

PRIMARY NEEDS FOR UNACCOMPANIED CHILDREN RECEIVING POST RELEASE SERVICES IN THE UNITED STATES



A report by Providence College
Department of Social Work in collaboration
with Heartland Alliance International



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EXECUTIVE SUMMARY

In 2019, a record 69,488 unaccompanied children (UC) arrived to the United States (US) border. Some UC in the US are provided Post Release Services (PRS), or community-based case management services that help UC adjust to new communities and access school, health, and legal supports.

This report provides an overview of the primary PRS needs UC report upon their arrival to the US border and summaries of the univariate and bivariate statistics for three primary PRS needs. Administrative data used in the report were shared by Heartland Alliance International, a national nonprofit that provides contracts and consultation for community-based agencies that support UC in the US. The sample includes all UC who received PRS from Heartland Alliance International partner agencies in FY 2019 (N=851). Most UC in the sample migrated to the US from Guatemala (45.36%), Honduras (33.14%), and El Salvador (13.40%). Results of the report indicate the three most common primary PRS needs in 2019 were education (25.70%), individual mental health services (23.50%), and family stabilization (19.04%). The report also summarizes key bivariate analyses.



I. INTRODUCTION

In 2019, 69,488 unaccompanied children (UC) were referred to the US Office of Refugee Resettlement (ORR) after apprehension at the U.S. border.¹ The US government agency responsible for the care and placement of UC was the Office of Immigration and Naturalization Service. On March 1, 2003, this responsibility was transferred to the Director of the Office of Refugee Resettlement, or ORR.² ORR has a system when a UC is placed in their custody that includes placing the child in the least restrictive setting that takes in consideration the child's best interest and also dangers in the community that may pose a threat to the child. Since 2012 there have been 300,000 UC apprehended in the United States.³ Approximately 75% of these children spend an average of sixty one days in a detention centers while their sponsors are undergoing a lengthy home study. Sixty five percent of these initially apprehended children are placed with a sponsor.³

Heartland Alliance was established in 1888 and their mission is to advance human rights and respond to the needs of endangered populations through comprehensive services and respect as well as the promotion of permanent solutions.⁴ Jane Addams, who founded the Hull House, helped pioneer Heartland Alliance. The goal from the start has been to bring healthcare, housing and support to people who are experiencing homelessness as well as poverty. Among the vulnerable populations served by Heartland Alliance are UC who migrate to the US.

Since 1888 Heartland Alliance has grown immensely and now works throughout the Mid-West as well as 20 countries around the world. Heartland Alliance serves more than 500,000 people each year.⁵ Heartland Alliance is able

to play a major role in helping UC by providing residential care, case management services, education as well as medical and clinical care for immigrant and refugee children.⁶ They strive to provide a compassionate, peaceful and healing setting until these children can be reunited with loved ones.⁶

Unaccompanied children have been overlooked when laws have been made and therefore they do not have protected status and have no guarantee of legal representation.⁶ According to US law an Unaccompanied Alien Child is defined as "a person

who is under the age of 18, lacks lawful immigration status, and either (1) has no parent or legal guardian in the United States or (2) has no parent or legal guardian in the country who is available to provide care and physical custody of the child."⁷

Since 2011 the number of UC migrating to the US has risen, specifically those from Central America.⁷ During a major surge of unaccompanied alien children in 2014 it was shown that UC apprehended at the United States Mexico border were mostly from the Northern Triangle of

Central America and Mexico.⁷ These children are vulnerable due to the risks and traumatic events they may have faced pre-journey, during their journey and when they finally reach the United States.⁷ Research shows that UC experience high levels of psychological distress in the form of emotional as well as behavior issues. For example, in a study on UC resettled in the United Kingdom, approximately 1/3 of UC's scored high in emotional behavior problems and another 1/3 scored high for internalizing problems which may contribute to the numbers of those with depression and anxiety.⁸ UC in Norway also report heightened symptoms of intrusion and



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INTRODUCTION *continued*



depression. This research also suggests that social support, including family support, has direct beneficial effects on mental health and indirect effects on helping UC manage discrimination in host countries.⁹ Finally, research indicates education can be a major component for UC to integrate in the US, and there are differences in education level based on country of origin. For example, research indicates UC from Guatemala, compared to other countries, are more likely to be enrolled in a k-12 education setting, UC from El Salvador, compared to UC from other countries are more likely to have a high school diploma, and UC from Honduras, compared to UC from other countries, are more likely to be enrolled in college.¹⁰

