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Unaccompanied Refugee Minors Who Have Transitioned into
Adulthood in the United States**

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“YOU’RE ON YOUR OWN”: EXAMINING THE WELLBEING OF UNACCOMPANIED
REFUGEE MINORS WHO HAVE TRANSITIONED INTO ADULTHOOD IN THE
UNITED STATES

A Dissertation Presented

by

HANNAH E. TAVERNA

Submitted to the Office of Graduate Studies,
University of Massachusetts Boston,
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2023

Global Inclusion and Social Development Program

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ABSTRACT

“YOU’RE ON YOUR OWN”: EXAMINING THE WELLBEING OF UNACCOMPANIED REFUGEE MINORS WHO HAVE TRANSITIONED INTO ADULTHOOD IN THE UNITED STATES

May 2023

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The United States' Unaccompanied Refugee Minor (URM) Program, which has served around 13,000 foreign-born children since the 1980s, aims to incorporate unaccompanied refugee minors (URMs) in need of international protection into the child welfare systems of 15 individual states. Despite the fact that children accepted into the URM program have access to the same benefits as those in state custody, URMs face unique challenges from their non-refugee peers. Limited research exists regarding the wellbeing of URMs who have transitioned out of the URM program and into adulthood. This study aimed to explore the experiences of participants who have transitioned out of the URM Program, related to their health (physical/mental), environment, and social connections. Individual in-

depth interviews were conducted with 21 adults who have transitioned out of the URM Program across five states. Utilizing the World Health Organization's Quality of Life Framework (WHO, 2012), the URM program's "successful integration" outcomes (USCCB, 2013), and domains from the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest study) (Courtney et al., 2007), phenomenological data collection focused on participants' quality of life, identification of services and supports that have facilitated their transition to adult life, and primary challenges faced. Results showed that despite strong support from URM programs pre-transition, URM youth face significant challenges in adulthood. These challenges include a lack of support post-transition, societal expectations of self-sufficiency, economic insecurity, and difficulty continuing their educational pursuits. Utilizing the findings from this study, policy and practice recommendations are proposed to help inform future service provision for URM youth transitioning out of the URM program. Recommendations are also made for future research on this population, based on the study's findings.

DEDICATION

This dissertation is dedicated to the 21 individuals who were willing to share their life experiences with me. You are the co-authors of this research. I will forever be in awe of you.

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CHAPTER 1

INTRODUCTION

*You have to understand,
that no one puts their children in a boat
unless the water is safer than the land. (Shire, 2015)*

The start of 2020 signaled the highest rate of global forced displacement in history, with 79.5 million people forced to flee their homes. Just months later, the World Health Organization (WHO) declared COVID-19 a global pandemic (UNHCR, 2020b), exacerbating an already complex and multilayered global issue. By the end of 2021, the numbers climbed to approximately 89.3 million globally displaced, of which an estimated 41 percent are children under the age of 18 (UNHCR, 2022). The 89.3 million people who have been forcibly displaced includes refugees, asylum seekers, and internally displaced persons (IDPs), which was less than half that amount in 2012, with 42.7 million forcibly displaced. Armed conflict, persecution, generalized violence, genocide, and human rights violations across the globe have continued to rise. In 2021, 69 percent of refugees worldwide came from just five countries (Syria, Venezuela, Afghanistan, South Sudan, and Myanmar)(UNHCR, 2022).

The United Nations 1951 Convention relating to the Status of Refugees and its 1967 Protocol, ratified by the United States (U.S.) in 1968, have set forth international standards for the legal protection and recognition of refugees. The United Nations High Commissioner on Refugees (UNHCR, 2011a) thus defines a refugee as:

any person with a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (p. 14).

An asylum seeker or “asylee” is defined as someone who has left their home country and is awaiting international protection as a refugee. In other words, their request for protection has not been determined yet. Lastly, an internally displaced person (IDP) is someone who has been forcibly displaced within their own country (UNHCR, 2011a).

The United States continues to maintain the largest refugee resettlement program in the world and received the highest number of applications for asylum seekers over the past year out of any other country (UNHCR, 2022). The U.S. Office of Refugee Resettlement (ORR), an office of the Administration for Children and Families, within the U.S. Department of Health and Human Services (DHHS), provides service provisions to unaccompanied children and refugees in the United States. Unable to keep up with the influx of requests, the United States backlog of pending asylum cases went up 31 percent in the last year, from 9,988,000 to 1.3 million (UNHCR, 2022). After fleeing their home countries, many unaccompanied children file for asylum with the United States and await their

application's determination while residing in refugee camps or detention center in the U.S. This process can take anywhere from one to four years (USCCB, 2013).

Many children from Central America flee their countries prior to applying or receiving approval, which has been made evident by the increase in unaccompanied and separated minors apprehended at the United States (U.S.) Southwest Border by the Department of Homeland Security (DHS) Customs and Border Patrol (CBP). According to the U.S. ORR (2021), an unaccompanied child "has no lawful immigration status in the United States, is under 18 years of age, and has no parent or legal guardian in the United States or no parent or legal guardian is available to provide care and physical custody." In fiscal year 2020, 19,774 unaccompanied minors were apprehended, while 2021 saw a 297 percent increase with 78,513 children apprehended (USCBP, 2021). Unaccompanied minors seeking international protection can claim asylum in the U.S., either at a port of entry or after apprehension by CBP. ORR assumes care and custody of all unaccompanied children following their apprehension. Once they have been apprehended, unaccompanied children are placed in ORR-funded shelters while their claims are processed, and a determination is made on whether they qualify for asylum (ORR, 2021).

Following the passage of the U.S. Refugee Act of 1980, the Unaccompanied Refugee Minors (URM) program was established to provide foster care placement and service provision to eligible unaccompanied refugee minors (URMs) in the U.S. At its establishment, the URM program only accepted unaccompanied minors identified outside of the U.S. by the State Department as refugees, however, the program has expanded over the years to align with national policies to include other eligible groups, including asylees (2000), minors who

qualify for Special Immigrant Juvenile Status (2008), and minors who qualify for visas due to their status as victims of trafficking (2001) or other certain crimes (2013)(ORR, 2021).

Since its inception in the 1980s, the URM program has provided services to more than 13,000 foreign-born children and aims to incorporate URMs in need of international protection into the nation's child welfare system. Lutheran Immigration and Refugee Service (LIRS) and United States Conference of Catholic Bishops (USCCB) are the two agencies contracted by the U.S. federal government to provide placement for URMs in 22 programs across 15 different states. URM programs provide placement to URMs in group homes, foster homes, residential treatment facilities, or independent living programs, depending on the child's individual needs and placement availability. URMs receive services equivalent to those provided to children in the state child welfare system in which the program is located (USCCB, 2013).

Service provision provided by URM programs are tailored to meet the unique needs of this population. Between 2014 and 2018, youth admitted into the URM program came from more than 50 countries, representing 100 different ethnicities and 80 unique languages (U.S. ORR 2021; Rodler, 2021). More than 50 percent of youth admitted into the URM program were 17 years old. URMs admitted into the URM program are eligible to receive the benefits and services post-18, with most states extending foster care services to youth until they turn 21 years old. Although states may extend eligibility for optional supportive services to youth "aging out" of the URM program up until a specific age—typically age 21—this depends on which state the URM program is located in (Rodler, 2021; Wasik, 2021).

Statement of the Problem

URM youth admitted into the URM program have access to the same benefits as those in state custody. While non-refugee children in foster care experience trauma and face similar challenges, URM youth arrive to the URM program under unique circumstances and therefore face a unique set of challenges. Refugees often arrive to the U.S. after experiencing trauma as a result of witnessing violence, war or genocide, displacement, and living in refugee camps with little resources and access to health care, education, or mental health treatment (Carlson et al., 2012). Core stressors include trauma, separation from parents, caregivers, and family members, acculturation, resettlement, and isolation. URM youth placed in URM programs across the U.S. receive a range of service provision aimed at addressing these needs and helping them transition into life in the U.S (U.S. ORR, 2021).

Over the past two decades, emerging literature on transition age youth in domestic foster care has highlighted the significant challenges and poor outcomes that this population faces in adulthood and has led to critical changes in state and federal policy and practice (Courtney et al., 2001; Pecora et al., 2003; Courtney et al., 2004; Pecora et al., 2006; Courtney et al., 2007; Manteuffel et al., 2008; Pecora et al., 2009; Courtney et al., 2010; Courtney et al., 2012; Courtney et al., 2018; Okpych & Courtney, 2019). While a breadth of literature exists on non-refugee youth who have transitioned out of state foster care, there is extremely limited research that exists regarding how URM youth who have transitioned out of the URM program and into adulthood fare in terms of health (physical/mental), economic security, and social connections.

Purpose of the Study

This study seeks to include the voices and experiences of URMs who have “aged out” of the URM program and are now living in adulthood. The limited research that exists on URM youth’s experiences has focused on qualitative and quantitative survey data (Crea et al. 2017; Evans et al., 2018; Rodler 2021; Wasik 2021; Foley et al., 2021). The purpose of this qualitative research study is to explore the individual experiences of URM youth who have transitioned out of the URM program and into adulthood through individual, in-depth interviews. Utilizing a phenomenological approach, this study will seek to gain a better understanding of the lived experiences of URM alumni after they have exited the URM program. The overall goal of this study is to obtain empirical data that can inform future policy and practice and improve service provision for URMs transitioning out of the URM program and into adulthood. Additionally, this study seeks to provide recommendations for future research on this population.

Research Questions

The following research questions were developed in an effort to investigate, understand and interpret the experiences of URM youth who have exited the URM program and are living in adulthood. Thus, this study seeks to address the following research questions:

(1) Utilizing the Quality-of-Life framework, what are the experiences of participants who have transitioned out of the URM Program, related to the six domains (physical capacity, psychological, level of independence, social relationships, environment, and spirituality/religion/personal beliefs)? Have participants who have transitioned out of the

URM Program “successfully integrated” into U.S. society, based on the URM Program Outcomes for Successful Integration?

(2) What do participants identify as services and supports that have facilitated their successful transition to adult life?

(3) What do participants identify as the primary challenges they face?

(4) How can this information help inform future service provision?

Significance of the Study

The URM program has existed since the 1980s, yet little is known about its real impact on the individual lives of those it serves. Given the life experiences of URMs who enter into the program, the services they are offered are tailored to meet their unique needs. Despite this, each individual URM is situated within the national, state, and local context in which their URM program is located. Each state URM program operates under the federal regulations of ORR, and the state child welfare policies in which they are located. Thus, each program operates in its own way and therefore there are nuances to the way in which services are available and administered. URMs have unique needs compared to youth in domestic foster care, yet both groups are subject to the same state and national policies.

The transition from young adulthood to adulthood is one that can be difficult for any individual. For vulnerable populations, such as youth in foster care, research has shown that the transition to adulthood is more challenging than it is for non-foster care youth. Youth in foster care are expected to become self-sufficient adults with less time, support and resources than non-foster care youth. Youth who “age out” of foster care are found to experience

adverse outcomes in adulthood (Osgood, Foster, Flanagan, & Ruth, 2005; Stein, 2006).

While URMs transitioning out of URM programs and into adulthood face similar challenges to their peers in domestic foster care, their experiences are unique. While some recent studies have begun to investigate the well-being of URM youth (Crea et al. 2017; Evans et al., 2018; Rodler 2021; Wasik 2021), this area of literature remains incredibly limited, especially regarding URM youth's well-being in adulthood. With limited research around the transition to adulthood for URM youth, there remains an overall lack of knowledge about their experiences and quality of life. With global forced displacement continuing to rise (UNHCR, 2022), understanding the experiences of URMs has never been more important.

Overview of Methodology

This research study aimed to be transdisciplinary in nature, stepping outside of discipline-specific boundaries to understand this phenomenon that is a multilayered and complex (Leavy, 2011) in an effort to move towards a transdisciplinary understanding of the experiences of URMs aging out of the URM program. Seeking to understand URM youth's own descriptions of their lives, this study employed qualitative research methods. Grounded in hermeneutic phenomenology, this study attempts to understand the meaning of participant's lived experiences through interpretation with an emphasis on individual cultural context (Lavery, 2003) in an effort to obtain a comprehensive understanding of URM's experiences in adulthood.

This study was approved by the University of Massachusetts' Institutional Review Board (IRB). URM program staff from five states—Massachusetts, Michigan, New York, Utah, and Virginia—out of the 15 in which URM programs are housed, participated in this

research study, and assisted with recruitment of participants. Participants who had exited the URM program between six months and ten years were included in this study. Maximum variation sampling was attempted to purposefully expand the diversity of experiences among the sample in an effort to enrich the data (Patton, 1990). Snowball sampling was also utilized as a recruitment method (Weiss, 1994), which was successful in reaching additional participants.

Twenty-one in-depth interviews with URM alumni who have transitioned out of the URM programs were conducted. Utilizing the theoretical and conceptual frameworks for this study, semi-structured interview questions were developed (Appendix B) in an effort to participants to assign individual meaning to their experiences (Creswell, 2007). Demographic data was collected before each individual in-depth interview. All interviews were transcribed, coded, and analyzed utilizing the principles of interpretive phenomenological analysis (IPA) (Smith, Flower, & Larkin, 2009). Data analysis was iterative, reflexive, and cyclical, and attempted to maintain the “essence” of participants’ lived experiences (Leavy, 2011; Creswell, 2007; Smith et al., 2009; van Manen 1990, 1997; Vagle, 2014; Smith et al., 1999). Through the data analysis, five superordinate themes were identified. These findings are discussed and contextualized with available relevant literature in order to answer this study’s research questions. Utilizing this study’s findings, recommendations are made for future policy, practice, and research regarding URM youth who have transitioned into adulthood.

CHAPTER 2

LITERATURE REVIEW

To fully conceptualize the potential experiences of URM youth in adulthood, literature from various relevant disciplines were reviewed. Therefore, the literature review encompasses available literature on global forced displacement, refugee youth, unaccompanied refugee minors, transition age youth in domestic foster care, and available literature on URM youth. Following this review of the literature, a theoretical and conceptual framework is described to guide this research study.

Unaccompanied Refugee Minors

In line with the growth of global forced displacement over the past decade, the number of unaccompanied minors seeking asylum worldwide has increased. From 2005 to 2010, approximately 72,000 unaccompanied minors filed for asylum across the globe (UNHCR, 2010), compared to approximately 400,000 between 2010-2019 (UNHCR, 2020a). These figures are likely significantly lower than the true total as unaccompanied children are not always separated out from general asylum data. The term “child” and “unaccompanied” also varies across cultures and countries, causing discrepancies in reporting data. Despite this, the increase is still noticeably significant. Increases in humanitarian crises due to conflict have contributed to such numbers—most notably in Syria, Venezuela, Afghanistan, South Sudan, and Myanmar, which account for 69 percent of the globally displaced (UNHCR, 2022).

In 2021, only 4 percent of 1.4 million awaiting refugees were resettled internationally, with the majority resettled in neighboring, low-income countries (UNHCR 2022; UNHCR 2021). Despite maintaining the largest refugee resettlement program in the world, the U.S. has continued to resettle fewer refugees, ranking sixth behind Turkey, Columbia, Germany, Pakistan, and Uganda in hosting refugees and asylum seekers over the past decade (UNHCR, 2020a; UNHCR, 2021). Thus, the number of refugees admitted for resettlement is largely dependent on the political, historical, and sociocultural landscape of a particular point-in-time.

For example, in 2017, the Trump administration halted all refugee admissions for four months, subsequently limiting the annual refugee ceiling from 110,000 to 50,000. In the U.S., the President sets a limit or “ceiling” on the number of refugees that can be admitted into the country for resettlement each year (USCBP, 2021). U.S. refugee ceilings continued to decrease under the Trump administration, eventually dropping to 15,000 in 2019, with less than 12,000 refugees resettled that fiscal year (ORR 2021; Monin, Batalova & Lai, 2020). Over the four years the Trump administration held office, aggressive changes to the U.S. immigration system were pursued which directly impacted those seeking asylum and refuge, including the family separation under “zero-tolerance” policies, Asylum Cooperation Agreements, and forcing asylum seekers to remain outside of the U.S. while their claims were processed (Pierce & Bolter, 2020).

Pathways into the United States. Two pathways exist for unaccompanied minors who wish to secure status as a refugee in the U.S.: applying outside or inside of the U.S., with the latter often being a more dangerous but necessary choice. Unaccompanied children are required to apply for refugee status by first applying outside of the U.S. The majority of

unaccompanied children apply for acceptance into the URM program after already fleeing their home countries and must be referred to U.S. DHS by either the U.S. embassy, UNHCR, or a partner nongovernmental organization (NGO). Those applying for refugee status must undergo various security and health screenings, often waiting between one to four years before resettling in the U.S (ORR, 2021). This slowed even more significantly as a result of the COVID-19 pandemic, when many countries—including the U.S. —temporarily shut down borders and halted the processing of asylum claims (Huebner & Fleischer, 2021).

Many unaccompanied children from Central America seek refuge by coming to the U.S. first and claiming asylum after arrival. The arrival of unaccompanied minors from Central America at the U.S. border has drastically increased since 2011, and by 2014, caused a formal declaration of a humanitarian crisis (CSR, 2019). In the year 2019 alone, 80,634 children arrived unaccompanied to the U.S. Approximately 76,020 unaccompanied children were detained by U.S. Customs and Border Patrol after arriving at the border of the United States and Mexico. Of these children, 69,488 were referred to the U.S. Office of Refugee Resettlement (ORR) by the Department of Homeland Security (U.S. ORR, 2021). In 2020, approximately 33,239 unaccompanied children were encountered by CBP, and only 15,381 were referred to ORR (ORR, 2021). This is due in part to the stringent immigration policies put in place by the Trump administration in addition to the enactment of the 1944 Public Health Services Act, also known as Title 42, by the Center for Disease Control and Department of Health and Human Services. During the COVID-19 pandemic, this policy restricted unauthorized entrance to the U.S. for all individuals arriving at the border, including unaccompanied children seeking the right to asylum (Pierce & Bolter, 2020).

Upon the change in administration at the start of 2021, numbers of unaccompanied children apprehended at the U.S. border began to increase, jumping from 5,850 in January, to 9,429 in February, and hitting a historic high with 18,951 unaccompanied children apprehended in just the month of March (USCBP, 2021). In looking at the total number of unaccompanied children apprehended at the U.S. border by fiscal year, the changes are dramatic. In 2020, the number decreased from 80,634 the previous year (2019) to 33,239. The following fiscal year, however, (2021) saw a dramatic increase to 146,925. This past fiscal year (2022), there were 152,057 unaccompanied children apprehended at the U.S. border (USCBP, 2022).

Upon arriving to the U.S., unaccompanied minors are typically apprehended by CBP at the Southwest border. Once apprehended, they are detained and screened by CBP. It is important to note that not every unaccompanied child arrives unaccompanied. A child may arrive accompanied by a parent or adult family member, however, may not have the necessary legal paperwork and are subsequently separated (CSR, 2019). The child may then be considered unaccompanied. CBP then determines whether a child is eligible for asylum. If deemed ineligible, the child is deported by Immigrations and Customs Enforcement (ICE)(CBP 2021; CSR 2019).

After CBP processes an unaccompanied child's asylum claim, they are transferred to one of the 170 ORR-regulated shelters across 23 states, where they await their immigration proceedings and potential placement with a sponsor (CRS, 2019a). Under the Flores Agreement, sponsors may include a parent, legal guardian, adult relative, an adult individual or entity designated by the child's parent or legal guardian, a licensed program willing to accept legal custody, or an adult or entity approved by ORR. The majority of unaccompanied

children are subsequently released from the custody of ORR to an approved sponsor while they await their immigration hearings. After release to sponsors, there is no federal agency that provides oversight to ensure the safety, well-being and whereabouts of unaccompanied children. Unaccompanied children also struggle to successfully navigate the complex legal and immigration systems post-placement, with many failing to appear for proceedings (USSPS on Investigations, 2018). When reunification with family is not possible, eligible youth may then be referred to the URM program (ORR, 2021).

Unaccompanied children for whom no sponsors are able to be identified (referred to as Category 4 cases) and who are not deemed eligible for the URM program are particularly vulnerable (CRS, 2019a; Huebner & Fleischer, 2021). Since ORR custody expires at age 18, these youth must leave ORR care, with little to no support in their transition. Many of these youth also have pending immigration status and therefore are at greater risk of being detained by ICE and deported, and more vulnerable to exploitation (CRS, 2019a; USCCB, 2013). Prior to turning 18, ORR is required to submit “post-18” plans for Category 4 unaccompanied children to ICE. Such plans include information about post-placement plans, immigration status, and the child’s circumstances. Unfortunately, such plans are often not submitted. In FY 2017, of the 731 Category 4 unaccompanied children who turned 18 while in ORR custody, ICE received post-18 plans for 230 (approximately 31 percent)(USSPS on Investigations, 2018).

Forced Displacement. Of the 15,381 unaccompanied children referred to ORR in 2020, the majority were male (68 percent), between the ages of 15-17 (72 percent), and arrived from Guatemala (48 percent), Honduras (25 percent) and El Salvador (14 percent), with less arriving from Mexico (6 percent) and other countries (8 percent)(ORR, 2021). Also

known as the “Northern Triangle” of Central America, the number of individuals fleeing Guatemala, Honduras, and El Salvador has significantly increased since 2011 (UNHCR, 2014). Although the reasons why are multilayered and complex, much of the literature regards such “push” factors as widespread community violence, gender-based violence, extreme poverty, and political and economic insecurity (UNHCR, 2014; UNDP, 2014). Gang violence and gender-based violence, including murder and femicide, is higher in the Northern Triangle than many other parts of the world (Huebner & Fleischer, 2021; Arnson et. al, 2011). Violence—including interpersonal, domestic, community, gender-based—and the impacts of poverty worsened during the COVID-19 pandemic (Cuevas, 2020; Stephen, 2020).

The negative impacts of domestic and community violence on the overall development of children are well documented in the literature (Estefan, Ports & Hipp, 2017; UNHCR, 2014; Higginson et. al, 2018; Huebner & Fleischer 2021; Huemer et. al, 2009). Chronic community violence coupled with high rates of impunity for perpetrators of violence, high rates of poverty, and low access to affordable education has led many children, especially from the Northern Triangle, to embark on the incredibly dangerous journey to the U.S. Research has also found that many children travel without a parent or guardian, either alone or in groups, to the U.S. to reunite with family members (Estefan, Ports & Hipp, 2017). Travelling unaccompanied to the U.S. is not only physically arduous but places children at significant risk of sexual exploitation, child trafficking, child labor, extortion, and forced violence or criminal activity (Estefan et al., 2017; Park & Katsiaficas, 2019; AAP, 2017; UNICEF, 2017).

Unaccompanied children outside of the Northern Triangle have also fled conflict, violence, and persecution, and have been separated from or have lost family members (UNICEF, 2017). In 2020, approximately 58 percent of refugees resettled in the U.S. were from the Democratic Republic of the Congo (DRC), Myanmar, and Ukraine, due to armed conflict, genocide, and persecution (ORR, 2021). The majority of both accompanied and unaccompanied children are often awaiting their status acceptance in refugee camps or other temporary settings. Such environments are often overcrowded and access to food, water, hygiene, education, health and mental health care is often limited. Many of these issues were exacerbated during the COVID-19 pandemic, with some NGO-funded refugee camps closing entirely (Huebner & Fleischer, 2021). It is important to note that not all unaccompanied children will be granted asylum or status as a refugee, and even fewer will be accepted into the U.S. URM program.

Risk and Resilience. Differences in severity of mental health symptomology have been noticed in what Kunz (1981) referred to as acute refugees. Kunz (1981) distinguishes two types of refugees: anticipatory and acute. He posits that acute refugees are swiftly forced to flee their home countries, whereas anticipatory refugees are able to plan for their departure and often have more resources and connections available to them. Studies that have examined the relationship between pre-displacement experiences and resettlement experiences have noted higher rates of mental health symptomology among acute refugees post-resettlement (George, 2009; George 2012).

Others suggest that trauma endured by refugees pre-displacement (such as in areas with high rates of violence), during the journey to the host country, and often upon apprehension and detention at arrival, increase the risk of psychological distress (Hodes et

al., 2008; Strickland et al., 2009; AAP, 2017; Huemer et al., 2009; Huebner & Fleischer, 2021; Higginson et al., 2018; Derluyn & Broekaert, 2008). Exposure to chronic traumatic events, such as community violence and prolonged war or conflict, has been shown to cause higher rates of depression and anxiety, academic difficulties, aggressive behavior, and substance use among children and adolescents (Strickland et al., 2009). The long, dangerous and arduous journey faced by unaccompanied children fleeing the Northern Triangle and other countries in Latin America is often comprised of more violence, exploitation and extortion, placing this population at high risk of re-traumatization and Post-Traumatic Stress Disorder (PTSD)(Hodes et al., 2008; George, 2012; Humer et al., 2009). Unaccompanied children are more likely to experience repeated traumatization via their pre-migration and migration experiences, including the separation from or loss of a parent, witnessing war or armed conflict, and acculturative stress (Derluyn & Broekaert 2008; Carlson et al., 2012).

Upon apprehension by CBP at the U.S. border, unaccompanied children must then begin another long and arduous journey as they navigate through the intersections of the immigration, legal, and child welfare systems in the U.S., all of which often operate under conflicting policies, practices, and philosophies (Crea et al., 2016). For unaccompanied children, differences between the legal, immigration, and child welfare systems highlight the need for each system to frame their apprehension, detention, care and transition on the unique needs of the population (Derluyn & Broekaert, 2008).

Unaccompanied children face the difficulty of starting a new life in another country with no family or social supports. Williams and Berry (1991) highlight a common experience among refugee populations as acculturative stress, which refers to an individual's level of stress related to the process of adapting to a new culture. Such stress has been noted to

include “anxiety, depression, feelings of marginality, heightened psychosomatic symptoms, and identity confusion” and “may underlie a reduction in the health status of individuals (including physical, psychological, and social health)” among refugees (p. 634, Williams & Berry, 1991). Acculturative stress is noted to be linked to both physical, mental, and social health (Williams & Berry, 1991). Despite this, access to culturally sensitive and trauma-informed mental health services remains a challenge for many refugees pre- and post-resettlement (Derluyn & Broekaert, 2008; Hodes et al., 2008; Humer et al., 2009). Crea et al. (2016) investigated the long-term placement stability of 256 unaccompanied youth awaiting permanency in ORR custody from 2012 to 2015. Findings demonstrated that children who experienced pre-migration trauma related to violence were more likely to experience multiple out of home placements (Crea et al., 2016).

Regardless of these complex barriers and challenges, unaccompanied children are incredibly resilient, and not only able to survive and overcome great odds, but thrive in their new environments. Though resiliency itself has proven difficult to research, studies have shown that certain protective factors are noted as key determinants in increasing the likelihood of resiliency, especially in refugee children (Bates et al., 2005; Carlson et al., 2012; George, 2012; Rana et al., 2011). Such protective factors occur at the individual, familial, and community levels, and it is the interaction between these factors that can promote resiliency (Wiene, et al., 2014; Carlson, Cacciatore & Kilmek, 2012). At the individual level, protective factors include a positive outlook on life, healthy coping skills, spirituality, and engagement in and value of education (Pieloch, McCollough, & Marks, 2016). Even though unaccompanied children are inherently separated from or have lost their parent or caregiver, strong family ties and positive family relationships have been noted as

protective factors in this population. Lastly, strong ties to individuals, groups, or organizations within the community, including to one's home culture, can increase a sense of belonging, and have been noted as protective factors for unaccompanied children (Pieloch, McCollough, & Marks, 2016). These protective factors at varying degrees may help unaccompanied children overcome the risks and challenges faced (Wiene, et al., 2014; Carlson, Cacciatore & Kilmek, 2012; Rana et al., 2011). More research is needed regarding factors that impact resilience as well as how to incorporate a resiliency approach within service provision for unaccompanied children (George, 2012).

International Protection. The United Nation's (U.N.) 1951 Convention Relating to the Status of Refugees was the first international legislation intended to set forth international standards for the legal protection and recognition of refugees, including children. Its most prominent feature was its call for the protection of refugees and prevention of non-refoulement—or, the forced return of refugees in fear of persecution. Since it was originally created post-World War II, much of its language and focus was limited to only European refugees. The 1967 Protocol was adopted by U.N. member states to expand the definition of a refugee to allow for new categories of refugees fleeing conflict outside of Europe. Together, the 1951 Convention and 1967 Protocol require its signing member states (76 percent of the total U.N. member states) to commit to providing protection to refugees, non-refoulment, and the same rights as their citizens. The U.S. never signed the 1951 Convention, however its 1967 Protocol was ratified in 1968, thereby binding the U.S. to many of the articles included in the 1951 Convention, which were included in its 1967 Protocol (UNICEF, 2021).

