenging due to a strong legacy of private/public partnership in the provision of services**, such as the inclusion of both resettlement agencies and private sponsorship groups within the broader refugee resettlement system, as well as the use of private shelters for unaccompanied youth, etc. The diversity of populations requiring services, when combined with the intensity and duration of each population's needs, also compound challenges.

The result is a highly complex and fragmented service environment, wherein a single family may be subjected to having to navigate many disparate programs and services with varied eligibility criteria and complicated provider networks, despite likely experiencing language-based barriers. Further obstacles include family or community members having no access to supports based on their particular immigration statuses (or lack thereof).

Methods, Utility, and Limitations

In 2023, APHSA convened a group of human services personnel consisting of governmental agency administrators drawn from its membership. Also included were a few of the participating agencies' Non-Governmental Organization (NGO)/Community-Based Organization (CBO) partners. The participants consulted for this report were largely in agreement that serious, under-addressed needs persist in the scope and level of services offered to non-citizen communities. They also affirmed that properly categorizing these needs becomes difficult when so many of them overlap, especially given that the **intersections and causal relationships between unmet needs and related outcomes can sometimes be complex. Challenges and outcomes may also be further modulated by the quality of the resources accessed and time spent in the U.S.**



For the purposes of simplifying the broader set of policy, environmental, social, and local unmet needs that frequently impact refugee and immigrant families' social and economic well-being, the participants highlighted those factors that seemed most salient to them, regardless of the types of human services programs that they administered through their official roles. To elicit discussion, the group was designed and facilitated by a staff member who is a specialist in displacement mental, medical, and public health research, including ethnographic methods.

The resulting list of most essential needs was then re-organized by the group into three discrete clusters of up to four interrelated factors, representing those issues with the highest level of both importance and interaction. Some overlap and repetitions were permitted between the clusters given the complexity and breadth

of the topics, as well as the number of possible interconnections. Though other configurations were certainly possible, the resulting clusters of challenges were confirmed by participants as pointing to the general nexus of serious risks that non-citizen families must often navigate, and which, under certain conditions, can converge to limit social and economic access.

The process of evaluating and categorizing these needs gave rise to discussions on generating **whole family approaches to supporting benefits access and improved service delivery targeting the identified interconnections and service gaps.**

Following this deliberation phase, the researcher engaged in further data collection, synthesizing existing academic and grey literature on immigrant families' experiences. This documented information was then integrated with anecdotal information frequently shared by APHSA members on challenges and opportunities in service provision, such as experiences relayed during the meetings of the Community of Practice on Economic Supports for Refugee and Immigrant Families, which APHSA has been convening since the inception of its Refugee and Immigrant-focused portfolio in 2021. Also considered were insights shared by members and their partner CBOs during grant-funded program activity, such as inquiries into language justice frameworks, as well as the quality of humanitarian response during evacuations from Afghanistan.⁴ The insights relayed have been aggregated and anonymized to allow parties to share more freely regarding observed challenges and opportunities. It should also be noted that the examples cited are not necessarily reflective of the states and locations that participated in this work, as external examples were identified by APHSA staff through other means.

The researcher then organized findings and drafted the report, which was circulated within APHSA for internal feedback from a variety of staff subject matter and policy experts. Further feedback was requested from government personnel and partner organizations, some of whom had participated in the initial working groups, along with others who had not participated in discussions. Final revisions were performed, and the completed report was then published.

Limitations: Though most of the challenges outlined in this report are validated in other sources, such as academic studies or think-tank analyses, externalized studies of human services systems and their service efficiency are scarce. Limitations of this document therefore include the anecdotal nature of some of the content relayed by project participants, and the non-systematic method of analysis. The precise combination of needs identified, for example, may be somewhat arbitrary in that they may include or exclude other highly enmeshed factors over others, though the project participants, all of whom were highly experienced in serving refugee and immigrant populations (some of whom were refugees and immigrants themselves), confirmed that they perceived these groupings to be reflective of realities. Another limitation is the fact that refugee and immigrant-focused policy is highly mutable, as well as context, situationally, and policy dependent, so not all recommendations may be pursued at all locations. Furthermore, some recommendations and programs may eventually become outdated, and this document is also not intended to be comprehensive in its recommendations. However, the spirit of the recommendations may continue to provide insight into the types of strategies that a range of providers have employed to date.

NOTE: As policy surrounding immigration matters and refugee services changes rapidly, it is generally best practice to verify program details, eligibility, and other information against the most current sources or directly with service providers.

Needs Clusters

CLUSTER 1: Meeting the Most Essential Needs

Interacting needs: Quality employment; safe housing; food security

Quality livelihood, safe housing, and food security are among the most essential human needs, and the national refugee resettlement system therefore ensures that these essential needs are covered upon arrival; however, this system is predicated on rapid family stabilization. Under the traditional refugee resettlement model, the R&P period (funded by PRM) typically spans only 30-90 days. Individuals receiving services under traditional resettlement, or new, equivalent programs, may be eligible for a variety of other supportive services following resettlement. However, a critical aspect of the complement of services that resettlement agencies and similar entities are obligated to provide under the R&P program is the placement of qualifying individuals into employment. This must occur within the allotted 30-90 days, though some resettled individuals may qualify for other, often more intensive programs.

The labor and skill required to support a newly arrived family is significant. However, the speed required for meeting these complex objectives within the specified time frame, the limitations of government funding, and local and national staffing deficits, all combine to limit the total amount of time and effort that can be invested in assuring the long-term viability of these initial service, employment, and social connections, (that is, unless families are enrolled in more specialized support programs of a longer duration, most of which have highly specific eligibility criteria).



Moreover, unless a resettled individual retains access to significant personal wealth, this means that though the bare minimum needs are usually covered, working-age family members may have to endure significant stress to break free of the social strata to which the standard level of service relegates them. This is largely because non-citizens' true stability and full integration into communities can take considerable time, since families must create from scratch the necessary financial and social foundations that lead to optimal thriving. Though families may seem to integrate well and relatively quickly into their communities, in actuality, they may be experiencing significant, ongoing stress, especially since the imperative to obtain financial stability often eclipses other essential integration tasks, such as obtaining language training, receiving comprehensive healthcare, or accessing further education.