UC face the hardships of coming into a new country without any parent to guide them through a difficult and in some circumstances traumatic journey. This can result in UC feeling isolated and alienated in their communities post-resettlement. Post release services (PRS) tries to combat this and help these children. There is a list of mandatory domains presented by ORR which all organizations providing services must follow. These domains are: ensuring the safety of the placement, making referrals to legal services, assisting with school enrollment and engagement, linking children to medical services and arranging for mental health services.¹¹ ORR facilitates contracts for non-profit organizations to provide these post release

services. After the child has been released to a parent, relative, or other sponsor the sponsor is now in charge of the child's care.¹² Home studies are ongoing in very limited cases.¹² ORR helps children as well as their sponsors with aspects of living such as school enrollment, parenting resources and safety concerns.¹² Additionally, PRS includes services if the child has a mental health concern or a different need that could benefit and be met from a social welfare agency.¹²

Since UC are extremely vulnerable the protection of these children without family or caregivers is up to the United States government.¹³ However, due to certain procedures in place involving an abundance of government agencies involved there is no single source of responsibility for these children once they are apprehended at the US border.¹³ This can lead to gaps in protection for this vulnerable population, and PRS seeks to address this gap by providing an array of community-based supports.¹³



II. PROJECT PURPOSE

The purpose of the project is to examine the types of primary needs UC report upon their arrival to the US. As part of PRS, UC identify myriad needs that comprise their service plan. The project will use univariate statistics to identify which primary needs are most commonly reported by UC. Next, the project will use bivariate

statistics to examine the relationship between age, sex, length of PRS, country of origin and specific primary needs. In addition, the project will explore how sponsor type is associated with primary needs.



III. METHODS

Data for the report were gathered from an administrative database generated by Heartland Alliance. The sample includes all UC who received PRS and whose cases closed in FY 2019. Heartland Alliance provides contracts for other community-based agencies to provide PRS for UC in the US. Data in the study were collected by case workers who provide PRS to UC in the US. Data collection was part of intake as well as ongoing routine case management meetings, and the data was later shared with Heartland Alliance and stored in a central administrative database.

The dependent variable in the study measures what kind of need UC report being their primary need when they are released from shelter after their apprehension at the US border. This single variable was recoded into three separate variables that measure if a UC reported family stabilization as a primary need (1=yes, 0=no), individual mental

health services (1=yes, 0=no), or education services (1=yes, 0=no).

The report includes two main analytic techniques to examine the data. First, univariate analyses are used to describe the frequencies and percentages for categorical variables, and mean and standard deviation for continuous variables. Second, bivariate analyses, including chi-square – for categorical variables, and independent non-parametric samples t-tests – for continuous outcomes, were used to examine differences in primary PRS need between groups based on age (Years), sex (1=Male, 0=Female) and length of PRS services (Months). Country of origin was included, and the study focused on youth from El Salvador (1=Yes, 0=No), Guatemala (1=Yes, 0=No), and Honduras (1=Yes, 0=No). The study included a three category variable that measured sponsor type according to three categories defined by

METHODS *continued*

Heartland Alliance: Category One (Biological Mother, Biological Father), Category Two (Adult Cousin, Adult First Cousin, Aunt, Brother, Brother-in-law, Grandfather, Grandmother, Sister, Sister-in-law, Step-mother, Uncle), and Category Three

(Other Distant Relative, Unrelated Sponsor, Unverifiable Relative). Further details of each variable are found in the Appendix. All analyses in the study were completed using Stata Version 15.

IV. FINDINGS

Univariate Statistics

The sample included a total of 851 UC who received PRS in 2019. Most UC who received PRS in 2019 migrated to the US from Central America, with 386 UC migrating from Guatemala (45.36%), 282 UC migrating from Honduras (33.14%), and 114 UC migrating from El Salvador (13.40%). Table 4 in Appendix A includes frequencies and percentages of all countries of origin in the dataset. Most UC who received PRS in 2019 identified as male (56.40%), and the mean age was 15.71 years old ($SD=3.69$). The youngest UC was less than a year old, and the oldest UC was slightly over 19 years old. The mean length of PRS was 9.13 months ($SD=9.82$). The shortest length of PRS was less than a month, and the longest length of PRS was more than seven years.

UC were placed with a variety of sponsors. The most common sponsor type was biological mother, with 213 UC (25.03%) placed with their biological mother, followed by 117 UC (13.75%) who were placed with an unrelated sponsor, and 111 (13.04%) who were placed with their biological father. Table 5 in Appendix A include frequencies and percentages of all sponsor types. UC were placed in a total of 24 different states in the United States, with 154 UC placed in Texas (18.10%), followed by 90 (10.58%) placed in New York. The remaining states each had less than 10% of UC receiving PRS. Table 6 in Appendix A includes frequencies and percentages of all

states where UC were placed in the US. Most UC reported education (25.74%), individual mental health (23.50%), or family stabilization (19.04%) as PRS primary needs. Table 7 in Appendix A includes frequencies and percentages for all PRS primary needs in the dataset.