Although the 1948 Universal Declaration of Human Rights noted special protections for women and children, the 1959 adoption of the Declaration of the Rights of the Child by the U.N. General Assembly was the first international recognition specifically of children's rights (U.N., 1989). Though it provided a framework and principles in the recognition of child-specific rights, it was not until thirty years later in 1989 that the Convention on the Rights of the Child was adopted by the U.N. General Assembly. The Convention stands as a monumental commitment to protecting the human rights of children by the outlining of universal standards, including the right to family, nationality, education, in addition to protection from abuse, neglect or abandonment. Through its 54 articles, its cornerstone are the following four principles:

- 1) Non-discrimination: rights provided herein are guaranteed to all children, without exception (Article 2);
- 2) Best interests of the child: all stakeholders must consider the impact of its actions (or inactions) on children (Article 3);
- 3) Right to life, survival, and development (Article 6); and,
- 4) Respect for the views of the child, according to age and maturity (Article 12) (p. 4, Engman, 2015).

When ratified by member states, the Convention binds them to upholding these rights through international law (U.N., 1989). The Convention recognizes the special needs of children under the human rights framework, as well as children with disabilities, refugee and unaccompanied children, and children in need of legal protection. Article 22 of the Convention states:

States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties. (Article 22, U.N., 1989)

The Convention mandates that states provide care and protection to unaccompanied refugee minors until they reach adulthood (U.N., 1989) however many states provide very minimal support, especially when it comes to youth exiting care and entering adulthood (Derluyn & Broekaert, 2008). Ensalaco & Majka (2005) highlight that a human rights approach to the protection of children “rejects the presumption that children are entitled to only those rights that governments grant them, that the dominant culture will tolerate, or that the market will bear” (p. 2). If a member state signs the Convention but does not ratify it, they cannot be held accountable through international law. Up until 2015, three member states had not signed the Convention: Somalia, South Sudan, and the United States. Today, the United States is alone in being the only member state—out of 197—that has not ratified the Convention (UNICEF, 2021).

Refugee Resettlement in the United States

Despite its failure to ratify, the U.S. was heavily involved in the drafting and negotiating of the Convention. Much of the reasoning behind why the Convention, and similar treaties such as 1951 Convention Relating to the Status of Refugees, never made past the Senate for ratification is due in part to active pushback by the Republican party and

conservative organizations and actors who fear the Convention is unconstitutional in nature and will divert power from state and federal governments (Engman, 2015). Many domestic policies have been developed and enacted by the U.S. over the years to provide protection to those seeking refuge. Over 40 percent of the total U.S. refugee population are children (UNHCR, 2021), therefore U.S. refugee policy is incredibly important to their protection.

In 1948—three years before the 1951 Convention—the U.S. passed the Displaced Persons Act in response to the massive displacement following World War II. In 1952, the Immigration and Nationality Act (INA) was enacted which set provisions on immigration, naturalization, and refugee assistance, and has continued to be amended over the years. The U.S. continued to respond to humanitarian crises by supporting the admission of refugees under the Fair Share Refugee Act of 1960, the Cuban Adjustment Act of 1966, and the Indochinese Immigration and Refugee Act of 1975, among others. (USCIS, 2021; Baugh, 2020).

The Refugee Act of 1980 amended the INA, marking U.S. acceptance of the definition of “refugee” and obligations as outlined under the 1951 Convention and 1967 Protocol, which was previously limited (Baugh, 2020). The Refugee Act also signaled the commitment of the U.S. to institute official programs for refugee and asylum seekers in the U.S. It was this act which established the ORR, and programs to support refugees, such as the URM program. The Refugee Act also established a 50,000 annual limit on the number of refugees admitted to the U.S. The President can increase this limit in certain crises, and is also charged with setting annual ceilings for the number of admissions of refugees and asylum seekers from each country. The Attorney General is also able to admit up to an

additional 5,000 refugees or asylum seekers. Any increases must be reported to Congress (Baugh, 2020; USCIS, 2021).

Several policies were enacted following the Refugee Act of 1980 which had significant impacts on the protection of unaccompanied children. In 1987, a landmark case from California—*Flores v. Reno*—caused the U.S. to sign the Flores Settlement Agreement in 1997. The Agreement requires the U.S. to maintain standards related to the detention, care, and release of unaccompanied children. It required states to place unaccompanied children in the least restrictive setting depending on their developmental age and level of ability, as well as provide access to favor the release of detained children to approved sponsors. When no sponsor is made available, detained children must be transferred swiftly to “non-secure, state-licensed” facilities (*Flores v. Reno*, 1997). It also allowed for states to oversee the licensing of such facilities, including detention centers, shelters, and programs (residential, group, or foster care) for unaccompanied children, as well as oversee their compliance with minimum standards of care (*Flores v. Reno*, 1997).

Following the terrorist attacks on September 11, 2001, the Homeland Security Act of 2002 was enacted, which formally established the U.S. Department of Homeland Security (DHS). The Immigration and Naturalization Service (INS), which had been a formalized department since 1933, was now divided into three departments: U.S. Citizenship and Immigration Services (USCIS), U.S. Immigrations and Customs Enforcement (ICE), and U.S. Customs and Border Protection (CBP). It was argued that the INS could not both care for and prosecute unaccompanied children, therefore ORR, under DHHS, was designated to provide care and custody of unaccompanied children, while DHS is responsible for all immigration processing, homeland security, and border control (USDHHS, 2019). USCIS

processes all refugee and asylum claims, in collaboration with the Department of State, DHHS, and other federal department agencies that may screen applications (USCIS, 2021).

The Trafficking Victims Protection Act (TPVA) of 2000 and its subsequent reauthorization acts in 2005 and 2008, formally allowed adults and children who are identified as victims of trafficking to receive temporary legal protection through a “T” visa. Through the TPVA, USCIS considers victims of sex and labor trafficking as eligible, under the following definitions:

Sex trafficking: When someone recruits, harbors, transports, provides, solicits, patronizes, or obtains a person for the purpose of a commercial sex act, where the commercial sex act is induced by force, fraud, or coercion, or the person being induced to perform such act is under 18 years of age; or

Labor trafficking: When someone recruits, harbors, transports, provides, or obtains a person for labor or services through the use of force, fraud, or coercion for the purpose of involuntary servitude, peonage, debt bondage, or slavery. (USCIS, 2021)

Once identified, an individual who receives TPVA status is also granted access to services and benefits to assist in their resettlement and integration in the U.S. For adults, in order to be able to access services and benefits, they must first receive “certification” under TPVA. This “certification” is granted only if the individual is “willing to assist in every reasonable way in the investigation and prosecution of severe forms of trafficking or be unable to cooperate due to physical or psychological trauma” (ORR, 2021). Children under the age of 18 who apply for TPVA and meet the requirements are not required to receive “certification” in order to gain access to services and benefits (ORR, 2021).

U.S. Office of Refugee Resettlement (ORR). Following the Refugee Act of 1980, the U.S. Office of Refugee Resettlement (ORR), an office of the Administration for Children and Families, was created within the U.S. Department of Health and Human Services (DHHS) to provide services to unaccompanied children and refugees whose applications have been accepted in the U.S. The U.S. ORR “provides new populations with the opportunity to achieve their full potential in the United States. Our programs provide people in need with critical resources to assist them in becoming integrated members of American society” (ORR, 2021). The benefits and services provided by the U.S. ORR are available only to individuals who receive status as a refugee, asylee, Cuban/Haitian Entrant, Certified Victim of Trafficking, Iraqi or Afghan Special Immigrant, or Amerasian. A Lawful Permanent Residents (LPR) who once held any of the aforementioned statuses are also eligible, in addition to the spouse and children of individuals who receive any of the aforementioned statuses (ORR, 2021).

After fleeing their home countries, many unaccompanied children file for asylum with the United States and await their application’s determination while residing in refugee camps, or after arriving in the U.S. This process can take anywhere from 1-4 years (USCCB, 2013). The U.S. ORR (2021) defines an asylee as:

Individuals who, on their own, travel to the United States and subsequently apply for/receive a grant of asylum. Asylees do not enter the United States as refugees.

They may enter as students, tourists, businessmen, or even in undocumented status.

Once in the U.S., or at a land border or port of entry, they apply to the Department of Homeland Security (DHS) for asylum.

In order to be approved for asylum, an individual must first fall under the definition of a refugee. Individuals can receive asylum status by a DHS/USCIS Asylum Office, or by the Immigration Court of the Executive Office of Immigration Review (EOIR) of the U.S. Department of Justice. Once gained, a status of asylum allows the individual to stay in the U.S. while their application is processed and provides eligibility for services through ORR (ORR, 2021). A person who has applied and is determined to be a refugee by DHS while “overseas” are transported to the U.S. for resettlement by the U.S. Department of State. In collaboration, ORR, the Department of State, and community-based agencies provide a breadth of service provisioning and benefits to refugees to assist in the resettlement process upon their arrival (ORR, 2021).

The U.S. ORR is comprised of five offices: Refugee Assistance, Refugee Health, Refugee Services, Children’s Services, and the Office of the Director. Some of the services and benefits provided through these offices include Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA), which are available to refugees who are deemed ineligible for Temporary Assistance for Needy Families (TANF) and Medicaid. Additionally, Refugee Social Services (RSS), which includes assistance with employment, English language classes, day care, transportation, translation, and general case management services, is available for up to five years post-resettlement (ORR, 2021). The U.S. ORR also provides services to individuals who have survived torture prior to arrival in the U.S. through the Survivors of Torture program. Lastly, through the Children’s Services division, the U.S. ORR provides foster care placement and services to unaccompanied children through their Unaccompanied Children (UC) and Unaccompanied Refugee Minors (URM) Programs.

These services and benefits are administered by states and reimbursed and overseen by the Division of Refugee Assistance (DRA). The DRA provides states with guidance, oversees programming implementation, and provides technical assistance “to ensure compliance with federal regulations governing the delivery of refugee assistance” related to services and benefits. Additionally, there are several different optional programs overseen by the DRA, which provide individual states with grant money to implement. For example, the Refugee School Impact Program provides grants to states to implement service provisions for school-aged refugee children, including English as a Second Language (ESL), after-school programming, bilingual school counselors, and translation services, among others (ORR, 2021).

Unaccompanied Refugee Minors Program. After the enactment of the Refugee Act of 1980, the Unaccompanied Refugee Minors (URM) program was originally developed in response to the growing number of refugee children from Southeast Asia who lost parents as a result of the Vietnam War (ORR, 2021). The URM program aims to meet the unique needs of URM by providing community-based foster care placement and tailored service provisioning. Integrating URM within the U.S. child welfare system, it remains the sole government-funded foster care program for unaccompanied refugee minors in the world (USCCB, 2013). The URM program has expanded over the years to include Cuban and Haitian entrants, asylees, unaccompanied children who qualify for Special Immigrant Juvenile Status due to experiencing abuse or neglect (SJIS), and unaccompanied children who qualify for visas due to their status as victims of trafficking (“T” visa) or other certain crimes (“U” visa) (ORR, 2021). Unaccompanied children may also be admitted into the URM program as they await SJIS processing (Foley et al., 2021).

As stated previously, the U.S. ORR funds and oversees the URM program. Lutheran Immigration and Refugee Service (LIRS) and United States Conference of Catholic Bishops (USCCB) are the two agencies contracted by the U.S. federal government to provide placement for URMs in 22 programs across 15 different states. Additionally, each of the 15 states designate a Refugee Coordinator to oversee the statewide administration of the URM program. URM programs provide placement to URMs in group homes, foster homes, residential treatment facilities, or independent living programs, depending on the child's individual needs. By federal law, URMs must receive equivalent services to those provided to children in the state child welfare system in which the program is located, even if the state has a private custody arrangement (Foley et al., 2021). URM programs may function in states with public (state-administered child welfare system) or private (private agency-administered child welfare system) custody arrangements. Out of the total number of URM programs (22), the majority (14) function in states with private agency-administered child welfare systems, with less (8) functioning in public, state-administered child welfare systems. The states with private agency-administered child welfare systems include: Arizona, California, Florida, North Dakota, Utah, Virginia, Pennsylvania, Texas, and Washington. The states with public, state-administered child welfare systems include: Colorado, Massachusetts, Michigan, Mississippi, and New York (Foley et al., 2021). Additionally, since there are 22 programs in 15 states, each program ranges in size and location, with some programs operating multiple different locations across the state. On average, the smallest URM program may serve 20 youth with four staff members, with the largest serving 300 youth with 77 staff members (Foley et al., 2021).

Since its inception in the 1980s, the URM program has provided services to more than 13,000 foreign-born children. Foley et al. (2021) found that from the years 2014 through 2018, the overall number of URMs entering the URM Program had dropped compared to previous data, with an average of 390 youth entering each year. Additionally, the category of entrants had changed as well, with URM programs receiving more youth who were victims of trafficking, and less youth who were legally considered refugees. Whereas historically the URM program has received mostly youth who are considered legal refugees, as of 2018, around one third of youth entering the program were considered legal refugees, one third had SJIS status, and one third held “T” visas due to being identified as victims of trafficking. (Foley et al., 2021).

Two central goals underlay the URM program and its out-of-home care model and service provision to unaccompanied refugee minors (URMs):

- 1) Reunify unaccompanied refugee children with their parents or, within the context of state child welfare practice, with nonparental adult relatives.
- 2) Help unaccompanied minors develop appropriate skills to enter adulthood and to achieve economic and social self-sufficiency through delivery of child welfare services in a culturally sensitive manner. (p. 9, USCCB, 2013)

The URM accomplishes these goals through its unique service provision which differs from domestic child welfare service provision in a few key ways despite the fact that each URM program follows the same child welfare policies as the state in which it is located. URM programs offer URMs special services tailored for children with forced migration experiences, including “English language training”, “mental health services”, “assistance

adjusting immigration status”, “support for social integration”, “cultural and religious preservation”, and “cultural activities” (ORR, 2021). URM programs provide service provision to URMs primarily between the ages of 14 to 21 years old, with a focus on intensive case management. Although reunification is a primary goal, it is not possible for the majority of URMs, and adoption is rarely able to be pursued (USCCB, 2013).

Once a referral is received, USCCB and LIRS assess and place each URM in a setting deemed appropriate: either in foster care, a therapeutic group home, or an independent living facility (ORR, 2021). Therapeutic foster homes are available for URMs in need of added mental health and trauma support (USCCB, 2013). Additionally, URMs may also be placed in kinship foster homes with approved family members. Residential treatment is also available to URMs who are in need of a higher level of care due to mental health or behavioral challenges as a result of their trauma (USCCB, 2013).

Once placed, URMs receive intensive case management and service provision provided by URM program staff who are trained on trauma-informed, holistic, culturally-sensitive methods of working with unaccompanied refugee children (USCCB, 2013). Core competencies for URM program staff include knowledge and ability in the following areas: immigration and migration, refugee child welfare agency administration, resettlement and integration, permanency planning for unaccompanied children, unaccompanied children in out of home placements, transitional youth services for unaccompanied children, and migration, trauma, and attachment (USCCB, 2013).

A noted focus of the URM program from the initial placement of a URM is on life skills and independence (USCCB, 2013). Following an initial assessment, URM case managers develop an independent living plan in collaboration with the URM, and foster parents, if

applicable. URM youth are then provided with life skills education that is tailored to the specific needs of their independent living plan. All URM youth are also provided with cultural education, which includes curriculum on U.S. culture, customs, and laws (USCCB, 2013). USCCB (2013) notes that the outcomes of the URM program are based on URM youth “successful integration” into U.S. society. It has published ten outcomes by which the URM program determines whether youth have successfully integrated into U.S. society. These outcomes, which are demonstrated by the URM youth, are listed in the following section on Theoretical and Conceptual Frameworks.

URM case managers are responsible for continuously assessing URM youth on their independent living plans prior to URM youth transitioning out of the URM program. If a URM youth goal is to transition into an independent living program, they must first demonstrate a certain level of proficiency in life skills before approved (USCCB, 2013). At the age of 18, youth may transition out of the URM program and, therefore, out of the custody of ORR, or may voluntarily sign on for services post-18 depending on which state the program is located in. Since services post-18 are voluntary, youth may sign out of services at any time, or may remain in the URM program until they reach the age of majority in their state, or “age out” of care. For youth who choose to transition out of the URM program, it is unknown to what level these skills are actively assessed. Post-transition follow-up with URM youth who have transitioned out (voluntarily or “age out”) of the URM program and out of the custody of ORR is not mandatory, however, some states have begun the process of arranging formal URM alumni groups.

Transition Age Youth

The definition of transition-age youth varies across the literature, however, is generally referred to individuals anywhere between the ages 16 to 24 who are preparing to, or who have left, foster care and who typically have not been adopted or reunified with family (Mitra-Majumdar et al., 2019). This event is typically referred to as “aging out” of foster care and custody, either through voluntarily leaving post- age 18, or through no longer being eligible for services due to their age, depending on state-specific policy (Mitra-Majumdar et al., 2019). A breadth of literature has shown the significant barriers and challenges faced by transition aged youth, not only in the U.S. but around the world. Such research has been utilized to create changes in policies in the U.S. to improve outcomes for this population.

In 2003, Pecora et al. published the Casey National Foster Care Alumni Study, which looked at the overall well-being of 1,609 adults who transitioned out of foster care across the U.S. between 1966 and 1998. Results highlighted education, income, mental and physical health, and relationship satisfaction as specific factors that contributed to positive outcomes for youth who transitioned into adulthood. Additionally, those who received life skills training and graduated from high school before transitioning into adulthood experienced greater stability (Pecora et al., 2003). In 2005, the Northwest Alumni Study analyzed the well-being of 659 adults who transitioned out of foster care between 1988 and 1998 (Pecora et al., 2006). Results indicated that the majority of those studied experienced high rates of mental health challenges (specifically PTSD), financial instability and unemployment, homelessness and housing instability, and lack of health insurance. Additionally, despite high levels of high school or GED completion, low levels of higher education were discovered among this population (Pecora et al., 2006). Manteuffel et al. (2008) found similar outcomes

for 8,484 adults who transitioned out of care between 1997 and 2006 across 45 states, especially regarding mental health challenges, housing instability, and access to health insurance.

The Midwest Evaluation of the Adult Functioning of Former Foster Youth (the “Midwest study”) is the largest longitudinal study of transitioned aged youth in the U.S. Following the passage of the John Chafee Foster Care Independence Act of 1999 (discussed in the following section), Courtney et al. (2001) published results from the Foster Youth Transitions to Adulthood Study, which followed 141 adults transitioned out of foster care in Wisconsin between 1995 and 1996. Results showed significant challenges for youth who transitioned out of foster care, and highlighted a need for a more comprehensive, longitudinal study. The Midwest study was then executed, which followed 732 youth in foster care (in 3 states) from the age of 17 through 26 years old, in order to determine the well-being of youth who transitioned out of care over time. Youth were interviewed at 17-18 years old (Courtney et al., 2004), 19 years old, 21 years old (Courtney et al., 2007), 23-24 years old (Courtney et al., 2010), and 26 years old (Courtney et al., 2012). Survey data collected involved information regarding demographic and family of origin information, history of abuse or neglect, experiences while in foster care, attitudes towards foster care placement, connection to family and foster parents, social connections and support, independent living skills, mental health functioning and service utilization, physical health, access to and utilization of health care, educational attainment, employment and income, and involvement in the criminal justice system. Results from the Midwest study showed that young adults who transitioned out of foster care experienced higher rates of educational disengagement, unemployment, homelessness, substance use, pregnancy and early parenthood, mental and physical health

diagnoses, engagement in criminal activity, and difficulties fostering healthy social connections compared to their peers not in foster care. Since it compared states with different ages of majority (age 18 versus 21), the Midwest study also highlighted potential benefits to extending foster care for transition aged youth past age 18 (Courtney et al., 2012).

Following the Midwest study, the CalYOUTH study is one of the most comprehensive longitudinal studies conducted on transition aged youth in the U.S. (Courtney et al., 2018). Following California's extension of foster care to age 21, the CalYOUTH study followed transition aged youth from ages 16 through 21 from 2012 to 2018. Through in-person interviews and survey data collection from both transitioned aged youth and child welfare caseworkers, and analyzing of state and national data, the CalYOUTH study revealed significant findings. Building off of the Midwest study, information was obtained regarding individual characteristics and family background, living arrangements, experiences in care, education, employment, income, and assets, physical and mental health, life skills education, community connections and social support, sexuality, STDs and pregnancy, children and parenting, marriage and romantic relationships, and involvement in the criminal justice system and victimization. Results showed that transition aged youth maintain significantly poorer outcomes than young adults not in state custody, even though the majority of participants stayed in care post-18, particularly when it comes to "educational attainment, employment, economic self-sufficiency, physical and mental health, and involvement with the criminal justice system" (p. 160, Courtney et al., 2018). Findings suggest an increased need for extended foster care in every state that is comprehensive and supportive of transition aged youth (Courtney et al., 2018).

Extending foster care placement and services, health insurance, education and housing vouchers has been advocated for throughout the literature to help mitigate these disparities (Dworsky et al., 2013; Courtney et al., 2012; Courtney et al., 2018; Pecora et al., 2006; Pecora et al., 2009; Aherns et al., 2014). Although many youth in foster care experience mental health and behavioral challenges due to histories of trauma as a result of abuse and/or neglect, Pecora et al. (2009) posits that high rates of mental health challenges among transition aged youth are associated with lack of appropriate and adequate supports during such a significant and stressful life transition. In addition to mental health challenges, transition aged youth are also more likely to experience more than one physical health condition, which has highlighted a need to extended health insurance for this population (Aherns et al., 2014). According to a report published by the Children’s Bureau (2020), children from minority racial and ethnic backgrounds enter into foster care at significantly higher rates than White children. For example, out of the total number of children in U.S. foster care in Fiscal Year 2020, 23 percent were Black or African American, 21 percent were Hispanic (of any race), 8 percent were two or more races (Children’s Bureau, 2020).

Education is noted across the literature as a protective factor for many transition aged youth. Studies have shown that higher level of educational attainment are associated with higher levels of income and employment among youth that have transitioned out of foster care (Pecora et al., 2006, Pecora et al., 2009; Manteuffel et al., 2008; Okpych & Courtney, 2019). In comparing data from the Midwest and CalYOUTH studies, Okpych & Courtney (2019) found that only 8 percent had completed higher education at age 25. Despite increased access and enrollment in higher education among transition aged youth as a result of

extended foster care, difficulties in adulthood and lack of social support may cause low levels of higher education completion Okpych & Courtney (2019).

Stein (2006) posits that transition age youth face significantly higher rates of social exclusion than their non-care peers, as they often are required to face such challenges in isolation. Transition age youth are forced to enter into adulthood more rapidly than their non-care peers with less familial and financial support, resources, opportunities and freedom to explore, take risks, and develop their identities. Transition age youth are often expected, by law, to assume the responsibilities of adulthood at a specific age (18-21) whereas non-care peers are often afforded the ability to transition into the life stage of adulthood with more flexibility and fluidity (Stein, 2006).

Federal Policy Changes. In the last two decades, the U.S. government has implemented policy changes in recognition of the unique needs of the nearly 20,000 to 25,000 youth who transition out of domestic foster care each year (CSR, 2021). Two primary programs exist in the U.S. to serve the needs of this group: the Title IV-E foster care program and the John H. Chafee Program for Successful Transition to Adulthood. These two programs operate through Title IV-E of the Social Security Act, and are overseen by DHHS (CRS, 2019b). The Title IV-E foster care program provides partial reimbursement to states (including territories and tribes) for the care of children in foster care, and mandates that all child welfare agencies facilitate the successful permanency of every child in foster care, whether by reunification with a parent(s), through adoption, or for older adolescents, through other planned permanent living. In 1986, Title IV-E was amended which provided funding to establish independent living programs to provide supportive services to transition aged youth (Courtney et al., 2012).

In 1999, the John H. Chafee Foster Care Independence Program, was established which allowed states (including territories and tribes) to access additional funding to provide services to youth in foster care from age 14 up to age 21 (CSR, 2021). States are mandated to assist youth in the creation of a transition plan at least 90 days prior to their transition out of foster care. It included the eligibility standards for youth over 18 who wished to stay in care, gave flexibility in utilization of funding, extended health insurance coverage (Medicaid) up to age 21, and established Education and Training Vouchers (ETVs), which allow youth up to \$5,000 in funding per year, for up to five years, for higher education or job training, up to age 26. Chafee funding can be utilized for activities related to the support of life skills and transitioning into adulthood, as well as housing expenses (CSR, 2021; Courtney et al., 2012).

In 2008, changes began at the federal level as a result of the Midwest study (Courtney et al., 2010). The Fostering Transitions to Success and Increasing Adoptions Act of 2008 increased funding to those states that opted to extend foster care up to age 21 (CSR, 2021). Specifically, states, territories and tribes were now able to receive reimbursement under Title IV-E for youth to stay in foster care up to age 21. Certain eligibility standards exist. Youth must be participating in obtaining a high school or college education or vocational training, or must be employed for a minimum of 80 hours per month. If employment is a barrier, youth must be engaged in a structured program to assist in overcoming these barriers. If youth are unable to work or participate in education or training due to health issues, they are still considered eligible (CSR, 2021). The Act also required states to begin collecting data on transition age youth beginning in 2010, which is submitted annually to the National Youth in Transition Database (NYTD). Data collected includes outcomes related to financial self-

sufficiency, education, housing stability, engagement in risky behaviors, social connections, and access to health insurance (Children's Bureau, 2021).

Additional legislation over the years has enhanced the service provision provided to transition age youth. For example, legislation enacted in 2014, allowed for young adults in foster care to receive health insurance through Medicaid up to age 26 (CRS, 2019b). In 2018, the Family First Prevention Services Act gave states the option to extend services to youth up to age 23. In 2021, the Consolidated Appropriations Act provided the Chafee program with an additional \$400 million in funding and temporarily allowed states to provide services to youth up to age 26 due to the COVID-19 pandemic (CRS, 2021). This has allowed states to increase the annual allowance for ETVs to \$12,000 through September 2022, and increased the percentage states can use to assist transition age youth with housing costs. In October 2022, the annual allowance returned to \$5,000 (CRS, 2021).

Twenty eight states, the District of Columbia, and nine tribal nations have approved the extension of the maximum age of federally funded foster care. Depending on what state URM programs are located in, URMs are eligible for extended foster care post-18, typically up to age 21, though some states extend services up to age 23. Out of the five states (Massachusetts, Michigan, New York, Utah, and Virginia) that URM alumni were recruited from for the purpose of this study, all extend foster care beyond age 18. Four (Massachusetts, Michigan, New York, and Virginia) have Title IV-E approved state plans for extended foster care, with three (Michigan, New York and Virginia) extending to age 21, and one (Massachusetts) extending to age 22. One state (Utah) has state-initiated extended foster care which is not Title IV-E funded, and extends foster care up to age 21 (Children's Bureau, 2021).

Because URM programs operate within the child welfare framework of the state in which they are located, URMs are afforded the same benefits through the above policies as their non-URM peers in foster care (ORR, 2021). For example, URM youth who reside in URM programs in states with private agency-administered child welfare systems are not eligible for benefits and services under the Chafee program. For the states operating 14 URM programs under private custody arrangements, ORR provides funding to cover the same services available to youth in states with private custody arrangements (Foley et al., 2021).

URMs Transitioning out of Foster Care. Most of the early literature on URMs within the URM program has focused on the unique resettlement experiences of URM youth. Studies have been conducted on the resettlement experiences and educational and health outcomes of particular URM groups, such as the Sudanese refugee youth (“the lost boys”) who entered URM programs in the early 2000s (Bates et al., 2005; Geltman et al., 2008; Luster et al., 2009), and Eritrean refugee youth (Socha, Mullooly, & Jackson, 2016).

More recent studies (Crea et al. 2017; Evans et al., 2018; Rodler 2021; Wasik 2021) have begun to investigate the well-being of URM youth. In a study by Crea et al. (2017) conducted on the educational attainment of URM youth exiting the URM program, it was found that the longer URMs remain in care, the higher their educational attainment. In fact, the probability of URM youth enrolling in higher education increased by 10 percent for each month URM youth remained at the program (when the average age of admission was 16.9 years old). Differences were found in the educational attainment of URM youth from the Northern Triangle, with URMs from Guatemala less likely than those from El Salvador and Honduras to finish high school before exiting the program, an even less likely to go on to pursue higher education (Crea et al., 2017).

A study published by Wasik (2021) found that despite the multitude of services for mental health support within URM programs (evaluations, trauma-informed individual and group therapy, medication management, and substance abuse treatment), stigma, language and culture of service providers remained barriers to URM youth accessing these services. Rodler (2021) found that English Language Learning (ELL) remains a challenge for youth in the URM program, especially in their attempts to achieve a high school diploma. Although the majority of URM youth would like to focus on educational pursuits, some focus on employment as a means to send money to family members in their country of origin which may cause URM youth to transition out of the URM program as opposed to remain in care (Rodler, 2021).