Adding to this complexity, immigrants and refugees often have fewer options for social and economic mobility than their U.S.-born counterparts. Within those jobs that they are able to access, disparities emerge in the nature of employment obtained, as well as disparities in compensation rates⁵, especially since employment within the U.S. usually requires some degree of English language comprehension, as well as some level of certification, leading to distinct disadvantages for foreign-born individuals.

Furthermore, for work-authorized populations that do not qualify for Department of State or ORR programs (such as certain visa-based immigrants), other community-based programs and resources may help; however, immigrants not under ORR's purview may remain at a disadvantage due to not having access to the more intensive, dedicated supports that are built into the resettlement system, such as benefits navigation and, where applicable, guaranteed connection to employment.

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Still, even when an individual has full English proficiency and their foreign credentials can be evidenced, they may still be unable to find work at a professional level comparable to the employment which they previously held in the country of origin. This disparity in intellectual engagement and prestige may lead not only to financial disadvantages, but also emotional wellbeing challenges. Difficulties may also arise due to not having had U.S. based-work experience, U.S. employers not understanding foreign credentials, barriers presented by U.S.-specific certification and examination requirements, and potentially, outright discrimination by employers. Except in unusual circumstances, new arrivals are also unlikely to have a well-developed professional history within the U.S., and they may not have the social connections that would facilitate a more effective job search.

In terms of longer-term consequences, despite agencies' and NGO/CBOs' best efforts, recently arrived immigrants who are able to obtain employment (including those with substantial education), are sometimes obligated to take on task- or physical labor-based jobs, as well as other roles of a more basic nature, such as factory or janitorial work. In these environments, the conditions may be unideal, since these jobs also tend to be unstable, subject to outsourcing, automation, other market-based layoffs, unofficial payment methods, as well as poor safety and labor law enforcement. Moreover, in lower-wage workplaces, individuals may be exposed to toxins, other industrial contaminants, as well as repetitive movements that can have consequences down the line, limiting the total span of an individual's career. All these factors, combined with highly competitive domestic employment markets and suppressed wages in "unskilled" sectors, further reduce access to quality employment and social advancement.

Even if safety is assured, these lower-paid positions often do not bring in sufficient income to satisfy the full scope of a family's financial needs beyond the true basics, especially for family or kinship units that are large, some of which may contain multiple dependent individuals, such as numerous children, elderly individuals, or individuals with disabilities/health conditions. Given this, many of those who need immediate or flexible work may then turn to the gig or informal day-labor economies, wherein documentation for income earned may be difficult to obtain or compile in a coherent manner. Individuals who are not fully able-bodied or have chronic medical or mental health needs may also experience further challenges to securing work due to the demanding nature of the existing employment options. For example, "unskilled" workers may have reduced ability to obtain time off from work or to advocate for themselves in negotiating flexible schedules, hampering their ability to simultaneously pursue full physical health and stable employment. Consequently, and despite potentially having many internal resources, families are at risk of remaining entrenched in disadvantageous socioeconomic conditions, with little recourse for improving their situations, particularly given the rapidly rising cost of living.

Given limited earning potential in the early post-arrival period, food security can also be a challenge if an individual is not qualified for ORR-funded services or public benefits, if the family income exceeds low eligibility thresholds for benefits or disability programs, or if families are unaware of resources⁶. Moreover, for many foreign-born individuals seeking public benefits, the social organization patterns common to many non-U.S. countries mean that many programs may exclude other important kin from eligibility evaluations. Therefore, the benefits awarded may not fully meet a family's food security needs. In such cases, food banks and other community resources may be available to help offset these needs, but these services are not always without their own restrictions, nor do they always provide the fresh foods required for some individuals' customary, and often religiously mandated diets.

As mentioned, and just as with the general U.S. population, escalating housing costs also apply deep financial pressures. Non-citizen families often involve large kinship units and are often required to secure large housing in order to satisfy program occupancy-to-space ratios, yet such housing is frequently unaffordable, poor quality, and located in food and resource deserts. Regardless of location, human services personnel and other providers also report that landlords may sometimes extort families that have little recourse by dramatically raising rent, or through the over-application of fees. As a result of these pressures, and due to long distances from their places of employment, these already time-stressed families, who usually do not have access to a personal vehicle in the early post-arrival phases, may then have to rely more extensively on public transportation systems. These transportation systems can be challenging and time intensive to navigate and can even be dangerous depending on the location of housing.

The above challenges are not lost on human services agencies, NGO/CBOs, and advocates, who do their best to mitigate these obstacles, but existing policies and program restrictions often have the result of placing the onus of attaining true security and mobility back onto the families themselves. Regardless of the challenges, non-citizen families are usually able to effectively build community for themselves and provide for their loved ones. Indeed, research has confirmed that refugee and immigrant families worldwide are highly entrepreneurial and help to advance nations' economic development,⁷ further evidencing that families are eventually able to navigate systems and resources well, especially when they are provided with sufficient guidance and support. Furthermore, non-



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citizen families also recognize education as a key to intergenerational success, and they therefore prioritize education such that many families are eventually able to advance socioeconomically through their children. Nevertheless, this does not dismiss the fact that an entire generation or more of optimal health, physical, and emotional well-being, as well as economic productivity may be lost in the interim due to not having timely access to better quality employment, or other essential resources for which the individual would have otherwise qualified.



Intergenerational consequences: Individuals who endure adverse childhood experiences are shown to be at a significantly increased risk of poor outcomes into adulthood⁸ along a number of life dimensions. This includes physical health, neurodevelopmental/mental health, and financial stability. Despite most families doing the best that they can to insulate their children from these pressures and risks, many non-citizen families will have already experienced moderate to extreme poverty, as well as hardship over the course of migration and resettlement. Further hardships in the new environment, including housing instability, food insecurity, financial difficulties, and local environments high in crime, can deepen health and mental health challenges. Prioritizing housing and food stability among youth and their caregivers is critical to ensuring positive developmental outcomes and continued social advancement across their lifespans. Supporting parents in their own aspirations can also have positive impacts on the family by decreasing household and caregiver stress, thus contributing to greater long-term health.