Family Stabilization

Univariate statistics differ for the three most common Primary PRS Needs, family stabilization, mental health, and education, which are the focus of this report. A total of 162 UC reported family stabilization as a primary need. Similar to the overall sample, most UC who reported family stabilization as a primary need were from the Northern Triangle region, with 72 (44.44%) from Honduras, 59 (36.42%) from Guatemala, and 21 UC from El Salvador (12.96%). Of the 162 UC who reported family stabilization as a primary need, 89 UC (54.94%) identify as male, and 73 (45.06%) identify as female. The mean age of UC who reported family stabilization as a primary need was 14.27 years old ($SD=4.65$). The youngest UC who reported family stabilization as a primary need was approximately 1.5 years old, and the oldest UC was approximately 19 years old. The mean length of PRS for UC who reported family stabilization as a primary need was 10.06 months ($SD=10.66$). The shortest length of PRS for UC who reported family stabilization as a primary

FINDINGS *continued*

need was less than one month, and the longest length of PRS was approximately 5.5 years. For sponsor type, 85 UC (26.23%) were placed with a Category 1 sponsor, 50 UC (13.93%) were placed with a Category 2 sponsor, and 27 UC (16.07%) were placed with a Category 3 sponsor.

Mental Health

A total of 200 UC reported mental health as a primary need. For UC who reported mental health as a primary need, 81 (40.50%) migrated from Honduras, 75 (37.50%) migrated from Guatemala, and 31 (15.50%) migrated from El Salvador. Of the 200 UC who reported mental health as a primary need, 103 identify as female (51.50%) and 97 identify as male (48.50%). The mean age of UC who reported mental health as a primary need was 15.94 years old ($SD=3.08$). The youngest UC who reported mental health as a primary need was 5.72 years old, and the oldest UC was 18.93 years old. The mean length of PRS for UC who reported mental health as a primary need was 10.38 months ($SD=12.15$). The shortest length of PRS for UC who reported mental health as a primary need was less than one month, and the longest length of stay was more than seven years. For sponsor type, 92 UC (28.40%) were placed with a Category 1 sponsor, 84 UC (23.40%) were placed with a Category 2 sponsor, and 24 UC (14.29%) were placed with a Category 3 sponsor.

Education

A total of 219 UC reported education as a primary need. Of the UC who reported education as a primary need, 130 UC (59.36%) migrated from Guatemala, 52 UC (23.74%) migrated from Honduras, and 23 UC (10.50%) migrated from El Salvador. Of the 219 UC who reported education to be a primary need, 144 UC (65.75%) identify as male, and 75 UC (34.25%) identify as female. The mean age of UC who reported education as a primary need was 16.29 years old ($SD=2.71$). The youngest US who reported education as a primary

need was 1.21 years old, and the oldest UC who reported education as a primary was 18.91 years old. The mean length of PRS for UC who reported education as the primary need was 7.15 months ($SD=3.62$). The shortest length of PRS for UC who reported education as the primary need was less than a month, and the longest length of stay was approximately three years. For sponsor type, 62 UC (19.14%) were placed with a Category 1 sponsor, 110 UC (30.64%) were placed with a Category 2 sponsor, and 47 UC (27.98%) were placed with a Category 3 sponsor.

Bivariate Statistics

In addition to univariate statistics, bivariate analyses were also used to examine differences between different primary needs, with a focus on family stabilization, mental health, and education.

Family Stabilization

UC who reported family stabilization as a primary need are younger (14.27 years, $SD=4.65$), compared to UC reported other types of primary PRS needs (16.05 years, $SD=3.34$) ($p<.000$) (this result is depicted in Graph 4, below). Graph 1, on the next page, depicts additional results of bivariate analyses for family stabilization. Chi-square tests indicate significantly more UC from Honduras ($n=72$, 44.44%) reported family stabilization as a primary need, compared to UC from Guatemala ($n=59$, 36.42%), from El Salvador ($n=21$, 12.96%), or from other countries ($n=10$, 6.17%) ($p<.01$).

