



April 2016

UNACCOMPANIED CHILDREN

HHS Should Improve Monitoring and Information Sharing Policies to Enhance Child Advocate Program Effectiveness

Accessible Version

GAO Highlights

Highlights of [GAO-16-367](#), a report to congressional committees

Why GAO Did This Study

Thousands of unaccompanied children arrive in the United States each year. For a small number of especially vulnerable children—about 1 percent in fiscal year 2015—ORR provides an independent child advocate to develop safety and well-being recommendations to stakeholders, such as immigration judges. The Violence Against Women Reauthorization Act of 2013 directed HHS to expand the program and included a provision for GAO to review the child advocate program.

This report examines (1) the extent to which ORR increased the number of program locations, (2) the extent to which ORR ensured vulnerable children received advocate services, and (3) the program's benefits and challenges. GAO reviewed relevant federal laws and regulations; analyzed data from fiscal years 2012-2015 on the number and characteristics of child advocate cases served and recommendations made to stakeholders; and interviewed officials at ORR and the Department of Justice's immigration judges, and child advocate service providers in Chicago, Ill.; Brownsville, Tex.; and Washington, D.C.—selected to obtain variation in the number of children served and amount of time the program was operational, among other factors.

What GAO Recommends

GAO recommends that ORR improve its efforts to monitor care provider referrals and contractor decisions, and ensure that the contractor has timely access to key information on the children. HHS agreed with GAO's recommendations.

View [GAO-16-367](#). For more information, contact Kay E. Brown at (202) 512-7215 or brownke@gao.gov.

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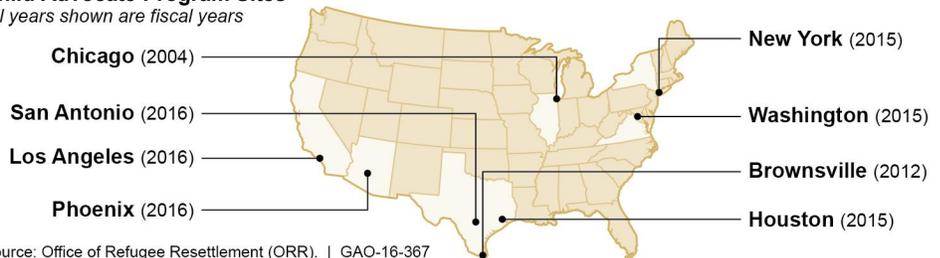
HHS Should Improve Monitoring and Information Sharing Policies to Enhance Child Advocate Program Effectiveness

What GAO Found

In fiscal year 2015, the Department of Health and Human Services' (HHS) Office of Refugee Resettlement (ORR) expanded the child advocate program from two locations to five and added three more locations in fiscal year 2016. The child advocate program—operated by a contractor—was developed in 2004 to promote the best interests of especially vulnerable unaccompanied children in ORR custody. Advocates meet with children regularly and develop recommendations regarding their care and custody. Approximately 336 children were assigned an advocate in fiscal year 2015—97 of them in the three new locations. ORR expects the contractor to provide advocates to an increasing number of children in locations with larger numbers of children in ORR custody, and plans to monitor progress through monthly reports from the contractor.

Child Advocate Program Sites

All years shown are fiscal years



Source: Office of Refugee Resettlement (ORR). | GAO-16-367

Children are referred to the program primarily by shelter staff (care providers), who are expected to use a set of criteria established by ORR to determine eligibility. Once the program contractor receives the referral, it decides if an advocate is available to work with a child and then sends a recommendation to ORR to officially appoint an advocate. However, ORR does not receive a copy of referrals that the contractor is unable to serve. Further, GAO's data analysis shows and the program's contractor reported inconsistent referral practices. Contrary to federal internal control standards, ORR does not monitor referrals by care providers or contractor decisions about which children it serves. As a result, ORR cannot know whether eligible vulnerable children are overlooked.

Stakeholders GAO interviewed said the advocate program gives children a voice during the immigration process and aids decision making regarding their care and custody. However, the contractor said their efforts are hampered by ORR's information sharing policy. GAO found that from fiscal years 2012-2015, more than 70 percent of the 493 recommendations made by advocates were adopted by ORR, immigration courts, and others. However, the contractor said ORR does not provide them with some key information on children. For example, they do not receive significant incident reports that describe behavioral incidents while in ORR care, past abuse or neglect, or other concerns. The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 states that child advocates "shall be provided access to materials necessary to effectively advocate." The contractor said creating recommendations without complete information limits their effectiveness. ORR officials told GAO that they are considering providing the contractor with copies of all significant incident reports and other key information; but as of April 6, 2016 the policy had not changed.

Contents

Letter	1	
	Background	4
	ORR Selected Six New Child Advocate Program Locations, but Advocates Are Not Available in Other Locations Where Services May Be Needed	12
	ORR Provides Guidance on Referrals but Lacks a Process to Monitor Referrals to Ensure Vulnerable Children Are Served	18
	Child Advocate Program Provides Recommendations to Various Stakeholders, but Faces Challenges Accessing Some Key Information	28
	Conclusions	36
	Recommendations for Executive Action	37
	Agency Comments and Our Evaluation	37
<hr/>		
Appendix I: Objectives, Scope, and Methodology		40
Appendix II: ORR Appointment of Child Advocates Policy, ORR Operations Manual, Effective September 15, 2011		43
Appendix III: Young Center Criteria for Prioritizing the Assignment of Child Advocates, Effective May 21, 2014		44
Appendix IV: Comments from the Department of Health and Human Services		45
Appendix V: GAO Contact and Staff Acknowledgments		47
	GAO Contact	47
	Staff Acknowledgments	47
<hr/>		
Appendix VI: Accessible Data	48	
	Agency Comment Letter	48
	Data Tables	50
<hr/>		
Related GAO Products	56	

Tables

Table 1: Select Demographic Characteristics of Children Served by the Young Center Child Advocate Program, Fiscal Years 2012-201510

Table 2: Number of Referrals Submitted to the Young Center by Source of Referral Fiscal Years 2013 through 2015	19
Table 3: Examples of ORR Referral Criteria and Young Center Modified Criteria	24
Table 4: Young Center Best Interest Recommendations by Topic, Receiving Entity, and Number Submitted and Adopted, Fiscal Years 2012–2015	30
Accessible Text for Highlights Figure: Child Advocate Program Sites	50
Accessible Text for Figure 1: Young Center Child Advocate Program	50
Data Table for Figure 2: Top 15 Countries of Origin for Children Served by Child Advocate Program, Fiscal Year 2012 to 2015	51
Data Table for Figure 3: Children in ORR Custody, ORR Bed Capacity, and Children Released to Sponsors in Young Center Child Advocate Program Locations	51
Data Table for Figure 4: Program Costs and Numbers of Children Served for the Young Center Child Advocate Program, Fiscal Years 2012 through 2018	52
Accessible Text for Figure 5: ORR Care Provider and Young Center Child Advocate Program Locations	52
Data Table for Figure 6: ORR Bed Capacity and Number of Children Young Center Plans to Serve, Fiscal Year 2016	53
Accessible Text for Figure 7: Process for ORR Care Providers to Refer Children to the Young Center Child Advocate Program	53
Data Table for Figure 8: Office of Refugee Resettlement (ORR) Eligibility Criteria Met by Vulnerable Children Served by the Young Center, Fiscal Years 2012 through 2015	54
Accessible Text for Figure 9: Process for the Young Center to Request Home Study Reports	54

Figures

Figure 1: Young Center Child Advocate Program	9
Figure 2: Top 15 Countries of Origin for Children Served by Child Advocate Program, Fiscal Year 2012 to 2015	11
Figure 3: Children in ORR Custody, ORR Bed Capacity, and Children Released to Sponsors in Young Center Child Advocate Program Locations	14
Figure 4: Program Costs and Numbers of Children Served for the Young Center Child Advocate Program, Fiscal Years 2012 through 2018	15
Figure 5: ORR Care Provider and Young Center Child Advocate Program Locations	16

Figure 6: ORR Bed Capacity and Number of Children Young Center Plans to Serve, Fiscal Year 2016	17
Figure 7: Process for ORR Care Providers to Refer Children to the Young Center Child Advocate Program	20
Figure 8: Office of Refugee Resettlement (ORR) Eligibility Criteria Met by Vulnerable Children Served by the Young Center, Fiscal Years 2012 through 2015	22
Figure 9: Process for the Young Center to Request Home Study Reports	35

Abbreviations

DHS	Department of Homeland Security
HHS	Department of Health and Human Services
ORR	Office of Refugee Resettlement
Trafficking Victims Protection Reauthorization Act	William Wilberforce Trafficking Victims Protection

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UAC
VAWA 2013

Vera
Young Center

Reauthorization Act of 2008
Unaccompanied Alien Child
Violence Against Women
Reauthorization Act of 2013
Vera Institute of Justice
Young Center for Immigrant
Children's Rights



April 19, 2016

Congressional Committees

Thousands of unaccompanied children arrive in the United States on their own each year from all over the world.¹ Since fiscal year 2012, the United States has experienced a rapid increase in the number of children from El Salvador, Guatemala, and Honduras crossing the U.S.-Mexico border. Children traveling to the United States from these countries are reportedly fleeing crime, violence, or extreme poverty and may have undergone trauma while in their home country or during transit to the United States. When unaccompanied children are apprehended by the Department of Homeland Security (DHS), most are transferred to the custody of the Office of Refugee Resettlement (ORR) within the Department of Health and Human Services (HHS).² Children transferred to ORR custody are placed in shelters, foster homes, or other types of facilities that are operated by ORR-funded care providers until the children can be

¹The term “unaccompanied alien child” refers to a child who (1) has no lawful immigration status in the United States, (2) has not attained 18 years of age, and (3) has no parent or legal guardian in the United States or no parent or legal guardian in the United States available to provide care and physical custody. 6 U.S.C. § 279(g)(2). As such, children traveling with related adults other than a parent or legal guardian—such as a grandparent or sibling—are still deemed unaccompanied. In this report, we refer to unaccompanied alien children as unaccompanied children because this is the term used by the Department of Health and Human Services.

²Not all unaccompanied children apprehended by DHS are transferred to ORR custody. A child from contiguous countries (i.e., Canada and Mexico) may be allowed to withdraw his or her application for admission and return to his or her country of nationality or last habitual residence—referred to as repatriation—without further removal proceedings if the officers screen such children within 48 hours of being apprehended and determine that (1) the unaccompanied child is not a victim of a severe form of trafficking in persons; (2) there is no credible evidence that the child is at risk of being trafficked if repatriated; (3) the child does not have a fear of returning to his or her country owing to a credible fear of persecution; and (4) the child is able to make an independent decision to withdraw the application for admission and voluntarily return. 8 U.S.C. § 1232(a)(2). The Trafficking Victims Protection Act of 2000 defines “severe forms of trafficking in persons” as: (a) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or (b) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. Pub. L. No. 106-386, § 103(8), 114 Stat. 1464, 1470 (codified at 22 U.S.C. § 7102(8)).

released to a sponsor.³ Also, children are required to attend removal proceedings in immigration court, which determine if they will be removed from the United States or granted immigration relief. The proceedings are the responsibility of the Department of Justice's Executive Office for Immigration Review.

Since 2004, ORR has appointed independent child advocates for a small number of vulnerable unaccompanied children and victims of trafficking in its care under a program operated by the Young Center for Immigrant Children's Rights (Young Center) primarily based out of Chicago, Ill. Child advocates are expected to meet with children regularly, learn about their life in their home country and their journey to the United States, and provide recommendations to various stakeholders in the child's life regarding their care, custody, and release. Under ORR's criteria, unaccompanied children shall be appointed an advocate, where available, if they are deemed to be especially vulnerable, such as victims of trafficking or abuse, very young children, pregnant or parenting teens, or children who are expected to stay in ORR custody longer than 4 months.

The Violence Against Women Reauthorization Act of 2013 (VAWA 2013) directed HHS to expand the child advocate program to additional locations.⁴ VAWA 2013 included a provision for GAO to evaluate the effectiveness of the child advocate program and HHS' implementation of the program in new sites.⁵

This report examines: (1) the extent to which ORR implemented requirements to increase the number of child advocate program locations and the impact of the expansion on program costs and number of children served, (2) the extent to which ORR ensured vulnerable unaccompanied children were receiving services, and (3) the benefits of the child advocate program, and what challenges, if any, it faces.

To address all three objectives, we visited the Young Center's original child advocate program in Chicago, Ill., and a new program site in

³A sponsor is an individual (in the majority of cases a parent or other relative) or entity to which ORR releases an unaccompanied child out of federal custody.

⁴Pub. L. No. 113-4, § 1262, 127 Stat. 54, 157 (amending 8 U.S.C. § 1232(c)(6)).

⁵127 Stat. 158.

Washington, D.C., and held phone interviews with staff from a program site in Brownsville, Tex., that was established in 2012. These sites were selected based on variation in the number of children served, amount of time the program has been operational, and types of ORR care facilities in operation. With one exception, in each location, we interviewed ORR care providers, immigration judges, legal services providers, and volunteer child advocates.⁶ In addition, we interviewed headquarters staff for ORR and the Executive Office for Immigration Review. We also interviewed two organizations that temporarily provided child advocate services in fiscal year 2015. We reviewed ORR documents, such as child advocate program policies and the contract between ORR and the Young Center. We also reviewed relevant federal laws and regulations, including VAWA 2013 and the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (Trafficking Victims Protection and Reauthorization Act).

In addition, to address our first and second objectives, we analyzed Young Center child advocate case data from fiscal years 2012 through fiscal year 2015, the four most recent years for which data were available. These data were used to describe demographic characteristics of children served by the program, reasons children were referred to the program, and the source of those referrals. We also analyzed data on the number of children the program was unable to serve from August 2013 through September 2015.⁷ Additionally, we analyzed data on the numbers of children in ORR custody and the amount of space available in ORR facilities in child advocate program locations as of October 2015. To address our third objective, we analyzed information collected on best interest recommendations the Young Center provided to a variety of stakeholders

⁶We did not interview volunteer child advocates at the Washington, DC, program site because at the time of our interview the site had recently opened and volunteers had just begun working with children. We interviewed two volunteer groups in Chicago, Ill., and one volunteer group from the Brownsville, Tex., program site. The three legal services providers we interviewed primarily served children in Chicago, Ill., Corpus Christi, Tex., and Washington, D.C. The information obtained from these interviews is not generalizable.