Despite the fact that over 13,000 URM youth have been served since 1980 (USCCB, 2013) much less research has been conducted regarding outcomes of URM youth who have transitioned out of the URM program and into adulthood. In a study of unaccompanied minors in the United Kingdom, Hodes et al. (2008) found that mental health symptomology increased with age, underscoring the importance of transitional supports for this population. Rodler (2021) notes that URM youth who remain in care post-18 report similar challenges as non-refugee transition age youth, regarding support in pursuing higher education, working and independent living. Evans et al. (2018) investigated the experiences of 30 URM youth who had exited the URM program post-18 using a revised version of the Midwest study questionnaire. Findings from the study showed high levels of educational attainment, employment, and social connections, however, URM youth were found to be uninsured at higher rates when compared to non-refugee transition age youth (Evans et al., 2018). Research indicates that refugee youth still face social exclusion within higher education due to language barriers,

economic insecurity, and xenophobia (Streitweiser et al., 2020) which may extend to URM youth.

Huebner & Fleischer (2021) posit that while the benefits of extending supportive services to URMs post-18 are well-documented, the potential to increase social inclusion and reduce discrimination among this population should be explored further. Gaps in the literature remain regarding the well-being of URM youth who have transitioned out of the URM program and into adulthood, especially related to economic security, physical and mental health, health insurance access and utilization, housing stability, and social connections. Additionally, gaps in the literature remain regarding URM country and language of origin, and the ways in which culture may impact outcomes for transition age youth. Such research could be utilized to improve the URM program and services provided, particularly those geared towards transition age youth.

Life Course Theory and the Transition to Adulthood. Life Course Theory (LCT) (Elder, 1994) provides a transdisciplinary lens through which one can view the complexity of human life across the trajectory of time. According to Giele and Elder (1998), the life course can be understood as a “sequence of socially defined events and roles that the individual enacts over time” and makes space for “many diverse events and roles that do not necessarily proceed in a given sequence but that constitute the sum total of the person’s actual experience over time” (p. 32). Elder (1994) established four factors which influence the individual life course: location in time and place, linked lives, human agency, and timing of lives. First, *location in time and place* acknowledges the unique historical, temporal, and cultural context in which an individual life is situated. Second, *linked lives* highlights the interplay of various social relationships and social and cultural norms and expectations,

which may be integrated or disrupted over time. Third, *human agency* recognizes the choices individuals have in establishing goals and motives throughout their life course. Fourth, *timing of lives* refers to how individuals sequence the timing of life events and roles, whether passively or actively. It is through the merging of these four elements that the life course paradigm can be understood (Giele & Elder, 1998; Giele & Elder, 2009).

Five concepts have become fundamental to the application of LCT: cohorts, transitions, trajectories, life events, and turning points. Cohorts refers to the age group within which an individual is born, as these cohorts experience similar cultural, social, and historic events as one another. Transitions indicate a change in role(s) or statuses, which happens many times throughout an individual's life course (i.e. moving to college, getting married, becoming a parent, retiring, etc.). Trajectories are comprised of transitions, but rather refer to the "long-term patterns of stability and change in a person's life" (Hutchinson, 2011, p. 15). Life events are rare moments in an individual's life that denote a lasting change, such as the death of a spouse or parent, incarceration, or divorce. Lastly, a turning point denotes a significant event which alters the trajectory of an individual's life course (Hutchinson, 2011).

The transition to adulthood is one that is unique for each cohort, marked by social, cultural, economic and historical contexts (Shanahan, 2000). In the U.S., changing labor markets, economic recession, and an increase in higher education and student loan debt has led to an "elongated" transition to adulthood for many (Eliason, Mortimer, & Vuolo, 2015; Waters, Carr, Kefalas, & Holdaway, 2011). The transition to adulthood for vulnerable populations is one that is even more complex and difficult. Typical markers of the transition into adulthood include graduating from high school, attending higher education or training, moving out on one's own, and entering the work force (Osgood, Foster, Flanagan, & Ruth,

2005). Youth in foster care are often forced to make their transition to adulthood faster and with less support and skills than their non-foster care peers (Osgood, Foster, Flanagan, & Ruth, 2005; Stein, 2006). URMs transitioning out of URM programs and into adulthood face similar but unique challenges than their peers in domestic foster care. LCT offers a paradigm through which we can begin to understand the unique experiences of URMs who have transitioned to adulthood.

Theoretical and Conceptual Frameworks

The goal of this study is to understand the experiences of URM youth who have transitioned out of the URM program and into adulthood. Because of its transdisciplinary nature, this research study was informed by multiple different theories and concepts. As such, the main theoretical and conceptual frameworks that helped to inform this study are discussed below and will serve as the primary conceptual and theoretical frameworks to guide the research.

Critical Youth Studies. This study is guided by a critical youth studies perspective. This transdisciplinary pedagogy views youth as active agents within the social, political, economic, and cultural context of a globalized world. Across disciplines, it underscores the ways in which race, ethnicity, gender, sexuality, class, ability, citizenship, and other socially constructed identities intersect with one another and inform the marginalization of youth within systems and institutions (Ibrahim & Steinberg, 2012). It transcends traditional scholarship which looks to study youth in these contexts, and instead questions how youth can join in scholarship about themselves. It seeks to move the field of youth studies forward,

towards a critical theory to recognize the importance and necessity of including youth in the pursuit of equity and social justice (Ibrahim & Steinberg, 2012).

The epistemological underpinnings of critical youth studies reject traditional views of age-specific life stages or milestones, particularly as it relates to the transition from childhood to adulthood. It views this as a socially constructed paradigm that must be recognized in order to critically theorize with and about youth (Ibrahim & Steinberg, 2012). A critical youth studies perspective aims to expand our perception of youth as active (not passive) participants in the civic and democratic processes which shape their world. It centers youth agency within the social, political, economic, and cultural context in which they experience challenges and as central to the “explicit, activist, anti-homophobic, anti-racist and critical pedagogy and politics” necessary to addressing these challenges (Ibrahim & Steinberg, 2012). Critical youth studies posit that “by radically including youth participation and action in our collective efforts to forge a just, equitable, and diverse society” we can collectively “broaden our analysis of policy to envision how we all have a stake in policy making, especially those who are daily impacted” (Quijada Cerecer, Cahill, & Bradley, 2013, p. 222).

In this vein, critical youth studies can help us to understand how traditional views of youth and young adults in the U.S. are rooted in racism, sexism, and nationalism, and white hegemony (Lesko, 2001), and therefore is inherent in the social, political, economic, and cultural systems and institutions in which they are made vulnerable. In recognizing this, we can call into question the goal of independence in the transition to adulthood for URM youth and encourage the inclusion and engagement of URM youth in working towards equity (Ginwright & James, 2002). The central tenants of critical youth studies insist that research,

policy, and practice occur “with, by, and for” (Telleczek, 2014, p. 16) youth, and therefore guides this research. The critical youth studies perspective helps us to view URM youth as active agents in identifying their challenges and marginalization and informing the public policy, systemic, and institutional change that directly impacts their well-being (Hagerman, 2017). This conceptual framework provides a lens through which we can view the collective experiences of URM youth living in adulthood within the larger societal, cultural and global contexts in which they face significant challenges and in which they can inform changes to policy and practice (Quijada Cerecer, Cahill, & Bradley, 2013).

WHOQOL. The WHO defines quality of life as “individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (p. 3, WHO, 2012). The QOL concept as defined by the WHO rejects objective well-being, instead, recognizing that a person's quality of life is subjective, perceived, complex, and contextual. The WHO developed a QOL assessment tool in an effort to move beyond traditional measures of health and incorporate a holistic approach to viewing well-being. Historically, tools of gauging quality of life that have become popularized have originated out of the U.S., Canada and the U.K., and are therefore not appropriately applicable in cases outside of these regions. Additionally, there was a shift in the desire to look at well-being from a medical model to a holistic one. In short, viewing health as simply the “absence of disease” was moved to viewing it as “a state of physical, mental, and social well-being” (WHO, 2012).

This shift caused the WHO to develop the WHOQOL assessment. The WHOQOL-100 was developed from a pilot phase in which the WHOQOL workgroup, in collaboration with fifteen field centers across the globe, developed an assessment of quality of life that

would be able to be utilized across cultures. In addition, quality of life researchers were an integral part of the tools development. This approach to the development, iteration, refinement, and finalization of the WHOQOL attempted to ensure that participants, healthcare workers, and researchers input were incorporated and applicable across cultures (WHO, 2012).

The WHOQOL framework aims to assess the quality of life of individuals across six domains: physical capacity, psychological, level of independence, social relationships, environment, and spirituality/religion/personal beliefs (WHO, 2012). Each domain has corresponding facets. For example, personal relationships and social support are a part of the “social relationships” domain. Similarly, physical safety and security, home environment, financial resources, health care, opportunities for acquiring new information and skills, participation in leisure activities, transportation, and physical environment are all parts of the “environment” domain. It is from these domains and corresponding facets that overall quality of life and general perceptions of well-being are analyzed (WHO, 2012).

Utilizing this framework will allow individual perceptions of well-being to emerge through interviews, rather than seeking an objective measure. Considering that URM youth are incredibly diverse, utilizing a conceptual model that has been widely researched cross-culturally and is intended to be universal is paramount to obtaining a holistic view of individual well-being.

URM Program Outcomes for Successful Integration. The primary goal of the URM Program is to reunify URM youth with family members. Because this is overwhelmingly impossible for the majority of URM youth, the URM program’s goal then shifts to assist participants in gaining independence and life skills to foster readiness for independent living

in adulthood. Part of this goal includes helping URMs “achieve economic and social self-sufficiency through delivery of child welfare services in a culturally sensitive manner” (p. 9, USCCB, 2013). The URM Program has established outcomes to determine whether youth have “successfully integrated” into U.S. society (USCCB, 2013). Youth are regarded as “successfully integrated” when the following is attained:

1. A supportive care community. Youth feel supported by foster parents, staff, volunteers, community members, and peers.
2. Healthy relationships with peers and adults. Youth are able to maintain healthy relationships that are mutually trusting and supportive.
3. Emotional well-being. Youth are able to reconcile past trauma and achieve long-term emotional wellness.
4. Self-determination. Youth feel safe and empowered to recognize their strengths and make decisions.
5. The ability to continue religious practice of choice. Youth are able to connect with a faith community of choice and practice their faith to the extent they wish.
6. Maintenance of own cultural identity and practices while having the ability to understand and adapt to life in the United States. Youth have a sense of individual belonging in the United States while maintaining a sense of connection with their culture of origin.
7. Successful reunification with family or maintenance of family relationships, when appropriate. Youth have the assistance they need to reunify with family regardless of geographic location.

8. Educational goals. Youth are able to achieve the vocational and professional knowledge, skills, and abilities they strive for.
9. Economic independence. Youth are economically self-sufficient to the maximum extent of their abilities.
10. The ability to participate in their new communities. Youth are mentoring and assisting other aspiring Americans in their journey. (p. 9-10, USCCB, 2013)

These outcomes were created using the knowledge and experience of the URM programs and the URMs own input on what has been “helpful in their adjustment to life in the United States” (p. 9, USCCB, 2013). They were created and published by USCCB and LIRS, the two agencies contracted by the U.S. federal government to provide placement for URMs in 22 programs across 15 different states. The agencies state that that it is through these outcomes that the URM programs can begin to understand to what degree URMs have “successfully integrated” into life in the U.S. Additionally, it is through these outcomes that they begin to understand the success of the URM program itself. The agencies “propose that the above outcomes be used in future research and evaluation of successful programming within the URM program” (p. 10, USCCB, 2013).

The Midwest Study. As previously reviewed, the Midwest Evaluation of the Adult Functioning of Former Foster Youth is one of the largest longitudinal study of transitioned aged youth in the U.S. (Courtney et al., 2001; Courtney et al., 2004; Courtney et al., 2007; Courtney et al., 2010; Courtney et al., 2012; Courtney et al., 2018). The findings from the Midwest Study have highlighted the experiences of youth who have transitioned out of domestic foster care. Although this study was quantitative in nature and utilized survey data,

the central domains used to collect information on this population can help inform future research on URM youth who transition out of care, to compare findings among these populations.

The Midwest study specifically collects youth's information through 426 items under various domains related to youth's well-being in adulthood. These domains provide a relevant framework through which we can examine the experiences of URM youth in adulthood. For the purpose of this study, domains from the Midwest study were utilized in the development of demographic data items and semi-structured interview questions. The domains relevant to URM youth's demographic data included the location of the youth's URM program, their age, gender identity, age at entrance into the URM program, age at exit from the URM program, total length of time in the URM program, type of placement settings, highest level of education, estimated annual income, current employment status, marital status, and number of children. Items that were added to the demographic data collection that were not a part of the Midwest study but were relevant to URM youth included their country and language of origin and current documentation status.

Domains from the Midwest study that informed the collection of data through semi-structured interview questions included "living arrangements", "relationships with family of origin", "social support", "foster care experiences", "independent living services", "education", "employment and earnings", "economic hardships", "receipt of government benefits", "physical health and access to health care services", "mental health and utilization of mental health services", "civic participation", "religion", "feelings about the transition to adulthood", "life satisfaction and future orientation", "mentoring" and "connectedness" (Courtney et al., 2007). For the purpose of this research study, domains that included

sensitive topics, including “sexual behaviors”, “criminal behavior and criminal justice involvement” and “victimization” were not included in the development of the semi-structured interview questions in order to limit the amount of sensitive information collected. The inclusion of the central tenants of the Midwest study help to ensure that components essential to understanding the lived experiences of transition age youth are included in the theoretical and conceptual framework of this research study.

These theoretical and conceptual frameworks reviewed helped to inform this research study. Critical youth studies provides us with an overarching theoretical framework through which we can analyze and understand the well-being of URM youth. The WHOQOL provides a holistic framework comprised of cross-cultural domains that will serve as a way to investigate participant’s quality-of-life. The URM program’s outcomes for successful integration provides a framework through which the URM program measures individual URM youth’s self-sufficiency and independence. The Midwest study provides essential components to understanding the well-being of transition age youth in adulthood. Because of the diversity and uniqueness of the URM population, a transdisciplinary, holistic, and multi-dimensional framework was required. It is through these theoretical and conceptual frameworks that this study was built, and thus through which we can begin to understand and interpret the experiences of URM youth who have transitioned into adulthood.

CHAPTER 3

METHODOLOGY AND RESEARCH DESIGN

This study is grounded within the principles of transdisciplinary research and therefore is intended to transcend disciplinary boundaries (Leavy, 2011). A transdisciplinary approach to the research considers the phenomenon in a holistic way, recognizing that addressing “real world” problems requires stepping outside of the discipline-specific confines. This approach “helps us to explore widely, assess diversely, and intervene effectively in complex systems” (Ciesielski et al., 2017, p. 132). The experiences of URM students aging out of the URM program is a “real world” phenomenon that is a multilayered and complex, crossing many disciplinary boundaries. The approach to researching this phenomenon therefore cannot be limited to discipline-specific assumptions, ideologies, or methodologies. This research design incorporated the principles central to transdisciplinarity: “transcendence, emergence, synthesis, integration, innovation, and flexibility” (p. 29, Leavy, 2011) to move towards a transdisciplinary understanding of the experiences of URM students aging out of the URM program.

This study employed qualitative methods to collect the necessary data to answer the research questions. Qualitative research methods differ from quantitative research methods in that qualitative research allows for the uncovering of individual’s lived experiences which are inherently unquantifiable (Strauss & Corbin, 1998; Creswell, 2014). Therefore, the purpose of utilizing qualitative methods in this research study was to collect what previous

research on this population has missed: the unique lived experiences, feeling and emotions of URM students who have transitioned out of the URM program (Strauss & Corbin, 1998). Utilizing qualitative methods allows participants to assign individual meaning to their experiences. Qualitative methods seek answers to the research questions through participant's own descriptions, which are collected through interviews, observations, or questionnaires, and are then analyzed. As Creswell (2007) states:

We also conduct qualitative research because we need a complex, detailed understanding of the issue. This detail can only be established by talking directly with people, going to their homes or places of work, and allowing them to tell the stories unencumbered by what we expect to find or what we have read in the literature. We conduct qualitative research when we want to empower individuals to share their stories, hear their voices, and minimize the power relationships that often exist between a researcher and the participants in a study. (p. 40)

A central tenant of qualitative interviewing involves the use of open-ended questioning, which allow the researcher to explore the lived experience of the participant through their responses. Questions are semi-structured and fluid, allowing the researcher to change their questions throughout the interview and research process as new knowledge is understood (Creswell, 2007). There are five main approaches to conducting qualitative research: phenomenology, ethnography, grounded theory, narrative research, and case studies. Each approach has its own unique background, focus and processes. Researchers must consider these factors, alongside the strengths and challenges of each, in order to identify the methodological approach that is best suited for their research study (Creswell, 2007).

Phenomenology

Because this study seeks to explore the lived experiences of participants, a phenomenological approach to the research was utilized. This approach, grounded in philosophy and psychology, allows for a particular group of people who have experienced the same phenomenon to describe and assign meaning to their experiences (Creswell, 2014). Participant descriptions of their experiences allows for the emerging of “general or universal meanings”, or “the essences or structures of the experience” (Moustakas, 1994). Van Manen (1990) posited that the goal of phenomenology is “to transform lived experience into a textual expression of its essence—in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful” (p. 36).

The credited founder of phenomenology, Edmund Husserl (1859–1838) sought to highlight the importance of describing the “lifeworld” among individuals to understand phenomena. He specifically focused on the importance of individual’s descriptions of phenomena without reflection or explanation. He argued that this description is central to understanding the lived experience of individuals, and that cultural context and interpretation take away from the “natural” essence of phenomenology (Dowling, 2007).

Phenomenological philosophy was born out of a refusal to accept the traditional philosophical methods of Western science, largely based on Cartesian dualism (van Manen, 1990), which historically viewed reality as having “natural objects” which exist separate from their descriptions. Conversely, phenomenological philosophy views human consciousness as central to lived experience and understanding the lived-in world.

Polkinghorne (1989) explains this shift:

The form and continuity of experience are products of an intrinsic relationship between human beings and the world. The error of the traditional approach is the result of separating mind and body into two independent spheres...The phenomenological correction holds that experience consists of the reception of worldly objects by the processes of consciousness to constitute what presents itself in awareness. (p. 42)

Phenomenological philosophy therefore attempts to uncover the phenomenon by acknowledging the integration of consciousness and human experience. It is predicated on the belief of “intentionality”, or the idea that subjects and objects are interconnected and therefore must be studied simultaneously in order to be understood (Vagle, 2014).

Succeeding Husserl, Martin Heidegger (1889-1976), a pioneer of hermeneutic phenomenology, believed that our curiousness should be in “the situated meaning of a human in the world” (p. 24) (Lavery, 2003). Whereas Husserl was interested in understanding the lived experience of a person or phenomenon, Heidegger argued that description alone is not enough. He believed that interpretation is central to the human experience. Building on Husserl’s descriptive approach to phenomenology, Heidegger posited that as human beings, we are born into a socially constructed world, influenced by culture and social relationships. As such, we are constantly deriving meaning from our “pre-understanding” while simultaneously making our own meanings of our experiences in the world (Finlay, 2009). Hermeneutic phenomenology, then, attempts to understand the meaning of participant’s lived experiences through interpretation with an emphasis on individual cultural context (Lavery, 2003). As Van Manen (1990) argues, the meaning “of a phenomenon is never simple or one dimensional. Meaning is multi-dimensional and multi-layered” (p. 78). While scholars debate

whether its philosophical underpinnings are modernist or postmodernist (Kvale, 1992), Finlay (2009) argues that phenomenologists “go beyond the lines drawn by both modernism and postmodernism embracing both and neither” (p. 17).

A phenomenologist who fuses descriptive and interpretive phenomenology using a contemporary human science approach (Dowling, 2007), van Manen (1990) puts forth a methodological structure for conducting hermeneutic phenomenological research:

- (1) turning to a phenomenon which seriously interests us and commits us to the world;
- (2) investigating experience as we live it rather than as we conceptualize it;
- (3) reflection on the essential themes which characterize the phenomenon;
- (4) describing the phenomenon through the art of writing and rewriting;
- (5) maintaining a strong and oriented pedagogical relation to the phenomenon;
- (6) balancing the research context by considering parts and whole. (p. 31)

This structure serves as a guide and is not meant to be a sequential “step-by-step” process. Rather, the research process is a “dynamic interplay” among these six methodological themes. Each activity can be done at various stages of the research process, individually, or in conjunction with others (van Manen, 1990).

Hermeneutic phenomenology rejects descriptive phenomenology’s demand for “bracketing” assumptions and biases of the researcher. Instead, it assumes that this process is impossible, and calls on the researcher to actively think about and reflect on them (Laverly, 2003). It acknowledges that the researcher’s own assumptions and biases are a part of the interpretive process and therefore must be made explicit. This consistent reflection by the researcher is ongoing throughout the entire research process. Reflections on the researcher’s

positionality and their impact in the interpretive process is documented through note taking and journaling (Laverty, 2003).

Another integral component to the hermeneutic phenomenological research process is the hermeneutic circle. The hermeneutic circle is understood as an activity that facilitates the reciprocity of understanding (Dowling, 2007). Stemming from Heidegger's philosophical beliefs about person-in-reality, the hermeneutic circle calls on the researcher to attempt to understand the text in a hermeneutic way. Heidegger believed that when interpreting text, it is necessary to understand how each part of the text is related to the whole of the text, and vice versa (Gadamer, 1983). This is an ongoing, cyclical process that is not traditional when compared to reading text in a linear way. It involves constantly revisiting our interpretation of the text after re-reading it and gaining new understanding. It also calls on the researcher to constantly consider the participant's individual past and present, and the way in which each impact the other (Annells, 1996). This process allows for the researcher to constantly refresh their beliefs and expectations about the text, which in turn allows for more refined interpretations of participant's lived experiences (Dowling, 2007).

As Giorgi and Giorgi (2003) describe, the intention of the phenomenological approach is "to capture as closely as possible the way in which the phenomenon is experienced within the context in which the experience takes place" (p. 27). The use of a hermeneutic phenomenological research approach was chosen for this study in order to obtain a description of URM's experiences in adulthood, ultimately leading to a comprehensive understanding of such phenomenon. The use of this methodology is warranted due to the importance of attempting to understand and interpret the lived experiences of participants while considering the various multi-layered contexts in which

they exist (Moustakas, 1994). Utilizing the tenants of transdisciplinary, phenomenological research allowed for “a detailed understanding of the current uncertainties and thus clarify for decision makers which courses of action (or inaction) are most reasonable in light of the existing knowledge” (Ciesielski et al., 2017, p. 127).

Data Collection

The data collection for this study included individual, in-depth interviews with URM alumni who have transitioned out of the URM programs. Demographic data was collected before each individual in-depth interview. The data collected included: (1) location of URM program, (2) age, (3) gender identity, (4) country of origin, (5) language of origin, (6) age of entry into URM program, (7) age of exit from URM program, (8) total length of time in URM program, (9) type of placement setting, (10) highest level of education, (11) estimated annual income, (12) current employment status, (13) marital status, (14) number of children, and (15) current documentation status. Participants were told that this demographic data was voluntary. In order to avoid any potential confusion, the researcher asked each participant for this demographic data prior to beginning the interview questions, which allowed for any necessary clarification.

The sample of participants for a phenomenological study must include participants who have all experienced the same phenomenon (in this case, URM students who have aged out of the URM programs) and the size depends on at what point saturation is reached. In phenomenological research, it is recommended that anywhere between 5 to 25 participants may be interviewed before saturation is reached (Polkinghorne, 1989). In qualitative research, saturation refers to “the degree to which new data repeat what was expressed in previous data” (Saunders et al., 2018). When data collection begins, the researcher begins to

analyze the data (Weiss, 1994). Saturation, then, precedes data analysis. It is based on the researcher's perception, and is a point during data collection when themes become repetitive, with no new themes emerging from the data (Saunders, et al., 2018). Saturation therefore is a state in the research process in which the data being collected no longer adds to the development of emergent themes (Strauss & Corbin, 1998).

For the purpose of this phenomenological research study, maximum variation sampling, a type of purposive sampling, was attempted as a sampling technique. The goal of maximum variation sampling is to purposefully widen the sample of participants from diverse backgrounds and experiences in order to enrich the data. Maximum variation sampling therefore attempts to investigate emergent findings of specific research questions across a range of variation (Patton, 1990). This was particularly useful for this population. The URM population is incredibly diverse, yet this sample has all experienced the same phenomenon: transitioning out of the URM program and into adulthood.

Considering that the URM program was established in the 1980s, and has changed considerably since then, inclusion criteria of between six months and ten years since transitioning out of the URM programs and into adulthood was chosen. This allowed participants to have the ability to reflect on their experiences while limiting participants who may have transitioned out of the URM program during a significantly different time period. All participants must have stayed at least 6 months in the URM program and fell into the following categories: (1) 18-24; (2) 25+; (3) transitioned between six months and two years; (4) transitioned three years +; (5) males; (6) females. Attempts were made to interview at least 3-5 participants from each of the four categories, shown below (Table 1). The overall

goal in using maximum variation sampling was to attempt to select participants who represented varied and diverse experiences since transitioning into adulthood.

Table 1

Data Collection: Maximum Variation Sampling

URM Alumni who have stayed at least 6 months in the URM Program							
Ages 18-24				Ages 25+			
Transitioned 6mos-2yrs		Transitioned 3yrs+		Transitioned 3-5yrs		Transitioned 6yrs+	
M	F	M	F	M	F	M	F

Through preliminary attempts to speak with all 15 states in which the 22 URM programs are housed, five states—Massachusetts, Michigan, New York, Utah, and Virginia—agreed to participate in this research study. Considering that all contact information for URM alumni is confidential, each of the state partners assisted with recruitment by reaching out to potential participants regarding this study. Two of these state partners (Utah and Virginia) are staff members at nonprofit organizations contracted by the state to provide foster care services to URMs. Three of these state partners (Massachusetts, Michigan and New York) are staff members at state agencies providing oversight of the state URM program.

Following IRB approval of this study, each state partner provided the IRB determination letter to their respective departments for approval to assist with recruitment.

This researchers provided each state partner with a script to be utilized for the purpose of recruitment (Appendix A). The script provided potential participants with information about the study and included the researcher's contact information. Each of the state partners then reached out to URM alumni via phone and email. This required each state partner to utilize their respective database of URM alumni who have transitioned out of the URM program. Each state partner utilized the inclusion criteria in their recruitment of participants. Participants who were interested in participating in this study then reached out directly to the researcher. Some participants requested that the state partner share their contact information with the researcher, so that the researcher could reach out directly to the participant.

Snowball sampling was also utilized as a recruitment method. Snowball sampling refers to the process by which the researcher asks participants for referrals of other potential participants (Weiss, 1994). This process was successful in reaching additional study participants. In having an established rapport with the researcher, study participants were able to refer additional participants who fit the study criteria. This rapport helped in connecting to additional participants as there was a basis of trust between study participants (Small, 2009).

Interviews

Individual, in-depth interviews with participants, a central component of phenomenological research, were used to conduct this study. As Weiss (1994) states, it is only through interviewing that “we can learn about all the experiences, from joy through grief, that together constitute the human condition” (p. 1). As a result of the aforementioned sampling strategy, 21 individual in-depth, semi-structured interviews with URM alumni who have

transitioned out of the URM program and into adulthood were conducted. Individual interviews were conducted virtually via a private room in an online platform (Zoom). In the event that a participant was not able to access an online platform or preferred to speak by phone, interviews were held via telephone. Most interviews lasted approximately 1.5 to 2 hours. Each individual interview varied in length, with the shortest interview being 83 minutes long and the longest interview being 124 minutes long.

This study requested a Waiver of Written Documentation of Consent as participants may have limited access to technology and/or the internet. Additionally, participants were interviewed one time, therefore a consent form would be the only reason to require the tracking of names. This Waiver of Written Documentation of Consent was approved by UMass Boston's Institutional Review Board (IRB). Having a Waiver of Consent allowed for an added layer of confidentiality for participants. Consent was discussed verbally at the beginning and end of each interview to remind participants that participation in this study is voluntary and can be withdrawn at any time. All participants were consenting adults over the age of 18 years old. The researcher collaborated with each of the five states to determine national and local mental health resources to be made available to all participants in the event they became distressed at any time during or after the interview process. Participants were told that they can skip any question, at any time during the interview process.