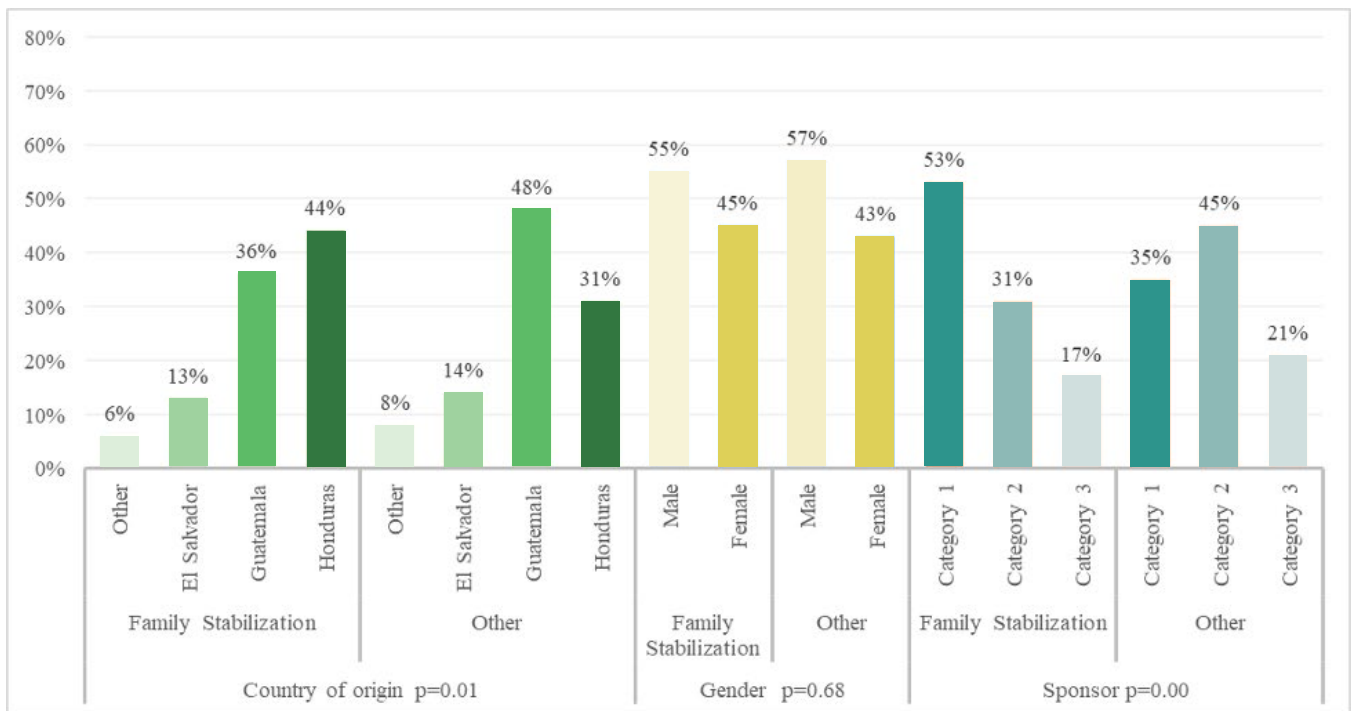
Out of all three countries of focus for this report, UC from Honduras were more likely to report family stabilization as a primary need, compared to other primary needs (44% vs. 30%, $p <.01$). UC from El Salvador were more likely to report other primary needs, compared to family stabilization (14% vs. 13%, $p <.01$). UC from Guatemala were also more likely to report other primary needs, compared to family stabilization (47% vs. 36%, $p <.01$).

FINDINGS *continued*

There are also significant differences between the number of UC who reported family stabilization as a primary need, based on their sponsor type. For example, UC who were placed with a Category 1 sponsor were more likely to report family stabilization as a primary need, compared to other primary needs (53% vs. 35%, $p < .001$), while

those who were placed with Category 2 sponsors were more likely to report other primary needs, compared to family stabilization (45% vs. 31%, $p < 0.001$). UC who were placed with a Category 3 sponsor were also more likely to report other primary needs, compared to family stabilization (21% vs. 17%, $p < .001$).

Graph 1. Bivariate Analyses for Family Stabilization



Note: Results presented in the graph are rounded percentages.

