Service Standards

Refugee Resettlement Services

Purpose

Refugees acquire the cross-cultural information, skills, and social support network needed to gain stability, make a positive personal and social adjustment, maintain family connections and well-being, and achieve educational, economic and civic participation goals.

Definition

Refugee Resettlement Services assist refugees with the migration and relocation process.

Resettlement services promote the social acceptance, acculturation, integration, and financial self-reliance of refugees in their new community. Organizations that provide these services often work in partnership with child welfare, social services, medical and mental health providers, and the educational system. Examples of resettlement services include, but are not limited to: pre-arrival and reception; information and referral services; services to meet basic needs, including financial assistance, housing, and healthcare; cultural orientation; and services for separated refugee minor children.
Interpretation: *COA recognizes that outcomes will vary according to program goals and client circumstances, and that the outcomes and timeframes the organization sets will include any specified through a contractual agreement.*

Note:*Throughout RRS the term "refugee" is defined to include refugees and, when appropriate, other designated groups that are eligible for refugee resettlement assistance. In accordance with the Immigration and Nationality Act (INA), as amended by the Refugee Act of 1980, other designated groups include: Asylees, Cuban and Haitian Entrants, Trafficking Victims, Vietnamese Amerasians, and Iraqi and Afghan Special Immigrants.*

Note:*Some organizations have a mission to respond to a particular area of need, such as increasing job readiness and employability for individuals with limited education and job prospects; other organizations provide comprehensive services. Organizations that provide targeted assistance to refugees will complete other applicable COA service standards. Related applicable standards can include: Workforce Development and Support Services; Case Management; Volunteer Mentoring Services; Family Foster Care and Kinship Care; Counseling, Support, and Education Services; Youth Independent Living Services; Group Living Services; Residential Treatment Services; Services for Unaccompanied Children, and Family Preservation and Stabilization Services.*

Note:*Please see RRS Reference List for a list of resources that informed the development of these standards.*

Note:*For information about changes made in the 2020 Edition, please see the RRS Crosswalk*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Refugee Resettlement Services

RRS 1: Person-Centered Logic Model

Purpose

Refugees acquire the cross-cultural information, skills, and social support network needed to gain stability, make a positive personal and social adjustment, maintain family connections and well-being, and achieve educational, economic and civic participation goals.

The organization implements a program logic model that describes how resources and program activities support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one client outcome has been identified for all of its programs; or
- All but a few staff have been trained on use of therapeutic interventions and training is scheduled for the rest; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs; or
- Several staff have not been trained on the use of therapeutic interventions; or
- There are gaps in monitoring of therapeutic interventions, as required; or
- There is no process for identifying risks associated with use of therapeutic interventions; or
- Policy on prohibited interventions does not include at least one of the required elements.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs; or
- There is no written policy or procedures for the use of therapeutic interventions; or
- Procedures are clearly inadequate or not being used; or
- Documentation on therapeutic interventions is routinely incomplete and/or missing; or
- There is evidence that clients have been harmed by inappropriate or unmonitored use of therapeutic interventions.

Table of Evidence

Self Study Evidence

*	• Program logic model that includes a list of outcomes being measured	

- See program description completed during intake

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

RRS 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e., inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in service recipients); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments;*
2. *program and client outcomes data; and*
3. *the best available evidence of service effectiveness.*

Examples: *Consumer empowerment and empowerment through consumer education and participation are two examples of program models that resettlement service programs might use to frame activities, interventions, and program evaluation. A program serving separated refugee minor children may employ a positive youth development framework to increase children and youth's adjustment, empowerment, and self-efficacy.*

RRS 1.02

The logic model identifies client outcomes in at least two of the following areas:

a. change in functional status;
b. health, welfare, and safety;
c. permanency of life situation;
d. quality of life;
e. achievement of individual service goals; and
f. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Refugee Resettlement Services

RRS 2: Personnel

Purpose

Refugees acquire the cross-cultural information, skills, and social support network needed to gain stability, make a positive personal and social adjustment, maintain family connections and well-being, and achieve educational, economic and civic participation goals.