⁷The Young Center did not track this information consistently for all program locations prior to August 2013.

from fiscal year 2012 through fiscal year 2015.⁸ This information included the number of these recommendations made, types of decision-makers that received recommendations (such as immigration judges, attorneys, or ORR), key issues on which recommendations were provided (such as release, placement, legal relief, or repatriation), and number of recommendations adopted. The case and best interest recommendations data were provided by the Young Center. We assessed the reliability of the case and recommendation data by (1) performing electronic testing of required data elements, (2) reviewing information about the data and the system that produced them, and (3) interviewing knowledgeable Young Center staff about the data. We assessed the reliability of ORR's data by (1) reviewing ORR business rules to ensure data reliability and (2) interviewing ORR officials and contractors knowledgeable about the data. We determined that the data were sufficiently reliable for our purposes.

We conducted this performance audit from April 2015 to April 2016 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Unaccompanied Children

Compared to the nearly 6,600 children placed in ORR custody in fiscal year 2011, more recent migration represents a historic increase in unaccompanied children entering the United States. In fiscal years 2014 and 2015, more than 57,000 and 33,000 unaccompanied children, respectively, were apprehended by DHS and transferred to ORR

⁸Under the terms of the contract with the Young Center, the child advocate develops recommendations and advocates as to the best interests of the child with respect to issues related to the child's custody, care, detention, release, and repatriation as well as with respect to any state and federal court proceedings involving the child. Best interest recommendations are generally written documents or oral conversations developed by Young Center staff to advocate for particular placement and release outcomes or services while in ORR care for an unaccompanied child. These recommendations are submitted to children's attorneys, immigration judges, and ORR and DHS staff who make determinations regarding unaccompanied children's welfare and status.

custody.⁹ The majority of the children were from El Salvador, Guatemala, and Honduras. Compared to prior years, there were significantly more young and female children apprehended by DHS. For example, as we previously found, in fiscal year 2011, 414 children under the age of 11 were apprehended by DHS, compared to 7,266 in fiscal year 2014. Also in fiscal year 2011, 2,333 female unaccompanied children were apprehended, compared to 21,881 in fiscal year 2014.¹⁰ We also previously found that children from El Salvador, Guatemala, and Honduras often leave their home country due to crime, violence, and lack of economic opportunity, among other reasons.¹¹

While in ORR custody, children are placed in facilities with care providers in 12 states (as of December 2015). ORR care providers are generally non-profit organizations operating under cooperative agreements and must be licensed by the state to provide residential, group, or foster care services for dependent children. Care providers are required by ORR policy to provide children with a variety of services, including an individual needs assessment, classroom education, health care, counseling, and recreation.¹² In addition, ORR care providers are to identify and assess relatives or other individuals as sponsors to whom children can be safely released. ORR federal field specialists, referred to as ORR field staff in this report, are local liaisons with ORR care providers and other stakeholders and approve the transfer and release of unaccompanied children in ORR custody. ORR also employs case coordinators, who are contract staff in the field that work with care providers and provide ORR field staff with transfer and release recommendations.

⁹For more information on how children are cared for while in DHS custody, see GAO, *Unaccompanied Alien Children: Actions Needed to Ensure Children Receive Required Care in DHS Custody*, [GAO-15-521](#) (Washington, D.C.: July 14, 2015). For a list of all recent GAO reports on unaccompanied children, see the Related GAO Products section at the end of this report.

¹⁰[GAO-15-521](#).

¹¹In particular, the decision to migrate to the United States is also influenced by a desire for family reunification, educational opportunities, perception of U.S. immigration policy, and the role of smuggling networks that encourage migration. GAO, *Central America: Information on Migration of Unaccompanied Children from El Salvador, Guatemala, and Honduras*, [GAO-15-362](#) (Washington, D.C.: Feb. 27, 2015).

¹²For more information on how children are cared for while in ORR custody, see GAO, *Unaccompanied Children: HHS Can Take Further Actions to Monitor their Care*, [GAO-16-180](#) (Washington, D.C., Feb. 5, 2016).

The Trafficking Victims Protection Reauthorization Act directs ORR to place children in the least restrictive setting that is in the best interests of the child.¹³ ORR care facilities include:

- Shelters—The majority of children going through ORR care are placed in shelters, the least restrictive shelter environment.
- Foster care—Transitional (or short-term) foster care is an initial placement option for young children, sibling groups, pregnant and parenting teens, or children with special needs. Long-term foster care is for children expected to be in ORR custody for 4 months or longer and meet other criteria.¹⁴
- Staff-secure facilities—These facilities maintain stricter security measures than a shelter in order to control disruptive behavior and prevent escape. Security measures could include a higher staff-to-child ratio for supervision.
- Secure care—These facilities have a physically secure structure and staff able to control violent behavior. ORR uses a secure facility as the most restrictive placement option for children who pose a danger to themselves or others.
- Residential treatment centers—These facilities offer therapeutic programs for children diagnosed with a mental health disorder. These centers provide services in a highly structured clinical program.
- Group home—A group home specializes in caring for specific populations (e.g., teen mothers). Extended care group homes are for children who may be in ORR custody for an extended period.

The average number of days children remain in ORR shelters varies from month-to-month as different children rotate in and out of care. According to ORR data, the length of stay for children in shelters decreased from an average of 72 days in fiscal year 2012 to 32 days in fiscal year 2015.

¹³Pub. L. No. 110-457, § 235(c)(2), 122 Stat. 5044, 5074 (codified at 8 U.S.C. § 1232(c)(2)).

¹⁴ORR's system for foster care placements is separate from state-run child welfare and foster care systems.

Unaccompanied children are also required to appear in immigration court for removal proceedings, which are adjudicated by immigration judges from the Department of Justice’s Executive Office for Immigration Review. These proceedings may begin while the children are in ORR custody, but often continue after their release to a sponsor. ORR provides funds to legal services providers for certain legal services that include an introduction to the U.S. legal system (known as “Know Your Rights” presentations), screening for potential immigration relief, and direct representation in some instances.

Child Advocate Program

The Young Center (formerly known as the Immigrant Child Advocacy Center), a nonprofit organization, developed a pilot child advocate program, and in 2004 the Center began serving children housed at ORR care facilities in Chicago.¹⁵ The Trafficking Victims Protection Reauthorization Act authorized HHS to appoint independent child advocates for trafficking victims and other vulnerable unaccompanied children.¹⁶ The Young Center expanded its child advocate program in fiscal year 2012 and opened an office to serve children in Brownsville, Tex., where a large number of unaccompanied children have traditionally been placed until released to sponsors. VAWA 2013 directed HHS to establish child advocate programs at six new locations—three initial locations by March 2015 and three additional locations by March 2016.¹⁷ The expansion required by VAWA 2013 largely predates the historic numbers of unaccompanied children entering the United States since fiscal year 2012.

While certain services such as education and health care are provided to all children in ORR care, the child advocate program provides services to a small number of vulnerable unaccompanied children who meet ORR’s criteria. ORR defines vulnerable children eligible for advocate services as those who are victims of abuse or trafficking, children age 12 and under, pregnant and parenting children, those expected to be in ORR custody for

¹⁵According to the Young Center, its program is based on principles set forth by state and federal law, the Convention on the Rights of the Child, and guidelines developed by the United Nations High Commissioner for Refugees, and it considers a child advocate for an unaccompanied child as similar to guardians ad litem in the child welfare system. A guardian ad litem (also known as a Court Appointed Special Advocate) is a guardian appointed by a court to represent the interests of a minor or incompetent person.

¹⁶Pub. L. No. 110-457, § 235(c)(6), 122 Stat. 5044, 5079 (codified at 8 U.S.C. § 1232(c)(6)).

¹⁷Pub. L. No. 113-4, § 1262, 127 Stat. 54, 157 (amending 8 U.S.C. § 1232(c)(6)).

4 months or longer, and children who speak a different language than their care provider, among other criteria.¹⁸ Any stakeholder involved in a vulnerable child's case may refer them to the child advocate program. Stakeholders who commonly refer children to the advocate program include their ORR care provider, ORR field staff, or legal services provider.

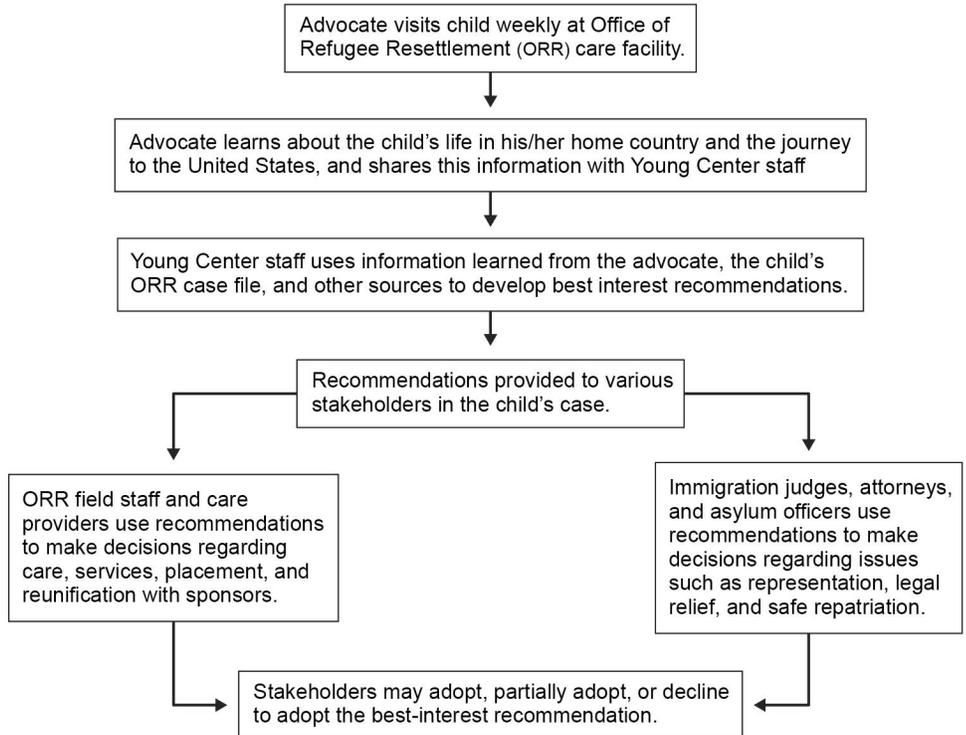
The Young Center recruits, screens, and trains volunteers, such as law and social work students, teachers, retired attorneys, and community members, to serve as child advocates. Volunteers are matched with vulnerable unaccompanied children referred to the program, and are expected to meet with them regularly to develop relationships, gather information regarding their individual circumstances, and accompany them to immigration court and other important meetings.¹⁹ Information that advocates learn during these sessions is shared with Young Center staff attorneys and social workers. Young Center staff then advocate on behalf of the child based on information learned from the volunteer advocates, as well as information obtained from other sources such as ORR case files. To perform their advocate role, Young Center staff assesses the child's circumstances and promotes what it views as the child's best interests—safety, well-being, and the child's expressed wishes—to various stakeholders. This includes developing best interest recommendations that are provided to ORR, immigration courts, asylum officers, legal services providers, and other decision makers (see fig. 1 below).²⁰

¹⁸See appendix II for the program's referral criteria as outlined in ORR's Child Advocate Program Interim Guidance (September 2011).

¹⁹In addition to volunteers in most program locations, Young Center staff members also serve as a child's advocate. This is known as a hybrid staff-volunteer model where in some cases a volunteer is assigned to meet regularly with a child and in other cases Young Center staff members take on that role. According to Young Center staff, when its attorney or social work staff serve as a child's advocate, an additional staff member assists and reviews the advocacy work of the staff member serving as an advocate. As of October 1, 2015, only the Chicago program site uses the volunteer model, while all other program sites use the hybrid staff-volunteer model. According to the Young Center, this is because they are still building a base of volunteers to support all of the cases in newer locations.

²⁰An unaccompanied child who is in removal proceedings could apply for various types of lawful immigration status with DHS's U.S. Citizenship and Immigration Services (USCIS), including asylum. USCIS's asylum officers have initial jurisdiction of any asylum application filed by an unaccompanied child.

Figure 1: Young Center Child Advocate Program



Source: GAO analysis of Young Center data. | GAO-16-367

According to the Young Center, the role of the child advocate is distinct from that of a child's attorney. The child advocate is to represent what he or she views as the child's best interests, and in rare cases, best interests differ from the child's expressed wishes. For example, a child may want to return to his or her home country despite previously expressing a credible fear of returning due to unsafe conditions. In such cases, the Young Center can urge the child and relevant decision makers to consider other options given concerns about the child's safety in his or her country of origin.

The Young Center served 904 children from fiscal year 2012 through fiscal year 2015, which accounts for a small percentage of the unaccompanied children who entered the United States during this time. While the increases in the overall population of unaccompanied children since fiscal year 2012 have been accompanied by changes in the

demographic characteristics of those children, the demographic characteristics of children served by the Young Center have remained relatively stable over a similar period of time (see table 1). In addition to demographic differences, children assigned an advocate experience a longer stay in ORR custody when compared to the overall population of unaccompanied children. For example, in fiscal year 2015 the overall population of unaccompanied children was released to sponsors in an average 32 days, but many of the children who receive advocate services are expected to stay in ORR care for 4 months or longer.