Individual Mental Health

Graph 2 [on the next page] depicts the results of bivariate analyses for individual mental health services. Chi-square tests indicate significantly more UC who reported individual mental health services are from Honduras (n=81, 40.50%), followed by Guatemala (n=75, 37.50%), El Salvador (n=31, 15.50%), and other countries (n=13, 6.50%) ($p < .05$). UC from Honduras were

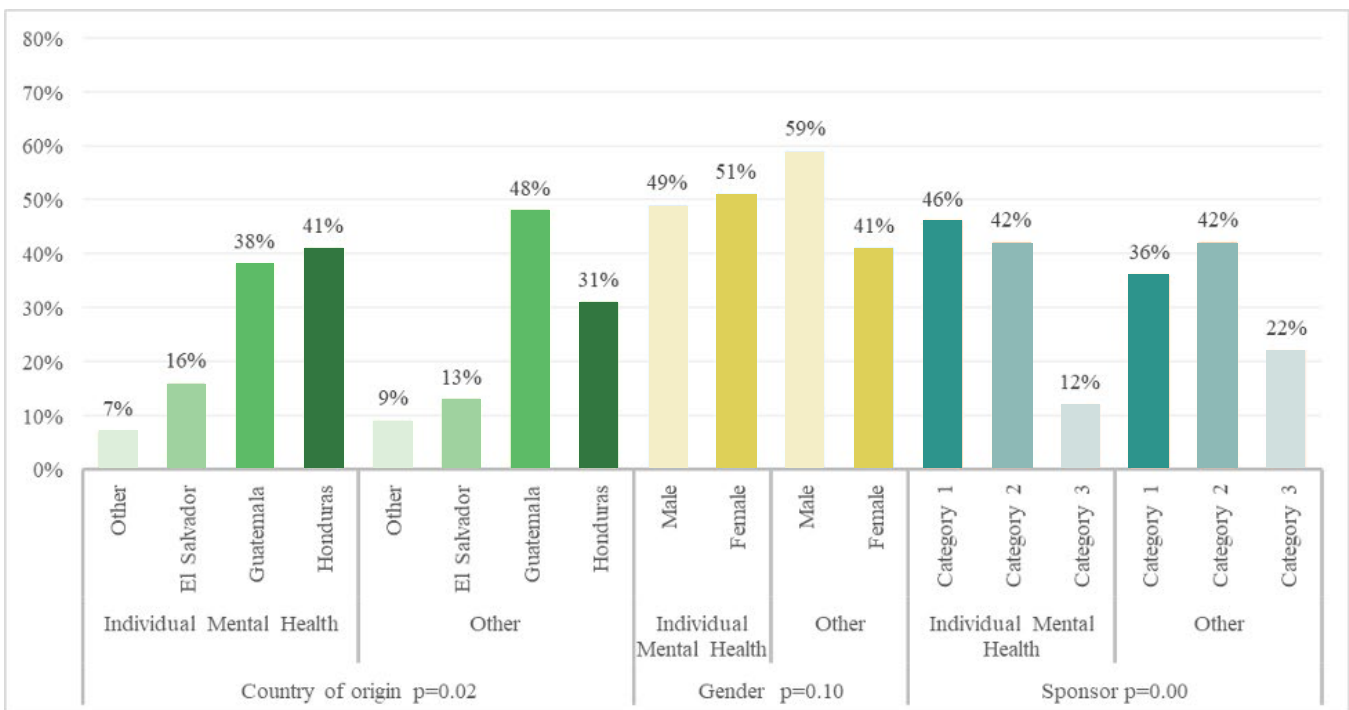
more likely to report individual mental health services as a primary need compared to other primary needs (41% vs. 31%, $p < .05$). Similarly, UC from El Salvador were more likely to report individual mental health services as a primary need compared to other primary needs (16% vs. 13%, $p < .05$). UC from Guatemala were more likely to report other primary needs (47.77%) compared to individual mental health services (48% vs. 38%, $p < .05$).

FINDINGS continued

There are also significant differences between the number of UC who reported individual mental health as a primary PRS need, based on their sponsor type. For example, UC (46%) who reported individual mental health services as a primary need were placed with a Category 1 sponsor, 84 UC (42%) were placed with a Category 2 sponsor,

and 24 UC (12.00%) were placed with a Category 3 sponsor ($p < .01$). Among sponsor types, UC who were placed with a Category 1 sponsor were more likely to report individual mental health as a primary need (46.00%) compared to other primary needs (46% vs. 36%, $p < .01$).

Graph 2. Bivariate Analyses for Individual Mental Health



Note: Results presented in the graph are rounded percentages.

Education

Graph 3 [on the next page] depicts the results of bivariate analyses for education services. Chi-square tests indicate that most UC who reported education as a primary PRS need were male ($n=144$, 65.75%), compared with female UC ($n=75$, 34.25%) ($p < .01$). UC who reported education as a primary PRS need had shorter length of PRS (7.15 months, $SD=3.62$) compared to other primary PRS needs (9.81 months, $SD=11.11$) ($p < .05$) (this result is depicted in Graph 5, below). Significantly

more UC who reported education as a primary PRS need migrated from Guatemala ($n=130$, 33.68%), followed by UC who migrated from Honduras ($n=52$, 18.44%), UC who migrated from El Salvador ($n=23$, 10.50%), and finally UC from other countries ($n=14$, 6.4%) ($p < .001$). Among countries of origin, UC from Guatemala were more likely to report education as a primary need, compared to other primary needs (59% vs. 41%, $p < .001$).