Program personnel and volunteers have the competency and support needed to provide services and meet the needs of persons served.
Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, including education, experience, training, skills, temperament, etc.; and as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• Table of contents of training curricula	
*	• Procedures or other documentation relevant to continuity of care and case assignment	

*	• List of program personnel that includes:
	  • Title
	  • Name
	  • Employee, volunteer, or independent contractor
	  • Degree or other qualifications
	  • Time in current position
	• See organizational chart submitted during application	

Site Visit Evidence

*	• Sample job descriptions from across relevant job categories • Documentation tracking staff completion of required trainings and/or competencies • Training curricula • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload per worker

On-Site Activities

*	• Interviews may include:
	  1. Program director
	  2. Relevant personnel
	• Review personnel files

RRS 2.01

Supervisors are qualified by an advanced degree in social work or in a related human service field and have:

a. experience in resettlement services;
b. the skills to evaluate the ability and readiness of service recipients to cope with a new society; and
c. the ability to mobilize resources to help service recipients in the community.

Interpretation: *Appropriate experience and specialized training can compensate for a lack of advanced degree depending on the program design.*

RRS 2.02

Supervisors are trained on, or demonstrate competency in, understanding and overcoming issues that interfere with developing a professional relationship with service recipients and other barriers to service provision for refugees.

RRS 2.03

Direct service personnel are trained on, or demonstrate competency in:

a. understanding salient factors in the resettlement process; and
b. recognizing conflicts inherent to acculturation.

RRS 2.04

Personnel working in any part of a service delivery system that offers services to refugee children are trained on, or demonstrate competency in:

a. recognizing obstacles to service delivery based on differences with service recipients;
b. learning about unique difficulties encountered in a child's and family's migration experience;
c. working within the cultural practices and expectations of the child's and family's society of origin;

d. recognizing parents' customary sources of support, the loss of such support, and any reservations about involvement with public agencies and service providers; and
e. incorporating approaches that have proven successful in programs serving separated refugee minor children.

RRS 2.05

Individuals who have a background in common with service recipients and are employed to support service delivery:

a. have job roles that are clearly defined;
b. work collaboratively with other trained direct service personnel; and
c. receive the training and supervision necessary to act as an effective bridge between different cultures.

NA: The organization does not employ individuals who share a common background with service recipients to support service delivery.

Examples: *Cultural brokering - bridging, linking or mediating between groups or persons of differing cultural backgrounds - is an effective way to facilitate the collection of accurate information. Community members that have knowledge of the values, beliefs and practices of a specific cultural or linguistic group, known as cultural brokers, serve as liaisons between the service recipient and provider by communicating in a cross-cultural context. Culturally similar program staff and/or trained volunteers can fill this role provided confidentiality of information is maintained.*

RRS 2.06

Employee workloads support the achievement of client outcomes and are regularly reviewed.
Examples: *Factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications and competencies of direct service personnel and supervisors;*
2. *case complexity;*
3. *case status, and progress toward achievement of desired outcomes;*
4. *whether services are provided by multiple individuals and providers or teams; and*
5. *relevant cultural and religious factors.*

Refugee Resettlement Services

RRS 3: Outreach

Purpose

Refugees acquire the cross-cultural information, skills, and social support network needed to gain stability, make a positive personal and social adjustment, maintain family connections and well-being, and achieve educational, economic and civic participation goals.

Effective, culturally-competent outreach strategies connect potential service recipients with accurate, timely information about community resources and service availability and eligibility.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for tracking information on needs and available resources	

Site Visit Evidence

*	• Outreach materials • Schedule of public awareness activities for the previous 12 months

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel

RRS 3.01

The organization provides accurate information about service eligibility and availability directly and in cooperation with community partners.

RRS 3.02

To prioritize, target, and plan effective outreach efforts and activities, the organization tracks local, regional, and state information on:

a. areas of greatest needs;
b. available services, including public assistance programs, available to refugees and their families; and
c. access barriers for refugees.