Table 1: Select Demographic Characteristics of Children Served by the Young Center Child Advocate Program, Fiscal Years 2012-2015

Fiscal year	Number of children served	Average age	Children age 0-12 (percent)	Male (percent)
2012	153	15	15%	67%
2013	191	14	25%	61%
2014	224	14	19%	65%
2015	336	15	14%	64%
2012-2015	904	15	17%	64%

Source: GAO analysis of Young Center data. | GAO-16-367

The child advocate program serves children from all over the world. Over 70 percent of children served by the Young Center from fiscal year 2012 through fiscal year 2015 are from one of four countries: El Salvador, Guatemala, Honduras, or Mexico. About 10 percent of children are from China or India. The remaining children are from a diverse collection of countries, such as Bangladesh, Ghana, Romania, and Somalia (see fig. 2).

Figure 2: Top 15 Countries of Origin for Children Served by Child Advocate Program, Fiscal Year 2012 to 2015



Source: GAO analysis of Young Center data; National Atlas (base map). | GAO-16-367

ORR Selected Six New Child Advocate Program Locations, but Advocates Are Not Available in Other Locations Where Services May Be Needed

ORR Selected New Locations in Cities with Large Numbers of Unaccompanied Children

ORR expanded the child advocate program to three locations in fiscal year 2015, and selected an additional three locations for expansion in fiscal year 2016 that each held more than 50 children in ORR custody, as required by VAWA 2013.²¹ Additionally, VAWA 2013 required that ORR give priority to locations with the largest numbers of unaccompanied children and the most vulnerable populations of unaccompanied children. ORR officials reported using two factors to determine the locations with the largest numbers of unaccompanied children: (1) its bed capacity (i.e. the space ORR care providers have to house and care for children) and (2) locations where large numbers of children are released to sponsors.²²

However, ORR officials noted that they could not base expansion decisions on the most vulnerable populations of unaccompanied children because children are not assessed until they arrive at a care provider's facility. As a consequence, ORR officials said they do not know which ORR care provider locations have more vulnerable children than others until after children arrive.

²¹Pub. L. No. 113-4, § 1262, 127 Stat. 54, 157 (amending 8 U.S.C. § 1232(c)(6)). VAWA 2013 required these new sites for the child advocate program to be located at immigration detention sites at which more than 50 children are held in immigration custody.

²²ORR's bed capacity fluctuates based on the number of children it expects to serve. "Standard" beds are available year-round, and additional "temporary" and "surge" beds can be made available as needed. For more information on ORR's bed capacity framework, see [GAO-16-180](#). ORR officials said they considered areas where large numbers of children are released to sponsors because children in such areas can benefit from a continuing relationship with a child advocate after they are released from ORR custody.

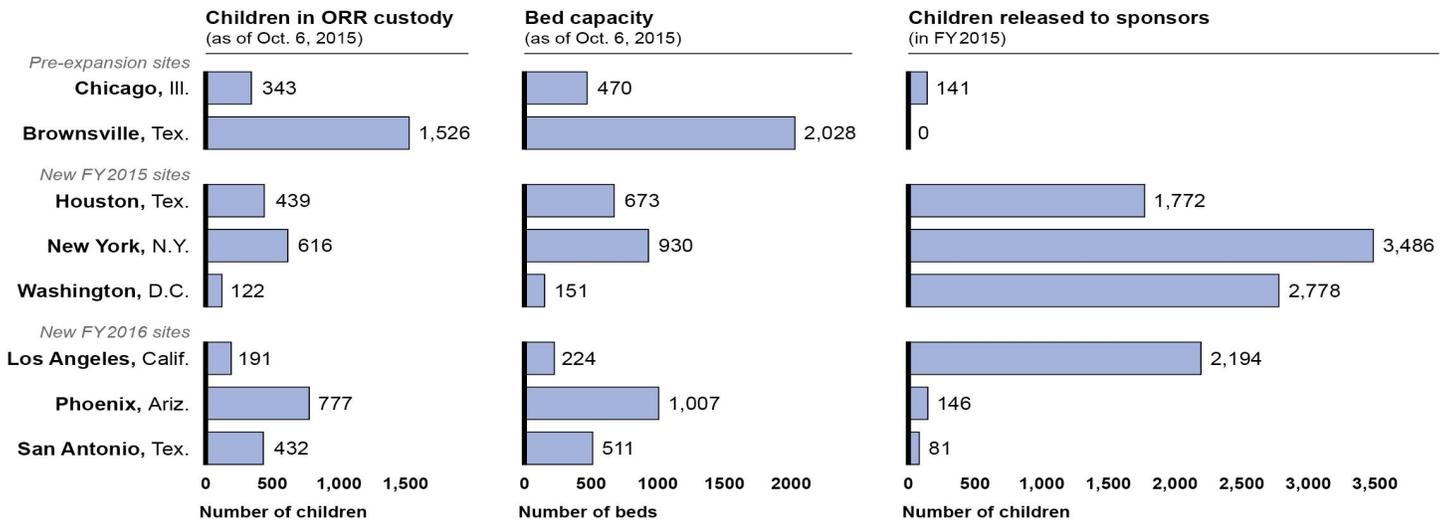
Using its two selection factors, ORR first expanded the program to Houston, Tex.; New York City, N.Y.; and Washington, D.C.²³ The Young Center opened offices in these areas in December 2014 and provided advocates for children in ORR custody. Beginning September 30, 2015, the child advocate program is funded under a contract between ORR and the Young Center.²⁴ On March 14, 2016 the contract was modified to include reference to expanding the program to Los Angeles, Calif.; Phoenix, Ariz.; and San Antonio, Tex. beginning in March 2016.²⁵ See figure 3 for a comparison of the number of children in ORR custody, ORR bed capacity, and the number of children released to sponsors in all child advocate program locations. These eight program locations are in cities that account for 79 percent of ORR's total bed capacity, as of October 2015.

²³In response to the large increase in unaccompanied children entering the United States in 2014, ORR in September 2014 provided 1-year grant funds to the U.S. Conference of Catholic Bishops and the U.S. Committee for Refugee and Immigrants for post-release legal and child advocate services. This funding was a temporary extension of an existing contract for ORR post-release services. ORR said that they leveraged these existing resources as a short-term resource to help the agency address the increase of children in 2014 while they finalized the process for funding a new contract. These organizations provided advocates to children released from ORR care in Dallas, Tex.; Houston, Tex.; Los Angeles, Calif.; Memphis, Tenn.; Miami, Fla.; Phoenix, Ariz.; New Orleans, La.; and Washington, D.C. These programs were temporary and grant funding expired on September 30, 2015.

²⁴For several years prior to the current contract, the Young Center child advocate program was funded as a subcontract of the Vera Institute of Justice's legal services contract with ORR. The Vera Institute of Justice receives ORR funding to provide legal services to unaccompanied children in federal custody. The current contract with the Young Center provides \$2 million for a 1-year base period of performance from September 30, 2015, to September 29, 2016, and allows ORR to extend the base period by two 12-month option periods, for a total potential period of performance of 3 years. The signed contract identifies the contractor as the Tides Center, which the Young Center stated is their fiscal sponsor. However, the contract uses the term "Tides Center (Young Center)" throughout and, according to the Young Center, the two terms are used interchangeably in the contract. For purposes of this report we refer to the contractor as the Young Center.

²⁵According to Young Center staff, the Young Center began appointing advocates for children in Los Angeles and San Antonio in March 2016 and plans to begin serving children in Phoenix in April 2016.

Figure 3: Children in ORR Custody, ORR Bed Capacity, and Children Released to Sponsors in Young Center Child Advocate Program Locations



Source: GAO analysis of Office of Refugee Resettlement (ORR) data. | GAO-16-367

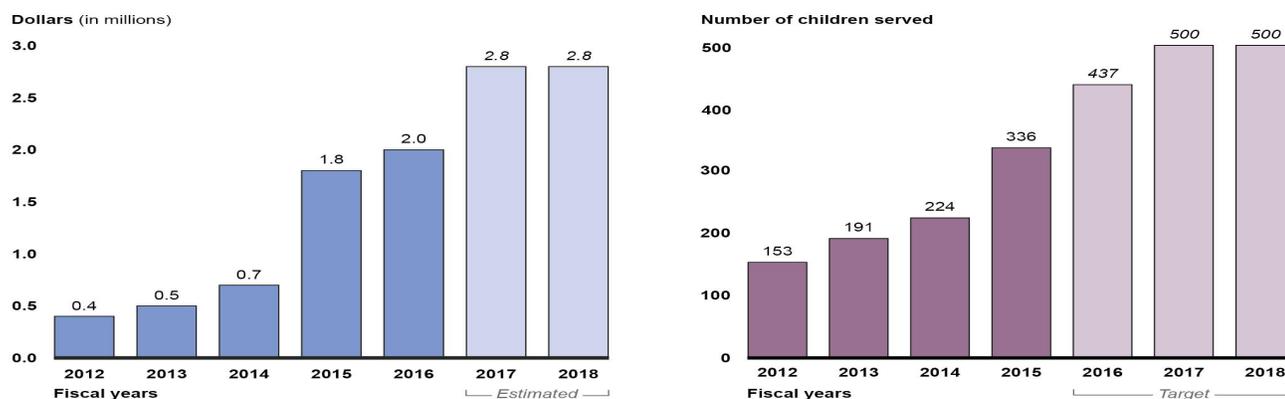
Note: Bed capacity refers to the number of ORR-funded beds. Children in ORR custody refers to the actual number of unaccompanied children in ORR's care at the time. We previously found that the number of children in ORR's care may be lower than the number of funded beds because ORR has supported some levels of unused capacity in order to be prepared to provide care for unaccompanied children, given the uncertainty of the number and timing of children entering the United States. In terms of children released to sponsors, children may not necessarily be released in the same region where they were held in ORR custody. For example, a child in ORR care in New York may be released to a sponsor in Virginia or any other location where ORR identifies a suitable sponsor for the child. Data for children released to sponsors are for counties in which 50 or more children were released.

To implement the program's expansion, ORR allocated an increased amount of funds. Specifically, in fiscal year 2015 ORR provided approximately \$1.8 million to the Young Center, up from \$700,000 in fiscal year 2014 (see fig. 4).²⁶ According to Young Center staff, this increase in funding in fiscal year 2015 allowed the Young Center to rent additional office space in the three expansion cities; meet the administrative costs of setting up new offices; and recruit, screen, and train new staff. The Young Center provided child advocate services to 97 unaccompanied children in the new program locations during the first 10 months of operation, without fully staffed programs in many locations, in addition to serving 230

²⁶ORR increased funding to the Young Center in fiscal year 2015 through its legal services contract with the Vera Institute of Justice, which subcontracted child advocate services from the Young Center.

children in pre-existing program locations. The new contract provides \$2 million for fiscal year 2016, with 2 extension years at the government's option. The Young Center anticipates using future funding to provide services to an increased number of unaccompanied children.

Figure 4: Program Costs and Numbers of Children Served for the Young Center Child Advocate Program, Fiscal Years 2012 through 2018



Source: GAO analysis of data from The Young Center and Office of Refugee Resettlement (ORR). | GAO-16-367

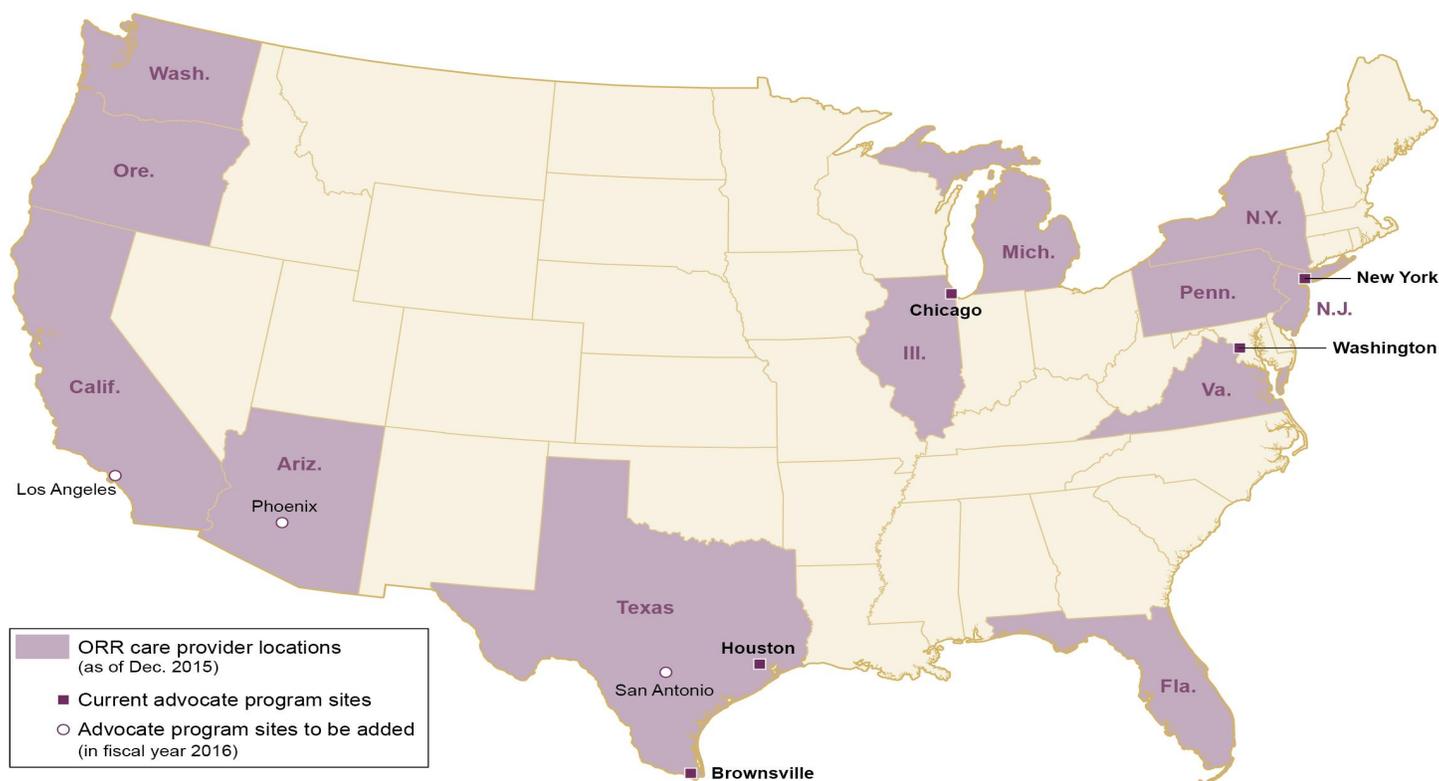
Note: Amounts for fiscal years 2012 through 2015 are ORR expenditures. The current program contract includes a 1-year base period generally covering fiscal year 2016 and two 12-month option periods. Amounts for the base period represent obligated funds and amounts for fiscal years 2017 and 2018 are estimates based on the program contract. The increase for fiscal years 2017 and 2018 includes over \$1.9 million for the Chicago, Brownsville, Houston, New York, and Washington, D.C. program locations and an additional \$0.8 million for the Los Angeles, Phoenix, and San Antonio locations. Funding for the option periods which generally covers fiscal years 2017 and 2018 is dependent upon ORR's extending the contract for these option periods.