Programs implicated: Cash assistance programs, including TANF cash assistance, Refugee Cash Assistance (RCA), non-recurrent short-term benefits (NRSTs), state-funded cash assistance programs; food assistance programs, including, SNAP, WIC, and other nutrition supports; work supports through programs such as TANF, SNAP Employment and Training (SNAP E&T) and the Workforce Innovation Opportunity Act programs (WIOA); housing programs, such as Section 214 programs, and locally funded housing assistance; where available, HUD Office of Housing Counseling (OHC); financial literacy programs; for this and the other sets of needs, other local programs may also be available.

Potential partners: Organizations with programs specifically tailored for refugee and immigrant populations, including programs involving benefits and program navigation staff, employment, financial literacy programs and organizations with employment training services. This includes resettlement agencies and affiliates, community sponsor guidance organizations, GED/adult education and literacy centers, universities and community colleges with early career and advanced program offerings, as well as credential translation services, or other community education supports; small business owners and other non-profits open to hiring individuals with limited English proficiency and diverse backgrounds; housing authorities; non-citizen friendly landlords; WIC, SNAP and TANF providers, including those with outreach services; food banks.

Vision: Agencies would further invest in the establishment of benefits navigators trained in multilingual, trauma informed, and evidence-based approaches for first-line stabilization efforts, including supporting non-citizen families by identifying all eligible and appropriate benefits and services. Such individuals would also be vital for coordinating referrals and application processes. Diversity, Equity, Inclusion and Belonging training, including training on both implicit biases and the risks of confirmation bias, would also be imbedded in onboarding as core strategies for instilling agency values.

Similarly, non-citizens would be able to more readily access employment and career services, including career counselors who would be able to advise work-eligible adults on employment pathways specifically designed with the needs of refugees and immigrants in mind. For individuals who do not qualify for public benefits or other support, there would be greater investment in the development of food banks and other crisis resources that have the knowledge required for mitigating the challenges often faced by foreign-born individuals, such as lack of documentation or unconventional employment histories.

Systemic solutions to housing challenges would be devised, such as the establishment of more affordable housing, with local flexibilities permitting more tailored services, depending on the housing market and other local conditions. All persons seeking housing would be able to access safe and affordable longer-term rentals whose quality and maintenance schedules are found to routinely conform to public safety standards. Those not able to afford safe and well-situated housing would receive appropriate subsidies.

TANF, SNAP, and other programs that allow for partnerships with transportation systems (be they public or private) would be leveraged to ensure that non-citizen families have equitable access to available resources. Routes would also better accommodate areas where a high number of non-citizens are concentrated in order to minimize the distance between embarkation sites. Many more employers would also utilize existing non-citizen talent to help support new, incoming families, be it through specialized organizations, or standard, for-profit companies. Jobs in transportation, tailored benefits navigation, and other immigrant-focused services may also be further leveraged as an additional source of work for families needing further income.

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Promising Mitigation Strategies:

- **Benefits navigation:** Non-citizens may need initial or ongoing support in obtaining and maintaining public benefits across multiple programs since these programs can help to offset the impacts of discrimination and social barriers.⁹ Comprehensive benefits navigation can also provide a specialized, singular point of contact that can link non-citizen families to essential resources, such as civic and legal supports, as well as public benefits and educational programs. The United States Citizen and Immigration Services (USCIS) summarizes an example of specialized navigation (enclosed in the references section).¹⁰ Having expert points of contact, and preferably, experienced benefits case managers embedded within a variety of systems, such as community colleges, libraries, and clinics, can minimize the time, mental, physical, and monetary resources expended in accessing supportive services. In this manner, resources for covering basic needs may be quickly identified and more efficiently pursued while the families begin advancing towards economic mobility, either through work or the pursuit of education.

- **Integrated workforce and other public systems integration:** In June 2021, the governor of Florida signed House Bill 1507, which established the Reimagining Education and Career Help (REACH) Act. A “collaborative effort between the REACH Office, the Florida Department of Commerce (FloridaCommerce), Florida Department of Children and Families (DCF), Florida Department of Education (DOE), CareerSource Florida (CSF), and Florida Digital Service (FL[DS]). The venture seeks to create ‘a consumer-first workforce development system that seeks to provide Floridians improved access to workforce programs and services through interoperable systems and shared integrated data.’ In doing so, the state seeks to create a ‘no-wrong-door-entry strategy’ where Floridians may access services from any workforce partner with a common intake form and case management system.”¹¹

The above and similar efforts are significant due to a focus on data integration. To the extent that data can safely be shared between programs, cross-agency referrals can be improved by better identifying qualified individuals for programs who may lack orientation, logistical support, or who otherwise experience language-based or trauma-based barriers to applying for programs. Co-enrollment between eligible programs also allows providers to capitalize on multiple funding streams, maximizing services available to individuals and families. Additionally, centralized information sharing may minimize community distrust toward agencies if the information is coming from a familiar, respected source. Combined case management systems can also enable families to more seamlessly correspond between institutions, reducing the total logistical burdens on time-stressed, transportation-limited families. Refugee specific-case management systems are currently in design or development within some states, helping to unify services for refugee and other ORR-eligible populations, thereby providing more seamless transfers and minimizing program gaps.

- Partnerships with local community colleges and non-profits can be excellent sources for rapid training and connection to basic employment while an individual builds towards more robust skill sets. In cases of sudden job loss, non-citizens may be connected to non-profits and community colleges with the ability to support emergency employment under the supervision of a reputable entity that can safeguard against exploitation.^{12 13}

- **Food and nutrition:** Despite obtaining employment, food and nutrition gaps may still exist within non-citizen communities.¹⁴ Enhanced efforts should be made through SNAP Outreach providers and WIC personnel to connect qualifying non-citizens with food resources. Agencies should also ensure that information is readily available in multiple languages throughout all phases of engagement with their systems, as well as through trusted community partners. For the many families that do not qualify or do not have meaningful access to benefits programs,¹⁵ a variety of local stopgap resources, such as foodbanks,^{16 17} exist within most communities, many of which have embedded expertise in assisting non-citizen community members in connecting to local food resources. At the national level, the FDA has provided a page outlining essential resources that non-citizen families may access.¹⁸