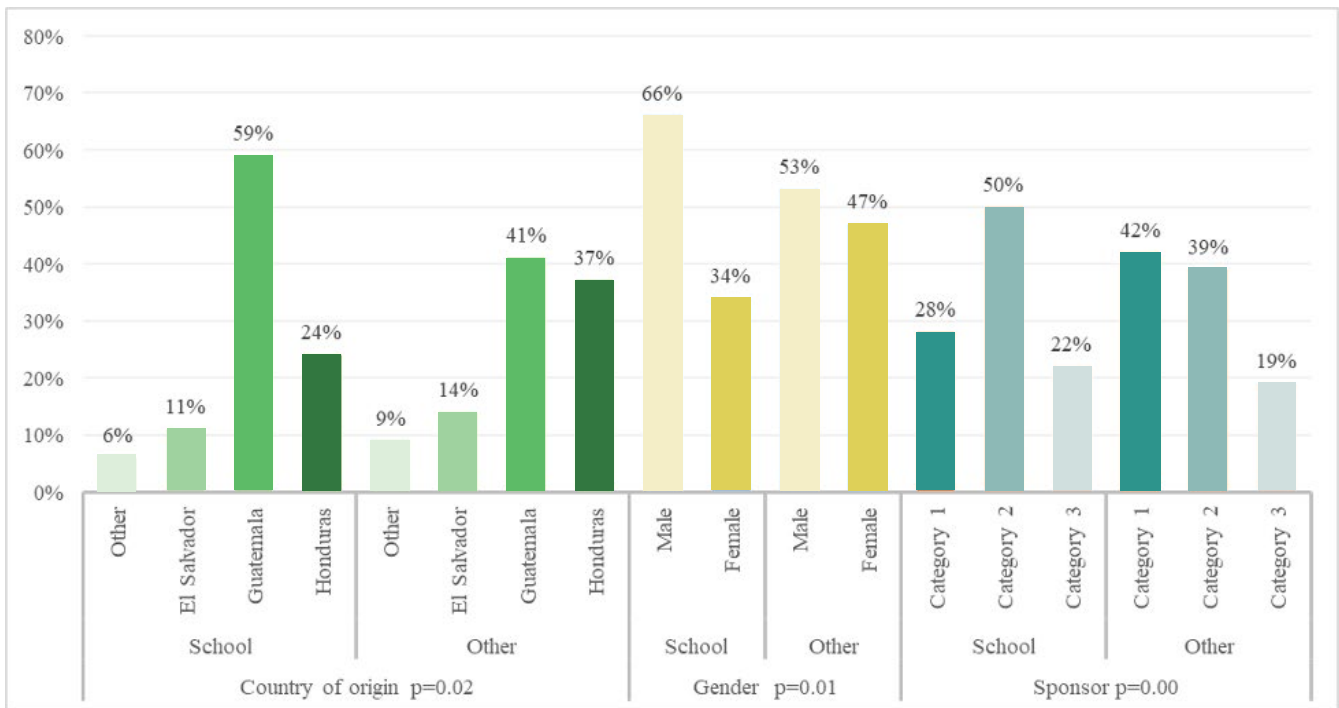
Most UC who reported education as a primary PRS need were placed with a Category 2 sponsor

FINDINGS continued

(50.23%) followed by Category 1 sponsor (28.31%) and Category 3 sponsor (21.46%) ($p < .01$). UC who were placed with a Category 2 sponsor were more likely to report education as a primary

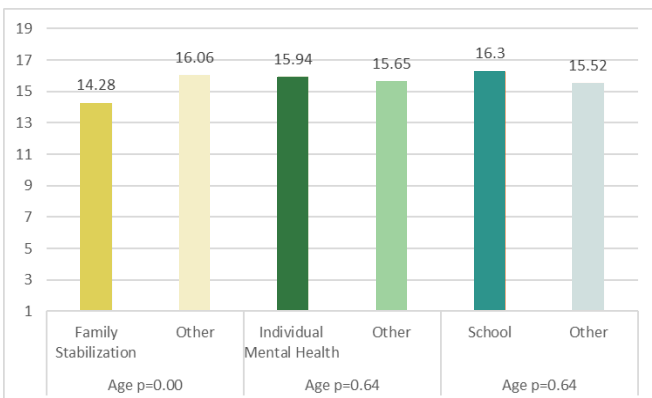
need, compared to other primary needs (50% vs. 39%, $p < .01$). Similarly, UC who were placed with a Category 3 sponsor were more likely to report education as a primary need (22 vs. 19%, $p < .01$).