Utilizing the theoretical and conceptual frameworks for this study, including critical youth studies, the WHOQOL framework, the URM Program "successful integration" outcomes, and the Midwest study, semi-structured interview questions were developed to attempt to answer the research questions (Appendix B). These theoretical and conceptual frameworks were utilized in the development of interview questions and will help of life as

multi-dimensional, contextual, and sociocultural throughout this study. Semi-structured interviews create space for the researcher to follow the participant's lead, placing less emphasis on the structure and/or order of questions and allowing for the freedom to investigate certain topics more in-depth (Smith & Fieldsend, 2021). The central domains from the WHOQOL, URM program outcomes, and Midwest study were incorporated within the development of the semi-structured interview questions. Open-ended questions were developed and utilized to attempt to understand participant experiences and for meaning to emerge from their unique experiences (Creswell, 2007). Utilizing semi-structured interview questions allowed for covering specific domains of the WHOQOL, the URM Program outcomes, and the Midwest study, while allowing space for participants to share their unique experiences. As stated previously, demographic data was also collected before each individual in-depth interview and included in the data analysis.

Data Analysis

Utilizing the principles of hermeneutic phenomenology and transdisciplinary research methods, data analysis was iterative and reflexive, and focused on maintaining the “essence” of participants' lived experiences (Leavy, 2011; Creswell, 2007). The process of data analysis followed the central tenants of interpretive phenomenological analysis (IPA), developed by Smith, Flower, and Larkin (2009), which seeks to interpret the lived experience of participants through focusing on an individual's perception of a phenomenon. IPA is predicated on the fact that the interpretive process is cyclical and “one cannot do this directly or completely” (Smith, Jarman & Osborn, 1999, p. 218). Often referred to as double hermeneutic, IPA is a process whereby it makes clear that the perceptions of participants are being interpreted through the perceptions of the researcher (Smith et al., 2009).

With the verbal consent of participants, each interview was recorded and transcribed. Each transcribed interview was then read individually by the researcher. First, using the holistic reading approach (van Manen 1990, 1997), interviews were read individually. At certain points during the IPA process, some interviews were listened to again by the researcher to gain a better sense of the participants words or meanings. From this first step, the researcher attempted to gain a holistic sense of the interview overall, and how each individual participant conveyed their lived experience (van Manen 1990, 1997).

Next, interview transcripts were read one by one. Any statements or phrases that were relevant or “essential” to the experiences of participants were circled, underlined, or highlighted (van Manen, 1990, 1997). Moustakas (1994) refers to this process as horizontalization, whereby we regard each statement as holding “equal value and contributes to an understanding of the nature and meaning” (p. 78). Preliminary insights and interpretations were noted by the researcher. Memo writing was also utilized by the researcher throughout the process of data collection, to assist in the identification of emergent themes (Moustakas, 1994). Themes are utilized in phenomenological research to interpret participants’ experiences in relation to the phenomenon being studied. As van Manen (1990) explains, themes are a “tool for getting at the meaning of the experience” and “somehow seems to touch the core of the notion we are trying to understand” (p. 88).

Then, using the preliminary insights and interpretations, key words and emergent themes were noted by the researcher. From these key words and emergent themes, the researcher looked for connections among them. Each of these statements were then coded

into specific categories, which were then clustered together. As the themes emerged, the researcher went back and forth from the text to the themes in order to ensure that the interpretation matched what was actually said by participants. Vagle (2014) refers to this process as the “whole-part-whole” analysis. Initial themes were clustered into emergent themes, and continuously checked against participants’ words (Smith and Fieldsend, 2021). This was an ongoing, cyclical process. It is through this process that emergent themes were identified. A table of themes was created to organize the subordinate and superordinate themes that emerged from the data analysis (Smith et al., 1999). Through the data analysis, twelve subordinate themes were identified, which were then tied to five superordinate themes, which were identified, analyzed and discussed in the following chapters.

The researcher used NVivo software, which assisted in the coding of the data, identification of themes, clustering of themes, and identification of subordinate and superordinate themes (Smith and Fieldsend, 2021). All data collected was analyzed using coding, sorting, local integration, and inclusive integration (Weiss, 1994). Analysis of the data included continuous feedback loops, challenging of assumptions, and cross-checking findings with participants (Leavy, 2011; Charmaz, 2005). Efforts were made to maintain participants’ voices throughout data analysis and writing of theoretical findings. Direct quotations were used throughout to link participants’ experiences and voices with data analysis and findings (Charmaz, 2005). The hermeneutic circle was utilized throughout the data analysis process (Dowling, 2007) as well as ongoing reflection by the researcher through notetaking and journaling (Laverly, 2003).

Trustworthiness and Ethical Considerations

Trustworthiness is an essential component of qualitative research. Trustworthiness can be understood as “the ways we work to meet the criteria of validity, credibility, and believability of our research—as assessed by the academy, our communities, and our participants” (Harrison, MacGibbon, & Morton, 2001, p. 324). To bolster the trustworthiness of this study, all efforts to enhance credibility were made where possible (Shenton, 2004). Member checks were utilized throughout the research process (Guba, 1981). This included checking in with participants both during and after interviews on whether the qualitative data being collected accurately reflects their individual experiences. “Sharing authority”, the engaging of participants in authority over meaning-making, was central to this research study (Leavy, 2011). Additionally, emergent findings and common themes related to the research questions were shared with participants throughout the research process to verify that the interpretation of the data was accurate to participants’ experiences. Participants were also be asked about their own thoughts related to the emergent themes and findings (Guba, 1981).

Ethical considerations are necessary in conducting any type of research. Addressing potential ethical issues was central to this study. Specifically, “seeking consent, avoiding the conundrum of deception, maintaining confidentiality, and protecting the anonymity of individuals with whom we speak” (Creswell, 2007, p. 44). This study was approved by the University of Massachusetts’ Institutional Review Board (IRB) in order to address any potential ethical considerations for participants and the researcher. Efforts were made throughout the research process to protect participant’s confidentiality. All of the data collected throughout this research study was kept confidential. The collection of sensitive information about participants was limited to the information that was necessary to conduct

this research. Participants were asked to provide a pseudonym. If the participant could not come up with a pseudonym, one was randomly assigned to them by the researcher.

Since this study sought to understand participant's lived experience in adulthood, the semi-structured interview questions did not ask participants to reflect on their pre-migration experiences. Despite this, some participants chose to disclose traumatic events that they endured, past or current struggles with mental health, as well as people close to them who have suffered mental health challenges. Before each interview, participants were reminded that they may skip any question or end the interview prematurely, at any time. Following all interviews, the researcher provided national and local mental health resources to all participants in the event that they became distressed at any time during or after the interview process.

Identifying information, including names and contact information, was collected from participants for the purpose of conducting this study. A link between the individual participant's data and the participant's identity was kept in a master list with access to the password limited to the researcher. Steps were taken to secure the data during storage, use, and transmission. The data was labeled with pseudonyms instead of direct participant identifiers and stored on password protected computer. Only the researcher has access to this password. As stated previously, this study was granted a Waiver of Written Documentation of Consent by the IRB, which provided an added layer of confidentiality for participants. Consent was discussed verbally at the beginning and end of each interview to remind participants that participation in this study is voluntary and can be withdrawn at any time. As stated previously, participants were told that they can skip any question, at any time during the interview process.

Role of the Researcher

Hermeneutic phenomenology attempts to understand and interpret the lived experience of human beings and is predicated on the belief that description alone is not enough (Lavery, 2003). Its distinction lies in its refusal to accept that researchers are separate from the research process. Rather, it acknowledges that the researcher is ultimately the interpreter. Therefore, hermeneutic phenomenology requires the researcher to reflect on their own assumptions and biases throughout the research process and acknowledge the ways in which their unique “preunderstandings” may impact their interpretation of the data. As stated previously, I consistently reflected on my positionality throughout this study and through note taking and journaling (Dowling, 2007, Lavery, 2003).

Recognizing my individual privileges, social identities, and implicit biases is an integral part of conducting research and making explicit the impact this may have in the interpretive process. As a White, non-disabled, English-speaking, U.S.-born, cis-female, I hold particular social identities which grant me privilege in society. For example, I was born a U.S. citizen, therefore I have never had to experience the fear of living undocumented in this country, nor have I had to experience the trauma of forced displacement or the difficulty in starting a new life with very little support. I have never experienced racism or xenophobia. Though our humanness is the same, my life experiences have been vastly different than the participants I interviewed and therefore impact my interpretations of the data. In addition to life experiences, participants had different cultural backgrounds than me, and most were living in different geographical areas across the United States. I had to reflect on how my own cultural background and individual life experiences within the context of where I live might impact the lens through which I understand and interpret the data.

Additionally, this meant reflecting on my own experience transitioning into adulthood. I had two supportive parents with whom I lived and who provided me with guidance and support in deciding what I wanted to do after graduating high school. After turning 18, I remained in their home until I entered into university housing to pursue an undergraduate degree. I worked multiple part-time jobs in order to pay for an apartment and my costs of living, however, I went through my academic years with the knowledge that I had a safe place to return to, free of charge or guilt, during university breaks, as well as the knowledge that if I ever needed help financially, I had family to turn to. Not only did I have two parents to guide and support me through these times, but I had my extended family. During my senior year of university, my aunt and uncle took me in to live with them while my parents and siblings went to live with my grandparents. This, again, was free of charge or guilt, and was a safe and healthy place in which I felt comfortable and supported. After graduating with my undergraduate degree in 2014, I was able to live with family up until I purchased my own home in 2019. During this time, I pursued my Master of Social Work degree, and then began pursuing a PhD.

The privilege of this cannot be understated. Having the support of my family—physically, emotionally, and financially—allowed me to pursue opportunities of higher education, professional opportunities, and save money in order to purchase my own home. It also gave me the security of having trusted loved ones to lean on in times of distress and in navigating the complexities of adulthood. For me, the transition to adulthood was one that was not marked by any sort of date or time limit in which the resources and support network that I had access to would end. Additionally, I was not navigating this transition while also experiencing racism, xenophobia, homophobia, language barriers, or poverty. The process

was a gradual and unspoken, and included a continued sense of support and stability. There was no societal expectation of self-sufficiency that I was suddenly thrust into at any point. My experiences in my own life regarding my transition into adulthood therefore differs greatly from the ones of URM students who have exited the URM programs. This reality must be acknowledged in order to understand my positionality as the researcher and in the interpretation of participants' experiences.

I currently work full-time in the Massachusetts child welfare system, and therefore have positionality within the child welfare system itself. While my experience working within the child welfare system grants me a breadth of knowledge, I had to acknowledge the potential assumptions that may result from this. This meant staying open to the reality of participant's experiences, and not letting assumptions from my own professional experience in the field of child welfare or prior research get in the way of the data. Instead of assuming, I had to seek additional information through multiple sources to find answers to questions that appeared regarding the URM programs, the operation of these programs in the five different states, and the services available to them. Additionally, I have worked with unaccompanied refugee minors in previous roles as a social worker. I had to recognize that the experiences of the adolescents with whom I have worked with does not mirror that of URM youth. This required suspending judgement and bias and remaining open to the unique lived experiences that each individual participant shared.

The research I conduct and analyze is therefore filtered through my specific, individual, and subjective lens. For this reason, I committed to consistent reflexivity throughout the research process. This required making explicit my own cultural background, experiences, and knowledge, and the ways in which different life experiences and contexts

have shaped how I approach the research process. Recognizing my position as a researcher and co-creator of knowledge, this process was cyclical and ongoing throughout the research study (Creswell, 2007, Moustakas 1994).

CHAPTER 4

FINDINGS

Demographic Data

The sample population for this study was incredibly diverse, therefore, understanding their demographics is an important part of understanding their lived experiences.

Demographic data collected from participants before each individual in-depth interview is described and summarized below. Although this demographic data was voluntary, each of the 21 participants consented to providing responses. The data collected included: (1) location of URM program, (2) age, (3) gender identity, (4) country of origin, (5) language of origin, (6) age of entry into URM program, (7) age of exit from URM program, (8) total length of time in URM program, (9) type of placement setting, (10) highest level of education, (11) estimated annual income, (12) current employment status, (13) marital status, (14) number of children, and (15) current documentation status.

Location of URM Program. From the five states that engaged in the recruitment of participants, 21 participants were interviewed for this study (see Table 2). One third of participants (7) came from the Michigan URM program. The URM programs in Massachusetts, New York, and Utah each generated four participants, with less coming from Virginia (2).

Table 2:

Number of Participants by State

URM Program State Partner	Number of Participants	Percentage
Massachusetts	4	19%
Michigan	7	33%
New York	4	19%
Utah	4	19%
Virginia	2	10%
<i>Total</i>	<i>21</i>	<i>100%</i>

Age and Gender. Participants ranged in age from 21 to 26 years old, with 12 participants identifying as male and nine identifying as female. Table 3 (shown below) shows the results of an attempt at maximum variation sampling. Thirteen of the participants were ages 18-24 and eight of the participants were 25 years or older. Out of the 13 participants who were 18-24 years old, seven participants (four men and three women) had transitioned from the URM program into adulthood between six months and two years ago, and six participants (four men and two women) had transitioned three or more years ago. Out of the eight participants who were 25 years or older, five participants (two men and three women) had transitioned three to five years ago, and three participants (two men and one woman) had transitioned six or more years ago. For URM alumni over the age of 25, state partners were less likely to have updated contact information, and were more likely to have updated contact

information for URM alumni who were under the age of 25. These constraints made obtaining a balanced sample across the categories challenging.

Table 3

Data Analysis: Maximum Variation Sampling Results

URM Alumni who have stayed at least 6 months in the URM Program							
Ages 18-24 (Total Participants= 13)				Ages 25+ (Total Participants = 8)			
Transitioned 6mos- 2yrs		Transitioned 3yrs+		Transitioned 3-5yrs		Transitioned 6yrs+	
M	F	M	F	M	F	M	F
4	3	4	2	2	3	2	1

Country and Language of Origin. The majority of participant’s were originally from Central America (8) and Africa (10), with less participants originating from Southeast Asia and the Middle East (see Table 4). Participants came from 10 different countries: Guatemala, Honduras, El Salvador, Democratic Republic of Congo, Guinea-Bissau, Eritrea, Somalia, Côte d'Ivoire (Ivory Coast), Myanmar, and Iraq. Participants spoke nine different languages: Spanish, Swahili, Rohingya, Tigrinya, Guinea-Bissau Creole, Somali, French, Burmese, and Arabic.

Table 4

Region of Origin

Region of Origin	Number of Participants	Percentage
Central America	8	38%
East Africa	4	19%
West Africa	3	14%
Central Africa	3	14%
Southeast Asia	2	10%
Middle East	1	5%

Age of Entrance into URM Program. Participants ranged in their ages of entrance into the URM program from 14 to 17 years old (see Table 5). Forty three percent of participants (9) were 17 years old upon entering the URM program in the United States, with 24 percent entering at 16 (5), 19 percent entering at 15 (4) and 14 percent entering at 14 (3) years old.

Table 5

Age of Entrance into URM Program

Age	Number of Participants	Percentage
14	3	14%
15	4	19%
16	5	24%
17	9	43%

Age of Exit from URM Program. Participants ranged in age of exit from the URM program from 20 to 22 years old (see Table 6). The majority of participants (80 percent) exited the URM program at 21 years old (17), with only two exiting at 20 (10 percent) and 22 (10 percent) years old, respectively. The two participants who exited the URM program at age 22 were from Massachusetts, as Massachusetts extends foster care up to age 22. Michigan, New York, Utah and Virginia extend foster care up to age 21 (Children’s Bureau, 2022).

Table 6

Age at Exit from URM Program

Age	Number of Participants	Percentage
20	2	10%
21	17	80%
22	2	10%

Total Length of Time in URM Program. Participants total length of time in the URM program ranged from four to seven years. Thirty-eight percent of participants remained in the URM program for four years. Twenty-nine percent of participants remained in the URM program for five years. Nineteen percent spent six years and 14 percent spent seven years in the URM program.

Type of Placement Setting. Participants in this sample were placed in either a foster home or a group home upon entrance into the URM program. Seventy six percent of participants (16) were placed in foster homes, with 24 percent (5) placed in group homes.

Nineteen percent (4) of participants were placed in both a group home and a foster home during their time in the URM program. Out of the 21 participants, forty three percent (9) entered into independent living programs before transitioning into adulthood. Out of these participants, the majority (8) entered into independent living programs from their foster home, with one participant entering from a group home. Fifty two percent of participants (11) exited the URM program from their foster home, with one participant exiting from a group home.

Highest Level of Education. The majority of participants—90 percent (19)—had received a high school diploma or equivalent. Ten percent (2) of participants' highest level of education was 11th grade as they did not finish high school. Out of the 21 participants, none had received an associate's or bachelor's degree. Forty three percent (9) were actively enrolled in a four-year institution of higher education and taking courses towards a bachelor's degree. Twenty four percent (5) of participants had dropped out of an institution of higher education.

Estimated Yearly Income. The majority of participants—86 percent (18)—had an estimated yearly income of \$50,000 or less. The median income of participants in this sample was \$35,000 per year; the average income was \$43,646 per year. Almost half of participants—48 percent (10)—reported incomes of \$30,000 or less. The lowest estimated income reported by a participant was \$10,500 per year. The highest estimated income reported by a participant was \$120,000 per year. As shown in Figure 1 (below), two participants reported making an estimated \$120,000 per year, and one participant reported making \$80,000 per year. These three participants were employed in the same industry (truck driving) and reported working 70 or more hours per week.

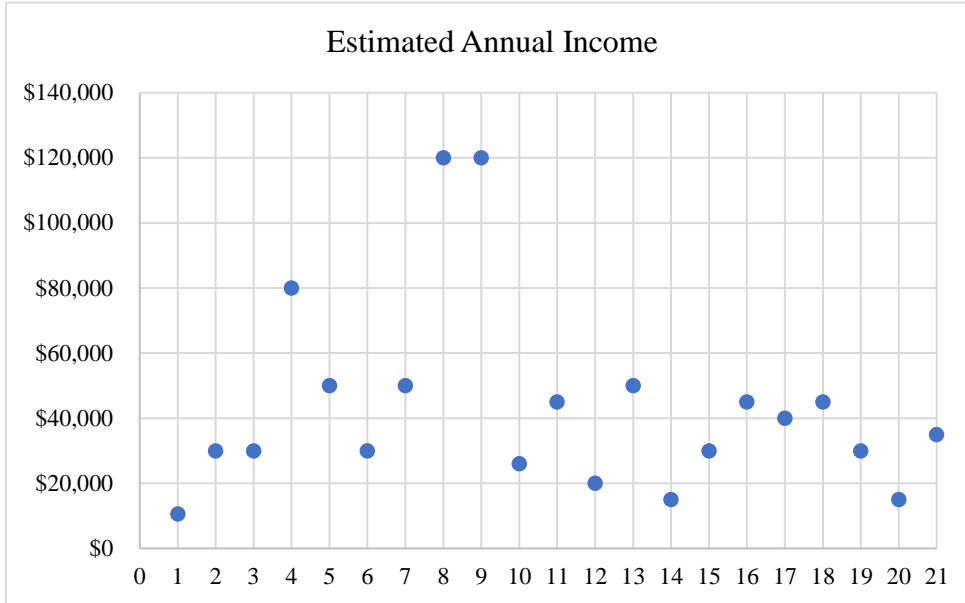


Figure 1. Estimated Annual Income

Current Employment Status. Most participants (14) were employed full-time (40+ hours per week) with less participants (7) employed part-time (less than 40 hours per week). Out of the 14 participants who were employed full-time, three participants reported working between 50 to 60 hours per week, and four participants reported working 70 or more hours per week. Out of the 14 participants who were employed full-time, two were considered full-time students working towards completing a bachelor’s degree. Out of the seven participants who reported working part-time, all were full-time students working towards completing a bachelor’s degree.

Marital Status and Number of Children. Out of the total number of participants, seven participants were parents to one or more children (six participants were parents to one child, and one participant was a parent to two children). Five participants were married. Two

participants were single parents. The remaining participants (14) were not married or in cohabitating relationships and did not have children.

Current Documentation Status. Only four out of 21 participants had received their U.S. citizenship at the time of this study. The remaining 17 participants had legal permanent residence status and had not yet received their U.S. citizenship. Participants in the URM program are eligible to apply for legal permanent residence one year after they have been granted an asylum or refugee status in the U.S. Often referred to as a “green card”, this status officially grants individuals the ability to work in the U.S. and is their first step in applying for U.S. citizenship. Once they have received legal permanent residence, they are eligible for to apply for U.S. citizenship after a period of five years (USICS, 2021).

Interviews

Through an iterative, reflective process of reviewing and analyzing the qualitative data collected using interpretive phenomenological analysis (IPA)(Smith, Flower, & Larkin, 2009), five superordinate themes were derived. Table 7 (shown below) organizes the superordinate and corresponding subordinate themes derived from the analysis of the data. Participants accounts centered around five themes: strong support pre-transition, lack of support post-transition, societal expectations of self-sufficiency, economic insecurity, and difficulty continuing education. These themes, along with their corresponding subordinate themes, are discussed in the following sections.

Table 7

Superordinate and Subordinate Themes Derived from Data Analysis

Superordinate Themes	Subordinate Themes
1. Strong Support Pre-Transition	<ul style="list-style-type: none"> • Independent living • Life skills • Case management
2. Lack of Support Post-Transition	<ul style="list-style-type: none"> • Loss of established support networks • Small social networks
3. Societal Expectations of Self-Sufficiency	<ul style="list-style-type: none"> • Pressure of adulthood • Adjustment to adulthood
4. Economic Insecurity	<ul style="list-style-type: none"> • Financial stress • Housing instability
5. Difficulty Continuing Education	<ul style="list-style-type: none"> • Lack of time and money • Pressure to provide • Language barriers

Each of these themes are discussed in-depth throughout this chapter. In discussing the purpose of themes in hermeneutic phenomenological research, van Manen (1990) posits:

Phenomenological themes are not objects or generalizations; metaphorically speaking they are more like knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes. Themes are the stars that make up the universes of meaning we live through. By the light of these themes, we can navigate and explore such universes. Themes have phenomenological power when they allow us to proceed with phenomenological descriptions. (p. 90)

It is through this metaphor that we can begin to navigate the lived experiences of URM students who have transitioned out of the URM programs through the identified themes.

Theme 1: Strong Support Pre-Transition

Participants generally reflected fondly on their time in the URM program and felt that URM program staff utilized the resources that they had access to in order to help prepare youth for their exit from the URM program. Participants reported feeling that they had received adequate support leading up to their transition to adulthood. They identified supportive services that helped them to prepare for the transition into adulthood. These pre-transition supports included independent living, life skills, and case management from their respective URM programs. Overall, they described these services as helpful in providing them with support and preparation for adult life in the U.S.

Independent Living. Upon turning 18, most URM programs give youth the option to enter into independent living programs (ILPs) up to age 21, or 22 in Massachusetts. These programs are designed to prepare youth for adulthood by allowing them to live unsupervised—typically in an apartment—with continued case management and supportive services. Participants who entered into independent living explained that they received financial assistance to help cover the cost of housing, food, clothing, bills, and schooling. Because many had already been living with foster parents, some participants chose not to enter into independent living programs. However, those who did felt that these programs were incredibly helpful in preparing them for the transition to adulthood. Cecile, who was placed in a foster home at age 16 before entering an ILP at age 18, shared:

When I turned 18, I decided to go to an apartment through the program. I was living in a foster home, but I wanted to feel like I wasn't a burden. It was great because you got to live on your own, but not completely on your own. Because they still helped you to pay for your rent, and at the same time, you were taking life skills classes and

learning how to be an adult. So, by the time I was 21, I had experience being on my own before, like, really being on my own.

This participant, like many others, decided to enter into independent living to gain more of a sense of independence. She described how the independent living program served as a transitional space in which she could prepare and practice for adulthood before being completely independent. Some youth who were in foster homes described feeling guilty that they had turned 18 and were still depending on their foster parents, which led them to enter into independent living. They described this transition as a big step, but one that was made easier by the continued support and services of the URM program. Emanuel, who was placed in a foster home at age 14 before entering an ILP at age 18, describes specifically how it helped prepare him for adulthood:

They taught me how to be independent. They taught me that people will not always be there to help you, so you have to learn to help yourself. I learned life skills, like how to pay for housing and bills. I would pay for something, and then they would refund me, just to teach me how to do it. That was really helpful practice. They taught me how to go to different places that I needed to get to. When people are helping you, you don't know how to do some of these things. But then, when you learn, you know how important it is to know things on your own. Because once you leave, you're on your own.

Emanuel highlights a common thread among participants who entered into independent living programs. Participants described that these environments served as a form of preparation for the overwhelming independence that would soon be expected of them in a few short years. These life skills that were learned and practiced in the independent living

programs, such as how to pay a bill or make a doctor's appointment, were highlighted by participants as critical life skills. Most participants do not have a license or a car upon exiting the URM program, which presents barriers to getting to school and work, or accessing the community. Participants reported that practicing and learning the local public transportation systems gave them the tools and confidence to navigate their communities. Additionally, opening their own bank account and practicing how to pay for things, like rent, utilities, or phone bills, was identified as incredibly important in their pre-transition support. In reflecting on his time in the independent living program, Eduardo, who was placed in a foster home at age 15 before entering an independent living program at age 18, shared:

It was really something that helped me start to think about being independent. It was like a practice run at being an adult. Not only learning how to pay bills and budget money, but like...actually what being on your own was gonna look like. I don't think I would've got that in a foster home. Like... it was mental preparation. Because leaving the program and being all on your own is a big deal. It's really hard. You don't have a lot of support. That's why they call it independence. It kind of helped me think, like, this is what it's gonna be like. Get ready.

This participant highlights how independent living was helpful in not only teaching youth practical life skills, but mentally preparing them for the independence that adulthood requires. This shift to complete independence upon exiting the program can be difficult to youth to adjust to. The independent living program provides a setting in which youth can prepare for and practice adulthood in before they are required to. This gives them space and time to both practically and mentally prepare for the transition without the real-life stress of independent adulthood.

The independent living programs were helpful in preparing youth for the overall transition to adulthood, which can be an incredibly difficult time for many youth who have been raised within the child welfare system. Life skills, which were a central part of the independent living experience, were also made available to youth who were living in group homes or foster homes through weekly, bi-weekly, or monthly classes or workshops.

Life skills. Participants felt that being taught life skills was incredibly helpful in their pre-transition support, whether formally through a class or informally through a foster parent. Some participants were offered formal life skills classes or workshops through the URM programs. These classes or workshops were attended in person, in a group setting with other URM youth and generally covered the various topics relevant to independent living, such as budgeting, time management, and cultural education. Regarding her experience in a life skills class, Zaynab, who was placed in a foster home from age 16 to 21, shares:

In life skills classes, you learn life skills in general... how to live independently. They teach you how to open a bank account, how to budget your money, how to make payments for everything, like medical bills, or how to apply for a job that you want. They also taught us about the culture in America. Things we need to know when we are here but that no one knows because we all have different cultures. They literally teach you everything that you need to know that school doesn't teach you. It got us ready to move out on our own. You don't get that in a house with foster parents. Zaynab highlights an important component to these life skills classes: cultural education. Coming from Guinea-Bissau, a West African country, she felt that education about the culture in the U.S. as well as within the local city she was placed, was incredibly helpful. Life skills classes or workshops offered by the URM programs include lessons and

discussions around culture in the U.S. This was described as something that is not taught in school, or by your foster parents, rather, it is often unspoken and experienced by the participant. Having the opportunity to learn and ask questions about the culture in the U.S. in a safe setting with other URM youth helped participants feel more prepared for entering into adulthood in a new culture. Participants also had the opportunity to share about their own cultural backgrounds and compare it to the cultural norms in the U.S. or the specific state or location of the URM program.

Participants felt that these practical components of adulthood in the U.S., that are often thought of as implicit, were made explicit through discussions and practice. They felt this gave them the opportunity to try and fail—and try again—in a safe environment. Reflecting on this opportunity, Rosaline, who was placed in a foster home from age 17 to 21, shared:

They have, like, some paperwork you have to do. You do it together, with the staff. It's basically all about costs. How much money you have, how much you are going to spend. Then you add what you are going to spend and how much you're going to make to figure out what your budget is. You do these every 3 weeks or every month. It helps you to learn how to manage your money, especially when you don't have a lot. It was good practice because you don't need to really worry while you're doing it. It's just practice. If you're coming up short or you make a mistake, it doesn't matter yet. There is no stress doing it like in real life.

Similar to participants who lived in independent living programs, those who participated in life skills classes or workshops felt that they were given the ability to both practically and mentally prepare without the pressure. Some participants who attended these like skills

classes or workshops felt that they would not have received the education that they did solely through living with a foster family. Other participants felt strongly that they received life skills lessons informally through living with foster parents. Joel, who was placed in a group home upon his arrival to the U.S. at age 17 before being placed with a foster family until age 21, shared:

With the foster families, we didn't get classes on how to be independent. But, they throw you into the real world with the people that you're living with. It helps you to understand what it's like living with a family, but also what it's like living by yourself. Even though they are paying for your stuff even, they want you to practice spending money. It teaches you to realize how much you're gonna spend, how much you'll need, the cost of stuff. They taught you how to shop, how order things. How many nights you'll cook at home, how many nights you'll eat out of the house. Personally, my family here, they prepared me very good. They didn't do things for me, they showed me how to do things. Most the time if I asked for something, they won't just go do it, they will let me know how to do it. Even if they are trying to buy stuff for me, they take with them and see how much it costs. It made me feel very prepared. You also learn a lot about the culture by living with a family. You see what they do and ask questions.