- For a variety of reasons, **securing and maintaining housing** is a major source of stress for non-citizen families, particularly those who have recently arrived to the country. Studies have found that affordable housing has been demonstrated to not affect crime rates or property rates in the neighborhoods into which they are introduced.¹⁹ If affordable housing is not available and a family is experiencing housing insecurity, the HUD Exchange offers resources for those at risk of becoming unhoused.²⁰



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- Officials in refugee services have highlighted a developing, yet promising practice in which entities involved in resettlement have been pooling resources to support more efficient access to housing. In many locations across the country, securing increasingly scarce units can result in unintentional competition for more affordable accommodations. To help alleviate this pressure, resettlement agencies and their affiliates (as well as other systems supporting families), may opt to **jointly establish and invest in new non-profit entities whose primary function is to secure lodging** for incoming families. In such systems, information on pending arrivals may be shared with the staff of these highly specialized housing non-profits. These new organizations may be better positioned to secure shelter, demonstrating greater maneuverability through rapid access to a cache of consolidated funds. Such arrangements can also help to preserve and streamline relationships between resettlement entities, as well as between resettlement agencies and landlords.
- Service providers working with foreign-born populations, including undocumented persons, may wish to connect newly arriving **families with young children and pregnant women to WIC programs**. These connections may be of vital benefit given that WIC programs have been observed to help families by offsetting food instability. WIC has also been observed to potentially help children overcome pre-existing malnutrition.^{21 22}

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CLUSTER 2: Access to Education and Higher-Quality Employment for Family Advancement

Interacting needs: Child care, transportation, workforce readiness, language education



The connection between higher education and socioeconomic outcomes is well documented in the literature of a variety of fields. In keeping, by 2021, approximately 44 percent of U.S. jobs required a college degree,²³ and 53.7 percent of the national population went on to obtain credentials beyond secondary school,²⁴ demonstrating the immensity of public need for educational investments. In an effort to expand this access, vocational education and other alternative paths to career readiness also remain a vital part of the national discourse on professional training.

The national-scale economic implications of this increasingly educated workforce are large, as demonstrated by the fact that as of the fourth quarter of 2023, the total debt borne by those who have obtained or are in the process of obtaining academic post-secondary education amounted to \$1,727,157.65.²⁵ These aggregate figures

also reflect the significant, personal financial burden that higher education often entails, regardless of demographics and socio-economic status.

Financial considerations, educational requirements, and language barriers may therefore converge to preclude some of the most disadvantaged non-citizens from fully participating in the economy. Due to conflict or other financial and social barriers, many foreign-born individuals may not have had prior access to education that would be equivalent to a U.S.-based secondary school curriculum. In terms of language proficiency, even those who are well educated may not have had enough time to sufficiently invest in their language education to the extent that they could secure a higher wage job requiring full command of the English language.

Nevertheless, options exist for families experiencing barriers that prevent them from accessing education as a pathway to joining the workforce. While some non-citizen families may traditionally place high value on formal post-secondary education, both U.S. and foreign-born individuals who do not have access to university or community college training, as well as those who prefer more hands-on work, may elect to participate in vocational training, which has also been shown to significantly increase long term social and economic mobility.²⁶

Regardless of the post-secondary path pursued, and though virtual education is rapidly increasing, most training and educational programs, as well as employment of the kind typically available to non-citizens with limited English proficiency, also involve a significant in-person presence. This then creates logistical issues, such as a need for lump-sum tuition payments, or transportation and child care needs, many of which must be addressed prior to consistent participation in a given job or training program.

While also challenging for the U.S.-born population that lacks access to a personal vehicle, transportation is often cited as a significant barrier to social access for non-citizen families, as whatever the services offered by a community, in-person presence is likely to be required at some point. Travel times via public transportation may be long and disjointed, especially in suburban or rural areas. Health, mental health, and cognitive/developmental conditions may also constrain access to the limited transportation sources available, which may be very distant from each other. Moreover, the instructions for enrolling in transportation services or resources for understanding of the routes offered may be impeded by limited English proficiency. Sociocultural perceptions of appropriate family member roles, as well as other aspects relating to propriety, safety, and social norms may also come into play, limiting individuals' ability to participate in transportation programs.

The aforementioned financial and transportation barriers further interact to limit access to child care. While some refugee and immigrant populations may be supported in obtaining affordable child care as part of their resettlement process (or via other supportive programs, wherever eligible), other families ineligible for these supports may encounter steep barriers to obtaining child care. The availability of this vital service also remains a challenge, since COVID-19 placed additional pressure on the already strained child care provider network. Child drop-off and pickup may also require significant daily time investments. These distance and time demands may consequently keep some non-citizen families from participating as fully as possible in the available social programs, including the education programs critical to upward mobility within U.S. society, with some families preferring to leave at least one family member in the house as a stay-at home caregiver.

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To surmount these challenges, very often, resettled or immigrant families opt to reside near each other so that they may more easily socialize and leverage resources in a communal manner. However, the often challenging, or even exploitative schedules of their employment can minimize opportunities to share resources. To counteract this, some families have increasingly resorted to using ride-share apps, both as employment and means of transportation, though using ride-share apps to get to work can represent a significant expense proportional to the total household income.

Intergenerational consequences: Non-citizen parents often arrive to the U.S. with their children after having protected their families from significant adversity and danger, and often as a result of great personal sacrifice. Despite these protective efforts, the demands of being an immigrant in the U.S. can cause significant family disruption. Youth who do not have access to proper guidance due to adults being insufficiently available (due to parental death, trauma, poor health, or time limitations) may be at risk of engaging in detrimental behaviors. Youth may also not have anyone with whom to process past or present traumas, and they may miss out on learning essential life skills that would prepare them for safe and productive independence in adulthood. Children may internalize these stresses,²⁷ leading to mental health difficulties, or to the assumption of adult responsibilities in order to compensate for the parents' absence. In the latter case, assuming excessive or inappropriate responsibilities may result in parentification. Though some degree of age-appropriate responsibility can promote independence, too many childhood responsibilities may result in the deprioritization of schooling or may contribute to excess anxiety. Similarly, siblings may find themselves having to take on a substantial portion of childrearing, which may sometimes introduce safety and judgment risks.

