UNACCOMPANIED CHILDREN

HHS Can Take Further Actions to Monitor Their Care

Why GAO Did This Study

ORR is responsible for coordinating and implementing the care and placement of unaccompanied children. The number of children placed in ORR's care rose from nearly 6,600 in fiscal year 2011 to nearly 57,500 in fiscal year 2014. GAO was asked to review how ORR managed their care.

This report examines (1) ORR's response to the increase in unaccompanied children, (2) how ORR cares for children in its custody and monitors their care, (3) how ORR identifies and screens sponsors for children, and (4) what is known about services children receive after they leave ORR custody. GAO reviewed relevant federal laws and regulations, ORR policies, and ORR and Executive Office for Immigration Review data. GAO also visited nine ORR grantee facilities in three states selected to vary in the type of care provided, shelter size, and location, and conducted a random, non-generalizable case file review of 27 case files of children released from these facilities. GAO interviewed agency officials and community stakeholders in six counties that received unaccompanied children, representing diversity in geographic location, size, and demographics.

What GAO Found

In fiscal year 2014, nearly 57,500 children traveling without their parents or guardians (referred to as unaccompanied children) were apprehended by federal immigration officers and transferred to the care of the Department of Health and Human Services' Office of Refugee Resettlement (ORR). Most of these children were from Central America. GAO found that ORR was initially unprepared to care for that many children; however, the agency increased its bed capacity to accommodate up to 10,000 children at a time. Given the unprecedented demand for capacity in 2014, ORR developed a plan to help prepare it to meet fiscal year 2015 needs. The number of children needing ORR’s care declined significantly through most of fiscal year 2015, but began increasing again toward the end of the summer. Given the inherent uncertainties associated with planning for capacity needs, ORR’s lack of a process for annually updating and documenting its plan inhibits its ability to balance preparations for anticipated needs while minimizing excess capacity.

ORR relies on grantees to provide care for unaccompanied children, including housing and educational, medical, and therapeutic services. GAO’s review of a sample of children’s case files found that they often did not contain required documents, making it difficult to verify that all required services were provided. ORR revised its on-site monitoring program in 2014 to ensure better coverage of grantees. However, ORR was not able to complete all the visits it planned for fiscal years 2014 and 2015, citing lack of resources. By not monitoring its grantees consistently, ORR may not be able to identify areas where children’s care is not provided in accordance with ORR policies and the agreements with grantees.

ORR grantees conduct various background checks on potential sponsors prior to releasing children to them. These potential sponsors are identified and screened by the grantees as part of their responsibilities for the unaccompanied children in their care. The extent of the checks conducted depends on the relationship of the sponsor to the child. Between January 2014 and April 2015, ORR released about 50,000 children from Central America to sponsors to await their immigration hearings. In nearly 90 percent of these cases, the sponsors were a parent or other close relative already residing in the United States. Sponsors do not need to have legal U.S. residency status.

There is limited information available on post-release services provided to children after they leave ORR care. In part, this is because ORR is only required to provide services to a small percentage of children, such as those who were victims of trafficking. In May 2015, ORR established a National Call Center to assist children who may be facing placement disruptions, making post-release services available to some of them. Also, in August 2015, ORR began requiring well-being follow-up calls to all children 30 days after their release. ORR is collecting information through these new initiatives, but does not currently have a process to ensure that the data are reliable, systematically collected, or compiled in summary form. Service providers GAO spoke with also noted that some of these children may have difficulty accessing services due to the lack of bilingual services in the community, lack of health insurance, or other barriers.

What GAO Recommends

GAO recommends that HHS (1) develop a process to regularly update its capacity plan, (2) improve its monitoring of grantees, and (3) develop processes to ensure its post-release activities provide reliable and useful summary data. HHS agreed with GAO’s recommendations.

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