Joel highlights how living with a foster family can provide the opportunity for life skills education through real world practice. Participants who felt this described that most of these foster families had prior experience with older youth and were trained in the importance of preparing youth for adulthood from an early age. They described their foster families as

deeply interested in and committed to helping them to succeed in adulthood. Many foster families even gave participants the option to remain living with them after they reached the age of majority (21 or 22) to allow them more time to prepare for adulthood. Some participants did accept this offer. They reflected on the importance of that extra time in helping them feel ready for independence. Additionally, many foster parents remain in communication and maintain a relationship with participants after they exit from the URM program. This continued support was described as instrumental in their navigation of adulthood. Whether participants received life skills education through a formal class or workshops, or informally through their foster family, this life skills education was identified as an invaluable part of their preparedness pre-transition.

Case management. Participants described the services provided by their case managers—and their relationships with them—as important support they received pre-transition. After turning 18 years old, participants continued receiving case management services up until the age of 21, or 22 in Massachusetts. Receiving support from their case managers was identified as important in helping participants feel prepared for the transition to adulthood. Case managers would maintain consistent contact with participants, through monthly (or more frequent) home visits and/or in-person meetings, phone calls, and text messages. This support was especially important to participants who had entered into independent living programs and who were without the individualized support that living with a foster family often provides, or for those participants who lived with foster families who were not as seasoned when it came to preparing youth for the transition to adulthood. Regarding his relationship with his case manager, Marvin, who was placed in a foster home at age 16 before entering an independent living program from age 18 to 21 shared:

It was really great having that one person who you could call for anything.

Like...really, anything. If I had questions about something, if I didn't know how to do something, if I was confused...I could call them. So, when I was learning how to live on my own, like, before I left independent living, it was really helpful. Just to have someone to call and ask questions.

Marvin's sense of support and safety from his case manager was common among participants. In addition to support, case managers offered participants a window into the future. They helped participants begin to think about long- and short-term goal planning. Part of the role of a URM case manager is to engage youth in transition planning. Mariam, who lived in a foster home from age 17 to 21, shared:

My case manager helped me with setting and reaching goals. Even really small ones. My foster parent didn't always have time to do that with me because she had other children too. So, to have someone who I could talk to about what I wanted and how I could achieve it, was really great. Especially before I left. They helped me to think about what life would look like after leaving and to plan as much as I could for it.

Mariam came to the U.S. from a refugee camp in Ethiopia, where she had spent two years after fleeing her home in Eritrea. Like many others, having a dedicated support person to help her identify and achieve her goals was paramount to allowing her to feel stability and empowerment. Case managers not only helped participants with transition planning and long- and short-term goal setting, but they continued to serve as a supportive person to participants. Having a supportive person to turn to in times of need was identified as an important aspect in preparing for the transition to adulthood. In reflecting on his experience with his case manager, Akeem, who was placed in a group home from age 17 to 22, shared:

I had been away from my family for over 3 years, so I developed a special connection with my case manager. I got positive attention and support that uplifted me. They gave me a lot of guidance and support that was really the cornerstone for my journey. They motivated me to go to school. They were there for me when I needed to ask questions or needed help making an appointment, filling out an application. These things seem small but having that one person who you can call was really helpful.

Akeem highlights how critical the relationship youth build with their case managers can be to their overall adjustment to the U.S. Considering that all of the participants are unaccompanied refugee minors, the relationship that they build with their case manager is often one of the only stable adult relationships that they have. Without the support of their caregivers or families, they often lack having a supportive, encouraging adult they can depend on. Even if participants' placement settings changed, their case manager remained consistent. Having this consistent presence of support from case managers was identified by participants as an essential part to their pre-transition experience. Overall, it helped them to feel a more secure sense of safety in exploring independence and what it means to be an adult in the U.S.

Theme 2: Lack of Support Post-Transition

Once participants turn 21 years old (22 in Massachusetts), they “age out” of the URM program, and are no longer able to access the financial support or case management services that once provided them with a safety net of reassurance. Their rental assistance and clothing checks stop coming. Visits and check-ins with their caseworker cease. Their foster parents are no longer a knock-on-the-door away from providing day-to-day support. This sudden shift to complete independence can be jarring for many former URM youth, despite the pre-

transition support they may have received. Participants shared a feeling of being forgotten about. They lose the support of their case worker, their foster parent or group home staff members, and any financial assistance they once received. Though some youth do stay in touch with their case managers and foster parents, communication is less frequent. Often this is the extent of their support network, as they have no family or kin to lean on and limited social connections in the U.S. The lack of post-transition support includes a loss of their established support networks and small social networks in adulthood.

Loss of established support networks. The support network that was built into participant's lives while they were in the URM program was typically comprised of service provider relationships: case managers, foster families, and group home staff members. Thus, when the transition to adulthood occurred, participants' established support network was disrupted and, in many cases, lost completely. This makes the transition to adulthood even more difficult for participants. Issack, who lived in a foster home from age 16 to 18, before entering into an independent living program from age 18 to 21, shared:

Your caseworker just disappears. You have to do everything by yourself. Even the little stuff, like paperwork that you need help with. It's hard. You always need someone to help you. The language is hard, you know? It is very hard for people to understand you. I have to use Google Translate so that people can understand me sometimes. It can be lonely. When you leave the program, nobody is there to help you again. You will never see them again. And it is hard because you don't have other people to go to.

Issack highlights the impact of losing the support network that he built through the URM program. Like many others, he had been separated from his family after fleeing his home country of Somalia before entering a refugee camp in neighboring Ethiopia. At 16, he was able to build a sense of support through the URM program to navigate his new life in the U.S. But once he reached age 21, this sense of support was stripped away. Like many other participants, he no longer had the ability to reach out to his case worker for assistance or even ask questions. He, like many others, continued to struggle with English and faced language barriers in adulthood that he no longer had support navigating. The expectation of participants is to live independently in adulthood with limited to no support networks. As Issack's account highlighted, this can lead to feelings of isolation, loneliness, and stress, which can negatively impact the mental health of participants. Mercedes, who was placed in a foster home from age 17 to 21, shared:

I knew it was going to be hard. Because you kind of know...when you don't have anyone who you can lean on. No one helps you pay the first month's rent. Or makes sure you have a job or an apartment. You have to go out there look for your own apartment. You don't have a credit card. It was very hard to get approved. 'We don't take people without credit card.' I was lucky because my foster parent told me to take my time, but sometimes you just feel uncomfortable staying in someone's house and not contributing to anything. It's not possible to know everything that is out there, but having someone to talk to would have made a difference.

Mercedes describes the pressure she felt to transition into adulthood more quickly than a non-foster care peer, and with less supports. She acknowledges that she was "lucky" to be afforded extra time to exit her foster parent's home before fully transitioning into

adulthood—an luxury that is often afforded to non-foster care youth during this life stage. Many participants described this forced independence that is thrust upon them, making it incredibly difficult to navigate adulthood without a support network.

This loss of their established support networks was incredibly difficult for participants. After exiting the URM program, participants rarely hear from their case managers or from URM program staff, if at all. Isabella, who was placed in a group home from age 16 to 17, and a foster home from age 17 to 21, shares her thoughts on how this has impacted her after the transition to adulthood:

Most of the time they contact you when someone like you needs something [laughs]. But it's not like...I don't know. One day you turn 21 and then it just ends. And everyone is busy, so they don't think about follow up. They don't just call to see how you are doing anymore. I think being able to know how people are doing would be important. Some people who end up getting out...I have a couple of friends...they committed suicide. One of them was in this program, one was in a different program. I think they just felt really alone. Like it was all too much.

Isabella highlights how the loss of a prior established social support network post-transition can lead to feeling forgotten about. She underscores the importance of maintaining connection and communication with youth after the exit from the program. She connects this to having a negative impact on youth's mental health in adulthood. This loss of support leads to difficulty in participant's ability to navigate this new life-transition. As Isabella highlighted, this can have incredibly unfortunate unintended consequences. At the same time that participants were forced to enter into a new life stage, they often lost the only support network they had established.

Small social networks. In addition to experiencing a loss of their established support networks, participants reported having small social networks in adulthood. When asked about their social connections and support networks, all participants reported having at least one adult close to them who they felt they could lean on for support. For many participants, this person was a foster parent who they still kept in touch with. For others, it was a family member who was living outside of the U.S. Although each participant was able to identify at least one caring adult in their lives, participants shared an overall lack of familial, social, and community supports.

While many participants remain in contact with their family of origin, only three participants have since been able to see their families in person since they entered the URM program. Some participants reported having no family members to keep in contact with. Some were separated from their families of origin before fleeing their countries and entering refugee camps. Ahmed, who was placed in a foster home from age 17 to 18, before entering into an independent living program from age 18 to 21, shared:

I applied in Ethiopia...in a refugee camp. After I was accepted I came to America. We had to leave the country and do the process out of the country. I left my country in the beginning of 2012. I was young at that time. I was in refugee camp for 4 years. I haven't been back to see my country in 10 years. It's difficult...I miss it. And I miss my family. It's hard to be here alone.

Ahmed, like all other participants, is navigating a new life stage, in a new country and culture, with a new language. In addition to this, he lacks the familial and community support that is typically relied upon to assist in this transition and adjustment. Miriam, who was

placed in a foster home from age 17 to 21, shares what it was like to finally reunite with her mother at age 24:

Yes, I finally saw my mother. It was about two or three months ago. I went to Uganda, where she went after we got separated. I got to see my mom after almost 12 years. It was...I cannot describe it. It was very emotional.

Miriam is one of only three participants who have been able to reunify with their family of origin after being placed in the URM program. Participants are separated from or lose their parents and families, often at a young age. For those who still have family members, they attempt to remain in contact with them, even though they cannot be together in person. With time and connectivity differences, it can be difficult to maintain frequent connections with family members in their home countries. Juanita, who was placed in a group home from age 15 to 17, and then in a foster home from age 17 to 21, shared:

I really wish I had my parents with me. I normally call my mom or dad to help me with my emotions when I'm going through a hard time. But it's not the same as being with them. The transition was hard because it is literally nothing like living in your country. You don't have your mom or dad living around the corner. There's no one you can really call here for help here unless you keep a good relationship with your foster parent. It is very hard.

She expresses how difficult it is to live in a country in which you have no family of origin to lean on for support. These feelings were common among participants. Many participants focus on work and/or going to school, leaving little time for exploring new social connections, which can lead to feelings of isolation and loneliness.

Esther was separated from her family at the age of eight during the war in her country, the Democratic Republic of the Congo. When she was 11 years old, she was sent to Kenya, where she was placed in a temporary refugee camp for four years. When she was 16 years old, she was accepted into the URM program in the U.S. Finally, she was placed in the URM program when she was 17 years old. Now, at 25 years old, she reflects on the overall lack of familial, social, and community supports she has experienced:

My foster mom and my husband are the people I lean on. I have some friends, but um.... mostly my foster mom. In the USA...I don't know, you just don't know people. It's hard to know them. I haven't met my neighbors yet since I moved here. I try to talk to neighbors, and it seems like everyone's living their own life. They don't want to get involved in anyone's life. I don't have anybody. Just my foster parent because they are still there to help me sometimes. My family is only my two kids. I don't have my family... I haven't been able to see them since I was eight years old. My mom, my sister, my siblings, my dad, everyone...everybody. But I'm planning to do that when I save up enough money. That's my goal. I don't know when. Sometimes I have stress when I think about how I have to do everything by myself. I just cry by myself. But when I look at my two kids, I feel stronger. I don't want my kids to have to go through that too. So I have to stay strong for them.

Esther highlights how overwhelming it is for many participants who feel alone after exiting the URM program. Many participants are navigating adulthood with very small social networks. Participants often have few people they are connected to, and it remains hard for them to make new social and community connections.

Some participants reported being connected to a place of worship that provided them with access to a social network. They shared that their place of worship provided them with a sense of community and connectedness to their culture. Emanuel, who was placed in a foster home at age 14 before entering an independent living program at age 21, shared:

I have a Mosque that I go to. It is nice because there are people from my same culture and even some I have met are from my country. I don't think I would have met them anywhere else. It can be hard to meet people when you are busy working. But it is nice to be able to go there and talk with people in my language.

Emanuel, like other participants, feels that one of the only places he has found support is through a spiritual or religious place of worship, which often connect participants with their culture of origin, and can lead to feelings of support and connection. Juanita, who was placed in a group home from age 15 to 16 before entering a foster home from age 16 to 21, shared this experience:

This class has been taking all my time. It's just homework, work, and taking care of my child. I don't have time to get involved in anything else. I used to go to church, but I haven't been able to go for a while now. I loved going. It was a place that I felt kind of at home. And that there were people there that really cared for me and my child. So, I hope to go back eventually. But, yeah, it's been a while.

As Juanita's account shared, making time for attending a place of worship, or even a leisurely activity or hobby, can be difficult when trying to juggle work, school, and parenting. This was often a barrier for many participants in continuing to maintain their connection to spiritual or religious places of worship.

Participants touched on the difficulty that culture plays in making social connections. Some participants mentioned that the area in which their URM program was located made it difficult to make new social connections. While some participants lived in bigger cities, others lived in more rural areas, where there may not be many opportunities for connecting with others from their cultural background. Arkar, who was placed in a foster home in from age 14 to 21, shared this challenge:

It has been difficult to make connections here since I left the program. And it's easier to make friends with people of the same background. So, I'm going to move to Arizona. I have a friend who moved there who says there are so many people like us, so it's easier to meet people. It's also cheaper to live there. I do still talk to my foster parent, so I'll miss seeing her, but that's really it. I think this will be a good thing for me.

Like other participants, Arkar found it difficult to make new social connections after the transition into adulthood. He not only deeply craved a social network but recognized that it is essential to surviving this new life stage. Recognizing that he had a very few ties to his community, which made his adult life difficult, encouraged him to pick up his life and move to a completely new state in search of connection. Participants described an overall loss and lack of familial, social, and community supports. Loss of support and small social networks encompass an overall feeling of a lack of support post-transition for these URM youth living in adulthood.

Theme 3: Societal Expectations of Self-Sufficiency

Participants described that in their culture of origin, independence is not emphasized, expected, or celebrated. Rather, their cultures place importance on family and community as

essential to survival. This new cultural expectation of independence in adulthood in the U.S. was not the norm for participants. While participants are navigating adulthood with a lack of support and small social networks, it is unsurprising that many felt that the expectations of self-sufficiency expected of them were overwhelming. The pressure of responsibility and the adjustment to adulthood were intricately linked to overall societal expectations of self-sufficiency.

Pressure of adulthood. The transition to adulthood for participants is one in which there is a shift to complete independence. Participants described feeling a constant pressure of responsibility in their adult lives. Upon reaching a specific age (21 or 22), participants were expected to take care of themselves one hundred percent independently. Suddenly, they have gone from having supports and services in place, to being the ones expected to provide for themselves in every way. Additionally, there is no longer a safety net for youth to fall into if things fail. All of the services and support that they once received since their arrival to the U.S. are now gone. This pressure is overwhelming for participants. Victor, who was placed in a foster home from age 17 to 18, before entering into an independent living program from age 18 to 21, shared:

When we were in the program, they were paying everything we need. They were making sure we were on top of things, with school, doctors, dentists...everything.

When I left... it was really a shock. To pay everything by myself, to be responsible for my life. Like, I was thinking, how can I do this forever, for the rest of my life? I felt like I was drowning. It was so much responsibility. It still is. You can't take a break...because you're the only one who is taking care of you. It's scary... and really stressful.

Victor highlights this experience that many other participants had. Participants had gotten used to having such supports and services in place. When that was taken away from them, they realized how much responsibility adulthood in the U.S. truly demands. Participants are overwhelmed by this pressure of responsibility. Even those participants who may have been given extra time to transition into adulthood by their foster parents described feeling this pressure. In reflecting on her experience, Umme, who was placed in a foster home from age 17 to 21, shared:

It's a lot of responsibility. It's very different being in a family and having someone to take care of you. I need to do everything by myself...cook, do laundry, go to school. It was a big change, and I had a lot of support from my foster family. Anything I cannot do on my own, they helped me with, like my language barrier. They were there to help me when I need it. They payed for stuff sometimes or buyed me things. They are just like my family. It was a big adjustment to leave them. It took a year for me to leave their home.

Umme, like some other participants, was granted “extra time” from her foster family to stay in their home until she felt prepared to leave. Similar to many other participants, she had built such a close relationship with her foster family, that they felt like her own. Not only did they feel like family, but they acted like one too. They gave her support in the areas of her life that she needed and allowed her to stay in their home as long as she needed to feel prepared. As she described, it took a full year for her to feel ready to leave them. This transition was difficult on its own. It is when she lost this support and connection, that felt like family, that the pressure of responsibility became fully apparent. Akeem, who lived in a group home from age 17 to 22, described the impact that this pressure had on him:

When I left the group home, I was definitely scared. I was very terrified to have my own room, in an apartment with two roommates that I've never met. But... I was also excited because I had my own transportation. I could go anywhere at the time, so I was very free. I was able to feel like I had my own independent place for the first time really ever. So that was the feeling. But definitely... there was a lot of pressure... a lot of consistent pressure that led to so many impacts, like negative impacts on my health and wellbeing throughout the years. Like, a lot of responsibilities and a lot of decision makings that I'm not educated about and very minimum support. I've developed a lot of diagnosis because of that, like mental health diagnosis because of the pressure. It impacted my own motivation level, my own spirit level. It didn't kill my spirit, but it definitely held me down for about a year and a half after I left. I'm still recovering to be frank with you. Still dealing with some of the mental health challenges. Not much physical challenges, but a lot of mental health challenges in terms of the pressure that was caused to me and the way I handled it alone. There was a lot people by my side, but not consistently. Which made it kind of hard to trust and develop trusting relationships with people. There is a trauma that comes with always being in change mode and not being in charge of your life and stability.

Akeem highlights how the pressure of responsibility is often a result of having minimum support. Suddenly, youth are thought of as complete adults who have to make adult decisions, in a new culture, with limited language capacity, and very little to no support. He expresses how the pressures of adulthood without adequate supports had negative impacts on his overall mental health and wellbeing. Participants described this pressure as exacerbated

by not having the appropriate supports in place to help them in navigating daily life and decision making in adulthood. In having to figure things out on their own, they have learned to rely on only themselves for help. This is especially difficult for participants who spent time in group homes and/or multiple placements, or who were separated from their family of origin at an early age, and as a result had disruptions in their support and social networks, which has made it difficult to build healthy, trusting relationships in adulthood. This can often lead participants to become over-independent, as they learn through this experience that they are the only ones who support themselves. Ahmed, who was placed in a foster home from age 17 to 18 before entering into an independent living program from 18 to 21, shared:

They gave me some money when I left the program. But after I left, I started having to pay for everything by myself. Everything I had to do by myself. You have to wake up every morning and do what you have to do to survive. You have to work. There is no other choice. It is a lot of pressure. If you don't have work, then everything is hard...especially here in America. No one is going to help you. But if you can work enough, you can be alright. If you don't take action, you're not gonna grow up.

Ahmed highlights how this pressure of responsibility is inextricably linked to independence in the U.S. In other words, to be an adult means to be independent, which means “no one is going to help you.” Participants described responding to the pressure of responsibility that they experienced with a form of over-independence, or self-reliance, that they needed to assume in order to survive in the U.S. In a similar account, Emanuel, who lived in a foster home from age 14 to 18 before entering into an independent living program from 18 to 21, shared:

When I left the program, they gave me some money... at least like, 500 dollars so you can go buy stuff for your apartment. They do help you. They also help you with taxes free when you buy things, like getting tax exempt. So, every resource they had to help us get to independence they definitely used. I think they did everything they could. Sometimes we wish we had more. But at the end of the day, I didn't want to feel like I had everything. Sometimes it's good to struggle a little bit...not to have everything easy. Because that's what it's going to be like.

Emanuel, like other participants, has learned to accept the lack of support he received post-transition by framing it as preparation for the pressure of responsibility that is required after leaving the URM program. For many participants, the reality of adulthood in the U.S. is one in which they must cope with the pressure of responsibility through self-reliance. He, like many other participants, believes that the URM program tried to use every resource they could in order to help him in his transition into adulthood. It was common for participants to recognize that they needed more resources and support in adulthood. Yet, even with the intense pressures of adulthood, many participants shared this view of being grateful for what they did receive, even if it was not enough. Participants expressed that even with the preparation, resources and supports that they received before exiting care, nothing could have prepared them for what independence in the U.S. truly entails.

Adjustment to adulthood. The transition to adulthood in the U.S. was described by participants as extremely difficult period in their lives. Participants described this period of transition to a new life stage as one that was difficult to adjust to. This adjustment to adulthood was made more difficult with a lack of post-transition support. Participants were

not prepared for the independence of adulthood that is expected by them in the U.S. This adjustment period is described by Rosaline, who was placed in a foster home from 17 to 21:

I didn't see myself being really ready at the age of 18. So of course, I stayed until 21. But I left the program without knowing how to drive. It's impossible for people to learn and know everything about being an adult before they leave. I know here in America you need to be a certain age to be independent, but for people who are coming from different countries, it just is a lot of stress. After you leave it takes time to get used to. You are like a fish out of water for a while. You are kind of in shock of what your life is really like now. Eventually you start to get used to it.

Rosaline, like many other participants, felt this sense of shock at the new life stage that they had entered. The transition to adulthood was described by participants as requiring time to adjust to. Although this life transition is marked by a period of adjustment for any young person, the adjustment to adulthood for participants is one that is exacerbated by a lack of support. Participants shared feelings around the age of exit from the URM programs as being too early. This was even more prevalent for the majority of participants who entered into the URM program at age 17, who have less time to adjust to life in the U.S. before aging out of the URM program. In reflecting on her adjustment to adulthood in the U.S., Esther, who lived in a foster home from age 17 to 21, shared:

Basically, getting out of foster care is very hard because you have nothing. I feel like there's no way we can be prepared, knowing what is going to happen when you leave. When you are in the program, you have people picking you up, taking you to school, helping you out. Then you are out you are own your own. You don't even have a

mattress. It's just like, goodbye! I wasn't ready. I was at the age, and they wanted me to get out, but from my opinion ...the way they prepare the kids who are almost aging out, it doesn't help because we face a lot of difficulty. Getting around, the car, some of the kids don't have family here. Language, culture...it's very hard. It's like, you don't have nobody. I was lucky, but some of the kids...I know some girls, 3 of them in the same program. They aged out, but they struggle, and some of them are still struggling...to hold a job, being able to just like...learning the basic skills to live here in America. Life is hard around here.

Esther's account speaks to the difficulty of adjusting to adulthood in the U.S., particularly when she recognized how unprepared she truly felt. Despite receiving strong support pre-transition, many participants realized how unprepared they felt when transitioning out of the URM program and understanding more deeply what adult life would be like. Many participants are still struggling to adjust to adulthood. Participants shared the experience of being expected to be self-sufficient adults post-transition. This expectation of complete independence was difficult for participants to adjust to. Joel, who was placed in a group home at age 17 before being placed in a foster home from age 17 to 21, shared:

You've never been here before. You don't speak English. So, in one year, you need to master that and then move on yourself. All of a sudden... you have your life in your hands. Sometimes it's hard because no one is there to help you. No one is there to give you help to apply for a job or make appointments. Everything is up to you.

Joel highlights how many participants felt pushed to enter this new life stage prematurely and with very little support. Coupled with the pressure of responsibility, the adjustment to

adulthood is difficult for participants who feel they are left to navigate adulthood on their own. This societal expectation of self-sufficiency that participants experience can be even more challenging for those who have spent less time in the U.S. pre-transition, experience language barriers, are parenting, or have experienced trauma, which can have negative impacts on participants' mental health. Despite the difficulty adjusting to adulthood, coupled with the pressure of responsibility, participants do not engage in mental health treatment or therapeutic support to assist them in the challenges they experience. Issack, who was placed in a foster home from age 16 to 18 before entering an independent living program from 18 to 21, shared his brief experience with a mental health provider:

When I was first out from the [foster] family, like two years ago, or something...I had hard time to control my anger. So, I just decided to go see therapist. But I went there for like four times or something. I don't see that helps me. And then after that, I just decided I have to depend on myself how to control it.

Issack, like most other participants, had briefly tried therapy at one point during their time within the URM program. Participants expressed choosing to rely on themselves to overcome challenges faced in adulthood. This self-reliance, in addition to cultural stigma and language barriers, seemed to prevent participants from utilizing mental health services. With a lack of post-transition support, the societal expectation of self-sufficiency experienced by participants is challenging to manage on their own.

Theme 4: Economic Insecurity

Economic insecurity was found to be one of the most challenging parts of participant's adult lives. Participants experienced financial stress and housing instability as a

result of economic insecurity. These subordinate themes were deeply linked to one another and the way in which participants experienced economic insecurity.

Before transitioning out of the URM program, participants were fully supported financially. If they were placed in a foster home or group home, they did not have to pay rent, utilities, food, or transportation. Additionally, they received a monthly stipend for clothing. For participants who chose to enter independent living post-18, a monthly stipend was provided to them. This stipend was utilized to pay for either a portion of the total amount of the participant's rent, utilities, and other living expenses. In some cases, every aspect of participant's daily living was paid for. When it came time for participants to exit the URM program, the breadth of financial responsibility was overwhelming. This was exacerbated by the lack of support and societal expectations of self-sufficiency that participants experienced. Even though participants had spent time preparing for adulthood—through independent living, learning life skills and engaging in transition planning with their case managers—they felt the reality of the economic insecurity that they experience in adulthood is not something they were fully prepared for.

Financial stress. Participants feel stress around finances in their day-to-day lives and struggle to make ends meet. Many participants reported having to work over 40 hours per week in order to pay for rent, utilities, bills, groceries, and other costs of living. The average income of participants interviewed for this study was \$43,636, with a median income of \$35,000. This means that almost half of participants (10) had incomes of \$30,000 or less. The lowest estimated income reported by a participant was \$10,500 per year. Two participants reported estimated incomes of \$120,000, and one reported an estimated income of \$80,000. These participants were all working in the truck driving sector. They reported having to work

70 or more hours each week as a result of being on the road, and rarely having the time or energy to do things outside of work. Although they pay rent for an apartment, they are rarely home.

Participants reported feeling financially unprepared upon leaving the URM program, which caused financial stress. Participants shared that even with the transition planning that occurs, there is no requirement for participants to have secured employment, an apartment, or even legal permanent residence before leaving the URM program. This means that many participants end up leaving the URM programs without the ability to pay for their basic needs. Participants also left the program before finishing any post-secondary educational pursuits. Nineteen of the participants had received their high school diploma and two participants had dropped out of high school in 11th grade. Since none of the participants have received more than a high school diploma, it is often difficult to find well-paying jobs. This requires them to work longer hours to make enough money to survive independently. This financial stress is often compounded by the expectation of participants to send money to family members outside of the U.S. Regarding this financial stress upon exiting the program, Juanita, who was placed in a group home from age 15 to 16 and a foster home from age 16 to 21, shared:

I didn't have a job when I left the program. I didn't even have my green card yet. I didn't get it until after I transitioned out of the program. So, when I left the program, I eventually found a job working in a restaurant because that was all I could really do. But it didn't pay very well, and I was trying to send money home too. So that was stressful. I was trying to support myself, all on my own, with very little...and also

help my family. Luckily, now I have a new job as a supervisor. I still send money back to my parents and try to save some for myself. But it is stressful...trying to find a job... getting a job that you have to work a lot of hours at in order to pay for rent and stuff.

Without permanent legal residence (green card), Juanita did not have legal authorization to work in the U.S. Yet, because she reached the age of majority (21 years old) in her state, she was forced to exit from the URM program—despite not being able to legally work and therefore provide financially for herself. This left her with limited, low-paying options for employment—all of which were “under the table” and without any benefits. This experience was extremely stressful for her. Like other participants, she additionally was concerned with sending money to her family members who reside outside of the country. When earning extremely little, this causes added financial stress. Marie, who was placed in a foster home from age 15 to 21, shared how financial stress was compounded by health concerns she had experienced:

I was sick for four months with heart failure. I had to get a heart transplant...but I was alright. I am on medication now. It was really, really, really hard... because I was getting so much help financially and I was sick for so long. When that ended, it was hard because I had to work two jobs to survive.

Having had to undergo a heart transplant while still in the URM program left her with little time to prepare financially for adulthood. Being set back financially by health issues, legal status, language barriers, or trauma, does not afford one the opportunity to have more time. The age of majority still stands, and URM youth have no choice but to exit from the URM program, even if they have yet to secure stable housing or employment.