Given the critical nature of early childhood stability, youth should be able to see one or more of their parents prospering in their career. Additionally, proper role modeling supports children in learning more about managing emotions, responsibilities, expectations, risks,



challenges, successes, and financial rewards for their efforts. Family unity and functioning must therefore be supported wherever appropriate, so supporting rapid access to basic resources in order to free up parental time quickly becomes essential.

Programs implicated: Workforce development programs that can provide access to higher-education and supportive services, including transportation and child care, such as WIOA, SNAP E&T, TANF, state-funded workforce development, as well as federal and state higher-education funds and programs; child care through the Child Care Development Block Grant (CDBG)/Child Care Development Fund (CCDF), Head Start/Early Head Start, and state-funded child care programs; other available programs that include benefits navigation and parental development components; micro-enterprise or business development programs.

Potential partners: Institutions of higher education; language education programs; vocational programs; NGOs/CBOs generally; public transit systems; private employers and companies; state workforce agencies; local workforce boards (LWBs), state and local SNAP and TANF programs; child care programs and providers; CBOs with micro-enterprise programs.

Vision: More equitable programming would include greater consideration of the kinds of varied, multigenerational family and kinship structures common to many foreign-born families within program eligibility guidelines.

Work-eligible adult family members who do not have severe chronic health challenges that impede them from receiving training or working will be supported to the fullest extent possible in accessing more advanced careers, if desired. Those individuals who have the option to do so will be properly supported in decision making around whether they should support household labor and childrearing full-time, or whether they should obtain a job and/or invest in their education. It would also be important to provide counseling around any work requirements with the potential to impact the family's access to benefits and services. Elders wishing to

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work, as well as others largely remaining in the home (such as pregnant women or full time care providers), could also benefit from micro-enterprise programs that would enable them to bring in some level of income on a flexible schedule, if desired. This could be especially important for women wishing to develop some level of financial safety or autonomy.

These guided decision-making and skill-building processes would be supported through careful consideration of financial, logistical, health, and child care factors. If an individual decides to improve his or her credentials, he or she would be supported through highly trained career and financial counselors who are able to deliver services in the target language, or through the use of appropriate interpretation resources. Further career and educational counseling would be available for at least a few years from the client's date of resettlement, or from the time of obtaining a stable immigration status.

Human services, workforce, refugee, and CBO program participants would also be afforded greater access to services at times conducive to their participation, such as extended or evening hours. For example, extended hours would allow workers with standard work schedules to care for children or work in traditional employment full-time, with the ability to then pursue schooling after-hours, or vice-versa. As the work from home model continues to increase in prevalence, non-citizens with the requisite literacy and technological skills would also be afforded fully virtual work and study options. For those participating in educational programs, physical equipment and/or internet and laptop stipends could be provided. Employers may also work with expert supports to establish dual education/work sites, thereby minimizing time stressors and incentivizing job retention among non-citizen employees.

Agencies would support the placement and buildout of specialized, quality, and affordable early education, and child care services would be available in easily accessible locations. Just as with job training, they would also be available on or near work sites, wherever possible. These specialized child care services would offer extended hours to help account for long commute times due to transportation inefficiency, difficulty walking or getting between transportation sites, and varying work schedules. The staff at these locations would also be experienced and credentialed in teaching English as a second language.

Employers would also make full allowances for any necessary health appointments, as determined by the refugee clinic and/or a third-party evaluating physician.

Individuals opting to work would be connected to a designated community liaison with whom they can communicate regarding unsafe or exploitative working conditions, or of whom they can ask other resource navigation questions.

Municipalities would invest in transportation systems that have efficient routes connecting areas with higher-than-average density of non-citizen families. Transportation costs during workdays could also be wholly or partially subsidized, especially for families who have been present in the U.S. for only a few years. In this manner, families will be able to be more financially productive, leverage collective resources, and will have more stable domestic situations. Such strategies may not only increase household revenue, but they would also contribute to a prospering local economy.

Promising Mitigation Strategies:

- While workforce development programs have historically focused explicitly on education, training, and employment, recent developments have encouraged the promotion of **more holistic case management** within these systems. In doing so, these programs acknowledge the importance of addressing the needs of the whole family in ensuring lasting security. Examples include models and strategies piloted by the National Association of State Workforce Boards.^{28 29}
- As a core part of these efforts, states and other localities have **braided and blended workforce development funds**, such as funding from WIOA, SNAP E&T, and TANF, in order to help support advancement through English language education and professional training across a variety of learning and career readiness levels.^{30 31 32 33} Offerings under such models range from general, pre-academic community English (PACE and similar programs), through to advanced coursework for career-seeking, credentialed professionals. As such, there has been an increasing emphasis on instructional models that integrate functional English with field-specific vocabulary and competencies, such as Integrated English Literacy and Civics Education (IELCE), and the Integrated Education and Training (IET) model under WIOA Title II.

For example, under IELCE and similar workforce development programs, participants have been offered CDL training in tandem with language instruction. Similarly, aspiring nurses or healthcare professionals are also able to take courses covering



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essential subject matter, such as anatomy, other medical terminology, and healthcare systems orientation. Initiatives of this nature may also provide experiential opportunities in the form of site visitations to vocational schools or worksites, such as hospitals. In this manner, programs not only offer an immersive preview of real-world work environments, but they also help to forge direct contacts with training program recruiters. Under these models, program staff may also be afforded more opportunities to identify accelerated pathways for gifted learners or for individuals who hold advanced credentials, thereby reducing the time spent in lower-paid and potentially hazardous jobs, such as meatpacking, janitorial, or factory-based work. Schedules designed with working professionals in mind may also maximize retention through offerings such as night courses, or courses that feature more condensed or more spread-out sequencing of content, as dictated by both learning and scheduling needs.

On the other hand, for those individuals that entered the U.S. without professional credentials and/or limited schooling, essential literacy programs can support the rectification of knowledge gaps, often providing vital first insights into reading and writing for those who are pre-literate in their primary languages. More advanced remedial English language instruction may also be merged with high school equivalency (GED) content.