The Child Advocate Program's Ability to Serve Children Is Limited by Location

Though ORR expanded the child advocate program to the required number of new locations and allocated increased funds for the expansion, the Young Center's ability to advocate for children outside of its program areas is limited by its geographical reach. ORR care providers are generally limited to referring vulnerable children in the eight locations where the Young Center has offices, although ORR has care facilities in additional locations (see fig. 5). For instance, potentially vulnerable children in ORR custody in areas in northern California, Oregon, and Washington, where there are ORR care providers, typically do not receive child advocate services because the Young Center is not located there. In a small number of cases, the Young Center appointed advocates for especially vulnerable children in locations where there is no program, and refers to these as "national" cases. According to ORR officials, its care providers and field staff in all locations are given information about how to make referrals to the Young Center. However, the Young Center serves a

very small number of national cases. In fiscal years 2012 through 2015, the Young Center provided advocates for 27 national cases, or 3 percent of total cases served. Further, Young Center staff explained that they have limited capacity to handle these cases under the new contract. However, Young Center staff said they expect less demand for national cases in the future because under the new contract, the Young Center is expanding to locations where it historically received referrals for national cases, such as San Antonio.

Figure 5: ORR Care Provider and Young Center Child Advocate Program Locations



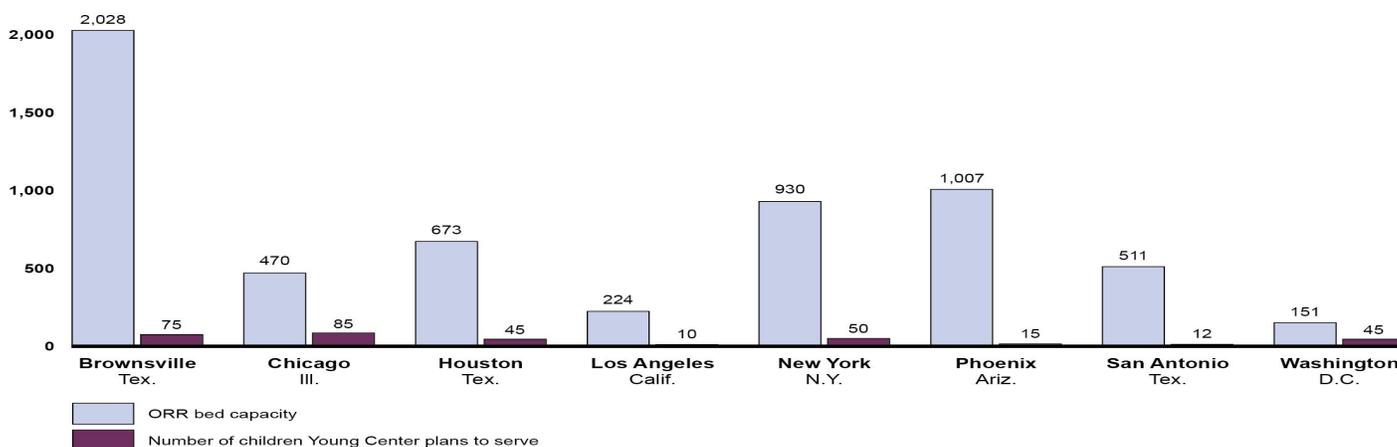
Source: Office of Refugee Resettlement (ORR); National Atlas (base map). | GAO-16-367

In addition to a limited geographical reach, the child advocate program has not yet aligned the numbers of children served with potential program demand in certain locations. For example, as of October 2015, ORR’s capacity was 470 beds in Chicago, 930 beds in New York, and 2,028 beds in Brownsville. However, in fiscal year 2015, the Young Center served 172 children in Chicago, more than the number of children they served in New York and Brownsville combined. Young Center staff said

the advocate program began in Chicago and explained that the higher number of children served in this location is due to a much larger and more established base of volunteer advocates in the area. Additionally, since the program began providing advocate services in Chicago in 2004, the Chicago office has more developed relationships with stakeholders who regularly refer children to the Young Center.

ORR officials and Young Center staff expect that the child advocate program will serve an increasing number of children in locations with larger bed capacity over time. ORR officials described the child advocate program as a “capacity building project”—meaning that as the program gets up and running in new locations they will obtain the infrastructure needed to serve additional children. They said they hope to improve the distribution of children served across program locations as the program continues to expand. Young Center staff reported specific targets for which they are aiming to accomplish this increase. For example, in fiscal year 2015 the Young Center served 58 children in Brownsville and anticipates an increase to 75 children in fiscal year 2016. Still, the Young Center set targets to serve more children in Chicago than other program locations in fiscal year 2016 (see fig. 6).

Figure 6: ORR Bed Capacity and Number of Children Young Center Plans to Serve, Fiscal Year 2016



Source: GAO analysis of Office of Refugee Resettlement (ORR) and Young Center data. | GAO-16-367

Note: In fiscal year 2016, the Young Center also plans to continue serving an additional 100 children across program locations who were appointed advocates in fiscal year 2015. The Young Center received funding to serve children in Los Angeles, Phoenix, and San Antonio beginning in March 2016, and therefore, the number of children expected to be served in those locations does not represent the entire fiscal year.

ORR officials said they will review monthly reports from the Young Center that include details on numbers of referrals to the program and cases served to monitor the Young Center's progress towards meeting its caseload targets. Officials also said they conduct monthly calls with the Young Center to discuss the distribution of cases across program sites and any challenges the Young Center has meeting its caseload targets. Finally, ORR plans to examine the Young Center's caseload distribution at the end of each contract year to determine target caseloads for the following year. As the program continues to expand, ORR's efforts to monitor the number of children receiving child advocate services in each program site are important in order to ensure that child advocate services are distributed to areas of need.

ORR Provides Guidance on Referrals but Lacks a Process to Monitor Referrals to Ensure Vulnerable Children Are Served

ORR Reports Plans to Review Referral Guidance in Light of the Changing Population of Children

To help vulnerable children receive advocate services, ORR provided guidance in September 2011 to care providers and other relevant stakeholders on referring vulnerable children to the child advocate program. ORR officials said that its care providers are the most common source of referrals, though ORR field staff and other stakeholders can also make referrals. Our analysis of Young Center data found that among cases served by the Young Center from fiscal years 2013 through 2015, nearly 70 percent were referred by care providers (see table 2).

Table 2: Number of Referrals Submitted to the Young Center by Source of Referral Fiscal Years 2013 through 2015

Fiscal year	ORR care providers	ORR field staff	Legal service provider	ORR case coordinator	Immigration judge	Young Center ^a	Other	Total
2013	129	17	24	0	0	17	4	191
2014	166	22	25	9	0	0	2	224
2015	218	33	50	21	1	0	13	336
Total	513	72	99	30	1	17	19	751

Source: GAO analysis of Young Center data. | GAO-16-367

^aYoung Center staff in Chicago said that they receive a daily list of all children in ORR custody in Chicago and can assess potential child advocate program participants based on the demographic information in the daily list. Staff may also talk with ORR care providers about children on the list that could benefit from an advocate but have not been referred to the Young Center.

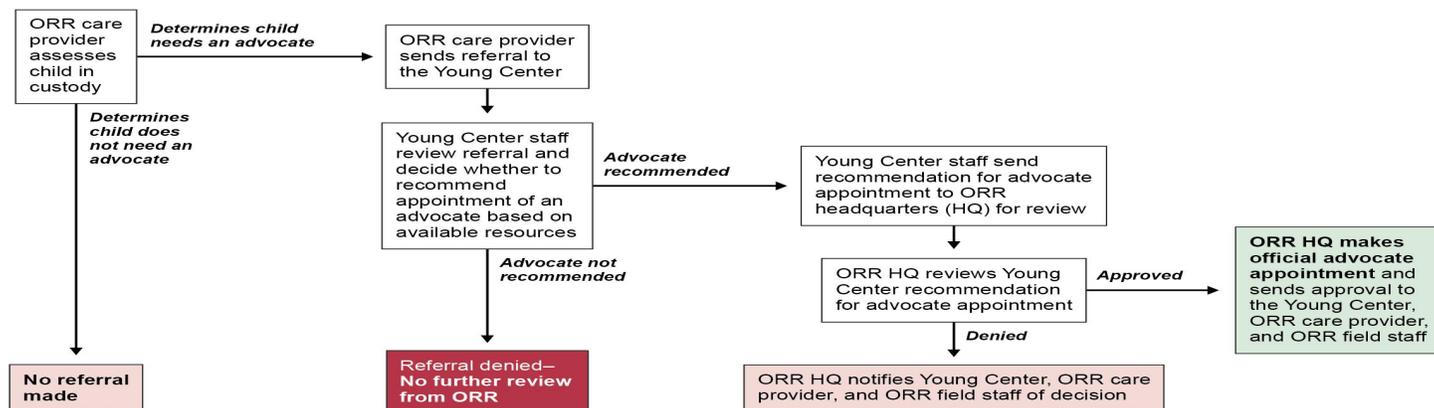
ORR requires care providers to conduct an assessment of all unaccompanied children entering ORR custody that covers biographic, family, legal, medical, and mental health history, among other topics.²⁷ Care providers are to use ORR’s child advocate program guidance, which lists 17 criteria developed by the Young Center and ORR that qualify children as vulnerable and eligible for advocate services, to help determine if children should be referred.²⁸ Referrals are to be submitted directly to the Young Center which determines whether an advocate is available to work with the child (see fig. 7). According to Young Center staff, they have to make decisions about which cases can be staffed, based on advocate availability, language needs of the child, urgency of the case, or other factors. After the local Young Center office decides an advocate is available to work with a child, it sends a recommendation to ORR headquarters for ORR to officially appoint an advocate for the child. ORR officials said that because the Young Center has already determined that advocates are available to work with a child when the Young Center recommends an advocate appointment, the agency generally approves the Young Center’s requests. One exception noted by ORR officials is that requests for Young Center advocates for children who are released

²⁷Care providers are required to conduct an initial assessment of each child within 5 days of children entering their care, as of December 2015. Additionally, care providers must continue to update each child’s case file to identify any changes that impact the child’s case.

²⁸ORR also instructs care providers to refer any unaccompanied child in ORR care to the child advocate program within 3 business days after care providers discover that the child meets ORR’s criteria for an advocate referral. For a list of the 17 criteria, see appendix II.

from ORR care are typically not approved, as advocate appointment is generally limited to children in ORR custody.²⁹

Figure 7: Process for ORR Care Providers to Refer Children to the Young Center Child Advocate Program



Source: Office of Refugee Resettlement (ORR). | GAO-16-367

Children served by the Young Center from fiscal years 2012 through 2015 met a range of ORR’s criteria and many children met multiple criteria, according to our analysis of Young Center data (see fig. 8). For example, the largest number of unaccompanied children who were appointed advocates during this time period were referred to the program because their potential sponsors were undergoing home studies, a possible indicator that the child’s safety or well-being may be in question (23

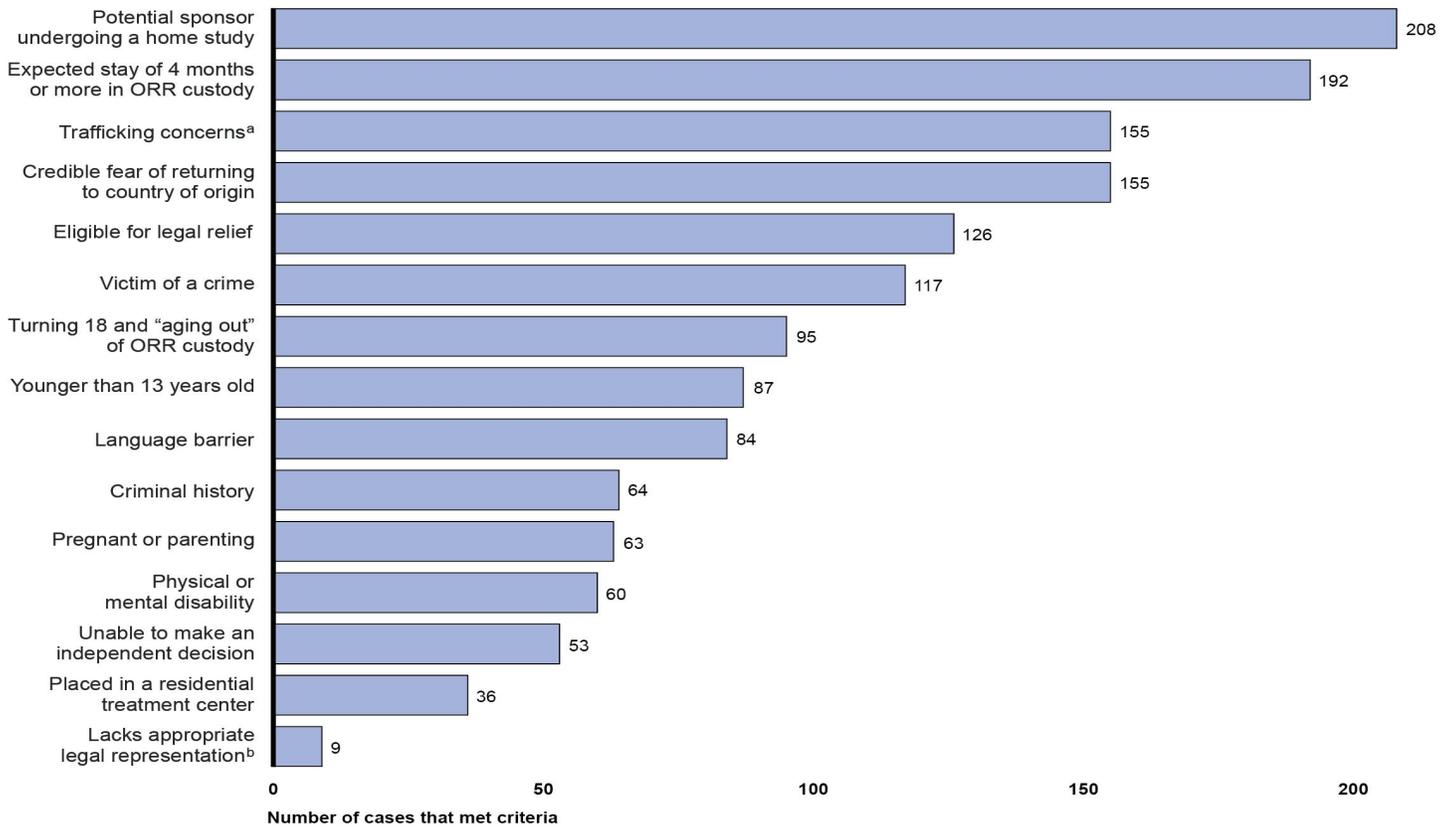
²⁹ According to ORR officials, child advocates may provide services to unaccompanied children post-release on a voluntary basis. ORR does not appoint a child advocate in these instances.

percent).³⁰ Additionally, many children who were appointed advocates were referred because they were expected to be in ORR custody for 4 months or longer (21 percent), or they were from a country known to traffic children or identified as trafficking victims (17 percent).³¹ Lower percentages of children were referred to the Young Center and appointed advocates because they lacked appropriate legal representation or because they were in a residential treatment center.