One third of participants are parents—two of whom are single parents—and feel that this financial stress is only exacerbated by being a parent. They must work enough hours to provide not only for themselves, but for their children. Lacking a support network, they depend on hiring outside help, cutting back on hours at work, or finding a low-cost daycare which can be extremely difficult or impossible, in many cases. Many participants would like to spend more time with their children but feel that financially they cannot afford to do so. Esther, who was placed in a foster home from age 17 to 21, highlights the financial stress associated with parenting:

The most challenging part...well... so, the first year I get out, I got pregnant by my boyfriend. At the time, my boyfriend, who is my husband now, he came here as an international student. He didn't have papers, so he could not work. The job he had...he wasn't making that much money, only just paying the rent. And now, expecting a child, it got so bad. It was a struggle for sure. It is so stressful... like what am I gonna do now? I wanted to be there for her, so I told myself I just need to take responsibility. I didn't want my kid to go into the system because we couldn't financially support her.

As a parent to two children, trying to provide for her children financially has been challenging. Participants who are married have spouses who are immigrants or refugees and are also awaiting legal permanent residence, which can worsen financial stress. Similar to other participants who are parents, Esther did not receive maternity leave after giving birth which added to her financial stress. Before giving birth, she decided to cut back on her hours at work to attempt to finish classes towards her degree and help take care of her daughter.

Once she gave birth, she was not eligible for disability or maternity leave benefits since she was no longer a full-time employee. She describes how this financial stress has impacted her and her family:

It's been challenging since I got to this country. Back home, we don't have bills, seriously...like there's no bills. We just live our life there. It's no stress. We just work for food to be able to eat. Paying for house, electricity here, it is a struggle. We are struggling to be able to live on one income. I am hoping to be able to return to work soon. Sometimes we struggle to pay our mortgage because we have other bills to pay. That's why I'm hoping to go back to work soon. Everything is a struggle.

Participants must make sacrifices in order to make enough financially to survive. Juanita, who had left the program without her legal permanent residence, is also a single parent. She decided to use the money allotted to her through the ETV program towards her child's daycare costs. Instead of pursuing higher education, she chose to utilize those funds towards daycare as she could not financially afford it. In reflecting on the financial stress she has continued to experience, Juanita shared:

When I was in the program, I didn't have to worry about paying for housing, food, clothing. So, when I left the program, I have to do all that by myself. Bills, clothing for myself and for my kid. It's not like when people are helping you...it's different. You have to do everything by yourself. I wish I had time for myself. That I could work less so that I can have more time to focus on school. But I have a lot of bills to pay. It is stressful. I have to work overtime for housing, clothing, food, bills. And

when I go to work, I have to pay someone to take care of my kids. The scholarship money I get...I am able to use it to pay for my kid's school. As a single mom, you need a lot of help. My foster parent used to help me take care of my kids. Now I struggle to balance work and school and parenting.

Juanita's story is similar to many other participants who feel an overwhelming sense of economic insecurity, which is exacerbated by societal expectations of self-sufficiency and a lack of support. She has no other choice but to use the ETV money towards her child's daycare, considering the loss of her support network and the fact that she had to exit the program before receiving her legal permanent residence. Because she must work overtime in order to make enough money to provide for housing and basic needs for herself and her children, she lacks the time and money to be able to continue her education—even though pursuing higher education would provide her with higher paying opportunities, thus, lessening her financial stress. It is this “catch-22” that so many participants find themselves caught in and unable to escape. Juanita's account, like many others throughout this chapter, highlights the ways in which these themes are intricately linked to one another and help us to understand and interpret participant's experiences.

Housing instability. Leaving the URM program with limited education and training, employment opportunities, savings, and support networks, it is not surprising that many participants described having experienced housing instability after they transitioned into adulthood. Some participants remained able to continue living with their foster parents after they “aged out.” These youth had built strong relationships with their foster parents and were given the choice to stay after aging out of the URM program. Because they were not

financially ready to be living independently, many took their foster parents up on this offer. Marie, who was placed in a foster home from age 15 to 21, stated:

She told me I could stay there as long as I want. I felt really lucky because if she didn't say... that I don't know what I would have done. I don't know where I would have gone. I found a job and stayed there for about 6 months and then I decided to find my own apartment. I felt bad staying longer because she was so gracious, and I didn't want to overstay my welcome. But then I ended up going back not long after. I was struggling to make rent with the job I had.

Like Marie, many participants who did continue living with their foster parents after aging out of the URM programs only did so for a short period of time as they felt guilty for staying any longer. Not every participant is lucky enough to be able to have had supportive foster parents or remain living with them, if they did. Those who were not offered extended support from a foster parent or who exit the URM program from an independent living program are forced to identify and maintain stable housing on their own. In reflecting on his experience with housing post-transition, Akeem, who was placed in a group home from age 17 to 22, shared:

I have bounced around to over 20 different apartments because of finances. The prices of living in this state are beyond what they have provided and could have provided to me. I had been living in studios and one-bedrooms, very minimum...and yet, I still have to pay loans, credit cards, payments for bills, and monthly expenses. I think it took me about three years after I left the program to become one hundred percent financially independent on my own. I was definitely terrified to have my own room in an apartment with two roommates that I never met before. But I didn't have a

choice. If I had the ability to have a studio the day I moved out... I would have loved to have had a stable place to stay. I think it would have really made a difference.

Akeem's account highlights a common experience among participants. The financial stress that participants experience often leads to instability in their living accommodations, which can have negative impacts on overall well-being. In addition to other costs of living that participants became responsible for post-transition, and low-paying jobs, the cost of housing can prevent them from being able to maintain a stable place to live. This is often compounded by a lack of support post-transition. Zaynab, who was placed in a foster home from age 16 to 21, shared:

I'm taking classes part-time while working full-time. I really want to finish my degree so that I can get a decent job...because I don't make a lot. I made even less when I first left the program. It was hard to find somewhere to live. After about two or three months of living on my own, I was finding it hard to make enough to pay my rent. I had to call my foster mom. I told her I needed help, that I couldn't afford to live on my own. I went back to live with her for a year and saved up money and tried to do my classes. If she didn't let me come back... I would have been in a shelter. Like, honestly. Since then, I've been okay. I still struggle to make enough money, but every month I make it work.

Zaynab, like many other participants, has struggled to maintain stable housing after exiting from the URM program. Having housing stability is something that participants identified as critical to their well-being in adulthood. Yet, it is something they are left to figure out and manage on their own, with very minimal resources and support. Many participants felt that if

they had received additional time, resources, and support to assist them in maintaining stable housing, it would have made a significant difference in their overall well-being in adulthood.

Theme 5: Difficulty continuing education

None of the participants interviewed had received an associate's or bachelor's degree. Nineteen participants had received a high school diploma, apart from two participants who did not finish high school. Five participants had attempted to pursue higher education, however, ended up dropping out. At the time of their interviews, nine participants were actively taking courses towards a bachelor's degree.

Many participants identified a desire to continue pursuing their education in order to obtain higher paying employment as well as achieve personal and professional goals. While all participants had educational goals, they faced certain difficulties when it came to continuing their education. Many were forced to focus on working, leaving little time or money for continuing their education. Many participants dropped out of high school or college to begin or continue working. Participants also reported a pressure to provide financially for family members outside of the U.S. Additionally, many participants found that language was a barrier to continuing their post-secondary education.

Lack of time and money. Though a significant number (9) of participants were in the process of pursuing higher education, none had received more than a high school diploma. Two participants do not have a high school diploma as they left during the 12th grade to pursue employment. As a result, many participants reported lacking access to well-paying employment opportunities, and have to work over 40 hours per week in order to make enough money to survive independently. This leaves participants with little time or money to

continue post-secondary educational or training pursuits. Esther, who is 25 years old and is in the process of finishing her bachelor's degree, stated:

I just want to be able to finish my degree so I can get a decent job. I'm hoping to become a social worker, but I have no idea if I want to go to grad school because I'm tired. I need a break. It has been so hard to try to finish this. I'm hoping to go to grad school one day, at least, become a counselor or social worker. I used the ETV money, but because my husband was a non-citizen, I got punished, and I lost my financial aid. So, I only received that money for 2 years to pay for room and board, books, and all of that. That's why I need to get a better job, because right now I need to start to pay off my loans.

As previously learned, Esther is a mother to two children. She and her husband have struggled financially, especially when she gave birth and was unable to access maternity leave benefits. Her account highlights how this lack of time and money has impacted her in finishing her education. With student loans piling up, and the amount of time it has taken her to finish her degree while working full-time, she expresses burn out. Although she eventually wants to continue her education and pursue a master's degree, it is difficult for her to imagine how she could manage it.

While participants receive financial assistance for post-secondary educational or training pursuits through the ETV vouchers, there are specific parameters and criteria that apply. These parameters and criteria can make it stressful for youth to continue their education while also trying to work. Marie, who was placed in a foster home from age 15 to 21, shared:

I still get health insurance through the state, that's the only thing... plus money for school. But if you fail, you don't get the money. Right now, I work part-time at my community college. I'm stressed out because I need to do school and pass my classes and try to work enough hours. And you only get the money for five years. So, I needed to work part-time so that I can focus on finishing classes.

Marie makes an estimated income of \$10,500 per year working part-time at her community college. She had to take this job so that she could continue pursuing higher education, however, it is barely enough for her to survive on, even as a student. This sacrifice is one that many participants must make if they want to pursue higher education. For those who do, ETV vouchers only provide an annual amount of up to \$5,000, which does not cover the total amount of tuition and fees. This means that participants need to pay out of pocket or take out loans for any additional costs not covered by the ETV vouchers or financial aid. In addition, they need to receive a passing grade for all of the courses they are enrolled in. Lastly, ETVs are only available for a period of up to five years, however, it typically takes participants longer to finish their degrees. Thus, while ETVs are helpful, they do not seem to fully address the needs of URM youth.

With a lack of time and money, this makes it difficult for participants to continue to pursue higher education. It is unsurprising that some participants who were previously enrolled in college courses chose to drop out in order to continue working. This is often compounded for those participants who are parents. Rosaline, who was placed in a foster home from age 17 to 21, shared how finding out she was going to become a single mother meant putting her dreams on hold in order to provide for her daughter:

I was taking college courses, but then I quit because I found out that I got pregnant. I wanted to study education. I only have 3 classes left to get my associates. But...I have to work. Now, I work from 3 o'clock in the morning to 3 o'clock in the afternoon, 5 days a week. That's 60 hours...but sometimes I work more. I would need the time to read and do classes. When I get home, I have to take care of my daughter. There's just no time. I can't work less because I need to support us.

Becoming a parent makes it even more difficult to find the time or money to continue with educational pursuits. This made even more difficult by small support networks, especially for those who are single parents. Participants lack the time and money to finish their college degree due to needing to work longer hours at low-paying jobs, yet often find they need a college degree in order to access higher paying jobs—the “catch-22” again. Here, we see how economic insecurity is deeply linked to the difficulty participants face when pursuing their education.

Pressure to provide. Participants often send money to their relatives outside of the U.S., sometimes as frequently as once or twice per month. This pressure to provide for family members caused many participants to end their educational pursuits prematurely. Participants felt a responsibility towards providing financially for their relatives and expressed that it is culturally expected of them. Marvin, who was placed in a foster home from 16 to 18 before entering into an independent living program from 18 to 21, dropped out of high school during his senior year to provide for his family. He shared:

I was in my senior year in high school when I left to go to work. At the time, I was young and I was feeling like I needed to focus on work. I wanted to help my family who was back in Honduras. I would talk to them and know how much they were

struggling. I felt like I couldn't wait any longer. I wanted to get out and be working full-time...making money. Looking back, I wish I had just waited so that I could have my diploma. Now it's like I would have to start over to get my GED. It's just more time I don't have now.

Marvin is now 24 years old. Though he hopes to obtain his GED, he is currently working between 50 to 60 hours per week, leaving little time to continue his education. His feelings of urgency around providing for his family were common among participants. Many participants who sought asylum from Northern Triangle countries (Guatemala, El Salvador, and Honduras) had to pay a smuggler (also known as a coyote) to guide them through Mexico and across the U.S. border. For unaccompanied minors, this is may be a debt that the family takes on in order to provide their child with a better life. This can add even more pressure and guilt for participants to sacrifice their educational pursuits to help support their families, especially when the debt is threatening their family's livelihood.

Participants who did not travel to the U.S. from Northern Triangle countries also felt pressure to provide financially for their families of origin. Many participants dropped out of college in order to be able to provide for relatives, despite having personal and professional goals. Ahmed, who was placed in a foster home from 17 to 18 before entering an independent living program from 18 to 21, describes this experience:

I was starting to obtain my college degree. I was studying nursing. I went for 2 years and then I dropped out. While I was going to school and working, it was hard for me to support my family and pay whatever I need for everything, like rent and bills.

When I learned how much money I could make truck driving, I dropped out to get my

permit. I have to support my family back home... by sending money. So yeah, I had no choice to leave school.

Participants reported stopping their educational pursuits prematurely in order to give back to their families—not necessarily because it is what they wanted to do, but because it is what is expected of them. They did not see this as a choice, but rather, as an expectation from their families. Victor, who was placed in a foster home from age 17 to 18, before entering into an independent living program from age 18 to 21, shared:

I did try community college, but I'm the oldest one from my family...so, all my family was kind of depending on me at that time. So, I said 'I think it's time to work and support the family.' So, I just give up basically my dreams. I was trying to play soccer in college. That's why I had scholarships. Sometimes, one of my friends, they will ask me 'why would you not go to college to play soccer?' But I think it's too late now. I send a lot of money back home. It depends on the situation and what they need. That makes it harder... but the most hard thing that I learned in America is not making the money, but saving the money is the hardest part. It's very hard to save the money.

Victor's account is similar to other participants who had felt they had to choose work over education. This expectation to provide financially for their families of origin puts pressure on participants to sacrifice their educational goals. From this lens, we can understand another way in which economic insecurity is deeply linked to participant's ability to continue their education. The pressure to provide for relatives remains a barrier for participants who have

exited the URM program and are navigating adulthood, particularly when it comes to continuing their education.

Language barriers. Participants described language as a challenging barrier in continuing their educational pursuits. Considering that most participants enter into the URM program at age 16 (5) and 17 (9), there is less time between entrance and exit from the URM program. This leaves less time for participants to learn English, which presents barriers to continuing their educational pursuits. The total length of time that participants spent in the URM program ranged from four to seven years. Most participants (38 percent) spent four years in the URM program, with less (29 percent) spending five years, six years (19 percent) and seven years (14 percent). In discussing her experience entering into college after exiting the URM program, Mercedes, who was placed in a foster home from age 17 to 21, shared:

When I aged out...it was very hard, I'm going to tell you. I was 21, but it was my first year of college. I was living on campus. I didn't like the school. It was hard because it was my first time in college by myself and I didn't know what I was doing. I didn't have money to pay for the room and board. I didn't have a car to go to work or get around. It was so hard to find a job where I could walk to from campus. Everything was hard. But what made it the most hard was I was struggling with English. There isn't a lot of support for that. People don't know how to help you. So, I came back and I told my foster mom I didn't want to stay on campus anymore. So, I decided to take a break and go back to my foster mom's house until I could figure out what I wanted to do next.

Mercedes's account highlights how language presented as a barrier when she attempted to pursue a college education. This was a common experience for participants, who felt that

there was a lack of support to assist them in accessing higher education despite English not being their first language. Participants experience a lack of support post-transition, which can lead to challenges navigating language barriers. Cecile, who was placed in a foster home from age 16 to 18 before entering into an independent living program from age 18 to 21, decided to take a semester off of college because of language-related challenges. She shared how she experienced this challenge:

I don't know how to speak English well. Before, my caseworker was there to help me if I don't understand something. The language is very hard and makes it difficult. The homework is very difficult. Understanding the reading...doing the writing. They have a reading center on campus, so sometimes I went there when I have problem with my reading and writing. But I did not always have the time. I needed just needed a break...because it was stressful.

Cecile is still enrolled as a student and hopes to continue taking courses in the upcoming semester. Her account highlights the difficulty with language that many participants face when pursuing higher education. With a lack of post-transition supports, these barriers are made even more difficult for participants who are used to leaning on their case managers or foster parents for assistance with language barriers. After exiting from the URM program, participants felt that opportunities for support with their language barriers diminished. By living independently, they also felt that they lost opportunities to continue practicing their English. Arkar, who was placed in a foster home from age 14 to 21, shared:

I have seen a lot of kids who have not been prepared to exit the program or for independence. If you're not good, if you can't communicate with English...that means it's hard to exit or go to independent living. Because if you go and exit, or

leave independent living, most of the time you're gonna speak your own language. That's the hardest part, leaving the family is...that means you're not going to grow your language. You're gonna lose your language. I have a roommate who speaks my language, so we don't speak English at home. And then when you try to go to school, you struggle. That's why I left. It was too hard.

Arkar touches on how group and foster homes were often not only a place of support for participants, but a place in which they could practice English and seek assistance with learning the language. This is a common experience for participants who exit from the URM program. They no longer have access to their case managers or foster parents, who have historically helped them navigate language barriers. When they are living independently, they not only lost the support that was once readily available to them, but often lose out on furthering their English through practice.

With a lack of support post-transition, these language-related challenges leave many participants feeling lost once they enter into educational settings and can cause participants to discontinue their educational pursuits prematurely. Experiencing language barriers as a difficulty to pursuing higher education leads to social exclusion among participants who continue to face these challenges. Although many high schools, universities, and adult education centers have recognized the need for English-language learning, not every institution or organization has the same level of services and supports. Therefore, language barriers remain a challenge for participants who are attempting to continue their education post-transition.

Summary of Findings

Returning to van Manen's (1990) metaphor for phenomenological research, these findings have attempted to describe and interpret participants' universes of meaning related to their shared experience. The discussion of these themes and subthemes has allowed us to navigate the lived experience of URM youth who have exited the program and are living in adulthood. Through this discussion, we have learned how deeply connected and embedded many of these themes and subthemes are with one another.

Through these findings we have learned that URM youth living in adulthood face significant challenges: a lack of support post-transition, societal expectations of self-sufficiency, economic insecurity, and difficulty continuing their educational pursuits. Lack of support-post transition includes a loss of participant's support networks and small social networks. The societal expectation of self-sufficiency encompasses the pressure of adulthood and the adjustment of adulthood. Economic insecurity includes financial stress and housing instability. Difficulty continuing education is comprised of lack of time and money, pressure to provide, and language barriers.

This study found that despite receiving strong support pre-transition, which included independent living, life skills and case management, the aforementioned challenges remain a reality for participants in adulthood. The implications of these findings will be discussed in the next chapter as an attempt is made to answer this study's research questions. While there is very little published research on URM youth who have transitioned out of the URM program and into adulthood, the findings from this study will be discussed and contextualized within existing research on URM youth as well as youth in domestic foster care who transition into adulthood. Considering the diversity of this population and the

context in which they enter foster care (vis-à-vis their pre-migration experiences), these findings highlight the importance of recognizing URM youth's unique needs as it relates to their transition into adulthood.

CHAPTER 5

DISCUSSION

“Sometimes we feel like we cannot continue on...but telling our stories helps to push through and keep going.”

-Miguel, 26-year-old URM alumni

After his father and four brothers were murdered by gang violence, Miguel became the “man of the house” at 14 years old. His mother made the decision to send him to the United States to seek “a chance at life.” Growing up in Guatemala City, gang violence and economic insecurity had wreaked havoc on Miguel’s family, as it has for so many others. At 14 years old, he left Guatemala City, saying goodbye to his mother and his sister, before taking a 20-hour bus ride to Mexico. He explains that “then began my real journey, when I got to Mexico.”

After arriving in Mexico, Miguel traveled on foot for about one month before reaching the U.S. border with a group of strangers. As they began to arrive closer to the U.S. border, Miguel got separated from the group and became lost. He quickly ran out of food and water. After 5 or 6 days of wandering alone in the desert “it was God who helped me because I was giving up.” A border patrol agent found him, and he was detained. He was taken to be medically evaluated before he was placed in a detention center. After about one month, he was transferred to a shelter in another state. He filed for asylum and began attending court 3

times per month. It took one year before Miguel's application for asylum was accepted and he was moved to another state, where he was placed with a temporary, emergency-based foster family. He reflected on this time, by sharing:

I was feeling so many emotions, I told them 'I want to go back to my country.' They found out I didn't have my father, or my brothers, since they all got killed in Guatemala. My sister and my mom were by their selves. If they sent me back, they said it was going to be a risk. The judge told me I couldn't go back. I felt confused, lost...lonely. My dream was to work and help my mom. But it was really hard going to a house with people you never met before. I was young. I didn't really realize the consequences of what I was doing. You don't know what kind of people you're gonna end up with.

Miguel was "lucky" and ended up having a great experience with his first foster family. He spent eight months in their home, started high school, and played sports, all while continuing to fight his immigration case. After eight months of stability, he was called into the principal's office one day at school—the first day of basketball practice, he remembers. He reflects on that day, stating:

They told me 'we have a new family for you, a plane ticket... you are leaving tomorrow.' I didn't want to leave. I was settled, I had friends, I was playing sports. I was starting a new beginning again, with a phone call. I went to say goodbye to my teachers, coaches, friends. The next morning at 5 AM, I was on a plane. It was really confusing and stressful. New family, new home, different people. And this time I had two foster brothers, so it was gonna be a different challenge. I was excited because at

least I wasn't gonna be alone. But you don't know how that is going to go. This was a long-term foster family, my other one was short-term. Because there are so many children waiting for beds to open, you don't know when it is gonna happen. It could happen the next week you arrive, or a couple months, or more.

To Miguel's surprise, one of the URM youth in his new foster home was from Guatemala City, and they had lived only thirty minutes away from one another. They quickly became friends and were able to reminisce and bond over their home country. Having a permanent foster home gave him a little extra breathing room, too. Previously, he had to receive permission to leave his local county, which made it difficult when playing sports or exploring different parts of the state with his foster parents.

During his senior year of high school, at 18 years old, Miguel learned that his mother had owed a debt to the bank, which she had used to pay the coyote who took him across the U.S. border. She was now at risk of losing their home. With just one year left of high school, Miguel dropped out and began working after receiving his green card. He remembers:

When I turned 18, I decided to quit school because my mom in Guatemala was going to lose her home. She had a debt with the bank because of my trip to the United States. God's time is always perfect, because when I turned 18, I got permission to start working. So, I left school to focus on work. I saved money and because of that we were able to pay the debt. She didn't lose the house. But the sacrifice that I did was leaving school for work. I feel like most of the other kids are in school when they leave the program, so they don't have enough time to work and save money. My situation was totally different. I had no choice but to go out and work. The program

did tell me to go to school, but I found my way not to go because I really, really needed the money for my mom's house.

Luckily, he saved enough money to send to his mother, and she was able to pay the debt and keep their home. After this, he decided to leave his foster home enter into an independent living program to continue working and begin to learn to be more independent. At 20 years old, he decided to exit the URM program—1 year before he was required to—to move in with his girlfriend. Two years later, they decided to get married.

But Miguel's mother never made it to his wedding. After everything that he had gone through to support his mother, she, too, was murdered by gang members in Guatemala City. Because of his legal status, he was not able to return to Guatemala. He reflects on this time:

It was a time in my life when I thought I was going to be able to support my mom, and they took her away. It was devastating. Knowing I would not be able to be at her funeral. It was heartbreaking. I told the program 'I have to go', they didn't accept the permission, I didn't make the funeral. It was really hard. I couldn't even afford to make a flight because I had to pay for the funeral. I spent all my money. It's crazy, because my mom was paying already for her funeral. She was already making payments to make sure she had everything in place. It's like she knew that it was coming. She was sad because all this time that I was here, she thought that she lost me... since I had parents, like, a foster family. She really thought I was going to stay with this family forever, thinking 'I lost my son' or something like that. Maybe that's why she started paying her stuff. Before I come here, my 4 brothers and my dad was killed in a kidnap. My mother was in so much pain. She was making a dream come

true for me even with all the pain that she had. That's what makes me stronger, you know?

Miguel is an incredibly resilient young man who has experienced deep loss and trauma before, during, and after his journey to the U.S. Despite this, he has somehow managed to maintain a positive outlook, which he attributes to his faith:

After all those years of suffering, I think God has been blessing me so much. I feel lucky. I can be in a worse place than this, I don't take it for granted. Now that I have my daughter, my wife...obviously, even more. I want my daughter to know everything I did was for my family, and for her future too, you know?

His wife recently gave birth to their first child. After saving money for a few years, they were able to purchase a foreclosed home, which they are working to repair. They hope to open their own business together someday. But not every URM youth's story is as similar as Miguel's. He shares how URM youth he met through the program have struggled after exiting:

Most of my friends that have been going into the programs they unfortunately...even the person I used to live with from Guatemala...he sadly passed away. He didn't make the right decisions. He was into drugs. Another friend is homeless. It's really hard because I want to help them and realize they are doing something wrong but sometimes when you do that you make it worse. But it's hard for me to see my friends going through that. We used to talk about our dreams in the program, and even though I have so many good things coming into my life now, I realize that

thankfully it's because I've been making the right decisions. Because if I fall, my family will fall with me. It's not a risk I can take. I can't afford for that to happen.

The path of a URM youth is one that is unique—and often, filled with trauma, loss, and heartbreak. It is a miracle that Miguel, at 14 years old, survived six days alone in the desert, with little food or water. Now, he has a family of his own, with whom he can visit his last remaining family member—his sister—in his home country:

When I became a U.S. citizen, I finally took my family, my wife and my daughter, to see my country...to meet my sister. For me, that's a dream come true...going back to my country, going to the airport, with my new family, to my old country. That's just amazing, you know? That was one of my goals.

This is a goal that most participants have not achieved yet—the ability to return to their country of origin and reunite with any remaining family members they may have. Yet, it is this goal that has kept them motivated through the difficulties they have continued to face. Miguel's story highlights the immense hardship, trauma, and grief that URM youth face prior to, during, and after their arrival to the U.S. The URM program often provides a sense of security, safety, and family to the youth who enter it. Their transition from the program is often another disruption—another loss—that they must overcome, on their own.

Phenomenological research attempts to uncover the nature of lived experience. Van Manen (1990) posited that “a good phenomenological description is collected by lived experience and recollects lived experience—is validated by lived experience and it validates lived experience” (p. 27). Each participant has had their own unique lived experience.

Miguel's story is only one of 21 different participants who were interviewed for this research

study. His story shows us the complexity of the URM experience and gives us insight into *who* these youth are, *what* they endure, and *why* their experiences matter.

The goal of this research study is to better understand the lived experiences of URM youth who have transitioned out of the program and are living in adulthood. The five central themes that emerged from the data were (1) strong support pre-transition, (2) lack of support post-transition, (3) societal expectations of self-sufficiency, (4) economic insecurity, and (5) difficulty continuing education. These themes are complex, multidimensional, and interconnected in many ways. These findings will be analyzed and discussed to answer this study's research questions:

1. Utilizing the Quality of Life framework, what are the experiences of participants who have transitioned out of the URM Program, related to the six domains? Have participants who have transitioned out of the URM Program “successfully integrated” into U.S. society, based on the URM Program Outcomes for Successful Integration?
2. What do participants identify as services and supports that have facilitated their successful transition to adult life?
3. What do participants identify as the primary challenges they face?
4. How can this information help inform future service provision?

In an attempt to answer the research questions, connections to these findings will be made with relevant literature. Considering that there is limited published research on URM youth who have transitioned out of the URM program and into adulthood, links to relevant, available literature will be made and new concepts uncovered will be highlighted and discussed. The theoretical and conceptual frameworks (critical youth studies, WHOQOL, the URM program outcomes, and the Midwest Study) for this study serves as a lens through

which this information is analyzed and discussed. This process in phenomenological research is iterative, reflexive, and cyclical. It requires the researcher to consistently reflect on her positionality as she interprets this data, which is why returning to the text is so critical to this research. Limitations to this research will be discussed. Implications and recommendations for future policy, practice, and research will be presented.

Research Question 1

Utilizing the WHOQOL framework, the first research question seeks to understand the experiences of participants who have transitioned out of the URM Program, related to the six quality of life domains: physical capacity, psychological, level of independence, social relationships, environment, and spirituality/religion/personal beliefs. Additionally, it seeks to determine if participants who have transitioned out of the URM Program “successfully integrated” into U.S. society, based on the outcomes of the URM program. Findings related to the six domains of the WHOQOL framework are discussed first, following a discussion of the findings related to the ten “successful integration” outcomes to answer this research question.

Returning to the definition of quality of life, this research question attempts to uncover participant’s “perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (p. 3, WHO, 2012). This definition of quality of life will be the basis from which the discussion on each domain is discussed.

Physical capacity. Very few participants reported having issues related to their physical health and well-being. Participants generally reported being in good physical health.