Workforce development offerings need not be limited to coursework, as programs containing the aforementioned case management and wrap-around elements could extend the existing range of services. For example, connection to transcript validation may be facilitated where warranted for bypassing more foundational coursework, or families could be guided by benefits navigators in obtaining SNAP, TANF, and other public benefits so that their food needs are met while they pursue education. Where necessary, auxiliary supports may also help defray the cost of program fees, vital work supplies (such as appropriate workwear), necessary medical screenings and vaccines, driver's license fees, or other expenses that directly support pursuit of steady employment and training. In this manner, these more comprehensive supports help to reduce the financial impact of workforce entry on qualifying families.

Regarding documentation, APHSA reports that at the time of writing, families frequently encounter serious delays and expenses in obtaining appropriate documentation, including **vital documents such as identification cards, employment authorization documents, and drivers' licenses**. These issues have been discussed extensively on the national stage, and accordingly, APHSA reports that they are also a frequent source of day-to-day difficulty for the human service agency personnel who are supporting clients, or for the CBOs working with these families. Agency personnel have even stated that these documents are among the most "foundational pieces to progress." In addition to bureaucratic and other procedural delays, a significant barrier to families obtaining these documents is the cumulative cost of associated logistics and fees. High expenses in the course of day-to-day business can be especially challenging for individuals with little understanding of financial planning within high income country contexts, such as those who may have been born in displacement camps or those who have lived in countries dominated by informal economies.

Of particular importance to non-citizen families, programs may also help cover child care or transportation expenses when needed for individuals to more fully participate in qualifying education, training, or work programs. These services may be paired with other transportation and child care supports for families with low incomes, including child care vouchers offered through CCDBG/CCDF, such as Head Start. Head Start programs, for example, are accessible to families regardless of immigration status, and furthermore, program guidelines require services to be rendered in culturally responsive manners. Head Start and other community programs may also enhance family stability and integration through additional benefits navigation and education around parenting skills and expectations within the U.S., an element which may be particularly valuable for young or isolated families.

In order to continue tailoring their existing language, workforce development, and auxiliary service offerings, colleges, other educational institutions, and participating community providers often exchange best practices at both local and state levels so as to ensure alignment across institutions and partners. It is therefore strongly recommended that institutions hosting programs relevant to non-citizen populations be connected to refugee and immigrant-focused taskforces, as well as to the corresponding state Refugee Coordinator or Replacement Designees' offices, their proxies, and related taskforce or community initiatives. This and similar liaising at every level will enable institutions to work in tighter coordination to avoid duplication of services, while also creating direct linkages to employers in growing fields. Likewise, local refugee, immigrant, or other LEP-focused task forces should proactively seek to incorporate members from the workforce development and education sectors, particularly those with expertise in available federal, state, and local programs.

- Some NGOs and CBOs have employed non-citizens with diverse backgrounds as child care providers, thus helping to simultaneously address employment and child care needs within communities.³⁴
- Various states and counties across the U.S. have used both new and existing programs to support communities experiencing financial and other hardships through transportation and child care supports.³⁵
- Other refugee specific employment and training opportunities are listed in the references.³⁶

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CLUSTER 3: Improving Quality of Life

Interacting needs: Medical care, mental health, community socialization, and community safety



Description of the challenges: Non-citizen families are frequently able to persist through the systemic and interacting challenges described in this report, as demonstrated by analyses which reveal that refugees³⁷ and immigrants in the U.S. generally achieve successful long-term integration through participation in the economy. However, integration as measured by baseline economic stability is not necessarily indicative of overall wellbeing, particularly given that 11.5% of the U.S. general population officially lived in poverty as of the year 2022.³⁸

Additionally, the rate of mental health challenges among refugees and immigrants is known to be quite high.³⁹ The preponderance of studies worldwide have found no relationship with violent crime along most parameters,^{40,41} and in fact, many studies find correlations, or possible correlations, between immigration and lower crime. Moreover, those affected by mental health challenges are more likely to be

impacted by crime than the general population.⁴² Nevertheless, and despite these assurances regarding safety, the trauma endured over the course of displacement, migration, and resettlement can lead to significant intergenerational challenges.

The interacting set of impediments described in the previous two sections can often create a sense of disillusionment or stress for families who nonetheless continue to work diligently toward stability. However, in addition to the material challenges posed by the interaction of these factors, lack of sleep, caustic stress, exhaustion, under-nourishment if food insecurity is present, and various other factors, can perpetuate very real health outcomes for immigrants.

Many financially literate non-citizen families live well below their means to ensure that they are able to save and advance their financial positions; however, few family assets and resources, combined with a limited ability to save money means that non-citizen families (who often have numerous dependents, members of the household impacted by chronic illness, or mental health challenges stemming from conflict and migration), face significant financial precarity. As previously described, excess stress, plus health/mental health, and environmental factors can interact to impede economic mobility and can consume a significant portion of families' already limited time and financial resources. Attending to these numerous logistical needs means that non-citizen families may not have access to restorative rest, and when paired with often intensive labor, hazardous work conditions, poor housing, and potential food instability, these demands may exacerbate underlying health and mental health conditions.

While many non-citizen children do flourish in school, due to diminished time resources, and despite their families' generally high valuation of education, some refugee and immigrant children may also not receive the amount of household support required for their highest academic achievement, or they may not receive support in planning for advanced education. This can yield intergenerational consequences in the form of diminished socioeconomic access.

Furthermore, the stress created by all the excess demands on refugee and immigrants' time can sometimes mean social isolation, especially if paired with language barriers. This is concerning, as isolation is a major factor in mental health challenges.⁴³ Non-citizens' limited access to financial literacy, training, and other community orientation, such as information about and trust with emergency services, may also render them more vulnerable to fraud, natural disasters, or violence. This includes the health and violence-exposure risks associated with sub-optimal housing.⁴⁴

Another consideration is that refugees and other populations qualifying for PRM or ORR-sponsored programs are afforded access to initial medical care, connection to health systems, and health insurance. Still, the quality of ongoing healthcare beyond program duration is not guaranteed, and timely access to quality medical guidance past the initial resettlement period can be extremely challenging due to some of the systemic, social, health, and environmental barriers previously mentioned in this report. Others, especially those who do not have the formal support of NGOs/CBOs, may also not receive population-specific access to healthcare, or they may not have any healthcare benefits at all, unless they are provided by the individuals' employer. Unfortunately, non-citizens are sometimes employed through informal means, or their employers circumvent appropriate benefits provision through the use of contract labor or other clauses. As a result, access to non-emergency healthcare may be extremely limited for refugees and immigrants, or it may be non-existent, unless they have found access to quality insurance coverage and the transportation required to attend the visits. Even if health insurance is obtained, not all refugees or immigrants are able to take time off from work to attend medical visits without repercussions. This can lead to undertreatment of more complex or chronic conditions until they reach the point of urgency.