³⁰According to ORR guidance, home studies are in-depth investigations conducted for any case in which the safety and well-being of an unaccompanied child is in question. The Trafficking Victims Protection Reauthorization Act requires home studies in cases in which it is determined that the child is a victim of a severe form of trafficking; the child has a disability as defined by the Americans with Disabilities Act; the child has been a victim of physical or sexual abuse significantly affecting their health or welfare; or the child's sponsor clearly presents a risk of abuse, maltreatment, exploitation or trafficking to the child. 8 U.S.C. § 1232(c)(3)(B). In addition, ORR instituted a pilot program requiring home studies in cases where the sponsor is a non-relative and the children are 12 years old or younger and, under ORR policy, if the individual is seeking to sponsor multiple children to whom he or she is not related. According to ORR officials, as of March 15, 2016, care providers can also make discretionary home study requests, which require ORR field supervisory staff approval.

³¹ORR's referral criteria lists two separate categories related to trafficking concerns for children who are (1) from a country known to traffic children, or (2) identified as a possible trafficking victim. We combined these two criteria for the purpose of this analysis.

Figure 8: Office of Refugee Resettlement (ORR) Eligibility Criteria Met by Vulnerable Children Served by the Young Center, Fiscal Years 2012 through 2015



Source: GAO analysis of Young Center data. | GAO-16-367

Note: More than half of children referred to the child advocate program during this period met more than one eligibility criteria. As a result, the numbers reported above exceed the total number of children served during this time period. Additionally, ORR included one category in its referral criteria for children who did not meet any of the other specific criteria and were considered vulnerable and referred for other reasons. Our analysis found that 181 children were referred to the child advocate program for other reasons. For example, some children were referred because they were having a difficult time adjusting to detention in ORR's care and exhibited signs of detention fatigue.

^aThis category combines two ORR criteria: (1) children from a country known to traffic children and (2) children identified as possible child trafficking victims.

^bOr for whom there is good faith belief that the child's legal representation has ties to child trafficking or criminal activity.

According to Young Center staff, changes in the population of unaccompanied children in ORR custody over time made it impractical to rely solely on ORR's 2011 guidance because many children currently in custody meet the broad criteria outlined in that guidance. For example, ORR's criteria calls for all children under 13 years old to be referred to the

Young Center, and the Young Center used to automatically recommend advocates for these children. However, Young Center staff told us that due to the large increase in unaccompanied children entering the United States, there are so many young children in ORR custody moving quickly through ORR care that it does not consider age alone to determine whether a child is vulnerable and should receive an advocate.³² For example, according to the Young Center, a young child going to live with biological parents, with no trauma history or other factors endangering the child's safety and well-being, would likely not need a child advocate since the parent can speak to the child's best interest.

In May 2014, the Young Center proposed modified referral criteria categories, in close consultation with ORR and other stakeholders, to supplement ORR's criteria and distributed the modified criteria to care providers and other stakeholders with ORR's approval.³³ The Young Center's modified criteria categories are intended to help cope with increases in referrals and address the challenge of screening a changing and increasing population of children. Specifically, the Young Center prioritized cases for children who met more than one of ORR's 17 referral criteria and added additional vulnerability criteria (see table 3 for examples).³⁴

³²Overall numbers of children in ORR custody were substantially higher in fiscal years 2014 and 2015 compared to prior years, as well as numbers of younger and female children, as we previously found. For more information, see [GAO-15-521](#) and [GAO-16-180](#).

³³According to the Young Center, the 2014 modified categories set forth the Young Center's criteria for prioritizing recommendations for child advocate appointments. The Young Center's modified criteria categories are intended only as supplemental information and are not a substitute for ORR's referral guidance.

³⁴See appendixes II and III for more information on ORR's criteria and the Young Center's modified criteria categories.

Table 3: Examples of ORR Referral Criteria and Young Center Modified Criteria

ORR criteria	Young Center criteria
Under 13 years old	Under 13 years old plus: <ul style="list-style-type: none">• reported or suspected abuse or maltreatment;• or mental health concerns;• or expected stay in ORR custody over 60 days
Pregnant or parenting	Pregnant or parenting plus: <ul style="list-style-type: none">• reported or suspected abuse or maltreatment;• or mental health concerns;• or expected stay in ORR custody over 60 days
Criminal or delinquency history	Criminal or delinquency history plus: <ul style="list-style-type: none">• reported or suspected abuse or maltreatment;• or mental health concerns;• or expected stay in ORR custody over 60 days
Victim of a crime	Reported or suspected abuse or maltreatment plus: <ul style="list-style-type: none">• expected stay in ORR custody over 60 days;• or experiencing difficulty in ORR care;• or turning 18 with no viable sponsor
Not proficient in language spoken by facility staff	Primary language other than Spanish plus: <ul style="list-style-type: none">• expected stay in ORR custody over 60 days;• or experiencing difficulty in ORR care

Source: GAO analysis of Office of Refugee Resettlement (ORR) and Young Center guidance. | GAO-16-367

Our analysis of Young Center data on cases served from fiscal years 2012 through 2015 found that 489 of 904 children served during this period were referred for multiple reasons. Further, cases served that met multiple criteria increased from 44 percent in fiscal year 2014 to 66 percent in fiscal year 2015. These data suggest that the Young Center's efforts to supplement ORR's criteria resulted in more child advocates appointed to children identified as having multiple vulnerabilities.

Under ORR's new child advocate program contract for fiscal year 2016, the Young Center is required to review and analyze the existing referral criteria. In addition, it is required to submit monthly reports to ORR

assessing the strengths and weaknesses of the current referral process and explaining any recommended changes or refinements to the criteria. ORR officials said they plan to take time to evaluate the Young Center's findings and then decide on any needed changes. These efforts to refine the child advocate program referral criteria are critical to ensure that ORR makes changes to the referral criteria that help stakeholders and the Young Center effectively identify the highest priority cases among the changing population of vulnerable children.

Child Advocate Program Faces Challenges with the Referral Process and ORR Does Not Monitor Referrals to Address Challenges

Child advocate program stakeholders we interviewed highlighted challenges with the referral process, including care provider discretion, inconsistent referral practices, and unserved referrals.

- **Referrer discretion.** The child advocate program relies on other stakeholders, primarily care providers, to initiate the referral, according to ORR officials, Young Center staff, and our analysis of Young Center data. According to ORR policy, care providers shall refer any unaccompanied child in ORR care to the local child advocate program within 3 days after the care provider staff discovers that the child meets any of ORR's referral criteria. However, ORR headquarters officials said they prefer to allow care providers to use their training, knowledge, and judgement to determine which children need advocates, with the assistance of ORR field staff and the Young Center. As a result, care providers exercise significant discretion when deciding which children to refer to the Young Center, according to Young Center staff. Referrals sometimes depend on the stakeholders' working relationship with the Young Center. For example, when the Young Center advocates on behalf of vulnerable children, there may be disagreements with care providers on the best course of action and, at times, care providers have stopped referring children due to those disagreements, according to Young Center staff.³⁵ Young Center staff suggested that to avoid this problem, children should be automatically referred for advocates if certain vulnerability criteria listed in ORR's policy are met, such as trafficking concerns. Without a better understanding of how care providers make referral decisions, the Young Center and ORR lack assurance that eligible, vulnerable children are being referred.

³⁵We selected care providers for interviews that previously referred children to the child advocate program; therefore, we were unable to obtain care providers' views on this issue.

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- **Inconsistent referral practices.** In one program location, ORR field staff submitted most of the referrals and served a “gatekeeper” role, causing other stakeholders, including care providers, to make referrals less often, according to Young Center staff. Our analysis of Young Center data confirmed that in certain locations, care providers and other stakeholders submit referrals less often. Specifically, in fiscal year 2015 ORR field staff in one program location submitted referrals for 65 percent of cases served by the local Young Center office. Field staff in other locations submitted referrals for less than 4 percent of cases served by their local Young Center offices. ORR officials confirmed that referral practices vary by region, stating that in some locations, ORR field staff ask care providers to submit referrals, while in other locations, the ORR field staff make the referral. In locations where care providers and other stakeholders are not encouraged to make referrals themselves, it is possible that some vulnerable children may not be referred.
 - **Unserviced referrals.** Even with the Young Center’s efforts to modify referral criteria and prioritize cases, the Young Center continues to receive referrals for more children than they have the resources to serve. Five of six care providers we interviewed reported identifying more vulnerable children in need of child advocate services than the Young Center can serve. Further, our analysis of program data found that the Young Center was unable to serve an increasing number of referred cases. For example, from August 2013 to July 2014, the Young Center received 279 referrals and was unable to serve 60 of those cases. From August 2014 to July 2015, the Young Center received 433 referrals and was unable to serve 116 cases. According to the Young Center, children referred were not appointed advocates because no advocates were available or children were released or transferred before an advocate could begin working with them. For example, one care provider said that their local Young Center office was short on volunteer advocates and they experienced an average wait time of 4 weeks or more for a referral decision from the Young Center. Care providers in Chicago told us that in one shelter, 30 to 40 percent of children referred to the Young Center left ORR custody before an advocate could be appointed.

ORR has not taken steps to monitor initial referrals to the Young Center to determine the extent to which eligible vulnerable children are referred, nor has ORR taken steps to monitor which children the Young Center has determined it is unable to serve. Federal standards for internal control state that ongoing monitoring should be performed continually, be

ingrained in agency operations, and include regular management and supervisory activities, comparisons, and reconciliations, among other actions.³⁶ ORR officials said they had not monitored referrals to the Young Center in the past because the child advocate program was a subcontract under the Vera Institute of Justice (Vera) until September 30, 2015.³⁷

Under the new program contract, the Young Center is required to submit to ORR certain information, including the number of children referred, the number of children appointed advocates, as well as the reasons those children were referred and appointed advocates. However, while collecting this information is useful, it does not include a review of initial referrals to the Young Center from care providers and others to determine whether stakeholders decide to refer eligible, vulnerable children. Also, the information collected does not include a review of the Young Center's decisions regarding which children it is unable to serve. Without these reviews, ORR may not have sufficient data to (1) make informed decisions about the kinds of vulnerable children care providers should refer to the Young Center and how consistently referrals should be made, and (2) ensure the program contractor effectively prioritizes children recommended for advocate services given limited advocate availability.

³⁶GAO, *Standards for Internal Control in the Federal Government* [GAO/AIMD-00-21.3.1](#) (Washington, D.C. November 1999).

³⁷Under the previous subcontract, ORR assigned Vera primary responsibility for monitoring the program and officials stated that the agency did not receive any information about children that were not recommended for advocate appointments by the Young Center. As part of its monitoring under the previous child advocate program subcontract, Vera conducted site visits with the Young Center and provided monthly, quarterly and annual reports to ORR. The reports included limited information on the number of unmet requests for child advocates.

Child Advocate Program Provides Recommendations to Various Stakeholders, but Faces Challenges Accessing Some Key Information

Child Advocate Program Develops Recommendations to Promote Children's Best Interests That Aid Stakeholder Decision Making

The primary benefit of the child advocate program is its best interest recommendations, according to ORR field staff, immigration judges, and children's attorneys we interviewed. The Young Center develops these recommendations to help ensure a child's safety and well-being at different points in their case.³⁸ Best interest recommendations vary depending on each child's circumstances, but generally are to incorporate information on the child's history, background, home country conditions, and the rationale for the recommendations.³⁹ For example, recommendations could request that a child receive services while in ORR custody, express an opinion on the appropriateness of release to a sponsor, or provide information about whether a child can be safely returned to their home country. These recommendations give children—especially those who are unable to make an independent decision due to young age or trauma—a voice during the immigration process, according to our interviews with various stakeholders. For example, the Young Center was appointed as an advocate for a 2-year-old child. When the Young Center was appointed as advocate, no one had been able to locate the child's biological mother. The Young Center gathered information, located the child's mother, and learned the mother's wishes for her child. Based on that information, the

³⁸According to the Young Center, in complex cases, the program will convene a best interest determination panel that comes together to make recommendations. The panel is composed of individuals with expertise on a variety of issues, including country conditions, the domestic child welfare system, immigration law, child trauma, and parental rights.