Additionally, participants reported having access to health care through state-issued Medicaid, which is available to all youth who exit foster care up until age 26. Some participants did share that navigating healthcare is difficult for them, especially with cultural and linguistic barriers, and restrictions with provider-networks under Medicaid. Since no participants in this study were over the age of 26, it is unknown what health care access and utilization looks like after they are no longer eligible for Medicaid.

In reviewing the literature, transition aged youth are found to be more likely to experience more than one physical health condition (Aherns et al., 2014). While very few participants had physical health challenges, there is concern that participants may be at greater risk for physical health problems in the future, especially considering their history of trauma coupled with the stress they feel in adulthood. Umme, who was placed in a foster home from age 17 to 21, shares how the stress and anxiety associated with economic insecurity manifests itself into physical ailments:

Well...I feel like I have anxiety all the time. I worry about a lot of stuff. Mostly about the financial problem, I worry about that a lot. I have too much headaches. I just worry too much about stuff. I don't think I have time for a therapist. But most of the time, I just suck it in.

Her account also highlights how deeply linked physical and psychological well-being is. Research has shown that children who experience adverse childhood experiences (ACEs) face greater health problems in adulthood (CDC, 2022). ACEs include traumatic events that occur during childhood, such as witnessing or being a victim of community violence, or parental separation—all of which URM youth, by nature, have experienced. These ACEs are

tied to chronic health issues and disease (such as heart disease, diabetes, and cancer), mental health concerns, and substance use issues in adulthood. ACEs can result in toxic stress as a result of long-endured trauma (CDC, 2022). The findings from this study have shown that participants experience stress and difficulty adjusting to this new life stage, with minimum support. It is unknown how participant's past experiences with trauma and stress will impact their physical health and well-being in the long-term.

Psychological. Similar to physical well-being, the majority of participants reported being in good psychological health. Despite this, this study found that participants experience stress related to economic insecurity, pressure of responsibility, and difficulty with the adjustment to adulthood. In addition, this study found that participants have a lack of support post-transition, including small social networks, and mental health utilization among this population is rare.

The same concerns also remain for their long-term mental health and well-being considering their past experiences with trauma stress. Studies have shown that refugees fleeing violence and turmoil experience higher rates of mental health symptomology post-resettlement (George, 2009; George 2012). Refugees are more likely to have experienced individual incidents of trauma as well as prolonged trauma, which increases their risk of psychological distress, exploitation, and re-traumatization (Hodes et al., 2008; Strickland et al., 2009; AAP, 2017; Huemer et al., 2009; Huebner & Fleischer, 2021; Higginson et al., 2018; Derluyn & Broekaert, 2008; Strickland et al., 2009). Unaccompanied children experience high rates of trauma, including the separation from or loss of a parent or family members, witnessing war or armed conflict, and acculturative stress (Derluyn & Broekaert

2008; Carlson et al., 2012), which can have negative impacts on their physical, mental and social health (Williams & Berry, 1991). It is unknown what the long-term effects of these traumatic and stressful life experiences will be for URM youth's mental health and well-being in the future.

Many participants have yet to process the trauma that they have experienced. In one study, URM program staff reported that youth face high rates of PTSD, adjustment disorder, and depression diagnoses upon arrival (Wasik, 2021). But there are challenges when it comes to participants utilizing mental health services. In reflecting on why he has not engaged in mental health services, Miguel, who was placed in a foster home at age 14, before entering into an independent living program from age 18 to 20, shared:

They offered me, but I'll be honest with you...when you're feeling like that... I didn't want to talk to anyone. I need time to process everything. Time just passed by, and I decide to do other things that it never went through my mind. I was blocking that, because I didn't want...we always say something in Spanish, 'if you remember, you live the moments again.' I didn't want to relive those moments again. Just knowing that I have that pain with me and talking about it, I wasn't ready. I needed time to process everything.

Miguel shares this common outlook with many participants. Lack of mental health service utilization among URM youth has been identified as a challenge upon their arrival to the U.S., mainly due to cultural stigma that URM youth feel. Additionally, the availability of culturally-sensitive and bilingual mental health services has been identified as a need for URM programs (Foley et al., 2021) which likely continues to be an issue post-transition.

Many participants also feel they do not have the time to engage in services to improve their psychological well-being. These challenges to accessing mental health care appear continue into URM youth's adult lives.

A lack of support and services post-transition and societal expectations of self-sufficiency were found to be significant challenges for participants in adulthood. The findings of this study suggest that as a result of these experiences, many participants develop a form of survivalist self-reliance, which has been found in the literature among transition age youth in domestic foster care (Samuels and Pryce, 2008), and has been found to inhibit youth from seeking mental health care. Participants' shared that other URM peers have struggled with their mental health, substance use, and homelessness post-transition. One participant shared that two URM youth that she knew had committed suicide. Another shared that one of their URM peers died from substance use, and another is homeless. Other participants mentioned how their URM peers are struggling to adjust to life post-transition. These findings align with the research on transition aged youth who are at high risk for psychological problems as a result of their disruption and loss of their established social support networks (Perry, 2006; Courtney et al., 2012; Courtney et al., 2018; Pecora et al., 2006; Pecora et al., 2009; Aherns et al., 2014; Avery, & Freundlich, 2009; Collins, 2001; Collins, 2010).

Protective factors, which have been linked to resiliency of refugee children, have been noted in the literature to exist within the individual, familial, and community levels (Bates et al., 2005; Carlson et al., 2012; George, 2012; Rana et al., 2011; Wiene, et al., 2014; Carlson, Cacciatore & Kilmek, 2012). Participants shared a lack of familial and community

supports and connections. This lack of familial and community supports and connections can serve as a risk factor for URM youth, especially regarding their psychological well-being. However, participants demonstrated many protective factors at the individual level, including a positive outlook, involvement in spirituality or religion, and a value of education (Pieloch, McCollough, & Marks, 2016). Eduardo, who was placed in a foster home from age 15 to 18, before entering into an independent living program from age 18 to 21, shares how he is now beginning to feel ready to begin processing all that he has been through:

So, lately, during times of my mom's birthday, dad's birthday, holidays... I get frustrated because I want to be with them...do things for them. But I tell myself 'you need to focus' because then, if you get frustrated, you want to throw the towel in. But I cannot afford that, unfortunately. I've been having that problem getting frustrated...but I know it's not my time, it's God's time. My goal for 5 or 6 months has been 'its ok to be frustrated, its ok if it doesn't work, you gotta be patient.' I was so young and didn't process everything the right way. Now I'm trying to make everything better that I used to excuse. I feel like I'm ready to start working on goals, but with a better mentality.

Eduardo's account highlights the individual resiliency that many participants in this study exhibited. Despite parental separation, prolonged trauma, and stress in adulthood, participants demonstrated strong individual protective factors, which may have a positive impact on their psychological well-being. Despite this, risk factors regarding URM's psychological well-being could be exacerbated by the transition to adulthood, during which

there is a lack of support post-transition, societal expectations of self-sufficiency, and economic insecurity (Hodes et al., 2008).

Level of independence. This study found that participants experienced societal expectations of self-sufficiency and a lack of support post-transition. The pressures of adulthood and the adjustment to adulthood emerged as specific parts of this societal expectation of self-sufficiency that participants felt and experienced. This expectation of immediate and complete independence post-transition was difficult for participants. They experienced a loss of their established support networks and were found to have small social networks in adulthood, leading to overall feelings of a lack of support post-transition. Many participants felt that despite having strong support pre-transition, they quickly realized how unprepared they were for adulthood after they exited the URM program.

These themes are consistent with research on transition age youth, which highlights how the disruption and loss of established social support networks can cause youth to face poor outcomes in adulthood (Courtney et al., 2012, Courtney et al., 2018; Pecora et al., 2006; Pecora et al., 2009; Aherns et al., 2014; Avery, & Freundlich, 2009; Collins, 2001; Collins, 2010). This sudden loss of their support network can often result in what Samuels and Pryce (2008) refer to as “survivalist self-reliance” among transition age youth. This way of coping with premature independence often begins before youth transition out of care, as they have been forced to be independent from a young age. This is only exacerbated by a lack of support post-transition and leads to over-independence in adulthood (Samuels & Pryce, 2008).

Participants demonstrated this phenomenon of survivalist self-reliance. With a lack of support post-transition and societal expectations of self-sufficiency, participants often felt

they had no other choice but to depend on themselves. Participants are forced to be independent with little supports, which causes feelings of loneliness and stress. Although the URM program aims to help youth prepare for adulthood, the exit from foster care has resulted in over-independence, or survivalist self-reliance, among participants. This can have negative impacts on URM youth in the future, as they may be less likely to seek support or assistance as a result (Samuels & Pryce, 2008; Collins, Spencer, & Ward, 2010; Cunningham, & Diversi, 2013). For transition age youth, psychological well-being has been found to be associated with social supports (Pecora, 2009). This can be an incredibly challenging for URM youth who face a lack of supports post-transition.

The findings from this study suggest that following their exit from the URM program, participants struggle to be independent—at least the type of independent that is required by them after leaving foster care in the U.S. For participants, independence in adulthood requires complete self-sufficiency from them. Many participants, who have cultures of origin that view what it means to enter adulthood differently, are shocked by the level of independence that is expected of them. With small social networks, limited social and community connections, participants find the adjustment to adulthood and the pressure of responsibility overwhelming and unrealistic.

Social relationships. Participants experience a lack of support post-transition, which encompasses a disruption and loss of their established support networks and small social networks in adulthood. As stated previously, this aligns with research on the social support networks of youth who transition out of domestic foster care (Samuels & Pryce, 2008; Collins, Spencer, & Ward, 2010; Cunningham, & Diversi, 2013). Research has shown that youth who exit foster care are more likely to face difficulty creating and maintaining healthy

social relationships (Courtney et al., 2018; Blakeslee, Best 2019; Cashmore & Paxman, 2006). Despite this, participants were able to name at least one positive adult connection in their lives who was a support to them. Being able to identify at least one adult who is a strong support has been shown to have extremely positive outcomes for youth in the long-term (Munson & McMillen, 2009; Greeson, Usher, & Grinstein-Weiss, 2010) which is promising for URM youth.

Although many participants were able to remain in contact with family members, only three have been able to reunite with family members since their journey as a refugee began. Some participants have no connection to their family of origin as they have lost them due to war or community violence. Additionally, many had been separated from their families in their country of origin before fleeing. They then spent anywhere between one to four years in a refugee camp, often alone, before even coming to the United States. The importance of maintaining family connections has been highlighted in the literature on youth who age out of foster care (Samuels, 2008; 2009; Collins, 2001; Collins, Spencer, & Ward, 2010). For unaccompanied children, being separated from or losing their parent or caregiver can have negative long-term impacts on their well-being. Familial connections have psychological, social, and emotional benefits that help youth cope in the face of adversity. Maintaining strong connections to family have been shown to be a protective factor in this population, which helps them to overcome challenges (Wiene, et al., 2014; Carlson, Cacciatore & Kilmek, 2012; Rana et al., 2011). In a greater sense, family connections are an essential part of a person's life course, which youth in foster care often lose out on (Samuels, 2008; 2009). This makes the life stage of adulthood even more challenging for URM youth.

Participants were found to have small social networks. Research on transition age youth has shown that for this population, support networks are critical to overcoming the adversity and negative outcomes that are often experienced by these youth post-transition. Whereas non-foster care youth's support networks are comprised mainly of family connections, which they are able to rely on for life's challenges, transition age youth in domestic foster care typically lack this by nature of their status. Therefore, for transition age youth, support networks are typically mainly comprised on service providers, with less support being gleaned from family or community (Wellman & Gulia, 1999; Blakeslee, 2015; Blakeslee & Best, 2019). This is even more pronounced for URM youth, who enter into the U.S. unaccompanied and without family or community supports. URM youth are even less likely than youth in domestic foster care to have familial connections that they can foster. The findings from this study showed that participants place significant value on their relationships with their case managers and foster parents, which is lost upon their exit from the URM program. Research has shown that protective factors for unaccompanied children include strong ties to individuals, groups, or organizations within the community, including to one's home culture, which can increase a sense of belonging (Pieloch, McCollough, & Marks, 2016). Because the support networks participants build are mainly through service provider relationships, the disruption or loss of this support network is a significant challenge in their adult lives, making the pressure of adulthood overwhelming. The findings from this study have shown that participants struggle to create new social and community connections after their exit from the URM program.

Environment. Participants overall reported feeling physically safe and secure in their home environments and communities. As the majority of participants struggled with

economic insecurity, participants also reported having little time to participate in leisurely activities or become involved in their communities. Additionally, since participants have less access to financial resources, many struggled with continuing their education. All of the participants left the URM program without a driver's license or access to a car. Though many received education on how to use the public transportation system in their area, this was a barrier for participants in accessing their community and feeling independent.

Many participants experience financial stress and housing instability as a result of economic insecurity. Participants generally felt dissatisfied with their current jobs, either due to the amount of money they were making, the number of hours they had to work, or both. With limited education and training, well-paying opportunities for employment were difficult for participants to secure. Three participants reported making an estimated salary of \$80,000-\$120,000 per year as truck drivers. This was an opportunity that required training and special licensure. These participants reported working over 70 hours per week and rarely being home. Though this is a well-paying job, to them it required sacrifice which led to dissatisfaction.

Additionally, it was found that participants do not need to have obtained their legal permanent residence prior to exiting the URM program. Without the legal authorization to work, this leaves little opportunity for youth to support themselves financially. Additionally, they leave the program without the supports to navigate their legal cases, which can cause confusion and added stress. According to USCCB (2013):

Providing youth with the opportunity to pursue legal relief for their immigration status while in care is a priority for ensuring their well-being and permanency. Their

successful transition into adulthood and the benefits afforded them are often based on that status. Without legal status, unaccompanied minors may not be able to completely settle into their new environment and heal from past trauma. They may also be subject to voluntary or involuntary repatriation. Although it is rare for unaccompanied minors to be returned to their country of origin from the URM program, it is possible. (p. 55, USCCB, 2013).

The transition from the URM program into adulthood without legal status presents significant barriers to much of their adult life, including their ability to access employment, further exacerbating financial stress, housing instability, and their overall well-being. The lack of legal status leaves URM youth who have transitioned into adulthood vulnerable to human trafficking, including labor and sexual exploitation. Leaving the URM program without legal status forces URM youth to begin this life transition with even more deeply nuanced barriers and challenges.

This study found that participants faced difficulty continuing their educational pursuits. Participants had educational goals, however, lack of time and money, pressure to provide for their families of origin, and language barriers presented challenges to educational attainment. Many participants struggle with English before leaving the URM programs (Rodler, 2021) and continue to face language barriers in adulthood, and as a result, must navigate them in isolation. These findings align with the research on transition age youth (Courtney et al., 2018). Although there are high levels of high school completion, low levels of higher education remain among this population (Pecora et al., 2006). These findings also align with research on refugee youth, which has shown that social exclusion within higher

education due to language barriers, economic insecurity, and xenophobia remains a barrier to educational attainment (Streitweiser et al., 2020). The two participants in this study who did not complete high school were from Guatemala, which aligns with research by Crea et al. (2017), who found that youth from Guatemala were less likely than those from El Salvador and Honduras to finish high school before exiting the program. These findings also align with available research by Rodler (2021) who found that despite URM youth having educational goals, many leave prematurely to focus on employment in order to send money to family members. Although education has been found to be a protective factor for transition age youth, as it is associated with higher income and employment (Pecora et al., 2006, Pecora et al., 2009; Manteuffel et al., 2008; Okpych & Courtney, 2019), research has shown that this population continues to experience low levels of higher educational attainment, even with the availability of extended foster care and ETVs (Okpych & Courtney, 2019; Okpych & Courtney, 2019). Rodler (2021) found that after 18, many URM youth face challenges pursuing higher education, while trying to balance work and preparing for independence, which this study found continues into adulthood and is compounded by a lack of support post-transition.

Many participants reported feeling isolated. Participants reported small social networks and low levels of engagement in their communities. Foley et al. (2021) found that URM youth, foster parents, and program staff report that this is a challenge prior to youth exiting the URM programs. There is a lack of opportunity for URM youth to engage in their communities and cultures. Due to a lack of diversity, many URM youth have felt marginalized in their communities. This is worsened for youth who live in more rural areas (Foley et al., 2021). This aligns with research on transition age youth, who are more likely to

face social exclusion as they must face day-to-day challenges in isolation (Stein, 2006). This can lead to psychological distress and highlights the need for transitional supports after youth exit care (Hodes et al., 2008).

Spirituality/Religion. Most participants reported being involved in a religious or spiritual practice or group. In fact, places of religious or spiritual practice and groups were mainly the only places participants felt connected to in their communities. They reported that these were environments in which they felt support and connection. Many participants were able to find individuals with similar cultural backgrounds and language of origin. Issack, who was placed in a foster home at age 16 to 18, before entering into an independent living program from age 18 to 21, shared:

I have a mosque that I go to. It's helped me a lot. Some of the people there speak the same language and are from my country. I see them sometimes outside of mosque, like when someone passes away or when they have celebrations. It's nice to have that.

Like Issack, places of spiritual or religious worship were some of the only social and community connections that participants had. Some participants, despite feeling connection and support from a religious or spiritual practice or group, lack the time to be able to attend as much as they would like. This is made more difficult by those who work long hours each week or who are parenting. A few participants were unable to find a place of spiritual or religious practice in close proximity to where they were, in which they felt comfortable.

Participants expressed strong faith in a power higher than themselves, which they leaned on and connected to in difficult and joyful times. Although most participants had a

lack of support post-transition, they attributed their spiritual or religious faith to assisting them through hard times. Spirituality and religion are seen in the literature as protective factors for transition age youth and refugee youth alike (Wiene, et al., 2014; Carlson, Cacciatore & Kilmek, 2012; Pieloch, McCollough, & Marks, 2016). These findings suggest that spirituality and religion are a critical protective factor for URM youth who have transitioned out of the program and into adulthood (Pieloch, McCollough, & Marks, 2016).

Discussing these domains from the conceptual lens of critical youth studies (Ibrahim & Steinberg, 2012) and quality of life (WHO, 2012) helps us to understand and interpret participant's experiences in a holistic way, related to their freedom to live a life that they value and have agency over. What we learned is that participants' perceptions of their livelihood in adulthood in the U.S. is not what they expected. Navigating adulthood with a lack of support, societal expectations of self-sufficiency, economic insecurity, and difficulty pursuing their education, participants struggle to do and be what they value, or achieve their goals. These experiences provide barriers to participant's overall quality of life in adulthood.

URM Program's Outcomes for "Successful Integration." While the URM program's first goal is to reunify URM youth with family, for the majority of youth, this is often not possible. Therefore, for most youth, the program's goal is to "help unaccompanied minors develop appropriate skills to enter adulthood and to achieve economic and social self-sufficiency through delivery of child welfare services in a culturally sensitive manner" (p. 9, USCCB, 2013). To accomplish this goal, USCCB (2013) put forth outcomes of the URM program are based on URMs "successful integration" into U.S. society. It posits that youth are regarded as successfully integrated when they have demonstrated the following:

1. A supportive care community. Youth feel supported by foster parents, staff, volunteers, community members, and peers.
2. Healthy relationships with peers and adults. Youth are able to maintain healthy relationships that are mutually trusting and supportive.
3. Emotional well-being. Youth are able to reconcile past trauma and achieve long term emotional wellness.
4. Self-determination. Youth feel safe and empowered to recognize their strengths and make decisions.
5. The ability to continue religious practice of choice. Youth are able to connect with a faith community of choice and practice their faith to the extent they wish.
6. Maintenance of own cultural identity and practices while having the ability to understand and adapt to life in the United States. Youth have a sense of individual belonging in the United States while maintaining a sense of connection with their culture of origin.
7. Successful reunification with family or maintenance of family relationships, when appropriate. Youth have the assistance they need to reunify with family regardless of geographic location.
8. Educational goals. Youth are able to achieve the vocational and professional knowledge, skills, and abilities they strive for.
9. Economic independence. Youth are economically self-sufficient to the maximum extent of their abilities.
10. The ability to participate in their new communities. Youth are mentoring and assisting other aspiring Americans in their journey. (p. 9-10, USCCB, 2013)

Now that we have discussed the experiences of participants in relation to the quality-of-life domains put forth by WHO (2012), we can attempt to determine whether URM youth have “successfully integrated” into U.S. society after their transition into adulthood, based on the outcomes of the URM program. The tenants of critical youth studies (Ibrahim & Steinberg, 2012) and QOL domains put forth by WHO (Sen, 1999; WHO, 2012) will provide a lens through which we attempt to answer this question.

The findings of this study suggest that despite participant’s receiving strong support from the URM program prior to their transition, they face significant challenges in adulthood. These challenges include a lack of support post-transition (a loss of established support networks and small social networks in adulthood), societal expectations of self-sufficiency (pressure of adulthood and adjustment to adulthood), economic insecurity (financial stress and housing instability), and difficulty continuing their educational pursuits (lack of time and money, pressure to provide for family, and language barriers). Although these findings align with previous research on transition age youth (Courtney et al., 2018, Dworsky et al., 2013; Courtney et al., 2012; Pecora et al., 2006; Pecora et al., 2009; Aherns et al., 2014, Manteuffel et al., 2008), there are significant differences in the experiences of URM youth from those in domestic foster care, which aligns with available literature (Crea et al. 2017; Evans et al., 2018; Rodler 2021; Wasik 2021). The findings from this study present new information about the well-being of URM youth who have transitioned into adulthood.

In comparing the findings against the URM program’s outcomes, participants are struggling to successfully integrate into U.S. society in adulthood. Their supportive care community is disrupted and lost post-transition. This often-repetitive cycle of disruption and loss for refugee foster youth impacts their ability to maintain healthy relationships with

trusted adults and peers, resulting in small social networks in adulthood. Most participants have yet to process the trauma that they have experienced. Additionally, they struggle with the pressure and adjustment of adulthood, with little support, and are not engaged in mental health services. While youth feel safe, self-determination is difficult. Participants tend to feel that they are alone, and do not have support networks to assist them in day-to-day decision making and challenges faced during this new life stage.

Participants were found to have strong connections to spiritual and religious practices or groups. This provided participants with feelings of belonging and connection with their culture, language of origin, and community. Many participants identified this community as one of the only spaces within which they could feel connection and support. The majority of participants have not been able to reunite with their families of origin, with only three participants reporting that they had been able to reunite with family members since they were placed in the URM program. Many participants reported that the COVID-19 pandemic-related travel restrictions, ongoing inter-country conflict, and lack of financial resources have prevented them from being able to reunify with family members. Many participants must maintain communication with family through phone and video calls, if that is even possible. This lack of familial support was noted as a difficult aspect of the transition to adulthood for participants.

Participants faced difficulty continuing their educational pursuits. Lack of time and money, pressure to provide for their families, and language barriers presented issues for participants. Though the majority of participants (19) had received a high school diploma, two participants dropped out in order to begin working. While nine participants were in the process of pursuing higher education, five had dropped out due to the aforementioned

challenges. None of the participants interviewed had received a college degree, yet many participants identified educational and professional goals that they would like to achieve. The findings suggest that participants, though given the opportunity and encouragement by URM programs to pursue higher education, as well as financial support through ETVs, continue to face significant barriers continuing their educational pursuits after exiting the URM program.

Participants face economic insecurity in adulthood, and struggle to be economically self-sufficient. Many participants experience financial stress and housing instability. Many were forced to focus on working, leaving little time or money for continuing their educational pursuits. As a result, many lack access to well-paying employment opportunities, and must work over 40 hours per week in order to make enough money to survive independently. This leaves participants with little time or money to continue post-secondary educational or training pursuits. It also leaves participants with little time to participate in activities that matter to them and promote a sense of community and belonging. Longitudinal studies on transition age youth have demonstrated that higher education helps to improve employment and income outcomes and brings youth closer in line to their non-foster care peers (Okpych & Courtney, 2019).

Participants lack social support networks. They describe feeling isolated and alone, rarely engaging in their communities. As one participant put it: “you’re on your own.” Many participants described spiritual or religious spaces as they only place in which they felt connection to their culture and language of origin, but also to the community in which they live. The areas in which participants live may lack diversity, leading to few opportunities for participants to feel that they can engage and participate in their communities. Participants remained connected to URM youth who they had met during their time in the URM

programs. This connection to other URM youth was a strength for participants, who reported that this connection has been helpful as they have navigated adulthood with a lack of support. Participants lack formal opportunities to receive mentorship from youth who have transitioned out of the URM programs and are living in adulthood or serve as mentors to younger URM youth who are preparing for the transition.

The central tenants of critical youth studies (Ibrahim & Steinberg, 2012) and the quality of life framework (WHO, 2012) helps us to recognize how the challenges participants face in adulthood negatively impact their well-being. Although participants have access to resources and support during their transition to adulthood, they swiftly lose the majority of these upon their exit due to stringent socio-political views on what age they become an adult. The lack of support post-transition, societal expectations of self-sufficiency, economic insecurity, and difficulty continuing educational pursuits present barriers to their overall ability to “successfully integrate” into U.S. society. Their social and economic landscape after exiting the program hinders their agency and overall well-being, providing barriers to adjusting to adult life in the U.S. and achieving their individual goals. As such, the data from this research study suggests that participants who have transitioned out of the URM Program are struggling to “successfully integrate” into U.S. society, according to the outcomes of the URM program, as they continue to face significant challenges in adulthood which diminish their overall quality of life.

Research Question 2

The second research question sought to learn what participants identify as services and supports that have facilitated their successful transition to adult life. A finding of this study was that participants received strong support prior to exiting the URM program. The

central supports identified by participants were independent living, life skills, and case management.

Independent living programs were identified by participants as a critical service that was helpful in preparing them for the transition to adulthood. These environments promoted independence by allowing participants to practice adulthood in a safe environment, without the risk. They were given the opportunity to learn life skills through real-life practice, without the added risks. Participants were given stipends to help cover the costs of living in an apartment and received life skills classes or workshops in addition to continued case management. Life skills classes and workshops were also identified by participants who remained in group or foster homes as helpful in preparing them for adulthood. These classes or workshops often consisted of participants learning about budgeting, healthy relationships, cultural and societal norms, sexual health, and substance use, among other topics. Having the space and ability to learn about these topics in a safe setting was identified as important to participants. These findings were consistent with the literature on transition age youth which has found that those who receive life skills training prior to entering adulthood experience greater stability (Dworsky et al., 2013; Courtney et al., 2012; Courtney et al., 2018; Pecora et al., 2006; Pecora et al., 2009; Aherns et al., 2014).

The importance participants placed on the case management services they received was unique from other available research on transition age youth (Courtney et al., 2012; Courtney et al., 2018). Participants built strong relationships with their case managers who often served as their central support system. Participants felt they could lean on their case managers for day-to-day support as they navigated a new country and culture. Additionally,

their case managers assisted them in long- and short-term goal setting, transition planning, and managing their ongoing legal cases. Foley et al. (2021) found that URM case managers often have smaller caseloads than child welfare case managers in domestic settings. This allows URM case managers more time to be able to spend concerted effort assisting and building relationships with youth. Lower caseloads may also lead to less turnover among URM staff, which allows URM youth to form a stable and healthy relationship with their case manager, even if they experience changes in their placement setting. The loss of this service and relationship post-transition was difficult for many. Because URM youth are transitioning into adulthood in a country and culture that is not their own, with no familial support, case managers often serve as a central part of their support network, which is lost following their exit from the URM program.

Research Question 3

The third research question asks what participants identify as the primary challenges they face. While this study found that participants received strong support pre-transition, they continue to face significant challenges in adulthood. These challenges include a lack of support post-transition, societal expectations of self-sufficiency, economic insecurity, and difficulty continuing their educational pursuits.

Although these findings align with prior research on transition age youth (Courtney et al., 2004; Courtney et al., 2018), URM youth are a unique population and therefore face unique challenges. Unfortunately, participants were found to have small social networks in adulthood and struggled with the loss of their previously established support networks, which was typically comprised of case managers and foster parents. This leaves participants feeling

isolated and alone, with very little support to navigate adulthood. By nature, URM youth typically have no relatives to lean on for support, whereas youth in domestic foster care are more likely to have family they can connect with after aging out (McMillen & Tucker, 1999; Courtney et al., 2004; Manteuffel et al. 2008; Samuels, 2008).

Additionally, URM youth enter into a new life stage, in a new country and culture, often with language barriers. Many youth may be experiencing acculturative stress (Derluyn & Broekaert 2008; William & Berry, 1991) after their transition into adulthood has occurred. This may lead to URM youth to face racism, xenophobia, and social exclusion as they navigate adulthood with less supports (Streitweiser et al., 2020; Huebner & Fleischer, 2021). Though youth of color have been found to face poorer outcomes in adulthood compared to their White peers in foster care (Courtney et al., 2018), the cultural and linguistic barriers that URM youth face in adulthood is unique to this population. The societal expectation of adulthood is confusing and difficult for participants who are used to a cultural emphasis on community as opposed to complete independence. The pressure of responsibility and the adjustment to adulthood, though similar to findings in the literature on transition age youth, are compounded by these nuances among this population.