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Unaddressed mental health challenges can also result in a wide variety of less-than-ideal outcomes. For example: children overwhelmed by prior traumas, acculturation pressures, and difficulties with the English language, might be unable to perform to their full potential, or they may exhibit behavioral challenges if not properly redirected by skilled and compassionate adults; a refugee or immigrant with prior traumatic brain injuries may not be able to memorize complex manufacturing routines; or a person with extreme trauma-based anxiety may be unable exit the house in a timely manner to make it to work on time.

All of these factors combine to present hazards for newly arrived families, as well as under-resourced families who have passed the time-limits for supportive programs to help navigate ongoing needs.

Intergenerational consequences: Families who do not have access to health and mental health supports may not be as financially productive or socially and educationally entrepreneurial as they might otherwise be, risking underdevelopment of children's potential, also stunting the advancement of the current working-age generation. A parent's mental health challenges may also result in less-than-ideal parenting skills and attachment styles, leading to decreased well-being in children and adolescents, as well as the perpetuation of mental health and social difficulties. At times, mental health difficulties may also jeopardize housing security. Loneliness has also been found to be linked to or capable of exacerbating significant health risks, both in adults and in children.

Vision: Federal, state, and county programs would implement nuanced policies to be observed when finding good cause exemption from work requirements for adults with acute or chronic health issues, especially when advised by a medical professional that participation in work activities would cause further harm to the individual or family. Work requirements and other compliance obligations would also be fully or partially deferred until healthcare services or barrier reduction services have mitigated the potential harm.

All required health and mental health visits would be supported by access to necessary technologies, child care, and transportation, with access to telehealth whenever appropriate. Blended and braided programs would help subsidize the difference in rental expenses incurred in securing safe and secure accommodations in order to promote a sense of community wellbeing, as well as greater social, physical and mental safety.



In addition to official positions designed specifically for liaising with non-citizen communities, opportunities would be created for highly trained, lay community liaisons that would help foster improved relationships between public and private-sector human services agencies, as well as local communities. These liaisons would support others by elevating essential community concerns to agency leadership, thus bypassing language barriers and increasing stakeholder anonymity wherever needed. Such individuals would also guide the development of socialization and resource sharing programs, in conjunction with existing NGOs/CBOs or task forces providing other services to refugees and immigrants.

Potential partners: Various benefit programs for support of immediate needs, such as those named across the previous clusters; community healthcare worker training programs; childhood socialization and childcare programs; volunteering organizations; religious organizations; universities, medical systems, refugee clinics, and medical interpretation programs (including interpretation training institutes); non-profits with varying layers of professionally supervised psychosocial support programs, or psychotherapy where appropriate and desired; libraries and other safe civic spaces; youth camps and other youth programs; social and hobby organizations that are compatible with a variety of world views; religious institutions wherever appropriate.

Programs implicated: Refugee Medical Assistance (RMA) Refugee Health Promotion, and Community Orientation programs; Medicaid; Children's Health Insurance Program (CHIP); Preferred Communities,⁴⁵ Survivor of Torture⁴⁶ and other survivor centered-services; community healthcare worker programs, hospital and medical school service training programs, community clinics and county or state-run refugee health clinics; Community Services Block Grant (CSBG); Head Start/Early Head-Start, Family Resource Centers (FRCs), Social Services Block Grant (SSBG), Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program⁴⁷; schools, refugee or immigrant-specific youth mentorship programs.⁴⁸

Promising Mitigation Strategies:

- Community partnerships can be leveraged through **more expansive views of community integration**, and in a manner comparable to that proposed by ORR's Community Orientation program.⁴⁹ Beyond its encouragement of a widened array of services and providers, ORR's Community Orientation program is also notable in that it further integrates the voices of individuals having lived experience of both migration, as well as post-migration social service systems, encouraging their participation in program design efforts, as well as CBO leadership.

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- **ORR funds services to individuals qualified for their programs.** The full range of ORR services is not included in this report, but offerings relevant to health include the Refugee Health Promotion program, the Preferred Communities program, and Survivor of Torture program, which may have the **flexibility to support a more comprehensive range of needs** for qualified individuals. Some of these programs have added auxiliary supports, such as transportation for specific functions, including covered legal processes.
- Relatedly, **mental health initiatives specifically designed to address the needs of refugees and immigrants** have proliferated in recent years, but overall, services are still scant. While the increased attention to mental health is important, not all mental health resources are of sufficient quality or appropriate for those having endured forced migration and associated traumas. Human services agencies seeking to connect non-citizen families to mental health supports are advised to do so under the guidance of trusted organizations and community leaders that may find appropriate referrals. Referrals could include contacts for supporting individuals in obtaining both immediate, as well as long-term care that poses a decreased risk of harm. These mental health and social resources may be accessed through specialized local supports, such as local resettlement agency affiliates and their partners, or through national programs addressing emerging needs, some of which may be funded by ORR and some of which may be community-led or coordinated by other CBOs/NGOs.⁵⁰ Some states and localities, for example, have adopted the PM+ and other first line psychoeducational models as part of their services.⁵¹
- **Universities and medical school programs** are increasingly recognizing the need to help train providers, meaning that refugee and immigrant-serving clinics are growing in number. Human services agencies and local providers may wish to refer families to clinics sponsored by educational institutions as a means of accessing reduced-cost care.
- The health needs of non-citizen populations are high, and in order to support foreign-born community members in accessing care, health systems have increasingly turned to the cultivation of **Community Healthcare Workers**. While not a substitute for more rigorous engagement of the formal health system, community healthcare workers can be of significant value in extending the impact of these healthcare systems by helping to engage hard to reach community members. Through their services and advocacy, they can help to build trust and instill basic health concepts within the community in order to increase healthcare uptake. The Spanish language version⁵² of this concept has become increasingly popular under the “promotores de la salud” model.