Graph 3. Bivariate Analyses for Education Services

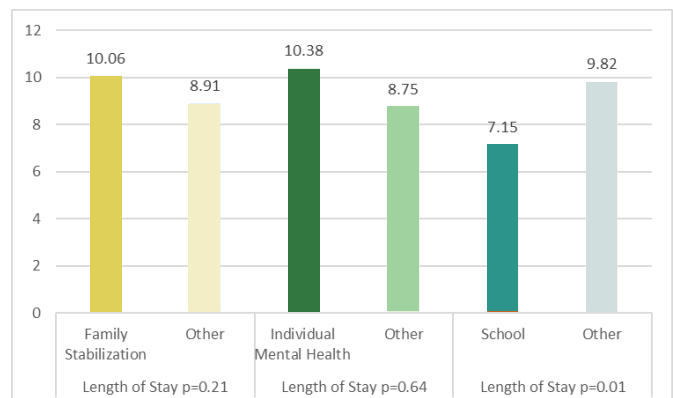


Note: Results presented in the graph are rounded percentages.

Graph 4. Differences in Age for Three Primary PRS Needs



Graph 5. Differences in Length of Stay for Three Primary PRS Needs



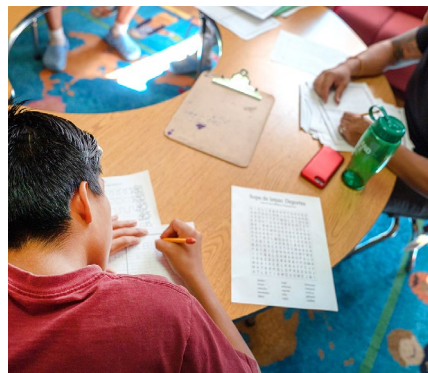
V. CONCLUSION

The study results highlight patterns and differences that emerge in the context of three primary PRS needs reported by UC when they begin receiving PRS. These patterns and differences can help inform service delivery strategies for UC who receive Heartland Alliance funded PRS. First, results indicate UC who report needing family stabilization services are significantly younger than UC who report other primary PRS needs. In addition, family stabilization services appear to be particularly salient for UC from Honduras, as more UC from Honduras report family stabilization as a primary need, compared to UC from other countries. Finally, among UC who are placed with a Category 1 sponsor, more UC report family stabilization as a primary need, compared to other primary needs.

For individual mental health services, results indicate more UC from Honduras and El Salvador report individual mental health services as a primary need, compared to other primary needs.

Similar to family stabilization services, more UC who are placed with a Category 1 sponsor report individual mental health services as a primary need, compared to other needs.

Results of the study reveal several significant differences for education services. For example, it appears more males, compared to females, report education as a primary need. UC who reported education as a primary need had shorter lengths of PRS, suggesting there may be services provided by school systems that help UC transition from PRS sooner. Education services are particularly salient for UC from Guatemala, who report education as a primary need more, compared to other primary needs. Finally, more UC who are placed with a Category 2 sponsor report education as a primary need, compared to other primary needs. Together, the results of the study can be used to help shape service delivery strategies for PRS services and further support UC integration in US communities.



VI. APPENDIX A

Table 1. Descriptive Statistics and Differences in Family Stabilization Primary Need

	Family Stabilization (N=162)		Other PRS Need (N=689)		p value
	Mean (SE)	n (%)	Mean (SE)	n (%)	
<i>Months in Care</i>	10.06 (10.66)		8.91 (9.60)		0.208
<i>Age at Discharge</i>	14.27 (4.65)		16.05 (3.34)		0.000
<i>Gender (male)</i>		89 (54.94)		391 (56.75)	0.676
<i>Sponsor Type</i>					
Category 1		85 (26.23)		239 (73.77)	0.000
Category 2		50 (13.93)		309 (86.07)	0.000
Category 3		27 (16.07)		141 (83.93)	0.000
<i>Country of Origin</i>					0.000
El Salvador		21 (12.96)		93 (13.50)	0.007
Guatemala		59 (36.42)		327 (47.46)	0.007
Honduras		72 (44.44)		210 (30.48)	0.007
Other		10 (6.18)		59 (8.56)	0.007