Interpretation: *With regard to element (b), organizations should ensure that individuals conducting outreach stay current on the eligibility requirements, time limitations, and specialized assistance programs, including federally funded public benefits, of any public assistance programs that are available irrespective of immigration status.*

RRS 3.03

The organization's outreach activities address cultural barriers, lack of familiarity with community resources, and communication difficulties that can prevent the pursuit of needed services and supports.
Examples: *Factors to consider when conducting outreach activities can include: migration experiences, source country conditions, ethnic and religious affiliations, socioeconomic and educational backgrounds, preferred language, fear of authorities, and limited understanding of how to pursue health and education services.*

RRS 3.04

The organization participates in public awareness activities that promote community acceptance and integration.
Examples: *Events where organizations can act as a resource and share information include: local health fairs, ethnic social and recreational activities, employment and housing information meetings, and community meals or gatherings for fellowship.*

Refugee Resettlement Services

RRS 4: Intake and Assessment

Purpose

Refugees acquire the cross-cultural information, skills, and social support network needed to gain stability, make a positive personal and social adjustment, maintain family connections and well-being, and achieve educational, economic and civic participation goals.

The organization's intake and assessment practices ensure that service recipients receive prompt and responsive access to appropriate services.
Interpretation: *COA acknowledges that organizational involvement in the screening process is dependent on referral systems and contractual obligations. For the purpose of meeting the intent of the standards, organizations must provide self-study evidence, through procedures, that demonstrate their role and responsibilities in ensuring that components of the screening and intake process reflect these practices.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	
*	• Assessment procedures	

* • Copy of assessment tool(s)	

Site Visit Evidence

* • Community resource and referral list

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Individuals or families served • Review case records

RRS 4.01

Persons served are screened and informed about:

a. how well their request matches the organization's services; and
b. what services will be available and when.

NA: Another organization is responsible for screening, as defined in a contract.

RRS 4.02 (FP)

Prompt, responsive intake practices:

a. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
b. give priority to urgent needs and emergency situations;
c. support timely initiation of services; and
d. provide placement on a waiting list or referral to appropriate resources when individuals cannot be served or cannot be served promptly.

RRS 4.03

The organization makes every effort to ensure service recipients fully understand issues covered and information provided during initial meetings.
Interpretation: *Organizations that work with non-literate populations should use alternative methods, such as documented verbal agreements, to ensure that individuals understand service delivery.*

RRS 4.04

Persons served participate in an individualized, culturally, and linguistically responsive assessment that is:

a. completed within timeframes established by federal and state government entities;
b. updated as needed based on the needs of persons served; and
c. focused on information pertinent for meeting service requests and objectives.

RRS 4.05

The assessment includes:

a. economic aspirations relative to length of residence;
b. preparation to adapt to the destination culture;
c. family background, expectations, interpersonal networks, and resources;
d. transferable workforce skills, aptitudes, and competencies that will aid acculturation; and
e. healthcare needs and the most appropriate cross-cultural approach to service provision.

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Refugee Resettlement Services

RRS 5: Service Planning and Monitoring

Purpose

Refugees acquire the cross-cultural information, skills, and social support network needed to gain stability, make a positive personal and social adjustment, maintain family connections and well-being, and achieve educational, economic and civic participation goals.

Each person participates in the development and ongoing review of a service plan that is the basis for delivery of appropriate, coordinated services and support.
Interpretation: *Generally, children age six and older are to be included in service planning unless there are cultural objections or clinical justifications for not doing so.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, client or staff signatures are missing and/or not dated; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In several instances, client or staff signatures are missing and/or not dated; or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is clearly inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Service planning and monitoring procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review case records

RRS 5.01

An assessment-based service plan is developed in a timely manner with the full participation of the persons served, and their family when appropriate, and includes:

a. agreed upon goals, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom;
c. possibilities for maintaining and strengthening family relationships and other informal social networks;
d. procedures for expedited service planning when crisis or urgent need is identified;
e. pathways and potential barriers to economic self-sufficiency; and
f. the individual's or legal guardian's signature, as appropriate.

Interpretation: *The client should receive a copy or explanation of the signed service plan, sometimes called a service agreement, and other pertinent information. Other pertinent information can include, copies of, or information about, relevant policies, including the organization's conflict of interest policy and use and protection of client information policy, to allay fears about providing information to service providers.*

RRS 5.02

The organization works in active partnership with persons served to:

a. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
b. ensure that they receive appropriate advocacy support;
c. provide referral for services it does not deliver and cannot address through cooperative arrangements;
d. assist with access to the full array of services to which they are eligible; and
e. mediate barriers to services within the service delivery system.