In addition to performing significant grassroots and community-level work, non-citizens also constitute an objectively and proportionately high number of the total physicians and healthcare workers in the U.S. Facilitating refugee and immigrant access to the higher-credentialed workforce is paramount for the success and sustainability of the healthcare infrastructure, which is constant need of more professionals. Those interested in supporting the cultivation of non-citizen healthcare talent, from community healthcare workers through to advanced professionals, may wish to acquaint themselves with licensing/certification processes and other requirements for various health fields. They may also wish to acquaint themselves with institutions supporting foreign credential verification for requisite degrees. In times of position shortages, community healthcare workers can also be leveraged to use their interviewing and listening skills to support projects in other disciplines, as well as to help broker and deepen community relationships.

- **State entities have rented out entire apartment blocks** and placed newly-arriving families from a given country of origin in close proximity. Though this can have its challenges in the form of over-extending local social service resources, as well as by creating potential for intergroup or intra-group conflicts, for the most part, efforts in these states have provided arriving cohorts the opportunity to more efficiently provide mutual support. Human services agencies report that the residents of housing complexes populated by large numbers of newly-arrived families have been offering their own volunteer community services, such as schooling for the local children, or literacy classes for new readers.
- **Schools provide a consistent source of information, serving as a point of connection to services** and basic protections for children and their families. Those supporting non-citizen communities should acquaint themselves with the basic rights of children with reference to educational access, including the rights of both unaccompanied and undocumented children. Human services agencies should seek to develop strong partnerships with K-12 institutions so as to raise awareness of supports and services available to refugee and immigrant families, including programs such as Head Start/Early Head and Family Resource Centers (FRC). These programs are sometimes co-located within school settings and can be advantageous



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given that they typically take a whole-family approach and contain embedded requirements to provide “culturally appropriate” services. Non-citizens may also have access to MIECHV, which helps to provide education⁵³ and other specialty services that enable long-term success through home-based interactions.⁵⁴ MIECHV is available regardless of immigration status. The U.S. Department of Education provides resources and guidelines that can help support the integration of non-citizen children into school settings.

- **Strengthening civics education and participation** is a vital means of helping to orient new and existing families into the community, while also helping to build social cohesion. Human services may integrate civic education components into existing programming to support the development of non-citizen communities through national and grassroots efforts around civic participation and community development.⁵⁵ In so doing, individuals may also be connected to local resources, such as advocacy and legal supports groups. Through assistance in preparing for citizenship examination, newer community members can prepare themselves for transitioning to a more stable legal status, which in turn may lead to family economic advancement, as well as greater social consolidation and integration.
- Challenges in the built environment, compounded by unaffordable housing, are often a major impediment to community mobilization. The following report describes how several municipalities have attempted to better integrate their communities through **initiatives supporting more affordable housing**, as well as through the promotion of improved infrastructure.⁵⁶
- Non-citizens and their advocates utilize local school systems as a primary resource around which families can continue to share information, thus orienting and establishing themselves within the new community. APHSA anecdotally reports that conversations held with individuals who had limited English proficiency at the time of accessing benefits often relayed that **schools helped to orient non-citizen families** to local resources, such as food banks and public programs for which they were qualified.



Conclusion

APHSA would like to thank the governmental agencies, CBOs, and staff experts who gave of their time and expertise across a number of listening sessions and project discussions in order to help identify some of the most persistent challenges that families having undergone migration (and particularly forced migration) may continue to encounter during the post-arrival period. These challenges may be due to macro-environmental and policy limitations in the effectiveness of service delivery, or they may be specific to the individual and local experiences of families subject to structural gaps.

Though governmental programs tailored specifically for non-citizen families tend to prioritize the first few years immediately following entry into the United States, under-addressed financial, social, and logistical needs can slow a family's ascent towards stability and full community integration. This under-resourcing, in turn, can have intergenerational consequences for these families, which often include multiple dependents. Those not having access to specialized programs due to the particular immigration status that they hold (or lack thereof) are perhaps at even greater risk of disenfranchisement.

Nevertheless, and while governmental programs continue to improve their efficacy in meeting the needs of foreign-born individuals, a variety of opportunities exist to empower those supporting the increasingly diverse communities of non-citizens located everywhere throughout the U.S. Providers of a wide array, including human services agency personnel, have therefore demonstrated considerable innovation in providing some level of immediate assistance and connection to resources. Though the strategies listed in this report are not intended to be comprehensive, and while not all solutions are available to all sites and populations, by documenting some of the known challenges, commonly utilized mitigation strategies, and also, by articulating a vision of how equitable service delivery to non-citizen families might be designed, it is hoped that future policy will better address common service gaps. In this manner, human service agencies and their partners may render the social service environment more equitable for all members of the U.S. society, including foreign-born individuals and their dynamic families.



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About Advancing Family and Economic Mobility AFEM is an initiative of the American Public Human Services Association (APHSA), committed to creating sustainable pathways to economic mobility and well-being for all people and families. The AFEM network fosters new approaches to improving long-term, systemic economic mobility at all levels. To achieve this, it has undertaken a three-pronged approach to build a vetted repository of reproducible strategies and resources to share with agencies throughout the United States. For more information, visit www.familyeconomicmobility.com

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Special attention is paid to priority places where there are high concentrations of poverty and where children face significant barriers to success. WKKF priority places in the United States are in Michigan, Mississippi, New Mexico, and New Orleans; and internationally, are in Mexico and Haiti. For more information, visit www.wkkf.org.



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provide culturally appropriate, evidence-based, and context-specific prevention and treatment programs for parents and children. By strengthening the ability of existing social service systems to better serve those in places contending with sizeable inequities, more children and families can receive the essential supports and resources that help them to pursue full, healthy, and happy lives. Services such as these, when well-coordinated, can make a significant impact in responding to the effects of generations of inequities and exposure to trauma, violence, abuse, and neglect to help give families a fairer shot at achieving healthy and happy futures. For more information, visit www.dorisduke.org.

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