³⁹The Young Center makes formal and informal best interest recommendations. When referring to recommendations in this report, we are describing practices related to the formal approach. Informal recommendations typically cover less substantive issues or minor requests related to the child's care.

Young Center recommended to ORR that the child be placed in a long-term foster care home. According to the Young Center, recommendations are developed using information gathered during one-on-one meetings with the child, from the child's ORR case file, in discussions with the ORR care provider, and sometimes, with the child's potential sponsor or family in their home country.⁴⁰

We analyzed Young Center program data and found that from fiscal years 2012 through 2015 the child advocate program submitted 493 recommendations to ORR, immigration courts, children's attorneys, and others (see table 4). Over 70 percent of these recommendations were adopted by the entity receiving them. For example, the Young Center provided 70 recommendations to ORR that advocated for a particular placement for a child, such as a less restrictive setting or a facility closer to family members, and 67 percent were adopted.

⁴⁰In some limited cases, the Young Center raises private funding to conduct international home studies in the child's country of origin. According to the Young Center, international home studies are conducted in cases where there are serious concerns about a child's safety if returned to his or her home country, but where more information is needed. The Young Center works with a local social worker from the child's country of origin who can provide a culturally appropriate assessment of the home the child would be returning to.

Table 4: Young Center Best Interest Recommendations by Topic, Receiving Entity, and Number Submitted and Adopted, Fiscal Years 2012–2015

Topic	Primary receiving entities ^a	Topic description	Number of recommendations submitted	Number of recommendations adopted
Permanency	Children’s attorney, immigration court, or United States Citizenship and Immigration Services	Advocating for permanency in the United States through an application for relief from removal, such as asylum claims for trafficking victims	131	89
Placement	Office of Refugee Resettlement (ORR) field staff	Advocating for a particular placement (e.g., step-down to a less restrictive placement, lateral transfer to facility closer to family, or placement in ORR’s long-term foster care program)	70	47
Court procedures	Immigration Court	Advocating to ensure the child’s best interests are met (e.g., suppressing a child’s information so traffickers cannot locate the child; waiving a young child’s court appearance)	58	51
Safe repatriation	Immigration Court or Immigration and Customs Enforcement	Advocating that certain steps be taken when there are concerns about a child’s ability to be safely returned to his or her home country	49	41
Representation	Legal Service Provider	Advocating that a child should be represented by counsel after learning more information about the child’s background and circumstances	46	30
Reunification	ORR field staff	Advocating to reunify a child with a sponsor (parent, extended family, or family friend) or to express concerns about a potential reunification	34	20
Release	Immigration and Customs Enforcement	Advocating that a child nearing age 18 be released on his/her own recognizance, rather than placed in adult detention	30	16
Services	ORR Care Providers	Advocating that certain services (mental health services, enrollment in school, etc.) be provided for the child	18	15

Topic	Primary receiving entities ^a	Topic description	Number of recommendations submitted	Number of recommendations adopted
Trafficking	ORR Office of Trafficking in Persons	Advocating designation of child as a victim of trafficking in persons by ORR	9	6
Other	Multiple entities	Recommendations for other distinct protections (e.g., family contact)	48	35
Total	Not applicable	Not applicable	493	350

Source: GAO analysis of Young Center data. | GAO-16-367

Note: The number of formal recommendations made for each child varies; therefore, the number of recommendations is not equal to the number of children served during this time period. Data represent formal recommendations and do not include informal recommendations, which typically include less substantive issues or minor requests about a child's care.

^aThe Young Center highlighted these entities as the primary recipients of recommendations on these topics. Our data analysis found that in some instances recommendations on these topics were submitted to other entities. For example, some recommendations regarding placement were submitted to entities besides ORR, such as state court and federal court.

ORR field staff, immigration judges, children's attorneys, and others can use the information in best interest recommendations to make decisions about the child's case. For example, ORR field staff said they rely on these recommendations to make placement and release decisions, particularly in complicated cases because the Young Center learns information about the child that ORR may not be aware of.

Child Advocate Case Example—Advocacy Related to Placement While in ORR Custody

The Young Center was appointed as the advocate for an infant, apprehended while in the care of an adult woman. Due to concerns about the relationship between the woman and child, the two were separated and the infant was placed in an ORR short-term foster home. The woman tried to sponsor the child out of ORR custody, initially claiming to be the child's biological mother and produced a birth certificate which was later determined to be counterfeit. Concerned that the child might be a victim of trafficking, the Young Center initiated an international home study. Through the home study, the Young Center discovered that the child's mother did not want a relationship with the child. The mother had given the child to the woman; however, everything had been done outside of proper legal channels. The mother did not have any opinions about where the child should be placed. Faced with this information, the Young Center convened a best interest determination panel, in order to assess the child's options. The panel was concerned about the number of caregivers and separations the child had experienced. The child, who had been in ORR custody for nearly a year, had formed a strong bond with her foster family. The panel concluded that it was in the child's best interests to remain with the foster family. The Young Center recommended that ORR convert the child's short-term foster care placement into a permanent home. ORR agreed with the recommendation and allowed the foster family to begin the process of making the placement permanent.

Source: The Young Center for Immigrant Children's Rights

These recommendations also inform attorneys and judges during immigration court proceedings. Attorneys told us that even though the recommendations are sometimes different from the child's expressed wishes that are represented by their attorney, it is valuable information for the court. The three immigration judges we interviewed said they welcomed Young Center best interest recommendations. One judge said the Young Center provides information she would otherwise be unaware of and gives her greater assurance she has all the information needed to move forward with a case.

Child Advocate Case Example—Advocacy during Immigration Court Proceedings

The Young Center was appointed as the advocate for a young child in ORR's short-term foster care program who wanted to return to his mother in his home country. However, there were concerns that the child's mother might not be willing or able to care for him. When asked why she had sent her young child to the United States, the mother replied that she sent him as a "surprise" to meet his father. The Young Center hired a social worker in the child's country of origin to conduct a home study. The social worker visited the child's home, interviewed the family, and spoke to others who knew the child. The home study revealed that the father had threatened the mother with violence if she did not send her son to the United States. After reviewing the results of its home study report, the Young Center submitted a recommendation in immigration court that it was in the child's best interest to return to his mother's care in his home country. The judge agreed with the recommendation.

Source: The Young Center for Immigrant Children's Rights.

The child advocate program also provides support for children during court proceedings and after release from ORR custody. Child advocates accompany children to court. An immigration judge and volunteer advocates told us that court proceedings are intimidating for children. Volunteer advocates can help prepare children for court proceedings and explain the legal process in an effort to ease their anxiety. Additionally, an immigration judge told us he relies on advocates to explain to children what occurred in court. ORR care providers noted that while they are required to check in with children one time after their release, the Young Center can have more frequent contact with unaccompanied children after their release from ORR custody.⁴¹ For example, after a child is placed

⁴¹In August 2015, ORR instituted a policy requiring care facility staff to place follow-up calls to all children and their sponsors after children are released from ORR custody. The purpose of these calls is to determine whether the children are still living with their sponsors, enrolled in or attending school, aware of upcoming removal proceedings, and safe. ORR guidance requires these calls to occur 30 days after the children are released from ORR care.

with a sponsor, the Young Center may provide resources to the child and his or her sponsor, such as assistance finding an attorney, help with school enrollment, and finding housing for children aging out of care.

In addition to obtaining stakeholder views on the benefits of the program, we also asked stakeholders to report any challenges regarding the role of child advocates. Most commonly, interviewees identified limited capacity and a need for additional advocates as a shortcoming of the program. ORR officials mentioned that sometimes the Young Center's recommendations are not within the purview of ORR. For example, an ORR field staff official told us that a Young Center recommendation requested that she introduce a child to the new medical provider and counselor at the child's placement location, which would have been outside of ORR's scope of responsibility.

Incomplete Information from ORR Can Hinder Child Advocate Program Efforts

While stakeholders told us they found best interest recommendations helpful, Young Center staff said their ability to advocate for children is hampered by ORR's information sharing policies. Young Center staff we interviewed at the three program sites reported that obtaining complete ORR case file information was a challenge and it affected their work with children and the resulting recommendations. The Trafficking Victims Protection Reauthorization Act states that "[a] child advocate shall be provided access to materials necessary to effectively advocate for the best interest of the child."⁴² In addition, federal standards for internal control state that relevant, reliable, and timely information should be communicated to those who need it in a form and time frame that enables them to carry out their responsibilities.⁴³ However, ORR's policies restrict access to certain information in children's case files that describe children's past circumstances and current conditions while in ORR care.

Specifically, child advocates do not have access to significant incident reports, which Young Center staff described as critical information that should be factored into its best interest recommendations. Significant incident reports are prepared by care providers and include information about abuse or neglect in ORR care, behavioral incidents that threaten safety, incidences of running away or law enforcement involvement,

⁴²8 U.S.C. § 1232(c)(6).

⁴³[GAO/AIMD-00-21.3.1](#).

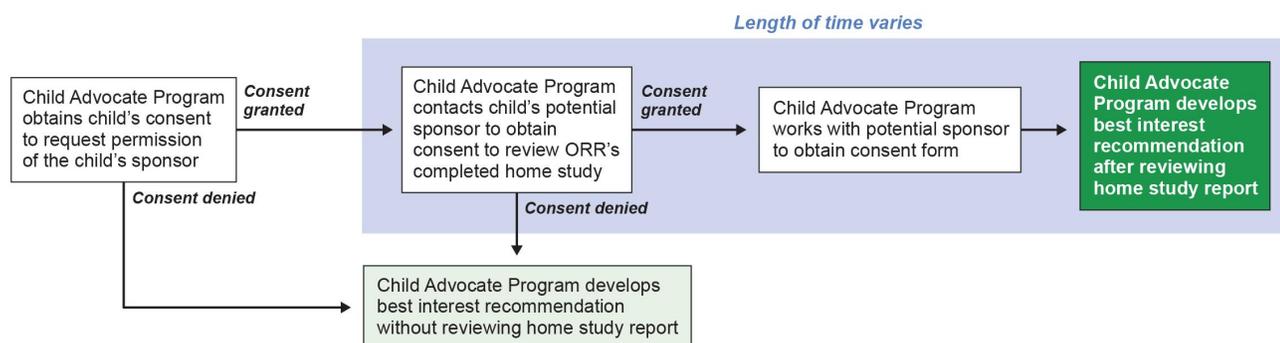
pregnancy or pregnancy-related issues, safety measures, past abuse and neglect, criminal history, or contact or threats to the child while in ORR care from smuggling syndicates, organized crime, or other criminal actors. ORR officials told us that significant incident reports may include information about other children or ORR care provider staff and as a result, ORR does not provide copies to the Young Center to protect the confidentiality of the other individuals. ORR's information sharing policies allow its care providers to verbally describe information contained in significant incident reports when requested by the Young Center. However, Young Center staff told us that crucial information can be lost when communicated verbally, and they rely on care providers to inform them if a significant incident report was placed in their assigned child's case file. If ORR care providers do not tell the child advocate, the Young Center will not have that information to help develop their best interest recommendation.

ORR does not deny the Young Center access to home study reports, but the Young Center is required to take several steps to obtain them, which can affect the timeliness of the advocates' recommendations. ORR conducts home studies to evaluate a potential sponsor's readiness to support an unaccompanied child upon his or her release from ORR custody.⁴⁴ The Young Center uses home study reports to develop recommendations related to children's reunification with potential sponsors, sometimes at the request of ORR field staff. Although the Young Center is an ORR contractor, ORR's policies require that the Young Center obtain the sponsor's consent to receive a copy of the home study (see fig. 9). ORR officials said they require the Young Center to obtain consent from the child's sponsor because the agency is concerned about confidentiality, privacy, and the inadvertent release of sponsor information. According to Young Center staff, the process for obtaining home studies is cumbersome and lengthy due to challenges reaching sponsors to obtain consent. For example, sometimes sponsors need translation services when they receive a consent form, they may be wary of an unfamiliar organization requesting information about their family, or

⁴⁴The home study process includes background checks of the sponsor and adult household members, a home visit(s), a face-to-face sponsor interview and possibly interviews with other household members, and post-release services. A home study is conducted for any case in which the safety and well-being of the unaccompanied child is in question and on any case that meets the mandatory Trafficking Victims Protection Reauthorization Act of 2008 home study categories. From *Office of Refugee Resettlement: Children Entering the United States Unaccompanied: Guide to Terms* (Jan. 30, 2015).

they may lack access to a fax machine to return completed forms. In addition, Young Center staff said that there are cases where sponsors do not consent to them receiving a copy of the home study. For example, in complex cases where there are concerns about the potential sponsor, the sponsor may not give consent, but those are the types of cases where best interest recommendations have value. When a sponsor does not consent to allowing the Young Center to review a home study reports, the Young Center submits a recommendation to ORR without viewing the report.

Figure 9: Process for the Young Center to Request Home Study Reports



Source: GAO analysis of Office of Refugee Resettlement (ORR) and Young Center data. | GAO-16-367

Developing recommendations without critical information from significant incident reports and delays in obtaining home study reports as a result of ORR's policy affects the completeness of the recommendations, according to Young Center staff. The Young Center provided an example in which they had been appointed as advocate for a child that was moved to a more restrictive ORR care facility as a result of behavioral incidents while in ORR care. These behavioral incidents were documented in significant incident reports, and after the move, the child received additional significant incident reports. However, the child's care provider could not provide the Young Center with copies of the reports. According to the Young Center, without more detailed information about the child's behavioral issues, they were unable to provide recommendations on services that might best meet the child's needs. In another example provided by the Young Center, they were appointed as the child advocate for a 16-year-old girl, who had an extensive history of trauma and abuse. The child was placed in ORR custody and the child's uncle sought to sponsor her out of custody. Because of the child's extensive trauma history and a lack of relationship between her and her uncle, ORR conducted a home study. The Young Center reached out to the child's

uncle twice to obtain authorization to view the home study report; however, he declined to provide consent. As a result, the Young Center was unable to provide ORR a recommendation regarding whether it was in the child's best interests to reunify with her uncle. Without relevant and timely information, the Young Center is unable to fully carry out its responsibilities.