RRS 5.03

The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly, or more frequently depending on the needs of the persons served, to assess:

a. service plan coordination and implementation;
b. progress toward achieving service goals and desired outcomes; and
c. the continuing appropriateness of agreed upon service goals.

Interpretation: *When experienced workers conduct reviews of their own cases, the worker's supervisor reviews a sample of the worker's evaluations consistent with the requirements of the standard.*

RRS 5.04

The worker and the service recipient, and his or her family when appropriate:

a. regularly review progress toward achievement of the agreed upon service goals; and
b. discuss and sign revisions to service goals and plans.

RRS 6: Resettlement Services

Purpose

Refugees acquire the cross-cultural information, skills, and social support network needed to gain stability, make a positive personal and social adjustment, maintain family connections and well-being, and achieve educational, economic and civic participation goals.

Service recipients receive bi-cultural information, assistance with making connections, and help obtaining private and public services to ease their entry and foster maximum stability, independence, and self-sufficiency in a new culture and community.
Interpretation: *COA recognizes that the types of services and timeframes for service delivery may vary based on contractual agreements.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Pre-arrival and reception procedures	
*	• Housing hazards procedures	
*	• Cultural orientation curriculum/written information	
*	• Procedures for collaboration with child welfare agencies	

Site Visit Evidence

*

- Documentation of cultural orientation (schedules, sign-in sheets, etc.)
- Community resource and referral list

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served
- Review case records

RRS 6.01

The organization provides or arranges for pre-arrival and reception for service recipients, including:

a. coordination of initial arrangements for practical necessities, including culturally appropriate meals, seasonal clothing, and safe housing; and
b. referral to appropriate benefit programs.

Examples: *Benefit programs can include publicly sponsored food, cash, medical, housing, disability, and child care assistance programs.*

RRS 6.02

The organization documents and notifies landlords in writing when health or safety hazards in refugee housing are observed or reported.
Examples: *Health and safety issues can include but are not limited to: insect and vermin infestation; uncollected refuse; missing smoke detectors, doors, or locks; electrical wiring hazards; and leaking water.*

RRS 6.03

The organization provides English language assessment and education directly or by referral.

RRS 6.04 (FP)

Service recipients receive cultural orientation, as appropriate, to navigate unfamiliar and potentially challenging aspects of living in the U.S., including information regarding:

a. U.S. laws;
b. personal safety;
c. public transportation systems or other viable transportation options;
d. tenants' rights and responsibilities;
e. employment; and
f. local cultural norms and practices.

Examples: *Information on local cultural norms and practices and core characteristics of U.S. culture can include, for example, parenting practices and expectations, particularly regarding child discipline and supervision in relation to U.S. laws on child abuse and neglect. Cultural orientation can also include educating service recipients on the concepts of self-sufficiency and self-advocacy.*

RRS 6.05

The organization collaborates with formal and informal networks among settled and resettling members of the community to help service recipients:

a. make connections to both their local ethnic community and the predominant community; and
b. meet mutual social, religious, recreational, vocational, and educational needs.

Interpretation: *When possible, organizations should connect service recipients to activities that foster preservation of their cultural heritage and ethnic identity.*

RRS 6.06

Services are responsive to resettlement dynamics, including:

a. the variation in family members' adjustment, depending on age, health, skills, personal qualities, role in the family, and family history;
b. a "back-and-forth" adjustment that can make it difficult to assess gains;
c. a focus on the service recipient's greatest and basic needs;
d. the need to establish predictability and consistency; and
e. the value of complete, accurate, dependable information provided in a way that fosters self-support and maximum self-determination.

RRS 6.07

Programs that support cultural adjustment are appropriate to the person's age, gender, and cultural background, and include:

a. opportunities to explore, understand, and cope with cultural differences;
b. support of the person's values, beliefs, and ethnic and religious identity;
c. recognition of the person's coping skills, flexibility, and ability to make good decisions;
d. group and individual support;
e. group and individual opportunities for conflict resolution; and
f. information about how to locate and use community resources.

RRS 6.08

Organizations serving refugee families involved with child welfare agencies work collaboratively with the child welfare agencies and other providers to develop permanency goals that take into account cultural factors and all available community resources.
NA: The organization does not serve families involved with child welfare agencies.