Participants face economic insecurity following their exit from the URM program, including financial stress and housing instability. This aligns with prior research, which has shown that transition age youth are more likely to face economic hardship and housing instability than their non-foster care peers (Courtney et al., 2012; Courtney et al., 2018). Not only are URM youth facing economic insecurity upon their exit from care, but they are entering into a new life stage at a time when affordable housing remains a nation-wide crisis,

which is more likely to impact low-income people of color (National Low Income Housing Coalition, 2022). Participants found housing stability a challenge in their adult life.

Additionally, though it was a goal, participants did not need to have secured stable housing or income before they “aged out” of the URM program.

Participants exit the URM program with little training or education, which impacts their ability to find well-paying jobs. Because most participants do not make enough money, they must work over 40 hour per week in order to provide for themselves and their families. This leads to difficulty continuing educational pursuits, as there is little time or money, a pressure to provide for their families, and language barriers. These findings align with a study completed by Rodler (2021) which found that for URM youth in independent living programs, trying to pursue employment, education, and manage responsibilities was a difficult challenge. These findings highlight that the challenges participants face prior to exiting the URM program are only exacerbated after they “age out.”

Research Question 4

The fourth and final research question seeks to understand how this information can help inform future service provision. The findings of this research study present new information for the URM program to consider regarding URM youth after they exit from care. Specifically, these findings highlight potential ways in which the URM program can better support youth during and after their exit from the program and into adulthood to promote well-being. This study found that despite feeling that they received strong support pre-transition, participants face significant challenges in adulthood. These challenges include a lack of support post-transition, societal expectations of self-sufficiency, economic

insecurity, and difficulty continuing their educational pursuits. Recommendations are made for enhancing and strengthening service provision for URM youth based on these findings.

This study found that participants experienced societal expectations of self-sufficiency. According UNHCR (2011b), self-reliance is “the social and economic ability of an individual, household or community to meet basic needs (including protection, food, water, shelter, personal safety, health and education) in a sustainable manner and with dignity” (p. 15). Crea et al. (2020) highlights the limitations to self-sufficiency, which fails to consider the nuances of the economic and geographical context in which refugees live. Further, Crea et al. (2020) posits that self-sufficiency itself needs to be “operationalized, in such a way that accounts for the significantly different contexts of refugee resettlement—and does not reduce this concept only to quick employment but highlights the social, cultural, and economic domains underlying refugee integration” (p. 2091). Researchers and advocates have challenged self-sufficiency and independence as measure of success among transition age youth, and instead call for practicing interdependence, which represents “the values of connection and collaboration as a healthy approach to development and growth” (Propp, Ortega, & NewHeart, 2003, p. 263). They posit that the goal of independence is an outdated paradigm that contributes to the challenges that so many youth face after leaving foster care (Propp, Ortega & NewHeart, 2003; Antle et al., 2009). In other words, youth entering adulthood should be encouraged to sustain healthy relationships on which they can depend during this new life stage.

Thus, the URM program should shift its focus from fostering self-sufficiency and independence to interdependence (Horrocks, 2002; Propp, Ortega, & NewHeart, 2003;

Samuels & Pryce, 2008). Through this lens of interdependence, the URM program can approach this new life stage from a lens that encourages and empowers youth to foster connections outside of the URM program and in their community. This will help to reduce the pressure of responsibility and the adjustment to adulthood that is experienced by participants. It will also help URM youth to feel a greater sense of support post-transition. This study found that spirituality and religion were important parts of participant's lives, providing them with a sense of faith, connection, and belonging during a difficult life stage. Efforts should be made to encourage and connect URM youth to spiritual and religious groups or spaces to prior to their transition to strengthen interdependence.

In this same vein, the URM program should prioritize helping URM youth to create and maintain support networks outside of the URM program, prior to their transition. Youth who exit foster care often experience a disruption and loss of their support networks once their ability to receive services ends. Research has highlighted the need for established social support networks for both transition age and refugee youth to succeed in adulthood (Perry, 2006; Ahrens et al., 2011; Munson & McMillen, 2009; Samuels, 2008; McMillen & Tucker, 1999; Manteuffel et al. 2008, Courtney et al., 2004; Blakeslee, 2015; Blakeslee & Best, 2019). This is even more critical for URM youth, who lack the ability to maintain formal support through family and kin, and must navigate the complexities of a new country, culture, and language without a support network. This study found that participants experienced a loss of their established support networks, and had small social networks in adulthood, leading to an overall lack of support post-transition. The URM program should strengthen existing service provision, including transition planning, case management, life skills classes and workshops, to assist youth in building their support networks, outside of

service provider relationships. This should be a concentrated effort that begins upon a URM youth's arrival to the program. Each URM youth's support network should be consistently evaluated and assessed, in an effort to better prepare URM youth for adulthood (Collins, Spencer & Ward, 2010). Ensuring that this process occurs for each URM youth can help lead to a greater sense of support and improve well-being among this population. Doing so early on can also help URM youth establish deep and lasting connections and can provide more time for these relationships to be identified and built.

Additionally, efforts should be made to help youth connect in other meaningful ways with the community in which they live (Collins, Spencer & Ward, 2010; Evans et al., 2022). URM youth should be connected with community-based organizations prior to their transition. These can include family resource centers, youth drop-in centers, health and mental health clinics, adult education centers, and other organizations that can assist youth with accessing resources in their communities. This study found that participants faced economic insecurity and difficulty continuing their educational pursuits, however, they were not connected to any community-based organizations outside of their spiritual or religious place of worship. Community-based organizations can provide a sense of support, connection, and belonging to URM youth, in addition to providing them with access to resources that they may not otherwise seek, especially related to housing, financial, educational, vocational, and daycare resources. In addition to connecting youth to community-based organizations in their area, URM programs should prioritize assisting youth who are enrolled in higher education with the resources available to them through their institutions. Participants often lack the time to learn about these resources and language barriers may prevent them from exploring them. These efforts can help promote social

inclusion and a sense of connectedness among URM youth after they “age out” of the URM programs.

In helping youth to establish support networks outside of the URM program and move towards interdependence, it is recommended that URM programs establish a formal mentoring program. Research has shown that formal mentoring can promote positive outcomes for transition age youth and can help youth maintain healthy, supportive relationships in adulthood (Courtney et al., 2010; Ahrens et al., 2011; Daining & DePanfilis, 2007; Antle et al., 2009). For URM youth, the ability to establish and maintain relationships with caring adults from the community, that do not end at their age of exit, would greatly enhance youth’s support network. Mentors can include both individuals who share similar cultural and linguistic background as the youth, as well as those who do not, as both types of relationships have been shown to benefit refugee youth (Evans et al., 2022).

Additionally, each individual URM program should establish formal alumni groups available to URM youth who exit from the program. These groups can provide a space for URM youth who are living in adulthood to connect with one another and provide peer-to-peer support throughout the challenges of this new life stage. This is an opportunity for URM programs to promote connection and support among this population post-transition. The establishment of formal mentoring programs and alumni groups can provide safe spaces and people for youth to continue learning and practicing English. These groups can also allow URM youth to build their support networks, as these relationships will not end at their age of exit.

It is recommended that URM programs establish a formal process for maintaining contact with, and collecting data from, URM youth after they exit from the program. URM programs are not required to maintain contact with youth after they have transitioned out of the URM programs. Programs should develop formalized processes to consistently seek feedback from youth who have aged out of URM programs. Feedback and direct participant experiences should be reflected upon and used as a means to improve programming and service provision. This should be built into an overarching effort of ongoing evaluation of URM youth and program outcomes and collection of data (Foley et al., 2021). There were found to be variations in participants' experiences regarding URM program staff reaching out. Some felt they rarely heard from their URM program staff after exiting, while others reported that they had checked in with them somewhat frequently. Carlos, who was placed in a group home at age 15 before entering into an independent living program from age 18 to 20, shared:

Everything they do is thinking about us, but that has a lot to do with the person who is running the program. Some programs are not going to go out of their way to call you and see how you're doing. But just by the fact that they take time out of their life to call you and check in, it means a lot.

Participants for this study were recruited from only five out of the fifteen states in which URM programs exist. It is critical that all URM programs seek feedback and data in order to improve service provision for transition age youth and improve outcomes in adulthood. Focus groups should be established to better understand URM youth's experiences in adulthood in the particular state in which they reside. URM programs implement processes to maintain data on youth who have exited from care in order to better understand their well-

being in adulthood. This will help URM programs to better understand how to improve service provision for this population.

Lastly, individual URM programs should develop a process by which they share best practices, challenges, and data with one another. As it stands, individual URM programs do not have a formal process through which they communicate with one another. Formal processes for information sharing across URM programs should be implemented. Data collected from URM alumni should be entered into a database, similar to the National Youth in Transition Database (NYTD), in order to help improve policy and practice across all URM programs moving forward. The collection and sharing of data—especially longitudinal data—can highlight differences in individual program outcomes and encourage the sharing of best practices. Collectively, these changes in practice can promote consistent program evaluation and lead to changes in policy and practice, and advocate for policy and practice changes that directly impact URM’s long-term well-being.

Limitations

Several potential limitations exist within this research study. This study sampled for range in an attempt to capture the diversity of experiences and understand where there may be important gaps, which was contextualized in the discussion of the findings (Weiss, 1994). Attempts at maximum variation sampling (Table 3) were not perfectly achieved, as there were less participants (8) over the age of 25. Because of the significant diversity among the URM population, results from this study are not generalizable to the entire URM population. However, the goal of this study is not to be generalizable to the entire URM population. Rather, it is to identify common themes among the experiences of URM’s who have transitioned out of the URM program. As Luker (2008) suggests, pursuing generalizability

can be attempted through thinking about a study at its most abstract level, and then “holding our findings up to other studies...in order to see how our findings illuminate, contradict, extend, or amplify existing theory” (p. 127). Therefore, findings were compared to relevant studies and theory related to unaccompanied refugee minors and experiences of youth transitioning into adulthood.

Through completing interviews virtually, this research study favored participants with access to technology, therefore limiting access to the study for URM alumni who cannot afford or access technology. Additionally, it is possible that recruitment efforts may have disproportionately attracted responses from participants who have had positive experiences with their respective URM program. This may have inadvertently left out potential participants who have had negative experiences with either or both. In an effort to mitigate this limitation, participants were asked if they knew of any other potential participants who may be interested in this study. This method of snowball sampling was successful in recruiting additional participants.

Additionally, this study favored participants who were comfortable speaking English. Securing access to interpreter services was not possible due to the financial restrictions of this research study. Therefore, this study was not inclusive of participants who may not be comfortable speaking English or fear being misunderstood. Additionally, because participants completed the interviews in English, it is possible that questions asked by the researcher and responses given by the participant many have been confused by language and cultural context.

This research study was limited to the information that participants were comfortable sharing. Additionally, the researcher was responsible for collecting, analyzing, and

interpreting the data received from participants. Therefore, the study is limited by the researchers own interpretations of participant's data. As Smith (2003) highlights, interpretive phenomenological analysis can be limited when "people struggle to express what they are thinking and feeling, there may be reasons why they do not wish to self-disclose, and the researcher has to interpret people's mental and emotional state from what they say" (p. 54). Despite the limitations of this research study, its findings offer new knowledge and useful implications for policy, practice, and future research on this population. These implications and recommendations are discussed in the following section.

CHAPTER 6

RECOMMENDATIONS AND CONCLUSION

Recommendations for Policy and Practice

The findings from this research study help to highlight several recommendations to existing policy to help enhance the well-being of URM youth in adulthood. URM youth are afforded the same state and federal benefits as their peers in domestic foster care. The 22 URM programs operate under the child welfare policies within the 15 different states in which they are located, as well as the overarching federal child welfare policies that are mandated upon each state. Although significant changes have been made to policies impacting transition age youth over the past two decades, the findings from this research study show that URM youth continue to face significant challenges in adulthood. As such, each individual URM program is limited in the services they can provide by the state in which they are located, as well as current federal legislation regarding transition age youth (ORR, 2021).

All of the 15 states that house the 22 URM programs (Arizona, California, Colorado, District of Columbia, Florida, Massachusetts, Michigan, Mississippi, New York, North Dakota, Pennsylvania, Texas, Virginia, Washington, and Utah) extend foster care services up to age 21, with Massachusetts extending care up to age 22 (Children's Bureau, 2022). In 2018, the Family First Prevention Services Act gave states the option to extend services to

youth up to age 23. It is recommended that these 15 states extend foster care services up to age 23, at minimum. This will provide URM youth with extended time to adjust, acculturate, and allow time for more adequate transition planning. The findings from this study demonstrate that URM youth face significant challenges in adulthood. As reviewed, the benefits of extending foster care have been widely studied. URM youth are a vulnerable population, and the benefits of extending foster care is a necessary step to improving long-term outcomes in adulthood.

Instead of providing an option, the Family First Prevention Services Act should instead mandate that states extend services to youth up to age 26. Studies have shown the significant benefits of youth remaining in foster care past 18, including greater economic security and housing stability (Courtney et al., 2018; Mann-Feder & Goyette, 2019). In the U.S., economic recession, fluctuating job markets, and record-high student loan debt has led to youth requiring a longer transition to adulthood than ever before, which is even more troubling for youth in foster care (Kelly & Simmel, 2019). Youth in foster care lack this option, instead having to exit care and enter adulthood abruptly and with less support and skills (Osgood, Foster, Flanagan, & Ruth, 2005; Stein, 2006). URM youth transitioning out of URM programs and into adulthood face similar but unique challenges than their peers in domestic foster care. URM youth often enter into the URM programs later than those in domestic foster care, and with significant trauma (Foley et al., 2021). They have less time to adjust to life in the U.S. before having to exit care and enter a new life stage. This study found that URM youth continue to face a lack of support post-transition, societal expectations of self-sufficiency, economic insecurity, and a difficulty continuing their educational pursuits. Extending foster care to age 26 in these 15 states can extend benefits

and support for URM youth and help contribute to long-term positive outcomes in adulthood (Monahan, 2022).

Additionally, the Family First Prevention Services Act should be amended to require that states ensure that youth have secured stable housing, income, and legal work authorization prior to exiting care. As it stands, states have no obligation to youth who do not have these at the time they reach the age of majority (Monahan, 2022). Because of the current legislation, URM youth are forced to leave the URM program before receiving their legal permanent residence. Without this status, URM youth are not legally authorized to work in the U.S. yet are expected to be “self-sufficient” adults with stable income and housing. Amending the current legislation to allow youth to secure housing and employment before they transition into adulthood would extend this same requirement to URM youth.

Although housing and employment are pieces of a youth’s overall mandatory transition plan, these plans are not required to begin before 90 days of a youth’s exit from care. Thus, transition planning often begins too late, and the quality of each transition plan depends on the caseworker and youth’s engagement. Therefore, transition planning should also be required to begin six to 12 months prior to a youth’s exit from care to allow a realistic amount of time for caseworkers to assist youth in solidifying support networks, housing, and employment. Requiring states to ensure that youth have stable housing and income will help alleviate these challenges faced in adulthood. States should also be required to appoint specific persons to conduct follow-up interviews with URM youth who age out of the URM program. These designated persons should be required to periodically check-in with youth after they have exited, and provide any assistance in connecting them to necessary resources.

Under the John H. Chafee Foster Care Independence Program, Education and Training Vouchers (ETVs) in the amount of \$5,000 per year are granted to transition age youth to pursue higher education or job training. These funds can also be used for other activities related to preparing youth for the transition into adulthood (CSR, 2021; Courtney et al., 2012). Although ETVs can be combined with other grant monies and financial aid, the cost of higher education often exceeds available funding. Transition age youth continue to experience difficulties when it comes to attaining higher education, even with the implementation of ETVs (Okpych & Courtney, 2019). ETVs are only available to youth for up to five years and cannot be used past the age of 26. URM youth struggle to balance pursuing their education, working, and adjusting to the U.S. and their new life stage with a lack of support. The majority of URM youth arrive at age 17, which leaves little time to close potential gaps in education, in addition to learning a new language. Education is a noted protective factor for transition age youth and is associated with higher income and employment. ETVs should be extended for up to ten years and should be available to youth up to age 30. These changes would extend financial support to youth, as transition age and refugee youth alike are more likely to take longer to achieve a post-secondary degree (Pecora et al., 2006, Pecora et al., 2009; Manteuffel et al., 2008; Okpych & Courtney, 2019). Combined with the extension of foster care up to age 23, URM youth would likely achieve greater educational attainment outcomes, as evidence has shown that longer periods of care result in higher educational attainment for URM youth (Crea et al., 2017).

Also funded by the John H. Chafee Foster Care Independence Program, many domestic child welfare agencies have implemented a specific type of case manager—adolescent outreach workers—to help improve outcomes for transition age youth. Serving as

an added resource to youth, adolescent outreach workers help youth become connected to employment, education, and other opportunities related to preparing them for adulthood. Unfortunately, not every state has adolescent outreach workers, and those that do are often short-staffed due to a lack of funding. These units of case managers with specialized skills and knowledge are solely dedicated to helping youth prepare for adulthood and can be incredibly beneficial for transition age youth (Collins, Spencer & Ward, 2010). URM programs do not have adolescent outreach workers or specialized case managers designated to helping youth prepare for adulthood. It is recommended that states consider investing in these positions in order to invest in URM youth's long-term well-being.

In order to accomplish the aforementioned recommendations, states would need to receive additional federal funding (Monahan, 2022). Research has shown that transition age youth are less likely to depend on government assistance when they achieve post-secondary degrees and maintain stable housing and employment (Courtney et al., 2018; Okpych & Courtney, 2019). The federal government should view these changes to policy not only as an investment in transition age youth, but an investment in cost-effective, long-term solutions (Collins, 2004; Monahan, 2022).

The aforementioned changes to policy can have long-term impacts on the way in which URM youth experience adulthood. Research has shown that changes to policies relating to the extension of foster care can influence and shape transition age youth's views on service engagement and utilization (Abrams et al., 2017). In other words, policy can directly impact youth's view on self-sufficiency. Changes to state and federal policies can help URM youth move from a state of survivalist self-reliance to one of interdependence (Abrams et al., 2017). This aligns with the recommendation for the URM program to shift its

focus from fostering independence to interdependence, which encourages and empowers youth to foster connections outside of the URM program and in their community. Policies regarding transition age youth should be reviewed to align more closely with interdependence. These policy and practice changes can help promote long-term well-being among URM youth in adulthood.

Recommendations for Future Research

This research study provided findings for future policy and practice regarding the well-being of URM youth who have exited URM programs and entered adulthood. It highlights the need for further research on this population and provides a foundation from which future transdisciplinary studies can be built. Specifically, future studies should further investigate the well-being of URM youth post-transition based on this study's findings. More in-depth research is needed regarding the challenges URM youth face in adulthood, particularly related to their social support networks, economic security, views on self-sufficiency, and educational attainment. Future research should consider URM's pre-migration experiences, specific URM program, country of origin, length of time in the URM program, placement types, legal status, and other important markers to better understand and contextualize these findings. This study was not successful in recruiting participants who were over the age of 26. Future studies should attempt to understand the experiences of URM youth over the age of 26, especially as it relates to health care access and utilization, as well as long-term health, mental health, employment, education outcomes and overall long-term well-being.

Research on the URM program and the URM youth population is still in its infancy. Even less research exists regarding outcomes for URM youth in adulthood. More research is needed on the URM program's preparation of transition age URM youth, and whether programs are adequately meeting the needs of youth prior to their exit. Additionally, more research is needed on individual URM program outcomes by state. In this same vein, more research is needed on URM youth before, during, and after their transition from the URM program in order to assess the impact of current policy and practice on URM youth's well-being in adulthood. This study did not include URM program staff or foster parent views or experiences on URM's well-being in adulthood, which may be useful in future studies. Longitudinal studies, similar to those on transition age youth, are needed on this population in order to investigate their long-term well-being. Research on the specific risk and protective factors for the URM youth population is critical to improving outcomes in adulthood. Additionally, more research is needed on how to help move URM youth from survivalist self-reliance to interdependence in adulthood.

URM youth's experiences exist within the local, state, national and global discourse, policies, and ideologies on displacement and migration. They are therefore vulnerable to facing racism, discrimination xenophobia, and social exclusion (Streitweiser et al., 2020). Future research should consider how these experiences may impact their overall well-being, particularly as they navigate adulthood. Opportunities for promoting agency, activism, civic engagement, and social inclusion among this population need to be explored further (Huebner & Fleischer, 2021). Thus, future research that promotes critical youth studies, such as youth participatory action research, is recommended. Additionally, future research should

investigate the often-conflicting policies of the legal, immigration, and child welfare systems, and how URM youth's long-term well-being may be impacted (Derluyn & Broekaert, 2008).

Research is a powerful tool that can be used to highlight the voices of those who are often not heard and can result in changes to policies that directly impact the lives of marginalized populations in the future. As the war in Ukraine continues to unfold, in addition to ongoing conflicts that persist worldwide, it is estimated that global forced displacement has already exceeded 100 million people—almost half (41 percent) of whom are children (UNHCR, 2022). This is more than double the 42.7 million people who were forcibly displaced just a decade ago (UNHCR, 2022). The number of unaccompanied refugee minors is continuing to steadily rise along with global forced displacement and a post-pandemic global economy that is not expected to recover anytime soon (UNHCR, 2020a; UNHCR, 2022). Transdisciplinary research on how to best promote the overall long-term well-being of unaccompanied refugee minors has never been more important.

Concluding Thoughts

This dissertation research advances the very limited knowledge surrounding the lived experiences of URM youth after transitioning from the URM program and entering into adulthood. It does so in a few key ways. First and foremost, it utilizes the voices of URM youth who are living in adulthood to learn about their experiences. This builds on the small amount of previous literature on this population by adding what most have missed through quantitative methods. The voices of participants help us to contextualize the multidimensional and multilayered experiences of these youth.

Additionally, this research highlights the uniqueness of these experiences, particularly as it aligns with, and differs from, the literature on transition age youth in domestic foster care. In using the central tenants of critical youth studies and the WHOQOL, this research brought forth new ways of understanding, interpreting, and analyzing this phenomenon that centers youth's voices. This study found that despite participants receiving strong support before their transition into adulthood, they continue to face significant challenges after their exit from care. Participants were found to experience a lack of support post-transition, societal expectations of self-sufficiency, economic insecurity, and difficulty continuing their educational pursuits. The voices and stories of these participants, however, helped us to understand the significant differences in these challenges faced when compared to youth who transition from domestic foster care.

URM youth often arrive to the U.S. after enduring significant trauma after feeling their home countries. Many of these youth then experience added trauma after being detained and criminalized while they attempt to apply for asylum. URM youth are then thrust into adjusting and acculturating to life in the U.S. Often, it is not long before they reach the age of majority and must exit from the URM program—regardless of whether they feel prepared, have learned English, have legal documentation to work, or have secured housing. On top of this, URM youth are forced to enter into a new life stage in a social, political, economic and cultural context within which they experience marginalization. They are suddenly expected to be self-sufficient adults without the familial, social or community supports that many young folks rely on to get through the difficulties of adulthood.

As a result, many youth embody a sense of over-independence—survivalist self-reliance—in response. Despite all of this, URM youth are subject to the same state and

federal child welfare policies regarding the transition to adulthood. Based on the study's findings, changes are proposed, and recommendations are made to the URM program's service provision. Additionally, recommendations are made to improve existing policies based on this new knowledge.

This research provides new insight into the quality of life, “successful integration”, and diverse challenges that URM youth face in adulthood. It recognizes the uniqueness of this population and the negative impact that one-size-fits-all policies and practices can have on their quality of life in adulthood. It argues that in order for URM youth to live a life that they value after exiting care, the URM program and the child welfare system at large must move from preparing youth for independence to helping youth learn interdependence. In the future, this research will hopefully serve as part of a robust and expansive body of literature on transition age URM youth and their quality of life and well-being in adulthood.

It is clear that the current research, policies and practices that impact URM youth in adulthood are not created “with, by and for” (Telleczek, 2014, p. 16) them. This research study will hopefully encourage future researchers, practitioners, and policy makers to recognize the importance of including URM youth as agents of change in the transformation of the social, economic, and political systems that directly impact their well-being.

APPENDIX A
RECRUITMENT SCRIPT

Hello,

I am reaching out to you on behalf of Hannah Taverna, a student studying for her doctorate at University of Massachusetts in Boston. Hannah is doing a study on the experiences of unaccompanied refugee minors who have transitioned out of the Unaccompanied Refugee Minors Program.

Hannah is looking to interview people like you who have been in the program to learn about their quality of life, the services they found helpful during their transition, and any challenges that they may now face in adulthood. She hopes that this information will help improve services for others in similar situations transitioning into adulthood in the future. The interview would be on your phone through Zoom/Skype/FaceTime, or in person if possible. Being part of this study is voluntary. If you choose to participate, you can skip questions and/or stop the interview at any time. Your answers to questions will remain completely confidential.

If you would like, Hannah can send you a copy of her findings at the end of the project. This research project is supervised by her academic advisor, Dr. Dimity Peter and has been approved by the University of Massachusetts Boston.

We do hope that you are able to help Hannah with this study. If you are interested in an interview, or have further questions, please reach out to Hannah by phone, WhatsApp, or email:

Phone/WhatsApp: (781) 635-0146
Email: HannahTaverna@gmail.com

If Hannah cannot answer any of your questions or concerns you can email Hannah's supervisor at dimity.peter@umb.edu

Thank you,
]Name of state contact]

APPENDIX B
INTERVIEW GUIDE

Pre-Interview Demographic Data:

- (1) location of URM program
- (2) age
- (3) gender identity
- (4) country of origin
- (5) language of origin
- (6) age of entry into URM program
- (7) age of exit from URM program
- (8) total length of time in URM program
- (9) type of placement setting
- (10) highest level of education
- (11) estimated annual income
- (12) current employment status
- (13) marital status
- (14) number of children
- (15) current documentation status

Semi-Structured Interview Questions:

Semi-Structured Interview Questions:	QOL Domain	URM Program Outcome	Midwest Evaluation of the Adult Functioning of Former Foster Youth
(1) Tell me about how you became connected to the URM program. Which URM program were you placed in? What type of placement(s) did you receive?			Foster Care Experiences
(2) Tell me about your overall experience with the URM program.			Foster Care Experiences
(3) What was the experience of transitioning out of the program and into adulthood like for you?			Feelings About the Transition to Adulthood

(4) Tell me about your life as an “adult”. What is it like?			Feelings About the Transition to Adulthood
(5) How would you describe your physical health ? Do you have access to health care? How would you describe your psychological/mental health ? Do you have access to mental health care?	Physical capacity Psychological	Emotional well-being	Physical Health and Access to Health Services Mental Health Utilization and Utilization of Mental Health Services
(6) Tell me about your living arrangements since you left the URM program.	Environment	Economic independence	Living Arrangements
(7) Who or what do you lean on for support ? If you don't feel you are able to identify supports, what has that been like for you?	Social relationships	A supportive care community Healthy relationships with peers and adults	Social Support Mentoring
(8) Do you have any connection to your family of origin?	Social relationships	Successful reunification with family or maintenance of family relationships	Relationships with Family of Origin
(9) How do you support yourself financially ? Do you struggle to make ends meet?	Environment	Economic independence	Employment and Earnings Economic Hardships Receipt of Government Benefits
(10) What is your level of involvement in your community ?	Level of independence/ Environment	The ability to participate in their new communities	Civic Participation Connectedness

(11) Do you have time to do things that you love ? If so, what are they? If not, can you describe why?	Environment	Self-determination Maintenance of own cultural identity and practices while having the ability to understand and adapt to life in the United States	Life Satisfaction
(12) What has your experience with accessing opportunities for education been like?	Environment	Educational goals	Education
(13) Are you involved in any religious or spiritual practices or groups?	Spirituality/religion/personal beliefs	The ability to continue religious practice of choice	Religion
(14) What factors do you feel positively contribute to your quality of life ?			Life Satisfaction and Future Orientation
(15) What factors do you feel diminish or negatively impact your quality of life ?			Life Satisfaction and Future Orientation
(16) Were there any services or supports that have facilitated the successful transition to adult life for you? If so, what were they? If not, what would have been helpful?			Independent Living Services Foster Care Experiences Feelings About the Transition to Adulthood
(17) What are some of the primary challenges you have faced since leaving the URM program?			Feelings About the Transition to Adulthood

(18) If you could change any future service provision within the URM program, what would it be?			Feelings About the Transition to Adulthood
(19) What are your goals and hopes for the future?		Self-determination	Life Satisfaction and Future Orientation
(20) Do you stay in touch with any other URM alumni? If you know of any URM alumni who would be interested in participating in this project, please give them my contact information.			Social Support

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