As part of the new child advocate program contract that began on September 30, 2015, ORR plans to work with the Young Center to draft joint information sharing policies. The contract states that within 180 days of the contract award, ORR and the Young Center will finalize information sharing policies. In February 2016, ORR officials told us that the agency was in the process of updating its information sharing policies, which could include providing the child advocate program with copies of significant incident reports and home study reports. Officials said they are working with the child advocate program to develop procedures for accessing this information. Officials plan to release new policies by late April 2016.

Conclusions

The child advocate program provides vulnerable, unaccompanied children an advocate who is committed to learning their history and representing their best interests while in custody and during removal proceedings. As the program expands to the six new locations, additional children each year will receive help navigating the complex immigration system. However, because the number of unaccompanied children arriving in this country has increased significantly in recent years, the program will continue to serve a very small percentage of the total number of children in custody. Further, the program will likely continue to receive more referrals than it can serve; however, ORR has no assurance that all of the children who need services are being referred. Given this, it will be important for ORR to monitor program performance through this expansion and move forward in two key areas. First, by monitoring initial referrals to the child advocate program, ORR will be better positioned to know whether referrals are consistently being made by care providers and field staff. Second, by monitoring the cases that are assigned advocates by the contractor, ORR will be better able to assess whether limited resources are being used for the most vulnerable children. Without taking these steps to ensure thorough and consistent monitoring, ORR cannot be assured that the child advocate program is operating as effectively as intended.

Since its inception, the child advocate program has provided recommendations to a variety of stakeholders to ensure that the best interests of hundreds of children are met while in ORR custody and after their release. Multiple stakeholders agree that these recommendations are valuable assets that help them determine how best to support the children. Although the program's recommendations can contribute to better outcomes for the children, ORR's information sharing policies may limit the program's ability to effectively advocate on behalf of the children it serves.

Recommendations for Executive Action

To help ensure vulnerable unaccompanied children receive child advocate services, we recommend that the Secretary of the Department of Health and Human Services direct ORR to develop a monitoring process that includes: (1) regularly reviewing referrals to the program contractor, including identifying which care providers in locations with a child advocate program do not make referrals; and (2) reviewing information on the children the program contractor determines it is unable to serve.

To help the program's contractor improve its recommendations on behalf of vulnerable unaccompanied children, the Secretary of Health and Human Services should direct ORR to work with the program's contractor to ensure access to key information is provided in a timely manner. For example, this could include providing the program contractor with direct access to significant incident reports or exploring ways to streamline access to home studies without compromising the privacy of potential sponsors or other individuals.

Agency Comments and Our Evaluation

We provided a draft of this report to HHS for review and comment. HHS provided formal comments that are reproduced in appendix IV. HHS also provided technical comments that we incorporated, as appropriate.

HHS concurred with both of our recommendations and outlined steps it is taking to implement them.

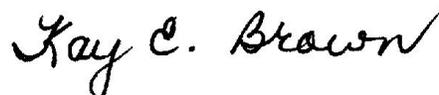
In response to our recommendation to develop a monitoring process that includes regularly reviewing referrals to the child advocate program and reviewing information on children who cannot be served, HHS stated that ORR will be directly monitoring child advocate activities as required under the contract with the Young Center and under the law, including applying federal standards for internal control. In addition, HHS commented that

ORR policy allows for any stakeholder to make a referral for a child advocate, a policy that has been standardized for over 5 years. However, we observed inconsistent referral practices and continue to encourage ORR to review the initial referrals to the Young Center from care providers and others to determine whether stakeholders decide to refer eligible, vulnerable children. HHS also said that ORR is continually evaluating its service model to ensure appropriate accountability for program staff and to provide improved services for children in the agency's care and custody.

In response to our recommendation to ensure the child advocate program's timely access to key information, HHS stated that ORR is evaluating its information sharing policies and will consider how to meet all legal obligations regarding the provision of information to child advocates while protecting privacy and confidentiality rights of everyone involved in the child's case. The program contract that began on September 30, 2015, states that within 180 days, ORR and the Young Center will finalize information sharing policies. Given this timeframe, we encourage ORR to expeditiously work with the Young Center to determine the best way child advocate program staff can obtain timely access to key information to best serve the children in need of the advocate services.

We are sending copies of this report to the appropriate congressional committees and the Secretary of Health and Human Services. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or brownke@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix V.



Kay E. Brown
Director, Education, Workforce, and Income Security Issues

List of Committees

The Honorable Lamar Alexander
Chairman
The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Charles Grassley
Chairman
The Honorable Patrick Leahy
Ranking Member
Committee on the Judiciary
United States Senate

The Honorable John Kline
Chairman
The Honorable Bobby Scott
Ranking Member
Committee on Education and the Workforce
House of Representatives

The Honorable Robert Goodlatte
Chairman
The Honorable John Conyers, Jr.
Ranking Member
Committee on the Judiciary
House of Representatives

Appendix I: Objectives, Scope, and Methodology

This report examines: (1) the extent to which the Office of Refugee Resettlement (ORR) implemented requirements to increase the number of child advocate program locations and the impact of the expansion on program costs and number of children served, (2) the extent to which ORR ensured vulnerable unaccompanied children were receiving services, and (3) the benefits of the child advocate program, and what challenges, if any, it faces. To address all three objectives, we conducted interviews with stakeholders that either had experience referring children to the child advocate program or had received recommendations from the program. To conduct these interviews, we visited Young Center child advocate programs in Chicago, Ill., and Washington, D.C., and spoke via phone with the Brownsville, Tex. program site. The Young Center is contracted to provide child advocate services for children in ORR custody. These sites were selected based on variation in the number of children served, amount of time the advocate program has been operational, and types of ORR care facilities in operation. In Chicago, we interviewed staff from three ORR care facilities (two shelters and one staff-secure facility), one immigration judge, two groups of volunteer child advocates, and the Young Center's staff attorneys, social worker, and management team. In the Washington, D.C. area, we interviewed staff from one ORR facility with secure and staff-secure beds, one immigration judge, and Young Center staff attorneys. For the Brownsville, Tex. area, we interviewed care providers from two ORR facilities (one foster program and one shelter), one immigration judge, one group of volunteer child advocates, and Young Center staff attorneys. In addition, we interviewed three legal services providers—located in Chicago, Ill., Corpus Christi, Tex., and Washington, D.C.—that had experience representing children with an advocate. We also interviewed staff from the U.S. Conference of Catholic Bishops and the U.S. Committee for Refugees and Immigrants—the two organizations that operated temporary child advocate programs for children released from ORR custody in fiscal year 2015. The information obtained from these interviews is not generalizable.

To address all three objectives, we also interviewed ORR headquarters and field staff. In addition, we interviewed headquarters staff for the Department of Justice's Executive Office for Immigration Review, including the Assistant Chief Immigration Judge for Vulnerable Populations. We reviewed ORR documents, such as child advocate program policies and contracts that provided funding to the Young Center to operate the child advocate program. We also reviewed relevant federal laws and regulations, including the Violence Against Women

Reauthorization Act of 2013 and the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008.

To address our first and second objective, we analyzed data on cases served by the Young Center's child advocate program from fiscal year 2012 through fiscal year 2015, the four most recent years for which data were available. These case data included information on children's age, gender, country of origin, reasons they were referred to the program, and the source of those referrals. To prepare the data on reasons children were referred to the program for analysis, one analyst reviewed the data and assigned a code for each reason children were referred. Codes for each referral reason were based on categories of vulnerable, unaccompanied children established in ORR and Young Center referral guidance. In many cases children were referred to the program for multiple reasons and multiple codes were assigned to their case. A second analyst verified the coding to ensure reasons for referral were coded consistently. A third analyst conducted a final review and resolved any disputes over the appropriate codes. We also analyzed data on the number of cases the Young Center was unable to serve from August 2013 through September 2015. The Young Center did not track this information consistently for all program locations prior to August 2013. The data on unserved cases included information on children's age, gender, the Young Center location that was unable to serve the case, and the reason the Young Center was unable to serve the case. Additionally, we analyzed data from ORR on care providers that included information on the locations and types of care provider facilities, numbers of children each facility could house, and numbers of children in custody in each facility as of October 2015. We compiled information from ORR's data on facilities in current and proposed Young Center sites to determine (1) how many children could be cared for in each location, and (2) how many children were in custody in each location. We also used publically available ORR data on the number of children released to sponsors by county in fiscal year 2015 and data on counties included in metropolitan areas from the United States Census Bureau to determine how many children were released in the same metropolitan areas as current and proposed Young Center sites.

To address our third objective, we analyzed information collected on formal best interest recommendations the Young Center provided to a variety of stakeholders from fiscal year 2012 through fiscal year 2015. These recommendations are provided to stakeholders in writing and verbally. The recommendations information we analyzed included all written recommendations from fiscal years 2012 through 2015 and some

verbal recommendations tracked by the Young Center and provided to stakeholders in fiscal years 2014 and 2015. Therefore, the information we analyzed likely does not capture all of the Young Center's formal best interest recommendations from fiscal years 2012 through 2015. The recommendation information included the number of recommendations made; types of decision makers that received recommendations (such as immigration judges, attorneys, ORR, etc.); key issues on which recommendations were provided (such as release, placement, legal relief, repatriation, etc.); and the outcome of those recommendations (such as adopted, adopted in part, or declined). In addition to formal best interest recommendations, the Young Center makes informal recommendations to decision makers; however, we did not analyze information related to informal recommendations. Additionally, in some instances one recommendation was submitted to multiple stakeholders; however, the data identified the primary recipient of the recommendation and did not include information on additional recipients.

The case and recommendation data were provided by the Young Center. We assessed the reliability of the case and recommendation data by (1) performing electronic testing of required data elements, (2) reviewing information about the data and the system that produced them, and (3) interviewing knowledgeable Young Center staff about the data. We assessed the reliability of ORR's data by (1) reviewing ORR business rules to ensure data reliability and (2) interviewing ORR officials and contractors knowledgeable about the data. We determined that the data were sufficiently reliable for our purposes.

Appendix II: ORR Appointment of Child Advocates Policy, ORR Operations Manual, Effective September 15, 2011



U.S. Department of Health and Human Services

Office of Refugee Resettlement
Child Advocate Recommendation & Appointment Form

OFFICE OF REFUGEE RESETTLEMENT Division of Unaccompanied Children's Services

The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 section 235(c)(6) authorizes the Secretary of Health and Human Services to appoint "independent child advocates for child trafficking victims and other vulnerable unaccompanied children." This appointment authority has been delegated to the Office of Refugee Resettlement (ORR). ORR will use this form to determine whether a Child Advocate shall be appointed and to document the Child Advocate's appointment for UAC in ORR/DUCS care and custody.

Section 1 (To be completed by the initial referrer)

A. UAC information:

Name of UAC:	A#:
Date of birth:	Nationality:
Language(s) spoken by UAC:	Current location:
Name of referrer:	Date of UAC's arrival at care provider:
Relationship of referrer to the UAC:	Date of referral:

B. Checklist (please check all that apply)

- Is between the ages of 0-12
- Is placed in a residential treatment center or therapeutic facility
- Is pregnant or parenting
- Has a physical or mental disability
- Is a national from a country known to traffic children
- Has been identified as a possible child trafficking victim (Interim Assistance Letter, Eligibility Letter, etc.)
- Has a criminal or delinquency history and/or is placed in a staff secure care provider or secure care provider, and there are outstanding issues impacting the UAC's release or discharge plan
- Has been a victim of a crime
- Is not proficient in a language spoken by staff at the UAC's care provider, and for whom there is no accessible interpreter routinely available
- Will turn 18 in less than six (6) months of placement and for whom family reunification is unlikely
- Is identified as being eligible for legal relief
- Has a credible fear of returning to their country of origin and/or are seeking voluntary departure despite concerns about their safety in their home country
- Lacks appropriate legal representation, or for whom there is a good faith belief that the child's legal representative has ties to child trafficking or criminal activity
- Is expected to have a protracted stay of over 120 days in ORR/DUCS custody
- Whose potential sponsor is undergoing a home study
- Is unable to make an independent decision
- Any other case where the UAC is considered to be exceptionally vulnerable. Explain here:

Child Advocate Recommendation & Appointment Form, 09/15/2011
ORR UAC/C-2
Interim Form

Page 1 of 2

Appendix III: Young Center Criteria for Prioritizing the Assignment of Child Advocates, Effective May 21, 2014

THE YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS AT THE UNIVERSITY OF CHICAGO

Young Center Criteria for Prioritizing Child Advocate Assignments

- TENDER AGE plus:
 - Trauma or child maltreatment (disclosed or suspected); or
 - Mental health or adjustment issues; or
 - Expected to have a protracted stay of over 60 days in ORR/DCS custody.
- PREGNANT OR PARENTING plus:
 - Trauma or abuse allegations; or
 - Mental health issues; or
 - Expected to have a protracted stay of over 60 days in ORR/DCS custody.
- CRIMINAL OR DELINQUENCY HISTORY plus:
 - Trauma or abuse allegations; or
 - Mental health issues; or
 - Expected to have a protracted stay of over 60 days in ORR/DCS custody.
- REPORTED TRAUMA OR SUSPECTED ABUSE/MALTREATMENT plus:
 - Expected to have a protracted stay of over 60 days in ORR/DCS custody; or
 - Experiencing difficulty in current functioning within program care; or
 - Age-out risk (over 17.5 with no viable sponsor).
- PHYSICAL OR MENTAL HEALTH CONCERN:
 - Any child with a physical or mental health concern that affects daily functioning; or
 - Expected to have a protracted stay of over 60 days in ORR/DCS custody.
- CHILD'S PRIMARY LANGUAGE IS OTHER THAN SPANISH (THIS INCLUDES INDIGENOUS LANGUAGE SPEAKERS), plus:
 - Expected to have a protracted length of stay of over 60 days in ORR/DCS custody; or
 - Is experiencing difficulty in current functioning within program care.
- HUMAN TRAFFICKING:
 - Is suspected to be a victim of human trafficking (either labor or sex trafficking);
 - Has a relative, or legal representative, with apparent trafficking ties; or
 - Has a repeat sponsor (child's sponsor has been a sponsor for other children in ORR/DCS care).
- SAFE REPATRIATION CONCERNS:
 - Child has expressed intent to request (or has requested) Voluntary Departure despite concerns about child's safety or well-being in home country.
- CAPACITY CONCERNS:
 - Is unable to make an independent decision(s).
- AT-RISK OF PERMANENT SEPARATION FROM PARENT OR LEGAL GUARDIAN AGAINST CHILD OR PARENT/LEGAL GUARDIAN'S WILL:
 - Includes any child whose parent/legal guardian is undergoing a home study.
- OTHER CHILD-SPECIFIC REASONS:
 - Please explain concerns here:

C. Reason for Referral – Please provide a short description of the reason(s) for your referral below.

6020 South University Avenue · Chicago, IL 60637 773-702-9560 · (fax) 773-702-2063 · www.TheYoungCenter.org	2
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Appendix IV: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

MAR 28 2016

Kay Brown
Director, Education, Workforce, and Income Security
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Brown:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*Unaccompanied Children: HHS Should Improve Monitoring and Information Sharing Policies to Enhance Child Advocate Program Effectiveness*" (GAO-16-367).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

A handwritten signature in cursive script that reads "Jim R. Esquea".