Interpretation: *The organization should be able to demonstrate participation in the development of a culturally responsive permanency plan when they are working with a family that has been separated due to abuse or neglect. This participation may include involvement in permanency planning meetings or providing support at court hearings.*

RRS 6.09

The organization builds positive relationships between service recipients and community members and providers by:

a. preparing each party for their initial meeting with one another;
b. serving as a resource to other organizations involved in resettlement and reunification efforts; and
c. facilitating effective communication between service recipients and critical service providers.

Examples: *Critical service providers include schools, law enforcement, and healthcare settings.*

Refugee Resettlement Services

RRS 7: Services for Separated Refugee Minor Children

Purpose

Refugees acquire the cross-cultural information, skills, and social support network needed to gain stability, make a positive personal and social adjustment, maintain family connections and well-being, and achieve educational, economic and civic participation goals.

The organization ensures that children who have experienced migration, trauma, and family separation and loss receive the comprehensive services necessary to:

a. obtain a safe, healthy, and stable living arrangement;
b. develop supportive relationships;
c. make a positive personal and social adjustment; and
d. gain the cross-cultural skills and understanding of their new country and community to maintain their ethnic identity and move forward with long-term acculturation.

NA: The organization does not provide services for separated refugee minor children.

Interpretation: *Special care and attention should be given to refugee minor children who have been separated from their biological or legally adoptive parents, including those who are being resettled with relative caregivers or being reunited with biological or legally adoptive parents after long periods of separation. Within the context of U.S. resettlement, separated refugee children, also known as attached refugee minors, are resettled with the assistance of the adult/family refugee resettlement programs.*

Refugee minor children are categorized by their relationships with those whom they are traveling with and their ultimate resettlement circumstances. This section of standards is applicable to the following groups of refugee minors:

1. *Minors traveling with and resettling with blood relatives other than biological or legally adoptive parents;*
2. *Minors traveling with and resettling with non-relatives and minors traveling alone to join non-relatives;*
3. *Minors traveling apart from but destined to join biological or legally adoptive parent(s). This includes minors traveling alone to join parent(s) in the U.S., minors traveling with relatives other than parents to join parent(s) in the U.S., and minors traveling with non-relatives to join parent(s) in the U.S.;*
4. *Minors traveling apart from the blood relative(s) (other than parents) they are destined to join. This includes minors traveling alone to join a relative (not parent) in the U.S. and minors traveling with non-relatives to join a relative (not parent) in the U.S.; and*
5. *Minors who are married regardless of their traveling companions or U.S.-based relatives.*

Interpretation: *Unaccompanied refugee minors who are eligible for resettlement in the U.S., but do not have a responsible adult (e.g., biological parent or blood relative) available and committed to providing for their long term care are placed in the Office of Refugee Resettlement's (ORR) Unaccompanied Refugee Minors (URM) program and receive culturally appropriate foster care services and benefits. While most children enter into a licensed foster home, children can be placed in other licensed care settings depending on their individual needs, such as group homes, residential treatment centers, and independent living programs. Services for unaccompanied refugee minors resettling within ORR's URM program will be reviewed under the applicable service section to better address the full range of services made available to this population. Relevant applicable service sections include, Unaccompanied Children Services, Family Foster Care and Kinship Care, Residential Treatment Services, and Group Living Services.*

Interpretation: *Unaccompanied alien children (UAC), also known as undocumented minors, who are apprehended by immigration officials, do not have lawful immigration status in the U.S. and are not in the care of a parent or legal guardian at the time of apprehension. As a result, these children are placed in the custody and care of the Office of Refugee Resettlement's (ORR) Division of Children Services/Unaccompanied Alien Children program which makes and implements all placement and service decisions, including family reunification with sponsors in the U.S. when possible. Since the process by which these children come into care and the services they are eligible to receive differ from refugee minor children, RRS 8 is not applicable to UAC.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for obtaining and reviewing official documentation	
*	• Placement assessment and reassessment procedures	
*	• Referral procedures	

Site Visit Evidence

*	• Community resource and referral list • Information provided to caregivers

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

RRS 7.01 (FP)

Prior to intake, the organization receives and reviews official documentation for every child, including biographical data, migration history, and information regarding family relationships and considerations for resettlement.