Table 2. Descriptive Statistics and Differences in Individual Mental Health Primary Need

	Individual MH (N=200)		Other PRS Need (N=651)		p value
	Mean (SE)	n (%)	Mean (SE)	n (%)	
<i>Months in Care</i>	10.38 (12.15)		8.74 (8.96)		0.202
<i>Age at Discharge</i>	15.94 (3.08)		15.64 (3.86)		0.639
<i>Gender (male)</i>		97 (48.50)		383 (58.83)	0.010
<i>Sponsor Type</i>					
Category 1		92 (28.40)		232 (71.60)	0.002
Category 2		84 (23.40)		275 (76.60)	0.002
Category 3		24 (14.29)		144 (85.71)	0.002
<i>Country of Origin</i>					
El Salvador		31 (15.50)		83 (12.75)	0.023
Guatemala		75 (37.50)		311 (47.77)	0.023
Honduras		81 (40.50)		201 (30.88)	0.023
Other		13 (6.5)		56 (8.6)	0.023

Table 3. Descriptive Statistics and Differences in Education Primary Need

	Individual MH (N=219)		Other PRS Need (N=632)		p value
	Mean (SE)	n (%)	Mean (SE)	n (%)	
<i>Months in Care</i>	7.15 (3.62)		9.81 (11.11)		0.008
<i>Age at Discharge</i>	16.29 (2.71)		15.51 (3.95)		0.635
<i>Gender (male)</i>		144 (65.75)		336 (53.16)	0.001
<i>Sponsor Type</i>					
Category 1		62 (19.14)		262 (80.86)	0.002
Category 2		110 (30.64)		249 (69.36)	0.002
Category 3		47 (27.98)		121 (72.02)	0.002
<i>Country of Origin</i>					
El Salvador		23 (10.50)		91 (14.40)	0.000
Guatemala		130 (59.36)		256 (40.51)	0.000
Honduras		52 (23.74)		230 (36.39)	0.000
Other		14 (6.4)		55 (8.7)	0.000

Table 4. Frequencies and Percentages of Countries of Origin

Country of Origin	Frequency	Percent
Guatemala	386	45.36
Honduras	282	33.14
El Salvador	114	13.40
Mexico	17	2.00
Nicaragua	12	1.41
India	11	1.29
Ecuador	10	1.18
Bangladesh	3	0.35
Bahamas	2	0.24
China	2	0.24
Nigeria	2	0.24
United States	2	0.24
Vietnam	2	0.24
China	1	0.12
Cuba	1	0.12
Eritrea	1	0.12
Ethiopia	1	0.12
Ghana	1	0.12
Romania	1	0.12
Total	851	100.00

Table 5. Frequencies and Percentages of Sponsor Type

Sponsor Type	Frequency	Percent
Category 1		
Biological mother	213	25.03
Biological father	111	13.04
Category 2		
Adult cousin	2	0.24
Adult first cousin	50	5.88
Aunt	58	6.82
Brother	89	10.46
Brother-in-law	2	0.24
Grandfather	7	0.82
Grandmother	9	1.06
Sister	72	8.46
Sister-in-law	1	0.12
Step-mother	1	0.12
Uncle	68	8.00
Category 3		
Other distant relative	37	4.35
Unrelated sponsor	117	13.75
Unverifiable relative	13	1.53
Heartland Human Care Services	1	0.12
Total	851	100.00

APPENDIX A *continued*

Table 6. Frequencies and Percentages of States

State	Frequency	Percent
Arizona	1	0.12
California	49	5.76
Colorado	29	3.41
Connecticut	26	3.06
Florida	57	6.70
Georgia	65	7.64
Iowa	56	6.58
Illinois	52	6.11
Indiana	3	0.35
Kansas	10	1.18
Louisiana	5	0.59
Massachusetts	3	0.35
Minnesota	27	3.17
Missouri	38	4.47
Mississippi	1	0.12
Nebraska	9	1.06
New Hampshire	1	0.12
New Jersey	64	7.52
New York	91	10.70
Rhode Island	38	4.47
Tennessee	71	8.34
Texas	154	18.10
Wisconsin	1	0.12
Total	851	100.00

Table 7. Frequencies and Percentages of Primary PRS Needs

Primary PRS Need	Frequency	Percent
Education	219	25.74
Individual Mental Health Services	200	23.50
Family Stabilization	162	19.04
Legal Services	88	10.34
Medical Services	84	9.87
Placement Stability and Safety	67	7.87
N/A	17	2.00
Other	7	0.82
Substance Use	4	0.47
Gang Prevention	2	0.24
Guardianship	1	0.12
Total	851	100.00

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