Jim R. Esquea
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED: HHS SHOULD IMPROVE MONITORING AND INFORMATION SHARING POLICIES TO ENHANCE CHILD ADVOCATE PROGRAM EFFECTIVENESS (GAO-16-367)

The U.S. Department of Health and Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

GAO Recommendation

To help ensure vulnerable unaccompanied children receive child advocate services, GAO recommends that the Secretary of HHS direct the Office of Refugee Resettlement (ORR) to develop a monitoring process that includes: (1) regularly reviewing referrals to the program contractor, including identifying which care providers in locations with a child advocate program do not make referrals; and (2) reviewing information on the children the program contractor determines it is unable to serve.

HHS Response

HHS concurs with GAO's recommendation. ORR is continually evaluating its service model to ensure appropriate accountability for program staff (including federal employees, grantees and contractors) and to provide improved services for children in the agency's care and custody.

While local referral practices varied from region to region, ORR policy allows any stakeholder to make a referral for a child advocate. The policy for doing so and the procedure for requesting a child advocate have been standardized for over 5 years.

The monitoring of referrals has historically been the responsibility of the child advocate program's contractor, as the program operated as an ORR sub-contractor. In order to exert a direct relationship with the program, including direct monitoring of child advocate services, ORR made a decision to contract directly for child advocates as opposed to having the services sub-contracted, starting in fiscal year 2016. ORR will be directly monitoring child advocate activities as it is required to under the contract and under the law, including Federal standards for internal control as cited by GAO.

GAO Recommendation

To help the program's contractor improve its recommendations on behalf of vulnerable unaccompanied children, the Secretary of HHS should direct ORR to work with the program's contractor to ensure access to key information is provided in a timely manner.

HHS Response

HHS concurs with GAO's recommendation. ORR is evaluating its information sharing policies, including how information is shared with child advocates, for possible revision. In doing so, ORR will consider how to meet all legal obligations regarding the provision of information to child advocates while protecting privacy and confidentiality rights of all parties.

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact

Kay E. Brown, Director, (202) 512-7215 or brownke@gao.gov

Staff Acknowledgments

In addition to the contact named above, Sara Schibanoff Kelly (Assistant Director), Andrea Dawson (Analyst-in-Charge), Paulissa Earl, and Aimee Elivert made key contributions to this report. Also contributing to this report were James Bennett, Kate van Gelder, Jean McSween, James Rebbe, Jerry Sandau, Almeta Spencer, Ashanta Williams, and Paul Wright.

Appendix VI: Accessible Data

Agency Comment Letter

Text of Appendix IV:
Comments from the
Department of Health and
Human Services

Page 1

DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation

Washington, DC 20201

MAR 28 2016

Kay Brown

Director, Education, Workforce, and Income Security

U.S. Government Accountability Office

441 G Street NW

Washington, DC 20548

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Sincerely,

Jim R. Esquea

Assistant Secretary for Legislation

Attachment

Page 2

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED: HHS SHOULD IMPROVE MONITORING AND INFORMATION SHARING POLICIES TO ENHANCE CHILD ADVOCATE PROGRAM EFFECTIVENESS (GAO-16-367)

The U.S. Department of Health and Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

GAO Recommendation

To help ensure vulnerable unaccompanied children receive child advocate services, GAO recommends that the Secretary of HHS direct the Office of Refugee Resettlement (ORR) to develop a monitoring process that includes: (1) regularly reviewing referrals to the program contractor, including identifying which care providers in locations with a child advocate program do not make referrals; and (2) reviewing information on the children the program contractor determines it is unable to serve.

HHS Response

HHS concurs with GAO's recommendation. ORR is continually evaluating its service model to ensure appropriate accountability for program staff (including federal employees, grantees and contractors) and to provide improved services for children in the agency's care and custody.

While local referral practices varied from region to region, ORR policy allows any stakeholder to make a referral for a child advocate. The policy for doing so and the procedure for requesting a child advocate have been standardized for over 5 years.

The monitoring of referrals has historically been the responsibility of the child advocate program's contractor, as the program operated as an ORR sub-contractor. In order to exert a direct relationship with the program,

including direct monitoring of child advocate services, ORR made a decision to contract directly for child advocates as opposed to having the services sub-contracted, starting in fiscal year 2016. ORR will be directly monitoring child advocate activities as it is required to under the contract and under the law, including Federal standards for internal control as cited by GAO.

GAO Recommendation

To help the program's contractor improve its recommendations on behalf of vulnerable unaccompanied children, the Secretary of HHS should direct ORR to work with the program's contractor to ensure access to key information is provided in a timely manner.

HHS Response

HHS concurs with GAO's recommendation. ORR is evaluating its information sharing policies, including how information is shared with child advocates, for possible revision. In doing so, ORR will consider how to meet all legal obligations regarding the provision of information to child advocates while protecting privacy and confidentiality rights of all parties.

Data Tables

Accessible Text for Highlights Figure: Child Advocate Program Sites

Current sites	Planned for 2016
Chicago (2004)	Los Angeles
New York (2015)	Phoenix
Brownsville (2012)	San Antonio
Washington (2015)	
Houston (2015)	

Source: Office of Refugee Resettlement (ORR). | GAO-16-367

Accessible Text for Figure 1: Young Center Child Advocate Program

1. Advocate visits child weekly at Office of Refugee Resettlement (ORR) care facility.
2. Advocate learns about the child's life in his/her home country and the journey to the United States, and shares this information with Young Center staff.
3. Young Center staff uses information learned from the advocate, the child's ORR case file, and other sources to develop best interest recommendations.
4. Recommendations provided to various stakeholders in the child's case.
 - a. ORR field staff and care providers use recommendations to make decisions regarding care, services, placement, and reunification with

sponsors.

- b. Immigration judges, attorneys, and asylum officers use recommendations to make decisions regarding issues such as representation, legal relief, and safe repatriation.

- 5. Stakeholders may adopt, partially adopt, or decline to adopt the best-interest recommendation.

Source: GAO analysis of Young Center data. | GAO-16-367

Data Table for Figure 2: Top 15 Countries of Origin for Children Served by Child Advocate Program, Fiscal Year 2012 to 2015

Countries	Number of children
India	44
China	52
Nepal	5
Honduras	191
Ghana	16
Nigeria	8
Rwanda	5
Brazil	8
Somalia	16
Bangladesh	17
Guatemala	187
El Salvador	125
Ecuador	7
Mexico	158
Romania	19

Source: GAO analysis of Young Center data; National Atlas (base map). | GAO-16-367

Data Table for Figure 3: Children in ORR Custody, ORR Bed Capacity, and Children Released to Sponsors in Young Center Child Advocate Program Locations

	Locations	Children in ORR custody (as of Oct. 6, 2015)	Bed capacity (as of Oct. 6, 2015)	Children released to sponsors (in FY2015)
Pre-expansion sites	Chicago, Ill.	343	470	141
	Brownsville, Tex.	1526	2028	0

	Locations	Children in ORR custody (as of Oct. 6, 2015)	Bed capacity (as of Oct. 6, 2015)	Children released to sponsors (in FY2015)
New FY2015 sites	Houston, Tex.	439	673	1772
	New York, N.Y.	616	930	3486
	Washington, D.C.	122	151	2778
New FY2016 sites	Los Angeles, Calif.	191	224	2194
	Phoenix, Ariz.	777	1007	146
	San Antonio, Tex.	432	511	81

Source: GAO analysis of Office of Refugee Resettlement (ORR) data. | GAO-16-367

Data Table for Figure 4: Program Costs and Numbers of Children Served for the Young Center Child Advocate Program, Fiscal Years 2012 through 2018

Fiscal years	Dollars (in millions)	Number of children served
2012	0.4	153
2013	0.5	191
2014	0.7	224
2015	1.8	336
2016	1.8	400 (Target)
2017	2.8 (Estimated)	500 (Target)
2018	2.8 (Estimated)	500 (Target)

Source: GAO analysis of data from The Young Center and Office of Refugee Resettlement (ORR). | GAO-16-367

Accessible Text for Figure 5: ORR Care Provider and Young Center Child Advocate Program Locations

ORR care provider locations (as of Dec. 2015)	Current advocate program sites	Advocate program sites to be added (in fiscal year 2016)
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ORR care provider locations (as of Dec. 2015)	Current advocate program sites	Advocate program sites to be added (in fiscal year 2016)
Calif.	Brownsville, Tex.	Los Angeles, Calif.
Ariz.	Chicago, Ill.	Phoenix, Ariz.
Texas	Houston, Tex.	San Antonio, Tex.
Fla.	New York, N.Y.	
Ill.	Washington, D.C.	
N.Y.		
N.J.		
Ore.		
Wash.		
Mich.		
Penn.		
Va.		

Source: Office of Refugee Resettlement (ORR); National Atlas (base map). | GAO-16-367

Data Table for Figure 6: ORR Bed Capacity and Number of Children Young Center Plans to Serve, Fiscal Year 2016

	ORR bed capacity	Number of children Young Center plans to serve
Brownsville, Tex.	2028	75
Chicago, Ill.	470	85
Houston, Tex.	673	45
New York, N.Y.	930	50
Washington, D.C.	151	45

Source: GAO analysis of Office of Refugee Resettlement (ORR) and Young Center data. | GAO-16-367

Accessible Text for Figure 7: Process for ORR Care Providers to Refer Children to the Young Center Child Advocate Program

1. ORR care provider assesses child in custody
2. If ORR care provider determines child needs an advocate, ORR care provider sends referral to the Young Center
 - a. **If ORR care provider determines child does not need an advocate, no referral is made and the process ends**
3. Young Center staff review referral and decide whether to appoint an advocate based on available resources
 - a. **If an advocate is not recommended, the referral is denied and there is no further review from ORR**
4. If an advocate is recommended, Young Center staff send recommendation for advocate appointment to ORR headquarters (HQ) for review

5. ORR HQ reviews Young Center recommendation for advocate appointment
 - a. **If advocate appointment is denied, ORR HQ notifies Young Center, ORR care provider, and ORR field staff of decision**
6. If advocate appointment is approved, ORR HQ makes official advocate appointment and sends approval to the Young Center, ORR care provider, and ORR field staff

Source: Office of Refugee Resettlement (ORR). | GAO-16-367

Data Table for Figure 8: Office of Refugee Resettlement (ORR) Eligibility Criteria Met by Vulnerable Children Served by the Young Center, Fiscal Years 2012 through 2015

Criteria	Number of cases that met criteria
Potential sponsor undergoing a home study	208
Expected stay of 4 months or more in ORR custody	192
Trafficking concerns ^a	155
Credible fear of returning to country of origin	155
Eligible for legal relief	126
Victim of a crime	117
Turning 18 and “aging out” of ORR custody	95
Younger than 13 years old	87
Language barrier	84
Criminal history	64
Pregnant or parenting	63
Physical or mental disability	60
Unable to make an independent decision	53
Placed in a residential treatment center	36
Lacks appropriate legal representation ^b	9

Source: GAO analysis of Young Center data. | GAO-16-367

Accessible Text for Figure 9: Process for the Young Center to Request Home Study Reports

1. Child Advocate Program obtains child’s consent to request permission of the child’s sponsor
 - a. **If consent is denied, Child Advocate Program develops best interest recommendation without reviewing home study report**
2. If consent is granted, Child Advocate Program contacts child’s potential sponsor to obtain consent to review ORR’s completed home study
 - a. **If consent is denied, Child Advocate Program develops best**

interest recommendation without reviewing home study report

3. If consent is granted, Child Advocate Program works with potential sponsor to obtain consent form
4. Child Advocate Program develops best interest recommendation after reviewing home study report

Source: GAO analysis of Office of Refugee Resettlement (ORR) and Young Center data. | GAO-16-367

Related GAO Products

Unaccompanied Children: HHS Can Improve Monitoring of Their Care. [GAO-16-429T](#). Washington, D.C.: February 23, 2016.

Unaccompanied Children: HHS Can Take Further Actions to Monitor their Care. [GAO-16-180](#). Washington, D.C.: February 5, 2016.

Unaccompanied Alien Children: Improved Evaluation Efforts Could Enhance Agency Programs to Reduce Migration from Central America. [GAO-16-163T](#). Washington, D.C.: October 21, 2015.

Central America: Improved Evaluation Efforts Could Enhance Agency Programs to Reduce Unaccompanied Child Migration. [GAO-15-707](#). Washington, D.C.: July 29, 2015.

Unaccompanied Alien Children: Actions Needed to Ensure Children Receive Required Care in DHS Custody. [GAO-15-521](#). Washington, D.C.: July 14, 2015.

Central America: Information on Migration of Unaccompanied Children from El Salvador, Guatemala, and Honduras. [GAO-15-362](#). Washington, D.C.: February 27, 2015.

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