Interpretation: *Biographical data refers to the child's age, country of origin, gender, primary language, and/or country prior to migration.*

RRS 7.02

The organization ensures children are placed in a safe, stable living arrangement by conducting a suitability assessment before or upon the child's arrival to the U.S that:

a. verifies the identity of the caregiver in cases involving a long period of separation;
b. evaluates the nature and extent of any previous relationship with the child;
c. considers the housing space, safety, and financial stability of the placement; and
d. is updated on an ongoing basis to assess family dynamic suitability and placement stability.

Interpretation: *In family breakdown situations, where the caregiver is unable or unwilling to care for the child, the organization should identify the most appropriate living situation, including possible reclassification to the Unaccompanied Refugee Minor (URM) foster care program, if necessary.*

RRS 7.03

Care extends beyond crisis stabilization to promote long-term acculturation and includes, when possible, specialized legal, social, education, mental health and healthcare services, that:

a. assist the child in ascertaining the whereabouts of family members and identify opportunities for family reunification;
b. determine the child's cultural attitudes and values about family obligations and expression of thoughts and feelings, suffering, and pride;
c. treat observed behavior associated with age-appropriate difficulties;
d. assess physical, mental, and dental health and provide referrals for ongoing services, as needed;
e. encourage the preservation of the child's ethnic and religious heritage; and
f. promotes positive adjustment and the achievement of personal goals.

Examples: *Regarding element c., a developmental approach can be helpful for discerning difficulties adapting which are likely to appear in preschool children, at latency, and in adolescence.*

Needed mental health services may include individual or group counseling and support.

RRS 7.04

Personnel and caregivers actively reach out to programs that can be tailored to specific refugee groups to help children build bicultural skills.
Examples: *Programs that develop bicultural skills could include: weekend or community schools that teach language, arts, culture, and history of the country of origin; summer camps that promote social integration; and ethnic teams, cultural societies, or community associations with common social or recreational activities.*

RRS 7.05

The organization helps caregivers anticipate, prepare for, and mitigate distresses of separated refugee minor children by providing them with information about:

a. the nature and expectations of U.S. practices regarding child rearing, including child abuse and neglect laws and the requirements for obtaining legal guardianship;
b. promising practices for care of children who are resettling with relative caregivers or who are reuniting with biological or legally adoptive parents after long periods of separation;
c. how to help refugee children develop and maintain positive bicultural identities;
d. resilience and risk factors;
e. reasons for family separation unrelated to abuse and neglect; and
f. difficulties children may have due to different views or misunderstandings about the role of a new family and feelings of family loyalty, as appropriate.

Refugee Resettlement Services

RRS 8: Case Closing and Aftercare

Purpose

Refugees acquire the cross-cultural information, skills, and social support network needed to gain stability, make a positive personal and social adjustment, maintain family connections and well-being, and achieve educational, economic and civic participation goals.

The organization works with persons served and family members, when appropriate, to plan for case closing and, when possible, to develop aftercare plans.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	
*	• Aftercare planning and follow-up procedures	

Site Visit Evidence

*	• Relevant portions of contract with public authority, as applicable	

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review case records

RRS 8.01

Planning for case closing:

a. is a clearly defined process that includes assignment of staff responsibility;
b. begins at intake; and
c. involves the worker, service recipients, family members, legal guardians and others, as appropriate to the needs and wishes of persons served.

RRS 8.02

Upon case closing, the organization notifies the client and any collaborating service providers, as appropriate.

RRS 8.03

If an individual has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the person with appropriate services.

Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits are denied or have ended and who are in critical situations.*

RRS 8.04

When appropriate, the organization works with persons served and their family to:

a. develop an aftercare plan sufficiently in advance of case closing, that identifies short- and long-term needs and facilitates the initiation or continuation of needed supports and services; or
b. conduct a formal case closing evaluation, including an assessment of unmet need, when the organization has a contract with a public authority that does not include aftercare planning or follow-up.

RRS 8.05

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of persons served.

NA: The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.

Examples: *Reasons why follow-up may not be appropriate, include, but are not limited to, cases where the person's participation is involuntary, or where there may be a risk to the individual such as in cases of domestic violence.*

RRS 8.06

All original client documents are returned to the client promptly, unless extraordinary circumstances warrant otherwise.